

HS Paper 07/20

Board Meeting: 20th March 2020

Tying Up Our Business Report

NHS Health Scotland: Closing Performance Report March 2020

Recommendation/action required:

The Board is asked to approve the report as sufficient assurance that the performance of NHS Health Scotland during the business year to date has been satisfactory and that we are on track to complete the organisation's business on 31 March 2020.

The report draws mainly on data to 31 January 2020. The report will be kept in draft until final year end data can be collated and included. The Director of Strategy (acting as Interim Head of Strategy, Governance and Performance for Public Health Scotland from 1 April 2020) will take responsibility for final edits and update of figures. In the event of any substantive changes highlighted prior to 31 March 2020, the Board Chair will be asked to sign off the revisions to the report on behalf of the Board.

Author:

Robert Ross,
Planning and Outcomes Officer

Sponsoring Director:

Cath Denholm
Director of Strategy

Elsbeth Molony,
Organisational Lead for
Policy and Outcomes

March 2020

Tying Up Our Business NHS Health Scotland: Closing Performance Report March 2020

Contents

Part 1: Overview of Quarter 3 and Year to Date	3
Part 2: Strategic Priority Update.....	4
Strategic Priority 1: Fairer and Healthier Policy	5
Strategic Priority 2: Children, Young People and Families	24
Strategic Priority 3: A Fair and Inclusive Economy	37
Strategic Priority 4: Healthy and Sustainable Places	53
Strategic Priority 5: Transforming Public Services.....	65
Strategic Change Priority: Making a Successful Transition	82
Part 3: Core Services Update	92
Part 4: Corporate Risk Register Report	105
Part 5: Workforce Statistics.....	109
Part 6: Finance Report.....	115
Part 7: Health and Sustainability Update	126
Part 8: Complaints, Feedback, Comments and Concerns	130
Part 9: Equality and Diversity	132

Part 1: Overview of Quarter 3 and Year to Date

This report combines the quarter three performance report with corporate performance data up to the end of January 2020 and forecasting to the end of quarter four. It will serve as the final NHS Health Scotland (HS) performance report and therefore “tie up our business” as a health board ahead of the national remit for health improvement transferring to Public Health Scotland (PHS) on 1 April 2020.

We have continued to deliver impactful work throughout this period of change and transition. Completion of the 2019/20 NHS Health Scotland Delivery Plan is largely on track with the majority of work planned for completion on track for delivery. In some cases the work has not been completed as planned and the work will feature in the PHS Annual Operational Plan (AOP) for 2020/21. Examples include certain elements of the Scottish Burden of Disease Study, the evaluability assessment of the Scottish Government’s Tobacco Control Action Plan and providing evidence to support the development of a national preconception care action plan.

Three highlights of particular note in what follows are:

- The UK Parliament Scottish Affairs Committee published the [report](#) of their inquiry into problem drug use in Scotland, which made reference to the written evidence we submitted jointly with Health Protection Scotland (HPS) and Information Services Division (ISD) and also the oral evidence we provided at Westminster. Committee Chair Pete Wishart MP publicly [thanked](#) HS, HPS and ISD for the evidence and support we jointly provided to the inquiry.
- ScotPHN and the Poverty and Inequality Commission jointly hosted an Inequalities Summit to bring together leaders from across Scotland to discuss ways in which the public health system can tackle poverty and health inequalities. Joe FitzPatrick MSP, Minister for Public Health, Sport and Wellbeing opened the summit and Professor Sir Michael Marmot shared his knowledge, skills and learning on what can be done to reduce health inequalities in Scotland.

- We continued to produce high quality, actionable evidence and to engage widely with our stakeholders. For example we published the [Evaluation of the Cost of the School Day programme](#), which found that the initiative, developed by the Child Poverty Action Group in Scotland, had been effective in removing cost barriers to participation in school.

Overall, it can be seen in the detailed report that follows that HS has continued to deliver on the commitments set out in our Delivery Plan whilst also undertaking all the necessary work to ensure a smooth transition to PHS. The latter includes the development of a joint planning process with Health Protection Scotland (HPS) and Information Services Division (ISD) colleagues, which has culminated in a draft Annual Operational Plan for PHS from 1 April 2020. The legacy of HS can be seen in the theme of fairer healthier Scotland appearing across several of the 11 strategic areas set out in that plan. The three areas of focus of the [Building our Future](#) legacy report – alcohol, place and early years – have a strong presence in the work of the new organisation, as do other key areas such as drug-related deaths, mental health and obesity.

The additional corporate performance sections in this report also pay tribute to HS continuing to function as a well-performing organisation that has continued to meet all of our corporate compliance and regulatory functions well and has achieved strong people results that have maintained excellent performance against the Staff Governance Standards including through this significant period of change and upheaval.

Part 2: Strategic Priority Update

Strategic Priority 1: Fairer and Healthier Policy

Highlights from Quarter 3 and Year to Date

- We [published](#) the second study of the Alcohol Minimum Unit Price evaluation portfolio, an initial assessment of the economic impacts of MUP on the alcoholic drinks industry in Scotland, which received extensive coverage (see [BBC](#), [The Scotsman](#), [Sunday Post](#), [The National](#), [The Guardian](#), watch [here](#)).
- The UK Parliament Scottish Affairs Committee published the [report](#) of their inquiry into problem drug use in Scotland, which made reference to the written and oral evidence we provided earlier in the year. We [welcomed](#) the Committee's call for the UK Government to adopt a public health approach to drugs policy, review the impact of welfare sanctions, and support whole-system change to address the root causes of problem drug use. Committee chair Pete Wishart MP publicly [thanked](#) HS and PHI for the evidence and support jointly provided to the inquiry.
- We continued targeted work around disseminating the stalled mortality work, including at the Poverty and health inequalities summit with Sir Michael Marmot, to Scottish Directors of Public Health (SDsPH), a keynote speech at the Scottish Faculty of Public Health Conference, and at a series of five nations public health groups. We continue to take every available opportunity to disseminate the key messages and the call to action.

Looking forward: projections for the remainder of Quarter 4

- Most of the work of SP1 is reflected in the Public Health Scotland (PHS) Annual Operating Plan split across a number of the eleven Strategic Areas of the new body. As PHS develops its strategy, we can expect this work to evolve in the longer term.

- The key things we will deliver in the last quarter of HS include more publicity around the stalled mortality work, publication of our evaluation framework for the Rights, Respect and Recovery Strategy, oral evidence on Minimum Unit Price to the Alcohol Health Alliance UK commission on Alcohol harm, a key note speech on drugs at Holyrood Communications policy briefing event and a presentation at the Westminster Summit on Drugs Deaths.
- There will be a continued and sustained focus on our visibility around these key issues right up to the close of HS.

Performance Information: Quarter 3

Delivery Commitment

1.2.1: Implement the evaluation plan for Minimum Unit Pricing (MUP), including managing and reporting on the component studies, co-ordinating with other relevant studies and communicating and engaging with stakeholders and the public

Performance Indicator

We have published and actively disseminated to key stakeholders the report from the children and young people's responses to MUP study

Yes/No/Partly

Partly

Comment

The report was ready to be published in November, however it had to be deferred due to the pre-election period and was instead [published in January](#).

Delivery commitment

1.2.1: Implement the evaluation plan for Minimum Unit Pricing (MUP), including managing and reporting on the component studies, co-ordinating with other relevant studies and communicating and engaging with stakeholders and the public

Performance indicator

We have published and actively disseminated to key stakeholders the report from the impact of MUP on children and young people's experience of harm from others study

Yes/No/Partly

No

Comment

This study is not complete having been delayed due to competing demands. It is now due to be published in Q1.

Delivery commitment

1.2.4: Provide expertise and advice to inform drug policy and practice working with key stakeholders including SG, Alcohol and Drug Partnerships and national advisory groups

Performance indicator

We have contributed an evidence review to support delivery of the Rights, Respect and Recovery (RRR) strategy

Yes/No/Partly

Yes

Comment

The evidence review was completed and will inform the standards being developed for treatment and is reporting to the Drug Death Taskforce.

Delivery commitment

1.2.5: Through cross-organisation action, strategically work with national stakeholders including SG to promote a public mental health strategic approach to national and local policies and strategies that address the fundamental causes of inequalities in mental health

Performance indicator

We have developed a Public Mental Health (PMH) Vision and Strategy/Action Plan in collaboration with national and local stakeholders

Yes/No/Partly

No

Comment

The scope of this work changed due to the creation of PHS. Instead we have been working closely with PHI colleagues to make a start on a strategic approach to PMH for PHS.

Delivery commitment

1.3.1: Sustain the cross-cutting work of the public health collaborations we manage in order to deliver an agreed range of effective, efficient and sustainable public health actions on a 'Once for Scotland' basis and explore their role in PHS

Performance indicator

We have contributed expertise to the Glasgow Centre for Population Health project on mortality trends in a range of British cities

Yes/No/Partly

Yes

Comment

We have drafted a paper describing the trends in mortality across UK cities, and in inequalities in mortality across UK cities. This has been presented to SDsPH and will be further disseminated in due course.

Delivery commitment

1.4.3: Support NHSScotland implementation of the National Strategy on Violence against Women and Girls, establishing a multi-sectoral approach to strengthen and improve the health sector response to Gender Based Violence (GBV)

Performance indicator

We have established and coordinated a practitioners' network on GBV and health to support frontline implementation of Equally Safe

Yes/No/Partly

Yes

Comment

We have established a network for engaging with staff to assist in dissemination and implementation of Equally Safe.

Delivery commitment

1.4.3: Support NHSScotland implementation of the National Strategy on Violence against Women and Girls, establishing a multi-sectoral approach to strengthen and improve the health sector response to Gender Based Violence (GBV)

Performance indicator

We have published the evaluation of the Health Visiting implementation of routine enquiry and risk assessment of domestic abuse, and engaged with SG and the University of Edinburgh to support its inclusion in the wider national evaluation of the Universal Health Visiting Pathway

Yes/No/Partly

No

Comment

There was a slight delay in completing the fieldwork for this report which means this was not completed in Q3, but the report and subsequent actions will be completed in Q4. The final draft of the evaluation report is now out for comment.

Delivery commitment

1.4.9: Deliver identified actions within the SG Active Scotland Delivery Plan and influence the development and implementation of further relevant actions that are delivered through national partner agencies

Performance indicator

We have developed the core components of a national quality assurance framework for Exercise Referral in Scotland

Yes/No/Partly**Comment**

No

Comment

We have engaged with relevant stakeholders through the Physical Activity Referral Development Group to identify and coproduce the core components. The work will complete in Q4.

Delivery commitment

1.4.11: Work with national and local stakeholders to challenge mental health inequalities, stigma and discrimination, and support mental health and suicide prevention practitioners across all sectors

Performance indicator

We have contributed to the public awareness action in the Suicide Prevention Action Plan

Yes/No/Partly

Yes

Comment

Together with SAMH, we are the co-leads for the delivery of resources to support public awareness of suicide prevention.

Performance Information: Projections for Quarter 4

Delivery commitment

1.1.1: Progress the Scottish Burden of Disease study, including local use, identifying the burden of risk factors, projecting burden (and the workforce implications and costs) and exploring the highest impact preventative actions.

Performance indicator

We have published projections of disease burden to 2030, the burden attributed to a range of risk factors, and the impact of a range of scenarios, and have promoted these findings widely but with a particular focus on SG

Yes/No/Partly

No

Comment

This will not be achieved by the end of Q4 due to staffing issues. Work is ongoing and features in the PHS AOP.

Delivery commitment

1.1.1: Progress the Scottish Burden of Disease study, including local use, identifying the burden of risk factors, projecting burden (and the workforce implications and costs) and exploring the highest impact preventative actions.

Performance indicator

We have worked with NHS Education for Scotland (NES) and SG to pilot incorporating demand (using Scottish Burden of Disease and related metrics) into HSC workforce planning, including a focus on proportionate allocation

Yes/No/Partly

No

Comment

This will not be achieved by the end of Q4. Work is ongoing and features in the PHS AOP. We see this work as very relevant to future NHS planning.

Delivery commitment

1.1.1: Progress the Scottish Burden of Disease study, including local use, identifying the burden of risk factors, projecting burden and exploring the highest impact preventative actions.

Performance indicator

We have offered all NHS Boards bespoke support in using Scottish Burden of Disease in their strategic planning - to prioritise actions and support local workforce planning

Yes/No/Partly

Yes

Comment

We have offered support to all SDsPH and LIST analysts. Uptake was variable but we continue to work towards increasing our local impact.

Delivery commitment

1.1.2: Quantify the impact of interventions on health and health inequalities by developing and disseminating Triple I tool across a range of national and LA areas.

Performance indicator

We have disseminated the Triple I outputs to a wide range of stakeholders and collated feedback to inform future use of modelling approaches in Scotland

Yes/No/Partly

Yes

Comment

The Triple I outputs have been used to engage a wide range of stakeholders, including a workshop and a journal article.

Delivery commitment

1.1.4: Work with the National Records of Scotland (NRS) and relevant UK bodies to investigate recent patterns in life expectancy trends in Scotland so as to better understand the degree and determinants of such patterns, and make appropriate recommendations for action.

Performance indicator

We have investigated and reported on how recent adverse mortality trends in Scotland vary by socioeconomic deprivation, and to what extent any observed socioeconomic differences are driving the overall mortality trend

Yes/No/Partly

Yes

Comment

A peer-reviewed paper was published last year, and additional analyses related to this aim have been produced in collaboration with NHS Fife.

Delivery commitment

1.1.4: Work with the National Records of Scotland (NRS) and relevant UK bodies to investigate recent patterns in life expectancy trends in Scotland so as to better understand the degree and determinants of such patterns, and make appropriate recommendations for action.

Performance indicator

We have investigated and reported on the role played by health and social care pressures in explaining stalling life expectancy in the UK

Yes/No/Partly

Yes

Comment

This is likely to be achieved. The majority of analyses have been completed but protocol has not been accepted for peer review, which may delay matters.

Delivery commitment

1.2.5: Through cross-organisation action, strategically work with national stakeholders including SG to promote a public mental health strategic approach to national and local policies and strategies that address the fundamental causes of inequalities in mental health.

Performance indicator

We have scoped and evaluated a Mental Health in All Policies action plan for Scotland, initiating the approach within Health Scotland and ISD

Yes/No/Partly

Yes

Comment

We have scoped a Mental Health in All Policies approach. A recommendations paper was submitted to senior management and our recommendations were supported.

Delivery commitment

1.2.6: Through ScotPHN, provide specific support across the public health community in support of PHR and the implementation of the PHPs

Performance indicator

We have helped the SDsPH, in conjunction with other national leadership groups, deliver position statements for each of the PHPs

Yes/No/Partly

Yes

Comment

The SDsPH will have developed a Delivery Plan for each of the PHPs and moved in to the implementation stage.

Delivery commitment

1.3.1: Sustain the cross-cutting work of the public health collaborations we manage in order to deliver an agreed range of effective, efficient and sustainable public health actions on a 'Once for Scotland' basis and explore their role in PHS.

Performance indicator

We have delivered key outputs from our collaborative networks

Yes/No/Partly

Yes

Comment

Examples from ScotPHN include an event on primary prevention of injury, a needs assessment of healthy ageing, reports on loneliness and social isolation.

Delivery commitment

1.4.1: Provide expertise and guidance on policy (development, monitoring and evaluation) and effective interventions to tackle inequalities in diet and obesity, including improving access to healthier food choices for key populations groups across a range of priority settings.

Performance indicator

We have collaborated with key stakeholders in the development of the evaluability assessment report for the national diet and healthy weight delivery plan

Yes/No/Partly

Yes

Comment

We have conducted three evaluability assessment workshops, which will inform the work to develop a monitoring and evaluation programme for PHP6.

Delivery commitment

1.4.1: Provide expertise and guidance on policy (development, monitoring and evaluation) and effective interventions to tackle inequalities in diet and obesity, including improving access to healthier food choices for key populations groups across a range of priority settings.

Performance indicator

We have collaborated with key stakeholders in the development of the evaluability assessment report for legislation to restrict the promotions of discretionary food and drink

Yes/No/Partly

Yes

Comment

We held two evaluability assessment workshops with key stakeholders and agreed a theory of change and evaluation questions.

Delivery commitment

1.4.1: Provide expertise and guidance on policy (development, monitoring and evaluation) and effective interventions to tackle inequalities in diet and obesity, including improving access to healthier food choices for key populations groups across a range of priority settings.

Performance indicator

We have engaged with public health stakeholders in obesity, alcohol and tobacco and agreed the final text on an evidence review on industry response to restrictions on marketing

Yes/No/Partly

Yes

Comment

This includes the study into public health stakeholder's experiences of developing and implementing restrictions in marketing with the MRC, and a rapid review of evidence from other healthy commodities on responses to restrictions.

Delivery commitment

1.4.6: Support implementation of the refreshed tobacco control strategy, including improving access to Quit Your Way support in prisons, and maintenance of print and e-learning products.

Performance indicator

We have published an evaluability assessment of the SG's Tobacco Control Action Plan

Yes/No/Partly

No

Comment

We will not achieve this by the end of Q4. This work has not been able to start due to vacancies in the evaluation team. It will feature in the PHS AOP.

Delivery commitment

1.4.6: Support implementation of the refreshed tobacco control strategy, including improving access to Quit Your Way support in prisons, and maintenance of print and e-learning products.

Performance indicator

We have published new guidance for practitioners in relation to quitting vaping

Yes/No/Partly

Yes

Comment

We [published guidance](#) for practitioners working in prisons to support individuals to cut down or quit vaping.

Delivery commitment

1.4.6: Support implementation of the refreshed tobacco control strategy, including improving access to Quit Your Way support in prisons, and maintenance of print and e-learning products.

Performance indicator

We have published implementation guidance in relation to smoke-free hospital grounds

Yes/No/Partly

No

Comment

This guidance has not been started due to delays in the introduction of the related legislation.

Delivery commitment

1.4.9: Deliver identified actions within the SG Active Scotland Delivery Plan and influence the development and implementation of further relevant actions that are delivered through national partner agencies in a manner that will take account of health inequalities.

Performance indicator

We have worked with NHS Education Scotland to develop a physical activity knowledge, skills and competency framework

Yes/No/Partly

Yes

Comment

This will be achieved by the end of Q4, for publication in 2020/21 as part of the Physical Activity Referral Standards.

Delivery commitment

1.4.9: Deliver identified actions within the SG Active Scotland Delivery Plan and influence the development and implementation of further relevant actions that are delivered through national partner agencies in a manner that will take account of health inequalities.

Performance indicator

We have developed and tested aspects of the infrastructure required to support local Health Boards in delivery of the National Physical Activity Pathway

Yes/No/Partly

Yes

Comment

We have convened a SIG that will enhance delivery and integration of the National Physical Activity Pathway.

Delivery commitment

1.4.10: Agree and deliver a programme of work to support the implementation and monitoring of Scotland's Alcohol Framework 2018: Preventing Harm.

Performance indicator

We have agreed with the SG a project plan for the review of Alcohol Brief Interventions

Yes/No/Partly

Yes

Comment

A PID and linked project plan have been agreed with the SG alcohol policy team, with further engagement planned.

Delivery commitment

1.4.10: Agree and deliver a programme of work to support the implementation and monitoring of Scotland's Alcohol Framework 2018: Preventing Harm.

Performance indicator

Our research has been referenced in the media, in key policies and publications

Yes/No/Partly

Yes

Comment

[The annual MESAS Monitoring report](#), received widespread print, broadcast and social media coverage. The report has been cited in the BMJ and the Lancet.

Delivery commitment

1.4.11 Work with national and local stakeholders to challenge mental health inequalities, stigma and discrimination, and support mental health and suicide prevention practitioners across all sectors through the provision of evidence and user-informed interventions around prevention and early intervention.

Performance indicator

We have engaged with young people to develop system-wide responses to support their mental health and wellbeing

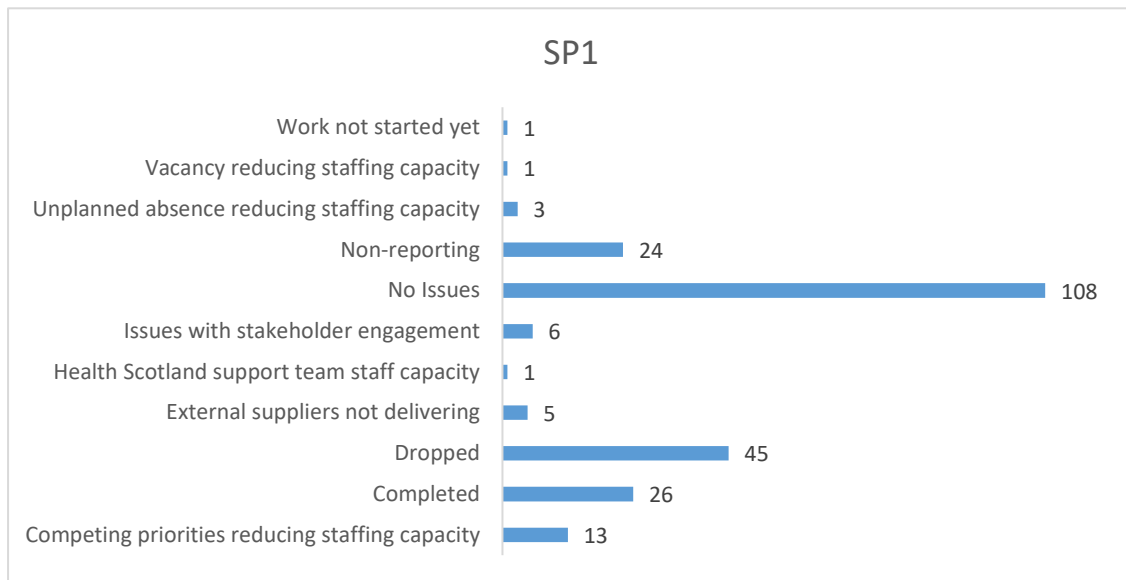
Yes/No/Partly

Partly

Comment

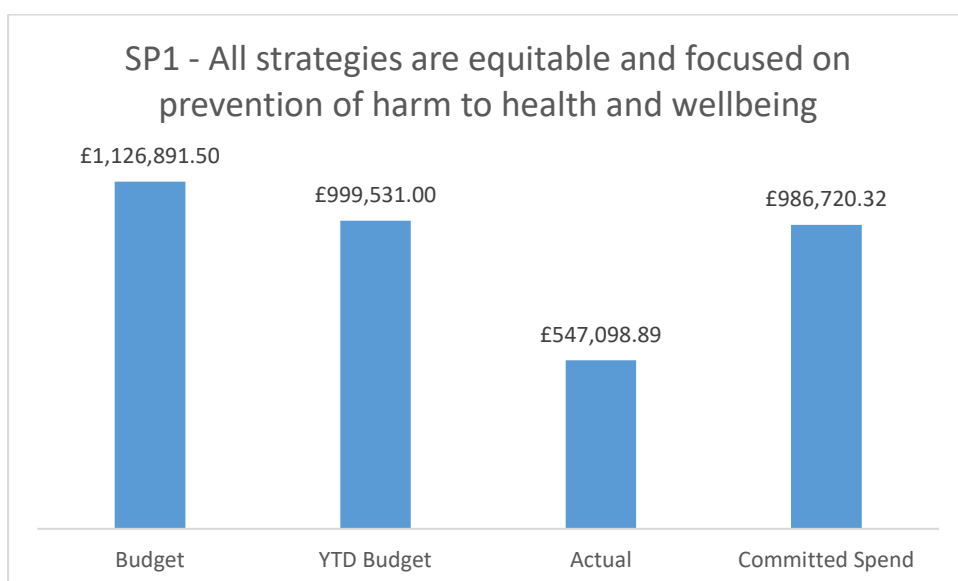
This has been partly achieved in relation to engaging with young people on development of animations that will support a better response from mental health services. We do not expect to achieve this in relation to a whole system wide response.

Issues affecting delivery in Quarter 3

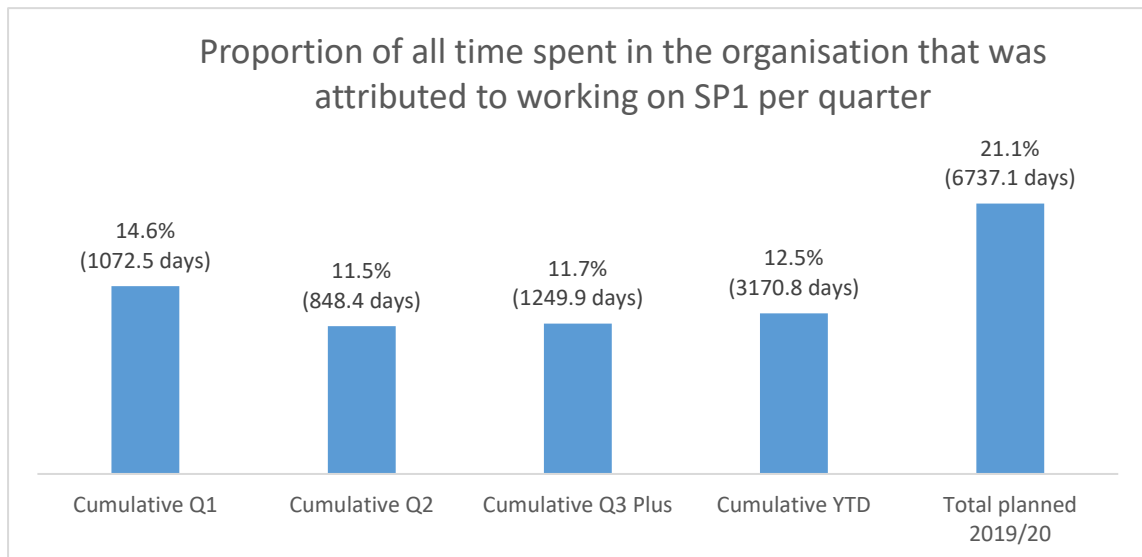
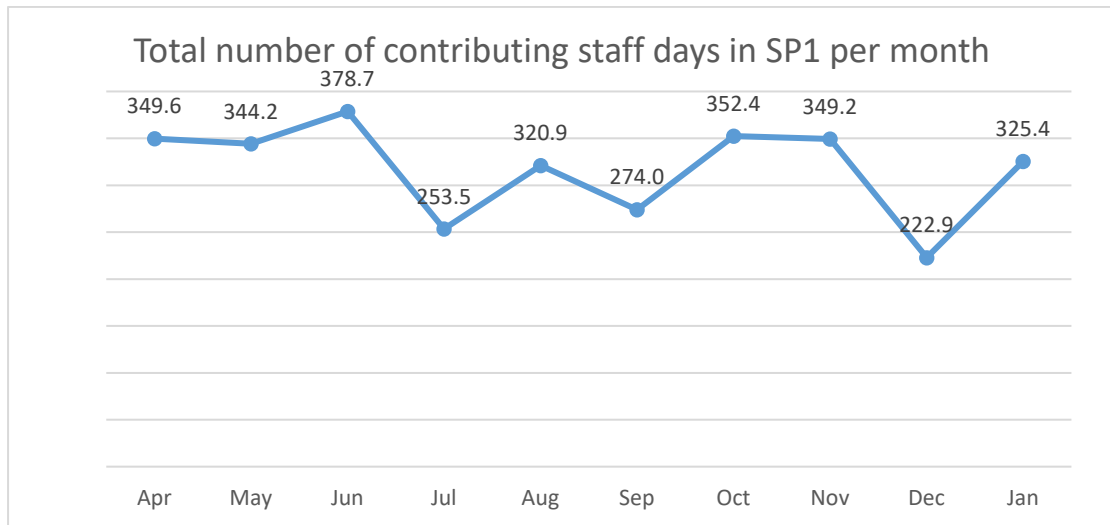


Most work has continued as planned and is on track to delivery. A number of outputs were dropped during the period as a direct result of the commissioning group re-prioritising other work. This is particularly the case for publishing and web work, where this team have increasingly been focussing on the setting up of PHS. Some work was also been dropped due to competing pressures, changes in direction from stakeholders or external delays.

Financial data



Staff time data



Strategic Priority 2: Children, Young People and Families

Highlights from Quarter 3 and Year to Date

- We have now established a joint Child Data Hub with ISD and SG and have agreed to work together on analysis and reporting of Ages and Stages Questionnaire (ASQ) scores in pre-school children as a start. This will contribute to better understanding of the impact of inequalities for children using Early Learning and Childcare services
- We collaborated with the Department of Work and Pensions in Scotland to establish training on childhood adversity for frontline staff and with the Scottish Federation of Housing Associations on an awareness raising project for their staff to learn more about childhood adversity and the role of housing in prevention and mitigation of childhood adversity.
- We reviewed the first year's child poverty action reports from council areas across Scotland (31 out of 32 were submitted) with our national collaborative group which includes the Improvement Service, Glasgow Caledonian University, the Child Poverty Action Group, Poverty Alliance, COSLA and SG. With reference to the recommendations from analysis of the same reports by the Poverty and Inequalities Commission we have developed our second joint work plan for supporting local partnerships.
- We published the [evaluation](#) of Cost of the School Day, which we carried out in partnership with the SG, Dundee City Council and the Glasgow Centre for Population Health. The evaluation found that the programme has changed practice and policy in schools and in LAs to improve educational experience for all children and has increased understanding among school staff of the link between affordable school costs, equity in attainment and better health and wellbeing.

Looking forward: projections for the remainder of Quarter 4

- We will work closely with WHO Europe to complete the drafting of the WHO Child and Adolescent Health Strategy for Europe and support consultation and revision of this before the Regional Committee meeting in Israel in 2020.
- We will publish two briefings on the impact of poverty on the health of vulnerable groups.
- We will publish a joint report with Public Health Wales highlighting the ways in which individuals from a range of sectors have used knowledge on childhood adversity to inform their work.

Performance Information: Quarter 3

Delivery commitment

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.

Performance indicator

We have engaged partners in ISD, SG and academia to scope the possibility of developing a Child Public Health Data Hub

Yes/No/Partly

Yes

Comment

We have successfully engaged with stakeholders and there is an opportunity for PHS to play a key role in coordinating a Hub.

Delivery commitment

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.

Performance indicator

We have led work on behalf of SG to provide LAs with questionnaires for the new School Health & Wellbeing Census

Yes/No/Partly

Yes

Comment

Our work has included planning for the next Census.

Delivery commitment

2.1.2: Provide expert input to the development of strategies to improve health and reducing inequalities for children, young people and families.

Performance indicator

We have provided evidence to SG to support the development of a national preconception care action plan

Yes/No/Partly

No

Comment

This was not achieved in Q3. It will feature in the PHS AOP.

Delivery commitment

2.4.1: Provide a package of support to local child poverty leads in Health Boards and LAs to strengthen local action on child poverty under the Child Poverty (Scotland) Act 2017.

Performance indicator

We have published the evaluation of Cost of the School Day

Yes/No/Partly

No

Comment

As a result of the pre-election quiet period ahead of the general election, [the publication of the report](#) was delayed to Q4.

Delivery commitment

2.4.1: Provide a package of support to local child poverty leads in Health Boards and LAs to strengthen local action on child poverty under the Child Poverty (Scotland) Act 2017.

Performance indicator

There is evidence that local partnerships have used our sample outcomes child poverty planning tool in the development of local child poverty action reports

Yes/No/Partly**Yes****Comment**

Around a quarter of local partnerships used the sample outcomes planning tool.

Delivery commitment

2.5.1: Provide expert evidence and support to the development of an inter-sectoral approach to addressing health and attainment inequality in school-aged children.

Performance indicator

We have engaged with SG, PHR colleagues, and Education Scotland to scope collaborative work on a whole system approach to the health and wellbeing of children and young people

Yes/No/Partly**No****Comment**

Competing priorities and limited opportunities to work with partners have restricted this work.

Delivery commitment

2.7.1: Provide the WHO with up to date evidence and technical support for Child and Adolescent health strategy development and implementation.

Performance indicator

We have agreed terms of our next WHO Collaborating Centre Agreement

Yes/No/Partly

Yes

Comment

We have agreed the terms of the renewed WHO Collaborating Centre agreement (October 2019 - October 2023).

Performance Information: Projections for Quarter 4

Delivery commitment

2.1.1: Provide expert input to the collection of health and wellbeing data on pre-school and school-aged children, to ensure that partners have the most relevant information to inform action.

Performance indicator

We have worked with a range of partners to maximise the potential for effective action to be taken in response to findings from the school census, and other emerging data and evidence

Yes/No/Partly

Yes

Comment

This will be achieved, particularly through the SHINE Advisory Board, and the Census LA Implementation Group.

Delivery commitment

2.1.2: Provide expert input to the development and implementation of strategies and action plans aimed at improving health and reducing inequalities in early years.

Performance indicator

We have contributed to the Children and Young People Mental Health Task Force

Yes/No/Partly

Yes

Comment

We are contributing through the SDsPH.

Delivery commitment

2.1.2: Provide expert input to the development and implementation of strategies and action plans aimed at improving health and reducing inequalities in early years.

Performance indicator

Our research and evidence has influenced policy and strengthened prevention and early intervention to address health inequalities

Yes/No/Partly

Yes

Comment

This includes work on the Preconception Framework, an evidence review, an HIIA and a Children’s Rights Assessment.

Delivery commitment

2.1.3: Support, and provide evidence for, the implementation of the evaluation framework for the expansion of Early Learning and Childcare.

Performance indicator

We have contributed to the baseline evaluation of the expansion of Early Learning and Childcare

Yes/No/Partly

Yes

Comment

We are making a significant contribution through evidence and evaluation support.

Delivery commitment

2.2.1: Implement agreed priorities for action on adversity in childhood in collaboration with SG policy leads and the Scottish Childhood Adversity Hub.

Performance indicator

We have collaborated with local partnerships to inform policy, planning and community responses to prevent childhood adversity

Yes/No/Partly

Yes

Comment

We have collaborated with a wide range of partners and will publish a report.

Delivery commitment

2.2.1: Implement agreed priorities for action on adversity in childhood in collaboration with SG policy leads and the Scottish Childhood Adversity Hub.

Performance indicator

There is evidence that the Scottish ACEs Hub is providing national leadership for action on childhood adversity

Yes/No/Partly

Yes

Comment

This includes an ACEs and Poverty seminar, [the ACEs in Context publication](#), and our forthcoming report, Ending Childhood Adversity (due in Q4).

Delivery commitment

2.4.1: Provide a package of support to local child poverty leads in Health Boards and LAs to strengthen local action on child poverty under the Child Poverty (Scotland) Act 2017.

Performance indicator

We have published a suite of evidence briefings on child poverty

Yes/No/Partly

Partly

Comment

Competing demands on staff time has delayed completion of the suite. We have [published one briefing on larger families](#). The second and third in the suite will be published in Q1 of 2020/21.

Delivery commitment

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

Performance indicator

We have published evidence briefings on key topics relating to health and wellbeing in education and engaged with key stakeholders on the findings

Yes/No/Partly

Yes

Comment

Two evidence briefings will be published in Q4: Supporting teachers' mental health and wellbeing, and supporting children's mental health and wellbeing at transition from primary to secondary school.

Delivery commitment

2.7.1: Provide the World Health Organization with up to date evidence and technical support for Child and Adolescent health strategy development and implementation.

Performance indicator

We have completed situational analysis of Child and Adolescent Health in the European Region to inform the priorities of new WHO Child and Adolescent Health Strategy for Europe (2021-2030)

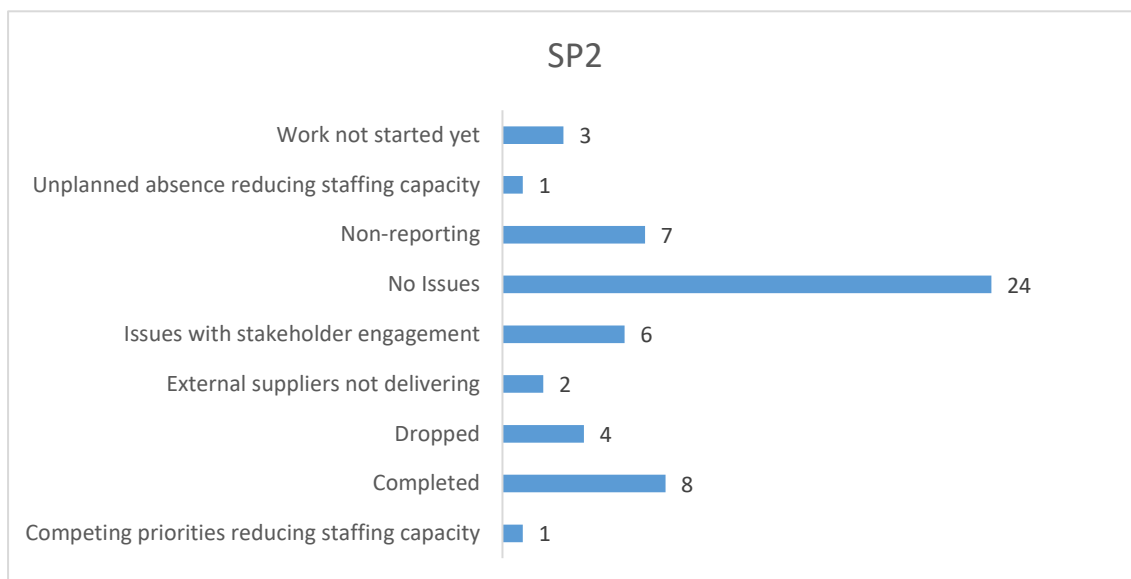
Yes/No/Partly

Yes

Comment

We have completed the situational analysis as planned and have been instrumental in informing the priorities and content of the draft WHO Child and Adolescent Health Strategy for Europe (2021-2030).

Issues affecting delivery in Q3

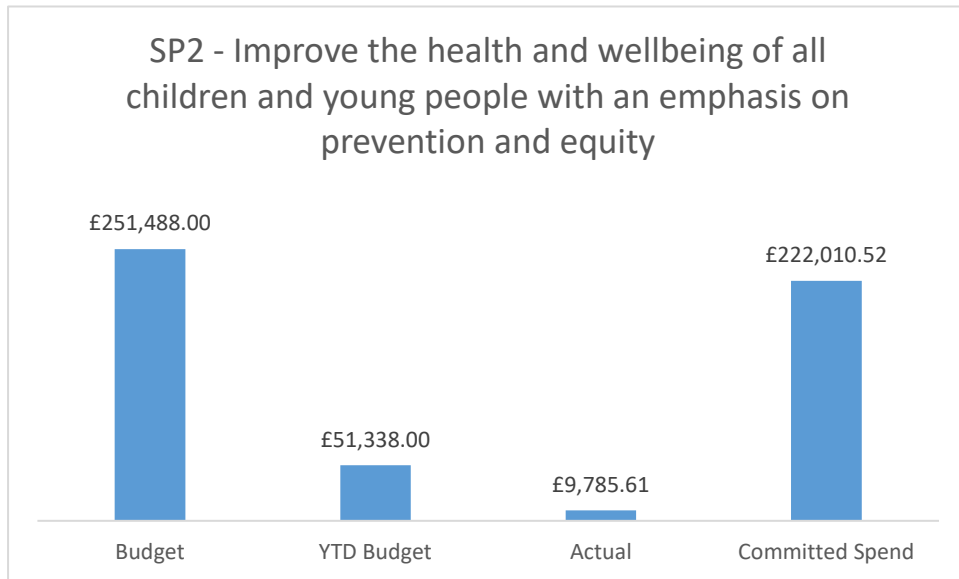


Output delivery remains generally on scope with adjustments occasionally required in relation to stakeholder negotiations leading to changes in plans.

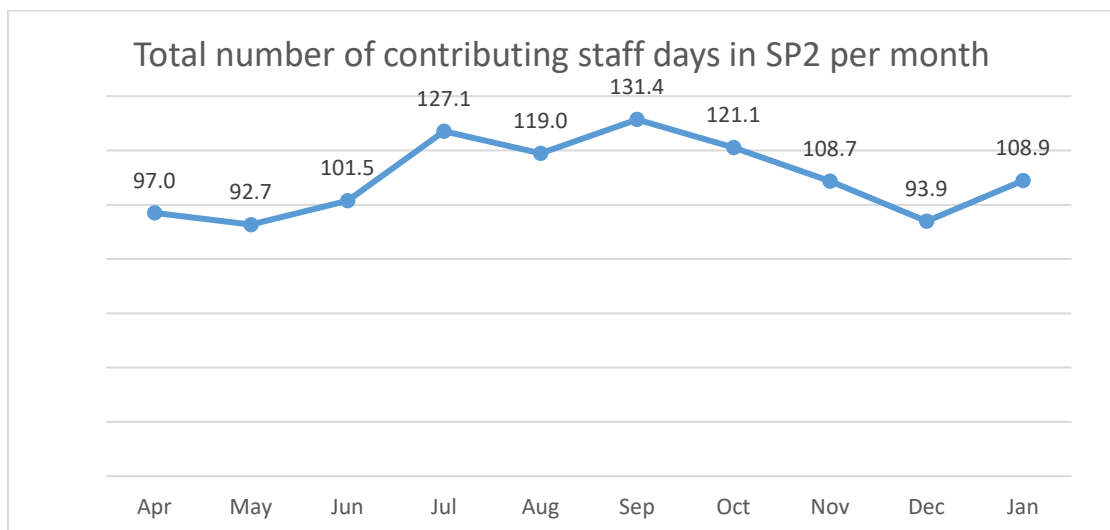
Issues of note include:

- Negotiations with practice based GPs for the ACEs primary care pilot took longer than expected and the work will now progress in Q4.
- The ACEs research strategy was delayed due to a recruitment gap and is now expected to get underway in Q1.
- Early plans last year for a whole system approach to education and inequalities were overtaken by the Public Health Reform team's work on whole system approaches.

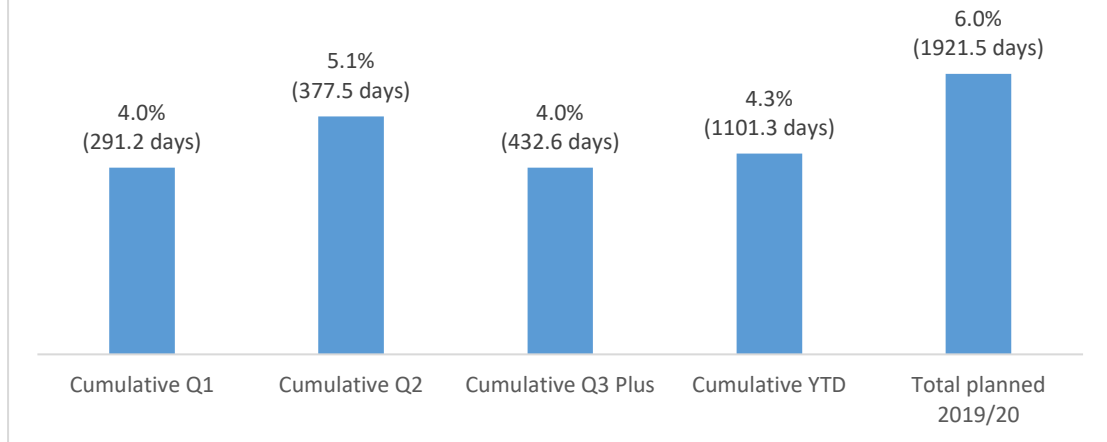
Financial data



Staff time data



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



Strategic Priority 3: A Fair and Inclusive Economy

Highlights from Quarter 3 and Year to Date

- Working Groups have been established to draft standards aimed at strengthening the availability of and equitable access to good quality work and fair employment to replace the existing Healthy Working Lives award. Contributors include: business, voluntary and public sectors.
- We soft launched the [HWL Training Portal](#) to allow trainers to use our materials themselves rather than sending staff on our training courses. This should substantially increase our reach to workplaces.
- We supported the SDsPH with their delivery plan for PHP5 (sustainable and inclusive economy) by producing a theory of change, running a workshop to discuss the theory of change and drafting a delivery plan.

Looking forward: projections for the remainder of Quarter 4

- We will be progressing two evidence reviews (on the levers available to deliver an inclusive economy and on plural ownership of the economy) to inform our work, the work of the SG, and the work of local partners (in particular working closely with North Ayrshire council) on PHP5. This will be presented at two conferences to engage with partners in this area.
- Following on from our work to generate an informed response to the public health concerns about the impacts of 'welfare reform', and the agreement with DWP and the SG on collaborative objectives to improve the health impact of welfare and employability services, we will be working to progress this collaborative working during Q4.
- We submit a paper on the contribution of UK welfare reforms on the stalled life expectancy trends in Scotland (using Triple-I modelling).

- We will further disseminate the experience of Greater Glasgow and Clyde and Tayside Health Boards in working with our Fair Work benchmarking tool.
- We have organised two Violence and Aggression awareness days with the Suzy Lamplugh Trust for NHSGGC and NHS Tayside for businesses in their areas.
- We are progressing with an audit of the Healthy Working Lives Adviceline to ensure conformity and consistency of all customer enquiries.
- Building on learning from, and in collaboration with, the Inclusion Health Programme, this work has developed into delivering participation support to the Drug Deaths Taskforce – with HS acting as brokers to facilitate participation of people with lived and living experience of drug use. The aim is to inform the work of the Taskforce and build towards delivery of a Citizens' Hearing in summer 2020.

Performance Information: Quarter 3

Delivery commitment

3.1.1: Provide support to employers and individuals through advisory and face to face channels, to encourage best practice and compliance and promote safe and healthy working environments

Performance indicator

We have undertaken an options appraisal for delivery of the Healthy Working Lives National Adviceline focussing, in particular, on its contact handling function

Yes/No/Partly

Yes

Comment

The options appraisal was conducted. We were then asked to continue the Fit for Work Advice service for an additional 12 months.

Delivery commitment

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

Performance indicator

We have delivered and supported the delivery of eight events to promote the services available and values of Good Health at Work

Yes/No/Partly

Yes

Comment

We ran 26 events averaging 52 delegates per event which is a 13% rise in delegate attendance from last year

Delivery commitment

3.1.4: Develop and disseminate evidence and advice on fair employment and good work policies and practice

Performance indicator

We have produced Fair Work Framework guidance for NHS Boards

Yes/No/Partly

Partly

Comment

This will be fully achieved in Q4.

Delivery commitment

3.5.1: Develop and share with government evidence on effective labour market policies to reduce health inequalities.

Performance indicator

We have increased referrals from NHS practitioners into employment support services

Yes/No/Partly

Partly

Comment

We have improved engagement between HBs and Fair Start Scotland Employability Service Providers so that they can work together to enhance referrals.

Delivery commitment

3.8.1: Collaborate with partners on knowledge generation, dissemination and application for informed action on the distribution of power as a fundamental cause of health inequalities

Performance indicator

We have completed scoping work on positions of power in Scotland and identified a research contribution

Yes/No/Partly

Partly

Comment

The scoping work is being defined to inform work for 2020/21. Developing knowledge and understanding of the causes and implications of poverty, and inequalities in power, wealth and income will feature in the PHS AOP.

Performance Information: Projections for Quarter 4**Delivery commitment**

3.1.1: Having reviewed current services, provide support to employers and individuals through advisory (telephone, web, email) and face to face channels, to encourage best practice and compliance and promote safe and healthy working environments

Performance indicator

We have delivered and supported others to deliver at least 40 Health and Work training courses across Scotland

Yes/No/Partly

Yes

Comment

By the end of January 2020, 83 courses have been delivered.

Delivery commitment

3.1.1: Having reviewed current services, provide support to employers and individuals through advisory (telephone, web, email) and face to face

channels, to encourage best practice and compliance and promote safe and healthy working environments

Performance indicator

We have delivered and supported others to deliver at least 80 Mentally Healthy Workplace training courses across Scotland

Yes/No/Partly

Yes

Comment

By the end of January 2020, 94 courses have been delivered.

Delivery commitment

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.

Performance indicator

We have delivered performance reports to HWL Implementation Group meetings so we better understand HWL delivery across NHS Boards in Scotland

Yes/No/Partly

Yes

Comment

Performance reports indicate that the main sector we are struggling to gain traction with is the agricultural sector.

Delivery commitment

Performance indicator

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.
We have delivered three performance reports on the implementation of the Plan for Action on Safety and Health in Scotland

Yes/No/Partly

Yes

Comment

Reports were provided for each of the three to the Partnership for Safety and Health in Scotland meetings in 2019/20.

Delivery commitment

3.1.3: Increase awareness and access to fair employment and good work principles by developing the use, quality and availability of digital channels and content, in response to customer preferences.

Performance indicator

We have developed and implemented four new modules of online training for our clients and hosted these on the Virtual Learning Environment

Yes/No/Partly

Yes

Comment

By end of Q4 we will have quality assured our fourth new module for the year.

Delivery commitment

3.1.3: Increase awareness and access to fair employment and good work principles by developing the use, quality and availability of digital channels and content, in response to customer preferences.

Performance indicator

We have performed quality audits on service delivery of HWL advisory and training services across Scotland

Yes

Comment

We have audited 10% of our workplace visits. In Q4 we are rolling out a quality assurance system on all internal advisory services.

Delivery commitment

3.2.1: Following the completion of the appraisal, develop sustainable models and approaches to the healthy living and HWL awards

Performance indicator

We have engaged with stakeholders and partners throughout the development and implementation of sustainable new models

Yes/No/Partly

Yes

Comment

We have a diverse cross-sectoral Oversight Group providing robust 'critical friend' support and challenge.

Delivery commitment

3.2.2: Maintain and increase the commitment of existing award holders to the healthy living and HWL awards and promote the awards to new customers

Performance indicator

We have increased the amount of higher level award holders

Yes/No/Partly

Yes

Comment

Awards have increased by between 8% and 13% on last year's figures.

Delivery commitment

3.2.2: Maintain and increase the commitment of existing award holders to the healthy living and HWL awards and promote the awards to new customers

Performance indicator

We have continued to achieve positive feedback from our customers and have acted on the feedback where appropriate

Yes/No/Partly

Yes

Comment

We continue to receive feedback, positive and negative, where possible and act upon all feedback received.

Delivery commitment

3.3.1: Contribute to the delivery of the Health and Work Support pilot project and help identify ways in which employment services can be better integrated and made more accessible.

Performance indicator

The HWL National Adviceline contact handling service has handled at least 1,500 enquiries on behalf of employment services

Yes/No/Partly

Yes

Comment

At the end of January 2020, 3290 enquiries had been recorded. The projection for end of Q4 is c. 3800 enquiries.

Delivery commitment

3.3.1: Contribute to the delivery of the Health and Work Support pilot project and help identify ways in which employment services can be better integrated and made more accessible.

Performance indicator

The HWL national team advisers have given advice to at least 250 employers and individuals located within the pilot area (Dundee and Fife)

Yes/No/Partly

Yes

Comment

At the end of January 2020, 1012 enquiries had been recorded. The projection for end of Q4 is c. 1000 enquiries.

Delivery commitment

3.5.1: Develop and share with government evidence on effective labour market policies to reduce health inequalities.

Performance indicator

We have engaged with SG policy officials on ways to improve focus of employability provision to impact health inequalities

Yes/No/Partly

Yes

Comment

We have made good progress with both UK government and SG.

Delivery commitment

3.6.1: Develop evidence and engage with stakeholders on the impacts of social security policies on health inequalities and mitigation measures.

Performance indicator

We have provided Scottish and UK stakeholders with intelligence on the impact of social security policies on health and health inequalities

Yes/No/Partly

Yes

Comment

This includes the SG Welfare Reform Health Impact Delivery Group, the SDsPH, and the DWP (Scotland) group.

Delivery commitment

3.6.1: Develop evidence and engage with stakeholders on the impacts of social security policies on health inequalities and mitigation measures.

Performance indicator

We have completed the feasibility study and evaluability assessment of Citizen's Basic Income, and have engaged and agreed its content with SG and local government partners

Yes/No/Partly

Partly

Comment

A final report is complete, but will not be published until early 2020/21.

Delivery commitment

3.6.1: Develop evidence and engage with stakeholders on the impacts of social security policies on health inequalities and measures that can be taken to mitigate these.

Performance indicator

We have made proposal about how Citizen's Basic Income can make the maximum possible contribution to reducing health inequalities given the contextual constraints

Yes/No/Partly

Yes

Comment

[Modelling on the impact of Citizen's Basic Income](#) using the Triple I tool was published in November 2019.

Delivery commitment

3.7.1: Undertake a series of analyses and disseminate evidence to relevant stakeholders to inform economic policy and support the realisation of a Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.

Performance indicator

We have advised the SG Office for the Chief Economic Advisor on the forms of economic activity which are more and less likely to contribute to inclusivity, sustainability, health and health equity

Yes/No/Partly

Partly

Comment

Some advice and discussion has been offered but there are substantial outputs that will fall into next year which will provide this in much more detail.

Delivery commitment

3.7.1: Undertake a series of analyses and disseminate evidence to relevant stakeholders to inform economic policy and support the realisation of a Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.

Performance indicator

We have published a review of the interactions between political economy and population health and disseminated these findings to relevant policymakers

Yes/No/Partly

Yes

Comment

This was [published in the American Journal of Public Health](#), widely distributed on social media and cited in reports.

Delivery commitment

3.7.1: Undertake a series of analyses and disseminate evidence to relevant stakeholders to inform economic policy and support the realisation of a Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.

Performance indicator

There is evidence that SG policymakers have used our evidence in forming their approach to economic policy

Yes/No/Partly

Partly

Comment

The SG narrative is changing and we expect this to become more evident in future years.

Delivery commitment

3.8.1: Collaborate with partners on knowledge generation, dissemination and application for informed action on the distribution of power as a fundamental cause of health inequalities

Performance indicator

We have consolidated learning on participatory approaches as a mechanism to redistribute power and engaged with stakeholders on the relationship to health

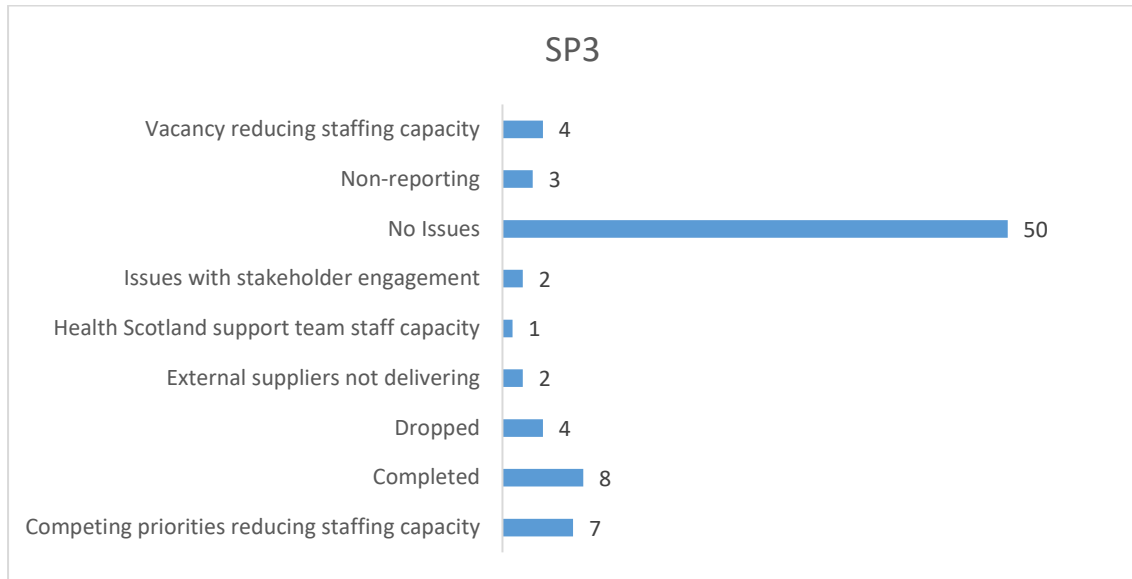
Yes/No/Partly

Partly

Comment

The work has developed into delivery support for participation in the Drugs Death Taskforce and will result in a Citizen's Hearing in 2020/21.

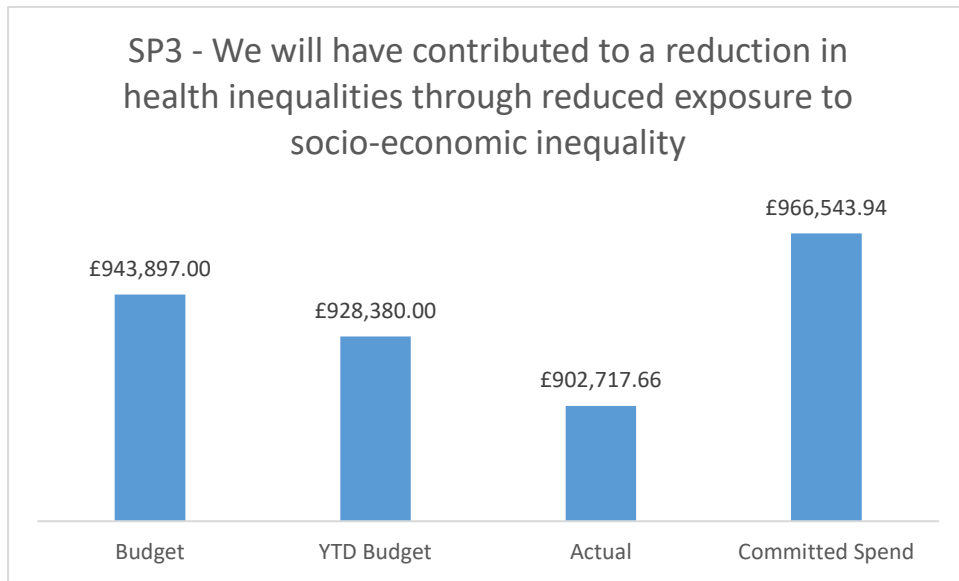
Issues affecting delivery in Q3



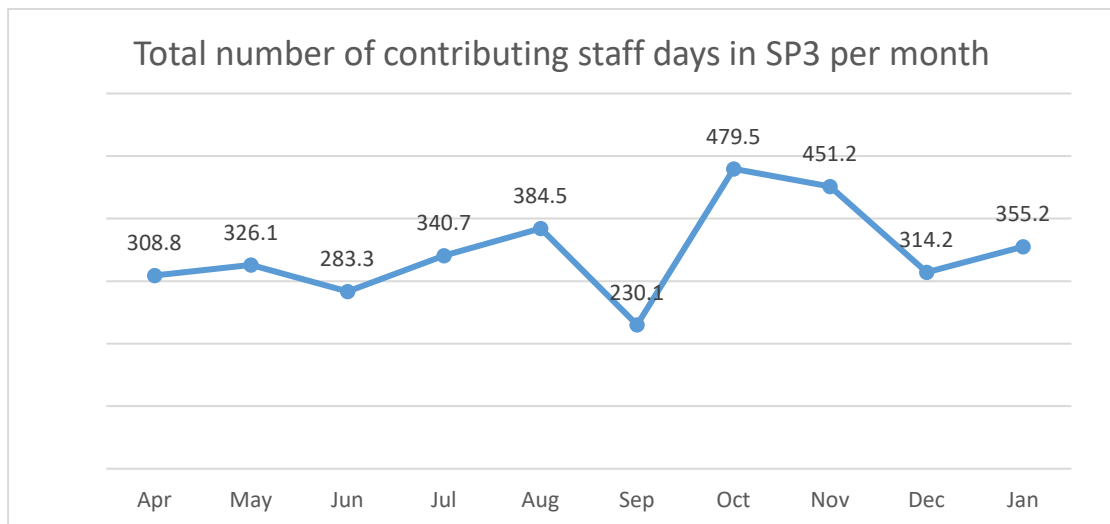
Most outputs remain on track and will be delivered by the end of quarter 4. Some outputs represent ongoing service delivery or work that will carry into next year and remain on track. Issues of note include:

- We have also lost some capacity for work on power inequalities due to competing pressures on the same staff to deliver on work for the Drug-related Deaths Taskforce.
- There are pressures on staffing within the awards team which has reduced capacity for engagement with stakeholders and developmental work.
- There is also a delay in decision-making around the recommendations for the out-of-home food sector strategy which has implications for the future planning of the Health Living Award.

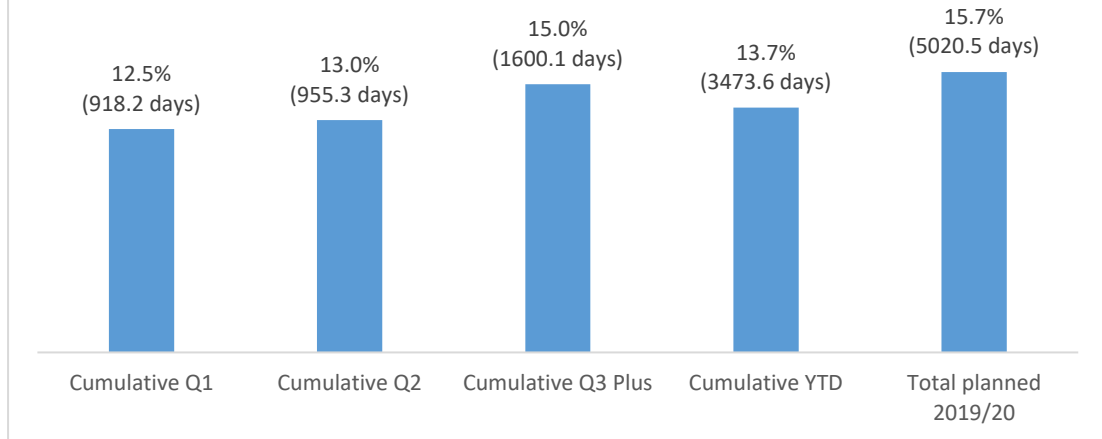
Financial data



Staff time data



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



Strategic Priority 4: Healthy and Sustainable Places

Highlights from Quarter 3

- We collaborated with Health Protection Scotland to co-lead a group of interested stakeholders (including Transport Scotland, SG, SEPA, Glasgow City Council, Greater Glasgow and Clyde Health Board, GPHH and University of Glasgow) and produced a preliminary Evaluability Assessment of the Glasgow Low Emissions Zone (LEZ).
- We have worked in collaboration with a range of partners to strengthen public health influence to the evolving SG 'Housing to 2040' policy ambition. In addition, we have worked with colleagues in SG to plan and facilitate a series of engagement events across Scotland.
- Working with a small group of stakeholders (including representatives from local public health teams, LAs, COSLA, the Improvement Service and academia) we have successfully engaged SG to explore the significant public health opportunities arising from the recently passed Planning (Scotland) Act and the refresh of the National Planning Framework (NPF). For the first time NPF has a specific outcome around health and wellbeing and the Act will require all national and major developments to undergo a health impact assessment before being granted planning permission. This would mean hundreds of new developments across Scotland each year would be designed and delivered in a way that maximises their impact on health and health inequality.

Looking forward: projections for the remainder of Quarter 4

- We will present to the Climate Change Just Transition Commission to explore how we can embed public health outcomes in their recommendations.
- We will coordinate a workshop with SG and other key stakeholders to explore their expectations of PHS's contribution to the public health

opportunities arising from the Planning (Scotland) Act and the refresh of the National Planning Framework.

- We will meet with key representatives from the WHO to finalise plans for PHS to become an international collaborating centre for Place.
- We will co-publish with Adaptation Scotland an evidence briefing on climate change adaptation, health and health equity.

Performance Information: Quarter 3

Delivery commitment

4.2.1: Evidence and research generated from Clyde Gateway has increased understanding of the health and wellbeing impacts of regeneration programmes.

Performance indicator

We have completed our Clyde Gateway regeneration study

Yes/No/Partly

No

Comment

Access to the data was not granted until Q4. The analysis will be completed in Q4.

Delivery commitment

4.6.1: Implement a programme of work engaging with communities and those who work with them in order to tackle inequalities in food and health.

Performance indicator

We have run a programme of events to engage local and national stakeholders in scoping our impact and their aspirations in food and health inequalities with communities

Yes/No/Partly

Partly

Comment

Due to competing demands on capacity, we engaged through existing events such as the CFHS Networking Conference rather than setting up new events.

Delivery commitment

4.7.1: Implement and embed a programme of work supporting community-led health informed by the public health priorities and a whole system approach.

Performance indicator

We have developed a programme of engagement establishing and strengthening a strategic direction around community development and health

Yes/No/Partly

Partly

Comment

Engagement has largely focused on workforce development.

Delivery commitment

4.10.1 Work collaboratively with relevant national and local stakeholders to create places and spaces that promote a physically active population.

Performance indicator

We have produced a scoping paper outlining our role in supporting open space strategy development and engaged on it

Yes/No/Partly

No

Comment

Regulations for the development of Open Space Strategies are timetabled in the SG workplan for December 2020.

Delivery commitment

4.10.1 Work collaboratively with relevant national and local stakeholders to create places and spaces that promote a physically active population.

Performance indicator

We have engaged with stakeholders to identify how best to support professionals to realise the benefits of physical activity on mental health and wellbeing

Yes/No/Partly

Partly

Comment

This work moved in a slightly different direction than originally planned. We engaged with a wide variety of professionals in the development of our thinking.

Performance Information: Projections for Quarter 4

Delivery commitment

4.1.1: Lead, support and advise on the coordination, delivery and governance of the National Place Standard Implementation Plan (PSIP).

Performance indicator

We have increased the number and broadened the range of organisations participating in Place Standard engagement opportunities.

Yes/No/Partly

Yes

Comment

The [international conference](#) significantly broadened the range of stakeholders. Twitter followers increased by 38% this year.

Delivery commitment

4.1.1: Lead, support and advise on the coordination, delivery and governance of the National Place Standard Implementation Plan (PSIP).

Performance indicator

We have made progress against each of the PSIP actions

Yes/No/Partly

Yes

Comment

We completed planning for the 2020/23 strategy.

Delivery commitment

4.2.1: Evidence and research generated from Clyde Gateway has increased understanding of the health and wellbeing impacts of regeneration programmes.

Performance indicator

We have presented the findings to stakeholders

Yes/No/Partly

No

Comment

Due to delays in getting access to the data, the presentation of results will take place in 2020/21.

Delivery commitment

4.2.1: Evidence and research generated from Clyde Gateway has increased understanding of the health and wellbeing impacts of regeneration programmes.

Performance indicator

We have submitted the findings for publication in a peer-reviewed academic journal

Yes/No/Partly

No

Comment

Due to delays in getting access to the data, the findings will be not be submitted this year. They will be submitted to a journal in 2020/21 pending PHS approval to do so.

Delivery commitment

4.3.1: Support SG, local housing leads and local public health teams to embed health and health inequality outcomes in national and local housing strategies, policy and guidance.

Performance indicator

We have published a briefing paper on opportunities for LAs to strengthen the contribution their local housing strategy can make to health outcomes

Yes/No/Partly

No

Comment

This work was delayed as it has been dependent on the publication of SG refreshed Local Housing Strategy guidance. It will feature in the PHS AOP.

Delivery commitment

4.3.1: Support SG, local housing leads and local public health teams to embed health and health inequality outcomes in national and local housing strategies, policy and guidance.

Performance indicator

We held a seminar sharing good practice regarding housing allocation policies and vulnerable populations

Yes/No/Partly

Yes

Comment

We have held the seminar and are now preparing key messages to share with stakeholders.

Delivery commitment

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.

Performance indicator

We have facilitated quarterly meetings of a sub group of the Scottish Health Promotion Managers Group to progress recommendations from the ScotPHN 'Foundations for Wellbeing' report

Yes/No/Partly

Yes

Comment

The meetings have been held and the Healthy Homes Working Group is currently developing an action plan for 2020/21.

Delivery commitment

4.4.1: Provide joint national leadership with Shelter Scotland to develop and deliver training to inform joint planning and delivery of health, housing and homelessness.

Performance indicator

We have contributed to the development of the Health and wellbeing module of the Housing Options training toolkit

Yes/No/Partly

No

Comment

This will not be completed due to delays caused by external factors outwith our control.

Delivery commitment

4.6.1: Implement a programme of work engaging with communities and those who work with them in order to tackle inequalities in food and health.

Performance indicator

We have used learning from community-led research in black and minority ethnic communities in Glasgow to influence and inform local/national policy and practice around community-led research, obesity, diet and food security

Yes/No/Partly

Yes

Comment

Community-led research by has been completed and presented to stakeholders.

Delivery commitment

4.7.1: Implement and embed a programme of work supporting community-led health informed by the PHPs and a whole system approach.

Performance indicator

We have engaged with key stakeholders to explore how public health services engage with community groups

Yes/No/Partly

No

Comment

Due to reduced capacity, specific activity will not take place, but we have incorporated work in this area into existing programmes.

Delivery commitment

4.7.1: Implement and embed a programme of work supporting community-led health informed by the PHPs and a whole system approach.

Performance indicator

We have explored how practitioners utilise case studies/lived experience of community groups to design their services

Yes/No/Partly

No

Comment

Due to reduced capacity, specific activity will not take place, but promotion of case studies/lived experience has been incorporated into existing activity.

Delivery commitment

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.

Performance indicator

Our contribution to SG 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

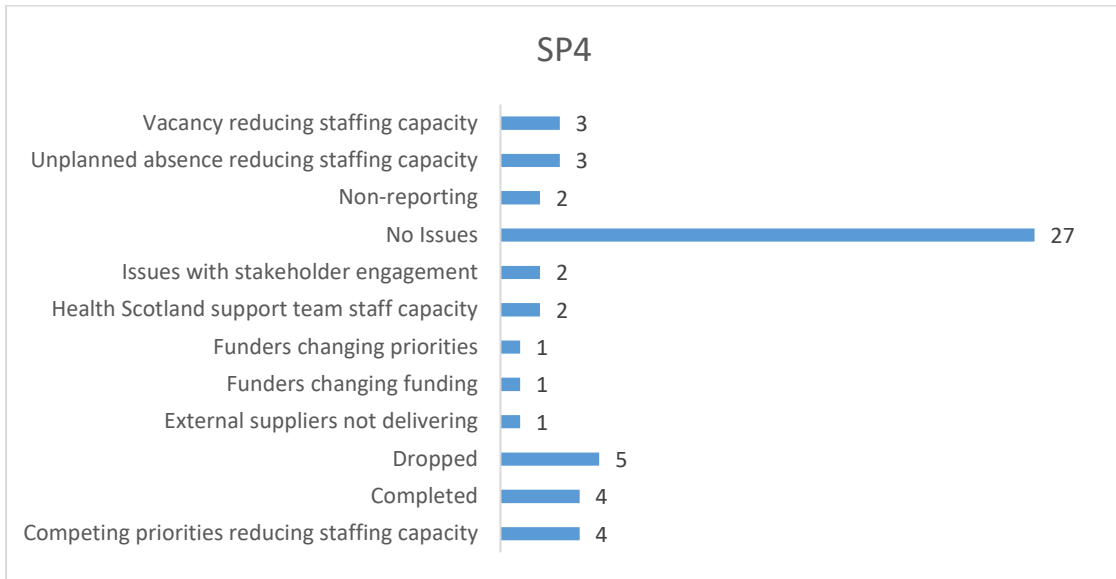
Yes/No/Partly

Yes

Comment

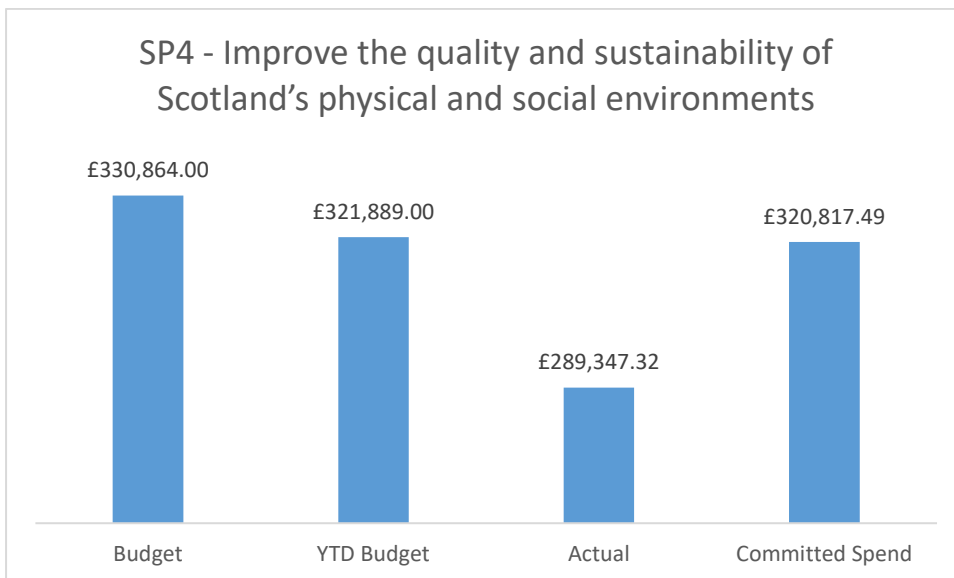
We were advised that it would be timelier to advocate for this when the PHS Strategy was being developed. We have therefore proposed a Delivery Commitment in PHP 1 to develop a strategic approach to climate change for PHS.

Issues affecting delivery in Q3

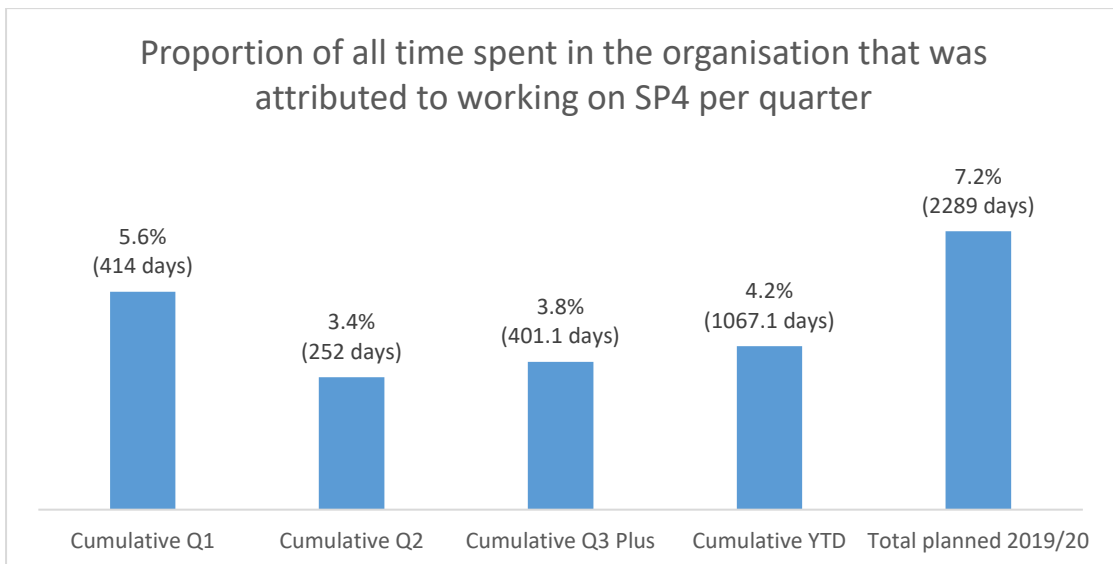
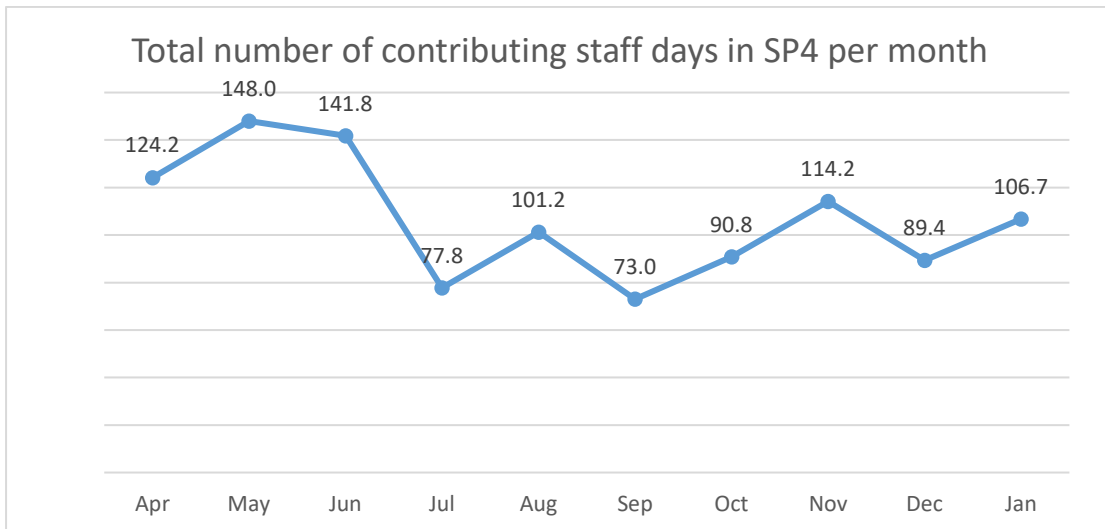


The majority of outputs are proceeding as planned. There are some issues (mainly related to staff vacancies) with a small number but we are managing this so should not significantly affect overall delivery or achievement of outcomes. Two outputs have not been reported but on follow up both are on track with no significant issues.

Financial data



Staff time data



Strategic Priority 5: Transforming Public Services

Highlights from Quarter 3

- We **published** 14 case studies for senior health and social care and NHS staff. These were developed with local staff and services to share learning to help reduce inequalities. We hosted a roundtable meeting of partners on including NHS national procurement, Scotland excel, and the Improvement Service. We have been invited to contribute to commissioned research by NSS national procurement on the NHS in Scotland's contribution to community wealth building.
- We have worked with local NHS Health Boards to create digital and web2print vaccination health information to inform the public of service delivery changes under VTP.
- We have set up network of people in Local and National Boards, HSCPs and SG involved in supporting or leading evaluation of primary care improvement plans/ wider primary care. There has been good engagement to date, with 23 representatives from 11 organisations at the last meeting and more have joined since.
- We have joined the ISD senior management group on primary care to strengthen opportunities for joint working as we move into PHS.

Looking forward: projections for the remainder of Quarter 4

- We will complete a significant programme to support the Vaccine Transformation Programme including publishing an evidence review on ways to improve uptake of the influenza, shingles and pneumococcal immunization programmes among adults aged 60 years and over.
- We will complete the evaluation of the '*Place 2 Be*' Leadership Programme for Public Health. This will include a review of the impact of the programme and will

help inform future leadership development in the context of leadership for complex systems.

- We will launch the Challenging Poverty Stigma Learning Hub for public services staff. This learning hub is targeted at managers across public services. It allows them to gain a greater awareness of what is meant by poverty stigma and discrimination. It encourages managers to consider how they might be able to influence and take appropriate action on poverty issues at an individual, team and organisational level.
- We will publish our report 'The Monitoring and Evaluation of Primary Care in Scotland: the baseline position', and the report and findings of the Community Link Worker Early Adopter qualitative work.

Performance Information: Quarter 3

Delivery commitment

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.

Performance indicator

We have successfully delivered rights based peer research, evaluation of citizen's hearings and positive impact on health policy

Yes/No/Partly

Partly

Comment

Work is ongoing and successful but there have been delays both in finalising the report for the last citizen's hearing and in securing the NHS Lothian event.

Delivery commitment

5.6.7 Provide support and guidance to key partners and stakeholders in Community Planning and H&SC to increase understanding of inequalities and inform practice and delivery.

Performance indicator

We have scoped our contribution to improving outcomes for people with Dementia and their carers

Yes/No/Partly

Yes

Comment

This work has been completed, including a briefing on our position on dementia-focussed work.

Delivery commitment

5.6.8 Work with key stakeholders to scope and gain a better understanding of LA workforce development infrastructure and deliver workforce development activities that support the public health wider workforce

Performance indicator

We have completed a full review and redevelopment of three existing e-learning resources

Yes/No/Partly

No

Comment

This has not been completed due to staffing capacity issues. The work has commenced and will be completed during Q1 of 2020/21.

Delivery commitment

5.6.9 Support implementation of the SG's 10 year monitoring and evaluation strategy for primary care.

Performance indicator

We have published a 'State of Primary Care in Scotland' report

Yes/No/Partly

No

Comment

The report changed in scope which meant it required significant redrafting. We aim to publish it in Q4.

Delivery commitment

5.6.10 Produce public and professional facing information and guidance in order to support informed, equitable access to screening programmes

Performance indicator

We have developed and published FAQs for professionals on the planned introduction of HPV testing in the cervical screening programme

Yes/No/Partly

Yes

Comment

We produced and [published the FAQ guidance](#) for professionals in November 2019.

Delivery commitment

5.6.11 Deliver the actions in the Stakeholder Communications and Engagement Strategy for the Vaccination Transformation Programme (VTP) which focus on improving reach of and equitable access to vaccination services.

Performance indicator

We have completed two Health Impact Assessments (for childhood vaccines and adult vaccines) to inform the planning of the VTP

Yes/No/Partly

Yes

Comment

The reports were disseminated to all relevant VTP stakeholders. We have also shared the lessons learned from the flu pilots.

Delivery commitment

5.6.11 Deliver the actions in the Stakeholder Communications and Engagement Strategy for the Vaccination Transformation Programme (VTP) which focus on improving reach of and equitable access to vaccination services.

Performance indicator

We have completed an evidence review on uptake of vaccination services among hard-to-reach populations

Yes/No/Partly

Yes

Comment

We published this evidence review and disseminated the key messages.

Delivery commitment

5.6.12 Work in collaboration with a range of key stakeholders in the strategic development of the core public health workforce in Scotland

Performance indicator

We have worked with one urban and one rural location to test the application of Quality Improvement to improve local community health and mental wellbeing

Yes/No/Partly

No

Comment

This work was instead progressed by a third sector partner.

Performance Information: Projections for Quarter 4**Delivery commitment**

5.6.1 Continue leadership and delivery of the Once for Scotland British Sign Language (BSL) Improvement Plan to enable boards to meet their statutory duties and produce action plans in response to the BSL Scotland Act 2015.

Performance indicator

We have engaged with BSL stakeholders and as a result health information is more readily available for BSL users via the NHS Inform site

Yes/No/Partly

Yes

Comment

We have worked with NHS 24 to engage with 200 BSL users across Scotland to establish and provide for their health information needs.

Delivery commitment

5.6.1 Continue leadership and delivery of the Once for Scotland British Sign Language (BSL) Improvement Plan to enable boards to meet their statutory duties and produce action plans in response to the BSL Scotland Act 2015.

Performance indicator

We have drafted a national policy on translation and interpretation by end June 2019 and will publish it by end March 2020, following the completion of SG research on BSL interpreters

Yes/No/Partly

Yes

Comment

The policy has been drafted and will be published before the end of Q4.

Delivery commitment

5.6.1 Continue leadership and delivery of the Once for Scotland British Sign Language (BSL) Improvement Plan to enable boards to meet their statutory duties and produce action plans in response to the BSL Scotland Act 2015.

Performance

We have developed the second phase of our online BSL and assisted communication courses for Health and Social Care Staff

Yes/No/Partly

Yes

Comment

We have collaborated with NES and Talking Mats to update the 'Making Communication Even Better' learning resource, which we will launch in Q4.

Delivery commitment

5.6.3: Ensure all immunisation programmes have high quality and accessible resources to address the information needs of different eligible groups within a vaccine safety communication framework

Performance indicator

We ran a successful 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

Yes/No/Partly

Yes

Comment

We launched the annual Flu campaign, targeting 'vaccine hesitators' (priority eligible groups where uptake is low/falling). We achieved excellent coverage.

Delivery commitment

5.6.3: Ensure all immunisation programmes have high quality and accessible resources to address the information needs of different eligible groups within a vaccine safety communication framework

Performance indicator

We produced materials to promote awareness of the shingles vaccine for 70-79 year olds and ran a social media campaign to raise awareness of this vaccine among organisations that work with older people

Yes/No/Partly

Yes

Comment

We produced leaflets and posters to promote awareness of the shingles vaccine for 70-79 year olds and ran a social media campaign in September/October 2019.

Delivery commitment

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.

Performance indicator

We have evidence of health leadership influence and inequalities impact of Homelessness Prevention Strategy Group (HPSG) actions

Yes/No/Partly

Yes

Comment

We have contributed to a paper for HPSG on health and homelessness and a review session on the public health and health and social care leadership required in taking this forward.

Delivery commitment

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.

Performance indicator

We have increased evidence of best practice in inclusion health, trauma informed, rights based and use of best data and intelligence in service design

Yes/No/Partly

Yes

Comment

This includes support for a public health briefing and strategy for Police Scotland. This has brought together a mental health, GBV and homelessness perspective.

Delivery commitment

5.6.5: Lead public health contribution to international public health through membership of and collaboration with the Scottish Global Health Collaborative, Eurohealthnet and WHO.

Performance indicator

The position of international global health in the new public health body has been determined

Yes/No/Partly

No

Comment

The final position and scope of this work in PHS is still to be determined.

Delivery commitment

5.6.5: Lead public health contribution to international public health through membership of and collaboration with the Scottish Global Health Collaborative, Eurohealthnet and WHO.

Performance indicator

There is evidence that the SG Global Collaborative, Eurohealthnet and WHO have been influenced by our contributions

Yes/No/Partly

Yes

Comment

For example we presented on the role of health professionals in reducing health inequalities at a Eurohealthnet/Spanish Ministry of Health seminar in Madrid.

Delivery commitment

5.6.6: Work with key partners and stakeholders in Community Planning and H&SC to influence strategic direction, priority setting and resourcing to address inequalities in the context of PHR

Performance indicator

We have been an active partner in the Community Planning Improvement Board (CPIB) and undertake actions to deliver its work plan

Yes/No/Partly

Yes

Comment

We have attended meetings of the CPIB and work has progressed on the Community Planning in Scotland website.

Delivery commitment

5.6.6: Work with key partners and stakeholders in Community Planning and H&SC to influence strategic direction, priority setting and resourcing to address inequalities in the context of PHR

Performance indicator

We have contributed to the SG's commissioning of a review of Community Planning

Yes/No/Partly

Yes

Comment

We have been involved in scoping out the review.

Delivery commitment

5.6.6: Work with key partners and stakeholders in Community Planning and H&SC to influence strategic direction, priority setting and resourcing to address inequalities in the context of PHR

Performance indicator

We have engaged with NSS, SAS, Scotland Excel and SG and have developed case studies on the positive impact procurement can have on reducing inequality

Yes/No/Partly

Yes

Comment

We have engaged effectively and produced and disseminated the case studies.

Delivery commitment

5.6.7: Provide support and guidance to key partners and stakeholders in Community Planning and H&SC to increase understanding of inequalities and inform practice and delivery that leads to more equitable outcomes.

Performance indicator

We have contributed to the governance and content of the Community Planning in Scotland website to make it as relevant as possible to our target audience

Yes/No/Partly

Yes

Comment

We have provided financial and in-kind contributions to the development of the website.

Delivery commitment

5.6.8: Work with key stakeholders to scope and gain a better understanding of local government workforce development infrastructure and deliver workforce development activities that support the public health wider workforce

Performance indicator

We have a better understanding of the workforce development system within local government as a basis for future workforce development collaborations

Yes/No/Partly

Yes

Comment

A report from desktop research has been completed and we have a better understanding of local government delivery systems.

Delivery commitment

5.6.9: Support implementation of the SG's 10 year monitoring and evaluation strategy for primary care.

Performance indicator

We have held an event to bring primary care analysts, researchers, evaluators and improvement advisors together

Yes/No/Partly

Yes

Comment

We have set up a Primary Care Evaluators Network which brings together representatives from a range of different roles in local and national boards, and SG.

Delivery commitment

5.6.10: Produce public and professional facing information and guidance in order to support informed, equitable access to all cancer and non-cancer screening programmes

Performance indicator

We have completed commissioned research with 100 women about the introduction of Human Papillomavirus testing as the primary test on smear tests samples taken in primary care

Yes/No/Partly

Yes

Comment

This research was completed and a full report, and report summary, were [published](#).

Delivery commitment

5.6.11: Deliver the actions in the Stakeholder Communications and Engagement Strategy for the VTP which focus on improving reach of and equitable access to vaccination services.

Performance indicator

We ran three regional events to ensure senior stakeholder engagement with VTP across primary care, HSCPs/IJBs, third sector and NHS Boards

Yes/No/Partly

Yes

Comment

In addition to the events (attended by over 250 people), we have issued two national, quarterly e-newsletters.

Delivery commitment

5.6.12: Work in collaboration with a range of key stakeholders in the strategic development of the core public health workforce in Scotland

Performance indicator

We have undertaken effective stakeholder engagement to scope career entry points to public health

Yes/No/Partly

Yes

Comment

A survey and report have been completed and two workshops will take place in Q4.

Delivery commitment

5.6.13: Determine the strategic direction and priorities for the continuity of Health Promoting Health Service (HPHS) by working with HPHS leads in local NHS Boards, national NHS Boards and SG policy leads to agree where HPHS is placed going into the new public body.

Performance indicator

We have engaged HPHS leads in NHS Boards and SG and have appraised options for the national and local delivery of HPHS in the context of public health reform

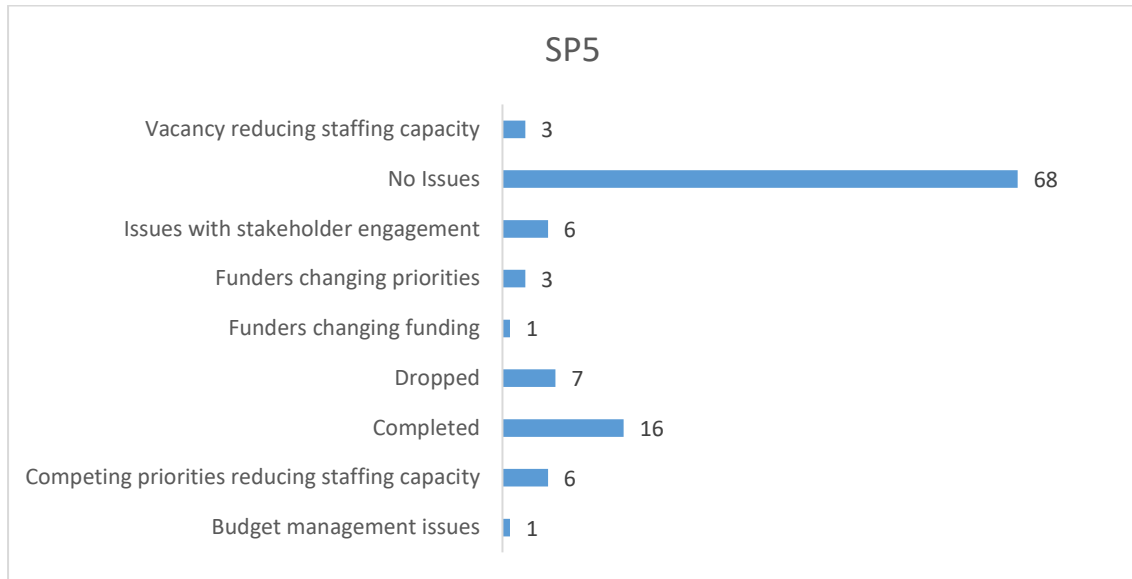
Yes/No/Partly

Partly

Comment

We have engaged the HPHS leads in NHS Boards, but have not been able to have full discussions with policy leads in SG on next steps.

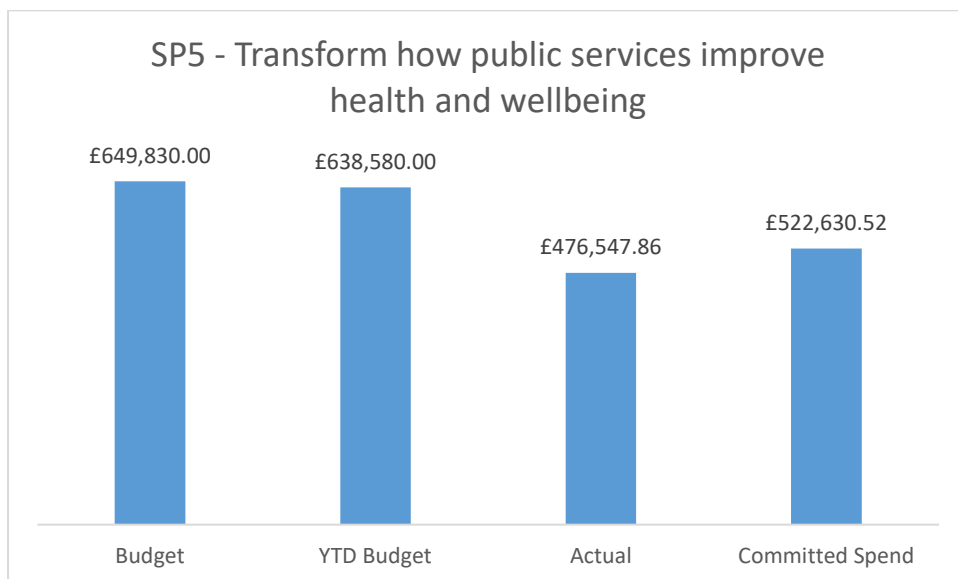
Issues affecting delivery in Q3



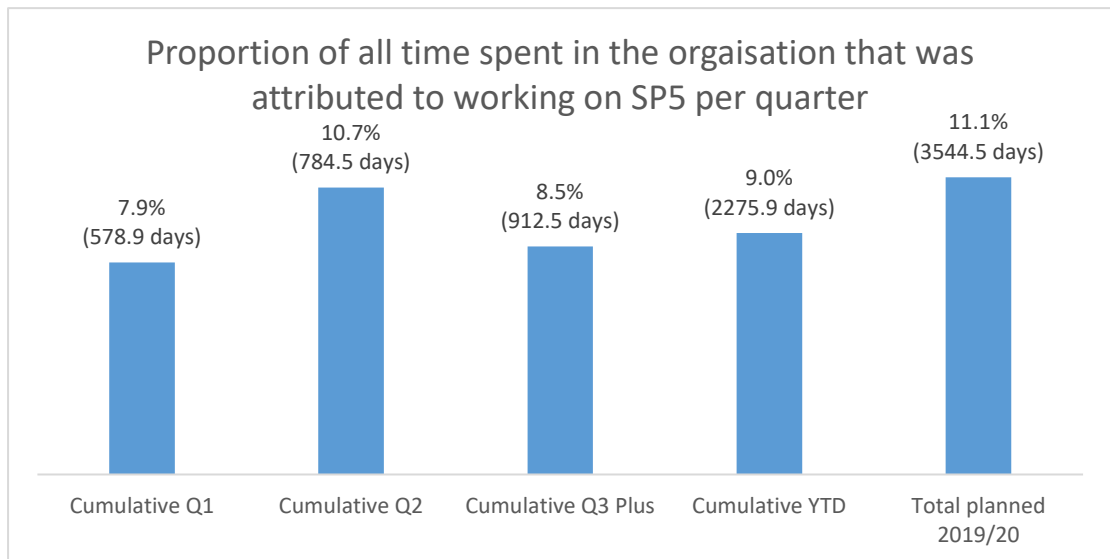
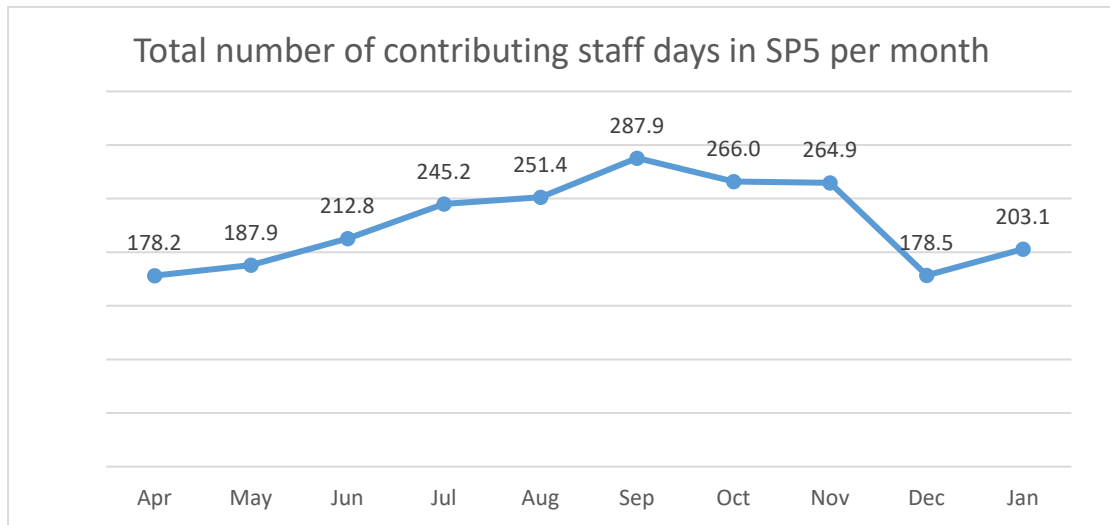
The majority of outputs (72%) are on track or completed.

Due to changes in staff in the ihub and changes and absences/vacancies in the Public Service Reform (PSR) Team, and realignment of Health and Social Care Partnership (HSCP) work, the PSR team has wound down and exited work on HSCP, focussing instead on community planning. The NHS Inequalities team will maintain the HSCP work.

Financial data



Staff time data



Strategic Change Priority: Making a Successful Transition

Highlights from Quarter 3 and Year to Date

- We have worked with PHI colleagues to jointly plan work for year one of PHS. 25 senior colleagues from across HS and PHI have worked together to plan work in 11 strategic areas. 125 Delivery Commitments have been developed, which form the basis of a draft Annual Operational Plan.
- Workforce Change and Transition has progressed positively in Q3 with significant work concentrating on the transition of the corporate services to the NSS shared service offer and the design of services not transferring. This work has grown over Q3 and had been effectively coordinated through the EMT and the Corporate Services Group. The PHS Delivery Group will continue to lead this work in Q4. Staff consultation as part of TUPE 2 is complete and initial partnership approaches agreed.
- There has been timely and purposeful communication for our staff on a variety of change/transition areas through the new PHS Email Alert – keeping staff informed and sign-posting them to the Change Hub for more information where appropriate.

Looking forward: Projections for the remainder of Quarter 4

- We will be developing a full engagement plan for stakeholders and staff to support the development of the PHS first Strategy. As part of this there will be 10 engagement events led by the Chief Executive of PHS whom we are supporting.
- We will deliver a comprehensive workforce support programme for staff, consisting of 30 workshops including Introduction to Mindfulness Practice, Wellbeing and Resilience, Motivating and Engaging Teams through Change, and Coaching Skills for Managers.

- The staff events to celebrate HS will take place across both sites in March. This will include displays in both offices with a timeline of events and achievements and photos of past and present staff. We will have a memories space on The Source to give everyone the opportunity to share their memories and there will be a social evening in Glasgow.

Performance Information: Quarter 3

Delivery commitment

10.1.1: Make coordinated, effective and impactful contributions to help ensure that PHS is appropriately resourced and fit for purpose.

Performance indicator

We have made recommendations around a model for a health economics function in PHS

Yes/No/Partly

Yes

Comment

Our recommendations followed engagement with PHI colleagues, academics and SDsPH.

Delivery commitment

10.1.1: Make coordinated, effective and impactful contributions to help ensure that PHS is appropriately resourced and fit for purpose.

Performance indicator

We can evidence that our contributions helped to embed our legacy around fairer health improvement

Yes/No/Partly

Yes

Comment

Analysis of the commission outputs shows significant alignment with the learning points in the Building our Future report.

Delivery commitment

10.1.1: Make coordinated, effective and impactful contributions to help ensure that PHS is appropriately resourced and fit for purpose.

Performance indicator

We can evidence that our contributions to helped shape PHS with some of the organisational principles and values we have identified as wishing to see continued

Yes/No/Partly

Yes

Comment

Fairer health improvement has a strong place within the TOM and emergent strategy for PHS. The PHS values align well with our own organisational culture and values.

Delivery commitment

10.1.2 Ensure effective, timely and purposeful communication and engagement for our staff throughout the transition period

Performance indicator

Staff engagement measurements are measured quarterly and remain positive throughout the period

Yes/No/Partly

Partly

Comment

We have maintained strong internal communications but have not undertaken quarterly monitoring.

Delivery commitment

10.1.2 Ensure effective, timely and purposeful communication and engagement for our staff throughout the transition period

Performance indicator

All key communications have been co-produced in conjunction with NSS and are consistent in their messages as a result

Yes/No/Partly

Yes

Comment

This has been achieved, including the PHS email alert and the Change Hub.

Delivery commitment

10.1.3 Ensure the HS Board achieves a smooth governance exit and governance transition to PHS and a contribution is made towards the new governance arrangements for PHS.

Performance indicator

We have a Board schedule of business that clearly outlines that HS completed accountability arrangements and demonstrates how and when this accountability has transferred to PHS

Yes/No/Partly

Yes

Comment

The HS Board Schedule of Business includes all necessary accountability arrangements and final reporting requirements to enable an appropriate transition to PHS.

Delivery commitment

10.1.3 Ensure the HS Board achieves a smooth governance exit and governance transition to PHS and a contribution is made towards the new governance arrangements for PHS.

Performance indicator

We have made contributions to the development of the governance arrangements for PHS through the development of new governance products and processes

Yes/No/Partly

Yes

Comment

Comprehensive plans are in place to develop and deliver a PHS Corporate Governance Framework.

Delivery commitment

10.1.4 Support the work of the National Boards Collaborative

Performance indicator

The transition to PHS is informed by progress made in national collaborative workstreams and TOMs

Yes/No/Partly

Yes

Comment

Regular engagement has taken place with national collaborative workstreams and across the TOM areas.

Performance Information: Projections for Quarter 4

Delivery commitment

10.1.1: Make coordinated, effective and impactful contributions to the range of projects and groups designed to ensure that PHS is appropriately resourced and fit for purpose.

Performance indicator

We have implemented an institutional knowledge and research repository for PHS

Yes/No/Partly

Partly

Comment

This was not prioritised for funding however we have been able to progress scoping work and have engaged with HS and PHI colleagues.

Delivery commitment

10.1.1: Make coordinated, effective and impactful contributions to the range of projects and groups designed to ensure that PHS is appropriately resourced and fit for purpose.

Performance indicator

All our staff have been supported through appropriate consultation and support processes to transition effectively into the new arrangements

Yes/No/Partly

Yes

Comment

We have concluded the two TUPE consultations and staff are being offered tailored support.

Delivery commitment

10.1.4 Support the work of the National Boards Collaborative

Performance indicator

We have contributed to the delivery of the national collaborative Estates, HR, Finance and Procurement Plans

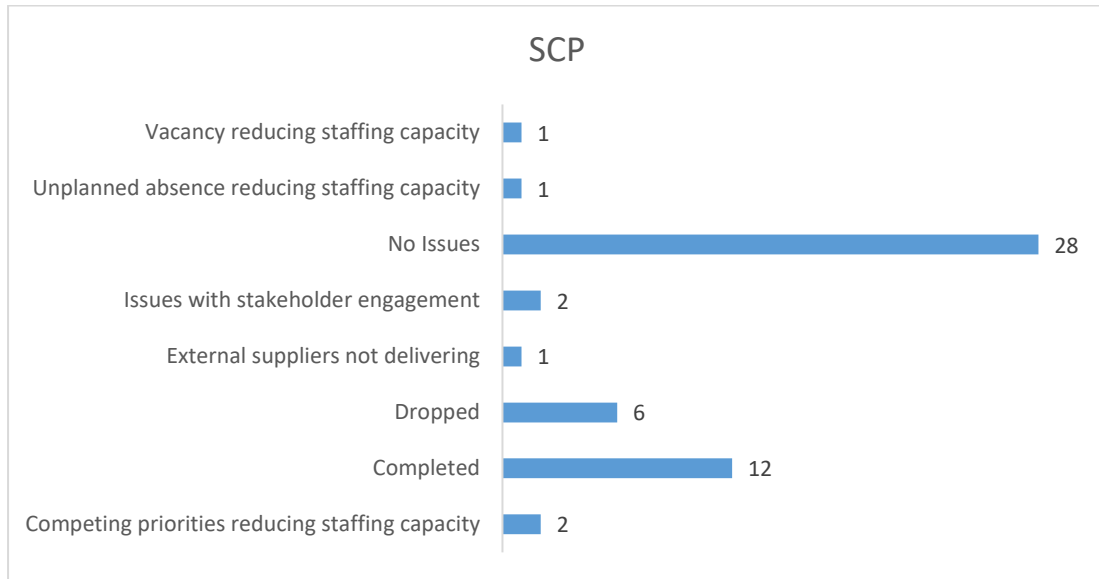
Yes/No/Partly

Yes

Comment

Whilst it has been challenging for staff to find the capacity to fully contribute due to work for PHS taking priority, HS staff have attended and fully contributed at working groups and plans.

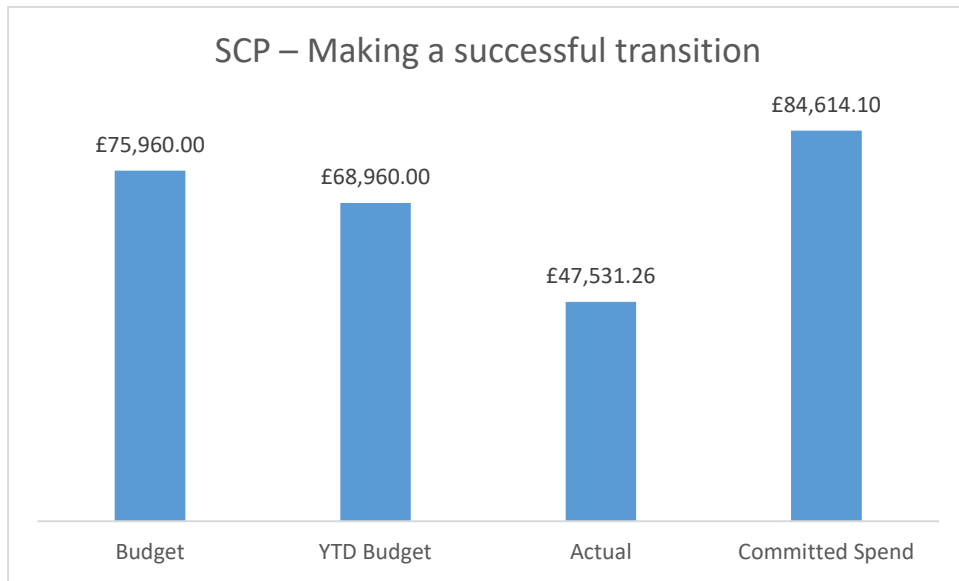
Issues affecting delivery in Q3



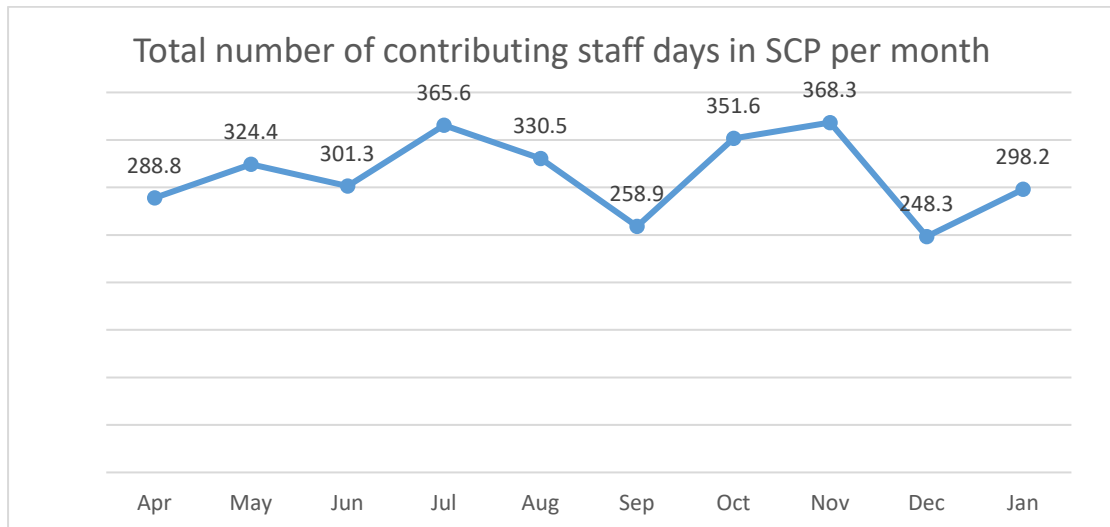
Key outputs are all on track despite the increasing workload and asks on staff involved as the move to PHS picks up pace. Issues of note include:

- The decision was taken not to roll out Office 365 for day one which, while disappointing, now allows us to deprioritise that work and clarify what will be delivered for day one for staff as part of our migration work in Q4.
- Aligning the planning approaches of PHI and HS has not been without its challenges. But the collaborative approach has produced benefits that go beyond developing a joint plan, not least the close working relationships developed by the senior staff working together as strategic area co-leads.

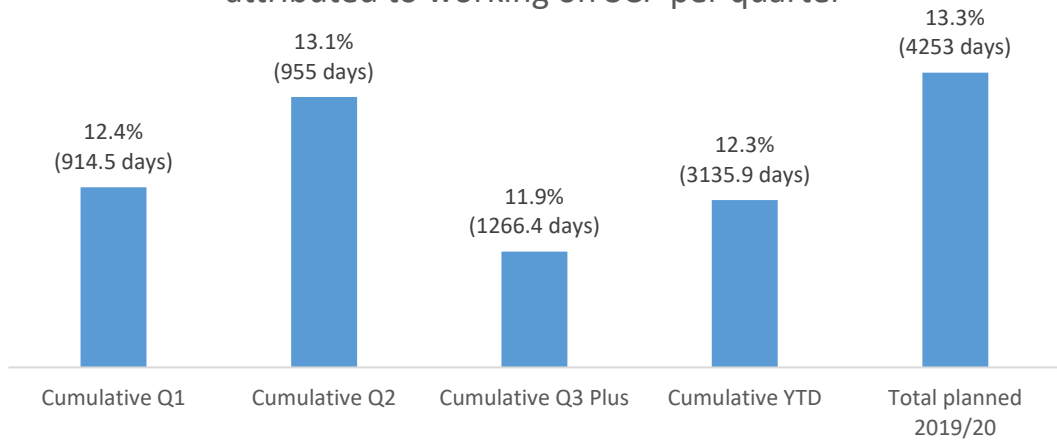
Financial data



Staff time data



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



Part 3: Core Services Update

Highlights from Quarter 3 and January 2020

- We responded to eight consultations and calls for evidence, including the Scottish Government consultations on Prohibiting Smoking outside Hospital Buildings and on the role of public sector bodies in tackling climate change.
- We gave oral evidence to the Scottish Parliament three times; twice to the Health and Sport Committee as part of the primary care inquiry and once to the Social Security Committee on the [Citizens Basic Income Feasibility study](#).
- Workforce change and transition continues to progress positively with significant work concentrating on the transition of HR services between HS and NSS Human Resources. This work has gained considerable pace and will continue in Q4 – HR Engagement days and continued collaboration between Health Scotland HR and NSS HR will ensure a smooth transition for staff.
- ScotPHN and the Poverty and Inequality Commission jointly hosted an Inequalities Summit to bring together leaders from across Scotland to discuss ways in which the public health system can tackle poverty and health inequalities. Joe FitzPatrick MSP, Minister for Public Health, Sport and Wellbeing opened the summit and Professor Sir Michael Marmot shared his knowledge, skills and learning on what can be done to reduce health inequalities in Scotland.

Looking forward: Projections for the remainder of Quarter 4

- We will submit two consultations responses jointly with PHI; the call for evidence from the Commission on Alcohol Harm and the Scottish Government's consultation on the fourth National Planning Framework.

- We will run the last remaining stakeholder engagement events in support of SG's [Housing to 2040 Consultation](#). These events are taking place across the country, from Biggar and Crieff to Islay and Jura.
- We will host a seminar to engage with stakeholders and provide an overview of the Scottish Study of Early Learning and Childcare (ELC). This study is one of the central evidence sources that SG will use to examine the impact of the expansion of funded ELC on children and parents in Scotland.

Performance Information: Quarter 3

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

Our website receives an average of 17k visitor sessions per month

Yes

Our figures are significantly higher than our target with an average of 51,115 per month.

9.1.13 Workforce engagement: provide all the services and support staff need, ensuring timely communications to keep staff engaged effectively in change and also invested in the ongoing delivery work of the organisation We maintain iMatter scores within 'well informed', 'healthy and safe working environment', and 'involved in decision-making' staff governance standards

Yes

We continued to maintain iMatter scores well within these areas as at our last full survey which was in June 2019.

Performance Information: Projections for Quarter 4

Delivery commitment

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

Performance indicator

We have delivered our key messages using a variety of communications platforms

Yes/No/Partly

Yes

Comment

Our key messages around on-going HS work were delivered across a variety of channels. Our key messages reflected the transition phase and embed change messages where appropriate.

Delivery commitment

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

Performance indicator

We have positioned the organisation around fairer health improvement and a positive outlook towards PHS

Yes/No/Partly

Yes

Comment

We ensured that our messaging around PHS emphasises that we are embracing change and the opportunities it brings.

Delivery commitment

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

Performance indicator

We have maintained effective relationships with stakeholders through this period of change and transition

Yes/No/Partly

Yes

Comment

We continued to work with a variety of partners and communicated carefully to ensure they are fully aware of the new organisation and what it aims to achieve.

Delivery commitment

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

Performance indicator

At least 30% of users visiting core health improvement content pages take one of the 'calls to action'

Yes/No/Partly

Yes

Comment

Each quarter the figure has been between 30-32%, therefore we would expect a similar figure in Q4.

Delivery commitment

9.1.14 Workforce planning and resourcing: provide the planning, monitoring and 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

Performance indicator

We contribute to workforce resource delivery ensuring staff are in the right place at the right time with the right knowledge

Yes/No/Partly

Yes

Comment

Our approach to workforce resourcing has flexed according to context over the business year.

Delivery commitment

9.1.6 Governance: provide the systems and support to ensure the work of the organisation is governed to the highest standards and accountable for our delivery commitments

Performance indicator

We have delivered all scheduled Board and Board Committee meetings and Board governance products on time and to standard

Yes/No/Partly

Yes

Comment

We are on track to deliver all meetings scheduled, including final reports from all Committees that will demonstrate that HS business is legally concluded.

Delivery commitment

9.1.7 Finance and procurement: provide the financial resources and services required to support the organisation to achieve our Delivery Plan and meet audit standards

Performance indicator

Monthly financial monitoring takes place from June onwards to ensure the organisation is operating within the funding available for the year to date

Yes/No/Partly

Yes

Comment

Monthly monitoring of year to date actual and year end forecast show that we are operating within the funding available.

Delivery commitment

9.1.7 Finance and procurement: provide the financial resources and services required to support the organisation to achieve our Delivery Plan and meet audit standards

Performance indicator

Detailed year end forecasting takes place from June onwards to ensure the effective management of the funding available for the year to date

Yes/No/Partly

Yes

Comment

Detailed year end forecasting has taken place from June onwards and the in-year bid process can redirect funding to high priority areas.

Delivery commitment

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

Performance indicator

We have increased use of lending and current awareness of services

Yes/No/Partly

Partly

Comment

Our statistics show an increase in lending services to HS staff. We do not have data on the awareness of services.

Delivery commitment

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

Performance indicator

We will increase requests for support via business planning

Yes/No/Partly

Yes

Comment

The number of output support requests received have already exceeded last year's figures.

Delivery commitment

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

Performance indicator

80% of leads for supported outputs report that they are satisfied or very satisfied with Knowledge Services project support

Yes/No/Partly

Yes

Comment

We have not received many survey responses, but all who responded said they were very satisfied our support.

Delivery commitment

9.1.9 Quality and improvement: undertake planned and systematic improvements to aspects of how we function and deliver our work

Performance indicator

We have delivered the governance papers required by regulation or legislation on time to the Board and subcommittees

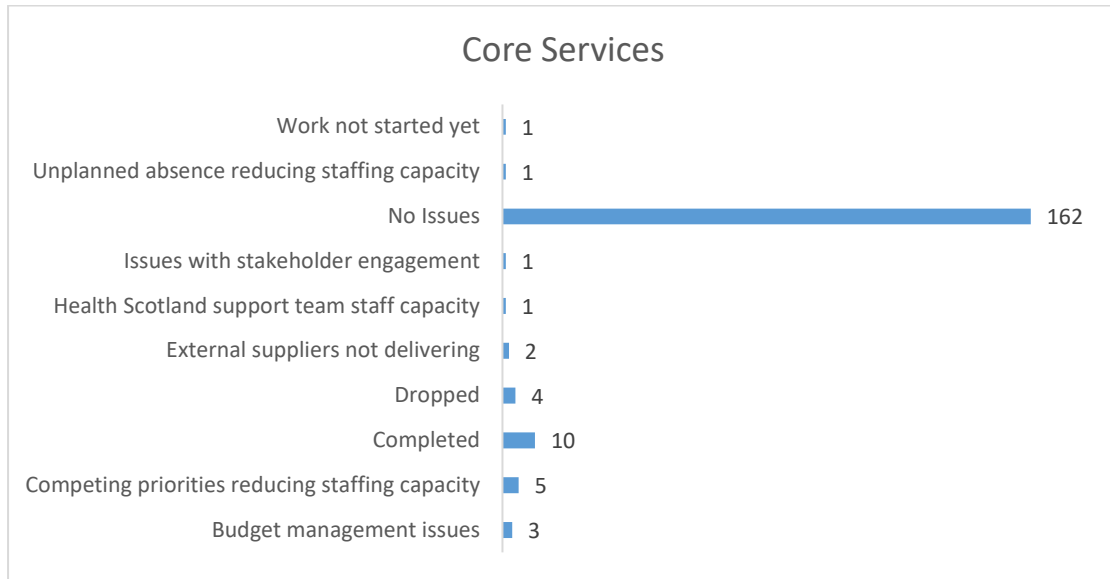
Yes/No/Partly

Yes

Comment

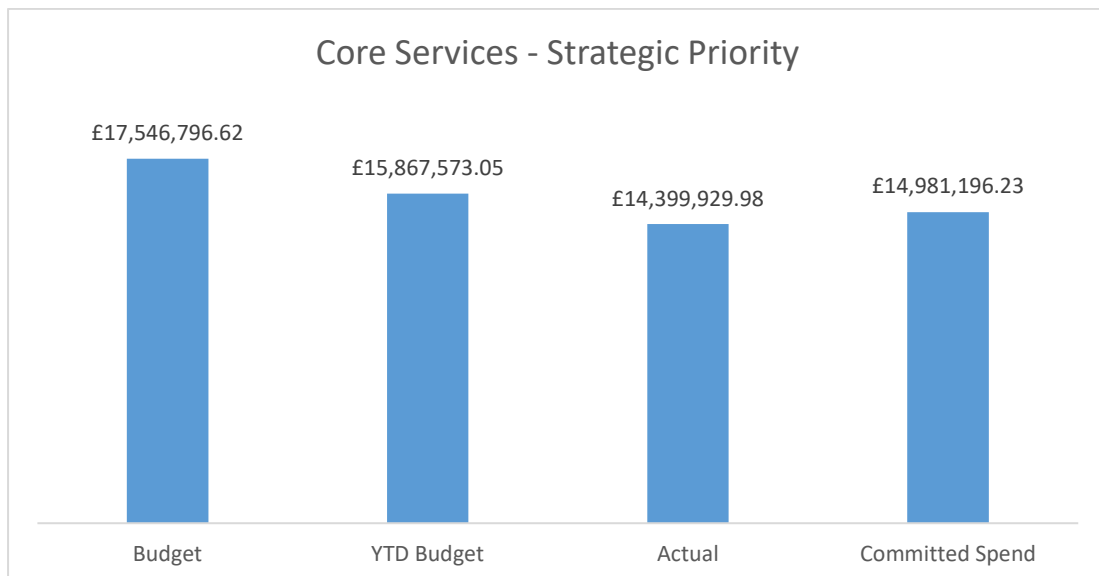
This has been achieved despite the year being challenging with competing demands on the governance team.

Issues affecting delivery in Q3

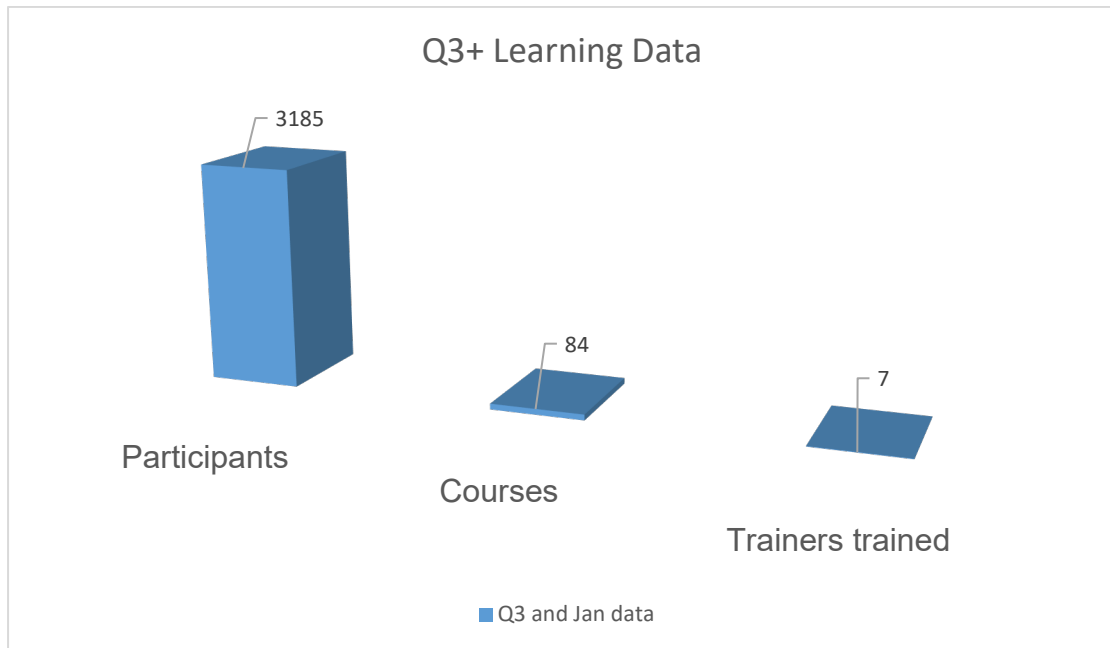


The workload pressure on teams delivering core services remains high. Teams are balancing the provision of 'business as usual' corporate services with change and transition work. This is being managed well and has not impacted on the delivery of core services outputs.

Financial data

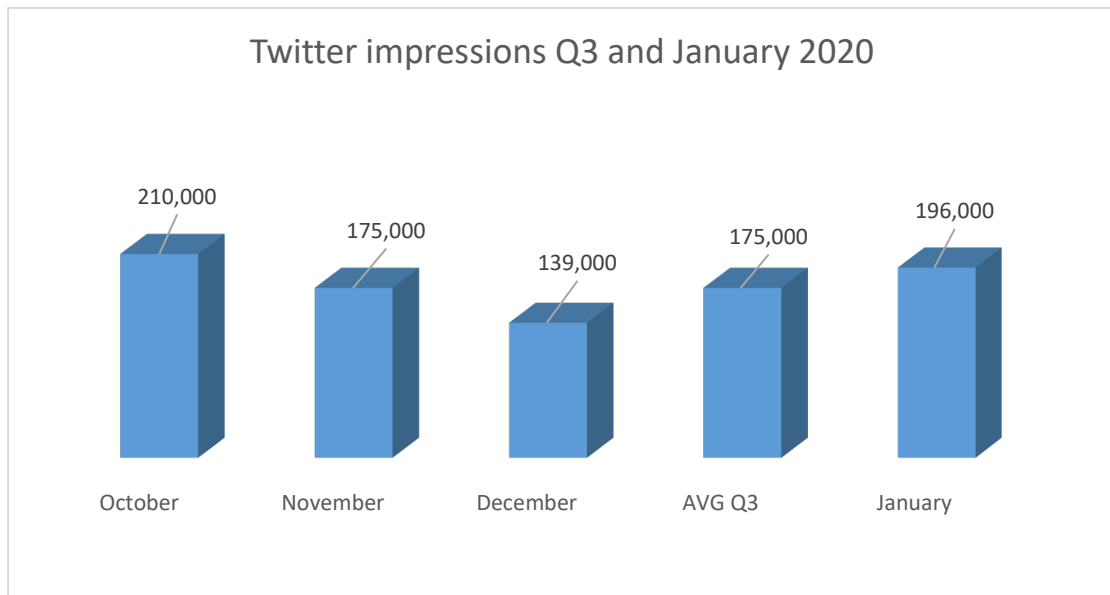


Learning data

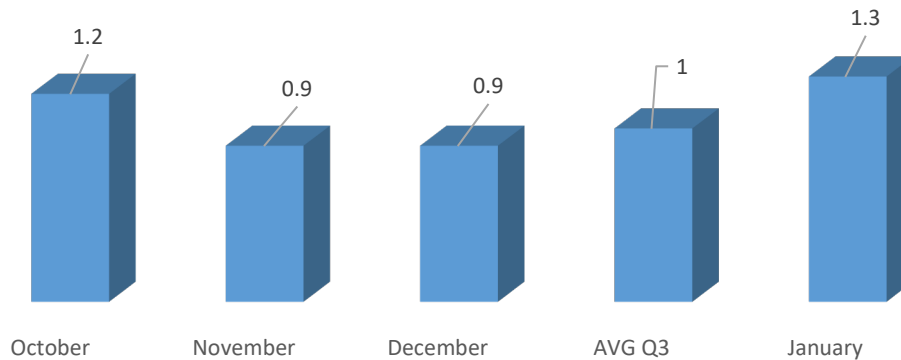


The above chart includes Q3 and January 2020 VLE data, and data from our Public Mental Health Team and Health and Work Services Team.

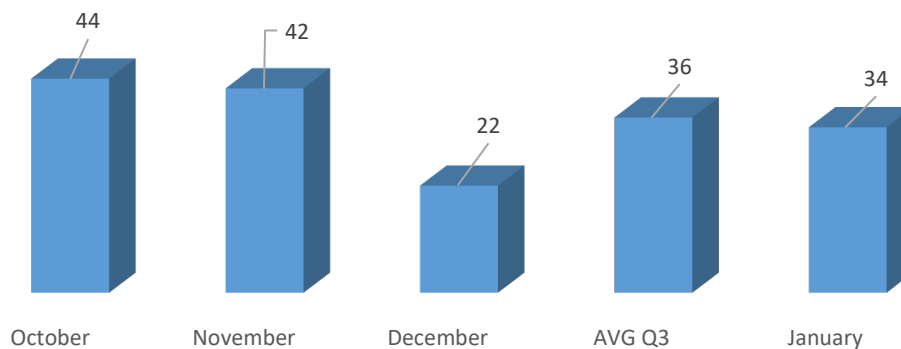
Social media



Twitter Engagement % Q3 and January 2020



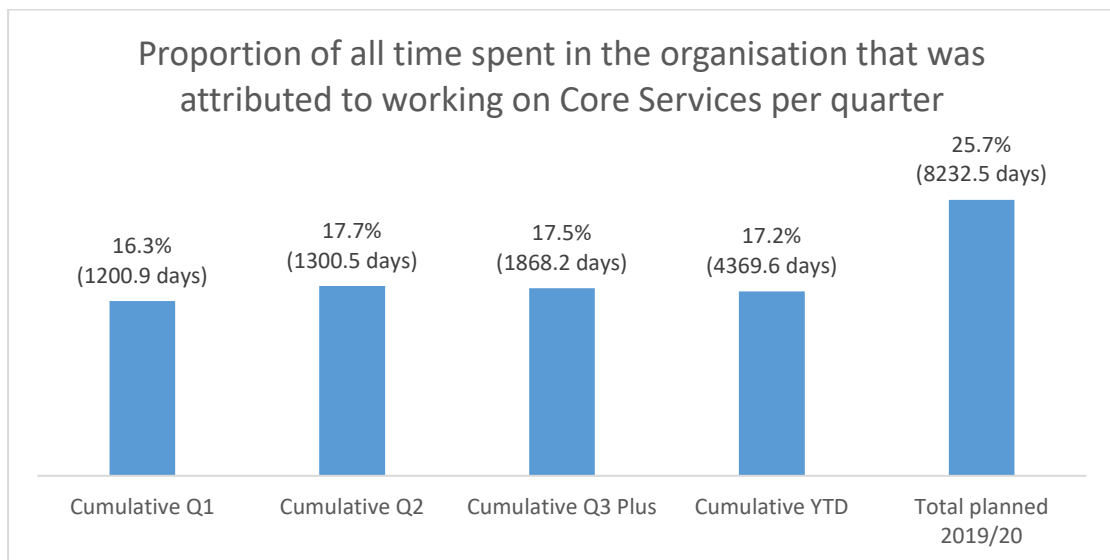
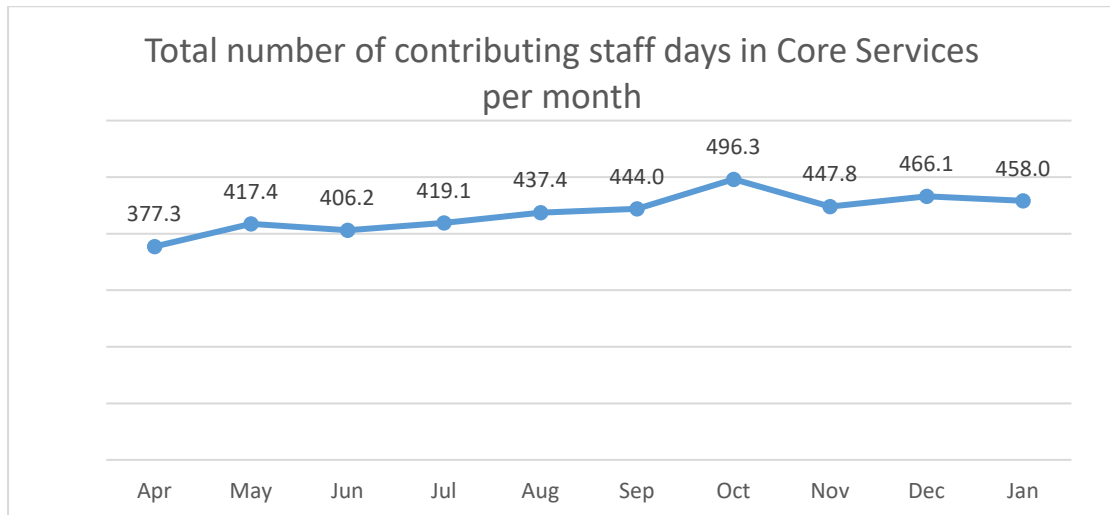
Number of Tweets Q3 and January 2020



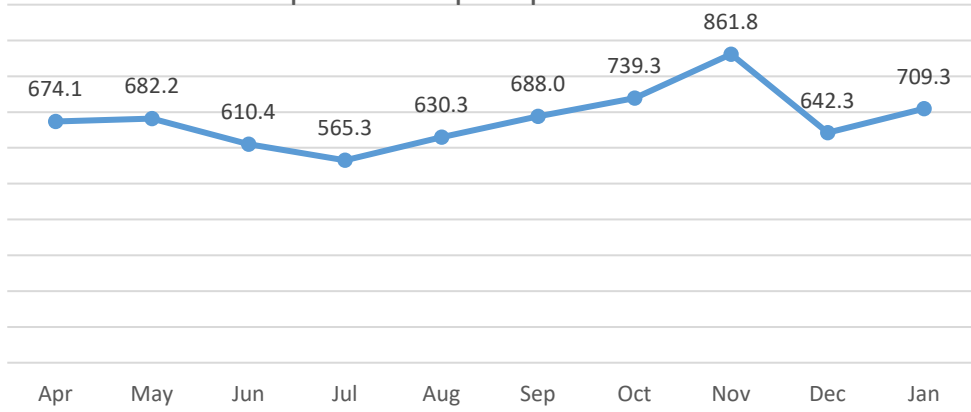
- Our average engagement rate (the percentage of people who did something with the tweet including retweet, reply, like, and click on links, hashtags, or embedded media) continues to be 1.0% (which is industry standard but just below our stretching target of 1.1%).
- October was our heaviest month for content and our engagement rate was above average. This was mainly due to the launch of the seasonal flu campaign, and support for our post showing the partnership approach between national and local NHS, government, third sector and the public.
- Our January data shows we have had a really good start to the year, with higher than usual impressions and engagement rate. This was mainly due

to strategic Twitter activity to 'exit' NHS HS before joining PHS, as well as HS 'business': a blog on health and social care quality indicators, the Cost of the School Day evaluation, and statements around health inequalities statistics and a wellbeing approach to the economy.

Staff time data



Total number of contributing staff days in 5 Core Services
Corporate Outputs per month



Part 4: Corporate Risk Register Report

Number

19-1

Description

As a result of uncertainties in the funding arrangements for PHS from 01/04/2020, there is a risk that the future breadth and impact of Health Scotland's body of work may be diminished.

End of year narrative

- A due diligence exercise was completed to establish the initial baseline funding of PHS and the likely funding model of PHS.
- Joint planning for PHS is well underway and has not at this stage generated any concerns around the viability of Health Scotland's work going forward, accepting that future work will be determined by the strategy of the new organisation.
- The TUPE transfer of HS and NSS-PHI staff to PHS is on track, although there are some individual staff impacts still requiring attention.
- The PHS financial budget for 2020/21 has been prepared based on input from Health Scotland and NSS-PHI together with issues related to PHS in 2019/20 and the PHS funding for 2020/21 was announced by the SG in February 2020 using the PHS financial budget submission made to them as above.

Number

19-2

Description

As a result of needing more of our resources than anticipated to manage the transition to PHS, and particularly senior management resource, there is a risk either that we do not deliver all our commitments for 2019/20 or that errors are made in the quality control of our outputs.

End of year narrative

- Planning was managed through Commissioners at Head of Service level throughout the year, while members of the Executive Team focused on

change and transition matters. The Corporate Management Team maintained an overview and approved bids and virements as required.

- The Workforce Review Group (WRG) met throughout the year, chaired by the Director of Strategy. In the final three months, vacancies have been subject to additional scrutiny, in agreement with the CEO designate for PHS.

Number

19-3

Description

As a result of HS's involvement in the shadow executive and governance arrangements for PHS, there is a risk of a conflict of accountability, resulting in liabilities and reputational damage.

End of year narrative

- This risk was actively monitored by the HS executive team and the Board, with potential conflicts being raised by both the HS CEO and Board Chair with the Scottish Government and PHS shadow Chair and CEO.
- The Board Chair also sought confirmation from SG on extant HS responsibilities in this regard and any consequent resourcing implications.
- The HS Chair had discussions with the PHS Shadow Board Chair around the potential for duplication of accountability or cross over of roles during the transition period.
- Formal records show that potential conflicts in accountability have been recognised and responded to promptly and effectively.

Number

19-4

Description

As a result of decisions made on behalf of PHS during the creation of the new organisation, there is a risk of an impact on HS's ongoing staff governance responsibilities and related financial liabilities.

End of year narrative

- The Partnership Forum continued to meet throughout the year and sought to maintain appropriate staff side representation on decision making forums, including the shadow EMT and joint HR steering group for PHS.
- Change and Transition papers and updates were presented to each meeting of the Partnership Forum.
- Particularly in the final three months, the pace of decision making has at times challenged the ability to see all work carried out using the partnership processes that we recognise, where the work has carried across both HS and NSS or also the Scottish Government. We have continued to be alert to this and to scrutinise all decisions for their impact on staff and application for policy. There are no outstanding or significant concerns to report.

Number

19-5

Description

As a result of the impacts or perceived impacts on staff of the changes planned through the creation of PHS and associated arrangements, there is a risk of an impact on productivity and staff turnover, and so we do not deliver all our commitments for 2019/20.

End of year narrative

- Anticipated end of year reporting shows no marked trend in productivity downturn or staff turnover upturn.
- Individual staff changes or absences have had noticeable impacts at the level of individual teams, particularly corporate teams. These have not impacted on delivery commitments, but impacts on individual members of staff are something we continue to keep under review, particularly in the last 6 weeks of the organisation as change work becomes even more intense.

Number

19-6

Description

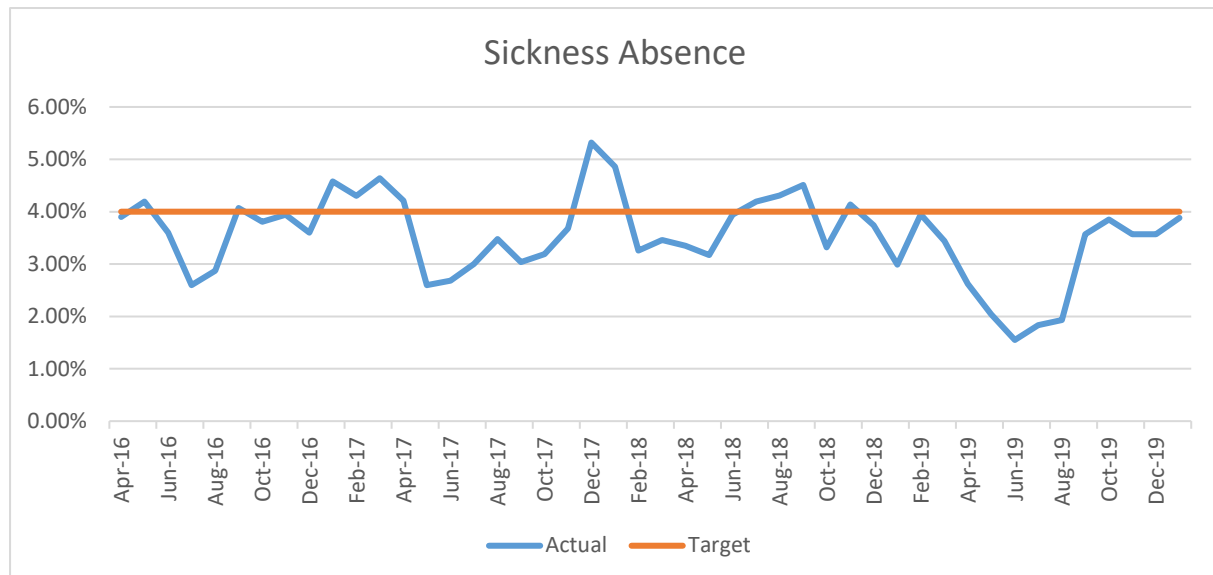
As a result of not retaining influence with and support from important stakeholders in the transition year, there is a risk that our key messages and core agenda are not carried over as powerfully into PHS, reducing its credibility and impact in reducing health inequalities.

End of year narrative

- The Transition & Influence Plan: Building Our Future guided our approach to communications and influence throughout the year. Health Scotland has maintained a strong media and policy profile throughout the year and we have reasonable confidence that our core messages of health inequalities, place based approaches and the right to health are in the core narrative and strategic planning aspirations for PHS.
- During the final month we are in communications transition planning between Health Scotland and PHS. This is demanding in terms of staff time and stakeholder management, particularly as the COVID-19 situation is affecting both the legacy organisations and communications planning for PHS, but there are no particular risks or issues to highlight for HS.

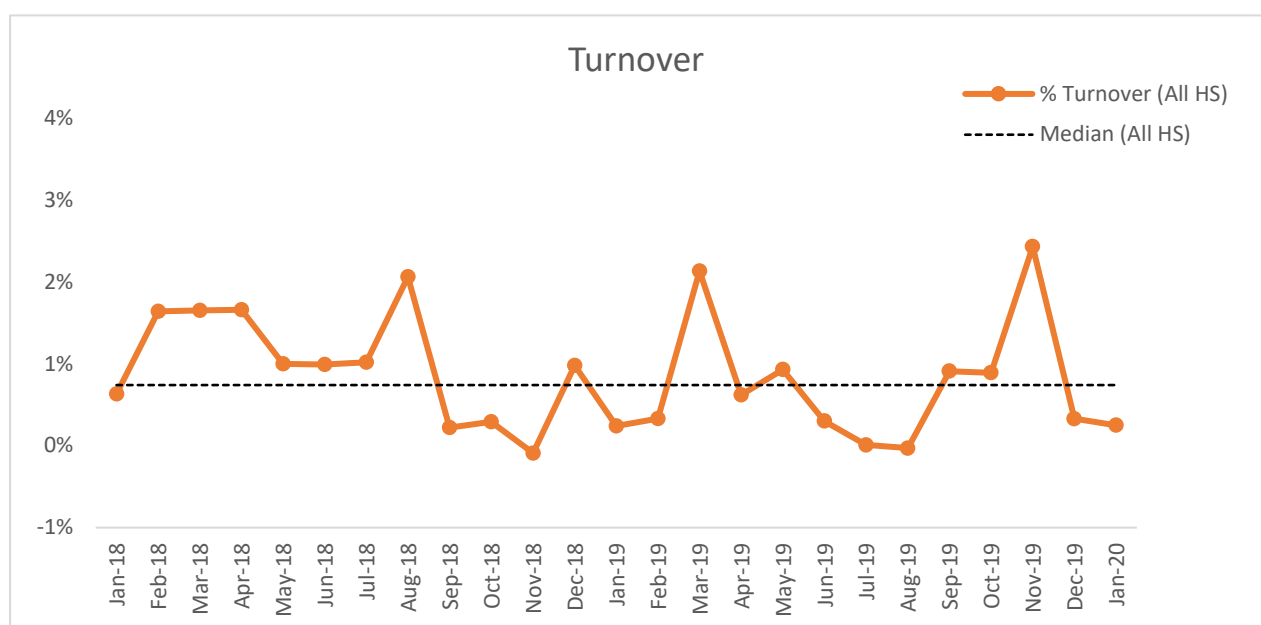
Part 5: Workforce Statistics

Sickness Absence (at 31 December 2019)



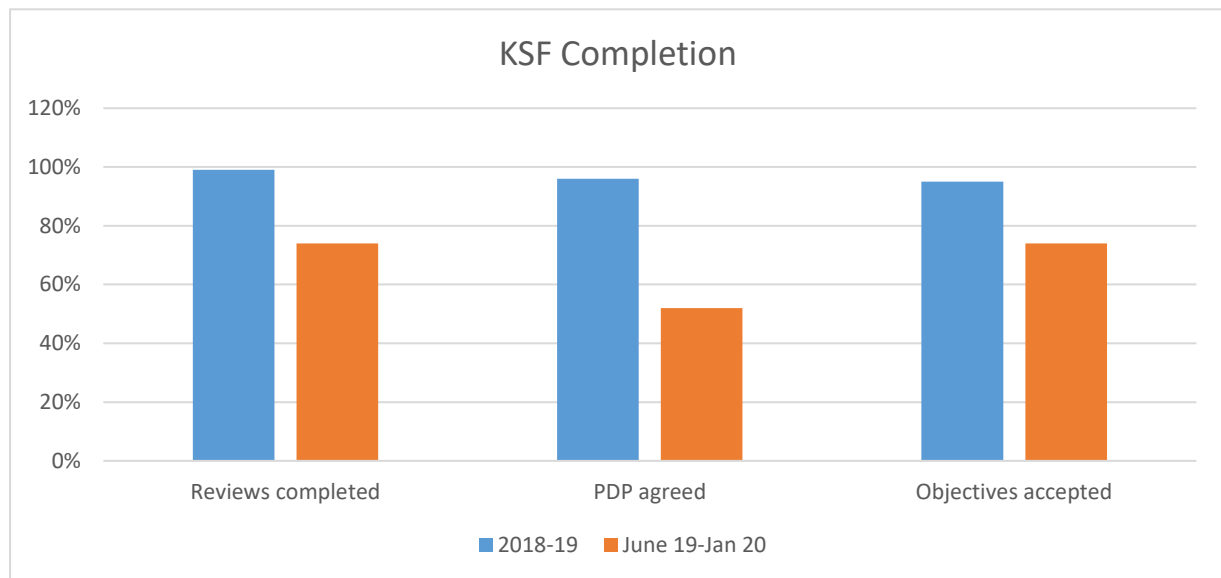
Peaks and troughs have occurred as expected, but we anticipate ending the year with an average below the 4% national standard. There are no signs of systemic issues relating to Change and Transition.

Turnover Rates (at 31 December 2019)



The patterns of turnover has fluctuated throughout the year, with no particularly high periods of turnover to date. There have been no signs of systemic issues relating to Change and Transition.

KSF completion figures (at 31 December 2019)



This graph shows the completion rate for KSF in the year ending May 2019 in blue. In red, the corresponding figures (as at Feb 2020) are shown. It is a matter of celebration that even in our final year we have continued to ensure useful conversations are taking place.

Employee engagement: iMatter Figures

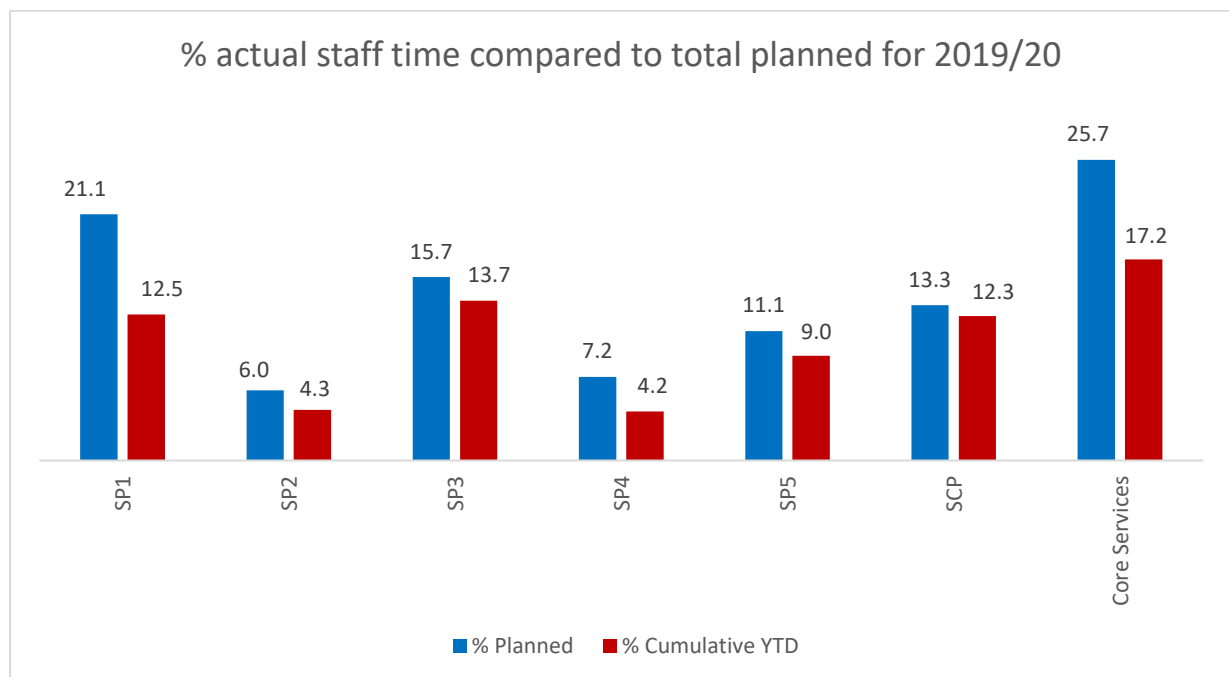
NHS HS completed its full iMatter questionnaire in June 2019 and achieved a 93% response rate. This means we have increased our response rate for the third year running (85%, 90%, 91%).

Our Employee Engagement Index score was 81 for the third year running. This is the second highest score, and only one less than the highest ever reported Board Employee Engagement Index score of 82 (achieved by NHS NES in 2018/19).

We have maintained an EEI score of 81 consistently during a period of exceptional change indicating the engagement of our workforce and also how it “feels”. All of which are important in creating healthy workplace cultures.

Further information is available in the Scottish Government’s [Health and social care staff experience: report 2019](#).

Staff time



The chart above 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.

At the conclusion of the planning process 31,998 days 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.

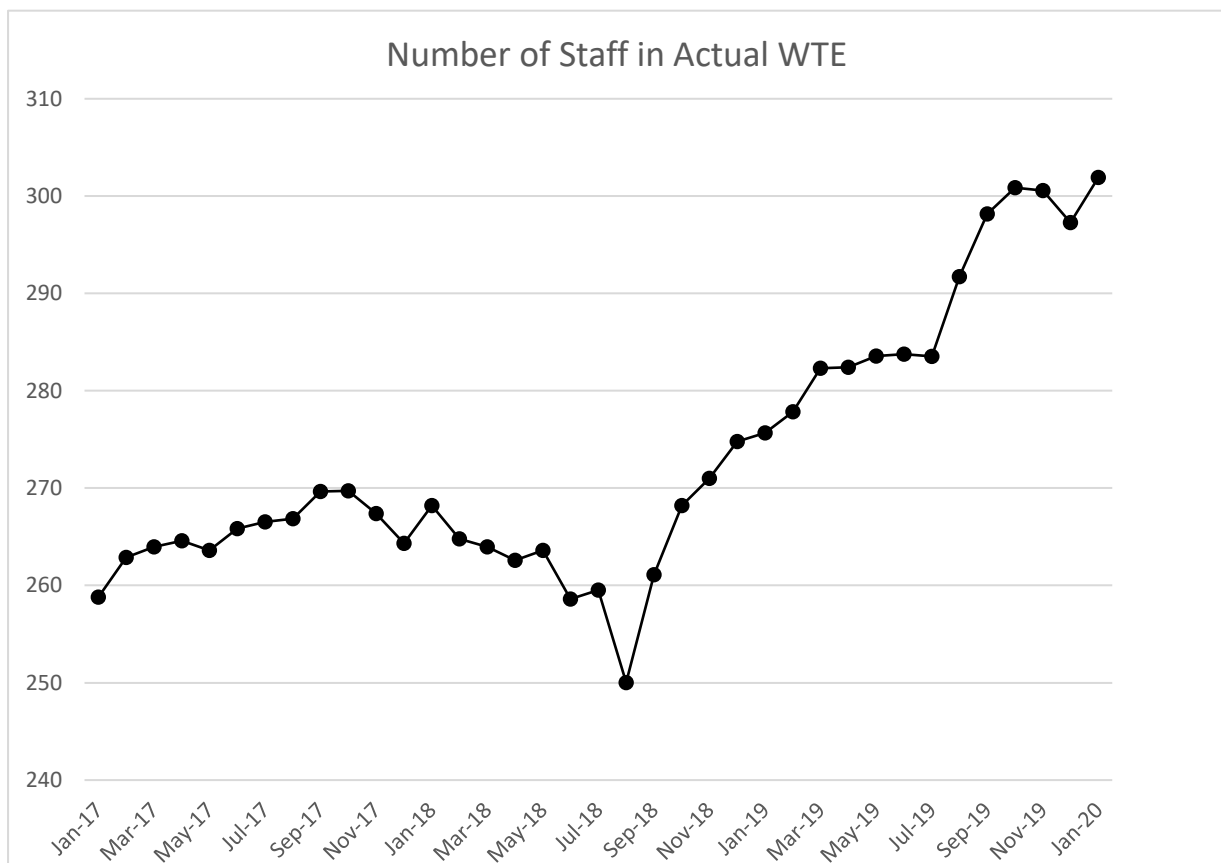
Workforce figures

For completeness we have provided below the current position of workforce as at 31 January 2020. This information sets out the baseline that will be used as we move towards vesting day for Public Health Scotland.

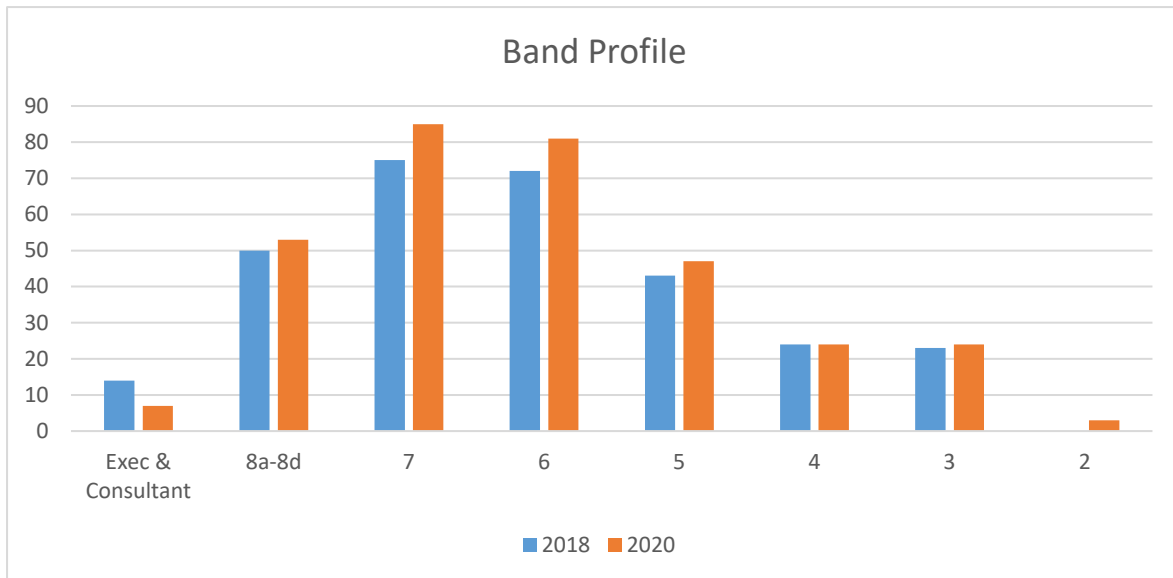
	Headcount	WTE
Permanent	309	283.26
Fixed Term	7	6.66
Secondees in to Health Scotland	1	1
Secondees to partner organisations	8	8
Total	325	298.92

On 1 April 2020, 319 members of staff will be deployed into PHS and 13 will be deployed into NSS.

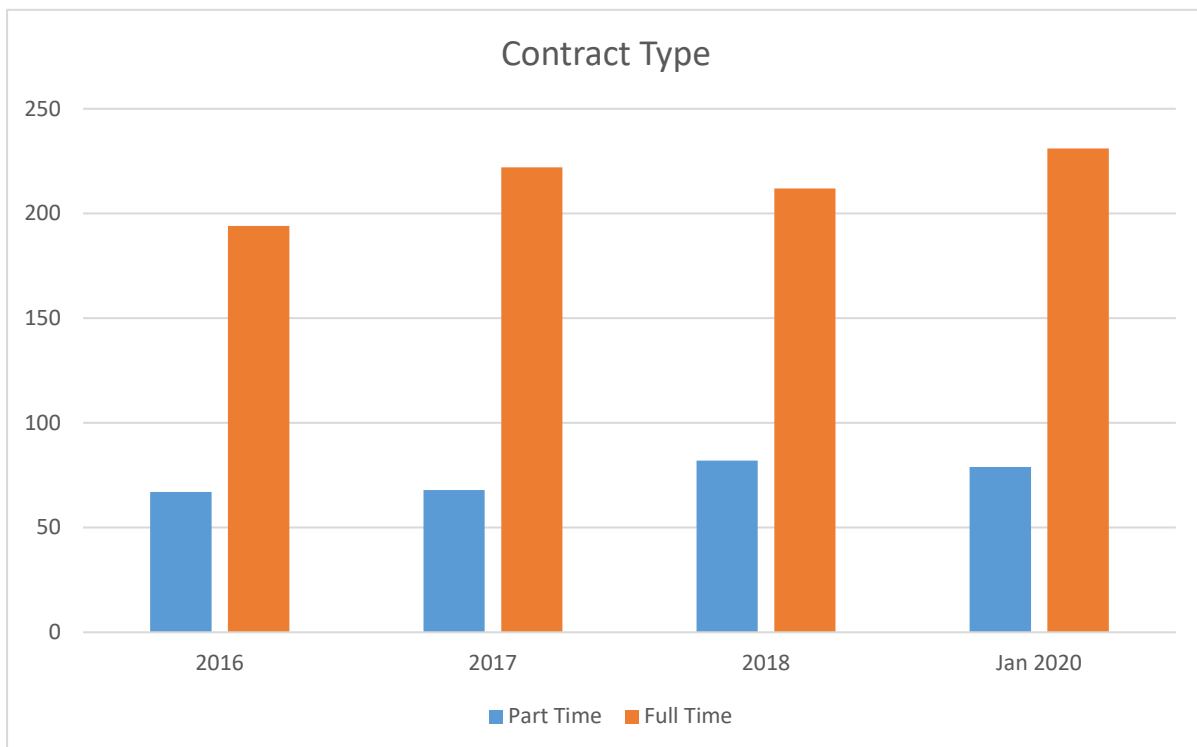
The graph below shows the quarterly Whole Time Equivalent (WTE) within HS since 1st Jan 2017.



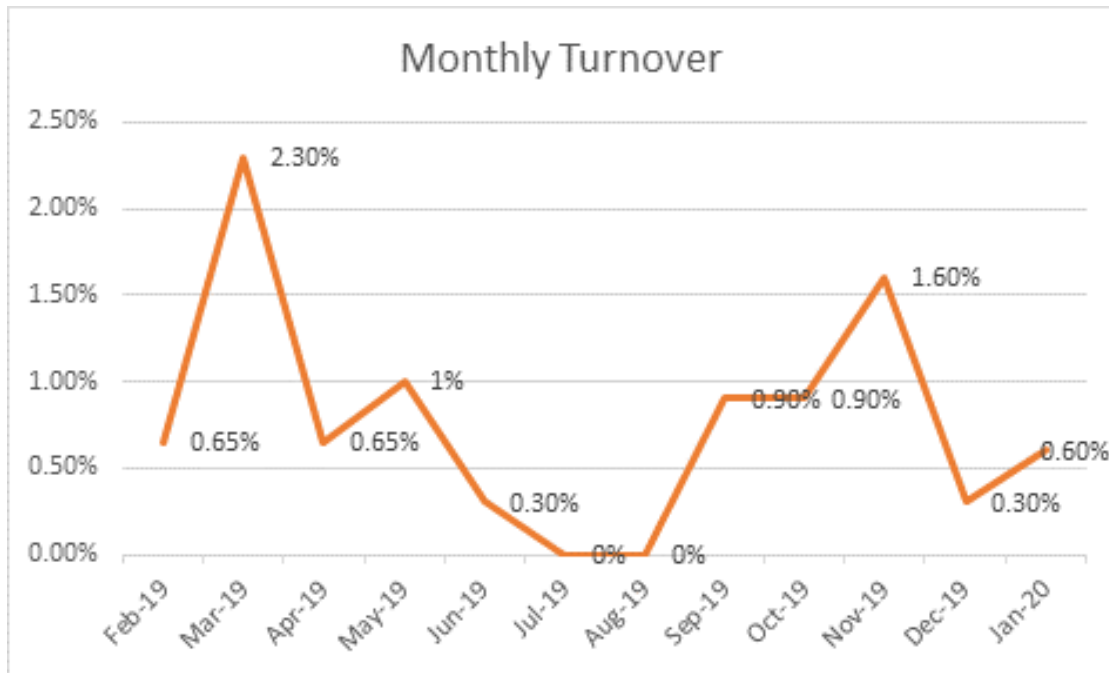
The graph below shows the band profile of our workforce as of 31st January 2020, including a comparison with 31st March 2018. The figures include those out on secondment.



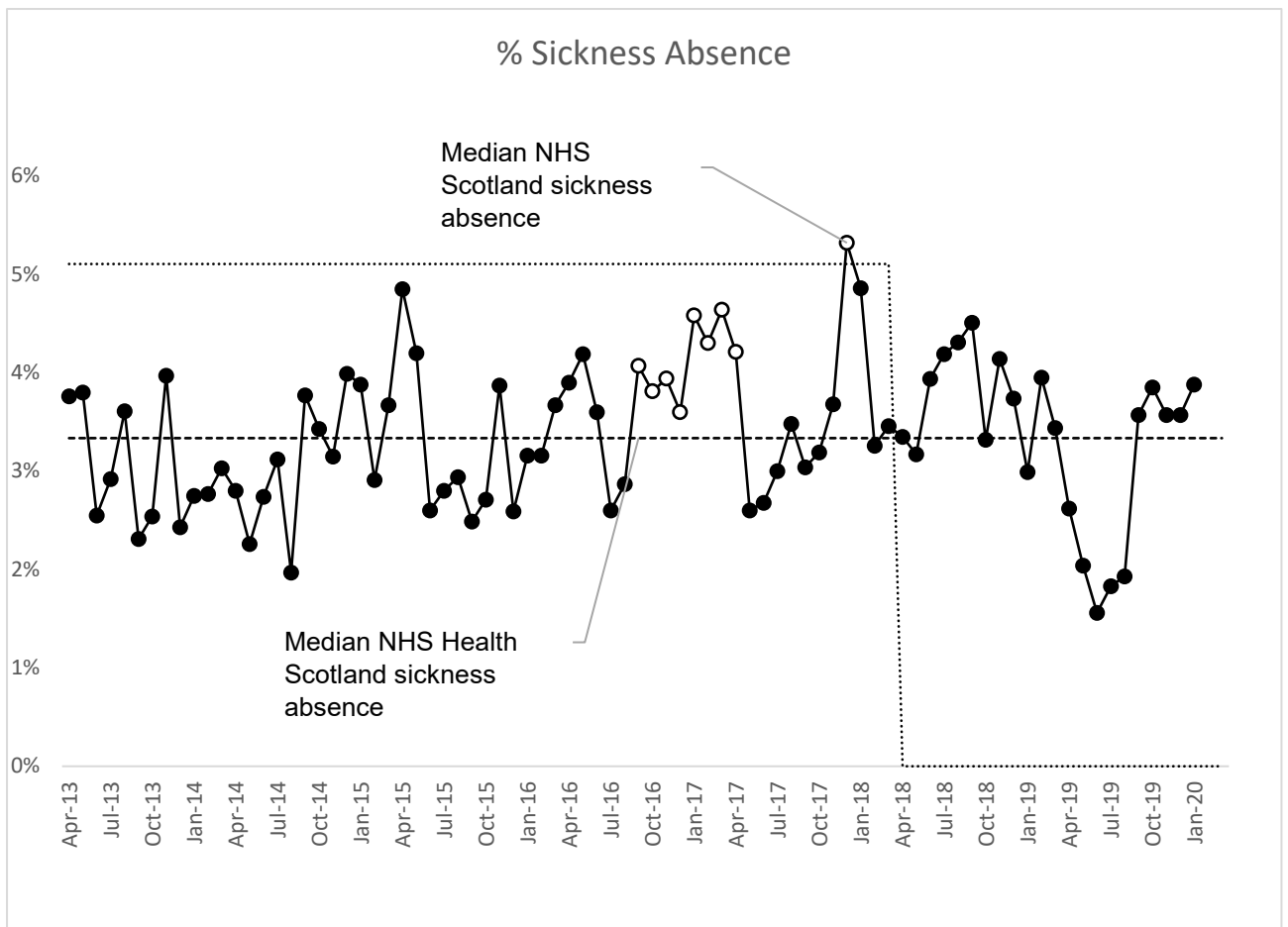
The graph below shows the contract type of our workforce as of 31st January 2020, with a comparison to the previous three years.



Monthly turnover



Sickness absence



Part 6: Finance Report

1. HS's financial position for the 10 month period ending 31 January 2020 is set out below.
2. With regard to the revenue resource limit (RRL), at 31 January there is an underspend of £54k (0.31%) against the 10 month budget of £17,152k.
3. We are operating to a financial plan in 2019/20 which shows
 - £362k c/f surplus from 2018/19 – y/e 2018/19 at £343k so £19k shortfall to plan
 - £270k staff saving target for 2019/20 now revised to £391k due to pay funding shortfalls
 - £67k further contribution in 2019/20 to the recurring £325k in 2018/19 so £392k in total to the £15m recurring savings across the National Boards.
4. Matters to be noted at this stage are as follows.
 - The Board's 2019/20 RRL as advised in the 3 February allocation letter from SG was £21,349k which includes a baseline of £18,896k and non-recurring allocations of £2,453k which includes £343k from 2018/19 (see 9 below).
 - The £54k underspend against the phased budget consists of 2 elements; an overall overspend of £15k on staffing, and an underspend of £69k on projects.
 - Staffing: The £15k YTD overspend is after the impact of the additional vacancy factor.
 - Projects: The £69k YTD saving is mainly due to timing. See 7 below.
 - Y/E Forecast: Break-even at present. See 8 below
5. Financial Planning 19/20

Split into unallocated/contingency budgets and Staff Savings

Unallocated budget/Contingency Planning	£k
Contingencies – General – CMT - £100k	100
Utilisation against project budget of £2m as £2.039m approved	<u>(39)</u>
Initial unallocated budget	61

Surplus c/f of £343k (audited) v £362k in plan	(19)
National Boards £15m saving - £400k per Fin Plan, £392k in allocation letter	<u>8</u>
Unallocated project budget/contingency at 31 May	<u>50</u>
Additional vacancy factor for 2019/20 at 2.5%	384
Additional projects 2019/20 – deferred from budget setting in 2019/20	(393)
Additional project re marketing approved at the June CMT	<u>(30)</u>
Unallocated project budget/contingency at 30 June	11
Surrenders Q2 (incl marketing pot at £75k & original project list of £24k)	157
Bids Q2 (incl COG at £25k)	<u>(45)</u>
Unallocated project budget/contingency at 30 September	123
Surrenders Q3 (incl print at £33k, mark't'g pot at £20k, cancelled projects at £43k)	178
Bids in Oct, Including property at £14k, and staff costs at £12k	<u>(37)</u>
Unallocated project budget/contingency at 31 December	264
Surrenders in January (COG at £18k, all others < £5k)	<u>46</u>
Unallocated budget/contingency at 31 January	310
Staffing Savings	£k
Original target identified in the Financial Plan	(270)
Add: Pay funding shortfall – uplift of £200k but £237k received in 18/19	(37)
Pension funding shortfall - £586k received but £670k in plan as funding was based on 18/19 actuals not 19/20 plan	<u>(84)</u>
Revised target	391
Achieved to date:	

Savings achieved at budget setting as certain seconded posts not backfilled	189
Savings achieved as posts on reduced hours or not replaced in March to Sept	190
Priority Posts	<u>(58)</u>
Net staff savings to date	<u>321</u>
Remaining staff savings target	(70)
Unallocated budgets/Contingencies and Staff Savings at 31 Jan - see 8	<u>240</u>

6. Directorate Analysis: YTD and Y/E staff cost variance by Directorate

Dir	FY Bud £k	YTD Bud £k	YTD Act £k	Var (£k)	Comments > +/- £30k variance	y/e forecast Var (March) £k
CEO	1,271	1,066	1,171	105)	No vacancies to date	(118)
H&W	1,470	1,229	1,187	42		40
Strategy	1,973	1,641	1,609	32		32
HE	6,629	5,478	5,370	108		123
PHS	3,013	2,486	2,511	(25)		(70)
Dir Total					Total (excl Staff Svgs Target)	7
Savings Target	(70)	(67)	0	(67)		(70)
Total	14,286	11,833	11,848	(15)		(63)

Our vacancies are managed across the organisation using a vacancy factor of 6.25% which equates to an £968k saving (£81k/mth) against our full establishment cost of £15.452m which gives an operational staff budget of £14,484k (£14,453k + £41k Mod App Levy) as at 31 May.

The additional vacancy factor reduced this staff budget by £384k which together with other staff changes at a net saving of £120k gave a revised staff budget of £13,980k (£13,939k + £41k Mod App Levy) at 30 June. In Q2 we added £39k from SG for a VTP post and we transferred £50k from our eHealth budget for posts in Digital Marketing Services, and at the October and November WRG we added £16k and removed £9k. In December we added £78k and £15k for core staff funded from Mental Health and ScotPHN non-core allocations to give a revised staff budget of £14,170. (£14,129k + £41k MAL). In

January we added £86k from Dist Awards non-core and £31k for digital temps from PHS set-up non-core to give us a revised staff budget of £14,287k (£14,241k + £41k MAL).

Staffing changes across the organisation are being managed through a workforce review process which will consider all changes to posts (new posts, leavers/replacements and changes) with the intention that our revised staff savings target of £391k is achieved first then any further savings will be considered against bids (staff and projects) initially through commissioners who will make recommendations to the Directors/CMT.

At 30 November and 31 December the revised savings target of £391k has had net savings of £321k giving a remaining saving of £70k to be achieved. For the y/e forecast we are assuming that no more staff savings will be achieved.

7. Directorate Analysis: YTD project cost variance by Directorate by project YTD +/- £30k variance, Y/E +/- £100k remaining spend review

Dir	FY Bud £k	YTD Bud £k	YTD Act £k	YTD Var > £30k	Comments YTD - > +/- £30k variance (Y/E - £100k+ to spend review)
Strategy					
Estates	1,084	845	896	(51)	YTD - Timing – invoices ahead of budget (Y/E - On target)
Health Equity					
Population Health	291	264	201	63	YTD - Timing – high spend in Feb/March
IT	325	255	301	(46)	YTD - Prepayments to adjust – on target
Learning & Improvement	204	133	81	52	YTD - Invoices expected – under review (Y/E - Commitments at around £80k – under review)
Marketing	1,649	1,334	1,251	83	YTD – behind on Flu spend by £67k

Dir	FY Bud £k	YTD Bud £k	YTD Act £k	YTD Var > £30k	Comments YTD - > +/- £30k variance (Y/E - £100k+ to spend review)
Public Health Science Evaluation	383	234	257	(23)	(Y/E - £330-£350k commitments—on target) YTD – Timing of spend slightly ahead Y/E - £116k re MUP main element to spend
Public Health Observatory	334	57	57	0	YTD – On target (Y/E – HSBC Project - £200k due by y/e – under review)
Others				(14)	Other Project variances =/< £30k
Total				69	

8. **Our year end position** for 2019/20 is being reviewed monthly during the year:

	YTD 31Jan 2020 £000	Y/E 2019/20 £000
Unallocated budgets/contingency and staff savings		
Contingency at 31 January per 5 above	310	310
Staff saving target remaining at 6 above	(70)	(70)
	-----	-----
Unallocated budgets at 31 Dec/ F/c 31 March	240	240
	===	
Staff variance YTD/Y/E Forecast	(15)	7
Project variance YTD/Y/E Forecast	69	
Surrenders – £14k in pipeline plus say £11k	-	25
Bids – £9k in pipeline plus say £13k		(22)
National Boards - £15m – additional – see Note 10	-	(100)
Q4 uncertainties – provision		(150)

	-----	-----
Underspend at 31 Jan /F/c break-even at y/e	54	Nil
	===	===

Staff variance/Forecast

In June we forecast an additional vacancy saving of £384k or 2.5% over the vacancy factor of 6.25%. This additional vacancy factor is now shown as a separate budget line in the finance report from June 2019 onwards.

For the first three months of 2019/20 an additional staff saving of £173k has been realised and budgeted with the remaining year conservatively expected to deliver savings of £211k which would give us our additional £384k saving in the year. We are expecting to achieve £377k of additional staff savings (incl a £67k secondment recovery on backfill costs from SG, a £78k and £15k recovery of staff costs from the Mental Health and Drug Death Surveillance respectively via our non-core allocation, and a £31k allocation for digital temps from the PHS set-up via a non-core allocation) rather than the £384k that was predicted in June leaving us underspent on salaries by £7k.

Project Variances/Surrenders

In 2019/20 so far we have had £401k of project surrenders including £95k from the marketing pot, £33k from print and £43k from two cancelled projects. In 2018/19 we had £179k of surrenders. There are further small surrenders of £14k in the pipeline and we expect some more small surrenders of £11k giving us a further £25k of surrenders in the final two months making us up to £426k for the year. During 2019/20 we allocated an additional £416k to projects in year and hence we have had higher surrenders due to this in-year allocation.

Bids

Any bids were placed on hold until our y/e forecast was revised to show a y/e surplus and will be dependent on salary y/e forecasts being updated also and any possible impact on the £15m National Board savings. As these are now in a positive position we may receive some small late bids in addition to the £9k so have provided for £22k, which includes the £9k in our forecasts.

National Boards

As noted at 10 below we have made provision for a further £100k of contribution to the £15m target for 2019/20. We await the confirmation from NES to complete the 2019/20 target.

Q4 Uncertainties

As Q4 will be an uncertain period we have reserved £150k to cover any late bids/uncertainties/claims/staff forecast changes arising in this period to ensure we manage a small surplus for the 2019/20 year.

Commissioners Update

As we were forecasting a small deficit for the financial year in November the CMT decided that any potential virements over £3k should be surrendered to ensure any potential deficit would be recovered. Commissioners were also encouraged to surrender any potential underspend to ensure our potential deficit would be covered and any bids due to financial pressures would also be funded. This resulted in an increase in surrenders in December and early January so we are now forecasting a small surplus but making provisions as appropriate as the Q4 will be an uncertain period.

9. Non-Recurring Income/Costs

Non-core allocations and costs will be added to the budget as agreed by SG and allocated to us each month with non-core budget adjustments being made accordingly. In May we received an allocation for MUP at £231k and £15k for Smoke-Free prisons work and in June we received an allocation for distress brief interventions under mental health for £143k and for alcohol sales data £63k being £452k in total for Q1.

In July we received £48k for marketing and communications work around vaccines and £25k to evaluate last year's AMR (antimicrobial resistance) campaign. In August we received £91k for eHealth, £480k re flu marketing, £343k re our 2018/19 surplus, and £82k for year 2 of the AMT campaign. In September we were allocated £41k re Oral Health publications, £17k for

MESAS and £74k for HPV Comms. In October we received £22k for Novovirus, £163k for Gypsy Travellers (mainly out to Boards) and £90k for Fit for Work (£80k re salaries and £10k projects). In November we received £50k for Media re NHS re-direction campaign. In December we received £78k for Mental Health and Suicide Prevention Training, £200k for our Mental Health Program, £15k to lead on Drug Death Surveillance and were deducted £13k for the Microsoft National Licencing program. In January we received £122k for Consultant Distinction Awards with £86k being passed on to Strathclyde University, and £83k for set-up costs re PHS. For the year to date we have received £2,120k re non-core allocations and £343k re our b/f surplus which is in our 2019/20 plans.

For the remainder of the year we are expecting a further £45k for Fit For Work which has a nil impact on budgets.

10. Efficiency Savings/£15m Collaborative National Boards Target

For 2018/19 we committed to a £325k recurring saving on revenue as part of our financial and operational plan for 18/19, an additional £60k non-recurring saving, and a further non-recurring £83k contribution from our £123k c/f surplus being £468k in total towards the £15m savings target. The National Boards achieved a collective £12.670m of savings (HS contribution of £468k) with the shortfall of £2.330m to be carried forward to 2019/20 as a non-recurring savings target.

In 2018/19 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 which is not counted as part of the £15m with the HS uplift loss being £182k.

For 2019/20 across the National Boards the latest recurring element across the National Boards Financial Plans is £11.02m (HS contribution of £392k) so there remains a recurring shortfall of £3.98m in 2019/20 to be identified across the National Boards.

HS position to December is that it does not intend to make any further contributions to the £15m shortfalls above other than self-funding efficiency

savings arising from National Board efficiency projects, as it has contributed more than its fair share of savings towards the £15m in 2017/18 and 2018/19.

SG has retained capital funding in 2018/19 of £568k which was available through a historic formula allocation to Health Scotland which was utilised in 2017/18 by transfer to NSS and NES in return for revenue savings to the £15m. This capital funding will be released to PHS in 2020/21.

At the end of December SG intended to make up the £4m in-year shortfall by allocating this principally against the non-patient facing boards hitting Health Scotland with an additional £400k of additional savings. At the National Board DOF meeting this proposal was discussed and each board was asked to consider what contribution it could make against the £4m shortfall. An initial proposal with HS contributing a further £100k and HIS making an additional £300k, which was always their intention, together with other boards making further additional non-recurring contributions was agreed in principle but is subject to each further contributing Board confirming it is able to make these contributions by 31 January. The main board impact is NSS with a further contribution of £1.5m on a non-recurring basis, which has SG and Board clearance and NES with a £1.33m additional contribution which is still subject to SG and Board clearance.

As the £4m is being achieved on a non-recurring basis in 2019/20 this will need to be c/f to 2020/21 as a remaining recurring saving to be achieved across the National Boards.

There remains a risk in 2019/20 with the £15m shortfall which we will need to monitor.

11. Capital

The 2017/18 capital resource limit (CRL) as allocated by SG was £583k. We surrendered £568k of this being £500k to NES and £68k to NSS who surrendered revenue of the same amount as part of £15m target.

SG has retained the £568k due to other priorities and given us £15k of capital for 2018/19 and 2019/20. In 2018/19 we spent £6k on capital. There has been no capital spend to date in 2019/20.

12. Cash

Our **cash requirement** was £19.05m for 2018/19 which we drew down in the year.

For 2019/20 our original cash requirement target was £19.95m, which we have increased to £21,950m. Against this revised figure we have drawn down £17.25m (79%) so are slightly behind on a pro-rata basis (£18.29m) but expect this to increase over the remainder of the year.

Part 7: Health and Sustainability Update

Statutory Reporting

We are required to report on four statutory duties:

- Climate change adaptation plan: this was adopted by the Audit Committee on behalf of the Board at its meeting in October 2016, with the necessary risk management incorporated into the HS Business Continuity Plan. This was subject to ongoing review in the lead up to the closure of HS.
- Biodiversity Action Plan: HS reports on a three year cycle, with the Board expected to report on its activities in the previous three years and set out its plans for the subsequent three year period. The report on activities for 2015 to 2017 and the forward plan to 2020 was adopted by the Audit Committee in April 2018. Consequently reporting for the period 2018 to 2020 will be undertaken by PHS.
- Implementation of Good Corporate Citizenship self-assessment: as with other Boards, HS was required to use the Good Corporate Citizenship self-assessment tool to guide its work in relation to sustainability. The Board used this self-assessment to underpin its Sustainable Development Action Plan. From 2019/20 onwards, the Good Corporate Citizenship self-assessment tool was been replaced by the NHS Scotland Sustainability Assessment Tool.
- Sustainable Development Action Plan: in 2018/19 there was continued progress in all areas of the action plan including travel, procurement, facilities management/buildings, workforce, and community engagement.

Sustainability Performance

Performance overall in 2018/19 was more mixed than in previous years. Of particular note were the increases in staff mileage costs and the CO₂ consequences of these. These were lower than the benchmark for 2015/16, however should be looked at further by PHS in the spirit of continues improvement. Overall performance on paper use improved for the organisation as a whole. However, this masks increased paper

use by two Directorates, compared to 2017/18, though neither breached their 2015/16 benchmark.

During 2018/19 HS continued to support Health Facilities Scotland in the development and implementation of the new NHS Scotland sustainability reporting mechanisms. This was launched in 2019 and will provide the system-wide benchmarks for environmental sustainability and climate change actions which will inform action across NHS Scotland once PHS is established.

Wider reporting requirements

Reporting in relation to a further five areas was undertaken by NHS National Services Scotland on behalf of HS. These relate to:

- Implementation of an effective Environmental Management System
- Energy, waste and water data submissions to support NHS Scotland Energy and GHG Reduction Targets
- Property Asset Management Strategies (includes section on environmental performance and sustainability)
- Carbon Reduction Commitment Energy Efficiency Scheme: Annual Returns; and
- Energy Performance Certification.

NHS National Services Scotland have confirmed that reporting in these measures is current.

Public Bodies' Duties Climate Change Report

HS was exempt from reporting duties under the Climate Change (Scotland) Act 2009 Statutory Instrument. This was because it is not considered a 'major' NHS Board. However despite this exempting the Board has participated in Climate Change reporting on a voluntary basis.

NHS Scotland Sustainability Assessment Tool

HS was been central to the development and implementation of the new NHS Scotland Sustainability Assessment Tool (SAT). This was published in 2019, when an initial baseline assessment was undertaken. The SAT replaced the Good Corporate Citizen Self-Assessment tool and supports NHSScotland Health Boards in:

- assessing the Boards' yearly progress on sustainability against the United Nations Sustainable Development Goals (SDGs);
- reporting on the progress of sustainability and identifying areas that need improvement; and
- demonstrating the Boards' contribution to sustainable development

In doing this, the SAT considers NHS Board activity in a number of areas. These include: active travel; staff and patient awareness; greenspace; capital projects; NHS Board governance and policy; procurement and the supply chain; providing care in a sustainable way; waste creation and management; staff and patient welfare; and working with (local) communities. Overall these are structured around three themes of “Our NHS”, “Our People”, and “Our Planet”.

Even though it was acknowledged that HS would transfer its responsibilities to PHS in April 2020, it chose to participate in the baseline assessment.

Wider Work on Sustainability and Public Health

In 2018/19 HS supported the Scottish Government in its development of the second Climate Change Adaptation Plan. This updated plan recognised that special consideration needed to be given to those who – as a result of vulnerabilities to climate change impacts – could experience disproportionate health impacts. National Outcome 2 (The people in Scotland who are most vulnerable to climate change are able to adapt, and climate justice is embedded in climate change adaptation policy) makes clear the need to ensure effective adaptations are in place to militate against future health inequalities and impacts on health and social care system.

The Scottish Managed Sustainable Health Network (SMaSH), hosted by ScotPHN, continued to support NHS Boards on sustainability issues. During 2018/19 SMaSH continued to work in collaboration with Health Facilities Scotland to develop NHS Scotland Sustainability Strategy. SMaSH was also accepted as a member of the international Planetary Health Alliance for its work on developing approaches to professional education and support.

Part 8: Complaints, Feedback, Comments and Concerns

From 1 April 2019 to 1 March 2020 HS received no complaints and four concerns. Although this period is not quite a full financial year, this compares with the 2018/19 business year, when we received one complaint and fifteen concerns.

As in previous years, concerns received over the year to 1 March 2020 tended to relate to our information resources including our website. In April a member of the public contacted us to raise a concern about the vitamin D recommendation made in our leaflet, Fun, First Foods. We advised that the Vitamin D recommendation reflects current Scottish Government advice, which is based on recommendations from the Scientific Advisory Committee on Nutrition. In August a concern was raised about the wording in our report on “Interventions to improve engagement with immunisation programmes in selected underserved populations”. This resulted in some minor revisions to the wording of the report, which they were satisfied with.

A GP surgery got in touch with us in October to raise a minor concern about our falls prevention resource, Out and About. The concern related to the number of times advice was given to contact a GP. We shared information with the GP about the groups involved in shaping the content of the booklet and also highlighted that many other sources of advice and help from voluntary, health and social care groups had been included. We advised we would take their comments into account when the booklet is next revised or reprinted.

The final concern was from someone expecting to find more information on eating disorders and anorexia on our website. We were able to signpost them to some helpful information on anorexia on the NHS Inform website, including information on treatment and getting help.

We regularly receive complaints and concerns about treatment and services provided by other NHS organisations. Many of those contacting us tell us they are unsure of the NHS complaints process or that they have contacted us thinking we

are NHS Scotland. This financial year to 1 March 2020 we received 93 complaints/concerns intended for other NHS Scotland services, compared with 120 in 2018/19 and 254 in 2017/18. These complaints are handled sensitively and processes are in place to redirect complainants to the appropriate person or organisation for responding to their complaint or concern.

In recent years we have improved the information available on our website to inform complainants of local NHS contact details to help enable the complainant to reach the right destination the first time and this has contributed to the reduction in the number of 'misdirected complaints' received.

Part 9: Equality and Diversity

The Board agreed four Equality Outcomes in March 2017 in line with the statutory requirement of the Equality Act 2010 Public Sector Equality Duty (PSED) to advance equality, tackle unlawful discrimination and foster good relations between people with protected characteristics. Public bodies are required to publish progress reports every two years, which we [published](#) last year. This section provides an end of year update on progress towards our equality outcomes.

Outcome: Our outward facing work uses a human-rights-based approach, advances equality in health and tackles unfair inequalities in health outcomes.

Indicator 1: All our work will take every opportunity to tackle unfair inequalities in health and not make them worse

- We have implemented our [Accessible information policy](#) to ensure that our health information is accessible and easy to use. We published a series of [How To guides](#) to support the policy and rolled out monthly accessibility drop-in sessions across the organisation to support staff in implementing it.
- We have coordinated NHS Scotland's BSL improvement plan to support improved access to health and social care services for deaf/deafblind people, including the development of a once for NHS Scotland policy and framework on translation and interpretation to improve efficiency and provision.
- We have continued with our proportionate response to Health Inequality Impact Assessment (HIIA) with HIIA screening assessments required on work that was identified as having the potential to directly impact the public.

Indicator 2: We will support our partners to assess how their work impacts on health inequalities

- We promote the use of HIIA in work with external partners and through consultation responses. The latter promotes the importance of assessing proposed policies and legislation for impact on human rights and equality.

Indicator 3: We will contribute to improved data systems in the collection of information on equality characteristics, social and health inequalities

- ScotPHO is continuing to expand the range of equality characteristics used to present data and we are mainstreaming the reporting of our outputs by equality characteristics wherever this is possible and non-disclosive.

Indicator 4: We will contribute to raising the awareness of NHSScotland's workforce on human rights and inequalities sensitive practice

- We are developing learning hubs on Health Inequalities and Leadership on Health Inequalities, which will be completed under the auspices of PHS's work around support for the core and wider public health workforce.
- We plan to launch three learning supports by the end of March, including our new Challenging Poverty and Stigma learning hub.
- We funded the development of a framework that will support third sector organisations to map out their own change theory that will guide how they assess their contribution to reducing inequalities.

Outcome: we have a workforce that welcomes, values and promotes diversity and dignity; is competent in advancing equality and tackling discrimination, and embraces our aim that everyone should enjoy the right to health.

Indicator 1: When recruiting, we will advertise widely so that we continue to attract a wide range of candidates for employment.

- Our vacancies are advertised on Scotland's Health on the Web, on the Disability Confident website, and on our own websites. Vacancies are shared, as appropriate, to community groups and websites.
- We have recently moved onto the national system *Job Train*, which has enabled a more consistent approach and improved applicant experience.
- We have specifically targeted young people via Modern Apprenticeships and have now successfully recruited four people via this route.

Indicator 2: We will continue to include and monitor information on equality in our recruitment and selection training, so that our recruitment and selection processes are fair, with applicants not being disadvantaged by identifying with a protected characteristic.

- Although we did not deliver training specific to recruitment and selection this area has remained a priority for us. We have ensured gender balanced recruitment panels have been in place where possible.

Indicator 3: We will monitor our employees' hourly rate of pay to make sure it is similar whether an employee is a woman or man, is disabled or non-disabled, or identifies as BME or not. We will liaise with other NHS Boards to share learning and best practice.

- Our last [Equal Pay Audit](#) indicated that our gender pay gap is 10%. The majority of variations were within the 5% margin, with the exception of band 4 and executive and consultant staff. This is largely due to vertical segregation (i.e. men tend to be disproportionately represented in the highest paid positions and women tend to be disproportionately represented in the lowest paid positions).

Indicator 4: We will work in partnership with Staff Side colleagues to monitor the experience of staff going through the management of capability policy or procedure by protected characteristic.

- We continue to work closely with our Staff Side colleagues although numbers of people going through this process is small, regular HR/Staff Side meetings provide a mechanism to ensure this work is monitored. We also report quarterly on staff exit interview feedback to monitor the experience of staff and take action where appropriate.

Outcome: Our premises and systems are as adaptable and flexible as possible to meet the changing needs of the organisation, our people and those who come into contact with us.

Indicator 1: Ensure flexible working is reviewed and embedded in the organisation, in how we go about our work

- Throughout 2019-20 we moved all staff to agile devices to provide all staff with the full flexibility they require to work agilely. This included the provision of docking stations on every desk to allow universal connectivity for all staff. Feedback from both initiatives has been very positive.

Indicator 2: Build and establish relationships with co-located Boards to ensure consistency and best practice across systems and premises

- We have worked closely with NSS IT and Health and Safety in the planning, configuration and implementation of services for PHS. This will continue next year.

Indicator 3: Ensure contractors, partners and suppliers for systems and premises are clear on our accessibility commitment and the requirements of the organisation

- No employee has raised an issue or concern with us around our premises and systems on grounds of a protected characteristic. We have continued to engage with individual staff with particular access requirements to ensure that new systems and improvements to our offices meet their needs.
- We are in the process of finalising the accessibility features of SharePoint, which will allow staff with access requirements and their teams to begin using SharePoint fully for collaboration.

Indicator 4: All new systems developed and implemented will have an HIIA completed before going live

- HIAs were carried out for our new website, the Healthy Working Lives website, and the move to agile IT kit for all staff.

Indicator 5: Monitor feedback and complaints on systems and premises regarding barriers to use via helpdesks and surveys and provide regular reports on this

- We have had no complaints about barriers to use our IT systems and/or services.

Indicator 6: Continue to monitor and review reasonable adjustment arrangements for staff and review the process should there be any issues

- The organisational approach to reasonable adjustments has continued over the last year, with adjustments made as appropriate.