

**Board Meeting: 23 November 2018**

**We are working towards all our publications being available in an accessible format. In the meantime if you require this paper in a more accessible format, please contact us using this email address [nhs.healthscotland-ceo@nhs.net](mailto:nhs.healthscotland-ceo@nhs.net)**

## **QUARTER 2 PERFORMANCE REPORT**

Recommendation/action required:

<p>The Board is invited to consider that the report sufficiently assures them that the performance of the organisation is on track in line with the delivery plan for 2018/19, and taking into account emerging priorities and change and transition as part of that context.</p>
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October 2018

# Quarter 2 Performance Report

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# Part 1: Summary

## Highlights this quarter

- We published the Burden of Disease Deprivation report, which found that people living in the poorest areas of Scotland have double the rate of illness or early death than people in our wealthiest areas. We received extensive media coverage and were invited to contribute a chapter to the National Records of Scotland's Annual Review of demographic trends.
- We presented preliminary findings of the next stage of our "Informing Investment to reduce Inequalities" (Triple I) work at a number of high profile conferences, including the Society for Social Medicine, the Public Health Information Network for Scotland (PHINS) seminar; and the LIST Health and Social Care Gathering.
- We secured funding from Scottish Government to pilot routine enquiry on childhood adversity in primary care and have set up a steering group around procured GP training.
- We set up a Local Child Poverty Co-ordination Group which brings together national partners to co-ordinate national support to local authorities and NHS Boards to develop local child poverty action reports, as part of the Child Poverty (Scotland) Act 2017.
- 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. This has helped in the recent interpretation of the stalled life expectancy in Scotland.
- Following the launch of Health and Work Support (the Scottish Government pilot to better streamline employment services) in June, the Healthy Working Lives advice line is now providing the gateway and offering advisory support for employers, individuals and Allied Health Professionals (AHPs) wishing to engage in one of the services.
- We have made a significant contribution to the refresh of the national guidance for production of Local Housing Strategies. It is proposed that health outcomes will now be a significant element of the guidance.
- We have been invited to help develop the Climate Justice and Health strand of the second Scottish Climate Change Adaptation Programme (SCAPP2). Scottish Government are keen to see our work on climate justice and health inequalities inform this aspect of SCAPP2.
- We provided strategic communications and engagement advice to the National Boards Collaborative Programme to ensure consistent messages about health equity, reducing inequalities, and taking a human rights approach to health is in the narrative of the national and regional collaborative discussion documents.
- We are working with key stakeholders to share and embed learning around effective policy advocacy and human rights-based approaches in public health. For example, the Director of Strategy made a presentation on Human Rights to the Public Health England annual conference, which was

supported by a web statement and social media activity, which generated considerable interest across social media channels.

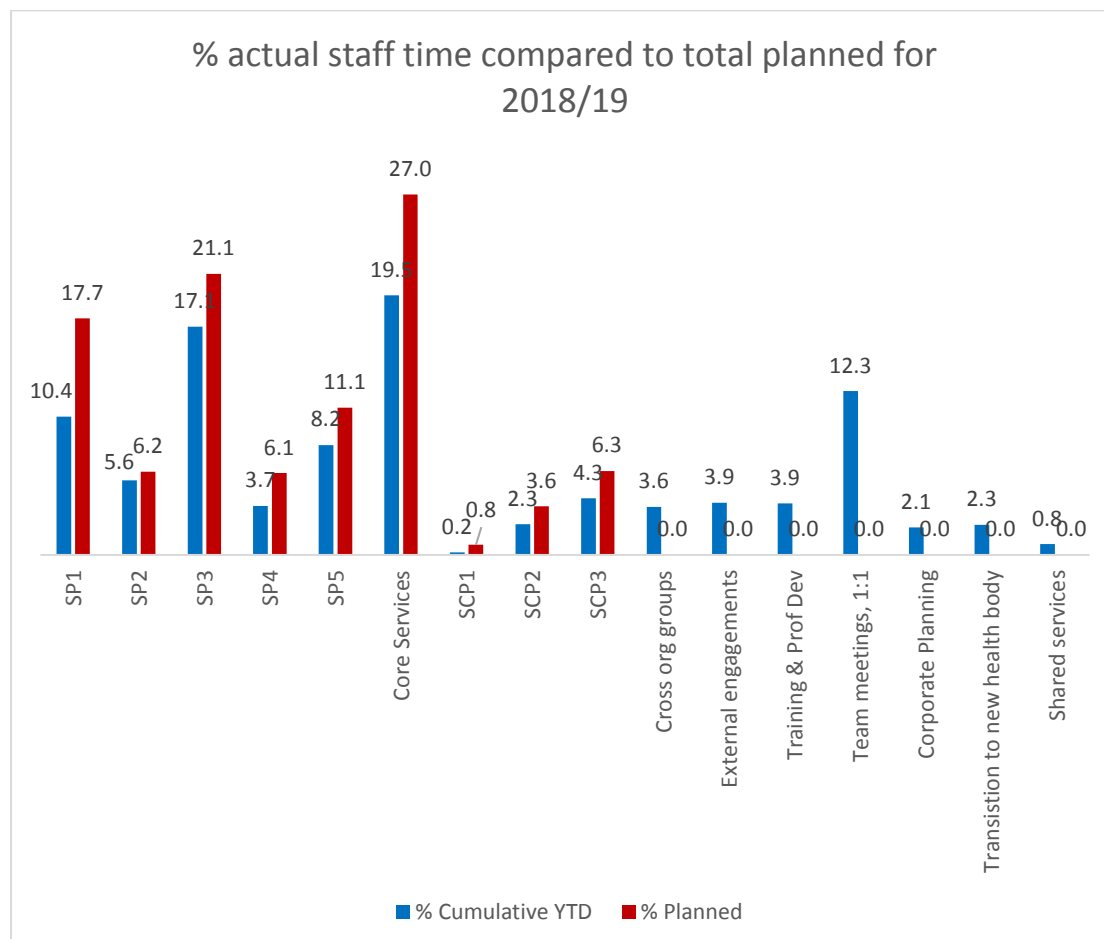
- ScotPHN continued to support national leadership groups which are making a specific stakeholder contribution to Public Health Reform agenda.
- ScotPHN supported the newly formed Public Health Nutrition Group as it continues to develop its work programme and engagement with Scottish Government on e.g. Maternal and Infant Nutrition and the Diet and Obesity Strategy.
- Our work to promote and position fairer health improvement within the emerging public health landscape has included having a two page interview with our Chief Executive in the Health of the Nation edition of Holyrood magazine and a one page advert highlighting that health is not just about personal choice.
- We are finalising the new Ready Steady Baby! (RSB) print edition and have initiated the digital development of an RSB subsite on NHS Inform.
- We met with a variety of stakeholders during, including Scottish Government contacts and the STUC, around the Health and Work advisory board. We discussed mental health with Voluntary Health Scotland (VHS), and linking VHS with NHS24.
- We engaged with the Scottish Health Council around the Participation Standard, and how it will look within Public Health Scotland.

Please refer to the Change and Transition Update for highlights relating to Public Health Reform and the National Boards Collaborative.

## Part 2: Strategic Priority Update

### Overview of staff time data

The table below shows the percentage of staff time spent on Strategic Priorities and Strategic Change Priorities compared to what was planned.



This chart shows the percentage of the total days actually spent within each strategic priority against the percentage of total planned days identified at the conclusion of the planning process.

The last seven are the corporate outputs. These have been split from the rest of Core Services to give a more realistic view of the time identified and spent in Core Services

At the conclusion of the planning process 27,206 days (187 WTE staff – this figure is always lower than our actual WTE because we keep time back for in-year requests) had been identified as the total number of planned staff days to achieve each of the outputs contained within their respective Delivery Commitment and overall Strategic Priority. This information was captured from the uploaded data from the Corporate Planning Tool.

Please refer to the Change and Transition Update for analysis of staff time spent on Change and Transition work.

# Strategic Priority 1: Fairer and Healthier Policy

## Highlights this quarter

- We published the [Burden of Disease Deprivation report](#), which found that people living in the poorest areas of Scotland have double the rate of illness or early death than people in our wealthiest areas. We received extensive media coverage and were invited to contribute a chapter to the National Records of Scotland (NRS) Annual Review of demographic trends. We presented our findings to the LIST Health and Social Care Gathering and at the annual NRS conference.
- The Burden of Disease Deprivation report also received a motion in the Scottish Parliament, inviting the parliament to:
  - thank us for carrying out the work to inform policy debate and provide a focus on the health inequalities facing the most disadvantaged in society
  - agree with us that it does not have to be this way
  - recognise that the report calls for more than just the encouragement of health choices, looking instead at tackling the root causes of poverty.
- We presented preliminary findings of the next stage of our “Informing Investment to reduce Inequalities” (Triple I) work at a number of high profile conferences, including the Society for Social Medicine, the Public Health Information Network for Scotland (PHINS) seminar; and the LIST Health and Social Care Gathering.
- We were approached by Professor Simon Capewell and colleagues to share learning from Triple I with a UK-wide research consortium he is leading called QUEST (QUantifying Equitable Solutions To prevent non-communicable diseases). They plan to build on the Triple I foundations, and look even more broadly at policies which could substantially reduce the burden of inequalities and non-communicable disease.
- We were informed that Triple I findings from the last phase of the project were used to inform discussions at a WHO cancer inequalities workshop, and we were contacted by the WHO European Office for Investment for Health & Development who are very interested in our work.
- We have provided evidence about vaping on NHS grounds to the Directors of Public Health (DsPH) and had a paper published in BMJ Open about dissuasive cigarettes (cigarettes that have been designed to be ‘dissuasive’, including unattractively coloured cigarettes and cigarette packets displaying health warnings).
- We contributed to the Scottish Government Active Scotland Delivery Plan, in particular to include content on the United Nations Convention on the Rights of the Child, approaches to reducing inequalities and increased emphasis on active play. We have committed to a number of actions in the plan.
- Working with NHS 24 and Paths For All, we have co-produced accessible information on the benefits and access to walking on NHS Inform.
- We co-ordinated efforts across national public and third sector agencies and local leads to promote Suicide Prevention Week 2018 in the spirit of

partnership working, and we shared the learning from Scotland on Irish radio and with suicide prevention academic and political leads in Western Australia and South Australia.

- We held a multi-agency participative roundtable to shape up our agenda to support children and young people's mental, which included young people having their say on the priorities.

ScotPHN published four reports: [Prioritisation Tools for Health and Social Care Integration](#), [Needs Assessment of Ophthalmology](#), [Health Care Needs Assessment of Chronic Pain Services in Scotland](#), and a [Gambling Update](#)

- ScotPHN continued to support and establish special interest groups on behalf of the Scottish Directors of Public Health: Public Health Nutrition Group, Violence Prevention Public Health Group, Pharmacy Special Interest Group, Public Health Service Improvement Group, Primary Care Group, Public Health Drugs Special Interest Group, and Public Mental Health Group.
- We ran another successful annual Public Health Information Network for Scotland (PHINS) seminar with a welcome from Gerry McLaughlin, and presentations on international trends in health inequalities, the impact of austerity, economic change and changes to social security on health in Scotland, and Triple I.
- We presented to the Chief Medical Officer on proposals to promote the UK CMO drinking guidelines with agreement reached about next steps.
- We completed and launched an e-learning training for specialist smoking cessation advisers.
- We completed a consultation on the draft Smoke Free Prisons pathway service specification.

## Performance Information

Strategic Priority 1 has 12 Delivery Commitments, three of which have Performance Indicators due for completion this quarter.

Delivery Commitment	Performance Indicator for Q2		Issue
1.1.1: Progress the Scottish Burden of Disease study, including improving the estimates, identifying the burden of risk factors, projecting burden (and the	We have published deprivation and local area reports	No	Resource issues slowed down the speed of delivery. The deprivation report and accompanying analysis were published in Q2, along with the local authority data. This means that the data can be used, including by the NSS Local Intelligence Support Team. The intention is to publish summary local area

workforce implications and costs) and exploring the highest impact preventative actions			reports and an online tool in Q3 or Q4.
1.1.2: Quantify the impact of interventions on health and health inequalities by developing and disseminating the Informing Investment to reduce health inequalities (Triple I) tool across a range of national and local authority areas.	We have published a report and related outputs summarising the effects of a range of interventions on health and health inequalities in Scotlan	No	We made a strategic decision to optimise the impact of the report by publishing it in October during Challenge Poverty Week.
1.4.2: Work with Scottish Government and national partners (Samaritans Scotland, Information Services Division (ISD), Public Mental Health Special Interest Group) to influence the contents of the new Suicide Prevention Action Plan and to support the ongoing implementation of the Mental Health Strategy	We have commissioned a new integrated mental health learning programme for roll out in 2019/20	No	External factors relating to the Suicide Prevention Action Plan have impacted on this area of work. We are in discussions with Scottish Government to agree a way forward in developing the new mental health and suicide prevention learning programme, which will be a collaboration with NHS Education for Scotland.

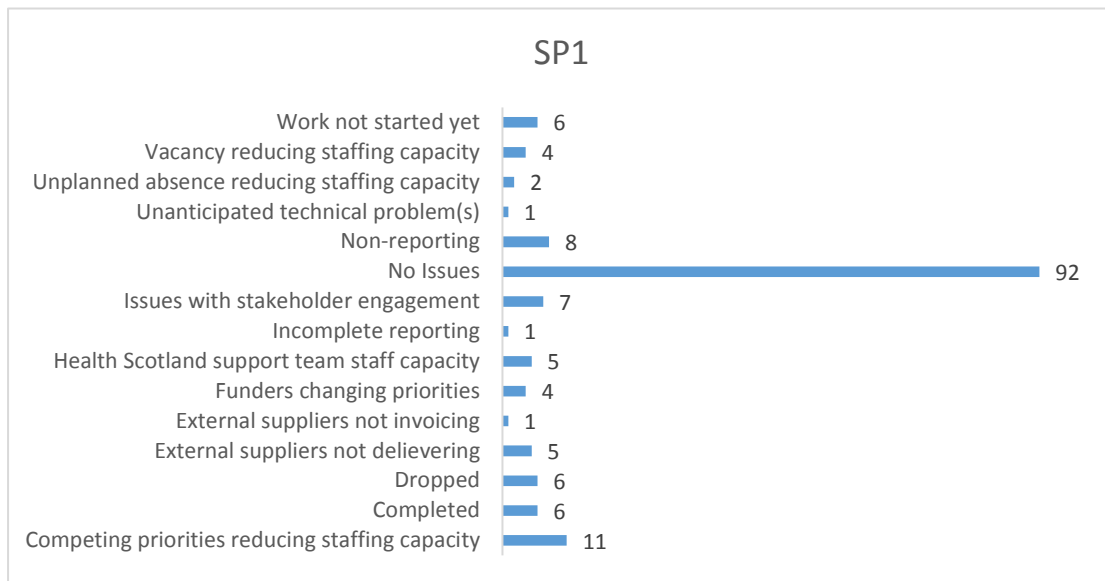


## **Delivery Commitments at risk of not delivering on time**

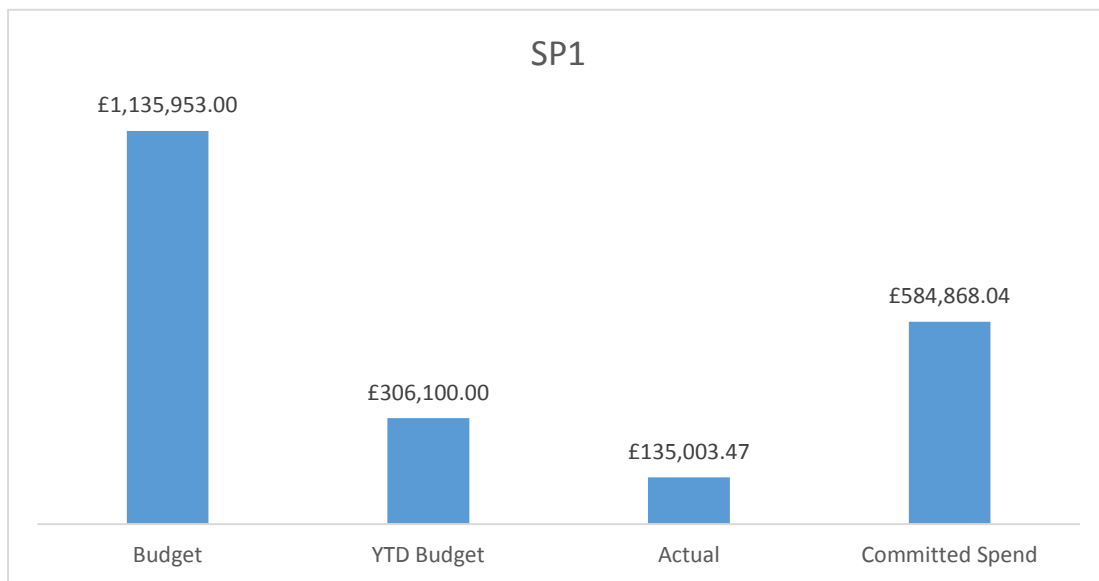
All but one of the twelve Strategic Priority 1 delivery commitments have one or more outputs with issues affecting delivery:

- 1.1.1: Progress the Scottish Burden of Disease study, including improving the estimates, identifying the burden of risk factors, projecting burden (and the workforce implications and costs) and exploring the highest impact preventative actions
- 1.1.2: Quantify the impact of interventions on health and health inequalities by developing and disseminating the Informing Investment to reduce health inequalities (Triple I) tool across a range of national and local authority areas.
- 1.2.1: Implement the evaluation plan for Minimum Unit Pricing (MUP), including establishing and managing the component studies, co-ordinating with other relevant studies and engaging with stakeholders
- 1.2.4: Provide expertise and advice to inform the Partnership Action for Drugs in Scotland's (PADS) strategic approach
- 1.3.1: Sustain the cross-cutting work of the public health collaborations we manage (the Scottish Public Health Network (ScotPHN), the Scottish Public Health Observatory (ScotPHO), the Public Health Evidence Network (PHEN) and the Health Economics Network for Scotland (HENS)) in order to deliver an agreed range of effective, efficient and sustainable public health actions on a 'Once for Scotland' basis
- 1.4.1: Provide expertise and guidance on policy (development, monitoring and evaluation) and effective interventions to tackle inequalities in diet and obesity, including improving access to healthier food choices for key populations groups across a range of priority settings.
- 1.4.2: Work with Scottish Government and national partners (Samaritans Scotland, Information Services Division (ISD), Public Mental Health Special Interest Group (SIG) to influence the contents of the new Suicide Prevention Action Plan and to support the ongoing implementation of the Mental Health Strategy
- 1.4.3: Support NHSS implementation of the National Strategy on Violence against Women and Girls, establishing a multi-sectoral approach to strengthen and improve the health sector response to GBV'
- 1.4.6: Support implementation of the refreshed tobacco control strategy, including improving access to smoking cessation support in Prisons (to support Smoke Free Prisons by 30 November 2018), and maintenance of print and e-learning products
- 1.4.9: Lead, support and advise on the design and implementation of actions relative to the Scottish Government's Active Scotland Framework and National Physical Activity Delivery Plan
- 1.4.11: Promote a better awareness, and use, of the evidence on effective interventions to address mental health inequalities/stigma and discrimination across health, social care, education and third sectors

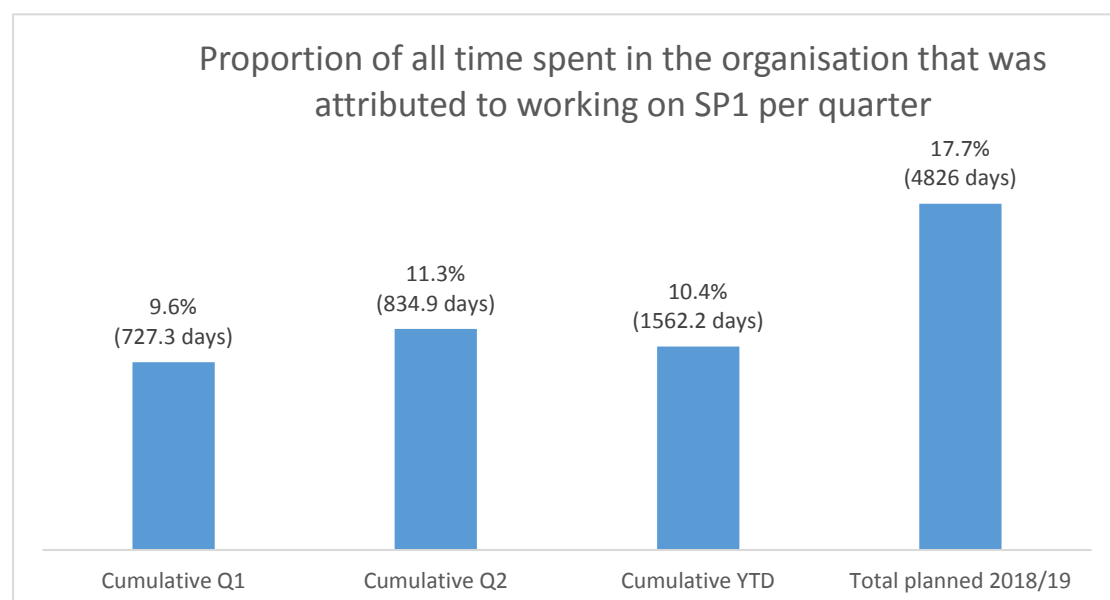
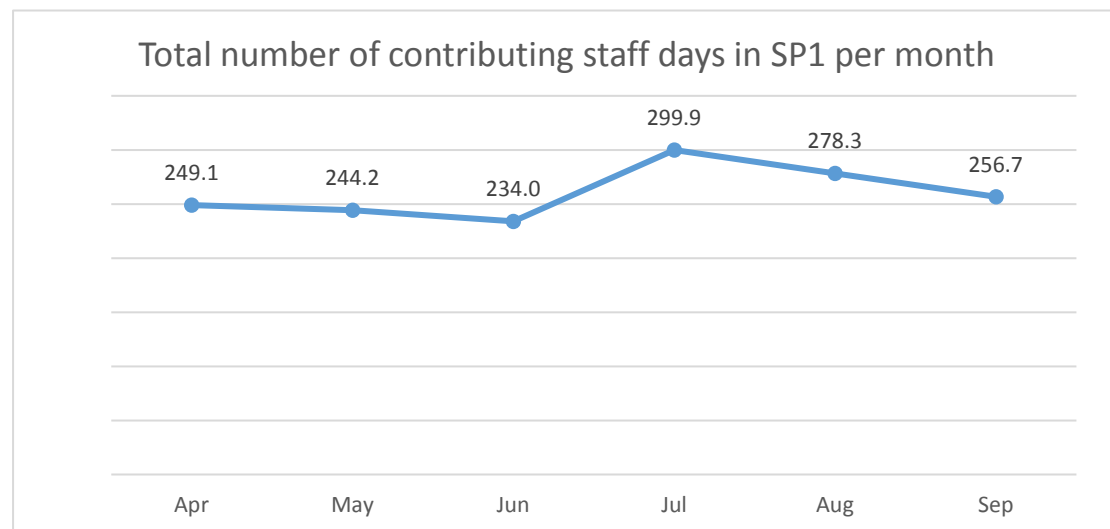
## Issues affecting delivery



## Financial data



## Staff time data



## Issues of note

- While the Burden of Disease report attracted significant media interest, we have agreed as a corporate management team that there is still more work to do to bring the implications of this work to the attention of those planning and delivering health and social care services in the most impactful way. We are currently exploring this.
- We are actively managing staffing challenges in the burden of disease team, with four members of the team leaving for various reasons in this quarter. One member of the team remains and has been increased to full time and one new full time member of staff has been secured.
- The review of the Physical Activity and Health Alliance including the website function has been delayed as a consequence of prioritisation of marketing and digital services capacity in other areas. There is a risk

associated with this delay, given ongoing, recurring technical issues with website function and maintenance.

- Progress in embedding the Exemplar Physical Activity Employer approach into the Healthy Working Lives Award programme is on hold pending the outcome of the review of the Healthy Working Lives Award.
- The Scottish Prison Service (SPS) decision to introduce free vaping kits without the involvement of the NHS has had significant impact on services, with wider public health implications.

## Coming up next quarter

- We will publish the first output from this phase of the Triple I project. The briefing paper, *Income-based policies in Scotland: how would they affect health and health inequalities?*, estimates the impact of a range of income policies on health and health inequalities. An interactive spreadsheet tool will also be published. It will be widely disseminated at conferences, meetings and a journal article.
- We will publish our evidence on restricting marketing and promotion of high fat, sugar and salt food and drink to coincide with the launch of the Scottish Government consultation on the issue.
- We will publish our report on excess mortality and heart disease, and a journal paper on the economics of prevention in health.
- We are presenting on MUP at the eighth in a series of European Alcohol Policy Conferences.
- We will write to the Health and Sport Committee outlining our plans on the MUP evaluation and offering to meet with them to discuss it.
- We will publish our evaluation of the Healthcare Retail Standard in hospitals.
- The evidence network will publish reviews on Universal Basic Income (UBI) and on One Trusted Adult.
- We will provide a briefing paper to Scottish Government on recommended policy options for dissuasive cigarettes.
- We will establish a multi-agency children and young people's mental wellbeing network which will include a participative element through and with young people.
- We will launch a virtual community of practice to share research and practice across mental health and suicide prevention
- We will run a summit jointly with the Health and Safety Executive on Health and Work with mental health as a key theme.
- ScotPHN will publish reports on primary prevention of injury, suicide in Polish migrant population, and technology enabled care
- We will complete and launch our Smoke Free Prisons service specification.

## Strategic Priority 2: Children, Young People and Families

### Highlights this quarter

- We secured internal funding to increase our capacity for co-ordinating and influencing strategy and practice on adverse childhood experiences and recruited to posts for health equity in this quarter. We also secured funding from Scottish Government to pilot routine enquiry on adversity in primary care and have set up a steering group around procured GP training.
- We continued to work with partners to raise awareness of the impact of childhood adversity. We sponsored the 'ACE Aware Nation' conference in Glasgow which was attended by over 2000 people and have updated our website with new briefings.
- We contributed a case study on Scotland for the World Health Organization's report the [Situation of Child and Adolescent Health in Europe](#), which we wrote in collaboration with the Scottish Government. We also reviewed a number of the chapters prior to publication and supported development of the country profiles and feedback reports.
- We published an evidence briefing describing the impact of children's social circumstances on educational outcomes.
- We launched two resources together with the Child Poverty Action Group (CPAG) in Scotland to raise awareness, prompt discussion and take action to combat child poverty in schools. These were aimed at teachers, parent councils and community planners and comprised a short film on the cost of school and a toolkit commissioned from CPAG.
- We set up a Local Child Poverty Co-ordination Group to take forward work around the Child Poverty (Scotland) Act 2017. The group brings together the national partners (Scottish Government, COSLA, Improvement Service, Scottish Poverty and Research Inequality Unit, The Poverty Alliance, and NSS Local Intelligence Support Team) to co-ordinate national support to local authorities and health boards to develop local child poverty action reports.

### Performance Information

Strategic Priority 2 has 7 Delivery Commitments, four of which have Performance Indicators due for completion this quarter.

Delivery Commitment	Performance Indicator for Q2		Issue
2.1.3: Support the development and	We have developed the monitoring and	Yes	Complete

implementation of a Monitoring and Evaluation framework for the Scottish Government Early Learning and Childcare programme.	evaluation framework and it has been agreed by Scottish Government		
2.2.1: Implement agreed priorities for action on adverse childhood experiences (ACEs) in collaboration with Scottish Government policy leads and the Scottish ACEs Hub.	We have explored readiness for routine enquiry in early years settings	No	Focus this quarter has been on the output on routine enquiry in primary care. NES has also been given funding as part of the Trauma Training Framework to work on routine enquiry so we need to explore what our role will be on this during Q3/Q4. The findings from the primary care pilot will inform work in other settings, such as maternity.
2.5.1: Provide expert evidence, knowledge translation and implementation support to the development of an inter-sectoral approach to addressing health and attainment inequality in school-aged children	We have established a strategic partnership to develop the School Health Research Network	Yes	Completed.
2.7.1: Progress the Scottish Burden of Disease study, including improving the estimates,	We have submitted guidance for the development of national strategic action plans for child and	Yes	We launched the Adolescent Health guidance for WHO in Moldova.

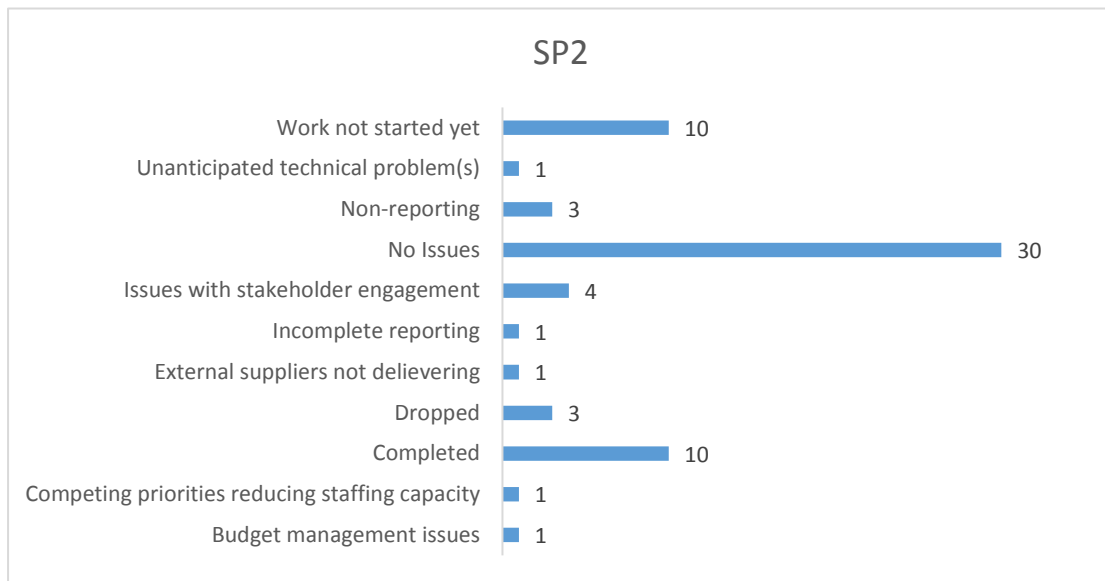
identifying the burden of risk factors, projecting burden (and the workforce implications and costs) and exploring the highest impact preventative actions	adolescent health and wellbeing to WHO		
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### **Delivery Commitments at risk of not delivering on time**

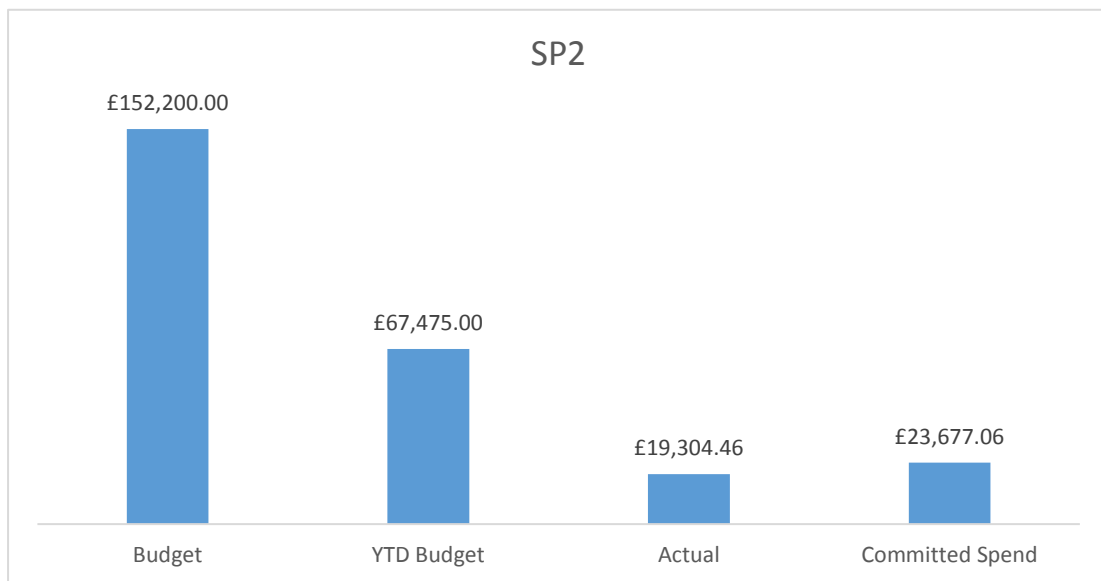
5 of the 7 Strategic Priority 2 delivery commitments have one or more outputs with issues affecting delivery

- 2.1.1: Provide expert input to the collection of health and wellbeing data on pre-school and school-aged children, to ensure that local and national partners have the most relevant information to inform action on health inequalities
- 2.1.2: Provide expert input to the development and implementation of strategies and action plans aimed at improving health and reducing inequalities for children, young people and families
- 2.1.3: Support the development and implementation of a Monitoring and Evaluation framework for the Scottish Government Early Learning and Childcare programme.
- 2.2.1: Implement agreed priorities for action on adverse childhood experiences (ACEs) in collaboration with Scottish Government policy leads and the Scottish ACEs Hub.
- 2.7.1: Provide the World Health Organization with up to date evidence and technical support for Child and Adolescent health strategy implementation.

## Issues affecting delivery

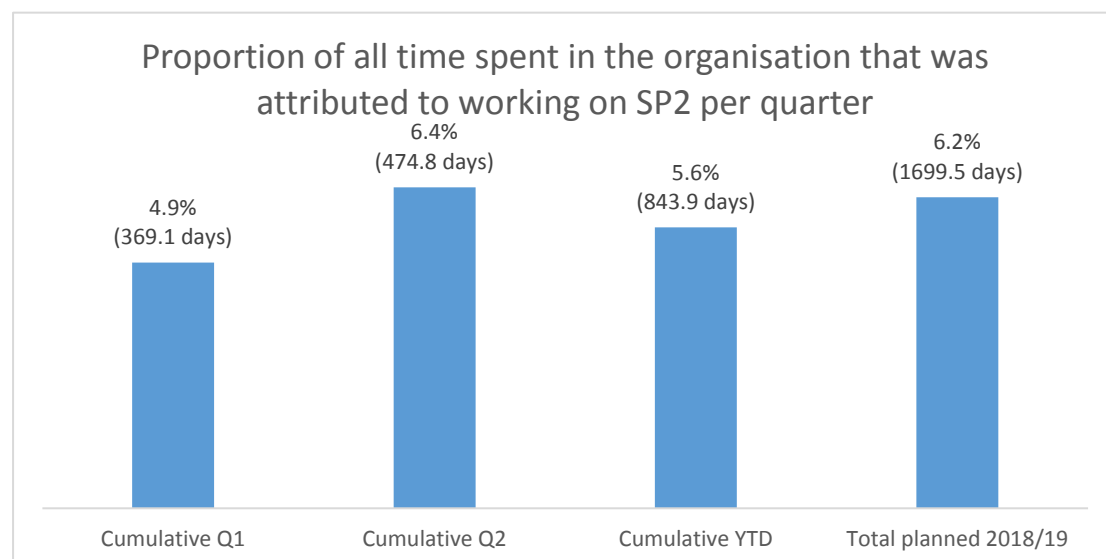
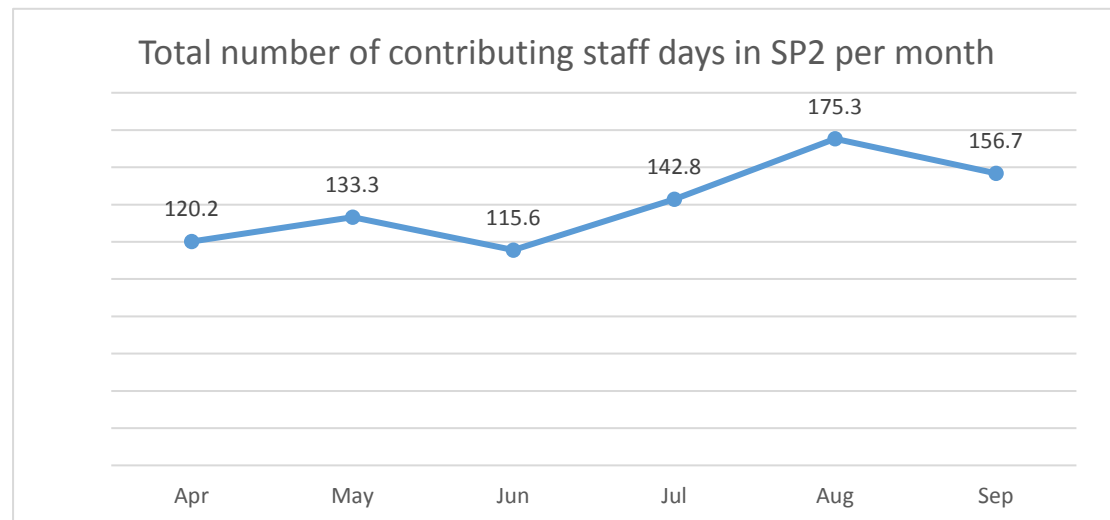


## Financial data





## Staff time data



## Issues of note

- The work on Redesigning Health Information for Parents (ReHIP) (in Strategic Change Priority Two) requires a significant input of staff time from the staff leading delivery commitments in Strategic Priority Two. We are balancing carrying out reviews of existing resources for families and young people at the same time as delivering high quality products to meet expectations and commissions of our partners. Progress is being made on tightening up internal processes but work is ongoing to establish a proportionate knowledge based input to health information products.
- Of the ten outputs not yet started, the majority are Marketing and Digital Services outputs, many of which relate to the production of materials such as reports which are pending the completion of the relevant work before the report can be started.

## **Coming up next quarter**

- We will finalise the questionnaire for the children and young people census.
- We will publish four briefings on child poverty and expand our child poverty web pages to coincide with Challenge Poverty Week. We will also publish case studies on child poverty action at a local level and an outcome focused plan to support local action on child poverty.
- We will continue to deliver Resilience screenings and presentations to a range of stakeholders to raise awareness and discuss actions on ACEs. In Q3 we will deliver three ACEs and Housing events in October with Healthcare Improvement Scotland and the Scottish Federation of Housing Associations.
- We will recruit a new public health adviser to work on adversity in childhood.
- We will work with Scottish Government and NHS Education for Scotland to influence the development of the new school nursing resource announced in Programme for Government, with particular emphasis on primary prevention of mental ill health.

## Strategic Priority 3: A Fair and Inclusive Economy

### Highlights this quarter

- 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. This has helped in the recent interpretation of the stalled life expectancy in Scotland.
- We have obtained access to UK-level data which will allow the first phase of analysis required to derive a measure of precarious employment from employment and income histories. These data link the Work and Pensions Longitudinal Study to the Poverty and Social Exclusion Survey.
- Following the launch of Health and Work Support (the Scottish Government pilot to better streamline employment services) in June, the Healthy Working Lives adviceline is now providing the gateway and offering advisory support for employers, individuals and Allied Health Professionals (AHPs) wishing to engage in one of the services.
- We have improved the functionality of the Healthy Working Lives (HWL) National Adviceline by making use of NHS Greater Glasgow and Clyde's telephony server through shared services arrangements.
- We supported the Health and Safety Executive (HSE) with planning a conference on mental health and work-related disorders.
- We launched four virtual learning modules on Improving Workplace Health.
- We worked in partnership with the Health and Safety Executive (HSE) to deliver a Safety and Health awareness day to 120 delegates from the construction sector.
- We supported contract companies from the Grangemouth petrochemical site to engage with Forth Valley College to undertake a Learning Occupational Health by Experiencing Risk (LOCHER) project on mental health involving college students and Grangemouth site staff.
- We secured an increase in business commitment to the Partnership for Safety and Health in Scotland (PHASS) as part of the development of PHASS and the Government backed Scottish Plan for Action on Safety and Health (SPIASH).
- The Scottish Government and the Glasgow Centre for Population Health have responded positively to our proposal for a collaborative approach to evaluation of the impact of Community Empowerment Act.
- We continue to foster cross-organisational connections of evidence around how power operates within the domain of housing. We are supporting SPORTA (the national association of sport and leisure trusts) to achieve their commitment in 'A Healthier Future: Scotland's Diet and Healthy Weight Delivery Plan' that half of their sites will hold the healthyliving award by spring 2019. We have presented to SPORTA Chief Officers and have agreed to facilitate workshops and discussions at their forthcoming nation conference.

- As a result of our engagement, the in-house catering arm of Glasgow City Council, Cordia, has committed to rolling out the healthyliving award across its services.
- Our academic sanctions paper was used to inform French Government labour market policy on sanctions.
- The processes for contact handling and advisory support for employment services provided by the Healthy Working Lives Adviceline is being reviewed to improve data governance (GDPR compliance) and customer experience.

## Performance Information

Strategic Priority 3 has 11 Delivery Commitments, one of which has Performance Indicators due for completion this quarter.

Delivery Commitment	Performance Indicator for Q2		Issue
3.3.1 Contribute to the design and launch of the Scottish Government's two year Single Gateway (Scottish Health and Work Service) pilot project, including evidencing how employment services can be better integrated and accessible and how this impacts on uptake	The role of the Healthy Working Lives National Adviceline is confirmed and the pilot launched	Yes	The role of the HWL adviceline was agreed prior to launch in Q1 and will be subject to ongoing review. The Ministerial Launch was held on 26 June 2018 and the pilot went live on that day.

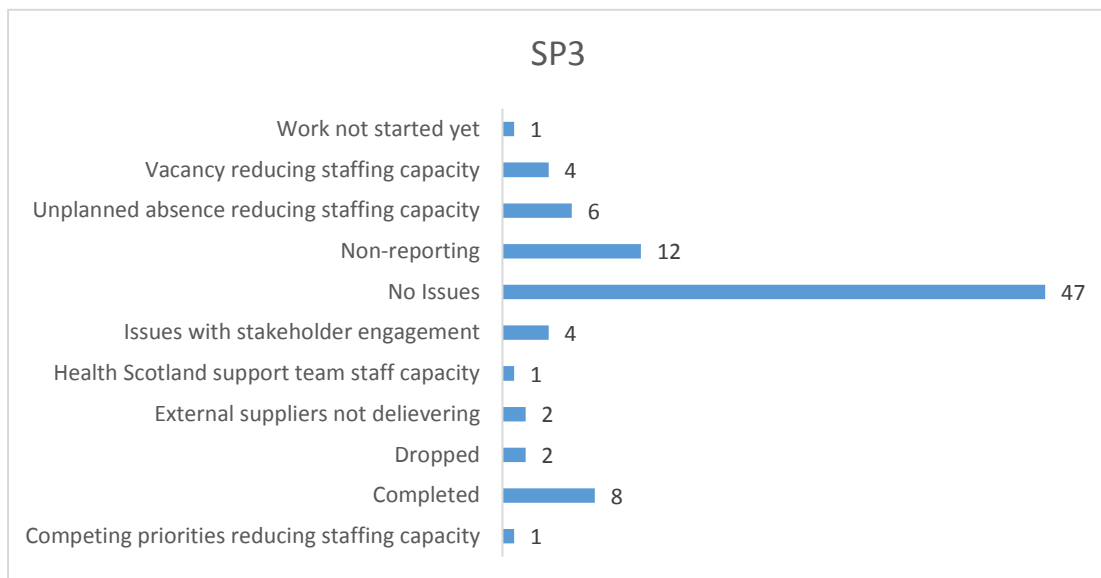
## Delivery Commitments at risk of not delivering on time

4 of the 11 Strategic Priority 3 delivery commitments have one or more outputs with issues affecting delivery

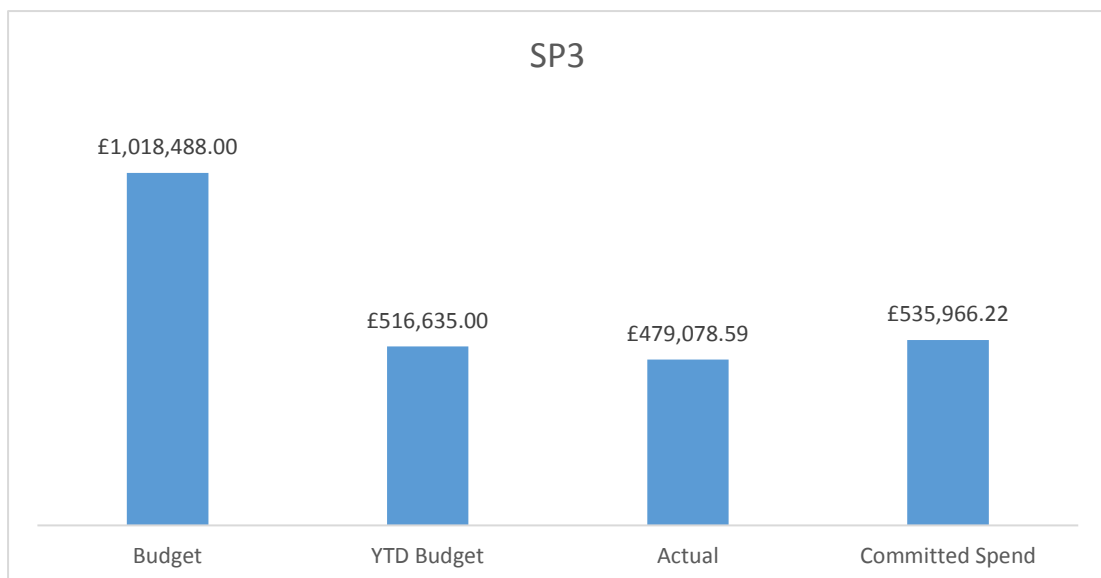
- 3.1.3: Maximise the use and quality of digital channels in response to customer preferences for accessing Healthy Working Lives services

- 3.2.2: Maintain and increase the commitment of existing award holders to the healthyiving and Healthy Working Lives awards and promote the awards to new customers
- 3.7.1: Undertake a series of analyses and disseminate evidence to relevant stakeholders to inform economic policy.
- 3.8.1: Collaborate with partners on knowledge dissemination and application for informed action on the distribution of power as a fundamental cause of health inequalities

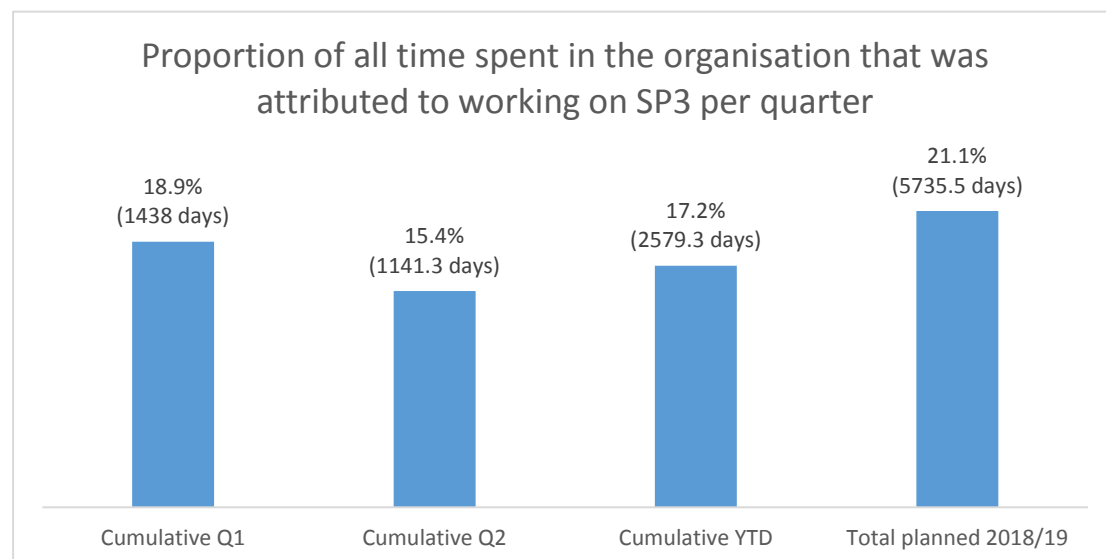
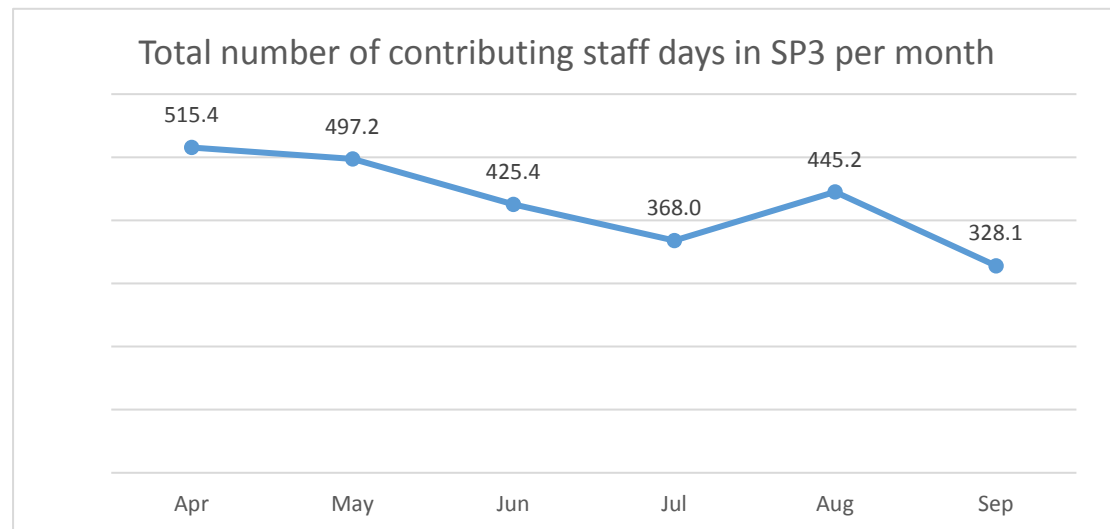
### Issues affecting delivery



### Financial data



## Staff time data



## Issues of note

- Capacity to deliver the Healthy Working Lives Adviceline has been significantly reduced due to staff turnover and leave. Temporary cover has ensured delivery commitments can be met, but the service remains under pressure.
- Progress on our contribution to the local governance review remains limited as we are awaiting confirmation of the scope of the work and the process it will follow.
- The Healthy Living Award 'Brand Tracking' report showed no increase in awareness of the award. The options to address this will be considered further with the stakeholder group.
- We are awaiting clarity on the future direction for the HWL Award following the recent review.

## **Coming up next quarter**

- We will launch our Virtual Learning program on Health Risks at Work.
- The Health and Work Summit will be held at Hampden Park Stadium.
- There will be a Society of Occupational Medicine Parliamentary reception focusing on health and work.
- We will publish a series of briefings on child poverty to support health boards and local authorities in delivering against their statutory action plans.
- We will present to the Scottish Government Health Impact of Welfare Reform Group to inform action by relevant policymakers.
- We will liaise with Scotland Food & Drink on Action 4.15 of A healthier future: Scotland's diet and healthy weight delivery plan, which involves Scotland Food & Drink working with its partners across industry and the Scottish Government to develop a programme to improve the health and wellbeing of the sector's 120,000-strong workforce.

## Strategic Priority 4: Healthy and Sustainable Places

### Highlights this quarter

- We continue to support roll out of the Place Standard Tool (PST) both in Scotland and internationally. We have had very productive discussions with Directors and Development Managers of the Wheatley Group (which owns and manages over 80,000 homes for 250,000 people) to look at how the PST can be embedded into their business.
- We have been appointed Chair of the Working Group for Place, Health Inequalities and Well-being for the European Network of World Health Organization Healthy Cities.
- We have begun the Place Standard improvement programme. This will include a detailed evidence review for each of the 14 Place Standard themes and piloting of an on-line modular learning tool for communities and voluntary sector.
- We successfully ran the first of three regional events designed to bring local public health and housing leads together. Our aim is to facilitate local networking, to identify and share examples of good practice and to identify opportunities for future collaboration between health and housing colleagues.
- We have made a significant contribution to the refresh of the national guidance for production of Local Housing Strategies. It is proposed that health outcomes will now be a significant element of the guidance. We will follow this up with further input, as appropriate, when the draft guidance is consulted on in early 2019.
- We have published an interactive tool that allows users to identify relevant local housing strategy and policy, including renewal dates. This will help local public health teams see when local strategies will be coming under review which will allow them to better engage and influence.
- We have started to allocate our community food development fund with awards made to groups ranging from a Muslim women's group in Falkirk to young carers in Fife.
- We published the latest edition of [Fare Choice](#), alongside four editions of the e-bulletin, which went out to around 2,500 individuals and agencies working on food, health and inequality across public health.
- We are working with the Scottish Government climate change adaptation team and Adaptation Scotland on an evidence-informed briefing on climate justice and health inequalities.
- We have been invited to help develop the Climate Justice and Health strand of the second Scottish Climate Change Adaptation Programme (SCAPP2). Scottish Government are keen to see our work on climate justice and health inequalities inform this aspect of SCAPP2.
- We have produced an internal paper on how climate change might be integrated into the new public health body. This has been shared for information/comment with the Commissioning Group and Organisational



Leads within the organisation and with the environmental public health lead in Health Protection Scotland

## Performance Information

Strategic Priority 4 has 8 Delivery Commitments, one of which has Performance Indicators due for completion this quarter.

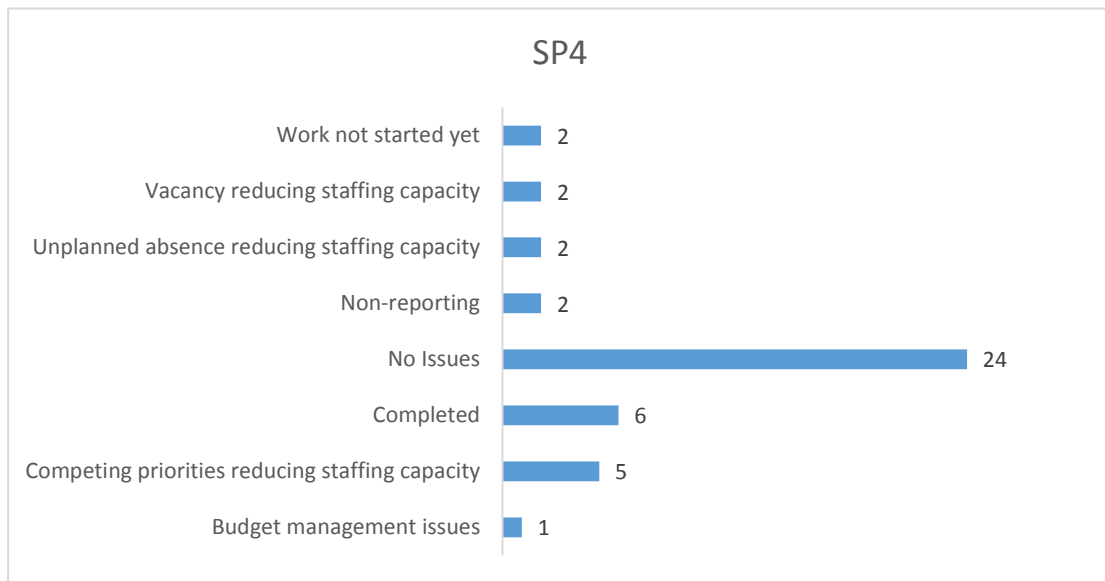
Delivery Commitment	Performance Indicator for Q2		Issue
4.6.1: Commission the Scottish Community Development Centre (SCDC) to deliver a programme on community-led health that supports NHS Health Scotland's priorities.	We have engaged with community development stakeholders to develop an organisational position statement on the contribution community development makes to the reduction of health inequalities	Yes	We have undertaken the engagement and drafted the position statement. The draft has informed a related paper being produced by the Health Promotion Managers Group.

## Delivery Commitments at risk of not delivering on time

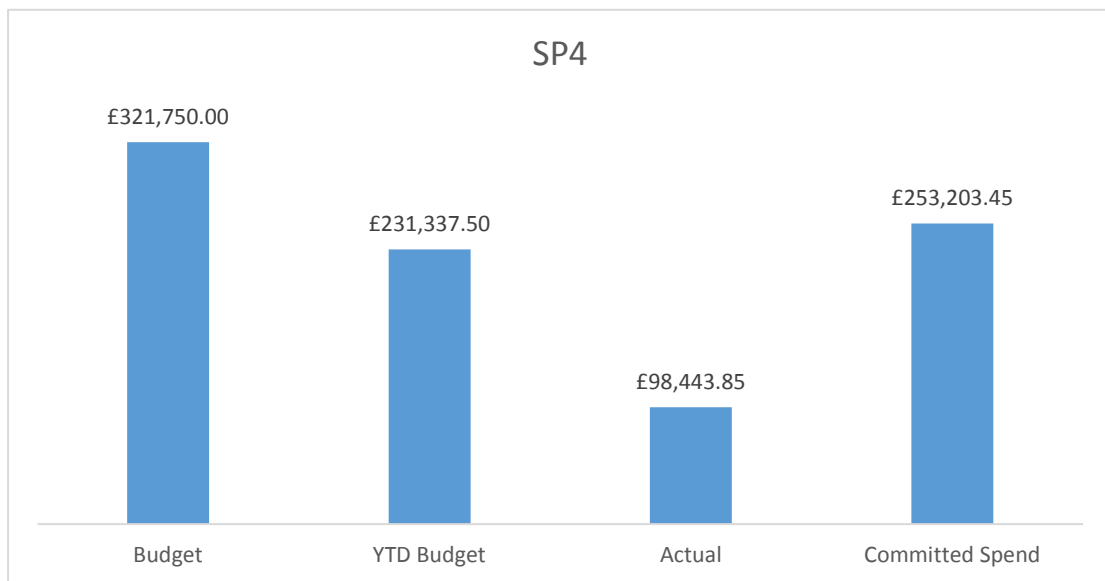
2 of the 8 Strategic Priority 4 delivery commitments have one or more outputs with issues affecting delivery

- 4.1.1: Lead, support and advise on the coordination, delivery and governance of the National Place Standard Implementation Plan.
- 4.9.1: Work with Adaptation Scotland, the Scottish Managed Sustainable Health Network (SMaSH) and other national partners to maximise the opportunities for climate change policy and practice to promote health improvement and reduce health inequalities

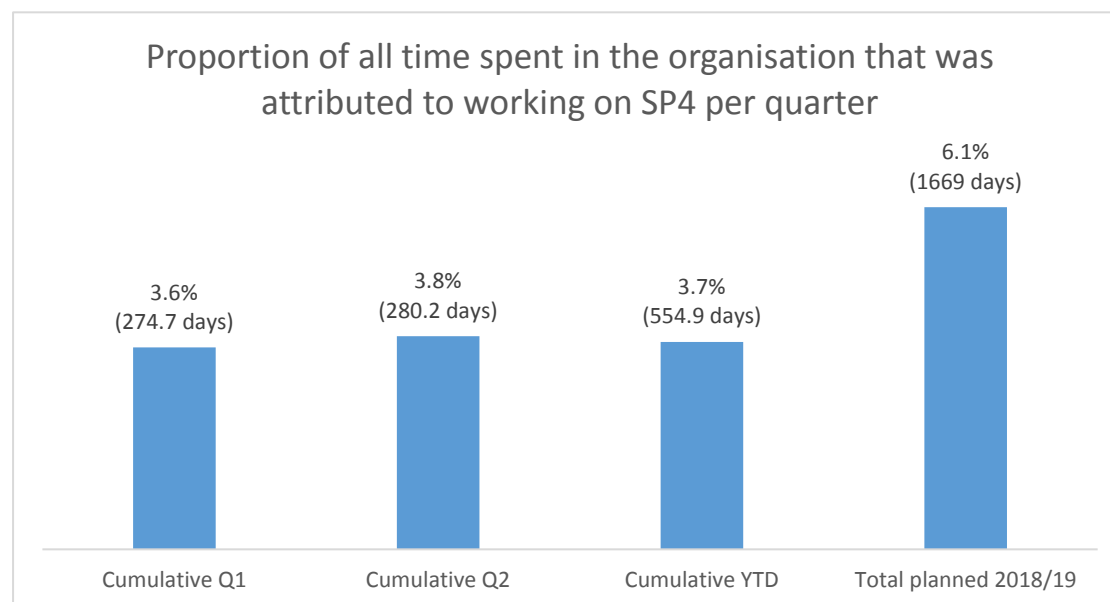
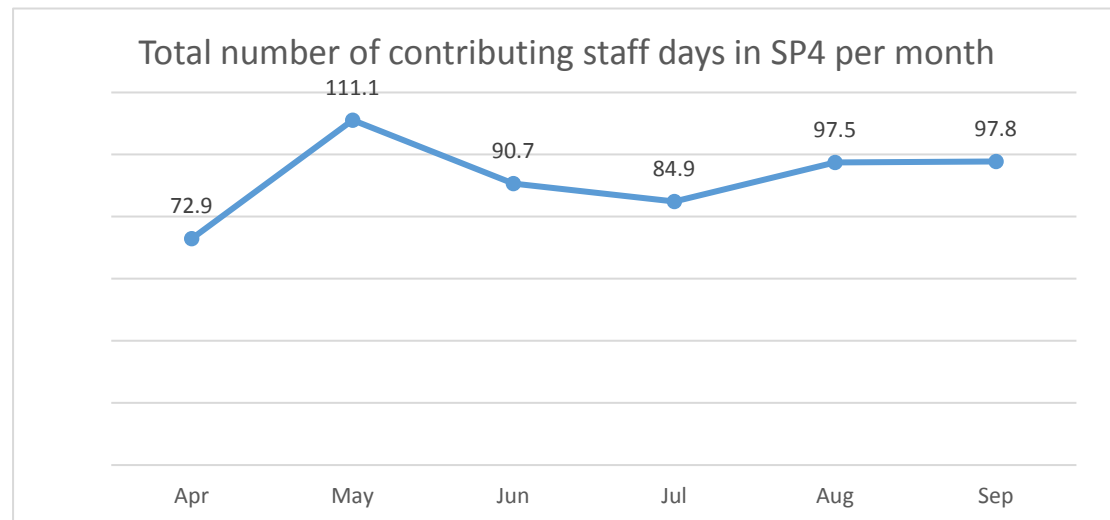
## Issues affecting delivery



## Financial data



## Staff time data



## Issues of note

- The Clyde Gateway project has been delayed, largely through capacity being prioritised elsewhere (mainly on the Triple I work), but also due to data access being delayed.

## Coming up next quarter

- We will publish the housing section of the Scottish Public Health Observatory website.
- We will deliver two further regional events designed to bring local public health and housing leads together, principally to better integrate health outcomes into local housing strategies.
- We will host the annual community food and health national conference.
- We will deliver a seminar on the measurement of food insecurity.

- We will present at the AGM of Scotland's Housing Network on health and housing.
- We will chair sessions and present at the World Health Organization's Healthy Cities International Conference.
- We will hold a Place Standard workshop with key stakeholders to start to plan the next phase of implementation.

## Strategic Priority 5: Transforming Public Services

### Highlights this quarter

- We delivered a national Faculty For Homeless and Inclusion Health seminar on the Scottish Government's Data Linkage report on health and homelessness.
- We drafted an memorandum of understanding with Shelter Scotland to align our aims for homelessness and housing.
- We accepted the invitation to become the chair of the national health and homelessness group.
- We delivered a seminar on peer research and human rights called 'Insurrection, inspiration and operation: Implementing the right to health: NHS Health Scotland's Story' at Public Health England's annual conference.
- We delivered a cross-policy collective leadership session within Scottish Government to establish a network focused on multiple needs and exclusion.
- We developed a new set of baseline indicators for Health Promoting Health Service (HPHS) self-assessment, in line with the Chief Medical Officer letter 2018.
- We commissioned NSS to do a feasibility study and have NHS Dumfries and Galloway as a test site for e-referral for Health Promoting Health Service.
- We worked with NHS24 to successfully engage British Sign Language (BSL) users on access to health information, as one of the actions in the National BSL Plan.
- We launched an e-learning module aimed at raising the awareness of health and social care frontline staff on British Sign Language. The Care Inspectorate has promoted it to the 14,000 registered care services in Scotland.
- We have successfully engaged with and had positive feedback from a range of partners to embed the NHS and health and social care inequalities statements, including with Confederation of Scottish Local Authorities, Directors of Public Health, Scottish Ambulance Service, Healthcare Improvement Scotland and NSS Procurement.
- We have produced [a new advert](#) on the importance of getting the flu vaccine.
- We have commissioned Research Scotland to undertake a study with Scottish women about the proposed introduction of Human Papilloma Virus testing into the Scottish Cervical Screening Programme.
- We have sent all GP practices a supply of [Shingles](#) vaccine materials to target eligible patients with this vaccine for all 70-79 year olds.
- We have produced a Health Inequalities Impact Assessment report of the Vaccination Transformation Programme (VTP) which considers the potential impact of VTP on the Childhood Immunisation Programme (0-5 years) and we have started to write an evidence briefing on engaging with hard-to-engage populations.

- We continue to co-produce a Once for Scotland approach to health improvement workforce development with the Scottish Health Promotion Managers.
- We agreed revalidation support with NHS Education for Scotland for registered public health specialists.
- We worked with Local Intelligence Support Team (LIST) colleagues in the Borders to provide evaluation support and guidance for their Hospital to Home programme.
- We worked with Information Services Division to deliver the LIST event including sessions on Burden of Disease and 'Outcomes Framework for Primary Care - Telling the story of Primary Care.'
- ScotPHO published a new [Children and Young People's Profile](#) that presents a range of indicators relating to the health, wellbeing and broader social determinants of health for children and young people.
- We completed an analysis of indicators to measure the contribution of NHS Boards and Health and Social Care Partnerships to reducing health inequalities and stakeholder engagement is underway.
- We agreed a strategic plan between with the Improvement Hub (ihub) including a work plan with the Palliative and End of Life Care team.
- Work on the community planning in Scotland website in partnership with the Improvement Service has progressed. The second newsletter has been issued and we hosted a webinar with 37 participants from across community planning (focussing on performance reporting and evaluation). Website usage and newsletter subscriptions continue to increase.
- We provided strategic communications and engagement advice to the National Boards Collaborative Programme to ensure consistent messages about health equity, reducing inequalities, and taking a human rights based approach to health is in the narrative of the national and regional collaborative discussion documents.
- We worked to ensure alignment between the visual identities of the national and regional collaborative programmes and the public health reform programme to position the six public health priorities as an integral part of communication and engagement activity in relation to health and social care transformation.
- We have worked with a Scottish Government drugs policy lead to run two workshops for health and justice civil servants whose work impacts on people who experience multiple exclusion. This includes colleagues working in mental health, community justice, adverse childhood experiences and health protection. This is the result of conversations with the Health and Homelessness Group, the recent Scottish Government Data Linkage project and a recognised need for more collaborative, compassionate leadership in the public service system.
- We have developed a very positive working relationship with NHS National Services Scotland e-health leads to support implementation of the BSL additional service needs project.
- We can see evidence of more effective commitment and collaboration in our Third Sector a co-production work with our partners' interest being more than simply funding.

## Performance Information

Strategic Priority 5 has 10 Delivery Commitments, two of which have Performance Indicators due for completion this quarter.

Delivery Commitment	Performance Indicator for Q2		Issue
5.5.2: Work in collaboration with key stakeholders to support the strategic development of the core public health workforce in Scotland	The Public Health Skills and Knowledge Framework (PHSKF) is integrated into wider workforce resources and services	Yes	PHSKF is integrated into development areas including resources for health improvement workforce, training and support for wider workforce and is being aligned with public health practitioner registration.
5.6.8: Work with a range of key stakeholders to scope and gain a better understanding of the wider workforce development infrastructure and learning needs with particular focus on local government	We have launched a learning portal for leadership on inequalities	No	Due to the project lead having unplanned leave in August, the project has been delayed. The peer review process highlighted the need to conduct additional filmed interviews with non-executives and directors in NHS Health Scotland. These will be completed by October and the learning hub will launch in late Autumn (Q3).

### Delivery Commitments at risk of not delivering on time

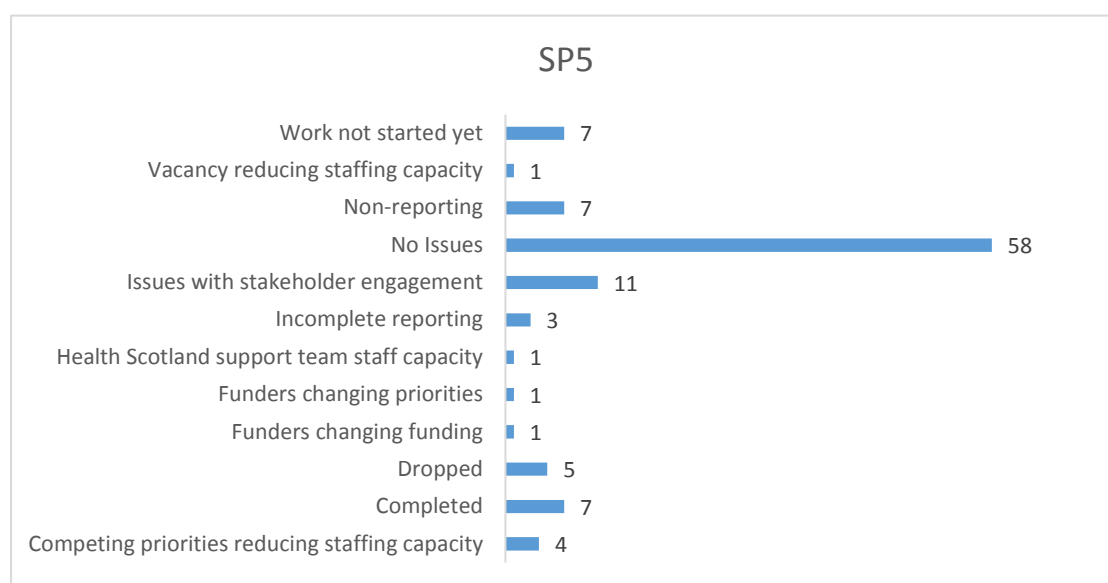
5 of the 10 Strategic Priority 5 delivery commitments have one or more outputs with issues affecting delivery

- 5.5.1 (new): Support the National Boards Delivery Plan to strengthen public health capability
- 5.6.3: Produce public and professional facing information and guidance, in order to advocate for and support informed and equitable access to immunisation and screening services
- 5.6.5: Lead public health contribution to international public health through membership of and collaboration with the Scottish Global Health

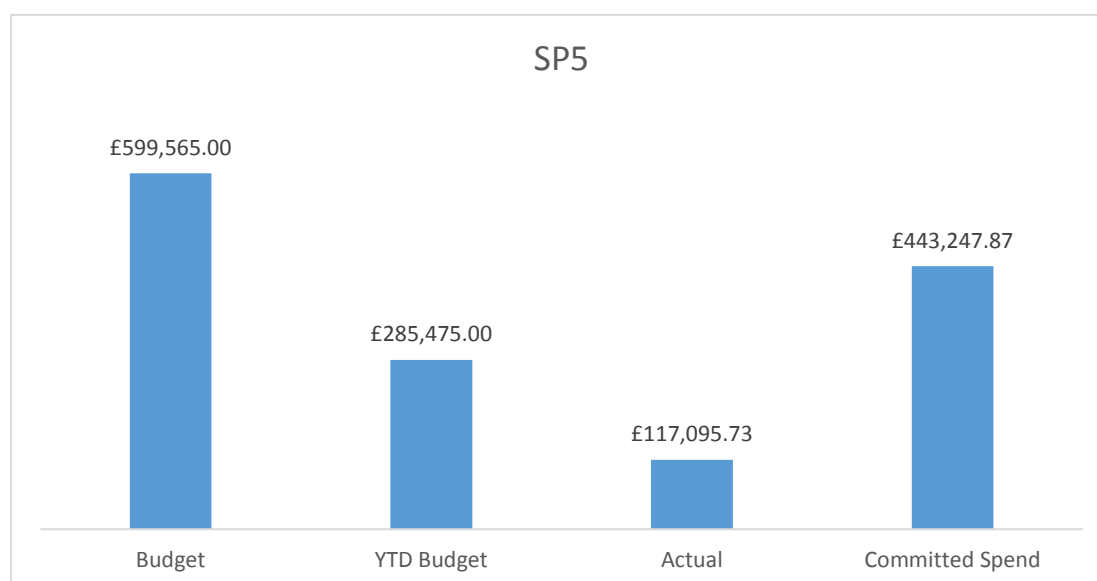
Collaborative (SGHC), Eurohealthnet and World Health Organization (WHO)

- 5.6.7: Provide support and guidance to key partners and stakeholders in Community Planning and Health and Social Care Integration to increase understanding of inequalities and inform practice and delivery that leads to more equitable outcomes in our communities
- 5.6.8 (new): Work with a range of key stakeholders to scope and gain a better understanding of the wider workforce development infrastructure and learning needs with particular focus on local government

### Issues affecting delivery

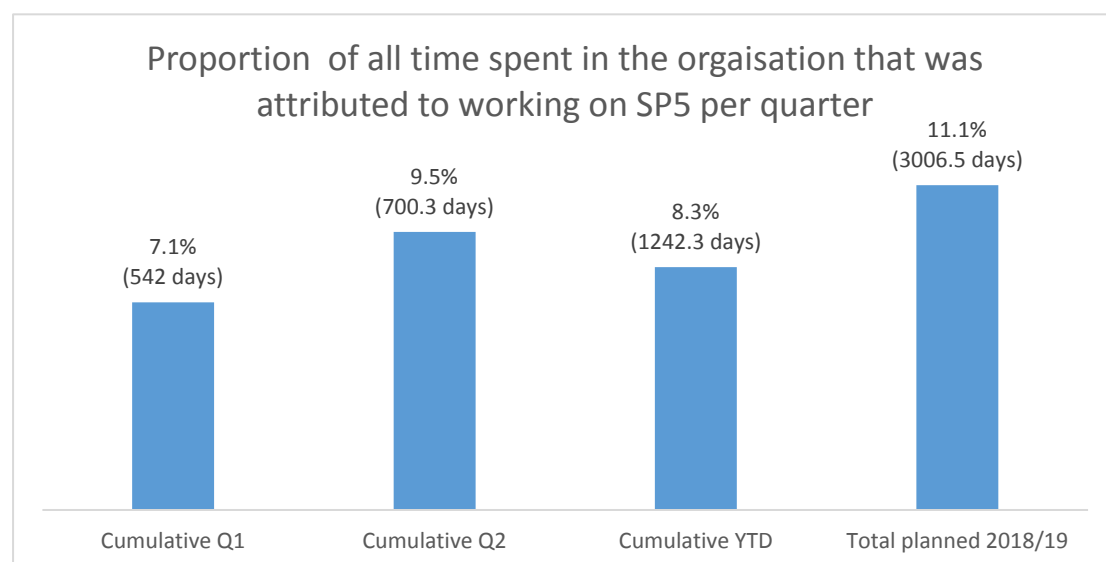
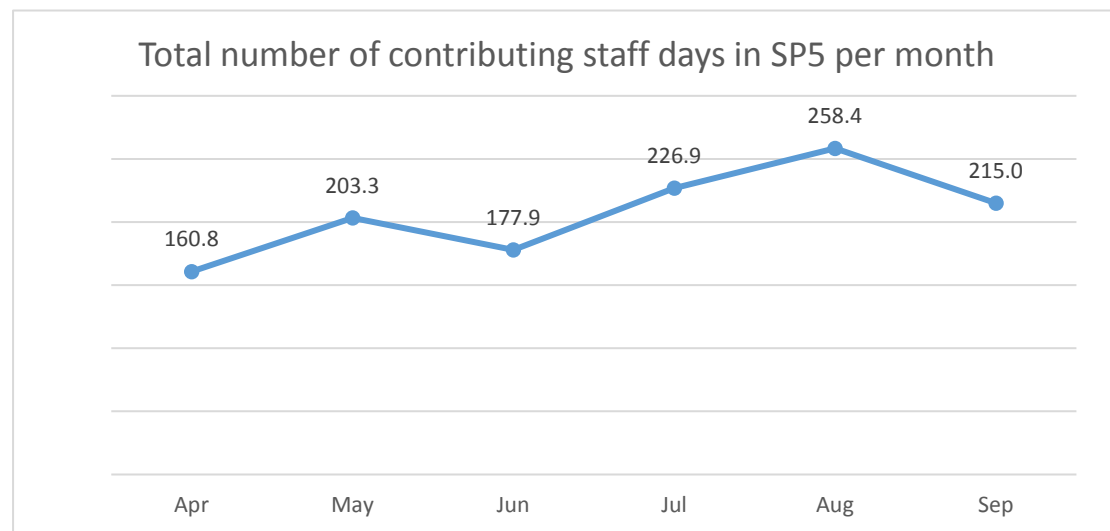


### Financial data





## Staff time data



## Issues of note

- Capacity issues within Scottish Government have led to delays in taking forward discussions around the future of our Health Promoting Health Service work and how it relates to public health reform.
- We have begun scoping the potential for inequalities to be addressed through Health and Social Care Inspections, and have considered health and care standards at both service and strategic level, through initial discussions with Healthcare Improvement Scotland and the Care Inspectorate. Discussions are still at early stages and we need to generate more active engagement from partners, so we can clearly articulate the role of the inspection workforce in addressing inequalities.

## Coming up next quarter

- We will deliver a Homelessness seminar on rural issues and host a leadership learning set on preventable deaths in homelessness.
- We will launch two learning hubs: *Leadership for health inequalities* and *Poverty for middle managers*.
- We will deliver two training courses across Scotland: *Awareness Raising on Inequalities and Human Rights* and *Demonstrating Impact on Inequalities*.
- We will publish the report of our inquiry into the public health wider workforce.
- We will analyse NHS Boards' annual HPHS reports and publish a national three year overview progress report.
- We will launch a multi-faceted Flu campaign, which will have mass media elements (TV, radio, social media) as well as targeted communications for parents of children aged 2-5, people with health conditions and members of the Polish community in Scotland.
- The third Place to Be Leadership development programme will be delivered.
- We will begin implementation of the ACE Inquiry project within eight Deep End general practices and commission an evaluability assessment
- We will present to Primary Care leads on the Primary Care Outcomes Framework and Evidence Collaborative.
- We will report on the ScotPHN audits of CPP/IJB involvement by DsPH.
- We will scope briefings to Elected Members including Triple I and Child Poverty.
- We will run two evaluation support sessions with CPPs as part of our work for the Outcomes Evidence and Performance Board.

# **Strategic Change Priority 1: Leading Public Health Improvement**

## **Highlights this quarter**

- We are working with key stakeholders to share and embed learning around effective policy advocacy and human rights-based approaches in public health. For example, the Director of Strategy made a presentation on Human Rights to the Public Health England annual conference, which was supported by a web statement and social media activity, which generated considerable interest across social media channels.
- ScotPHN continued to support national leadership groups and their input to the Public Health Reform agenda.
- ScotPHN supported the newly formed Public Health Nutrition Group as it continues to develop its work programme and engagement with Scottish Government on e.g. Maternal and Infant Nutrition and the Diet and Obesity Strategy.
- ScotPHN organised the first meeting of a public health special interest group on drugs misuse in anticipation of the Scottish Government strategy 'All together now - Our Strategy to Address the Harms of Alcohol and Drugs in Scotland.'
- Our work to promote and position fairer health improvement within the emerging public health landscape has included having a two page interview with our Chief Executive in the Health of the Nation edition of Holyrood magazine and a one page advert highlighting that health is not just about personal choice.

Please refer to the Change and Transition Update for highlights relating to Public Health Reform and the National Boards Collaborative.

## **Performance Information**

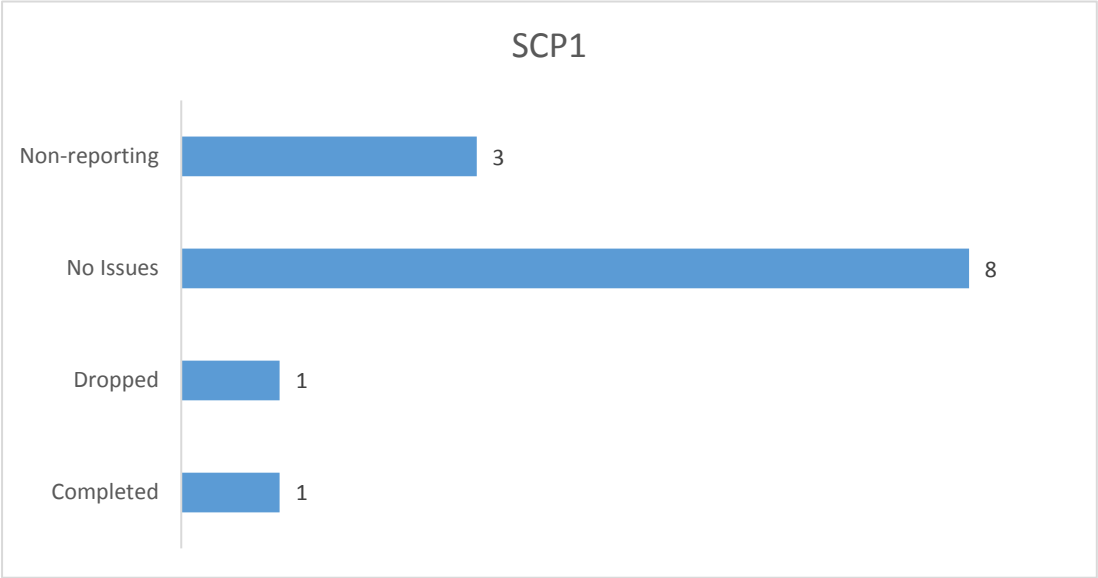
Strategic Change Priority 1 has 5 Delivery Commitments, none of which has Performance Indicators due for completion this quarter.

### **Delivery Commitments at risk of not delivering on time**

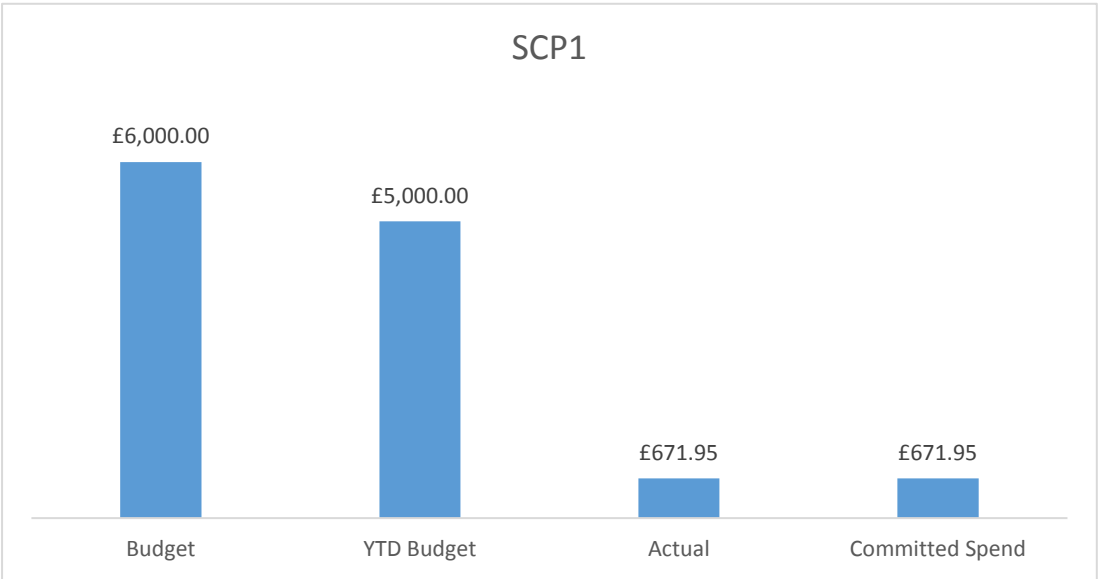
2 of the 5 Strategic Change Priority 1 delivery commitments have one or more outputs with issues affecting delivery

- 6.2.2: Work with NHS National Services Scotland to discuss learning and enable improved practice around the gathering and use of data on key stakeholders
- 6.2.3: Work with key stakeholders including the Faculty of Public Health in Scotland and the UK Public Health Network to share and embed learning around effective policy advocacy and human rights based approaches in public health

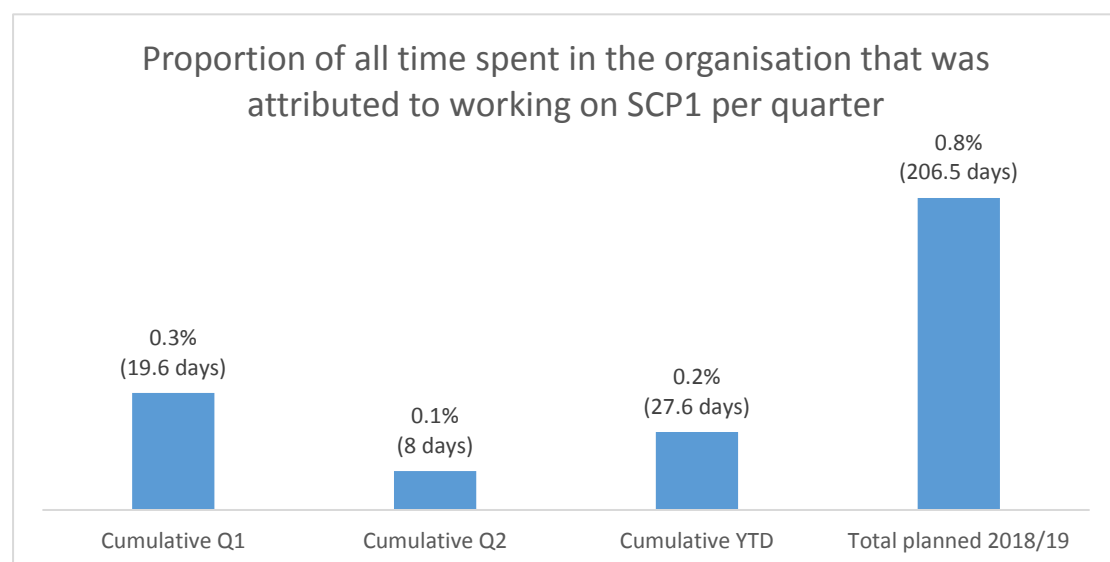
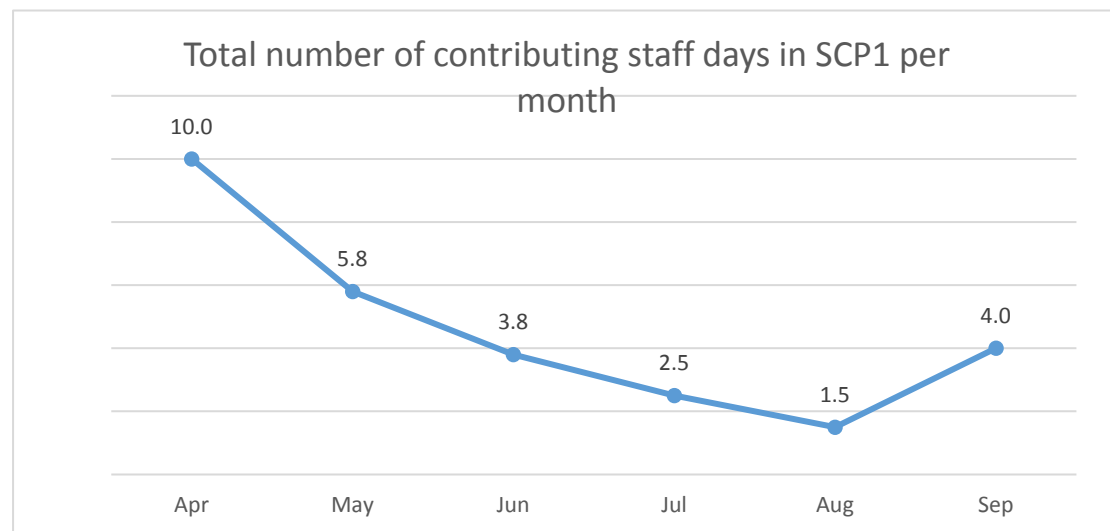
Issues affecting delivery



Financial data



## Staff time data



## Coming up next quarter

- We are on the Conference Planning Committee for the Faculty of Public Health annual conference and are delighted that *The Right to Health: public health ethics, equality, values* has been chosen as the theme for this year's conference. We will be sharing our learning at the conference through presentations, posters and workshops. We have also been working with the Public Health Reform team and Public Health and Intelligence at NHS National Services Scotland to coordinate our presence, including having a joint exhibition space and running lunchtime plenary sessions on public health reform.

## Strategic Change Priority 2: Making a Difference

### Highlights this quarter

- In line with our Digital Strategic Plan, and as part of the rationalisation of our web estate, we closed two websites: Well Scotland and Steps for Stress. We moved appropriate content from Well Scotland to our main corporate website and moved the content from the Steps for Stress website to NHS Inform.
- We published our updated Accessibility policy.
- We progressed the work of the Redesigning Health Information for Parents (ReHIP). This included:
  - Initiating the digital development of a Ready Steady Baby! subsite on NHS Inform, including agreeing our content governance approach, planning the content development into sprints for delivery, and starting content sprint one.
  - Finalising the text of the new Ready Steady Baby! print edition and commencing the proofing stage.
  - Sharing a redesigned Ready Steady Baby! sample spread with the ReHIP Editorial Group, which was positively received.
  - Developing a project plan for the Easy Read version of the Ready Steady Baby! print edition and setting up a stakeholder workshop to scope out the detailed requirements for the procurement process.
  - Conductin a Health Inequality Impact Assessment on Ready Steady Baby!

### Performance Information

Strategic Change Priority 2 has 2 Delivery Commitments, one of which has Performance Indicators due for completion this quarter.

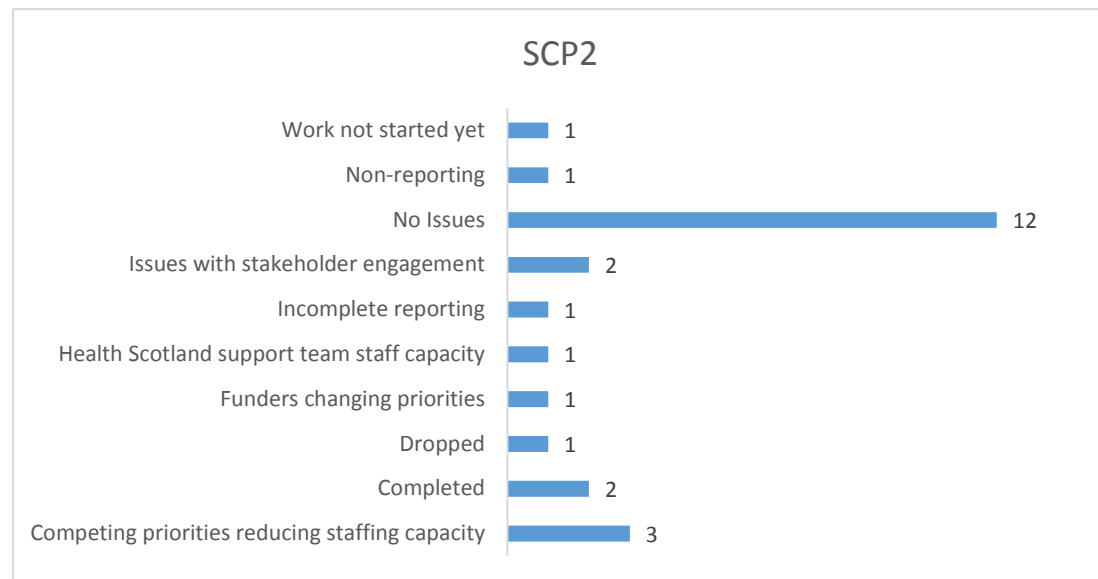
Delivery Commitment	Performance Indicator for Q2		Issue
7.1.1: Develop and deliver best practice approaches to the design and delivery of products and services	We have closed three of our professional websites and migrated relevant content to healthscotland.scot	No	This has not been completed due to unanticipated absence in the team resulting in other work with more urgent deadlines needing to take priority. We have closed two sites and the closure of the third site is pending recruitment for extra team capacity.

## Delivery Commitments at risk of not delivering on time

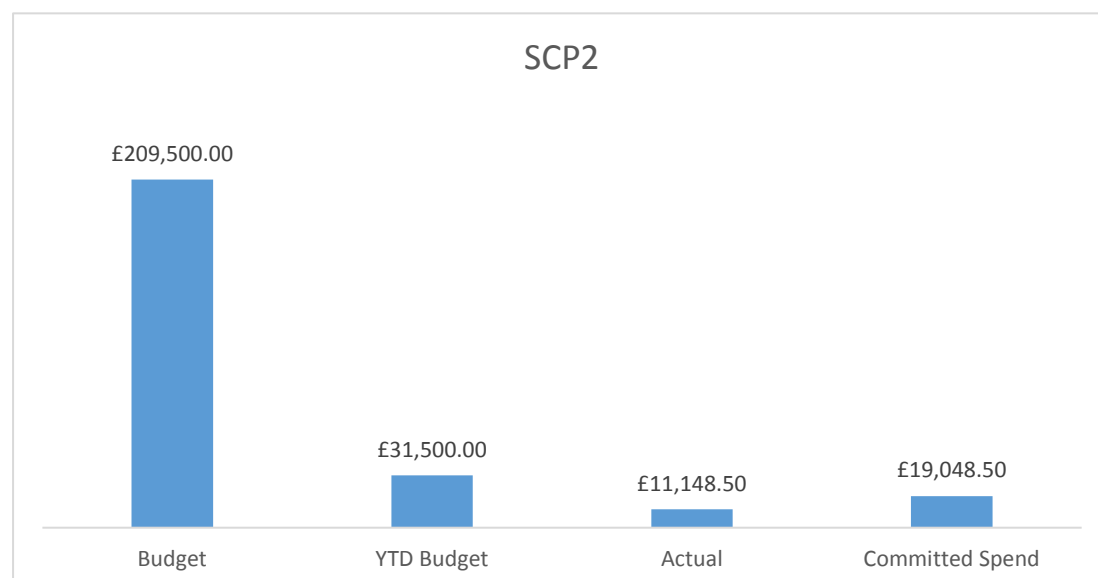
2 of the 2 Strategic Change Priority 2 delivery commitments have one or more outputs with issues affecting delivery

- 7.1.1: Develop and deliver best practice approaches to the design and delivery of products and services
- 7.1.2: Deliver Phase 1 of Redesigning Health Information for Parents (ReHIP)

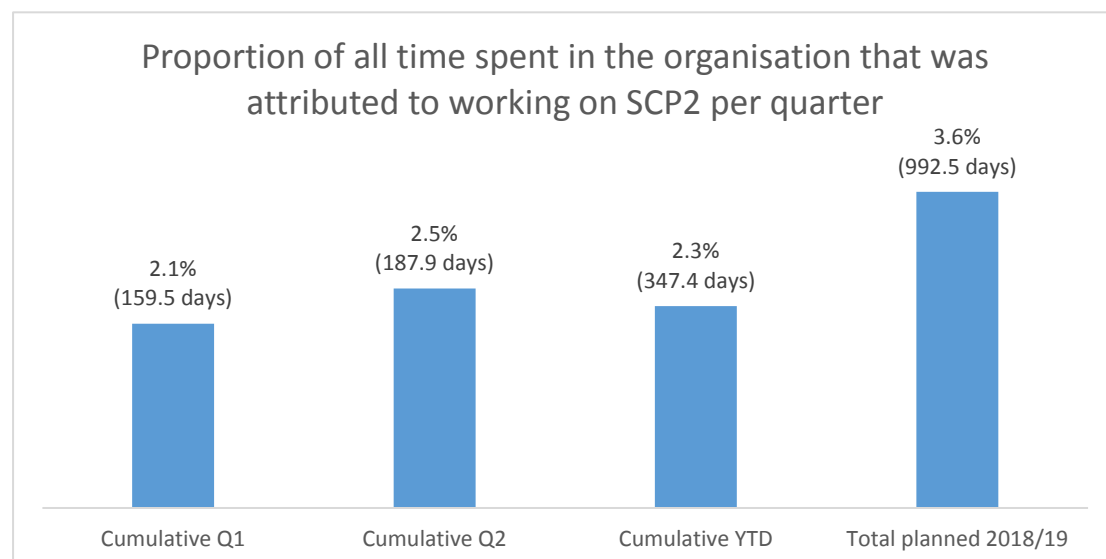
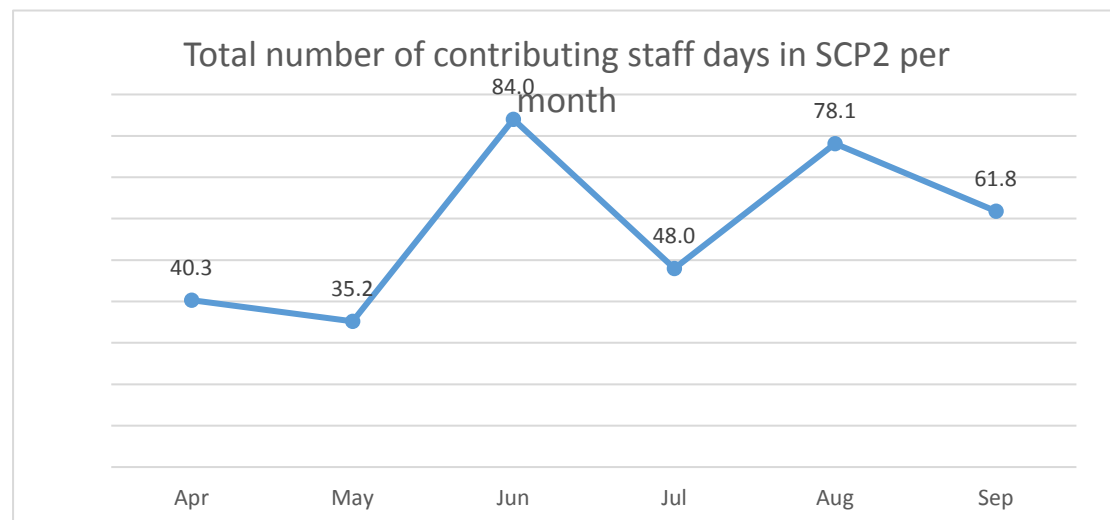
## Issues affecting delivery



## Financial data



## Staff time data



## Issues of note

- The print version of the new Ready Steady Baby! publication is currently on schedule to be printed in February 2019. This timescale poses a risk to utilising the budget allocated in the 2018/19 financial year. First proofs are due back in-house from contributors on 14 November and a decision will be made then about any necessary mitigation.

## Coming up next quarter

- We will formally roll out our adoption of the Open Government License in line with Scottish Government policy.
- New accessibility guidance for staff will be available, together with training sessions to support this.
- In line with our Digital Strategic Plan, and as part of the rationalisation of our web estate we will:



- close the Gender Based Violence and Maternal and Early Years websites, moving content to the main corporate site.
- start work on implementing the Healthy Living Award (HLA) website audit recommendations.
- Further progress with ReHIP, including:
  - Finalising the new Ready Steady Baby! print edition and sending it to print
  - Securing a supplier to produce the Easy Read version of Ready Steady Baby!
  - Mapping the content received for the redesigned Older Baby resource (8 weeks to 2.5 years) and preparing it for transition to the writer.
  - Working with NHS 24 to pre-test the new RSB subsite on NHSInform with parents.

## Strategic Change Priority 3: Fit for the Future

### Highlights this quarter

- We coordinated four staff information sessions about the creation of Public Health Scotland with the Public Health Reform team and Public Health and Intelligence Directorate in NSS. We have updated staff on a regular basis on all aspects of change through a range of communications including Programme Board papers, reflections, blogs, vlogs, presentations and a newsletter.
- We made a series of changes to COG and the coordination of change work across the organisation so we are keeping up with the increasing tempo of change. This includes ensuring staff have the opportunity to be matched to projects, tasks and roles supporting change as and when they come up.
- We have improved how we are keeping track of progress on national boards work around shared services and target operating models.
- We cascaded change conversation sessions across the organisation with 127 people attending, all aimed at helping people be more aware of the emotional aspects of change. This has been supplemented by the offer of resilience sessions.
- In September we launched the Common Grounds initiative with PHI. Common Grounds is a way for staff to make new connections over a tea or coffee. All staff within NHS Health Scotland and Public Health and Intelligence have been invited to take part. The aim is to enable people to make new connections and refresh existing ones.
- We conducted an EU withdrawal survey to identify staff who are potentially directly affected. This will help shape our support to these staff members, and will also fulfil Scottish Government reporting requirements.
- Our work with Scottish Government sponsor team has progressed to remove NHS Health Scotland from the role of the Public Appointments Commissioner through amending the Public Appointments and Public Bodies etc. (Scotland) Act 2003.
- Internal leadership and change sessions using the NHS Health Scotland leadership call to action questions have completed in Health Equity, Public Health Science, CEO and Staff Side and Health and Work Directorate. We have produced a leadership summary of our leadership culture and behaviours and highlighted skills and qualities important for Public Health Scotland.
- We have sent a paper setting out a model for a health economics function in the new public health body to the Underpinning Data and Intelligence Commission, who have accepted its analysis and recommendations.
- The Organisational Development Commission has been progressing positively.
- We have renewed discussions with University of Edinburgh to investigate development of an institutional knowledge and research repository as a member of the Scottish Digital Libraries Consortium

Please refer to the Change and Transition Update for highlights relating to Public Health Reform and the National Boards Collaborative.

**Performance Information**

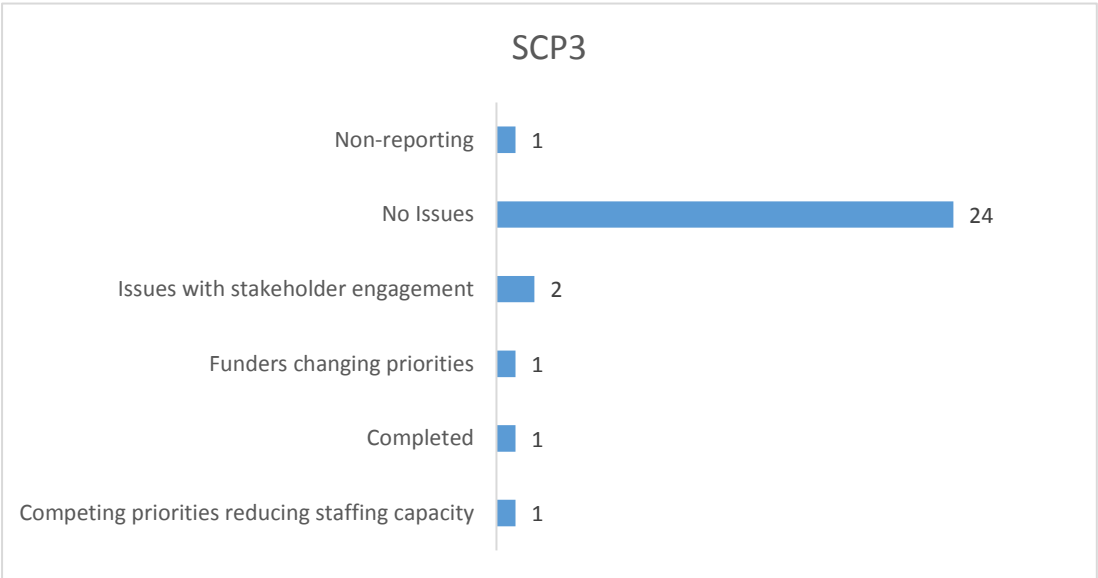
Strategic Change Priority 3 has 4 Delivery Commitments, none of which has Performance Indicators due for completion this quarter.

**Delivery Commitments at risk of not delivering on time**

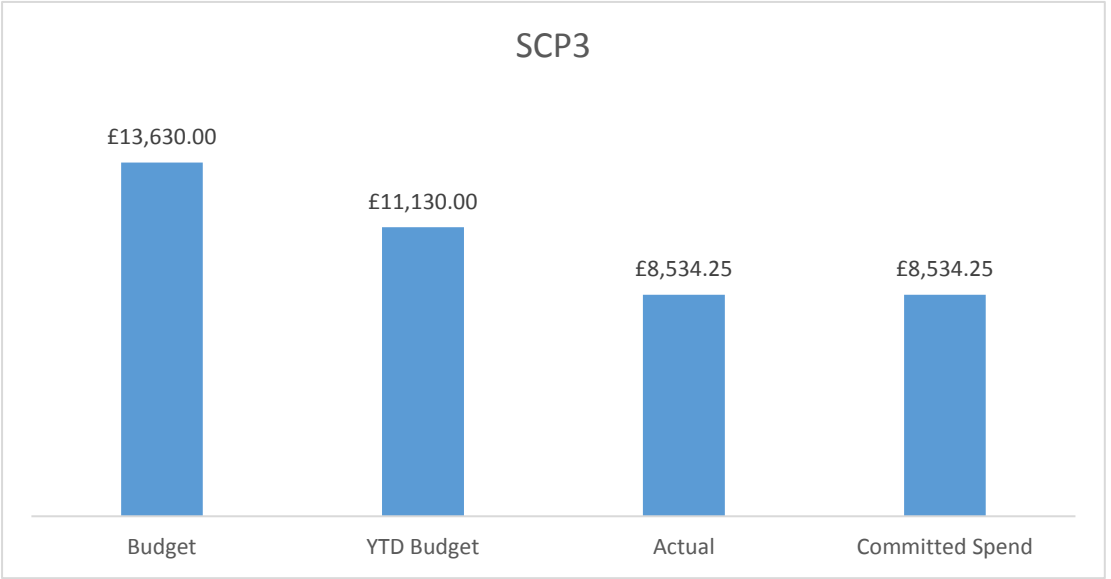
1 of the 4 Strategic Change Priority 3 delivery commitments have one or more outputs with issues affecting delivery

- 8.4.1: We will support the implementation of change as the new public health body is created and other services across NHS Scotland are reconfigured

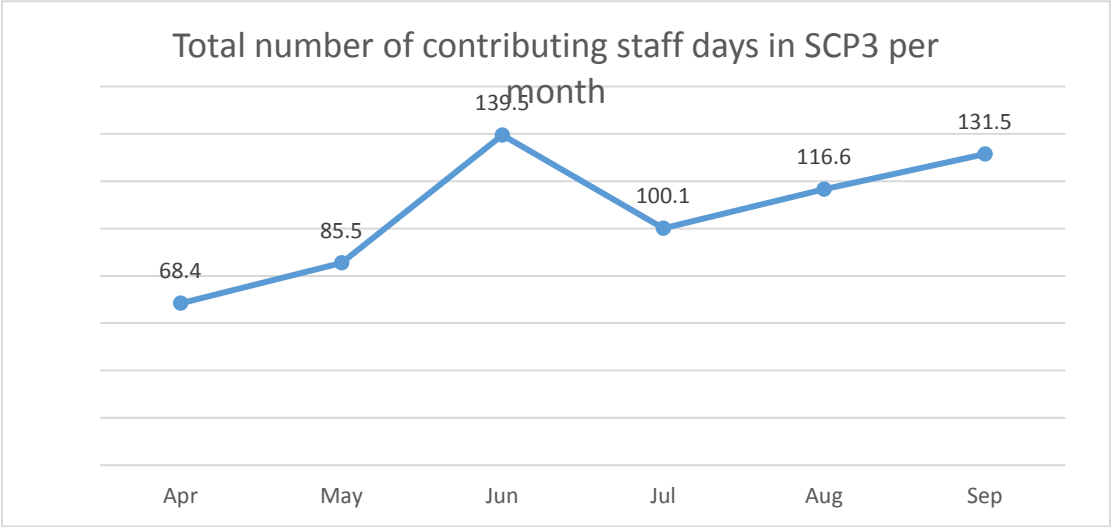
**Issues affecting delivery**

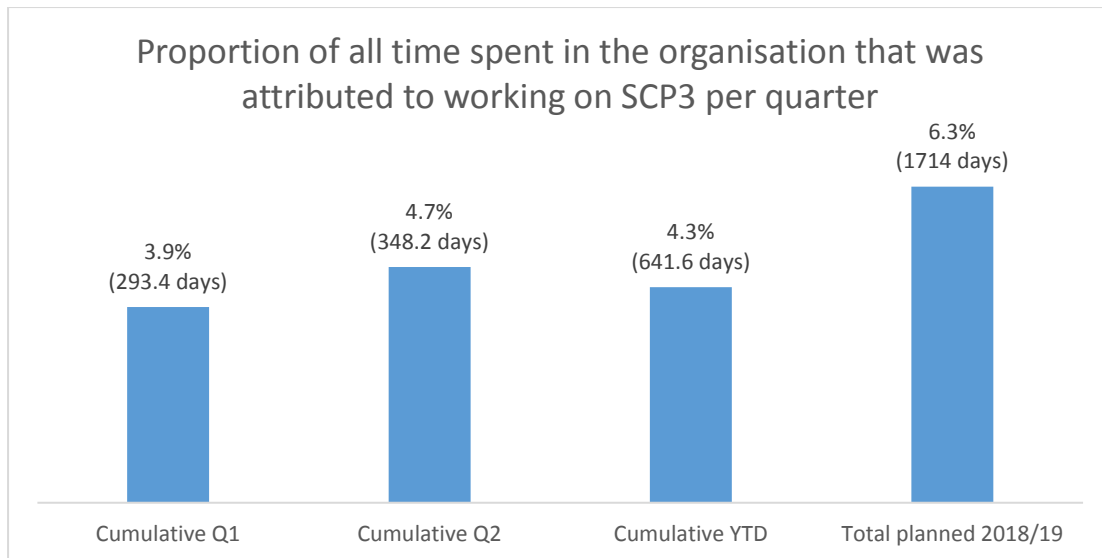


**Financial data**



**Staff time data**





## Issues of note

- Careful consideration needs to be taken of the questions that came up during the staff information sessions as they give a good insight into what is really important for staff and where their concerns lie. We have committed to providing answers to all of the questions, which will need to be jointly agreed with the Public Health Reform Team and PHL.
- The leadership role and opportunities for administration staff have been a re-occurring theme of the leadership discussions, as has the need to take a whole system approach and develop alongside leaders from other public services.

## Coming up next quarter

- We will run a series of staff engagements in preparation for change and to identify the culture, values and ways of working for Public Health Scotland
- We will continue to work on the national boards Target Operating Model in the areas of finance, human resources, and estates and facilities.
- Board governance transition will form part of the October 5 Board Seminar.
- We will continue to look at how leadership approaches from NHS Health Scotland can influence the Public Health Reform Commission work and will support our leaders to take a confident and collaborative approach during the transitional period.
- We plan to complete the six IT workshops set to refine requirements of new organisation and any subsequent work/workshops arising from these
- We will continue to support staff through change by running 11 resilience sessions planned and three further Insights Discovery pilots.
- The secondary legislation process using the Scottish Statutory Instrument will have completed through Scottish Parliament by October 2018
- We will develop and deliver presentations to colleagues on the value of an institutional repository and alternative metrics software for demonstrating impact and influence at an individual and organisational level

- We will begin work to support the Public Health Reform team's corporate arrangements projects on HR and corporate Services.
- We are about to commence the planning process for 2019/2010 with a view to aligning with the new health priorities and involving Public Health and Intelligence colleagues where appropriate.

## Part 3: Core Services

### Performance Information

Core Services has 12 Delivery Commitments, two of which have Performance Indicators due for completion this quarter.

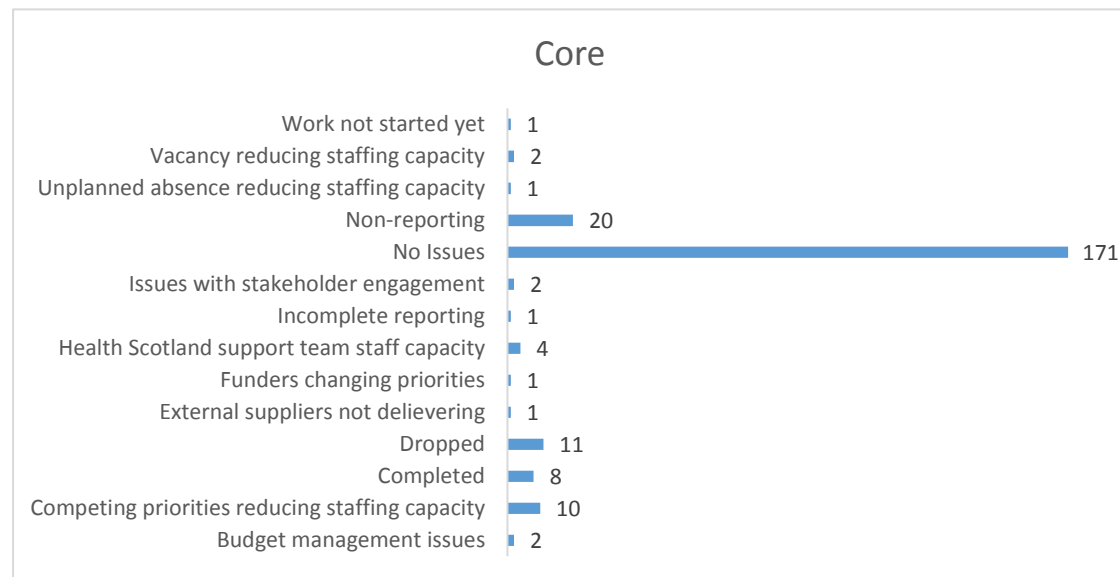
Delivery Commitment	Performance Indicator for Q2		Issue
9.1.2: IT and information management: provide the infrastructure and support needed for staff to make the best use of our technology and systems to work agilely and use and manage information to best effect	95% of staff log in to Lync on a regular basis following the move to the NHSMail Lync service	No	We have taken the decision that we will stay with our in-house Lync service for now until we fully move to O365 Lync service rather than doing a two step process of moving to the new NHSMail Lync service first (due to complexity and minimal benefits). The work to increase the rate of usage will still go ahead but is now scheduled for Q4 due to capacity and higher priority public health reform work in the team. The first step of this will be to ensure every user is set to auto login/startup Lync on logon.
9.1.10: Communicating our message: use a range of digital, marketing, communications and engagement methods to promote and position clear and consistent messages around fairer health improvement	We have created and shared a high impact, high influence stakeholder list for all strategic priorities and strategic change prioritie	Yes	The Commissioners create stakeholders lists at strategic priority level. The corporate focus has been on the strategic organisational level high impact, high influence stakeholders. We refreshed the stakeholder list and the Stakeholder Engagement Plan, both of which were shared with the Board in September.

and build credibility with stakeholders			
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5 of the 12 Core Services delivery commitments have one or more outputs with issues affecting delivery

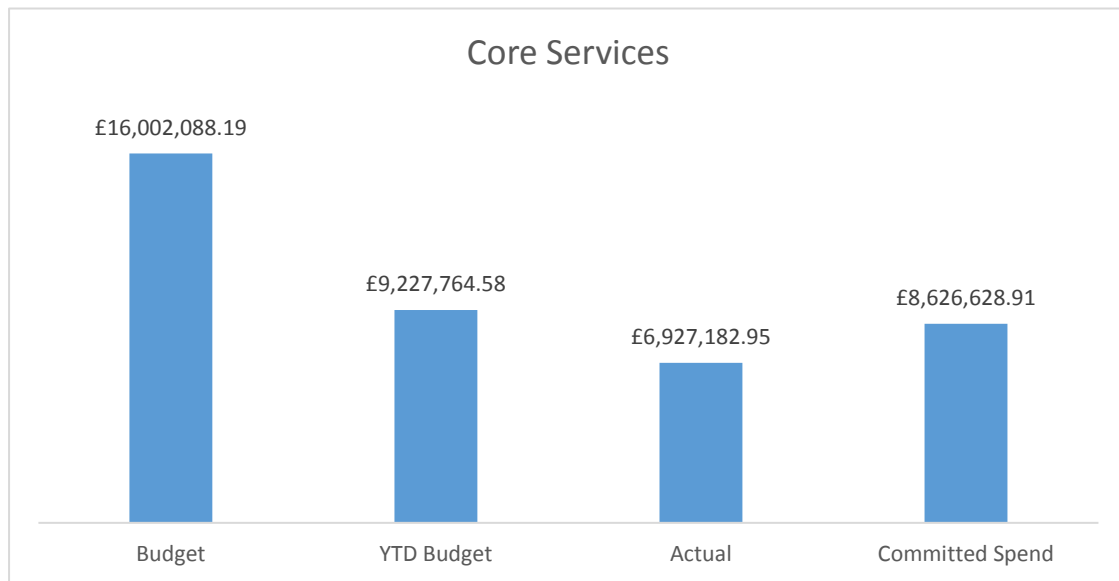
- 9.1.3 Planning and delivery: deliver specific improvements in how we plan so that our delivery and impact is improved
- 9.1.7 Finance and procurement: provide the financial resources and services required to support the organisation to achieve our Delivery Plan and meet audit standards
- 9.1.9 Quality and improvement: undertake planned and systematic improvements to aspects of how we function and deliver our work
- 9.1.10 Communicating our message: use a range of digital, marketing, communications and engagement methods to promote and position clear and consistent messages around fairer health improvement and build credibility with stakeholders
- 9.1.11 Product delivery: ensure that our products are designed and delivered to high standards of quality and effectively disseminated to customers through a variety of channels

### Issues affecting delivery

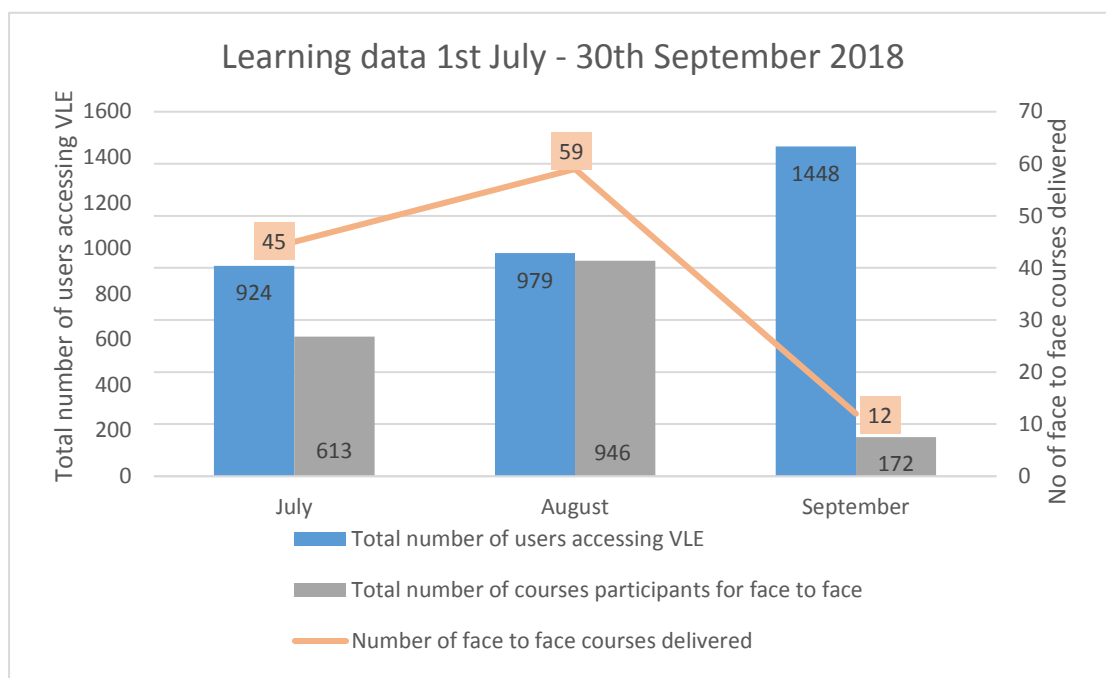




## Financial data

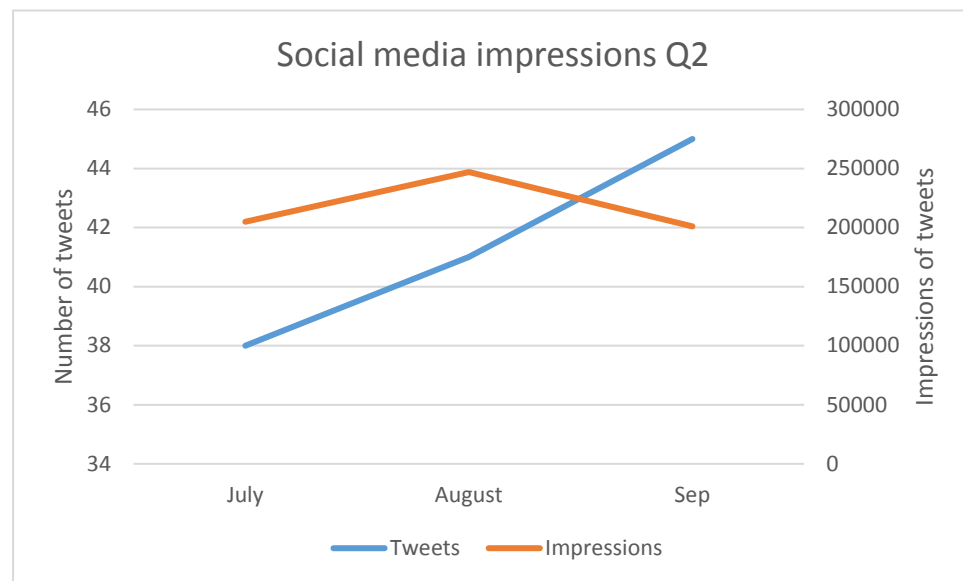


## Learning data



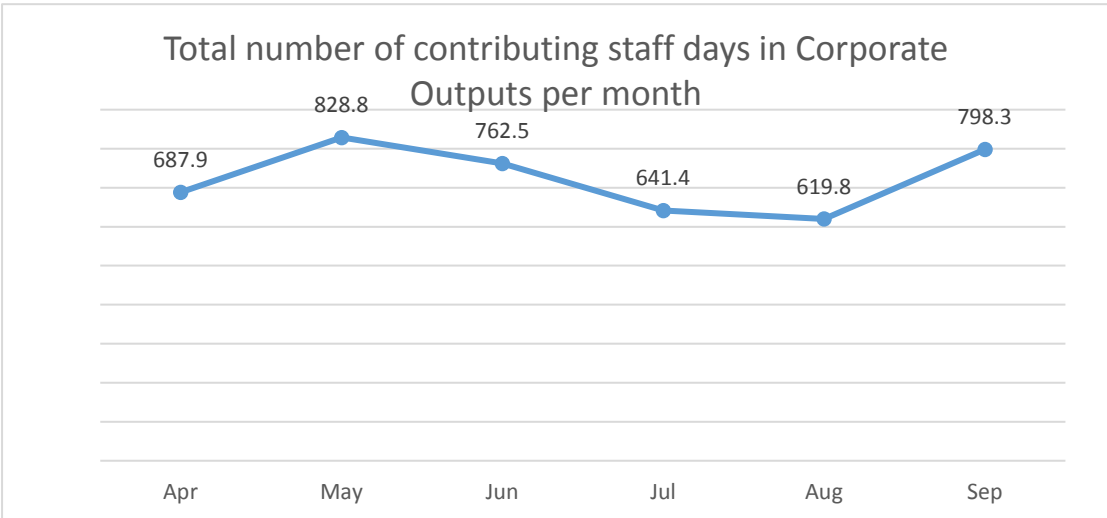
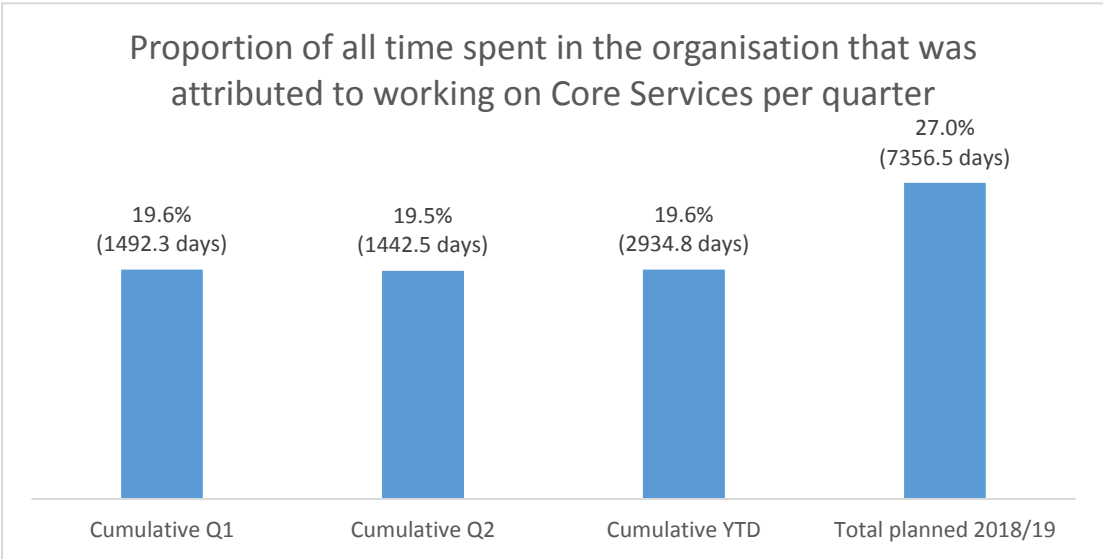
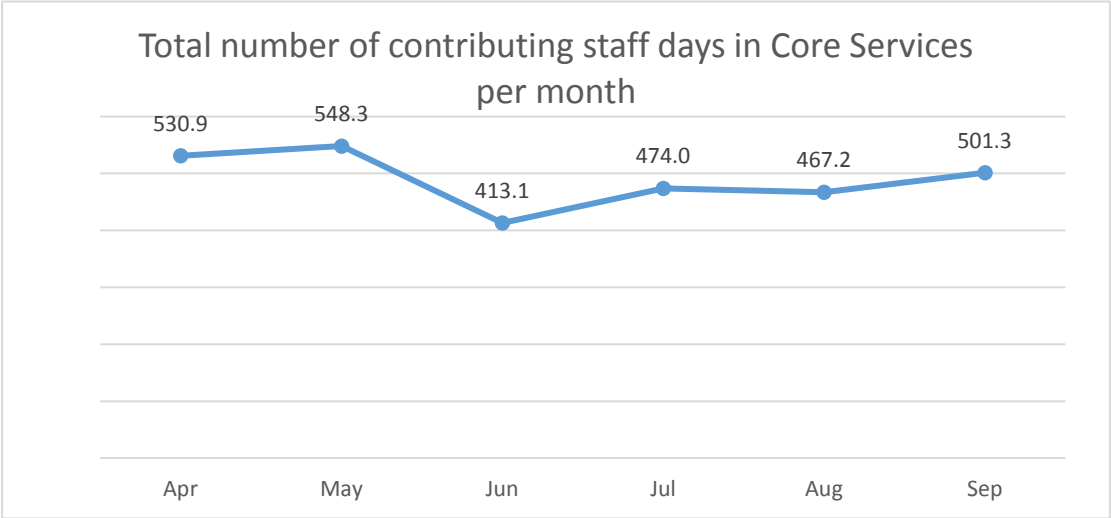
Also, within this quarter we have trained 24 Scottish Mental Health First Aid trainers.

## Social media

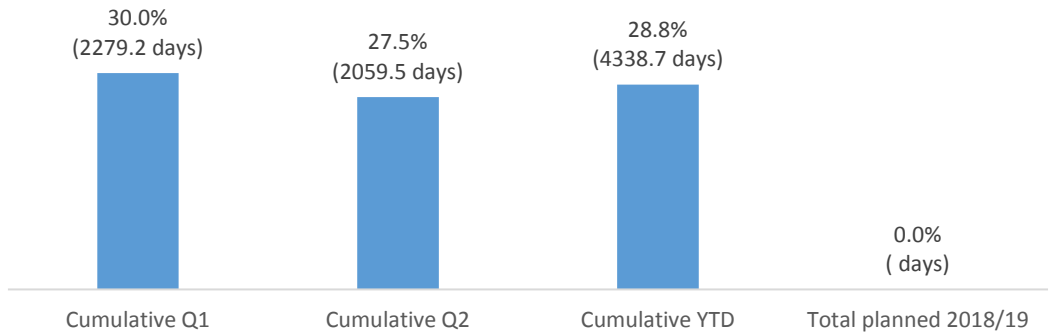


- The graph above displays the impressions of tweets for Q2 for SP1-SP5.
- Our average engagement rate was 1%; meeting our monthly engagement rate target.
- The number of followers continually grew during the quarter and we hit the 20,000 follower mark.
- Our statistics are similar to Q1 in quantity and consistency. Our best tweets were about the Burden of Disease report, which was widely shared and the launch of the Cost Of School video which was widely shared and we earned 247,000 impressions in August alone. In terms of followers engaging, as a result of the film and report, there has been engagement from key stakeholders including Creative Voice (Scottish Children's Parliament), National Parent Forum of Scotland, Planning Aid Scotland, One Parent Families Scotland, Citizens Advice, Barnardos Getting It Right For Every Child lead, and NHS Lothian, as well as practitioners in education with whom we engage through networks.

Staff time data



Proportion of all time spent in the oragnisation that was attributed to working on 7 Corporate Outputs per quarter



## **Part 4: Corporate Risks**

### **Risk 18-1: Reduction in Core Funding**

#### **Description**

As our core funding reduces, there is a risk that we cannot deliver everything we want or our funders expect in 2018/19.

#### **Controls in Place**

- Budget setting process for 18/19 in place in March 2018.
- Original budgets identified unallocated budget and contingencies.
- Commissioner tasked with identifying bids v shortfalls in business/operating plan in June 18.
- CMT reviewing unallocated budgets each week v demands/operational issues.
- Management Accounts produced each month.
- Year end forecasts produced from June 18.
- Efficiency savings of £325k taken as recurring as part of £10m across the National Boards.
- Pay award in year for afc staff > 1% provided at £237k recurring in the year.

#### **Action Plan**

- Managing risk and continuing to monitor.

#### **Measures**

- Unallocated budgets each month.
- Year end Forecast surplus.

### **Risk 18-2: Delivering our Commitments**

#### **Description**

As a result of needing more of our resources than anticipated to manage the transition to the new public health body, there is a risk we do not deliver all our commitments for 2018/19.

#### **Controls in Place**

- Commissioners reviewing business plan including deliverables each month.
- CMT/COG reviewing demands across the organization on an ongoing basis.
- Controls in place will help in delivering our commitments for 2018/19.
- Additional funding available subject to case being submitted and approved should deliverables not be delivered due to lack of finance.

## **Action Plan**

- Monthly reviews at Commissioners and CMT help manage the process.

## **Measures**

- Outstanding deliverables - traffic light system on strategic priorities.

## **Risk 18-3: Transition of Governance**

### **Description**

As a result of the transition of governance to the new public health body or a lack of contingency planning for a delayed start date, there is a risk there are gaps in accountability, resulting in reputational damage.

### **Update**

The first month of reporting was to identify the Controls in Place, the Action plan and the measures

For Risk 18-3 these were identified as follows:-

### **Controls in Place**

- The Board are scheduled to approve a range of NHS Health Scotland plans in March 2019 e.g. Draft NHS Health Scotland Delivery Plan 2019/20, Workforce Planning Assumptions 2019/20, Financial plan 2019/20, however the Board will cease to exist in November 2019. Given the new public health priorities for Scotland have been published and the PHR Commissions underway, an approach to planning for 2019/20 will need to be discussed with Scottish Government and agreed by CMT and approved by the Board.
- The approval of the 2019/20 NHS Health Scotland annual accounts would normally take place in June 2020 when the Board will no longer exist.

### **Action Plan**

- Draft schedule of 2019 Board, Committee and CMT meetings and related transition issues discussed at CMT on 24 July.
- Board Governance Transition Plan and new schedule of 2019 Board/Committee meetings approved at 28 September 2018 Board meeting. Above issues were flagged. The Board Governance Transition Plan will continue to be monitored, updated and come back to February 2019 Board meeting.

## **Measures**

- During this transition period the governance and accountability for public resources is clarified and line of governance sight maintained using and agreed plan and approach.

## **Risk 18-4: Different cultures and practices of the legacy bodies**

### **Description**

As a result of issues in the process of creating the new public health body, there is a risk that the different cultures and practices of the legacy bodies become an impediment to the effectiveness of the new body.

### **Controls in Place**

- Current strong commitment to iMatter, Turas, Partnership working, governance structures and financial and performance reporting.

### **Action Plan**

- Within the Commissions ensure that the strengths of both organisations are appropriately captured alongside those of others. The first phase of commissions should be completed by December 2018. In addition culture of the new organisation will be considered within the Organisational Development commission.

## **Measures**

- Prior to the new public health body being set up, monitoring of effectiveness of current culture through iMatter and CPT reporting

## **Risk 18-5: Impact on productivity and staff turnover**

### **Description**

As a result of changes to the new public health body and shared services, there is a risk of an impact on productivity and staff turnover, and so we do not deliver all our commitments for 2018/19.

## **Controls in Place**

- Impact on productivity is monitored monthly and reported through quarterly reporting and staff turnover is monitored monthly through HR and reported through Partnership Forum.
- The Commissioning Group will also monitor overall progress against strategic priorities and delivery commitments with the responsibility to reallocate available spend to struggling delivery commitments.
- An attempt has been made within the operational plan to encourage staff to provide some unallocated delivery time to help with delivery and unexpected demands.
- The movement of the WRG group responsibilities to CMT will ensure staff will be allocated to current priorities in year July 2018.

## **Action Plan**

- A change paper focusing on impacts on workforce will be taken to each Partnership Forum meeting.

## **Measures**

- Output progress through CPT and staff turnover captured in graph monthly throughout year

## **Risk 18-6: Engaging Local Authority and 3rd sector in creating new Public Health body**

### **Description**

As a result of not engaging local authority and third sectors in creating the new public health body, key perspectives are not heard, reducing its credibility.

### **Controls in Place**

- Stakeholder Strategy approved by board, content informed by stakeholder survey.
- Stakeholder Strategy in place and regularly reviewed.
- Stakeholder engagement captured weekly at Directors meetings.
- Stakeholder Strategy was refreshed in September and presented to the Board, including an update of our corporate high impact, high influence stakeholders across all sectors.

### **Action Plan**

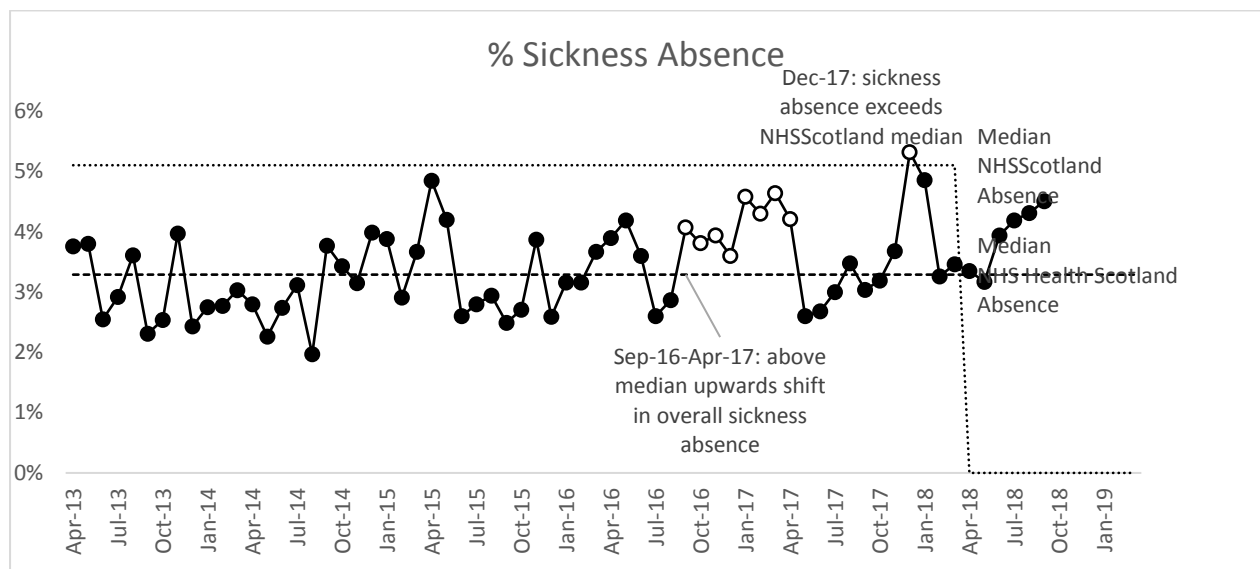
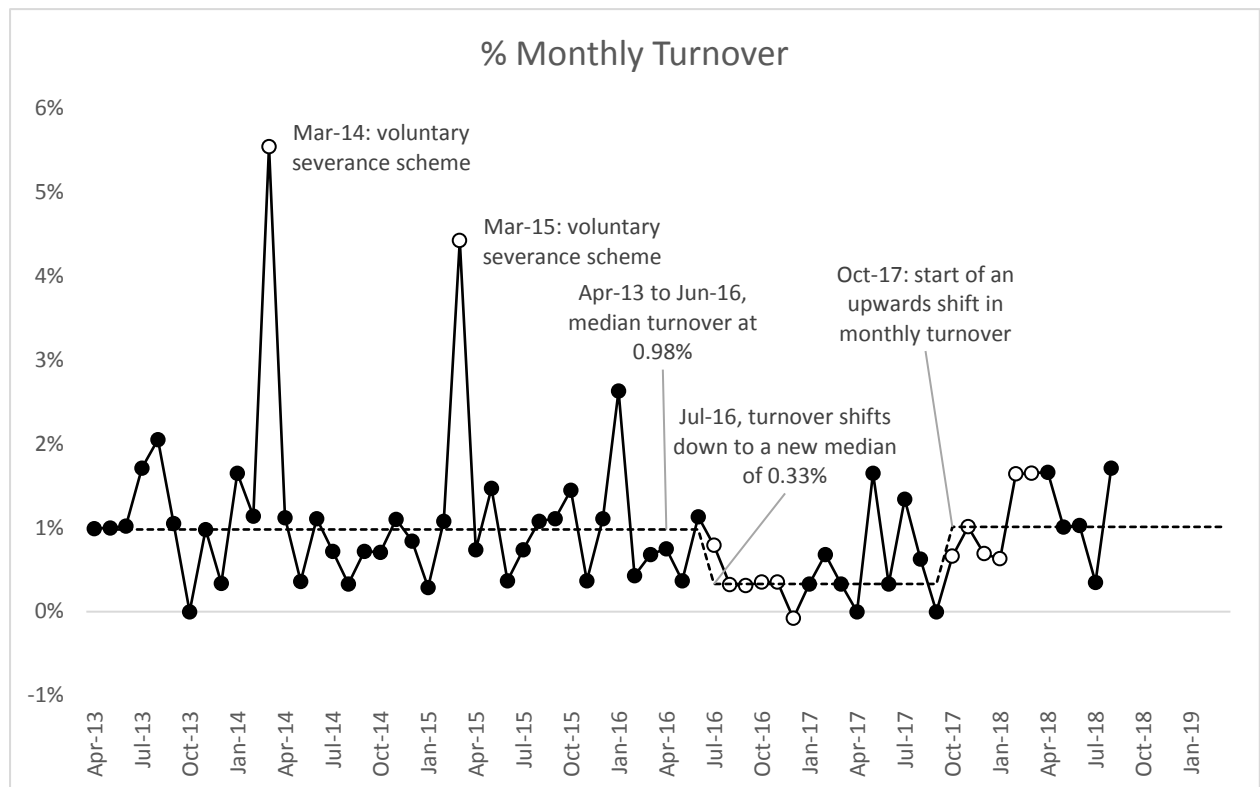
- Regular reviews of effectiveness of stakeholder engagement.
- Further actions and plans to be developed.



## **Measures**

- % of key stakeholders engaged monitored.

## Part 5: Workforce Statistics



## Part 6: Finance Report

NHS Health Scotland's draft financial position for the six month period ending 30 September 2018 is summarised below. It will be reported in detail to the Audit Committee at their 16 November meeting.

- The Board's 2018/19 Revenue Resource Limit as advised in the 2 October allocation letter from the Scottish Government was £19,790k which includes a baseline of £18,177k (opening £18,265k less £325k contribution to National Boards plus £237k pay award) and non-recurring allocations of £1,543k and £70k which relates to another board which will be adjusted in the next letter.
- The £233k underspend against the phased budget consists of two elements; an overall underspend of £274k on staffing and a net overspend of £41k on projects.
- Staffing: Our revised vacancy target of 5% gives a salaries budget (net of vacancy factor) at £12,818k. This is made up of the original staff budget at £12,601k plus additional staff core budget in March/April of £54k at the March CMT (post budget 18/19) and £122k (April to June) in core salaries and £41k in non-core salaries to give a staff budget of £12,818k. In August the principle of budgets being released from delayed posts re appointment (> 3 mths) or where no back-fill on seconded posts was agreed resulted in a staff budget release of £170k from three senior posts to show a revised staff budget of £12,648k.
- We have committed to a £325k saving on revenue as part of our financial and operational plan for 18/19 being our assessment of our contribution to the £15m target from the National Boards.
- The collaborative savings across the National Boards against the £15m target for 2018/19 amounted to £11.6m from individual plans. The latest forecast is circa £10m so the shortfall of circa £5m has still to be identified.