Board Meeting: 15 February 2019

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-ceopapersubmission@nhs.net

QUARTER 3 PERFORMANCE REPORT

Recommendation/action required:

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 the priorities emerging as part of that plan and the changing transition context

Author: Sponsoring Director:

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February 2019

Quarter 3 Performance Report

Contents

Contents

Part 1: Summary

Highlights this quarter

- We published a briefing paper, *Income-based policies in Scotland: how would they affect health and health inequalities* (part of the Informing Investment to reduce Inequalities aka Triple I series), which showed that the most effective income-based policies for reducing health inequalities are likely to be those that disproportionately increase incomes for those with the lowest incomes. The paper formed the basis of an article in the Sunday National, a briefing circulated via the Local Government Information Unit network, and was featured in a newsletter sent to Council elected members.
- We published a suite of resources to support local authorities and NHS Boards with their duty to produce an annual local child poverty action report. It includes case studies, evidence briefings and a series of films on financial inclusion in different settings.
- We hosted a parliamentary reception in partnership with the Royal Society for the Prevention of Accidents and the Society of Occupational Medicine to raise the profile of the contribution that workplaces make to improving health.
- We have started a preliminary evaluability assessment of the Glasgow Low Emission Zone in conjunction with Heath Protection Scotland.
- We received a UK Public Health Register (UKPHR) Innovation Award for our contribution to public health skills and practice in relation to practitioner development.
- Our Chair and Director of Strategy contributed to a plenary presentation at the Faculty of Public Health conference, the theme of which was *The Right to Health: public health ethics, equality, values*. We also contributed to a presentation on homelessness and peer research, had joint exhibition space with PHI and the Public Health Reform team, and partnered on lunchtime engagement sessions on public health reform.
- We issued The 'What matters to you?' staff survey to all staff. 639 (58%) of staff engaged with the survey. 378 (34%) completed it and submitted it in full. 458 (41%) shared their views on current and future culture. We ran four follow-up engagement sessions in November to help shape the values and culture for Public Health Scotland. In total around 250 staff attended these sessions and as a result, a video animation was produced to tell staff about the findings.

We undertook a wide variety of stakeholder engagement during Quarter 3. This includes:

- Meetings to progress our Strategic Priority work with key partners and collaborators.

  For example we engaged with the Suzi Lamplugh Trust regarding accreditation of our violence and aggression at work training course and

working more closely with them, to promote good work practices in the prevention of Violence and Aggression in Scotland's workplaces. We also liaised with the Health and Safety Executive to discuss the role of Healthy Working Lives in improving the quality and sustainability of Scotland's physical and social environments.

- Engaging with key Scottish Government policy leads on work relating to policy development and implementation

  For example as part of our work with Scottish Government on evaluating the expansion of nursery hours under the Early Learning and Childcare strategy (ELC), we trained and supported nearly 200 nurseries and Care Inspectorate staff to collect baseline and observational data and presented to the Ministerial ELC Strategic forum. We received written feedback from the Head of Children and Families in the Analytical Services Division of the Scottish Government Education Directorate to express gratitude for our support, positive partnership working and 'amazing work over the past year to help advance the policy decisions'.

- Engaging with stakeholders on public health reform

  This includes working closely with fellow members of the commission project teams as well as engaging with stakeholders in the wider system in order to capture customer requirements and engage on ideas emerging from the work. One specific example is that we spoke to COSLA and Perth and Kinross Council about the role of local government in defining the future of the public health body and the governance involved.

- Engaging with stakeholders though our events, events we run in partnership with others and events we participate in

  For example, we engaged with stakeholders on the Triple I work at a number of events and meetings including the Faculty of Public Health annual conference, the Scottish Physical Activity Research Connections conference, the Dundee Fighting for Fairness Commission, a Scottish Government Chief Medical Officer learning session, a Glasgow Life meeting and the Lancet Public Health Science conference.

- Engaging with international stakeholders

  For example the Triple I project lead was invited to discuss our work at an expert meeting in Venice organised by the World Health Organization on the economic and social value of health systems and we led international engagement on the use of the Place Standard in Turkey and secured commitment to its use.

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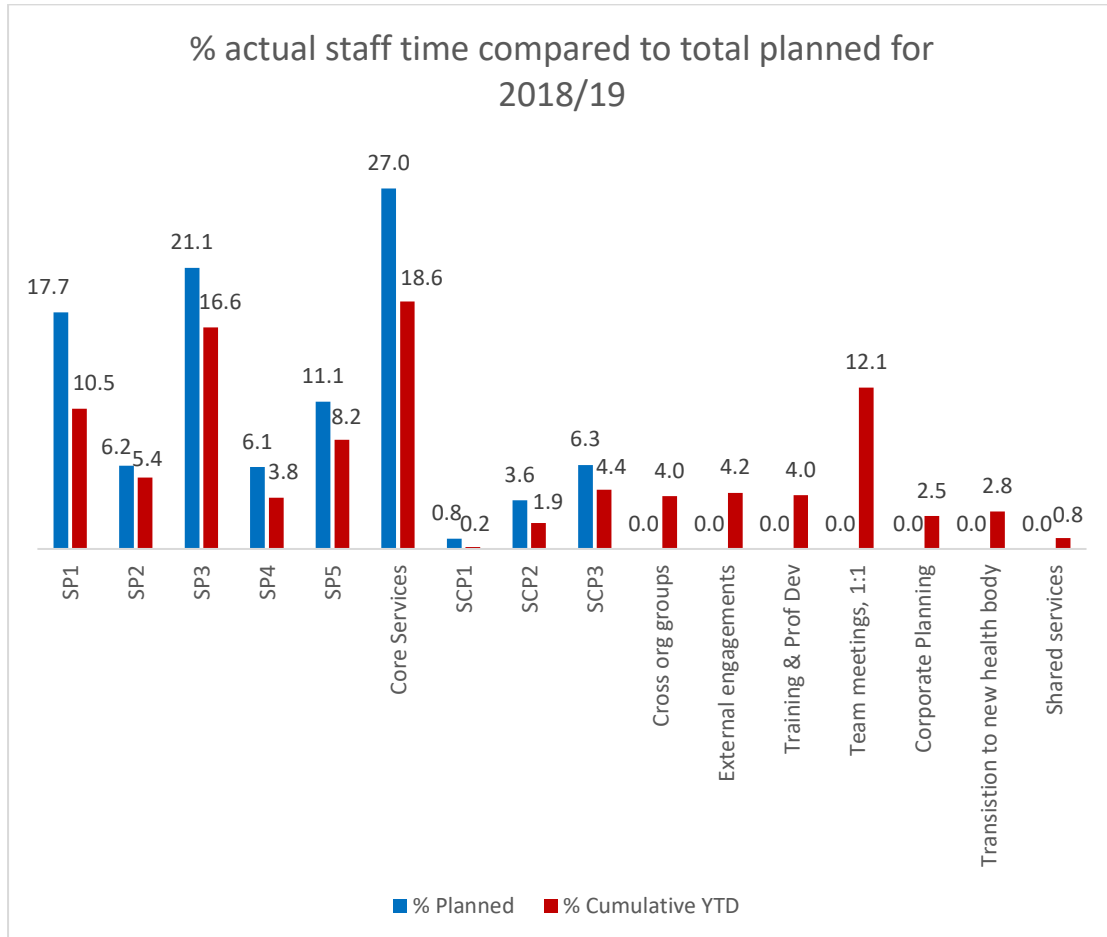
This chart shows the percentage of the total days actually spent within each strategic priority against the percentage of total planned days identified at the conclusion of the planning process.

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 a briefing paper, *Income-based policies in Scotland: how would they affect health and health inequalities* (part of the Informing Investment to reduce Inequalities aka Triple I series), which showed that the most effective income-based policies for reducing health inequalities are likely to be those that disproportionately increase incomes for those with the lowest incomes. The paper formed the basis of an article in the Sunday National, a briefing circulated via the Local Government Information Unit network, and was featured in a newsletter sent to Council elected members.
- We engaged with stakeholders on the Triple I work at a number of events and meetings including the Faculty of Public Health annual conference, the Scottish Physical Activity Research Connections conference, the Dundee Fighting for Fairness Commission, a Scottish Government Chief Medical Officer learning session, a Glasgow Life meeting and the Lancet Public Health Science conference. In addition, the Triple I project lead was invited to discuss the work at an expert meeting in Venice on the economic and social value of health systems organised by the World Health Organization.
- We published our evidence on the ways in which to restrict the promotion of high fat, sugar and salt foods, and responded to the Scottish Government consultation on *Reducing health harms of foods high in fat, sugar or salt*.
- We presented the Scottish Burden of Disease work to Scottish Government policy makers and we co-authored an article published in The Lancet on the findings Global Burden of Disease estimates for the UK.
- The specification setting out the support available to help people in custody to cope without tobacco was published along with two accompanying resources – a pathway for professionals and an 'I quit' booklet for individuals in the care of the Scottish Prison Service and the NHS.
- We published a briefing on sales data six months into Minimum Unit Price (MUP) which was well received.
- The eighth in a series of European Alcohol Policy Conferences took place in Edinburgh, where the Scottish Government published their alcohol strategy. We released a short video welcoming the strategy. Andrew Fraser spoke in a session alongside the WHO (and others) on health and alcohol and members of the alcohol team presented on MUP. We got significant coverage of our work in this area on social media.
- The findings from the Evaluation of the Healthcare Retail Standard in hospitals were published in time to inform a parliamentary debate on diet, healthy weight and physical activity and the findings were referred to during the debate.
- We held a workshop for Public Health England to introduce outcomes focussed planning into their healthy ageing programme. This is the

beginning of a series of workshops sharing our planning for impact and evaluability assessment expertise and learning.

- As a member of Scotland's Outdoor Play and Learning Coalition, we contributed to the development of and are signatories to a position statement published by Inspiring Scotland on the impact and importance of outdoor play and learning on health, wellbeing and attainment.

- We agreed a way forward with Scottish Government on joint work with NHS Education for Scotland to develop refreshed mental health and suicide prevention learning resources, a workforce development plan and a knowledge and skills framework. This will support recommendation two in the new Suicide Prevention Action Plan and the wider work of the national suicide prevention leadership group.

- We held workshops with NHS Boards and other stakeholders to begin to develop minimum standards for child, adult and maternal healthy weight services across Scotland. These are expected to begin to be rolled out by boards in April 2019.

- The Scottish Public Health Network (ScotPHN) published a report on Suicide in Polish people living in Scotland.

Performance Information

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

Delivery Commitment (DC)	Performance Indicators for Q3	Performance Measure/Indicator completed by Q3	Issues - Comments from DCL
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	We have disseminated the report to a wide range of stakeholders and collated feedback to inform future use of modelling approaches in Scotland	**No**	This is now pushed back to Q4 – partly because this income briefing has demanded more time/resource than originally planned but also because certain aspects of the work have taken more time than expected.

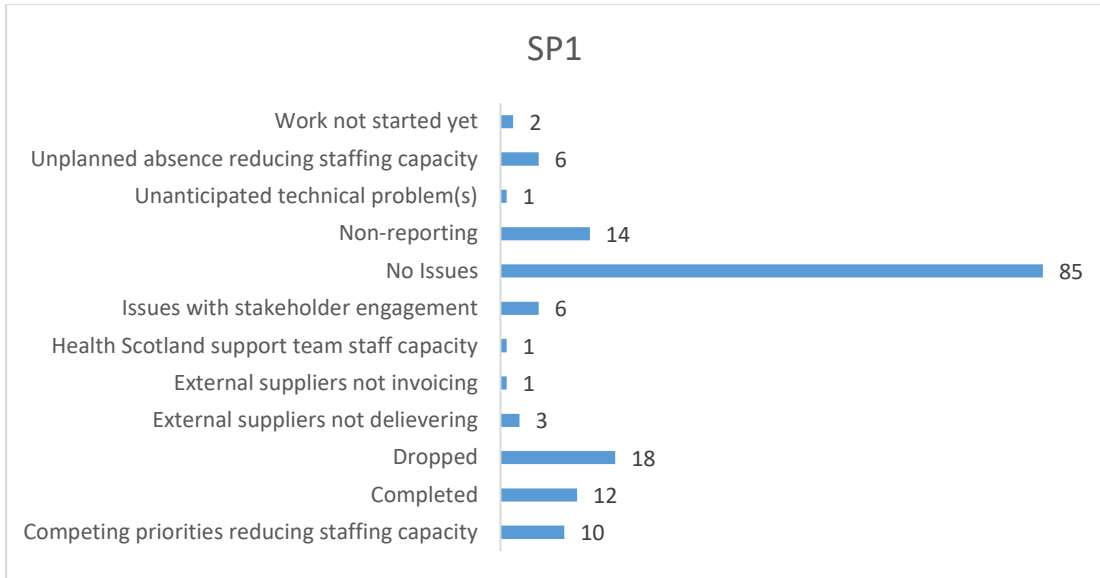| local authority areas.			
1.2.1: Implement the evaluation plan for Minimum Unit Pricing (MUP), including establishing and managing the component studies, co-ordinating with other relevant studies and engaging with stakeholders	We have published a journal paper on the Minimum Unit Pricing evaluation plan	**No**	We have not published a journal article on the MUP evaluation plan because more pressing and important work in relation to the evaluation work has taken priority. This includes supporting smooth delivery of all the studies, delivery of governance responsibilities, engagement with key stakeholders, and communication on the portfolio to key stakeholders and the public.
1.2.4: Provide expertise and advice to inform the Partnership Action for Drugs in Scotland's (PADS) strategic approach	We have completed the evaluability assessment of the new alcohol and drug treatment strategy	**No**	This was to be completed in Q1. The change in timescale is due to a change in the timescale for the strategy itself.
1.4.6: Support implementation of the refreshed tobacco control strategy, including improving access to smoking cessation	The Smoke Free Prisons service specification is being implemented by all nine Health Boards with prisons and all 15 prisons	**Yes**	The specification was published on 26 November.

support in Prisons (to support Smoke Free Prisons by 30 November 2018), and maintenance of print and e-learning products	across Scotland		

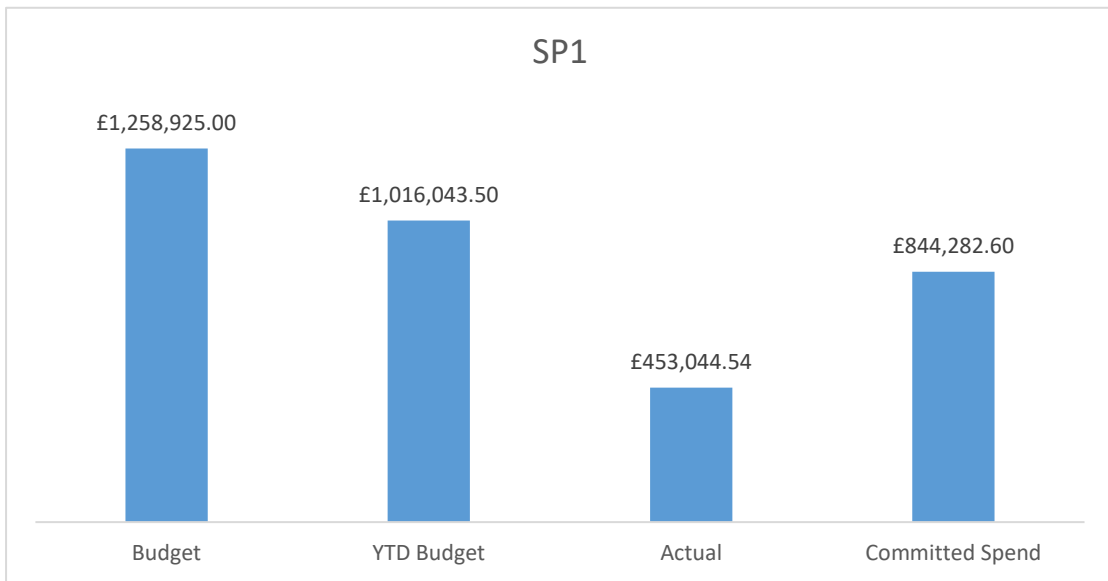## Delivery Commitments at risk of not delivering on time

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

Issues affecting delivery

- Certain aspects of the Triple I work are proving technically challenging and so we are behind schedule with the publication of the remaining Triple I outputs.
- The review of the Physical Activity and Health Alliance including the website function has been delayed as a result of other demands. There is a risk associated with this delay, given ongoing, recurring technical issues with website function and maintenance. This is being actively managed.
- 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 MUP Harmful Drinkers study is being actively managed. Recruitment in work package one (Impacts of MUP on alcohol treatment service providers and users) has been slow. Work package two (Impact of MUP on drinkers living in remote, rural or urban areas of Scotland who are dependent on alcohol) has struggled to retain participants and has been put on hold to divert the resource to work package one. The researchers are now developing proposals to ensure the evidence that work package two was to provide is gathered through other means.
- In addition, it took longer than anticipated to secure approval from the internal Research Development Group to proceed with the MUP Children and Young People: Harm from others study due to the group raising ethical concerns. The issues raised have been worked through but it has resulted in the commencement of fieldwork being delayed until Q4.

SP1

Category	Value
Work not started yet	2
Unplanned absence reducing staffing capacity	6
Unanticipated technical problem(s)	1
Non-reporting	14
No Issues	85
Issues with stakeholder engagement	6
Health Scotland support team staff capacity	1
External suppliers not invoicing	1
External suppliers not delievering	3
Dropped	18
Completed	12
Competing priorities reducing staffing capacity	10

Financial data

SP1

	Budget	YTD Budget	Actual	Committed Spend
	£1,258,925.00	£1,016,043.50	£453,044.54	£844,282.60

Staff time data

Total number of contributing staff days in SP1 per month

249.1 244.2 234.0 299.9 278.3 256.7 261.8 318.9 175.2

Apr May Jun Jul Aug Sep Oct Nov Dec

Proportion of all time spent in the organisation that was attributed to working on SP1 per quarter

9.6%
(727.3 days)

11.3%
(834.9 days)

10.8%
(755.9 days)

10.5%
(2318.1 days)

17.7%
(4826 days)

Cumulative Q1 Cumulative Q2 Cumulative Q3 Cumulative YTD Total planned 2018/19

Coming up next quarter

- We will publish our evidence on marketing and promotion of high fat, sugar and salt foods on premises that sell food and drink.
- We will run a workshop session on the Triple I and Scottish Burden of Disease (SBOD) work at the third sector Gathering event in February. This is pitched as a session to help people understand the scale of ill health and health inequality (SBOD) and look at ways to intervene and address it (Triple I).
- The MUP evaluation protocol will be published and promoted to stakeholders, including the media.
- We will publish a number of reports and articles including:
  - our report on excess mortality and heart disease
  - a feature on overweight and obesity in Holyrood magazine
  - research on tobacco exposure in children

- the Triple I commentary report, local briefings, and new app
- new materials promoting the Chief Medical Officer drinking guidelines will be published
- a journal article on the economics of prevention in health
- draft findings from the MUP Compliance Study
- a ScotPHN report on injury prevention

- We will present a paper to the Edinburgh and South East of Scotland City Region Deal regarding how Triple I might be used to inform discussions on employment.
- We will establish a partnership with SportScotland and Faculty of Sport and Exercise Medicine to extend and adapt the Moving Medicine resource for Scottish health and care professionals. We will give a keynote address at the SeeMe celebration on workplace mental health.
- We will launch a Mentally Flourishing Workplace Collaborative.
- We will start the evaluability assessment of the diet and healthy weight delivery plan and the evaluability assessment of Realistic Medicine.
- We will facilitate a national workshop on the implementation of the Type 2 Diabetes Prevention, Early Detection and Intervention Framework in conjunction with Scottish Government.

Strategic Priority 2: Children, Young People and Families

Highlights this quarter

- We published a suite of resources to support local authorities and NHS Boards with their duty to produce an annual local child poverty action report including case studies, evidence briefings and a series of films on financial inclusion in different settings.
- We agreed a joint work plan with national partners (Improvement Service, COSLA, Scottish Government, Scottish Poverty and Inequality Research Unit) to support local authorities and NHS Boards with their duty to produce an annual local child poverty action report. We also published a suite of resources to support duty-holders. The suite includes case studies, evidence briefings and a series of films on financial inclusion in different settings.
- As part of our work with Scottish Government on evaluating the expansion of nursery hours under the Early Learning and Childcare strategy (ELC), we trained and supported nearly 200 nurseries and Care Inspectorate staff to collect baseline and observational data and presented to the Ministerial ELC Strategic forum. We received written feedback from the Head of Children and Families in the Analytical Services Division of the Scottish Government Education Directorate to express gratitude for our support,

positive partnership working and 'amazing work over the past year to help advance the policy decisions'.

- We developed a set of School Census questionnaires for Scottish Government which will be used in piloting work and then refined for the final School Census.
- We agreed with Education Scotland to work with the Scottish Government Public Health Reform Team to explore the potential for working up a proposal for a whole system approach around children and young people.
- We held a workshop to gather views on the content, format and dissemination of the easy read version of Ready Steady Baby which is being co-produced with parents with a learning disability and with health visitors, midwives and service managers. This will be launched later in 2019 and will replace the current resource.

Performance Information

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

Delivery Commitment	Performance Indicator for Q3		Issue
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 helped support the start of a pilot of 'ACE Enquiry' in general practice	**Partly**	We have started to train GP practice staff with dates arranged for Q4 so routine enquiry can start in Q1 next financial year. The delay was due to difficulties identifying suitable dates for the training.
2.4.1:Provide information, evidence and facilitation for the child poverty leads in Health Boards, Health and Social Care Partnerships and Local Authorities	We have compiled examples of local action on child poverty and disseminated them to Health Boards, local authorities and Community Planning	**Yes**	Case studies of local practice to reduce child poverty were published and disseminated on 26 November to key stakeholders. A presentation was made at the Child Poverty Leads Event and at a local child poverty planning event with

to strengthen local action on child poverty	Partnerships (CPPs)		West Dunbartonshire community planning partners.
2.7.1: Provide the World Health Organization with up to date evidence and technical support for Child and Adolescent health strategy implementation.	Our work is included for discussion in WHO Regional Committee Meeting	**Yes**	Our work was included in the report to the Regional Committee meeting as planned.

Delivery Commitments at risk of not delivering on time

Six of the seven Strategic Priority 2 delivery commitments have one or more outputs with issues affecting delivery:
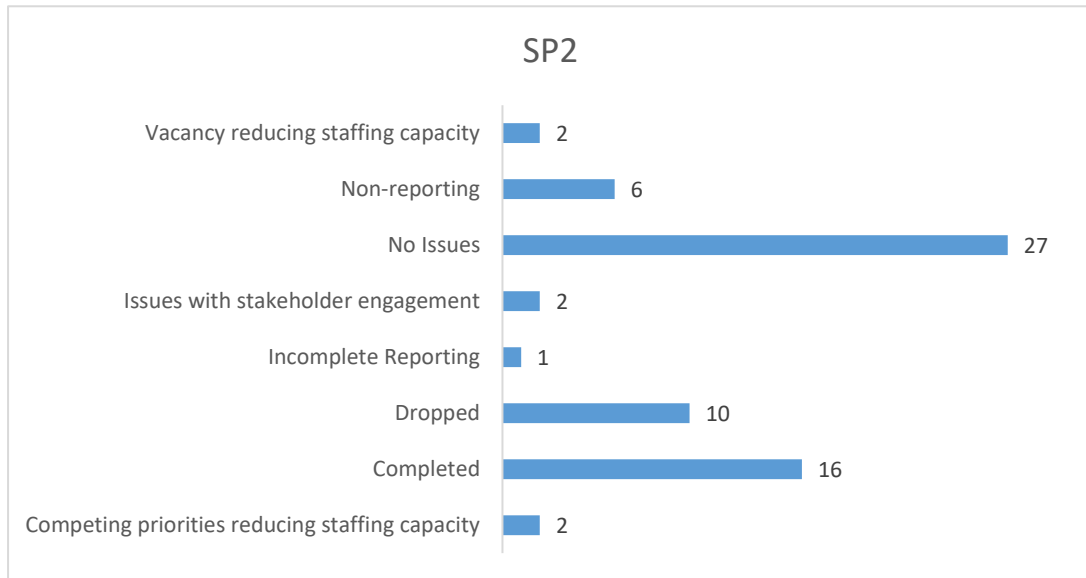
- 2.1.1: Provide expert input to the collection of health and wellbeing data on pre-school and school-aged children, to ensure that local and national partners have the most relevant information to inform action on health inequalities
- 2.1.2: Provide expert input to the development and implementation 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.
- 2.5.1: 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
- 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

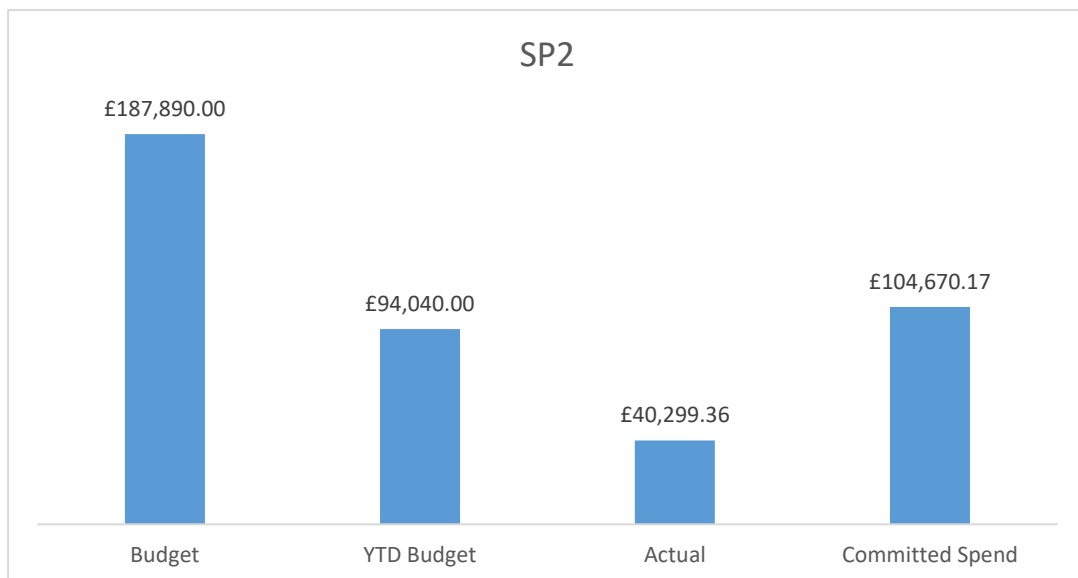- One of the Delivery Commitment leads in Strategic Priority 2 has secured a secondment to the Analytical Services Division of the Scottish Government Education Directorate. This has required alternative arrangements to be made for the majority of her work in Strategic Priority 2.
- Potential risks are also being mitigated for losing a staff member on evaluation in the child poverty work programme and for the research team

for the Health Behaviour of School-aged Children survey (HBSC) moving to a different university.

- The work on Redesigning Health Information for Parents (ReHIP) continues to require a large proportion of staff capacity from programmes working on children and young people. Plans are in place for a further review of practice once Ready Steady Baby is published in Q4.

SP2

Category	Value
Vacancy reducing staffing capacity	2
Non-reporting	6
No Issues	27
Issues with stakeholder engagement	2
Incomplete Reporting	1
Dropped	10
Completed	16
Competing priorities reducing staffing capacity	2

Financial data

SP2

	Budget	YTD Budget	Actual	Committed Spend
	£187,890.00	£94,040.00	£40,299.36	£104,670.17

Staff time data

Total number of contributing staff days in SP2 per month

Month	Value
Apr	120.2
May	133.3
Jun	115.6
Jul	142.8
Aug	175.3
Sep	156.7
Oct	160.9
Nov	120.9
Dec	54.2

Proportion of all time spent in the organisation that was attributed to working on SP2 per quarter

Category	Value
Cumulative Q1	4.9% (369.1 days)
Cumulative Q2	6.4% (474.8 days)
Cumulative Q3	4.8% (336 days)
Cumulative YTD	5.4% (1179.9 days)
Total planned 2018/19	6.2% (1699.5 days)

Coming up next quarter

- We have organised a roundtable session on the relationship between childhood adversity and inequalities with the purpose of developing a consensus statement.
- We will be co-hosting an event with the Improvement Service and ScotPHN on developing Welfare Advice and Health Partnerships aimed at commissioners of welfare advice services in Health Boards and local authorities.
- We will be commissioning phase two of the Early Learning and Childcare (ELC) Baseline study, presenting initial findings of the phase one Baseline on two year olds to local authorities and nurseries in March and supporting the production of a briefing for the Scottish Parliament Information Centre (SPICe) on the expansion of ELC.
- There will be a Ministerial Launch of Ready Steady Baby in March.

Strategic Priority 3: A Fair and Inclusive Economy

Highlights this quarter

- We worked in partnership with the Health and Safety Executive (HSE) to deliver a one day Health and Work conference in Glasgow focused on raising awareness of actions to prevent the three major mental health issues facing Scottish workplaces – stress/mental Health, occupational lung disease and musculoskeletal disorders in the workplace.
- We delivered a workshop at the Institution of Occupational Safety and Health (IOSH) Scotland conference on LOcHER (Learning Occupational Health by Experiencing Risk) to encourage colleges and employers from across Scotland to train apprentices about health risks associated with work.
- We hosted a parliamentary reception in partnership with the Royal Society for the Prevention of Accidents and the Society of Occupational Medicine to raise the profile of the contribution that work places make to improving health.
- We participated in a discussion meeting at Glasgow University with the Department of Work and Pensions (DWP) to inform them of the steps taken in Scotland to deliver occupational health support to employers.
- We contributed to the development of a Mental Health Collaborative for Scotland and the standards for Mental Health in the workplace.
- We enhanced our web presence to better inform employers about risks to health at work and how to prevent them. This included new web content and five new online training packs to help managers better understand health at work and take steps to make workplaces healthier and safer.
- We worked with the Royal Environmental Health Institute of Scotland to accredit two virtual learning courses to increase the reach and credibility of our workplace learning offer.
- We launched our web based Employee Wellbeing Survey and Work Positive tools to help organisations understand and manage staff wellbeing.
- Enquiries for Healthy Working Lives and Working Health Services have increased (we dealt with 1,557 enquires - an increase of 575 on the same period last year) and delegates on our online training courses have increased over the last year by 37%.
- 675 delegates took part in face to face courses either delivered by us or by Health Boards with our support.
- The Health and Work Support pilot project was further embedded into services in Dundee and Fife with an increasing number of referrals coming from Jobcentre-plus work coaches.
- We implemented a digital media campaign for HWL with positive interim results, including increased reach and impact of the HWL Twitter account.
- We presented relevant findings from the Working and Hurting Report to the Scottish Government Welfare Reform Health Impact Delivery Group and the Lothian Deprivation Interest Group. The purpose of these presentations was to:

- Inform action to mitigate the health impacts of current welfare reforms
- Develop a plan of action to disseminate information from this report in a way that maximises influence on future social security/welfare policy making and practice.

- We submitted written evidence to the Work and Pensions Committee Welfare Safety Net Inquiry and secured a commitment from Scottish Directors of Public Health to follow this up with a letter to the Work and Pensions Committee, highlighting their key concerns and call for action to improve the health impact of the UK Welfare system.

- The evidence generated through the Triple I tool on the health impacts of changes to taxes and benefits was a central plank of the Dundee Fairness Commission report.

- The feasibility study for Citizens' Basic Income – a partnership between NHS Health Scotland, four local authorities and the Scottish Government – is progressing well. Two preparatory studies are currently being commissioned, the evaluability assessment is progressing, and there is a series of meetings underway with the DWP and HMRC to explore the options available. Performance Information

Performance Information

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

Delivery Commitment	Performance Indicator for Q3		Issue
3.4.1: Develop and disseminate evidence and advice on effective approaches to reduce health inequalities to stakeholders of the Fair Work Framework.	We have disseminated evidence on effective approaches to reduce health inequalities to all stakeholders of the Fair Work Framework	**Partly**	We have shared information with the Scottish Government policy team and hope to discuss the evidence with them in Q4.
3.8.1: Collaborate with partners on knowledge dissemination and application for informed	There is evidence that relevant stakeholders have been influenced by our reports,	**Yes**	Ongoing and new stakeholder partnerships are in development including with Edinburgh Tenants' Federation on

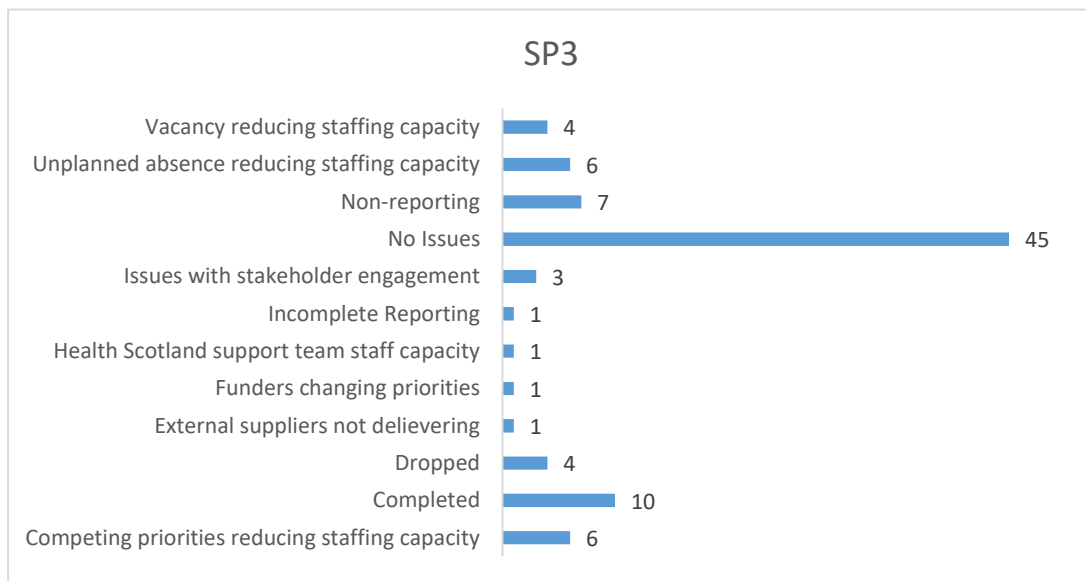| action on the distribution of power as a fundamental cause of health inequalities	presentations, etc		housing rights and power, and the Scottish Government Director's Group responsible for the new NPF outcome on redistribution of power. The evaluation report of the power animation will be available in Q4.

Delivery Commitments at risk of not delivering on time

Eight of the 11 Strategic Priority 3 delivery commitments have one or more outputs with issues affecting delivery:
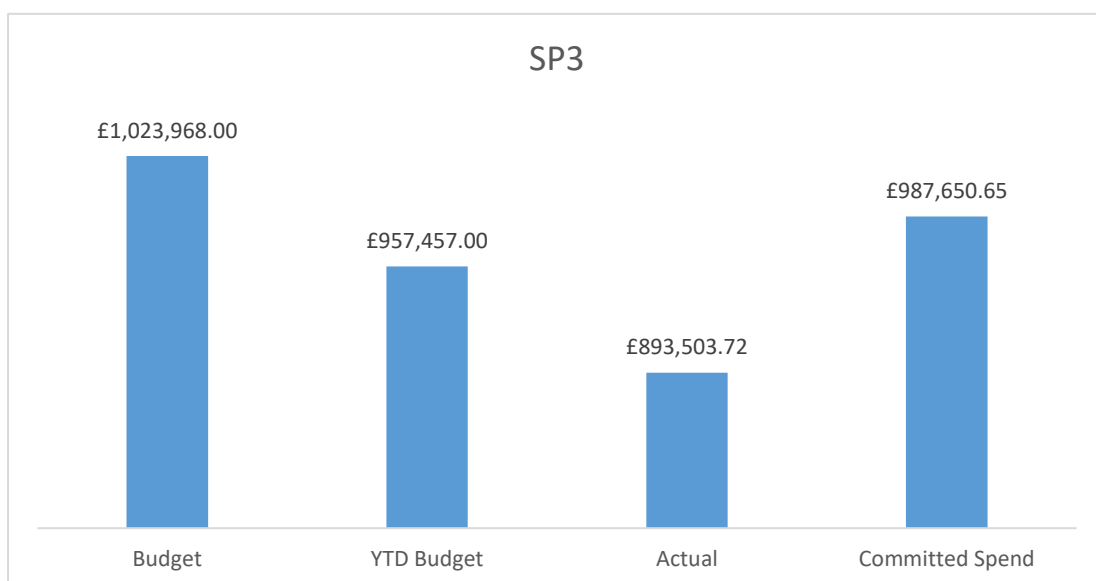
- 3.1.1: Provide remote support and advice through the Healthy Working Lives (HWL) Adviceline and facilitate delivery of the HWL learning and development programme for employers to encourage best practice, compliance with legislative requirements and promote safe and healthy working environments contributing to the mitigation of health inequalities
- 3.1.2: Work with health boards and other partners across the safety and health system in Scotland to deliver agreed support to priority audiences(sectors with identified inequality including agriculture, construction, hospitality, care, retail and logistics)
- 3.1.3: Maximise the use and quality of digital channels in response to customer preferences for accessing Healthy Working Lives services
- 3.2.1: Influence policy and practice through sharing research, intelligence and experience to enable sustainable models for delivery of the healthyliving and Healthy Working Lives awards
- 3.2.2: Maintain and increase the commitment of existing award holders to the healthyliving and Healthy Working Lives awards and promote the awards to new customers
- 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
- 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
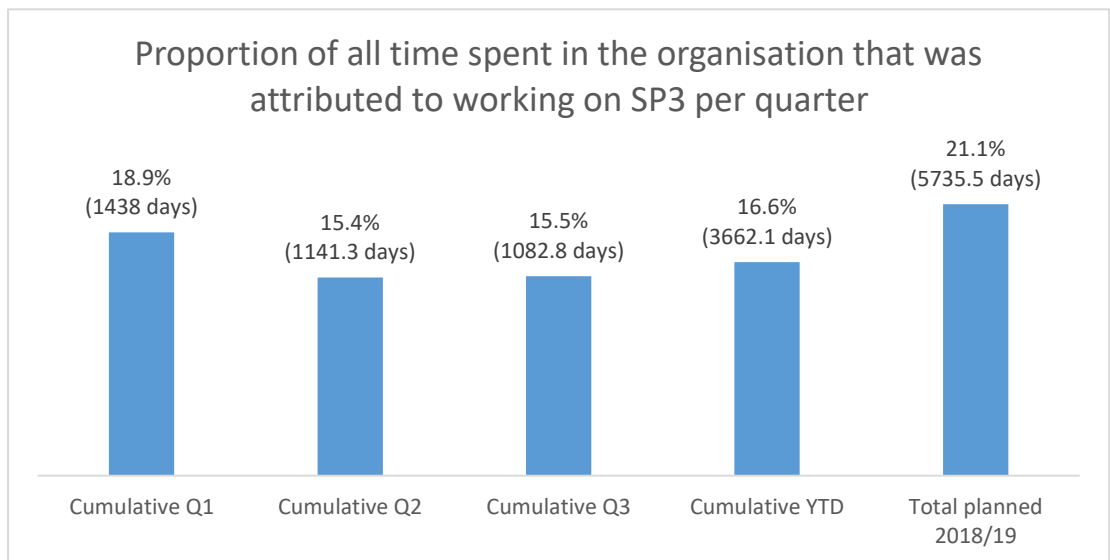
Issues affecting delivery

- Vacancies and sickness absence remain an issue for the Health and Work team. All team members are working hard to ensure service delivery is maintained.
- To ensure compliance with GDPR and improve customer journeys, further work was undertaken to streamline the HWL National Adviceline call script with references as appropriate to the HWL and Health and Work Support privacy policies and to ensure data governance processes were compliant. Staffing capacity issues have been effectively managed and recruitment to vacant posts has commenced.

SP3

Category	Value
Vacancy reducing staffing capacity	4
Unplanned absence reducing staffing capacity	6
Non-reporting	7
No Issues	45
Issues with stakeholder engagement	3
Incomplete Reporting	1
Health Scotland support team staff capacity	1
Funders changing priorities	1
External suppliers not delievering	1
Dropped	4
Completed	10
Competing priorities reducing staffing capacity	6

Financial data

SP3

	Budget	YTD Budget	Actual	Committed Spend
	£1,023,968.00	£957,457.00	£893,503.72	£987,650.65

Staff time data

Total number of contributing staff days in SP3 per month

515.4   497.2   425.4   368.0   445.2   328.1   397.9   433.2   251.7

| Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |

Proportion of all time spent in the organisation that was attributed to working on SP3 per quarter

18.9%
(1438 days)

15.4%
(1141.3 days)

15.5%
(1082.8 days)

16.6%
(3662.1 days)

21.1%
(5735.5 days)

| Cumulative Q1 | Cumulative Q2 | Cumulative Q3 | Cumulative YTD | Total planned 2018/19 |

Coming up next quarter

- Following the successful Safety and Health Awareness Day in September, HSE have asked us to partner them for another similar day in March focusing on apprentices.
- We will be speaking on LOcHER at several events including the Scottish Parliament Cross Party Group on Accident Prevention, the West of Scotland Safety Group, and the HSE safety awareness day.
- The LOcHER model for colleges prompted by our work has been shortlisted for the Adam Butler safety award, to be announced at the House of Lords in January.
- We are in discussion with the Suzi Lamplugh Trust regarding accreditation of our violence and aggression at work training course and working more closely with them, to promote good work practices in the prevention of Violence and Aggression in Scotland's workplaces.

- We are working with the DsPH to send letters to the UK and Scottish Parliamentary Committees urging more effective action on those areas of Welfare Reform that are damaging public health.
- The Healthy Living Award Ceremony will take place, celebrating the success of businesses and organisations who have achieved an award in the past 12 months.
- A paper reviewing the evidence base on the relationship between health, health inequalities and political economy will be published in the American Journal of Public Health.

Strategic Priority 4: Healthy and Sustainable Places

Highlights this quarter

- We led international engagement on the use of the Place Standard in Turkey and secured commitment to its use.
- The World Health Organization (WHO) has invited Scotland's future public health body to host a newly formed designated WHO Collaborating Centre for Place. This invitation has been prompted by Scotland's strong legislative, policy and delivery position on place-based approaches to improving health and reducing health inequalities.
- We continued to lead on the implementation and review of the Place Standard and started national engagement to inform the next three year implementation plan.
- We published a new housing section on the ScotPHO website. This explains the policy context around housing and health and provides data and evidence.
- We concluded our engagement with health and housing professionals across Scotland designed to strengthen local networking, share examples of good practice and identify next steps for future collaboration.
- Together with the Scottish ACEs Hub, Glasgow and West of Scotland Housing Associations, the Scottish Federation of Housing Associations and the improvement hub we hosted four events raising awareness of the life-long impact of Adverse Childhood Experiences and trauma-informed approaches across housing services.
- We ran two successful food insecurity events; a seminar in Glasgow on measuring food insecurity and a national networking event in Dunfermline.
- We published a Inequality Briefing on Food Poverty and the Community Health Exchange (which we fund) launched a tailored version of Health Issues in the Community intended for those involved in youth work.
- We have started a preliminary Evaluability Assessment on the Glasgow Low Emission Zone (LEZ) in conjunction with Heath Protection Scotland. The Glasgow LEZ is one aspect of the Cleaner Air for Scotland Strategy which is currently under review and subsequent requests for support around evaluation may be forthcoming.

Performance Information

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

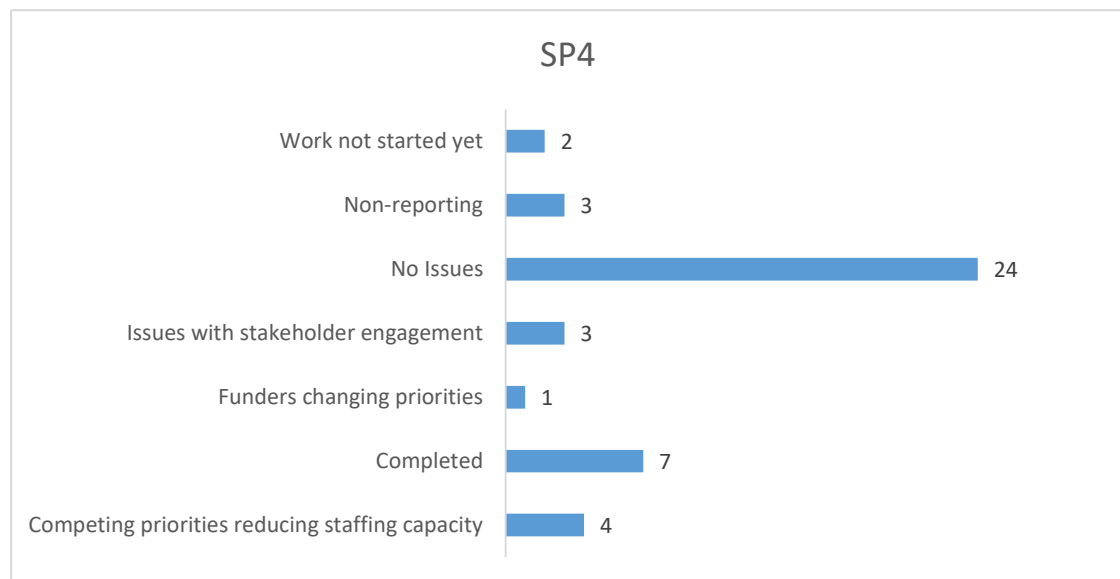| Delivery Commitment	Performance Indicator for Q3		Issue
4.1.1: Lead, support and advise on the coordination, delivery and governance of the National Place Standard Implementation Plan.	The number, range and purpose of Place Standard applications across Scotland, the UK and Europe	Yes	There is increased use across Europe with Latvia and Macedonia reporting positively back on its research findings in the cities of Riga and Skopje. Nine countries are now using the tool in Europe.
4.2.1: Conduct research into the impact of the Clyde Gateway regeneration on health and health inequalities.	We have completed the research study	No	Competing demands on staff time have resulted in a delay.
4.3.1: Support Scottish Government, local housing leads and local public health teams to embed health and health inequality outcomes in national and local housing strategies, policy and guidance	We have organised at least three regional events bringing together local housing and public health leads	Yes	This has been successfully completed.
4.4.1: Provide joint national leadership with Shelter Scotland	We have agreed and implemented the learning resource	No	This work does not yet have an agreed project plan with the main contractor. This is out with our control. The

to develop and deliver training to inform joint planning and delivery health and homelessness.			work is likely to carry forward into 2019/20.
4.7.1: Commission the Scottish Community Development Centre (SCDC) to deliver a programme on community-led health that supports NHS Health Scotland's priorities.	We have developed web content for healthscotland.scot on the contribution community development makes to the reduction of health inequalities and promoted the key messages to stakeholders	**No**	A lack of capacity has prevented this from happening. We are hoping to fill the relevant vacancy by the start of the new business year. This work is currently being considered for 2019/20 as part of business planning.
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	Our contribution to Scottish Government commissions on the new public health body have included a clear proposal for how the climate change agenda will be taken forward in the new body	**No**	We have developed a think piece on how the climate change agenda can be taken forward in Public Health Scotland. The timing has not been right to share it with the PHR team but this is likely to be appropriate in Q4, perhaps through the public consultation on PHS.

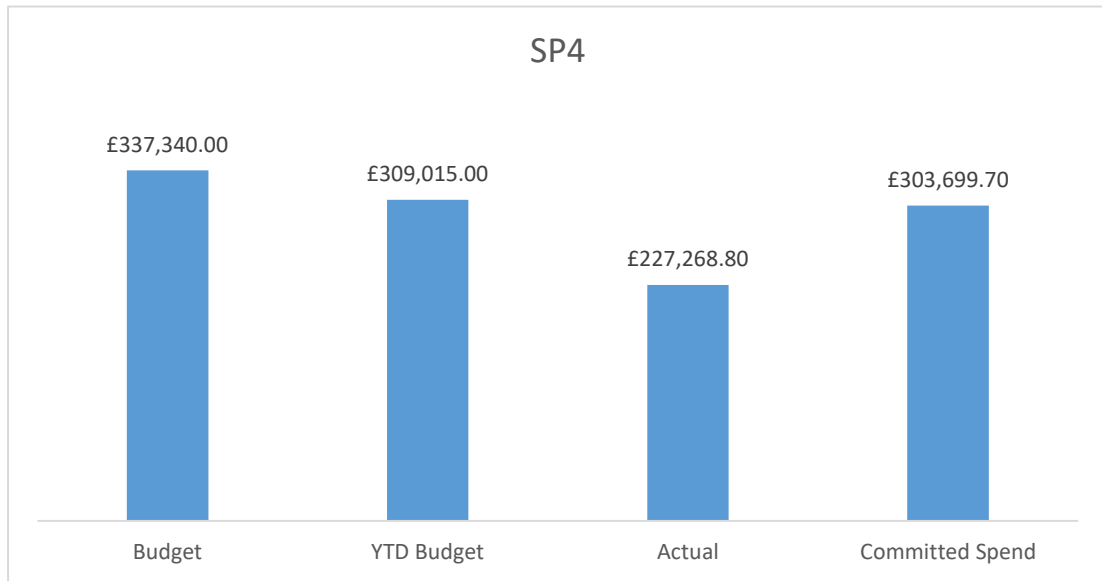**Delivery Commitments at risk of not delivering on time**

5 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.
- 4.2.1: Conduct research into the impact of the Clyde Gateway regeneration on health and health inequalities.
- 4.3.2: Work collaboratively with key local and national stakeholders to coordinate action to maximise the contribution of housing to health improvement and reducing health inequalities
- 4.4.1: Provide joint national leadership with SHELTER Scotland to develop and deliver training to inform joint planning and delivery health and homelessness.
- 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

SP4

Budget	YTD Budget	Actual	Committed Spend
£337,340.00	£309,015.00	£227,268.80	£303,699.70

Staff time data

Total number of contributing staff days in SP4 per month

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
72.9	111.1	90.7	84.9	97.5	97.8	147.8	77.6	66.4

Proportion of all time spent in the organisation that was attributed to working on SP4 per quarter
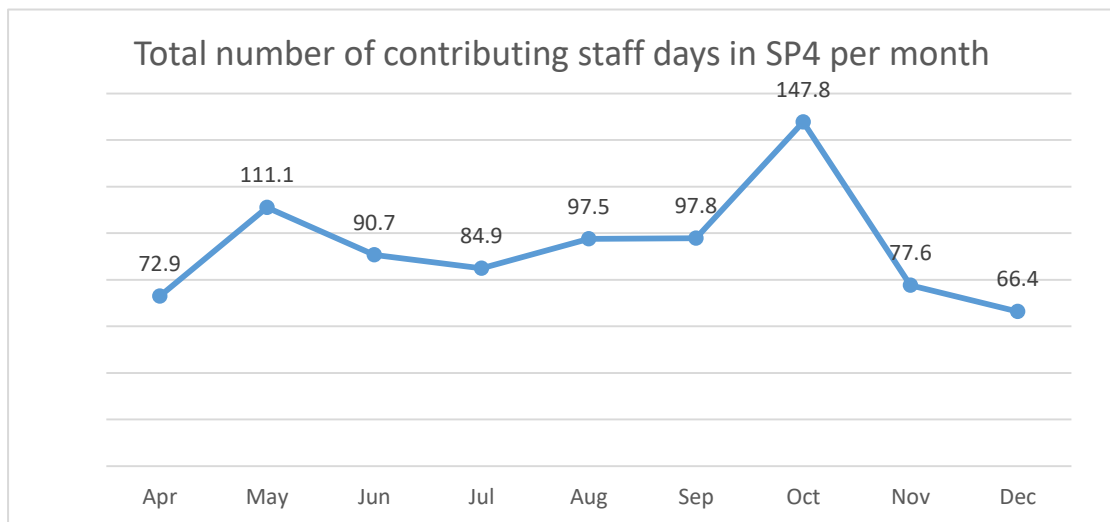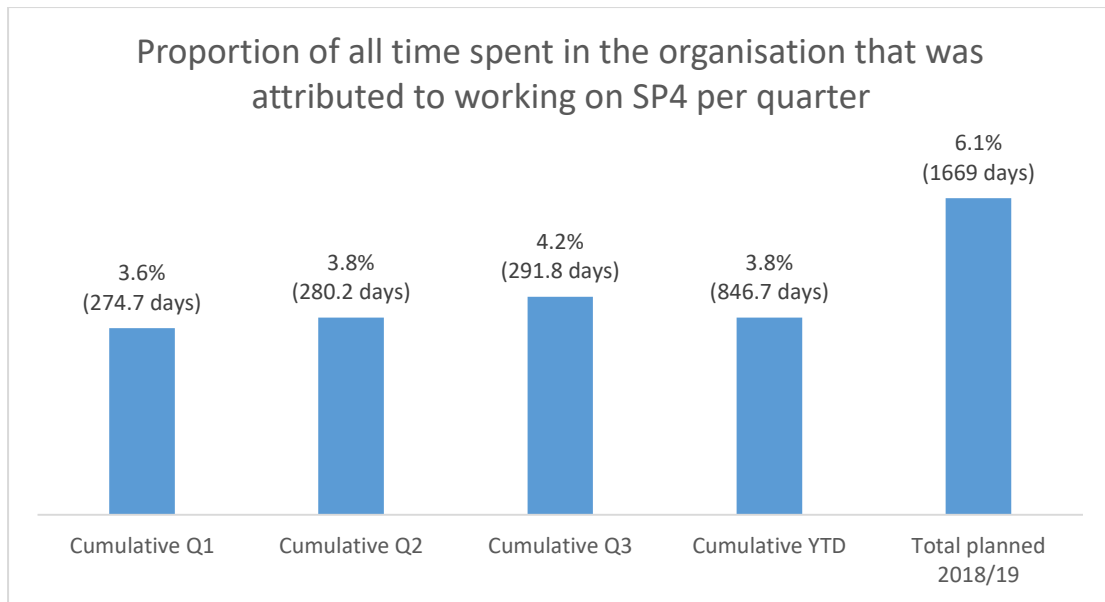
Issues of note

- There have been staff capacity issues within the Place Standard programme and in other teams that support the programme (e.g. marketing and digital services) which has meant some elements of the programme have been delayed. These are being actively managed and although may impact on the delivery of a specific output they should not have any significant impact on the Delivery Commitment as a whole.
- The Clyde Gateway project has been delayed, largely through capacity being taken up elsewhere in the Public Health Observatory team (mainly Triple I), but also due to data access being delayed. This has now largely been resolved and will be taken forward in 2019/2020.
- Two of the outputs in the Delivery Commitment around joint training with Shelter have been delayed and will not deliver this financial year because they are dependent on an external contractor developing a housing options toolkit that they will then contribute to. We hope this will still happen in 2018/2019 but if not plan to take it forward in 2019/2020.
- Two outputs in the Adaptation Scotland and SMaSH Delivery Commitment have been delayed through issues with external engagement and internal capacity. Both are in the process of being resolved so there will be little or no significant impact on the work as a whole.

Coming up next quarter

- The focus of the next quarter for the Place Standard will be development of the new implementation plan and developing different versions of the tool.
- We will produce a report capturing key messages from our regional housing events which will influence our continued work into 2019/20.
- We will work with public health professionals to explore the strategic direction of community development and health in the light of the public

health priorities, whole system working and the establishment of Public Health Scotland.

- We will be supporting Scottish Government with a summit around enhancing and sustaining community food activity announced in the Diet and Healthy Weight strategy.

Strategic Priority 5: Transforming Public Services

Highlights this quarter

- We worked with the Improvement Service to deliver a Child Poverty briefing and webinar for Elected Members as part of our Elected Member Support work.
- We completed the interview stage of the audit into involvement of Directors of Public Health in community planning and health and social care integration.
- We prepared case studies on the role of integrating the reduction of inequalities in service planning in order to support local understanding and delivery of the actions in the Strategic Statements for inequalities for the NHS and Health and Social Care. This included considering inequalities in procurement and we are planning a third on addressing inequalities through supporting employability.
- We have worked in partnership with iHUB and Healthcare Improvement Scotland to develop inequalities content in their portfolio of support for strategic planning in Health and Social Care Partnerships (HSCP).
- We reported on an 'Investigation to assess the extent and capacity of the Public Health Wider Workforce in Scotland and the systems which currently support its development' to the Scottish Public Health Workforce Development Group.
- We hosted a 'Once For Scotland' health improvement practitioner development event, in conjunction with Scottish Health Promotion Managers.
- We received a UK Public Health Register (UKPHR) Innovation Award for our contribution to public health skills and practice in relation to practitioner development.
- We ran new appraiser training for public health specialists to support UKPHR revalidation in collaboration with National Services Scotland and NHS Education for Scotland.
- Human Rights was a prominent focus of the Faculty of Public Health conference and Health Scotland contributed to the main plenary and a presentation on homelessness and peer research.
- SNAP are prioritising a number of key rights areas of focus for the next stage of the national project and we hosted a first workshop with members developing key issues on employment and mental health issues.
- Health Scotland commissioned research with women on the forthcoming change to cervical screening – introducing HPV testing as the primary test

on smear tests samples taken in primary care. The findings will inform how we explain the new test to Scottish women from December 2019.

- We ran a multi-media campaign on Flu, targeted at those eligible for the vaccine and with a focus on those with health conditions, healthcare workers, parents of 2-11 year olds and those aged 65 and over.
- We finalised an evidence review and HIIA to support the Vaccination Transformation Programme (VTP) and producing key messages to inform the VTP Business Change Managers' approach.
- The Health Promoting Health Service (HPHS) annual report was completed and we developed new self-assessment guidance for Board reporting in 2019.
- We agreed the draft of an Interpretation and Translation Policy for NHS Scotland, including the provision of British Sign Language (BSL) for service users.
- Health Scotland and NHS 24 engaged with BSL users on the content of health information available in BSL and have developed a plan for increasing provision.
- Three months following the launch of the 'Introduction to BSL' module, 1,604 participants have accessed the module.
- We completed a joint action plan with iHub on Palliative and End of Life Care including providing data to inform service design and delivery, learning sessions for Associate Improvement Advisors and support to complete an EQIA of the programme.
- We continued to develop the Community Planning in Scotland website in partnership with Improvement Service, increasing user numbers and publishing the second newsletter.
- We provided evidence to Audit Scotland on primary care workforce outcomes.
- We completed a rapid review of Primary Care Improvement Plans' content in relation to evaluation/use of data and evidence.
- We contributed to the HIS resource "Delivering Improving Together: A National Quality Improvement Support Programme for GP Clusters".
- We started training Edinburgh and Glasgow GP practices in ACE enquiry.

Performance Information

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

Delivery Commitment	Performance Indicator for Q3		Issue
5.4.2: 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	There is clarity and increased reach on workforce development opportunities for public health in local government through working with national bodies (COSLA, SOLACE, etc)	**Partly**	We have completed desktop research that enabled us gain increased clarity of workforce capacity within local government as part of the wider public health workforce. There is a slight decrease in numbers (from 905 to 826) for the same period in 2017/18. There are a number of factors attributable to this including staff not being allocated protected learning time to participate in courses/learning events, significant job losses within local authorities etc. These issues are outwith our control.
	We have implemented the health literacy e-learning module for Health and Social Care staff in partnership with Scottish Government and NHS Ayrshire and Arran	**No**	As a result of staffing capacity issues within NHS Ayrshire and Arran, the project has been put on hold for a quarter.

5.6.1: Provide 'Once for Scotland' coordination and delivery of NHSScotland's national improvement plan for British Sign Language (BSL)	We have established a delivery mechanism for e-referral for additional health needs from primary to secondary care	**Yes**	The delivery mechanism has been established.
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	We have developed and executed an effective national campaign is to inform the public about Flu	**Yes**	Yes, the public flu campaign is now complete.
5.6.4 Provide evidence and practical support to inform and influence strategic direction, set priorities and build system improvement that builds collaborative leadership on the right to health and inclusion health	We have shared learning on inequalities sensitive practice and scoped the extent of the routine assessment of vulnerability in order to strengthen person centred care in Health Promoting Health Service	**No**	We are currently finalising the content for an 'Inequalities Sensitive Practice' webpage and will complete it in Q4.

	We have disseminated the ScotPHN learning disability research into Health and Social Care	**Partly**	The report has been completed but dissemination has been delayed due to staffing capacity issues.
	We have shared learning from the Right to Health research, using human rights based approaches within strategic decision making in Health and Social Care	**Yes**	We shared the learning through a stakeholder event in the summer and through a contribution to the Faculty of Public Health annual conference.
5.6.6: Work with key partners and stakeholders in Community Planning and Health and Social Care Integration to influence strategic direction, priority setting and resourcing to address inequalities	We have delivered a joint action plan with Healthcare Improvement Scotland	**Yes**	The delivery of the joint action plan is an ongoing commitment and will continue into the new business year.
	We have contributed to the work of the Focus on Dementia Advisory group and agreed an	**Partly**	We have contributed to the work of the Focus on Dementia Advisory group.

	action plan to support Commitment 15 of the current Dementia Strategy		We have contributed to the work on Commitment 15 of the current dementia strategy but have not agreed a work plan due to a focus (from government) on other strategy areas. We are in regular communication with the policy team to explore our contribution to this commitment.
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	We have scoped the evaluation needs of three local areas in relation to the implementation of Part 2 of the Community Empowerment Act	**Partly**	This is ongoing. We have worked with two local areas to scope their evaluation needs and have provided tailored advice and support. This work continues as per the agreed work plan for the Outcomes, Evidence and Performance Board (now the Community Planning Improvement Board).

Delivery Commitments at risk of not delivering on time

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

- 5.5.1: Support the National Boards Delivery Plan to strengthen public health capability
- 5.6.1: Provide 'Once for Scotland' coordination and delivery of NHSScotland's national improvement plan for British Sign Language (BSL)
- 5.6.2: Support primary care transformation by using leadership, research and evaluation to strengthen knowledge and application of what works to improve health and reduce inequalities

- 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
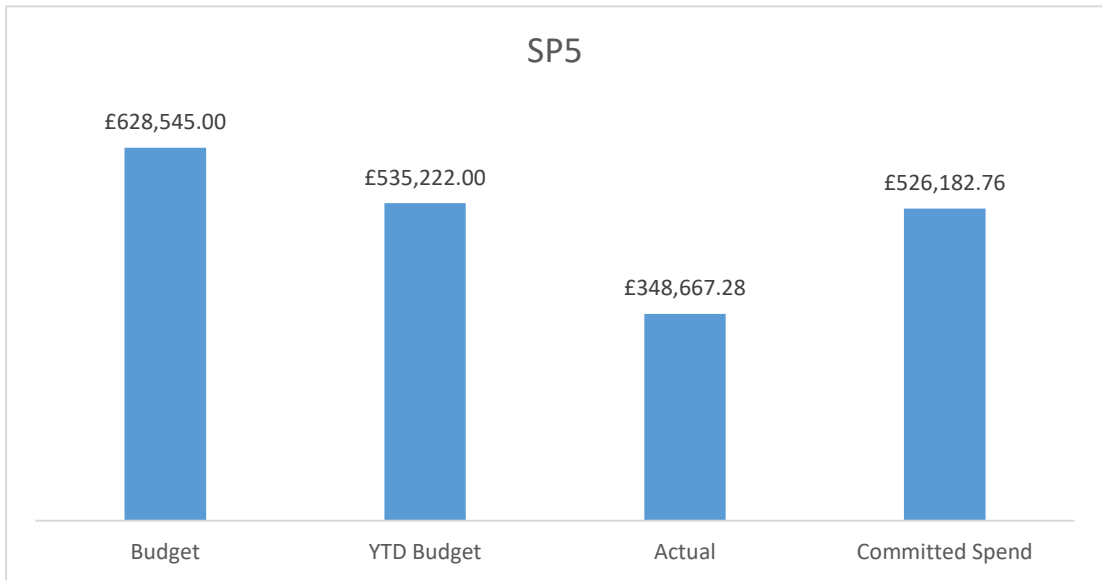- 5.6.4 Build collaborative leadership on the right to health and inclusion health by providing evidence and practical support to inform and influence strategic direction, set priorities and build system improvement.
- 5.6.5: Lead public health contribution to international public health through membership of and collaboration with the Scottish Global Health Collaborative (SGHC), Eurohealthnet and World Health Organization (WHO)
- 5.6.6: Work with key partners and stakeholders in Community Planning and Health and Social Care Integration to influence strategic direction, priority setting and resourcing to address inequalities
- 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: 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
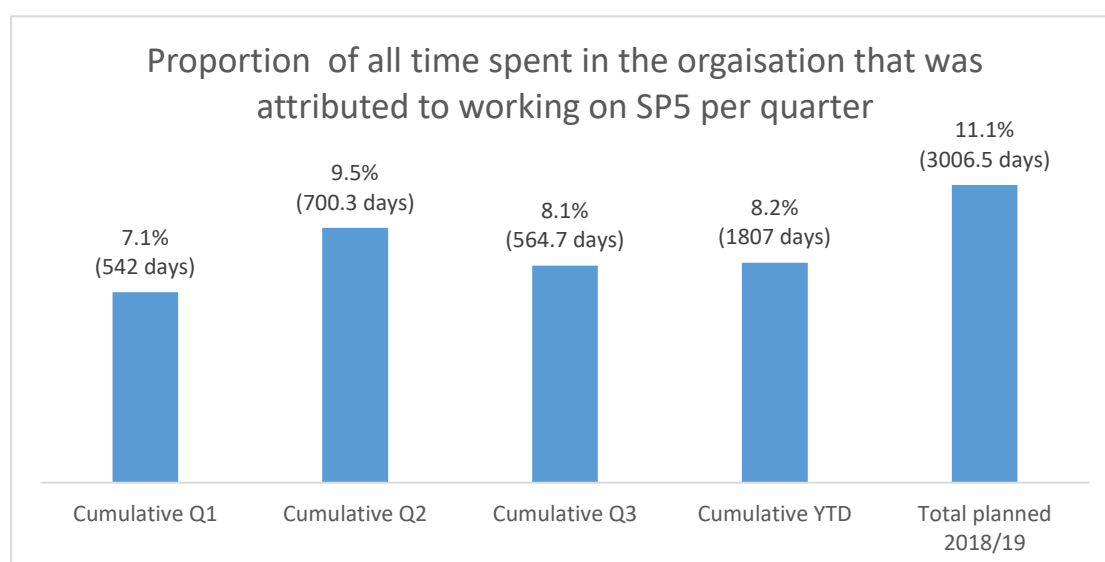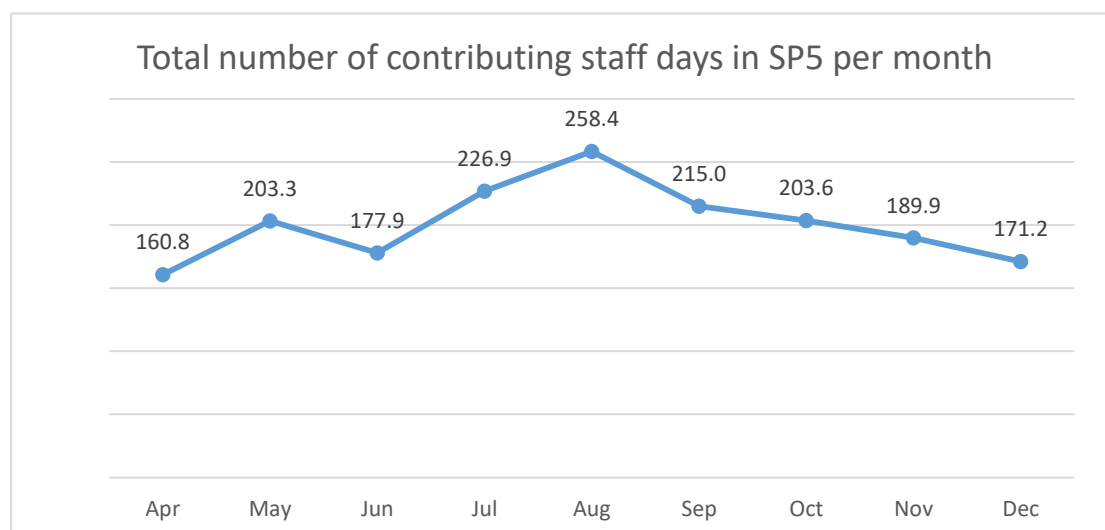
Issues affecting delivery

- Health Promoting Health Service (HPHS) represents the delivery of secondary prevention health improvement interventions and actions to address inequalities in the community and acute hospital sector. The future of this work and the role of Public Health Scotland in this area has to be determined and we are linking with Scottish Government policy leads to review the programme.
- We are in the early stages of influencing the inspection frameworks of Healthcare Improvement Scotland (HIS) and the Care Inspectorate with the aim of improving equitable outcomes of care. Despite a slower start than we would like, good links have been made with an increased understanding of the need to consider inequalities further in both strategic and service level inspections.
- We have had some delays in the completion and launch of the digital 'Poverty Learning Hub for Line Managers' because we have had to ensure that the content aligns with the findings from the recently published Joseph Rowntree Foundation research. This work is being done in partnership with the Poverty Alliance.
- The planned Community Justice work has not progressed but we are well positioned to influence and maintain attention on the prevention agenda in line with the legislation.

SP5

Category	Value
Work not started yet	2
Vacancy reducing staffing capacity	1
Unanticipated technical problem(s)	1
Non-reporting	14
No Issues	52
Issues with stakeholder engagement	8
Health Scotland support team staff capacity	1
Funders changing priorities	4
External suppliers not delievering	1
Dropped	10
Completed	11
Competing priorities reducing staffing capacity	1
Budget Management Issues	1

Financial data

SP5

	Budget	YTD Budget	Actual	Committed Spend
	£628,545.00	£535,222.00	£348,667.28	£526,182.76

Staff time data

Total number of contributing staff days in SP5 per month

258.4

226.9

215.0
203.3   203.6
        177.9   189.9
160.8   171.2

Apr   May   Jun   Jul   Aug   Sep   Oct   Nov   Dec

Proportion of all time spent in the orgaisation that was
attributed to working on SP5 per quarter

11.1%
(3006.5 days)

9.5%
(700.3 days)

8.1%   8.2%
(564.7 days)   (1807 days)

7.1%
(542 days)

Cumulative Q1   Cumulative Q2   Cumulative Q3   Cumulative YTD   Total planned
                                                                     2018/19

Coming up next quarter

- We will have developed a joint offer of support to Community Planning Partnerships with the Improvement Service.
- NHS Boards will undertake a self-assessment exercise for HPHS, with the aim of shifting the performance review for delivery to sit within local accountability and governance arrangements.
- We will publish a report into involvement of Directors of Public Health in Community Planning and Health and Social Care Integration.
- We will facilitate a roundtable discussion on inequalities, procurement and economic foot printing with the Scottish Ambulance Service, National Services Scotland, COSLA, Scotland Excel and the Improvement Service.
- We will have completed our second review of Health and Social Care Partnership Performance Reports and work to share the learning.
- We will have transitioned all five dementia publications to Alzheimer Scotland.

- We will complete work with NHS Ayrshire and Arran, NES and Scottish Government to produce 'The links between health literacy and health inequalities' e-learning module for public services staff.
- We will complete the 'Leadership for health inequalities' learning hub for executive and non-executive directors within health and social care.
- We will run a series of regional events to inform key stakeholders in HSCPs/IJBs and NHS Boards about the Vaccine Transformation Programme. This will be an important opportunity to raise the profile of vaccination as a key service to sustain and invest in as it transitions out of primary care.
- We will begin work to support a new gender neutral vaccination programme to provide primary protection against a series of Human papillomavirus (HPV) related cancers and diseases. Commissioning of research with pregnant women to help inform the approach to the introduction of Non Invasive Prenatal Testing into the pregnancy screening programme.
- Scottish Government will publish its 10 year Monitoring and Evaluation strategy for primary care, on which we have been closely collaborating.
- The ACE enquiry will begin within six Deep End GP practices across Edinburgh and Glasgow.
- We will develop a qualitative evaluation plan for Community Links Worker early adopter sites

Strategic Change Priority 1: Leading Public Health Improvement

Highlights this quarter

- We worked with PHI and the Public Health Reform team to develop an aligned approach for the Faculty of Public Health (FPH) annual conference in November. We had joint exhibition space and partnered on lunchtime engagement sessions on public health reform, resulting in a more integrated presence.
- The theme of the FPH conference was *The Right to Health: public health ethics, equality, values*. Our Chair and Director of Strategy gave a plenary presentation, together with Judith Robertson, Chair of the Scottish Human Rights Commission and Paul Hunt, a human rights lawyer and previously the UN Special Rapporteur on the right to health. The response to the plenary was mixed, with some delegates inspired and motivated by what they heard, and others still sceptical about the practical application of human rights to public health. This was not unexpected and we are now considering the next steps with public health and human rights. This includes working as part of the group developing the next Scottish National Action Plan (SNAP) on Human Rights and making strategic links with public health and public health reform.

- We have delivered the Shared Services Portfolio-Public Health Programme (SSP-PHP) work programme through ScotPHN, on behalf of Board Chief Executives/Public Health Oversight Board and have continued to support the Public Health Oversight Board in its reform work.

Performance Information

Strategic Change Priority 1 has 5 Delivery Commitments, three of which has Performance Indicators due for completion this quarter.

Delivery Commitment	Performance Indicator for Q3		Issue
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	We have developed recommendations for best practice around the gathering and use of data on key stakeholders for consideration by the new public health body	**No**	This work is now taking place under the auspices of the Organisational Development Commission and will form part of the Target Operating Model developed in 2019.
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	We have contributed to the development and delivery of the Faculty of Public Health conference, with specific input around human rights	**Yes**	We were on the Conference Planning Committee for the Faculty of Public Health annual conference. The conference was about 'The Right to Health: public health ethics, equality, values' and we shared our learning through presentations, posters and workshops.
	We have engaged with and influenced the UK Public Health Network	**Yes**	This has been successful and includes inspiring an influential blog by the UKPHN.

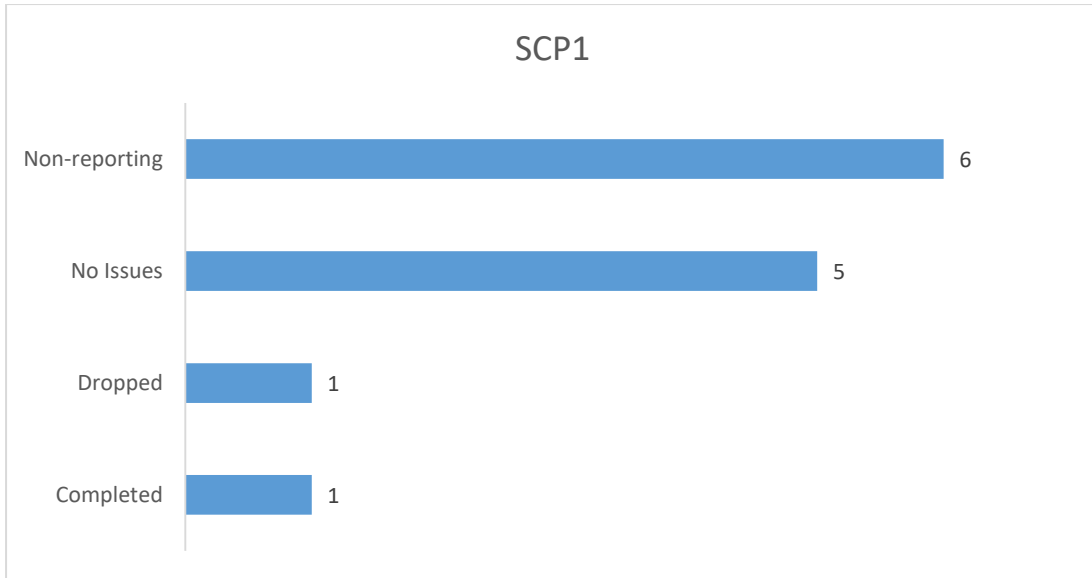|			
	around the right to health		
6.2.4: Work with targeted stakeholders to promote and position fairer health improvement within the emerging public health landscape	Our expertise on fairer health improvement is influential in considerations around the new public health body	**Yes**	This has been successful and will continue. Our leadership of the Improving Health Commission has been the central point of focus for our work in influencing considerations around the positioning of health improvement within the emerging public health landscape. It has also been key to the other commissions we have been involved in and our representation on the PHR Programme Board and Oversight Board, as well as all commission stakeholder engagement.

Delivery Commitments at risk of not delivering on time

Three of the five Strategic Change Priority 1 delivery commitments have one or more outputs with issues affecting delivery:
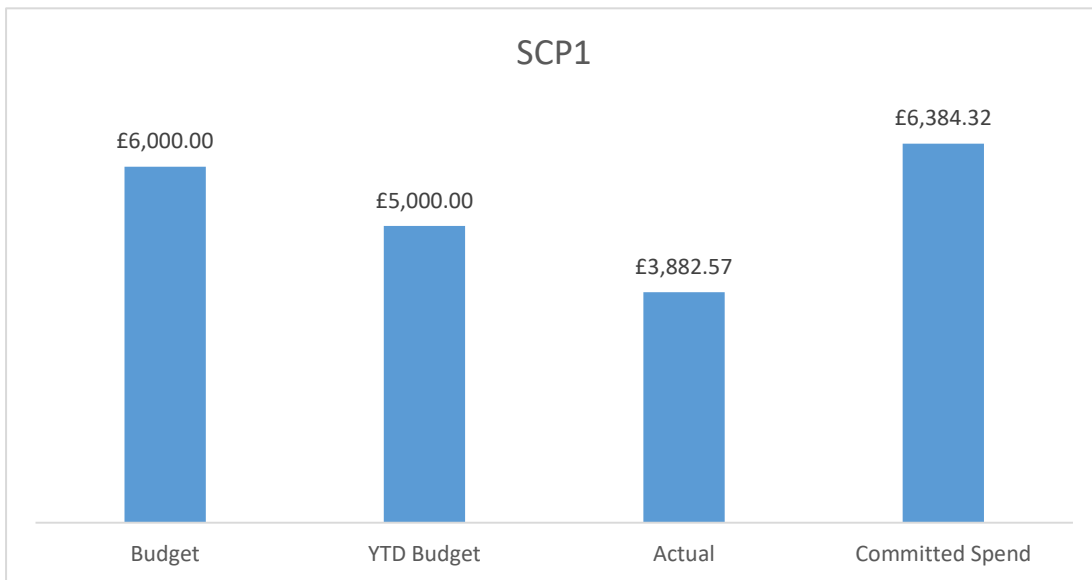
- 6.2.2: Work with NHS National Services Scotland to discuss learning and enable improved practice around the gathering and use of data on key stakeholders
- 6.2.3: Work with key stakeholders including the Faculty of Public Health in Scotland and the UK Public Health Network to share and embed learning around effective policy advocacy and human rights based approaches in public health

Issues affecting delivery

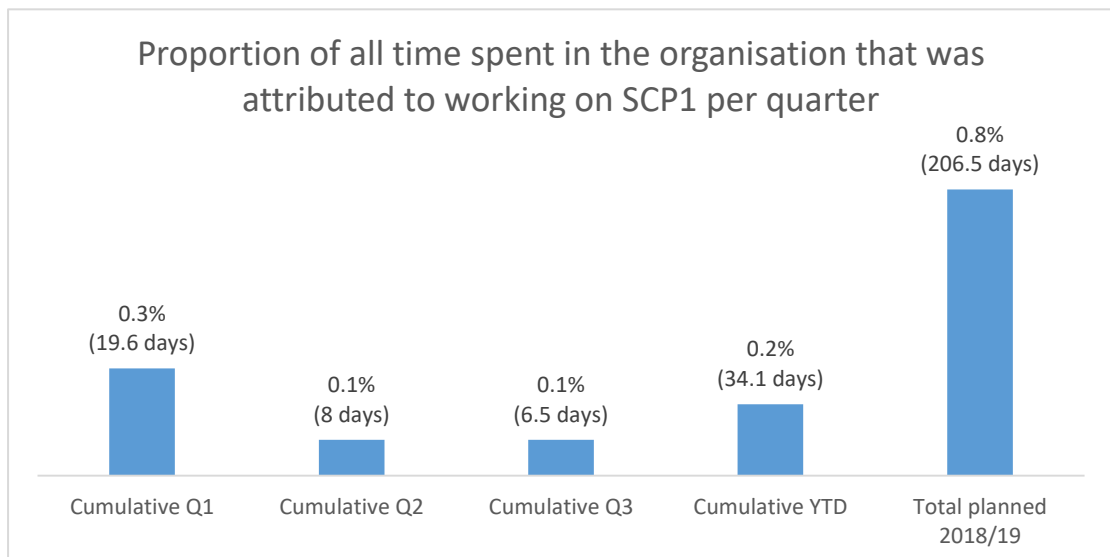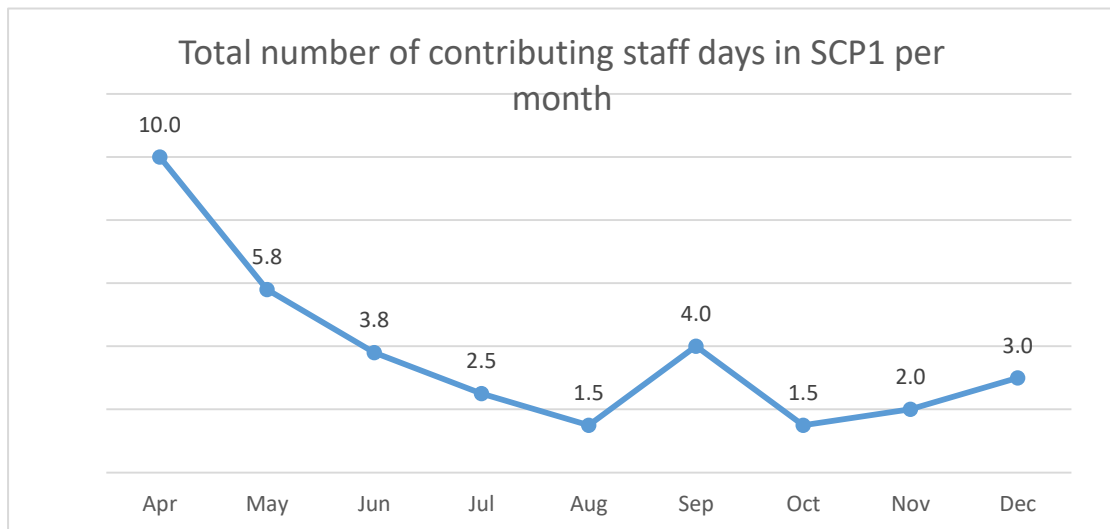- The plans to work with NSS around stakeholder engagement have been adapted to fit in with the work around commissions, projects and the Target Operating Model work.
- The timescales for the Faculty of Public Health Advocacy Study Day have changed from what was expected at the beginning of the year but we have been invited to contribute and will also be helping to organise it. It will take place in late Q4 or early Q1 of next year.

SCP1

Category	Value
Non-reporting	6
No Issues	5
Dropped	1
Completed	1

Financial data

SCP1

	Budget	YTD Budget	Actual	Committed Spend
	£6,000.00	£5,000.00	£3,882.57	£6,384.32

Staff time data

Total number of contributing staff days in SCP1 per month

10.0	5.8	3.8	2.5	1.5	4.0	1.5	2.0	3.0
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Proportion of all time spent in the organisation that was attributed to working on SCP1 per quarter

Cumulative Q1	Cumulative Q2	Cumulative Q3	Cumulative YTD	Total planned 2018/19
0.3% (19.6 days)	0.1% (8 days)	0.1% (6.5 days)	0.2% (34.1 days)	0.8% (206.5 days)

Coming up next quarter

- Ongoing support through ScotPHN for Directors of Public Health in progressing the public health priorities.
- Further work on the development of the second Scottish National Action plan on Human Rights, including work to make links with public health reform.

  Please note that a full update on organisational change work is provided through the separate Change and Transition update paper.

Strategic Change Priority 2: Making a Difference

Highlights this quarter

- We made good progress with developing the Ready Steady Baby! (RSB) print and digital products. This includes:
  - Circulating fully-designed proofs of the print product to over 500 stakeholders in line with our QA process ensuring information and illustrations/design are fully reviewed and approved by experts
  - The RSB microsite is also on track to launch with the following progress noted in Q3:
    - Delivery of content sprints 1-3
    - Scoping the full technical development requirements
    - Developing and testing microsite design proposals with parents
    - Completed development of microsite build sprint 1

- In line with our digital strategy of rationalising and reducing our web estate the Gender Based Violence website has closed and updated versions of the content added to the main HealthScotland.scot site.

Performance Information

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

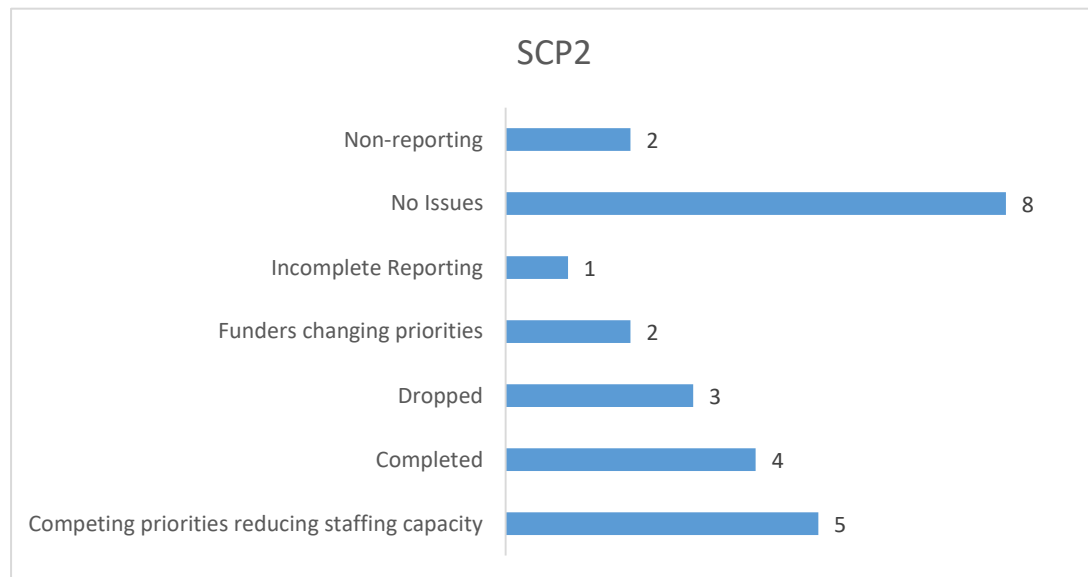| Delivery Commitment	Performance Indicator for Q3		Issue
7.1.1:Develop and deliver best practice approaches to the design and delivery of products and services	Three networks will have undertaken the Network Maturity Matrix, providing us with an indication of how they are performing and a focus for improvement	Yes	A total of eight networks have undertaken the Network Maturity Matrix

Delivery Commitments at risk of not delivering on time

Both of the two Strategic Change Priority 2 delivery commitments have one or more outputs with issues affecting delivery:
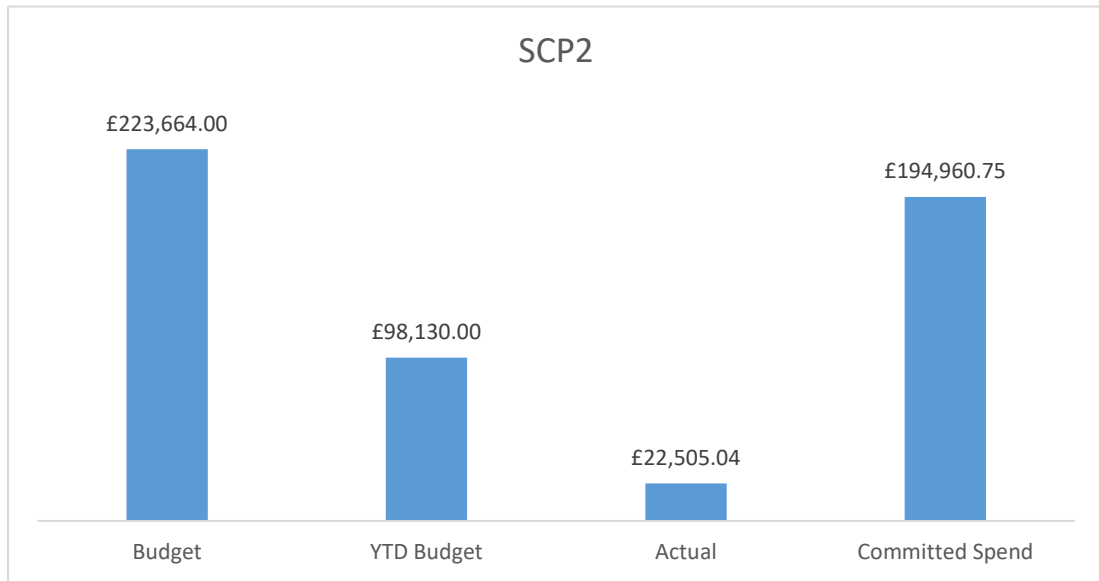
- 7.1.1:Develop and deliver best practice approaches to the design and delivery of products and services
- 7.1.2: Deliver Phase 1 of Redesigning Health Information for Parents (ReHIP)
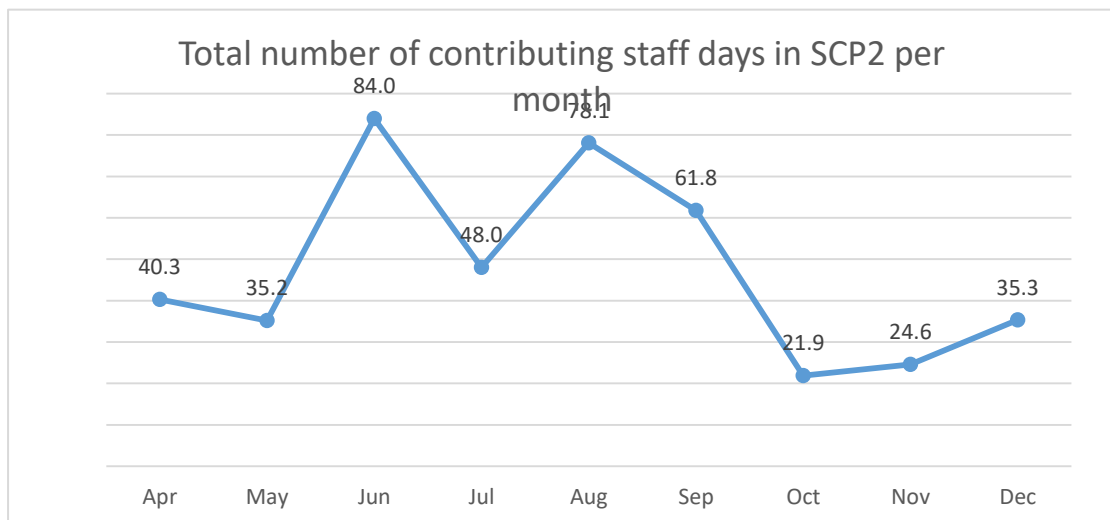
Issues affecting delivery

- Planned work within the Digital Services Team (rationalisation of maternal and early years digital content) has been reprioritised due to competing priorities within the team, vacancies in posts and the need to reprioritise some work so that we can progress delivery of the Public Health Reform Corporate IT PID Digital Channels work package.
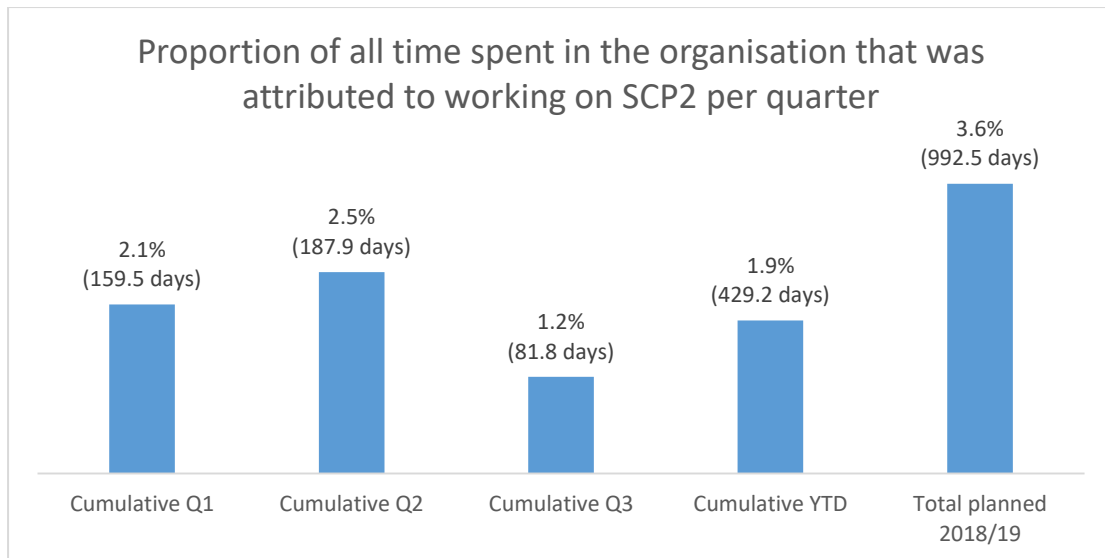
SCP2

Category	Value
Non-reporting	2
No Issues	8
Incomplete Reporting	1
Funders changing priorities	2
Dropped	3
Completed	4
Competing priorities reducing staffing capacity	5

Financial data

SCP2

£223,664.00

£98,130.00

£22,505.04

£194,960.75

| Budget | YTD Budget | Actual | Committed Spend |

Staff time data

Total number of contributing staff days in SCP2 per month

84.0

78.1

61.8

48.0

40.3

35.2

21.9

24.6

35.3

| Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |

Proportion of all time spent in the organisation that was attributed to working on SCP2 per quarter

2.1% (159.5 days)	2.5% (187.9 days)	1.2% (81.8 days)	1.9% (429.2 days)	3.6% (992.5 days)
Cumulative Q1	Cumulative Q2	Cumulative Q3	Cumulative YTD	Total planned 2018/19

Coming up next quarter

- We will complete the development of the Ready Steady Baby! microsite and print product for launch in March.
- We will implement the Healthy Living Award website audit recommendations, including development work and moving the site to the Umbraco CMS.

Strategic Change Priority 3: Fit for the Future

Highlights this quarter

- We submitted most of the final deliverables for the public health reform commissions we are involved in and we are in the process of receiving and acting on feedback from the Public Health Reform team.
- The Change Oversight Group continues to meet regularly and has refocussed its agenda to respond the change in balance and type of work involved in public health reform and we are adjusting it accordingly. The work of this group is further supported by the more operational Change and Transition Project meetings which happen on a weekly basis.
- We have started deploying the next phase of the Change Hub with a new News section going live and a link to the existing Source.
- We have issued a range of staff communications including a Q&A follow-up to the staff information sessions, a vlog from Cath Denholm outlining the Corporate Services project, Programme Board and PHOB papers and the advert for the Chair of Public Health Scotland.
- We issued The 'What matters to you?' staff survey to all staff. 639 (58%) of staff engaged with the survey. 378 (34%) completed it and submitted it in full. 458 (41%) shared their views on current and future culture. We ran four follow-up engagement sessions in November to help shape the values and culture for Public Health Scotland. In total around 250 staff attended

these sessions and as a result, a video animation was produced to tell staff about the findings.

- The corporate services project has been set up to look in detail at the nature and scale of service that Public Health Scotland will require to deliver on its ambitions
- Initial work has been started on the process and timeline transfer of staff to the new organisation as part of the HR project. The accommodation project has also been initiated. This demand is expected to increase over next six months
- In relation to planning the design and implementation of IT and digital services for the new organisation we have carried out a range of stakeholder engagement and have started three priority strands of work - Infrastructure Design, Digital Channels and Data Platforms. A Project Manager from HS is now in place to oversee this programme of work at a detailed level and a governance group is now in place.
- 111 staff have attended resilience sessions (29 from PHI and 82 from HS). In addition 230 staff have already signed up to be matched through Common Grounds (120 from NSS PHI and 110 HS).
- Three teams have completed their Insights training as part of the pilot. We are running the training with a further team in Q1 and will then produce a report of the pilot.
- We have completed a mapping of the current legislative and governance tasks and processes currently fulfilled by NHS Health Scotland. Governance arrangements for our transition are progressing to plan. All five Board members due to complete their term before November 2019 have now been successfully extended.
- We continue to progress national collaborative TOMs in relation to finance, HR and estates and facilities.
- The Adaptive Leadership Peer Support and Challenge Group continues to meet and engage well around the leadership challenges we face. We had a helpful session on leadership across the whole system led by Dot McLaughlin from Workforce Scotland.
- We have completed a draft business case for an institutional knowledge and research repository for comment. A preferred supplier has been identified who can deliver an integrated institutional repository and alternative metrics software for tracking influence and impact and the Corporate IT Project has been made aware of this work.
- The recommendation that there should be a health economics function in the new body has been made in the Data and Intelligence commission report submitted just before Christmas. This reflects the proposal for developing such a function reported in previous quarterly reports.

Performance Information

Strategic Change Priority 3 has four Delivery Commitments, two of which has Performance Indicators due for completion this quarter.

Delivery Commitment	Performance Indicator for Q3		Issue
8.2.1: Work with Information Services Division and Health Protection Scotland to identify areas of fit and good practice in our systems and processes so that the new public health body is effective and credible from the start	We have worked collaboratively with Information Services Division and Health Protection Scotland and made recommendations to the Executive Delivery Group about effective system and processes for the new public health body	**Partly**	We delivered work looking at cultural compatibility by the end of Q3 but the work looking at the compatibility of organisational strengths and areas for improvement was not completed until January 2019.
8.4.1: Support the implementation of change as the new public health body is created and other services across NHSScotland are reconfigured	We have maintained iMatter scores within "well informed" and "involved in decision-making" staff governance standards	**Yes**	Our scores are: Well informed: 84 Involved in decision making: 78

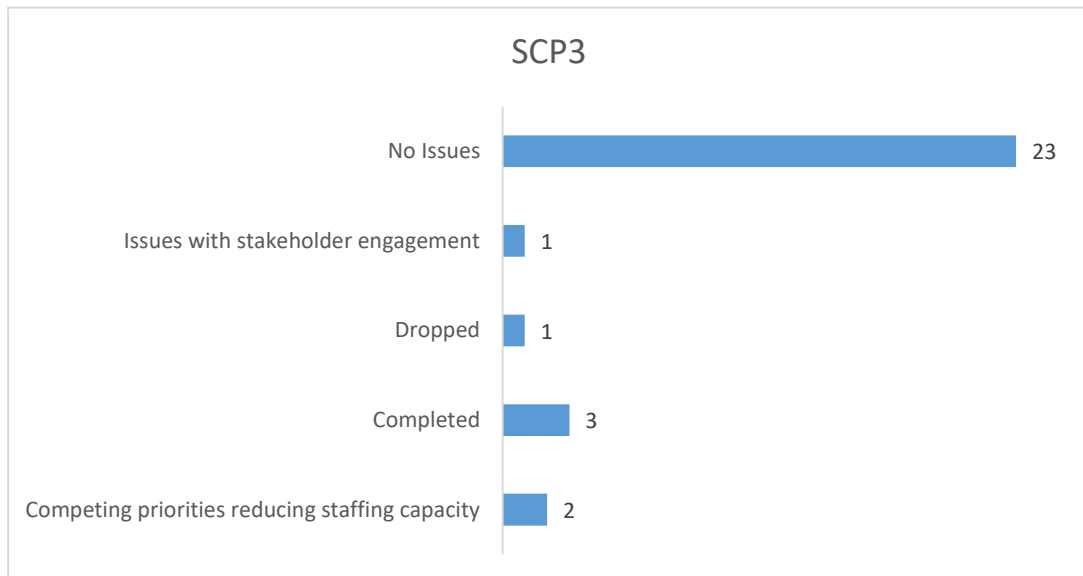**Delivery Commitments at risk of not delivering on time**

One of the four Strategic Change Priority 3 delivery commitments has one or more outputs with issues affecting delivery:

- 8.4.2: Contribute to the development of the governance requirements for the new public health organisation, ensuring the governance arrangements for NHS Health Scotland work are suitably reflected to
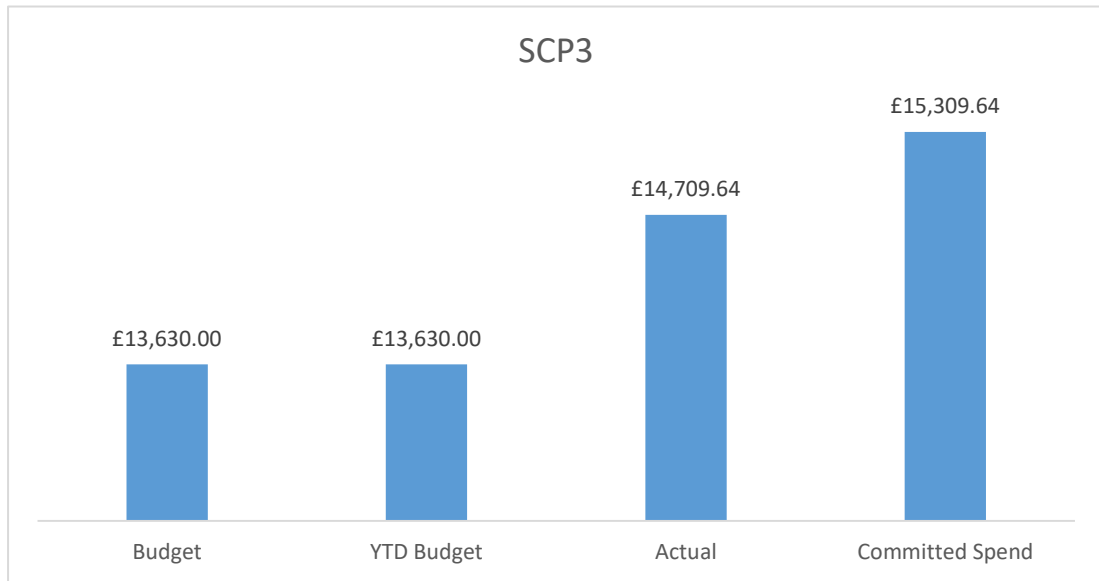
achieve a smooth governance transition and exit for the Health Scotland governance Board
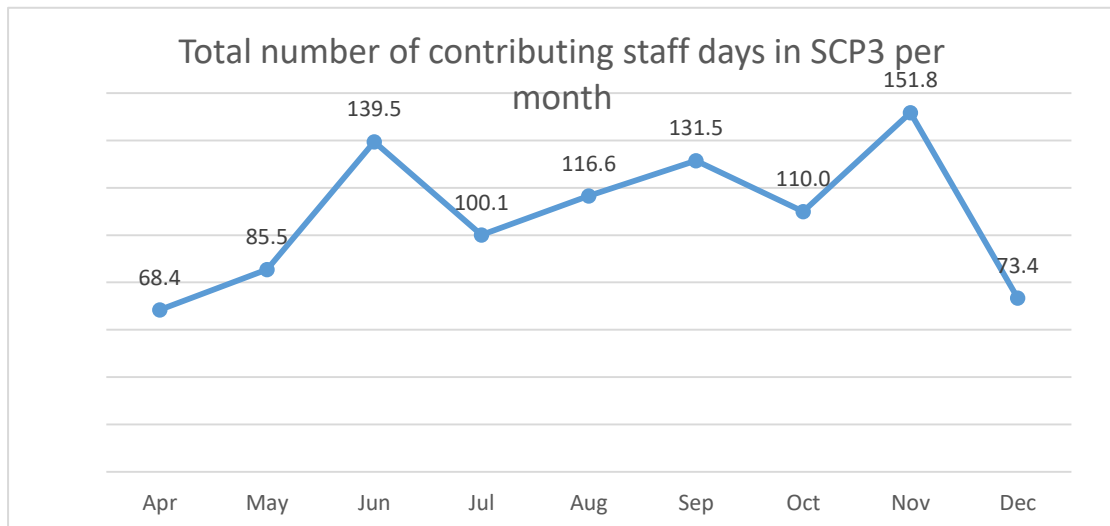
Issues affecting delivery

- We have redesigned the Source to improve how news relating to change is shared. While considerable efforts have been made to ensure the Change Hub is accessible to Board members, data analytics show that the Board version of the website is scarcely used.
- Recruitment of the additional IT staffing capacity to deliver the infrastructure parts of IT change work must be progressed very quickly to ensure effective delivery.
- Project development for governance arrangements for PHS has not yet been created but will be a priority in the next quarter.
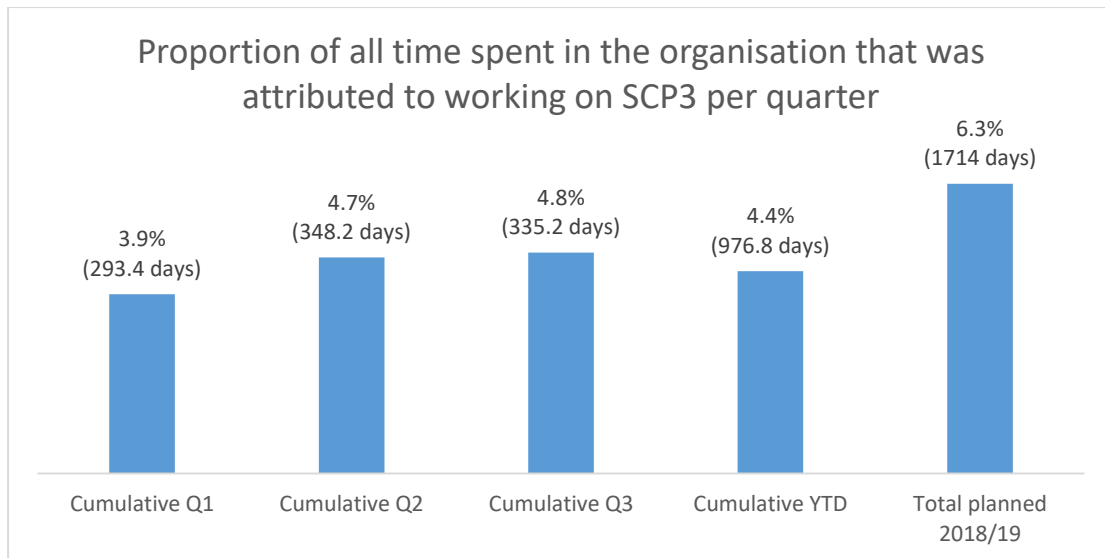
SCP3

Category	Value
No Issues	23
Issues with stakeholder engagement	1
Dropped	1
Completed	3
Competing priorities reducing staffing capacity	2

Financial data

SCP3

A bar chart titled "SCP3" showing:
- Budget: £13,630.00
- YTD Budget: £13,630.00
- Actual: £14,709.64
- Committed Spend: £15,309.64

Staff time data

Total number of contributing staff days in SCP3 per month

A line chart showing staff days per month:
- Apr: 68.4
- May: 85.5
- Jun: 139.5
- Jul: 100.1
- Aug: 116.6
- Sep: 131.5
- Oct: 110.0
- Nov: 151.8
- Dec: 73.4

Proportion of all time spent in the organisation that was attributed to working on SCP3 per quarter

Cumulative Q1	Cumulative Q2	Cumulative Q3	Cumulative YTD	Total planned 2018/19
3.9% (293.4 days)	4.7% (348.2 days)	4.8% (335.2 days)	4.4% (976.8 days)	6.3% (1714 days)

Coming up next quarter

- We will support the work of the Public Health Reform team in drawing the deliverables from the commissions together into a Target Operating Model for Public Health Scotland.
- We will further develop the approach and timeline for staff engagement, consultation and transfer into the new organisation and continue to ensure the regularity and appropriateness of change and transition related communications including making the most of the Change Hub.
- We are supporting the development of a joint Strategic Communications and Engagement Group together with PHI and the Public Health Reform team to review and coordinate engagement requirements for the transition period.
- The Corporate Services project will engage with staff delivering and receiving corporate services to fully understand the future requirements of Public Health Scotland. Their work will be supported by other groups looking at HR, IT and Accommodation.
- We will continue to run Common Grounds and resilience sessions with staff as demand requires.
- We will run sessions for managers in January to understand what they need to support them through change and to support their staff through change. Their feedback will be combined with the results of an audit being conducted of all current offerings from HS, NES and PHI, to support managers through change and to support leadership development.
- We will further develop thinking around governance support and processes for Public Health Scotland with the PHR team and COSLA
- We will continue to meet with and present to teams and individuals with a remit for knowledge and research products with a view to implementing the institutional knowledge and research repository during 2019/20.

Please note that a full update on organisational change work is provided through the separate Change and Transition update paper.

Part 3: Core Services

Performance Information

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

Delivery Commitment	Performance Indicator for Q3		Issue
9.1.9 Quality and improvement: undertake planned and systematic improvements to aspects of how we function and deliver our work	We have delivered three organisational improvement projects	**No**	We have not delivered this work on time as a result of capacity pressures from change and transition work. Through our staff training Improving Module, we will however deliver more than three organisational improvement projects by the end of Q4.
9.1.13 Workforce engagement: provide all the services and support staff need, in a dynamically changing environment, ensuring timely communications to keep staff engaged	Maintain iMatter scores within 'well informed', 'healthy and safe working environment', and 'involved in decision-making' staff governance standards	**Yes**	iMatter scores June 2018: - Well informed: 84% positive - Healthy and safe working environment: 82% positive - Involved in decisions: 78% positive
9.1.14 Workforce planning and resourcing: provide the planning, monitoring and	Maintain iMatterscores within 'treated fairly and consistently' staff governance standards	**Yes**	iMatter score 'treated fairly and consistently' – 81%

decision-making systems to ensure that we have in place the workforce we need to deliver this plan whilst taking into account the context of change we are currently working in	We have achieved an Employee Index Score of 69% or above	**Yes**	Employee Index score of 81% with a response rate of 91% in 2018.

Six of the 12 Core Services delivery commitments have one or more outputs with issues affecting delivery
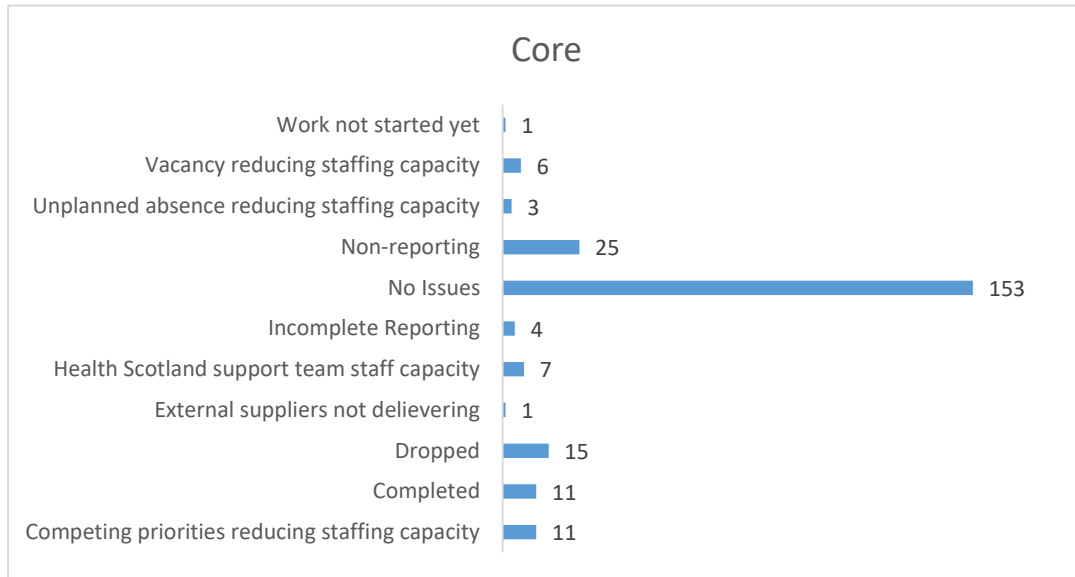
- 9.1.2 IT and information management: provide the infrastructure and support needed for staff to make the best use of our technology and systems to work agilely and use and manage information to best effect
- 9.1.3 Planning and delivery: deliver specific improvements in how we plan so that our delivery and impact is improved
- 9.1.8: Research and knowledge services: manage knowledge and research effectively to support delivery of the Strategic Framework for Action through provision of a range of Knowledge and Research Services
- 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
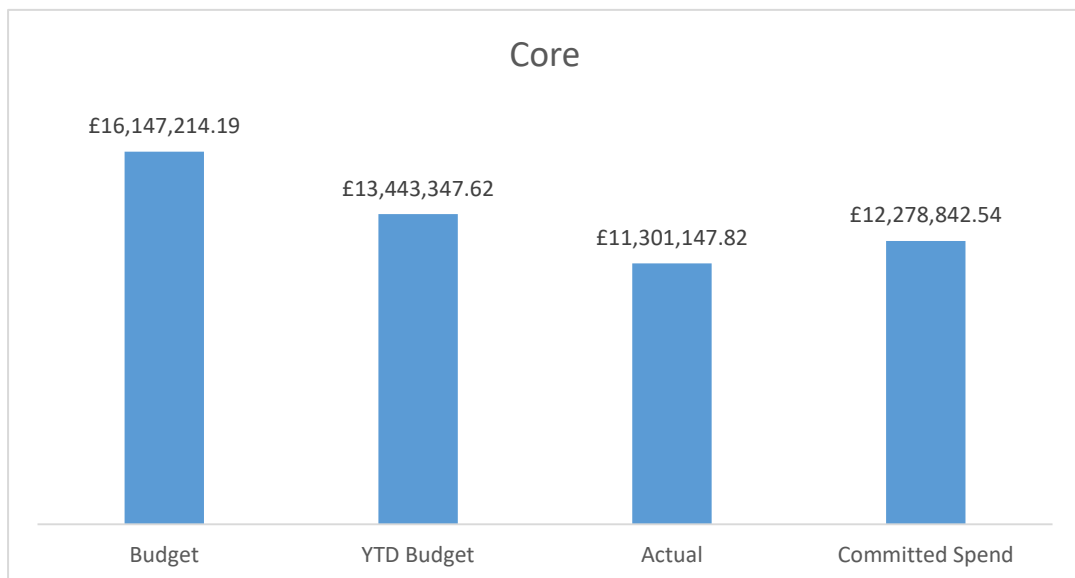
Issues affecting delivery

This quarter across Core Services there has been an increase of around 30% in the number of outputs which are showing issues or have been dropped. Though there are no clear common themes, workforce pressures are coming out on a regular basis as a result of vacancies and competing priorities.

There has also been a 25% increase in non-reporting this quarter compared with the previous one, which could again be an indicator of increasing pressures on staff.
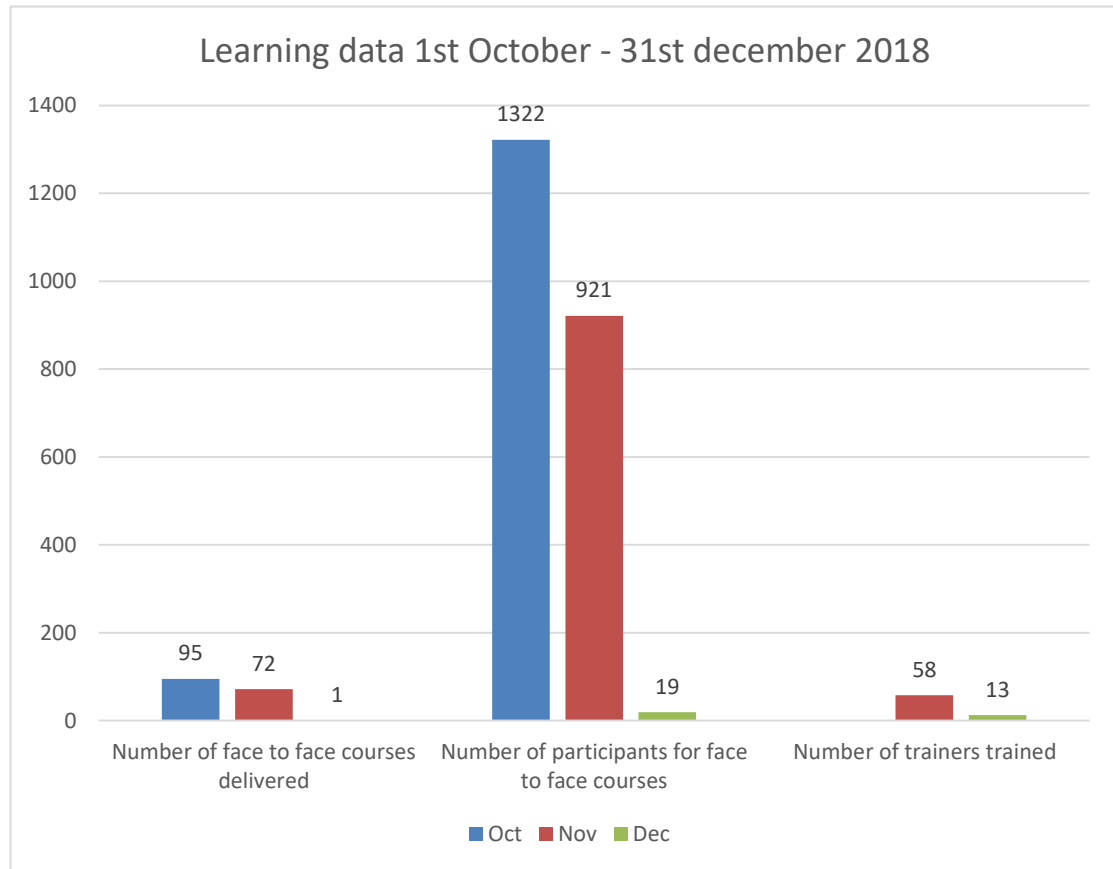
In going forward over the next twelve months, with the amount of change to come, we intend to keep pressing home a strong message for the need for staff to allocate no more than 75% of their time to outputs on the CPT to give them flexibility to respond to in year asks on their time.
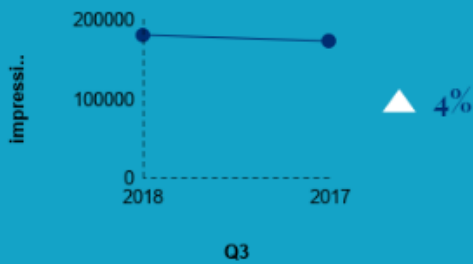
Core

Category	Value
Work not started yet	1
Vacancy reducing staffing capacity	6
Unplanned absence reducing staffing capacity	3
Non-reporting	25
No Issues	153
Incomplete Reporting	4
Health Scotland support team staff capacity	7
External suppliers not delievering	1
Dropped	15
Completed	11
Competing priorities reducing staffing capacity	11

Financial data

Core

	Budget	YTD Budget	Actual	Committed Spend
	£16,147,214.19	£13,443,347.62	£11,301,147.82	£12,278,842.54

Learning data

Learning data 1st October - 31st december 2018

	Number of face to face courses delivered	Number of participants for face to face courses	Number of trainers trained
Oct	95	1322	
Nov	72	921	58
Dec	1	19	13

Social media

Twitter evaluation Q3 2018-19

Impressions year on year

Our average no of impressions was 179,000 (less than previous Qs) but still up on this time last year by 4%. November was the best performing month.

At a glance

- October was our best performing month for engagement, helped by a huge no of **link clicks** to our **blog** (poverty and education) and the antibiotic resistance campaign toolkit.

- November was best for impressions because of our **news** around smokefree prisons, the new alcohol & drug treatment framework, our food poverty inequality briefing and evaluation of the healthcare retail standard which were **widely shared**.

- Our **impressions** continue to grow year on year as we attract new followers & our content is shared.

- Likes overtook media as our main engagement metric.

Analytics breakdown
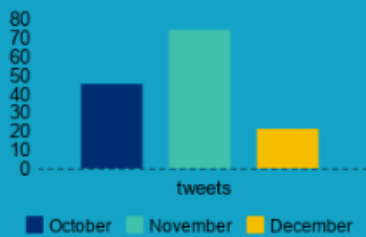
Our average no of tweets was 47 p/m.
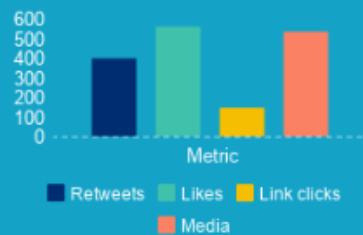Like last year, November was our busiest month.
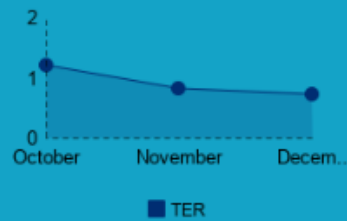
Our average engagement rate was 0.9% (below usual) and October performed best.

followers

Our average no of new followers was 335.
This is more than each of the last two quarters.

Most engagement came from followers liking our posts, followed by interest in our images/videos.
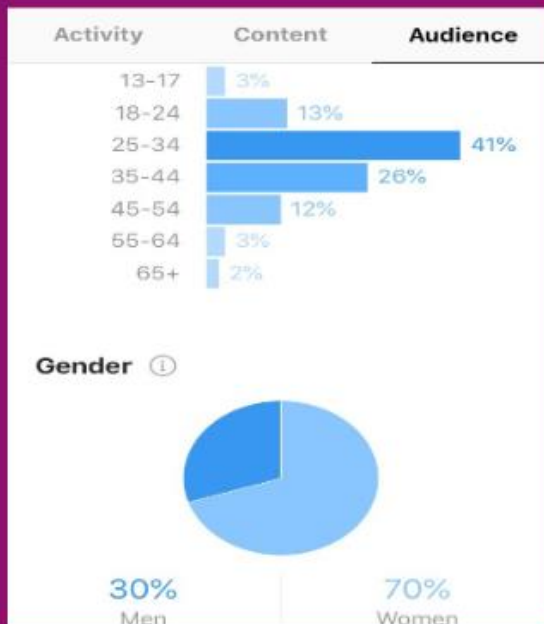
Instagram evaluation Q3 2018-19
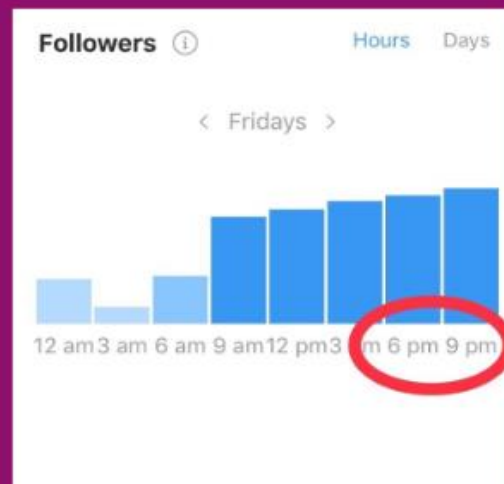
Content

At a glance

- Our followers are 70% female and mostly aged 25-44.

- They are mostly online on Thursdays and Fridays, peaking in the eve at 9pm.

- We averaged almost 3 grid posts a week.

- Our highlighted Stories were viewed 179 times on average and the drop-off rate was 40%.

- Our most popular posts were about campaigns (antibiotics, Flower and Movember), Christmas and the Holyrood ACEs article.

Audience

Activity	Content	Audience
13-17		3%
18-24		13%
25-34		41%
35-44		26%
45-54		12%
55-64		3%
65+		2%

Gender ⓘ

30% Men   70% Women

Activity

Followers ⓘ   Hours   Days

< Fridays >

12 am 3 am 6 am 9 am 12 pm 3 pm 6 pm 9 pm

Staff time data

Total number of contributing staff days in Core Services per month

530.9   548.3   413.1   474.0   467.2   501.3   424.7   369.7   362.5

| Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |

Proportion of all time spent in the organisation that was attributed to working on Core Services per quarter

19.6%
(1492.3 days)

19.5%
(1442.5 days)

16.6%
(1156.9 days)

18.6%
(4091.7 days)

27.0%
(7356.5 days)

| Cumulative Q1 | Cumulative Q2 | Cumulative Q3 | Cumulative YTD | Total planned 2018/19 |

Total number of contributing staff days in Corporate Outputs per month

687.9   828.8   762.5   641.4   619.8   798.3   843.0   907.4   608.8

| Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |

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

- Cumulative Q1: 30.0% (2279.2 days)
- Cumulative Q2: 27.5% (2059.5 days)
- Cumulative Q3: 28.8% (2359.2 days)
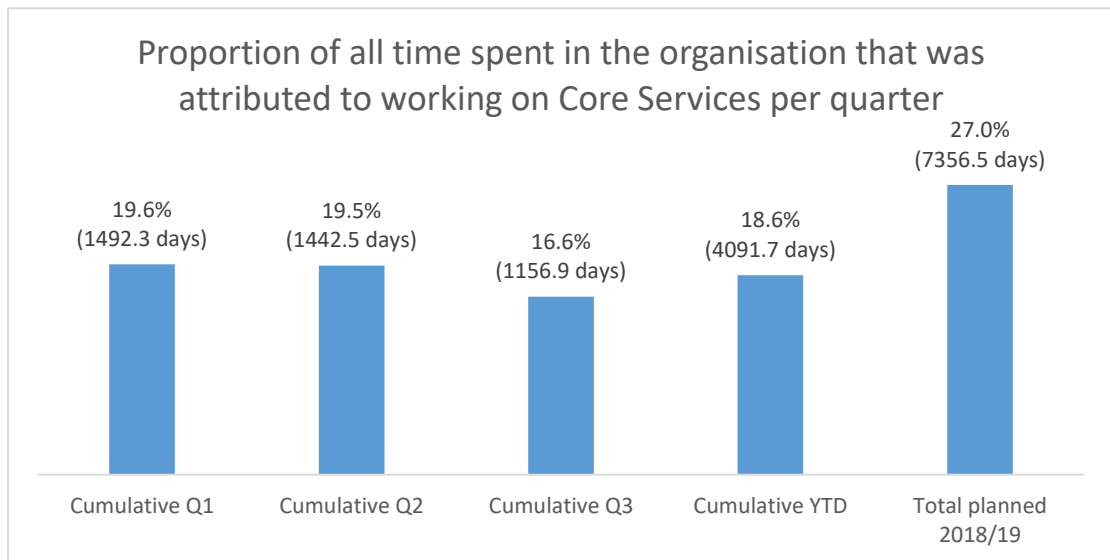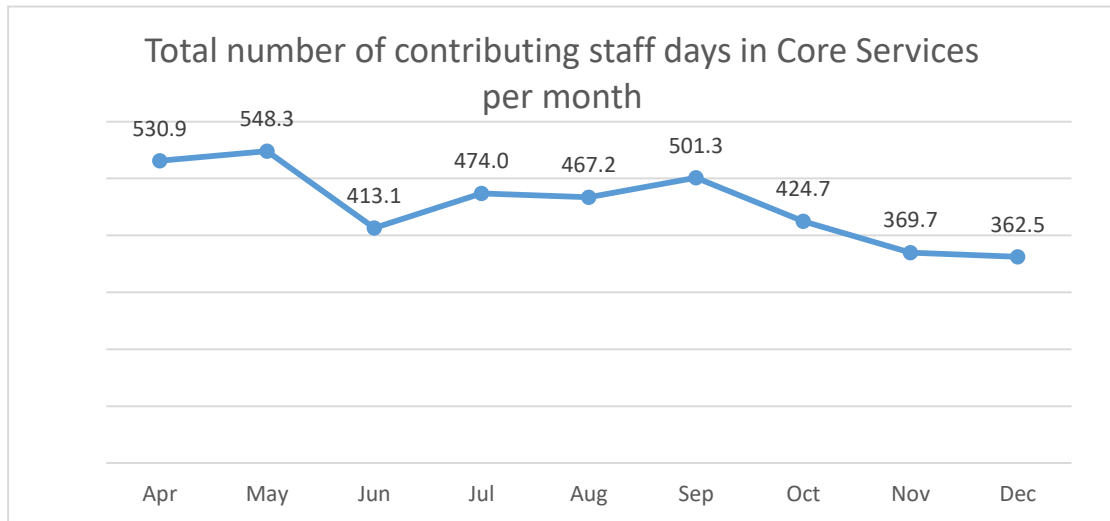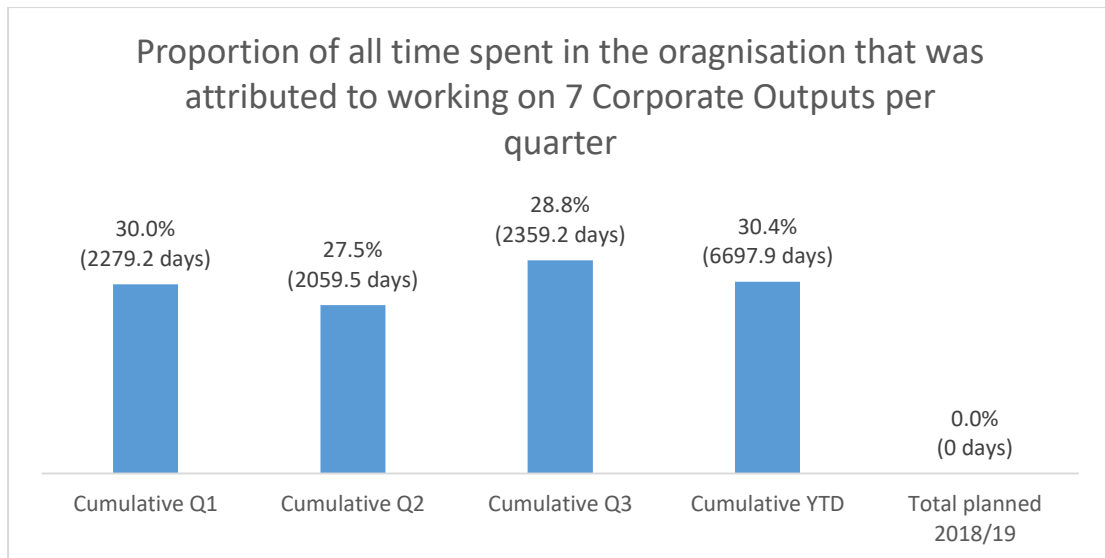- Cumulative YTD: 30.4% (6697.9 days)
- Total planned 2018/19: 0.0% (0 days)

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.

Update

The budget setting process for 18/19 took place in March 2018. The original budgets identified unallocated budgets and contingencies. Commissioners were tasked with identifying bids versus shortfalls in business / operating plan in June 2018.

The Corporate Management Team are reviewing unallocated budgets each week versus demands / operational issues.

Management accounts are produced each month and the finance team have been working with teams across the organisation to ensure we are on track.

Year-end Forecasts have been produced from June 2018 and are reviewed by Directors and Team Heads.

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 that we do not deliver all of our commitments for 2018/19.

Update

Commissioners review the business plan including deliverables each month. The Corporate Management Team and Change Oversight Group review demands across the organisation on an ongoing basis.

.Control measures are in place to mitigate risk wherever possible and updated where appropriate.

Measures

- Outstanding deliverables – traffic light system on strategic priorities. Any priorities showing Red are followed up as soon as possible and assessed in terms of remedial action. Any amber items are also reviewed to ensure still on course noting that in some cases this results in a later delivery than originally scheduled.

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 that there are gaps in accountability, resulting in reputational damage.

Update

The Board is scheduled to approve a range of corporate plans in March 2019, including the draft Delivery Plan 2019/20 and Financial plan 2019/20. However the Board will cease to exist in November 2019. An approach to planning for 2019/20 has been discussed with the Scottish Government and

agreed by the Corporate Management Team, and approved by the Board. The approach agreed is to plan for the whole financial year.

The approval of the 2019/20 annual accounts would normally take place in June 2020 when the Board will no longer exist. The Audit Committee has asked the external auditors to advise on the process for approving the 2019/20 annual accounts.

The Board Governance Transition Plan and new schedule of 2019 Board/Committee meetings was approved in September 2018. The Board Governance Transition Plan will continue to be monitored, updated and come back to February 2019 Board.

Measures

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

Update

There is strong commitment to iMatter, Turas, partnership working, governance structures, financial and performance reporting across both legacy bodies.

The strengths of both organisations are being captured in the work of the public health reform commissions, alongside those of others. In addition, the culture of the new organisation is being 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.

Update

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 delivery plan to encourage staff to provide some unallocated delivery time to help with delivery and unexpected demands. A paper focusing on the impacts of change and transition on the workforce will be taken to Partnership Forum.

Measures

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

Risk 18-6: Engaging LA 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.
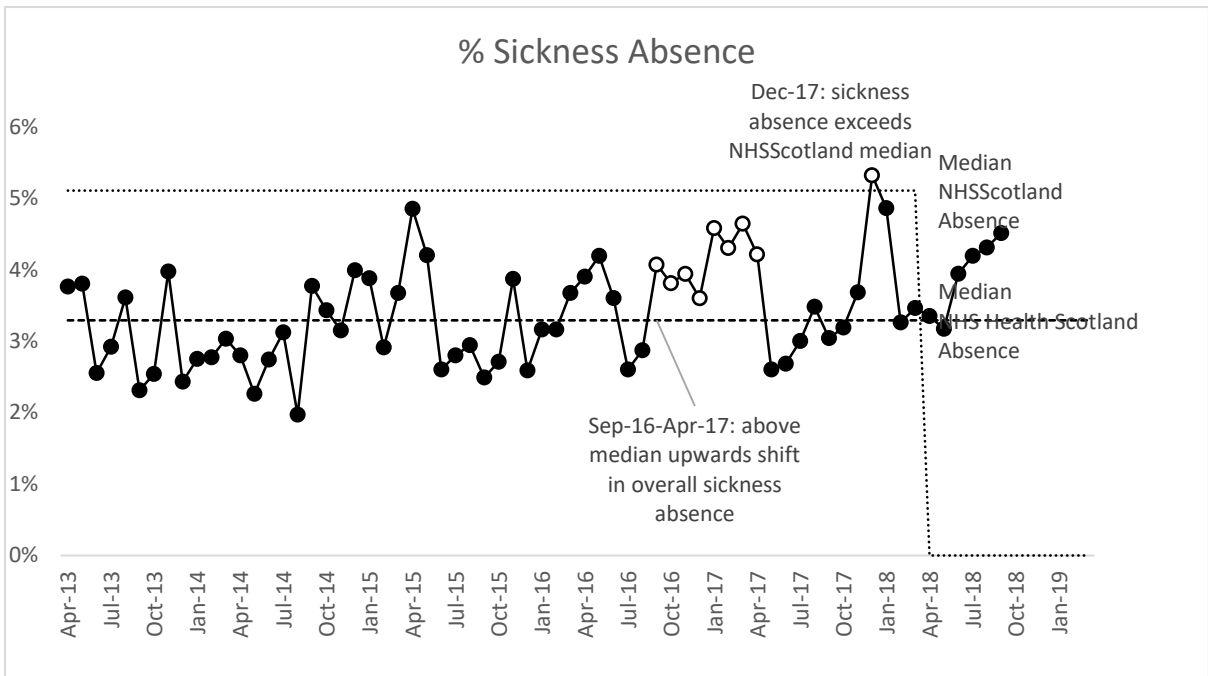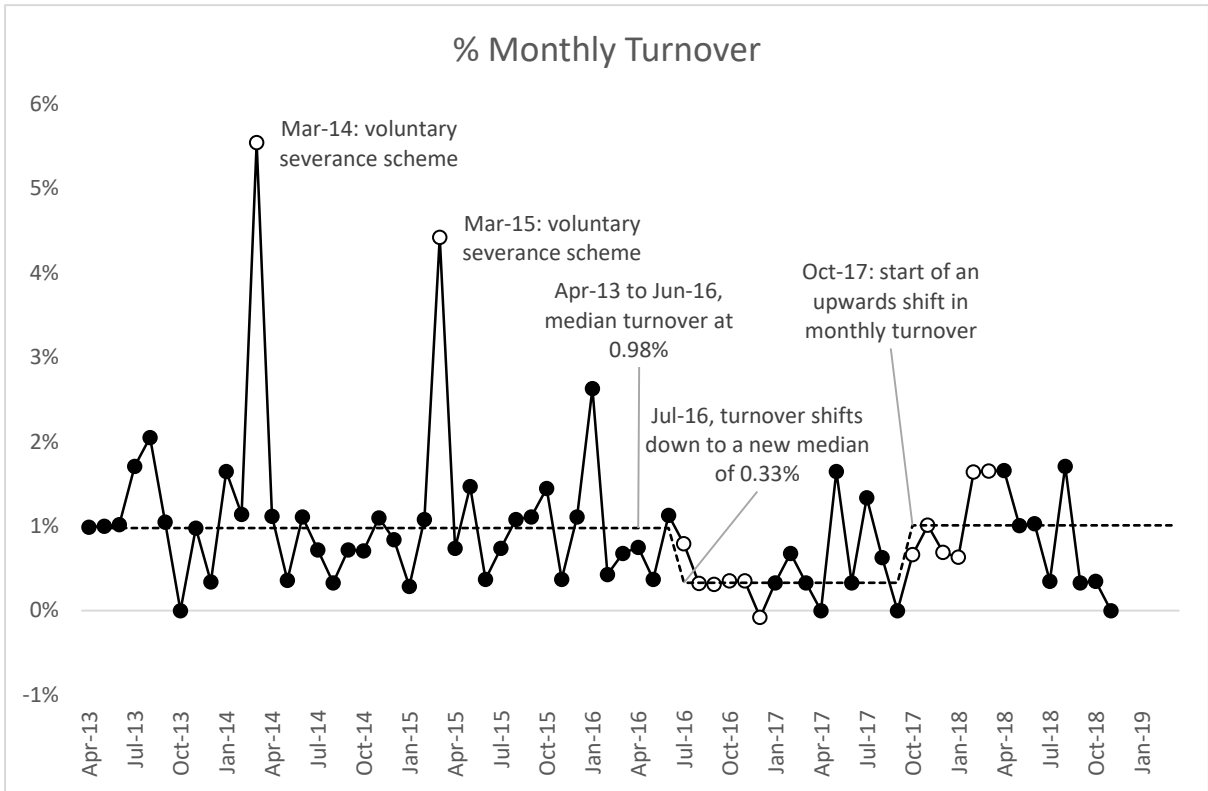
Update

The revised stakeholder engagement plan was approved by the Board, with content informed by the 2017 stakeholder survey. The strategy is being regularly reviewed, with updates provided to the Board. Stakeholder engagement is captured weekly at Directors meetings. Further development of the stakeholder plan will include targeted third sector and local authority engagement activities.

Measures

- Percentage of key stakeholders engaged monitored.

Part 5: Workforce Statistics

% Monthly Turnover

Mar-14: voluntary severance scheme

Mar-15: voluntary severance scheme

Apr-13 to Jun-16, median turnover at 0.98%

Oct-17: start of an upwards shift in monthly turnover

Jul-16, turnover shifts down to a new median of 0.33%

% Sickness Absence

Dec-17: sickness absence exceeds NHSScotland median

Median NHSScotland Absence

Median NHS Health Scotland Absence

Sep-16-Apr-17: above median upwards shift in overall sickness absence

Part 6: Finance Report

NHS Health Scotland's draft financial position for the nine month period ending 31 December 2018 is summarised below. It will be reported in detail to the Audit Committee at their 8 February meeting.

- The Board's 2018/19 revenue resource limit (RRL) as advised in the 20 December allocation letter from the Scottish Government was £20,089 which includes a baseline of £18,177k (£18,400 less smokeline of £135k, less £325k contribution re National Board savings, add pay award of £237k), non-recurring allocations of £1,912k.
- With regard to the RRL, at 31 December there was an underspend of £398k (2.8%) against the nine month phased budget of £14,317k.
- The £398k underspend against the phased budget consists of two elements; an overall underspend of £342k on staffing and an underspend of £56k on projects.
- Our vacancies are managed across the organisation using a vacancy factor of 5% which equates to an £663k saving against our full establishment cost of £13.264m which gave an operational staff budget of £12,601k for 18/19. This figure was increased by £54k at the March CMT (post budget 18/19) and £122k (April to June) in core salaries and £41k in non-core salaries. In August the principle of budgets being released from delayed posts re appointment (> 3 months) or where no back-fill on seconded posts was agreed meant a staff budget release of £170k from three senior posts to show a revised staff budget of £12,648k. Further staff budget increases were agreed at the July, August, September and October CMT with a further £71k, £36k, £31k and circa £50k being approved for 18/19 but these costs are being used to offset the underspend on the year end salaries forecast. Further staff budget increases were also approved in November and December but these appointments will have a lower impact on the year end salaries forecast.
- 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 share of the £15m National Boards target.
- The collaborative savings across the National Boards against the £15m target for 2018/19 amounted to £11.6m from individual plans. At meetings to 29 November the latest forecast was circa £10.6m. It should be noted that the non-patient facing boards due to the loss of the 1% uplift have already made £5.3m of recurring savings with the NHS Health Scotland uplift loss being £183k. The shortfall of £4.4m has still to be identified but the Scottish Government proposed to take the remaining balance pro-rata from the National Boards with the Health Scotland impact being £67k. Whilst this approach was acceptable to NHS Health Scotland other Boards (notably the patient facing Boards) objected so the proposal is on hold. The latest update is now £11.25m (which includes our further contribution of £67k) with a further £1m expected from uncommitted year end surpluses giving £12.25m for the year leaving a shortfall of £2.75m which the Scottish Government has agreed in principle to carry forward to 2019/20.

- NHS Health Scotland has taken the position that our contribution to date has been more than proportionate and therefore that we do not have plans to contribute to the shortfall carry forward into 2019/20.
- Our year-end forecast from unallocated budgets and anticipated staff savings gives us £212k which we will carry forward to 2019/20 in order to fund the cost of five specific posts in relation to Public Health Reform work. There remains some uncommitted budget which is expected to be used by Commissioners (£50k) and the Directors (£188k) over the remainder of this financial year.