



HS Paper 31/17

BOARD MEETING: 24 November 2017

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NHS HEALTH SCOTLAND PERFORMANCE REPORT: QUARTER 2 (July – Sept 2017)

Recommendation/action required:

The Board is asked to **note** this report.

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November 2017

Quarter 2 Performance Report

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Part 1: Summary

Highlights this quarter

This has been a busy and productive second quarter for Health Scotland. The Burden of Disease study was published with good media coverage and presentation at a range of meetings and conferences since, including the Public Health Information Network for Scotland seminar. The Power Animation, developed in partnership with Glasgow Centre Population Health, was also launched – again with strong coverage over a variety of channels. Another well-covered publication was the review of the 2013 Tobacco strategy. We also offered advice to Scottish Government on a wide range of topics including on Health Interventions in Education and Quality and Outcomes in Early Learning Centre, and policy analysis for the forthcoming child and adolescent health and wellbeing strategy.

Momentum has continued to grow across Scotland on understanding of Adverse Childhood Experiences as a result of a number of showings of the film 'Resilience' to the general public, practitioners, civil servants, some Ministers and a range of organisations. The Adverse Childhood Experiences Hub and Scottish Government Community of Interest have built on this with decision makers in policy and practice. Adverse Childhood Experiences features strongly in the Programme for Government published in September.

We have been involved in a number of other high profile social policy developments, including co-ordinating the planning and evaluation of four planned local government pilots for Universal Basic Income and a range of reports on benefit sanctions and Employment and Support Allowance to inform decision-making on social security policy in Scotland.

We co-hosted a 2 day Place Standard masterclass with the WHO Healthy Cities Regional Network, attended by over 15 countries and with extremely positive feedback and a series of actions agreed in principle to support the next phase of WHO Healthy Cities in Europe.

We published the final report for the Evaluation of the Glasgow Deep End Link Worker Programme and, having worked with Scottish Government and a range of stakeholders, supported the launch of the British Sign Language (BSL) National Plan 2017-2023. We worked with Scottish Government Equality and Health policy leads to develop and refine the 11 actions in the Health, Mental Health and Wellbeing section and played a coordinating role with our NHS partners.

Regarding organisational strategic change, we completed the collection of staff feedback for our latest EFQM self-assessment report, including workshops with participation from 98 staff. These findings have been discussed with the CMT and are informing a number of strands of work

supporting our change and transition. We also agreed changes to streamline our planning process in time for the 2018/19 planning round and launched a dedicated 'Change Hub' space on our internal intranet. Externally, the second meeting of the Public Health Reform Board took place and we are increasingly actively involved with Scottish Government and with others in a range of ways in the development of proposals around the new public health landscape.

Issues of note

Most work is progressing well as planned. There are no significant shifts in plan or resource pressures requiring Board attention at this time, although we expect that demands on time related to involvement in the new public health landscape will continue to mount up. At the same time, activity related to the National Boards Delivery Plan and to Shared Services is stepping up. We are actively involved in this. Inevitably, the uncertainty of changes at this stage is putting a particular requirement on internal communications.

Coming up next quarter

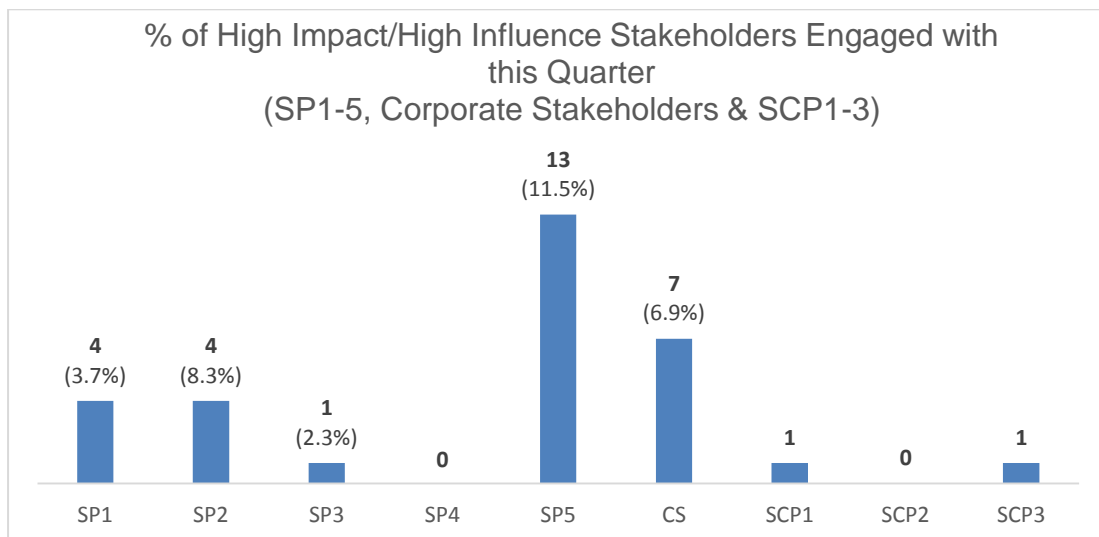
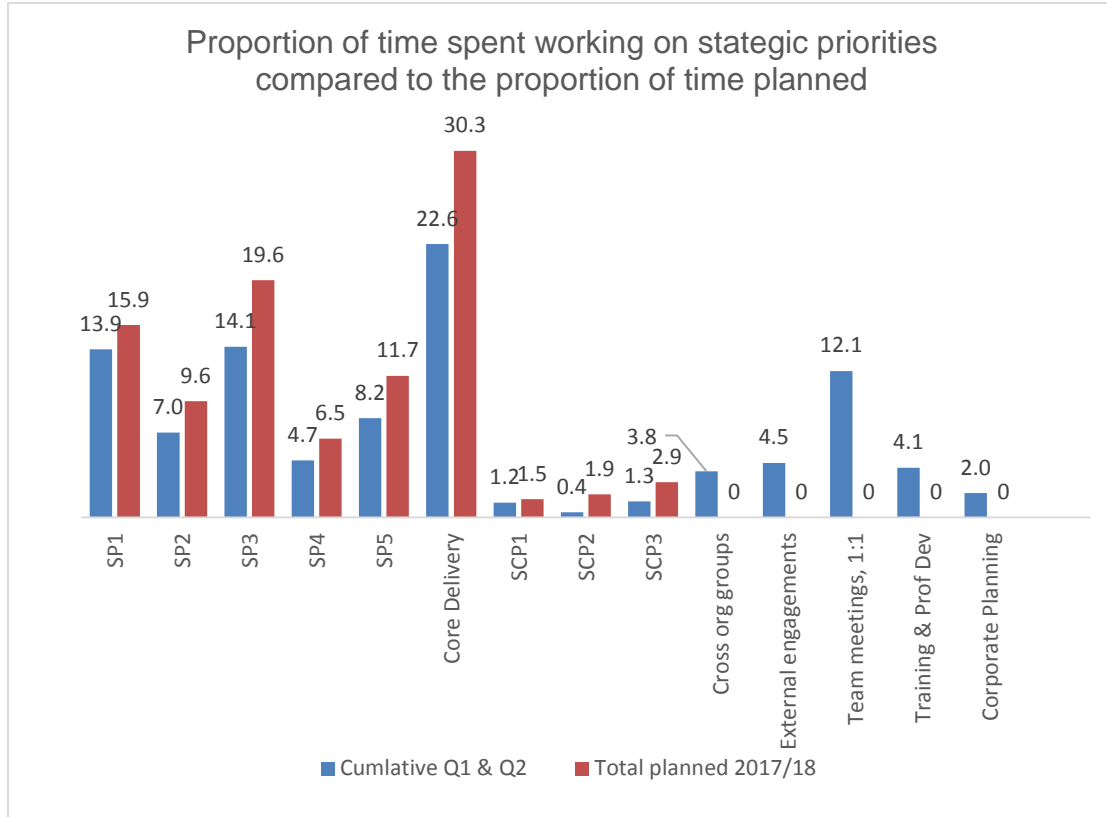
Two significant dates in the next quarter include the expected publication by the Supreme Court of its judgment on the case brought against the Scottish Government by the Scotch Whisky Association and others against introduction of a Minimum Unit Price for alcohol, and the annual Faculty of Public Health Conference.

Other events anticipated include:

- Publication of the Quality Childcare strategy
- The Resilience screenings will continue and next quarter will include screenings for Survivor Scotland, Inspiring Scotland, and the Family Nurse Partnership development day.
- A presentation to the DWP Community Partners event, with the aim to encourage better links with partners and DWP on disability issues
- The Scottish Place Standard Alliance will meet in December to improve the analysis, prioritisation and reporting of place standard findings.
- Health Scotland and the Scottish School of Primary Care are leading a collaborative of national organisations supporting research and evaluation of primary care transformation.
- A joint session with Glasgow City Council, GCPH, Glasgow HSCP on the recommendations from the Glasgow City Council's Commission for Health Inequalities report and what this means for our work.
- Sharing the learning from the EFQM self-assessment and staff perspectives staff, the Partnership Forum and Scottish Government.
- Joint sessions with NSS for all senior managers on change will run over the next six months.

Part 2: Strategic Priority Update

Overview of staff time data all Strategic Priorities and Strategic Change Priorities



The chart shows the numbers of HIHI stakeholders engaged with, for each of the 5 SPs and 3 SCPs and the Corporate Stakeholders between July and September 2017 (as per CRM data and current stakeholder lists). The data is based on the HIHI stakeholder analysis lists identified for each strategic priority by the respective lead.

Strategic Priority 1: Fairer and Healthier Policy

Performance Information

Delivery Commitments completed

Delivery Commitment	Performance Indicator
Quantify the impact of interventions on health and health inequalities by developing and disseminating the Informing Investment to reduce health Inequalities (Triple I) tool across a range of national and local authority areas	Defined list of interventions to model long-term impacts on health and health inequalities finalised
Produce and disseminate statistics on a range of alcohol-related indicators for policy and strategy audiences	Establish baseline of product reach using relevant online analytics
	Evaluation of products by high-interest/high-impact stakeholders

Delivery Commitments overdue

Delivery Commitment	Performance Indicator	Issue
1.1.1: Publish and disseminate comprehensive burden of disease estimates by key demographics and implement the next phase of the project	Phase I estimates by deprivation and Health Board published and disseminated	This has slipped into Q4. External suppliers not delivering

Delivery Commitments at risk of not delivering on time

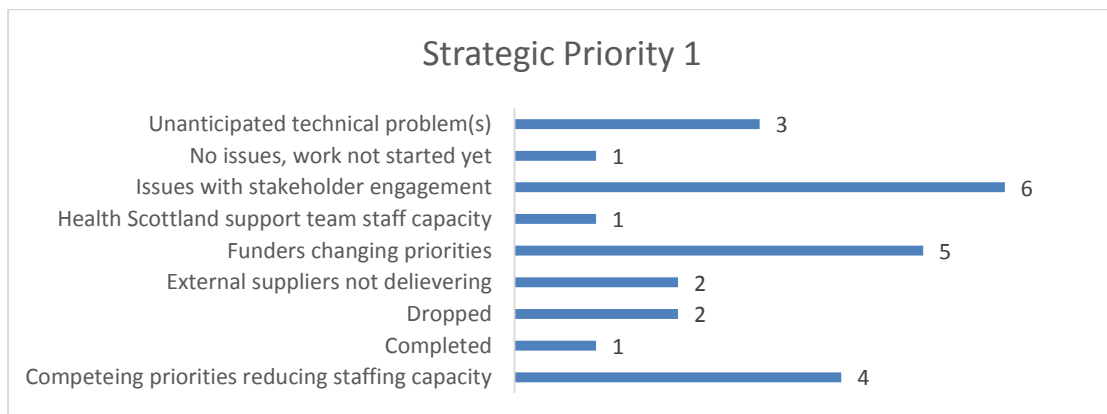
10 out of 16 the delivery commitments due to be completed in future quarters have one or more outputs with an on time status that's not 'on track, no issues':

- 1.1.1: Publish and disseminate comprehensive Burden of Disease estimates by key demographics and implement next phase of the project
- 1.1.3: Publish and share evidence on the economics of prevention, including the data from the Scottish Burden of Disease study to influence key policy areas.
- 1.2.1: Develop and agree a plan for the evaluation of Minimum Unit Pricing (MUP) and the refreshed alcohol strategy and establish processes to implement evaluation.
- 1.3.1: Maintain the cross-cutting work of the Scottish Public Health Network (ScotPHN), ScotPHO and associated networks and leadership

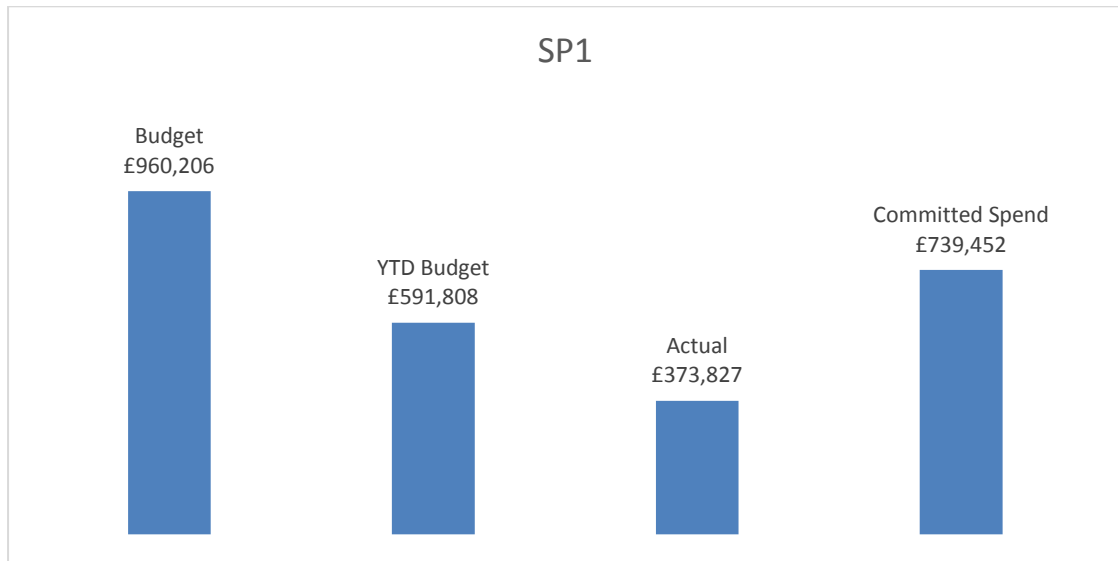
groups to support delivery of an effective public health function in Scotland.

- 1.3.3: Co-lead the Scottish Public Health Observatory (ScotPHO) collaborative to deliver public health information and support for the Public Health Information Network for Scotland.
- 1.3.4: Lead the development of the Public Health Network (PHEN) to carry out evidence reviews more rapidly, ensuring evidence informs policy and practice in a timely manner.
- 1.4.1: Provide expertise and guidance on policy and effective interventions to tackle inequalities in diet and obesity, including improving access to healthier food choices for key populations groups across a range of priority settings.
- 1.4.2: Provide expertise and guidance to enhance workforce capacity and improve collaborative relationships across the public and third sectors for public mental health and suicide prevention.
- 1.4.6: Implement a 'once for Scotland' approach to improve quality, reduce variation and make tobacco services more accessible to priority groups co-ordinated through the tobacco control networks.
- 1.4.9: Lead, support and advise on the design and implementation of actions relative to the Active Scotland Framework and National Physical Activity Implementation Plan.

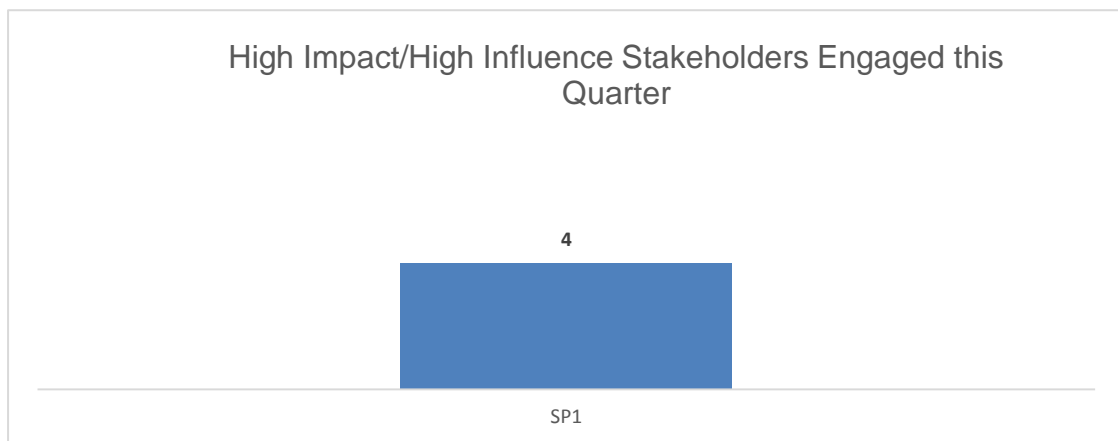
Issues affecting delivery



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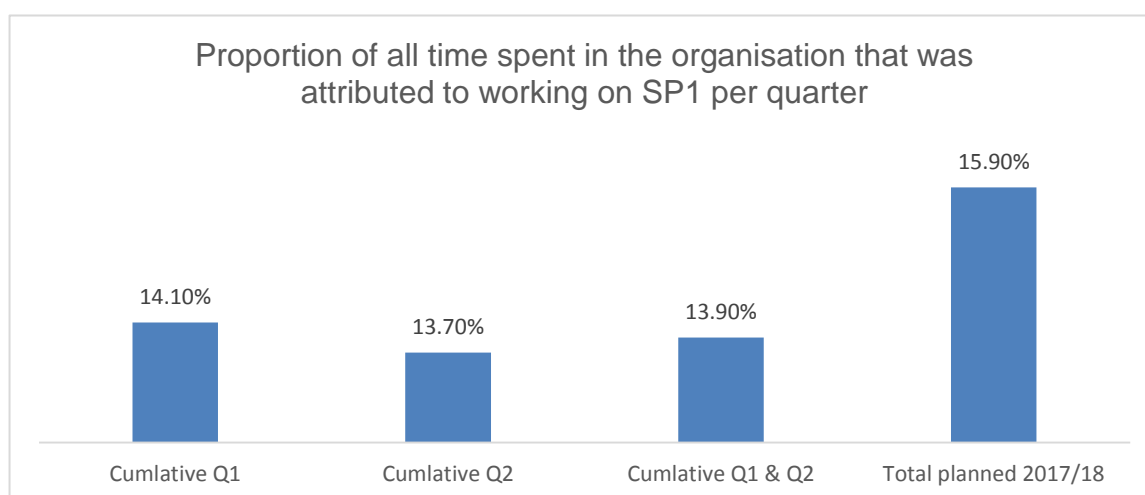
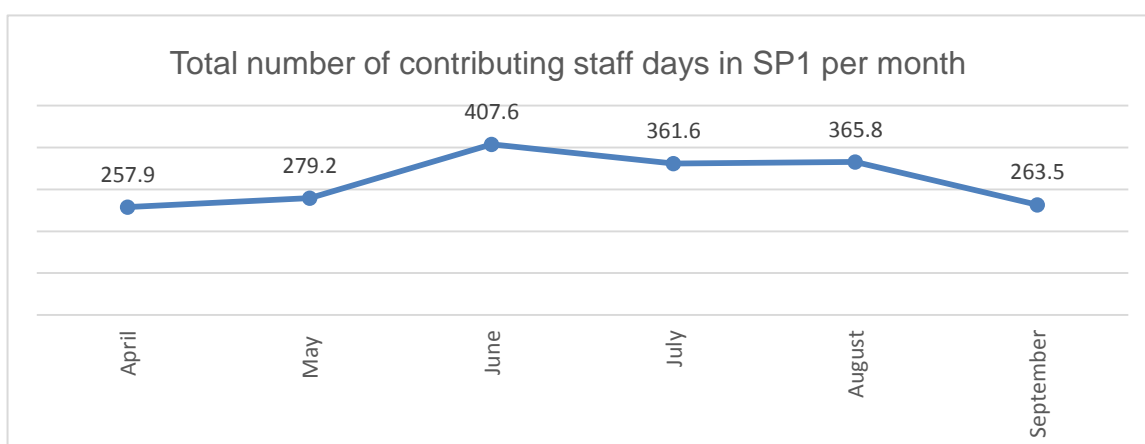


High Interest/High Impact Stakeholders Engaged this Quarter



Pauline Craig discussed the forthcoming tobacco strategy and the role of HS, with Alison McCallum (NHS Lothian Director of Public Health and Public Policy) and Morris Fraser (SG Tobacco lead) to obtain a Directors of Public Health perspective.

Staff time data



Highlights from the quarter

- Burden of disease study: published <http://www.scotpho.org.uk/comparative-health/burden-of-disease/overview/>
- MUP evaluation: Harmful drinkers study and small retailers study established, ethcis granted and data collection tools developed
- Power animation: published in August in partnership with GCPH <http://www.healthscotland.scot/health-inequalities/fundamental-causes/power-inequality> (good coverage)
- The review of the 2013 tobacco strategy: published in August <http://www.healthscotland.scot/health-topics/smoking/prevention> (good coverage)
- The consensus statement on e-cigs: published in Sept <http://www.healthscotland.scot/health-topics/smoking/e-cigarettes> (good coverage)
- The review of drug-related deaths: published in Oct <http://www.healthscotland.scot/publications/drugs-related-deaths-rapid-evidence-review> (released quietly)

- Evaluation of the short-term impact of the Alcohol Act on alcohol-related deaths and hospital admissions : published in the peer-reviewed journal Addiction.
- Paper that examines social drift as a potential explanation of alcohol-related mortality inequalities: accepted, in principle, for publication in the Journal of Epidemiology and Community Health.
- New contracts for the provision of alcohol sales data for the purposes of monitoring and evaluating Scotland's alcohol strategy agreed.
- The Project Advisory Group for Triple I met.
- Facilitated a HIA for the draft diet and obesity strategy proposals, involving a number of key individuals from Scottish Government and representatives from FSS and CFHS.
- Publication of ScotPHO Children & Young People's Profiles and accompanying national overview report.
- ScotPHO Health & Wellbeing Profiles updated to include 2011 Intermediate Zone data.
- ScotPHO website migrated onto a new web platform.
- PHINS seminar - well attended and positive evaluation
- Age-period-cohort analysis – Drugs has been accepted as a poster for a Lancet conference in November. Paper under consideration with BMC Public Health. The paper was pre-published in July to coincide with the Scottish Government's drug strategy refresh announcement. We had a lot of media coverage and some following on from this also including mention of the work by the FM in her questions more recently.
- Health and Social Care Physical Activity Delivery Group and associated Working Groups progressing actions collectively to inform and enable delivery of the National Physical Activity Pathway.
- Wider engagement with external national partners for Suicide Prevention Week than in previous years – jointly agreed messages with the result of shared Twitter messages (really good reach achieved)

Issues of note

- A member of the Triple I Project Team will soon be seconded to the MRC SPHSU, reducing staff capacity for the project.
- We've agreed to co-host a seminar early in the new year on food poverty research with the recently established third sector collaboration Menu for Change (<http://menuforchange.org.uk>) targeting a mixed group of academics, policy makers and practitioners.
- Age-period-cohort analyses – Big Cities analysis has not progressed to plan due to a long delay obtaining data. It is unclear whether it will be complete this business year. Coming up next quarter
- Burden of disease: publication of burden due to alcohol.

- Two presentations related to Triple I will be presented at the Faculty of Public Health conference
- Publication of report commissioned to 4Consulting that examines the impact of a range of policies on household income and income inequalities in Scotland.
- MUP evaluation: outcome of case will dictate whether or not we bring the studies underway to a close or continue implementation.
- Publishing report in November on ideas for new tobacco policy.
- Health inequalities briefing on food poverty (and related web page).
- Update on the launch of the SG diet, activity and healthy weight strategy
- Age-period-cohort analysis – Drugs poster at Lancet conference in November.
- Evidence briefings for ScotPHO Children & Young People’s Profiles to be finalised for publication in Q4.
- Presenting greenspace research work at SNH/Greenspace Scotland’s Sharing Best Practice workshop
- Economics workshop designed to demonstrate the value of physical activity and economic impact of inactivity to be held in conjunction with University of Edinburgh and University of Bristol.
- Series of events across Scotland in partnership with Health and Social Care Academy and Samaritans to listen to those impacted by suicide with a view to influencing the next suicide prevention action plan development
- Launch of mental health inequalities briefing

Strategic Priority 2: Children, Young People and Families

Performance Information

Delivery Commitment	Performance Indicator	Issues
Establish a Scottish Hub for Adverse Childhood Experiences (ACEs) and identify and agree priority actions for 2017/18	Updated report on 'Polishing our Gems' produced and disseminated (Q1)	Deferred until 2018/19
Deliver our pledge within the Fairer Scotland Action Plan by leading the NHS contribution and actions focused on child poverty in Scotland	Three case studies completed to support 'Child poverty eLearning module' (Q1)	Deferred due to staff capacity
Implement agreed strategies and systems to roll out the learning and principles of Healthier Wealthier Children with local partners	Report on NHS Boards developing or delivering F1 referral pathways (Q1)	Will be completed in Q2 due to staff capacity

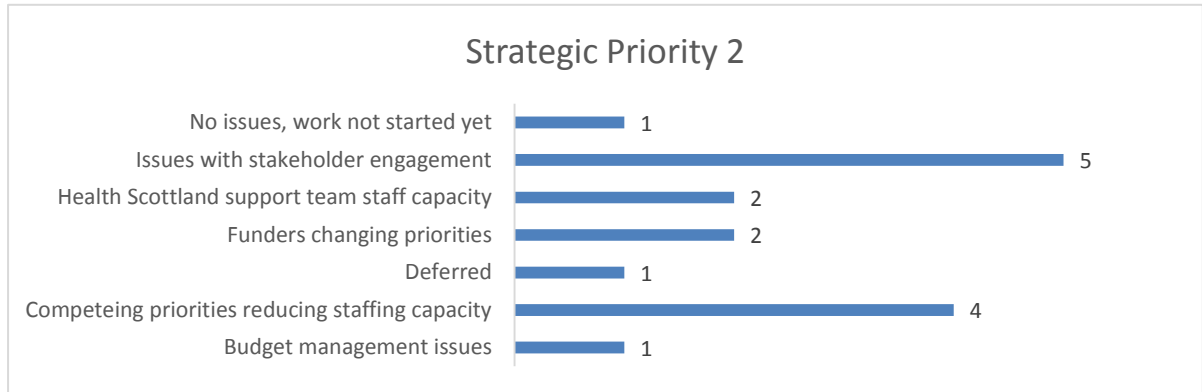
Delivery Commitments at risk of not delivering on time

7 out of 11 delivery commitments due to be completed in future quarters have one or more outputs with an on time status that's not 'on track, no issues':

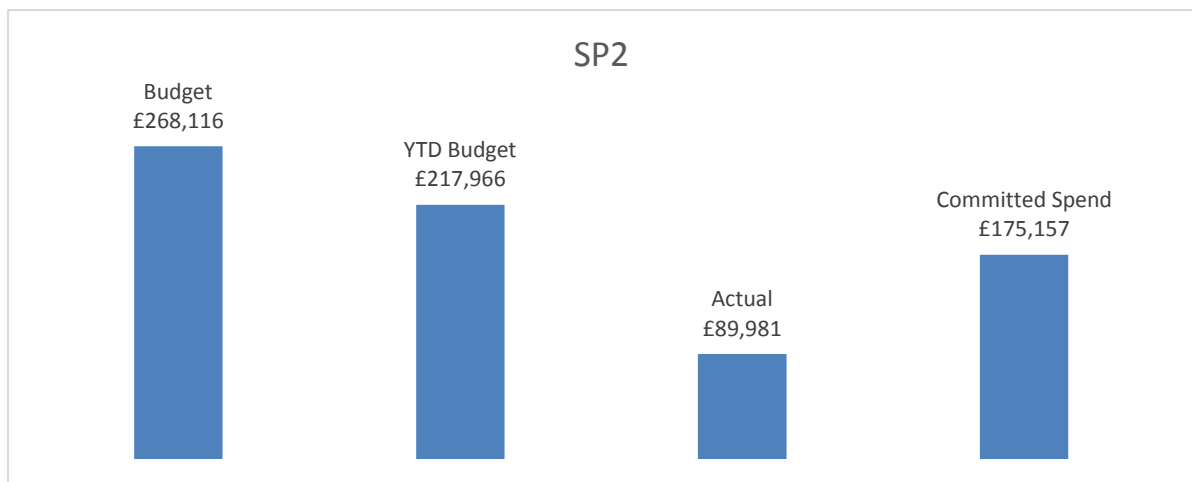
- 2.1.1: Provide expert input to the design of school surveys to ensure they provide the most relevant health inequalities data for application by local and national partners.
- 2.1.2: Provide expertise and support for the development and publication of a 10 year Child and Adolescent Health and Wellbeing Strategy.
- 2.3.2. Provide evidence to strengthen community nursing and midwifery policy and strategies on responding to traumatic and adverse circumstances in childhood.
- 2.4.1: Deliver our pledge within the Fairer Scotland Action Plan by leading the NHS contribution and actions focused on child poverty in Scotland.
- 2.6.1: Undertake a collaborative review, prioritisation and publish information resources for the public and professionals on maternal, children, young people and family health.
- 2.6.2: Continue the redesign of Health Information for Parents (ReHIP) with a focus on parental and professional engagement.

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

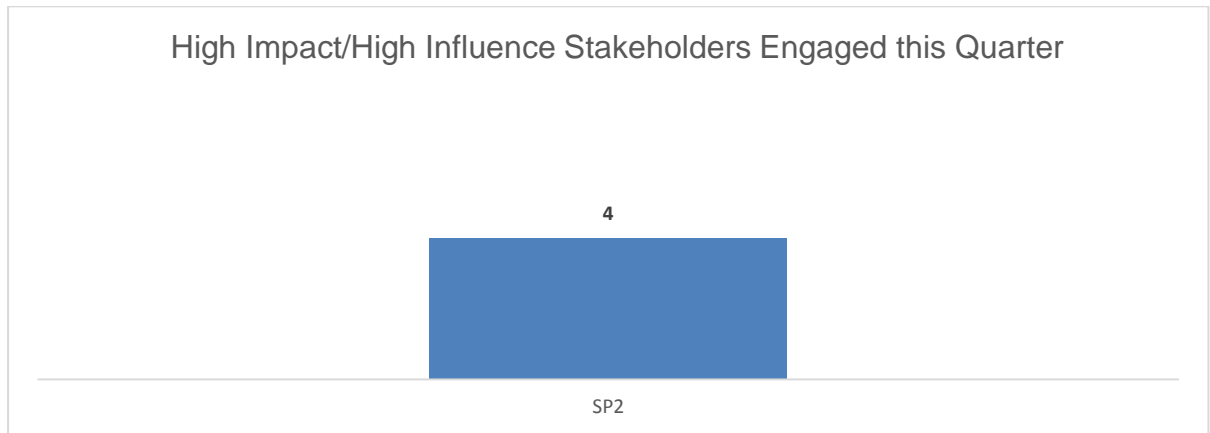
Issues affecting delivery



Financial data

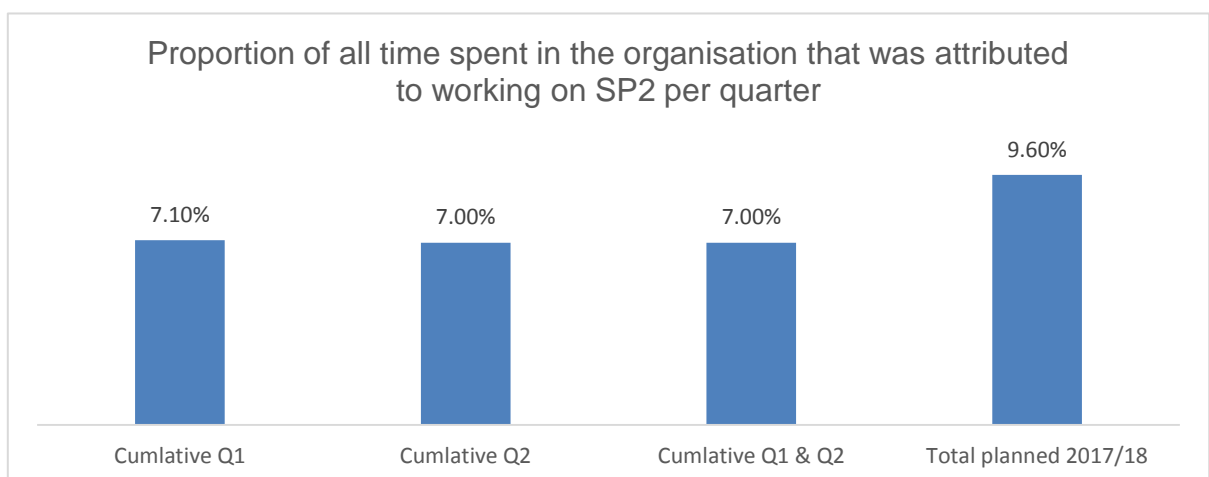
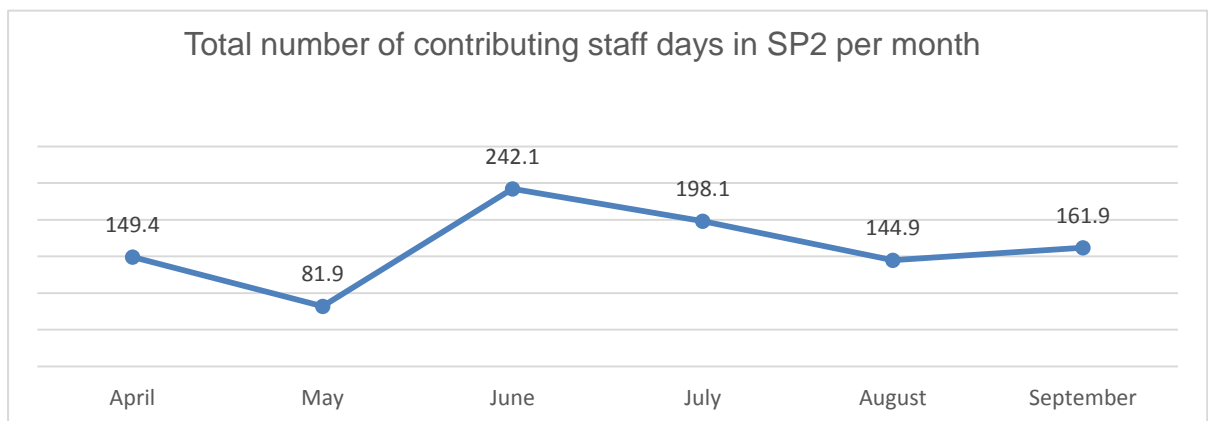


High Interest/High Impact Stakeholders Engaged this quarter



George Dodds, Pauline Craig and Kerry McKenzie met to discuss and identify opportunities for strengthened collaboration on child poverty, with John Dickie (Director of Child Poverty Action Group (CPAG) Scotland).

Staff Time



Highlights from the quarter

- A number of papers were submitted to Scottish Government including evidence reviews on Health Interventions in Education and Quality and Outcomes in Early Learning Centre, evaluations, draft reports on measurement on Early Learning Centre and the report of a policy analysis we carried out for the forthcoming child and adolescent health and wellbeing strategy.
- We led or contributed to national and local working groups including the Transforming The Nursing, Midwifery and Allied Health Professions and Healthcare science Steering Group and Transforming Children's Community Nursing SBAR short life working group
- We led or contributed to learning events on the refocused school nursing role, child poverty and evidence for Scotland's Child and Adolescent Health. Audiences included NHS boards, child public health specialists, headteachers and academics.
- We provided support for Health Boards for data collection and evaluation of on the refocused school nurse role and presented our draft report on NHS Boards financial inclusion referral pathways to the Scottish Health Promotion Managers Group.
- A joint proposal on preventing violence against children and young people across 4 European Countries (including Scotland) for children and families being developed with WHO and St Andrews WHO Collaborating Centre.
- Discussions around strengthening the connection between public health and education have taken place with key stakeholders including SG, MRC, HBSC, Board Staff and Education Scotland.
- Momentum continues to grow across Scotland on understanding of Adverse Childhood Experiences as a result of organising showings of the film 'resilience' to practitioners and the general public. Quarter 2 screenings included for civil servants and some Ministers, Survivor Scotland, Inspiring Scotland, and the Family Nurse Partnership development day. The Adverse Childhood Experiences Hub and Scottish Government Community of Interest have built on this with decision makers in policy and practice, and momentum is set to grow further since adversity in childhood was included within the programme for Government published in September.
- ReHIP began planning for transition of digital content with partners. The majority of content was received received in time for consideration by Editorial group which was well attended by Scottish Government Medical Advisers and Policy leads.
- Publication reviews within the ReHIP scope led to two publications being withdrawn from Health Scotland's publications list (with alternative arrangements put in place) and one maintained.

Issues

- One of the Performance Indicator projects for the Strategic Priority has not progressed due to re-prioritisation relating to reduced staff capacity, although this will not affect the overall delivery of the Delivery Commitment.
- Capacity is an issue for health information for parents, ReHIP, connecting education and public health, and developing child poverty case studies.
- Uncertainties in practice relating to the re-focused school nurse role and local delivery plan analysis might prevent our progress on these outputs.

Coming up

- In Q3, ACE Delphi study is expected to report. The ACE webpages will be developed during Oct and launched first week in Nov. The Resilience screenings are continuing and next quarter will include a screening for the Deputy First Minister and other Ministers across political portfolios.
- Publication of two evidence reviews on education and health inequalities and an internal paper on HS potential role in Education
- 'Cost of the nursery day' proposal will be submitted to the ScG Early Learning and Childcare Policy Team for consideration.
- We aim to have the Local Authority Delivery Plan analysis aims complete by mid November

Strategic Priority 3: A Fair and Inclusive Economy

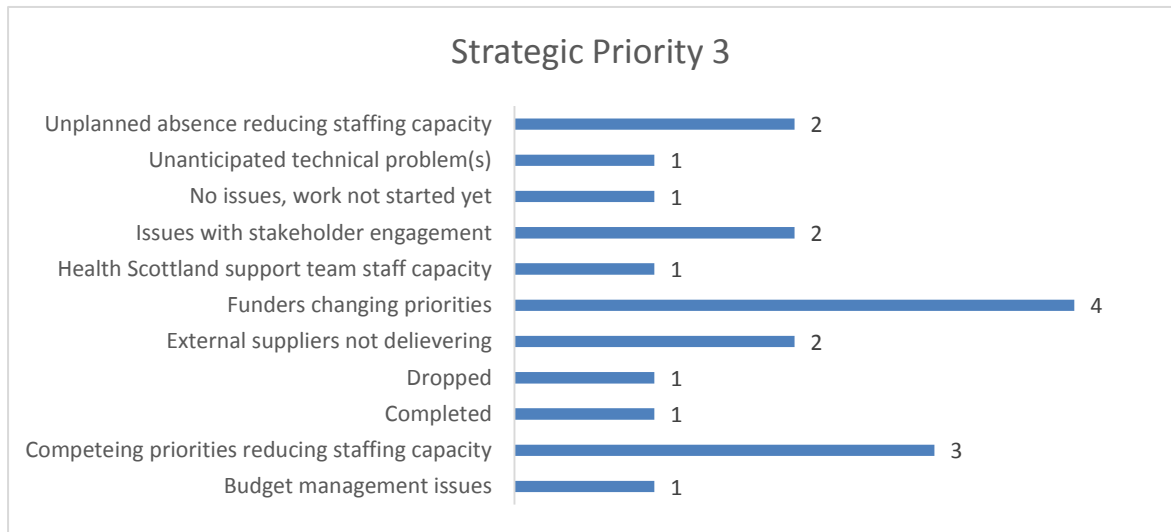
Performance Information

Delivery Commitments at risk of not delivering on time

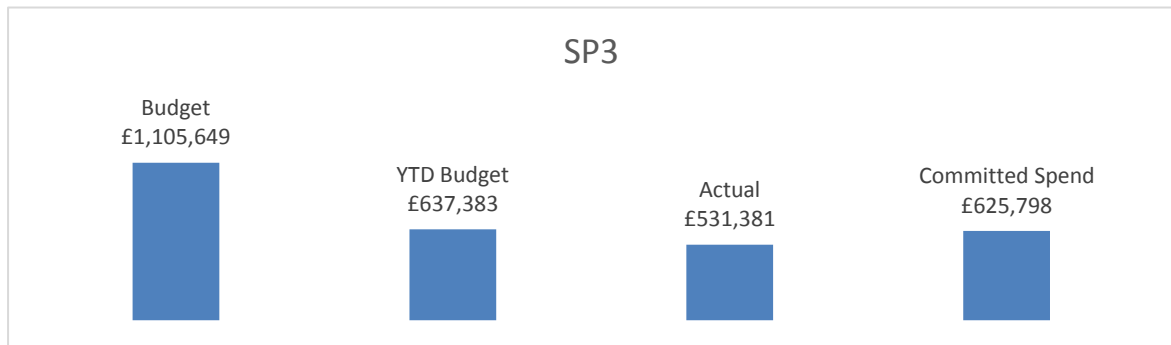
9 out of 12 delivery commitments due to be completed in future quarters have one or more outputs with an on time status that's not 'on track, no issues':

- 3.1.1: Provide remote support and advice through the Healthy Working Lives (HWL) Adviceline contributing to delivery of national services and the promotion of a learning and development programme for employers.
- 3.1.2: Work with NHS boards and other partners across the safety and health system in Scotland to deliver agreed support to priority audiences.
- 3.1.3: Launch and develop the Healthyworkinglives.scot website and other associated e-platforms and online resources for employers.
- 3.2.1: Share evidence and experience to encourage strategic engagement, including by local authorities, with the Healthy Working Lives (HWL) and Healthyliving awards.
- 3.3.1: Provide expert knowledge and advice to the development of 'single gateway' pilot and deliver the agreed NHS Health Scotland contribution to the service.
- 3.4.1: Develop and disseminate evidence and advice on effective approaches to reduce health inequalities to stakeholders of the Fair Work Framework.
- 3.5.1: Develop and share with government evidence on effective labour market policies to reduce health inequalities.
- 3.7.1: Undertake a series of analyses and disseminate evidence to relevant stakeholders to inform economic policy.
- 3.8.1: Collaborate with partners to explore the relationship between power and health inequalities and agree with them specific action for future years.

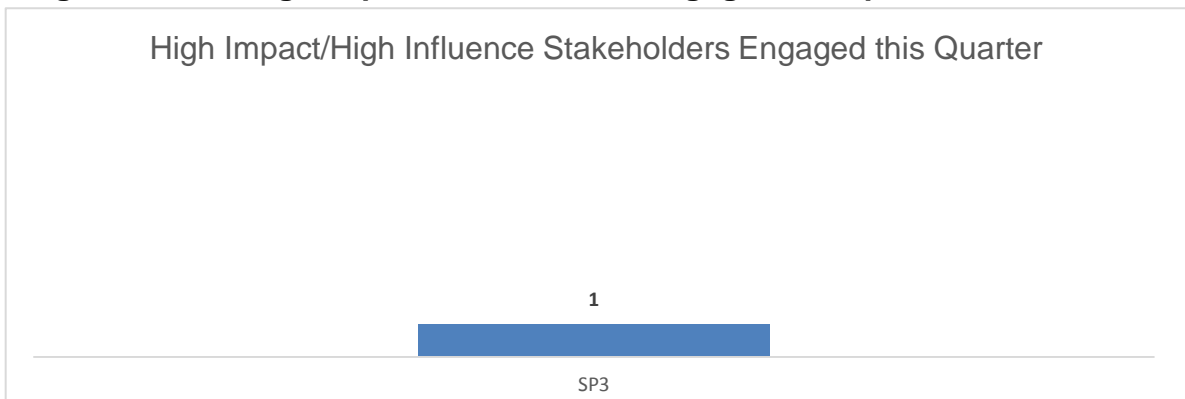
Issues affecting delivery



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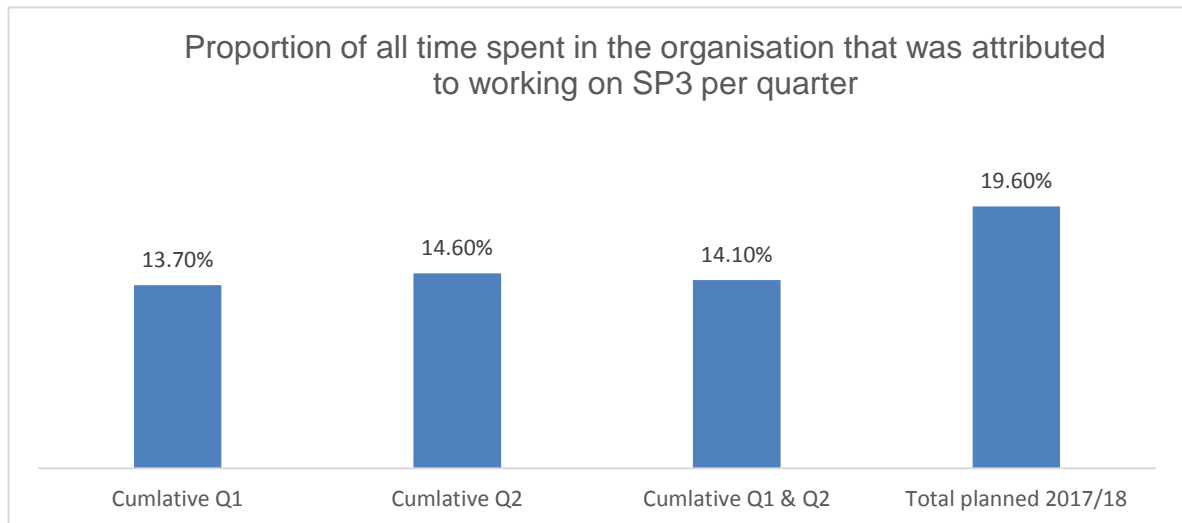
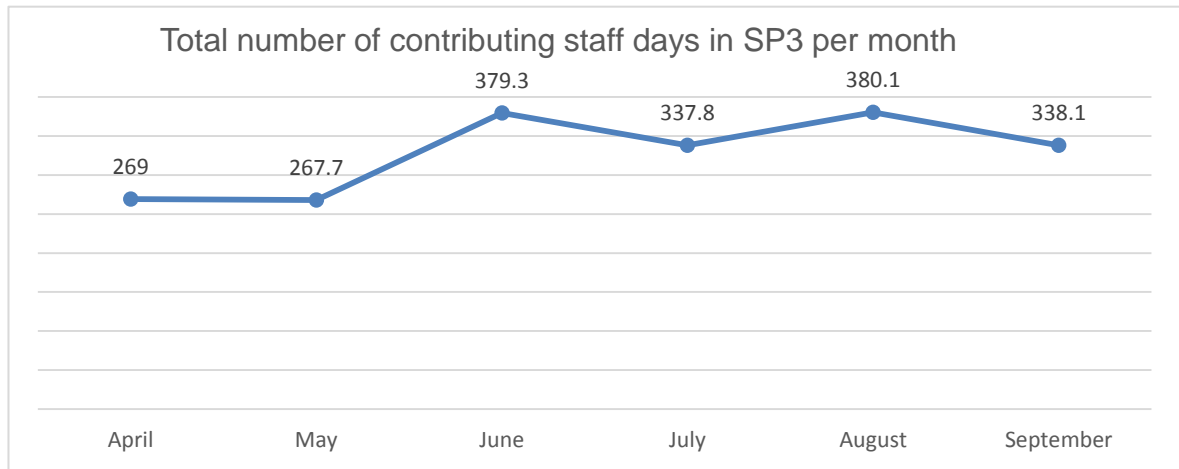


High Interest / High Impact Stakeholders engaged this quarter



NHS Health Scotland led the workshop on Anchor Institutions at Joseph Rowntree Foundation (JRF) Inclusive Growth Strategy Launch event, engaging with Dr Jim McCormick (Associate Director Scotland).

Staff Time data



Highlights from the quarter

- The Scottish Government's revised proposal for the Single Gateway pilot was approved by DWP's Innovation Fund. The pilot is scheduled to run from April 2018 for a two year period with funding of £2.5million (plus £350k for evaluation) and will be delivered in Fife and Dundee. This funding will also support the development of a predictive analytics tool.
- Discussions are underway in relation to school catering, which will lead to a pilot next year.
- A review is being undertaken of the impacts of Universal Basic Income (UBI), and we are co-ordinating the planning and evaluation of the four planned local government pilots.
- Supporting the Glasgow Centre Population Health to develop a monitoring and evaluation framework for the Glasgow City Deal project.
- Developing strong links with the Scottish Government and local government teams responsible for developing policy on Inclusive Growth, including through our role on the COSLA Sustainability and Economy executive board.
- Provided reports on benefit sanctions and Employment and Support Allowance to the Scottish Government's Health Impacts Delivery Group (HIDG) to inform decision-making on social security policy in Scotland.
- Sponsored and supported delivery of the 'Long Term Condition doesn't have to mean worklessness' conference.
- Reached the 100th Fit for Work webchat.
- Successfully launched Supporting Staff Attendance VLE module and collaborated with Digital/Marketing to promote launch via direct marketing "Wheel of Absence" campaign.
- Heavily involved in promoting occupational health issues in policy and educational settings, working through the agreed SPLASH action plan.
- New health and work VLE modules published and promoted.

Issues of note

- The DWP is currently undertaking an options appraisal of the Fit for Work Service. Depending on the outcome of the appraisal, this may result in a redesign of the services being offered through the Gateway.
- The role of the Healthy Working Lives National Team and Adviceline in supporting the pilot is currently under consideration.
- Discussions about the Healthy Living Award (HLA) with COSLA and local authorities are taking longer than anticipated.
- Creation of an evaluation framework for the Healthy Living Award (HLA) and Healthy Working Lives (HWL) awards has been deferred.

- Some of the stakeholder engagement planned in relation to extending our impact on the health and safety agenda, and in relation to social security policy, has been limited by staff Capacity.
- There are some pressures on on front line adviser capacity for Healthy Working Lives services.
- Progress on the development of e-platforms for work and health has been slower than planned.

Coming up next quarter

- The Scottish Government is in the process of recruiting a Programme Manager to finalise negotiations with potential partners, including NHS Health Scotland, and confirm the pilot of a Single Gateway for health and work services delivery model.
- We are a collaborator in two bids for research funding in relation to the public understanding of health inequalities and on the health impacts of changes to social security policy.
- We will be plenary and workshop presenters in the annual Employability and Skills Conference.
- We will be co-facilitating an outcomes planning session on the impact of city deals on health and health inequalities.
- We will be presenting at the DWP Community Partners event, aim to encourage better links with partners and DWP on disability issues

Strategic Priority 4: Healthy and Sustainable Places

Performance Information

Delivery Commitments completed

Delivery Commitment	Performance Indicator
Provide evidence and examples of good practice to ensure local housing strategies fully recognise and take account of their contribution to local health outcomes	National guidance on production of housing need and demand assessments reviewed
Lead the planning and delivery of Action 17 (place and community engagement) of the National Joint Housing Delivery Plan	Guidance on community engagement in local spatial planning produced

Delivery Commitments overdue

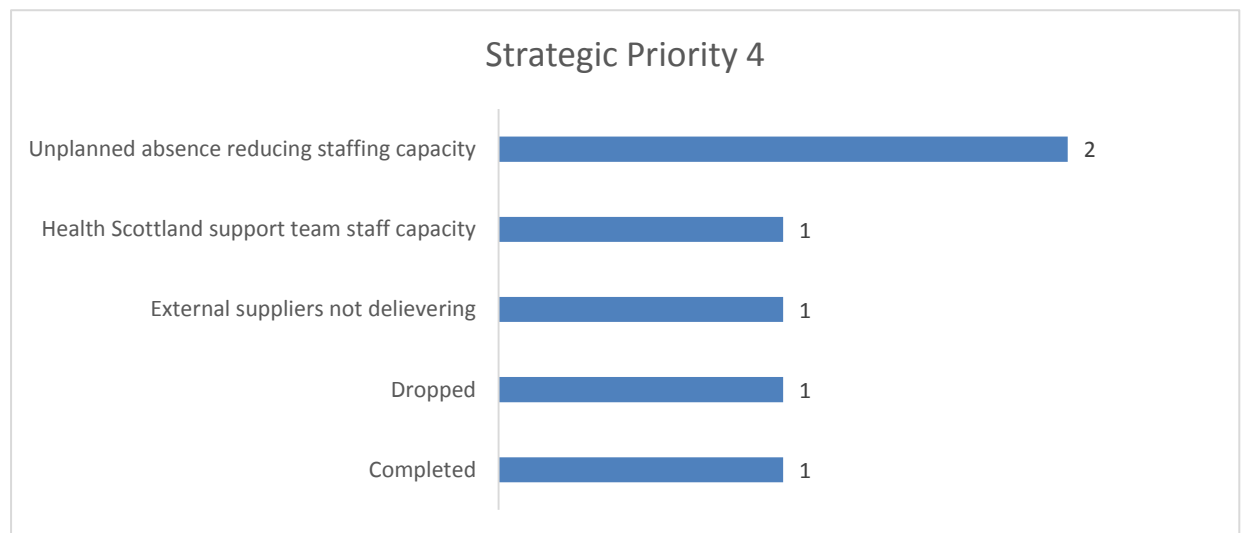
Delivery Commitments	Performance Indicators	Issues
Develop a Community Health Index-based linkage project and provide evaluation advice to the Clyde Gateway Urban Regeneration Company on measuring the impact of regeneration on health and health inequalities	Research proposal developed with stakeholders	The research proposal is still being developed, so the indicator isn't complete yet.
Provide joint national leadership with Shelter Scotland to develop and deliver training to inform joint planning and delivery on health and homelessness	Mapping of existing courses available on housing and health complete	Unplanned absence reducing staffing capacity
In collaboration with Scottish (Managed) Sustainable Health Network (SMaSH) scope out the best available evidence, current policy and stakeholder activity to inform environmentally sustainable approaches to public health	Paper on the risk of climate change to public health in Scotland produced	Due to be completed in Q3 The paper an internal document to inform the final output and as the project has developed it has become clear that it will be built on over time rather than a single paper

Delivery Commitments at risk of not delivering on time

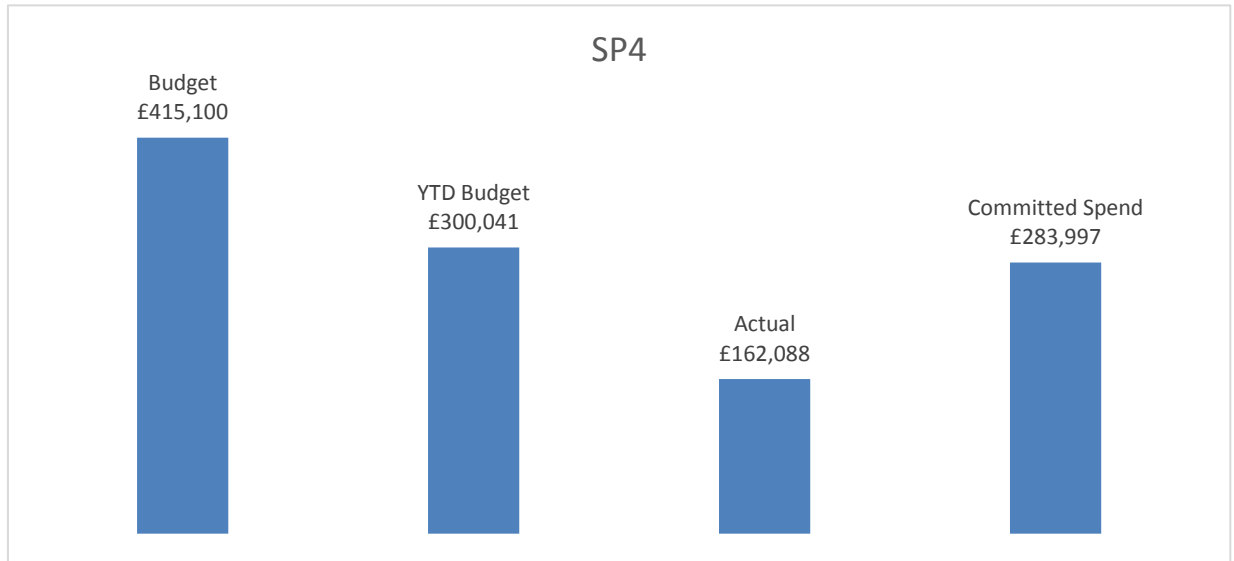
3 out of 11 delivery commitments due to be completed in future quarters have one or more outputs with an on time status that's not 'on track, no issues':

- 4.1.1: Lead, support and advise on the coordination, delivery and governance of the Place Standard Implementation Plan.
- 4.4.1: Provide joint national leadership with SHELTER Scotland to develop and deliver training to inform joint planning and delivery health and homelessness.
- 4.6.1: Implement a learning and engagement programme for communities to learn from, and inform evidence and good practice in tackling inequalities in food and health.

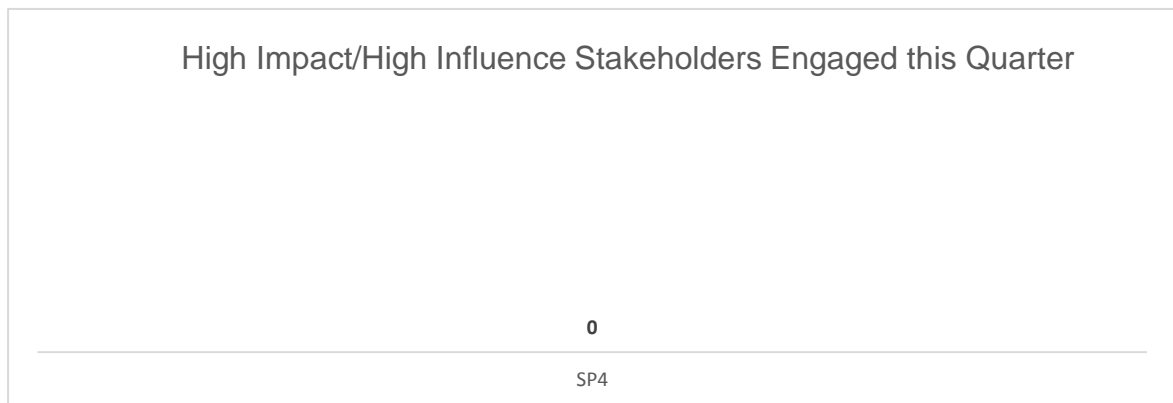
Issues affecting delivery



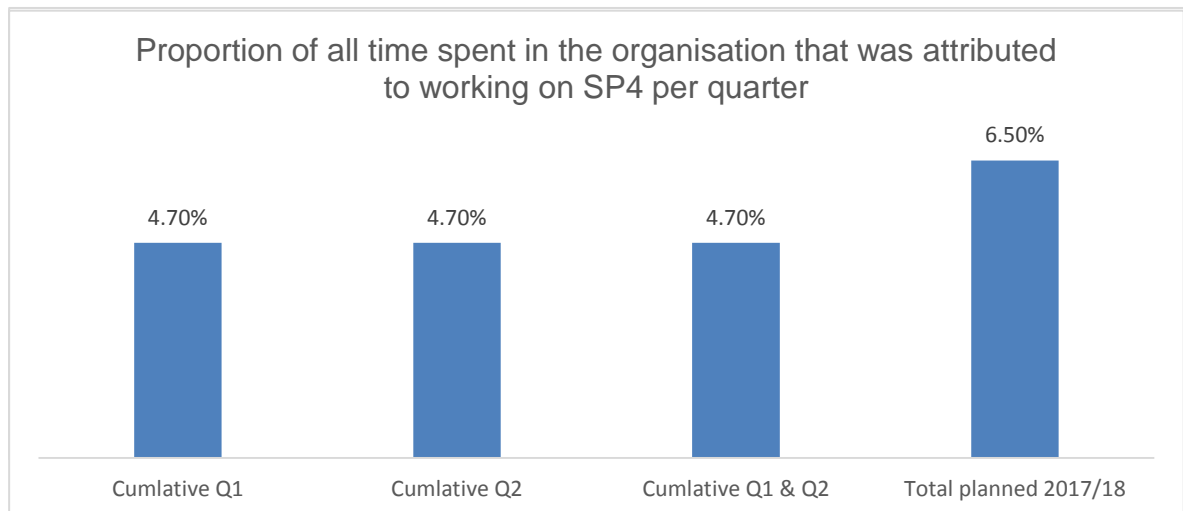
Financial data



High Interest/High Impact Stakeholders Engaged this Quarter



Staff time data



Highlights from the quarter

- We co-hosted a 2 day Place Standard masterclass with the WHO Healthy Cities Regional Network. Attended by over 15 countries. Feedback has been extremely positive with a series of actions agreed in principle to support the next phase of WHO Healthy Cities in Europe and in particular there new focus on the concept of place.
- We supported the second Sustainable Health Scotland conference. There was an emphasis on health inequalities and the determinants of health and links with sustainability and climate change.
- We contributed to the Greener and Healthier Working Group of the National Transport Strategy Review considering policies to reduce GHG emissions and improve population health.
- We presented to Scotland's Housing Network. There was broad agreement for our plans to embed public health outcomes in local housing strategies.
- We ran a workshop at the GoWell annual conference. Health Scotland is a co-funder of GoWell.
- We delivered a plenary presentation at the Patrick Geddes Learning Festival. This a national conference aimed at spatial planners and urban designers.
- We contributed to the Local Government and Communities Committee on the issue of homelessness.

Issues of note

None

Coming up next quarter

- The Scottish Place Standard Alliance will next meet in December. 120 participants are expected and will look at how to improve the analysis, prioritisation and reporting of place standard findings. Findings will be fed into the PS tool review 2018/19.
- We will continue to work with stakeholders to identify and prioritise potential projects which Health Scotland could collaborate on in order to add value to work on climate change and public health in Scotland.
- We will present at the FPH conference on Scope 3 greenhouse gas emissions in the health sector. This work was undertaken in collaboration with Health Facilities Scotland and National Procurement and on behalf of SMaSH.
- Work will begin on drawing together the initial findings from policy, evidence and stakeholder scoping work with a view to informing Health Scotland's ongoing work in relation to climate change.
- The research proposal linking health data within the Clyde Gateway area will be finalised ready for peer review. The overall aim is to assess the health impacts of the regeneration of the Clyde Gateway area.

- We have been invited to address the Tackling Inequality Working Group, which is a sub-group established to support the review of the National Transport Strategy.
- The CFHS annual networking conference will take place in October. The theme is sharing evidence and experience between communities, between sectors and between disciplines.
- The CHEX annual conference will take place in November. The theme is 'people, policy, practice'.

Strategic Priority 5: Transforming Public Services

Performance Information

Delivery Commitments completed

Delivery Commitment	Performance Indicator
Lead a collaborative to produce and embed a 10-year research and evaluation framework and advise government on gaps and opportunities for transformation in primary care	Qualitative evaluation report on community hubs

Delivery Commitments overdue

Delivery Commitment	Performance Indicator	Issues
Working with key partners, provide support and input to national planning groups to influence community planning policy and guidance	Contribution to Improvement Service's Outcomes, Evidence and Performance Board agreed	The OEPB is a national group that meets quarterly and we have contributions to make to its work plan for this and the coming year. The first output is completed but the other two are ongoing.
Provide evidence and advice to Integrated Joint Boards and Health and Social Care Partnerships (HSCP) to influence planning and practice improvement	Portal for health and social care established	This work hasn't been delivered in Q2 due to capacity problems in the Improvement Service (who host the portal). It should be launched in the coming weeks.
Lead agreed health and social care elements of the Scottish National Action Plan for Human Rights (SNAP)	Mapping of health and social care policies for human rights-based perspective completed	The SNAP programme of work has four outputs which we can update on but do be clear this does not include a mapping activity – this latter indicator terminology was added by the corporate team during the planning process
Provide evidence and advice to embed inequalities into our	Performance reports provided by integration authorities reviewed	The work to review the IJP performance reports started after

national partners' programmes of support for local health and social care partnerships		their submission in September and is currently underway. The report will be discussed internally before being shared with partners in Healthcare Improvement Scotland's ihub and Scottish Government.
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Delivery Commitments at risk of not delivering on time

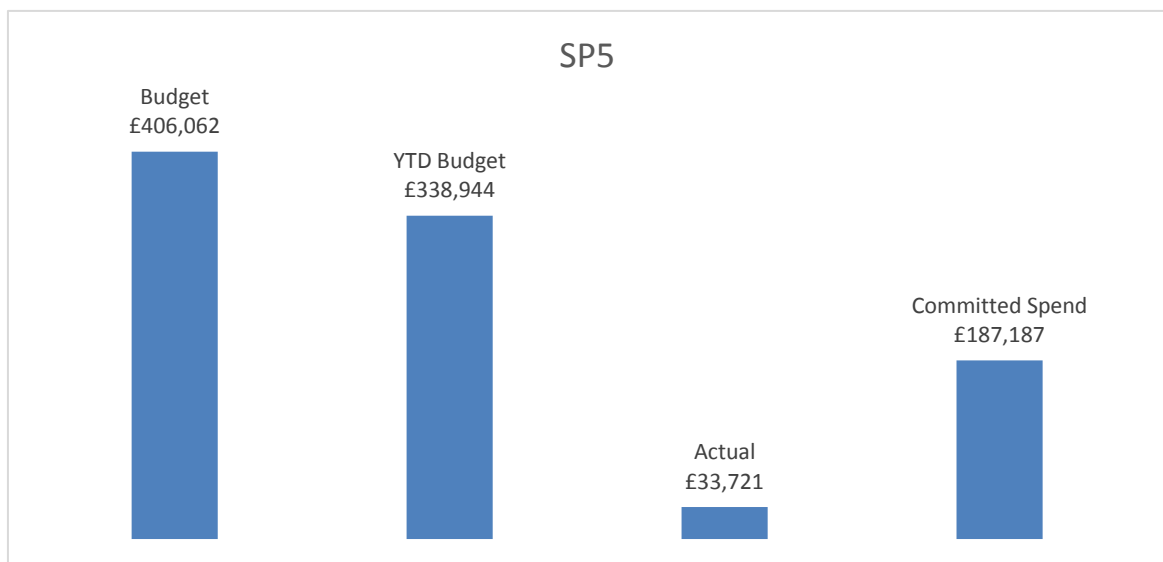
10 out of 16 delivery commitments due to be completed in future quarters have one or more outputs with an on time status that's not 'on track, no issues':

- 5.1.1: Produce targeted and tailored publications and briefings on health inequalities and the right to health for public service leaders.
- 5.3.1: Lead the development and implementation of a national programme to enable NHS boards to meet their statutory duties and produce action plans in response to the BSL Scotland Act 2016.
- 5.3.2: Provide evidence and advice to Integrated Joint Boards and Health and Social Care Partnerships (HSCP) to influence planning and practice improvement.
- 5.3.4: Lead agreed health and social care elements of the Scottish National Action Plan (SNAP) for Human Rights.
- 5.4.1: Provide knowledge and practical support to local planning and service delivery partners to embed a rights based approach to local service design.
- 5.4.2: Lead a collaborative to produce and embed a 10-year research and evaluation framework and advise government on gaps and opportunities for transformation in primary care.
- 5.4.4: Deliver agreed actions for the national Cancer Action Plan to ensure more equitable access to screening advice and services.
- 5.5.2: Lead the redesign of the health promoting health service (HPHS) framework and performance structure to ensure a stronger inequalities focus.
- 5.7.1: Design and disseminate targeted learning programmes to the public service workforce on human rights and inequalities.
- 5.7.3: Produce and make accessible a range of resources to strengthen knowledge and application of what works to reduce inequalities through primary care settings.

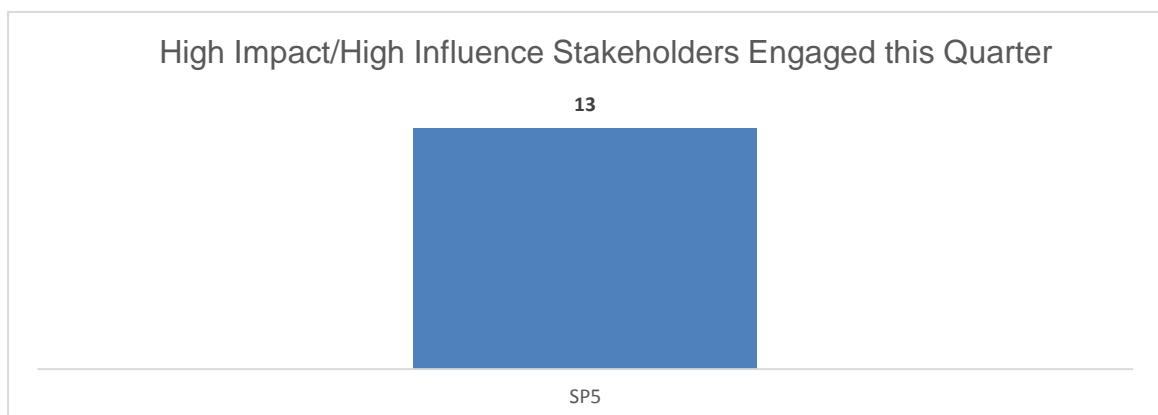
Issues affecting delivery



Financial Data

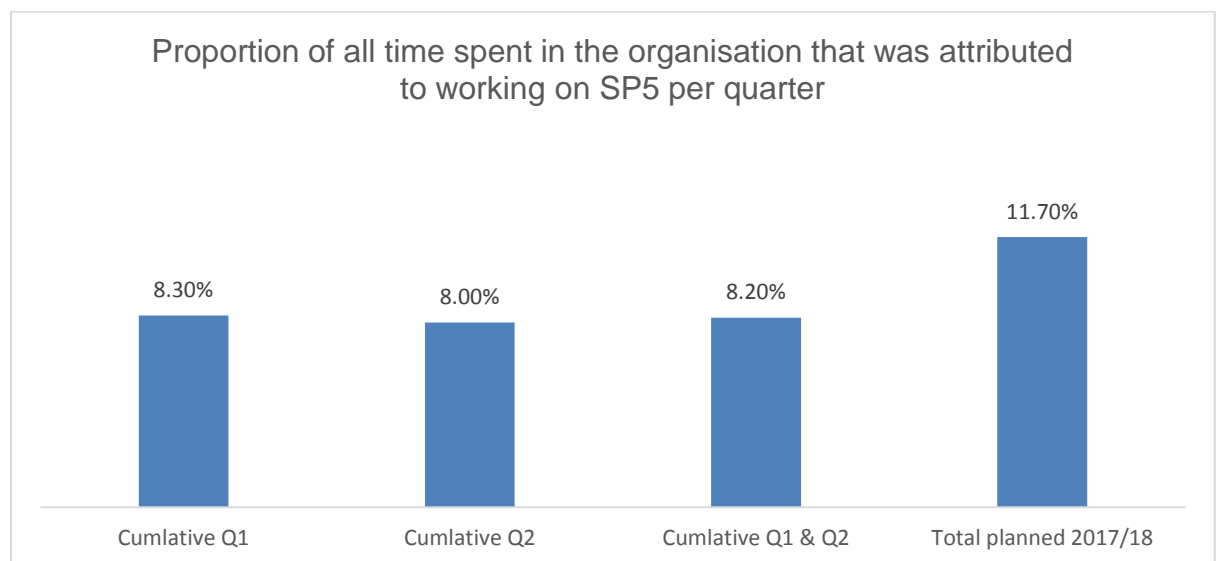
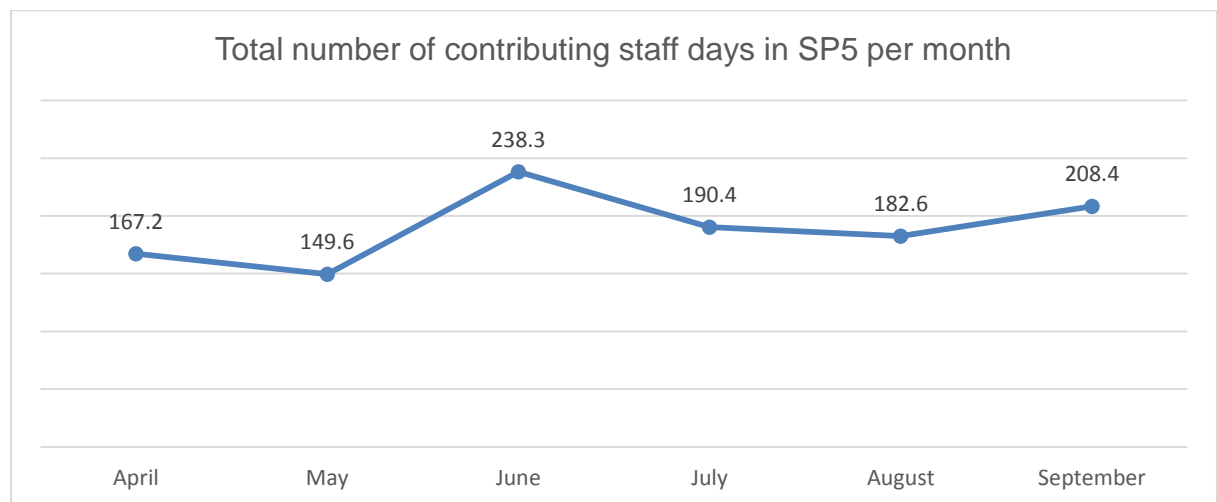


High Interest/High Impact Stakeholders Engaged this quarter



Emma Kennedy met with Dee Fraser (Deputy Director Coalition of Care and Support Providers (CCPS)), Sarah Currie (HIS), Jaqui Reid (Alliance) and Pauline Graham (Social Firms Scotland) to review the feedback from the recent H&SC third sector commissioning events the Alliance have hosted around the country. It was agreed that the group would meet again in late summer to plan actions.

Staff time data



Highlights from the quarter

- We published the final report for the Evaluation of the Glasgow Deep End Link Worker Programme in July and drafted the evaluation plan drafted the early adopter link worker group.
- We have developed a draft framework for reviewing the Community Planning Partnerships Local Outcomes Improvement Plans and are working with partners, Information Services Division and Audit Scotland to produce a shared review framework.

- A case study to support the WHO European Action Plan to strengthen public health services was completed.
- Early feedback shows that the NHS statement on health inequalities, launched in Q1 has been used strategically for example: with senior procurement colleagues when making decisions, such as the impact of moving sites; by NHS Boards to refocus on their role in addressing inequalities; to develop Equality Frameworks.
- The British Sign Language Action plan was launched and our work to lead the NHS Improvement plan is progressing with multiple NHS stakeholders. Examples include piloting a British Sign Language version of new bowel screening materials and a draft British Sign Language awareness module for the frontline workforce developed with Scottish Social Services Council, Care Inspectorate, Deafblind Scotland, Scottish Council on Deafness and NHS equalities representatives.
- We have contributed to the UK National Screening Committee Task and Finish Group to produce the UKNSC guidance consultation on informed choice in the national screening programmes. Evaluation of the cervical cancer campaign Nip it in the bud – which was re-run in part during June 2017 (Cervical screening awareness month) went to DsPH group in September.
- We published a suite of resources (Full Report, Summary, Practice Spotlights and Inequalities Briefing) on community justice that was well received by national partners - the Permanent Secretary re-tweeted the publications. We also presented at two local Justice Partners' events and chaired the national community justice development group in July.
- We have supported ten prospective public health specialists with detailed professional commentary on their submission for registration and continued to support local health improvement teams with building the infrastructure for public health practitioner registration.
- We exhibited and presented at the Voluntary Action Scotland conference and engaged with a range of TSIs and currently formulating an action plan with VAS to move work forward. Work underway with one TSI (Falkirk).
- We presented at the Third Sector Collaborative event in September. Agreed follow up with the 3rd sector H&SC support team at the Alliance following their restructure.
- The eight pilot indicators to measure the contribution of NHS Boards and Health & Social Care Partners have been defined and data requests are in progress. Contact has been made with the team at University of York who developed the equivalent indicators for England.

Issues of note

- Working out how best to offer support to local partnerships continues to be challenging because each partnerships are at such different stages.

Coming up next Quarter

- A meeting of the Health Scotland and Scottish School of Primary Care led collaborative of national organisations supporting research and evaluation of primary care transformation.
- We are running a joint session with Glasgow City Council, Glasgow Centre Population Health, Glasgow HSCP on the recommendations from the Glasgow City Council's Commission for Health Inequalities report and what this means for our work.

Strategic Change Priority 1: Leading Public Health Improvement

Performance Information

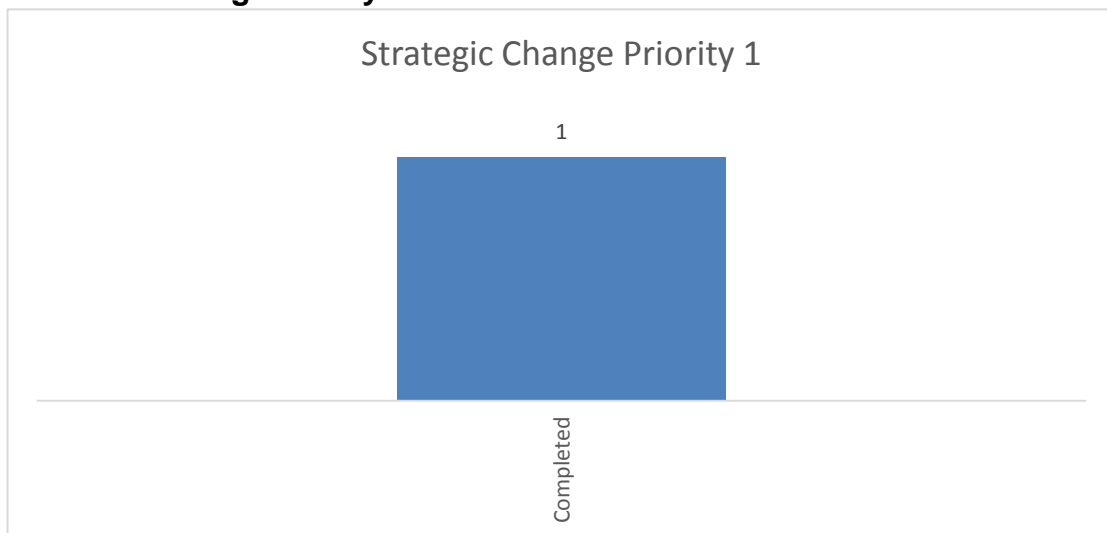
Delivery Commitment	Performance Indicator	Issues
Broker an agreement between NHS Health Scotland, COSLA and the Scottish Government that describes the local government contribution to improving public health and reducing inequalities	Agreement in place	Agreement not in place

Delivery Commitments at risk of not delivering on time

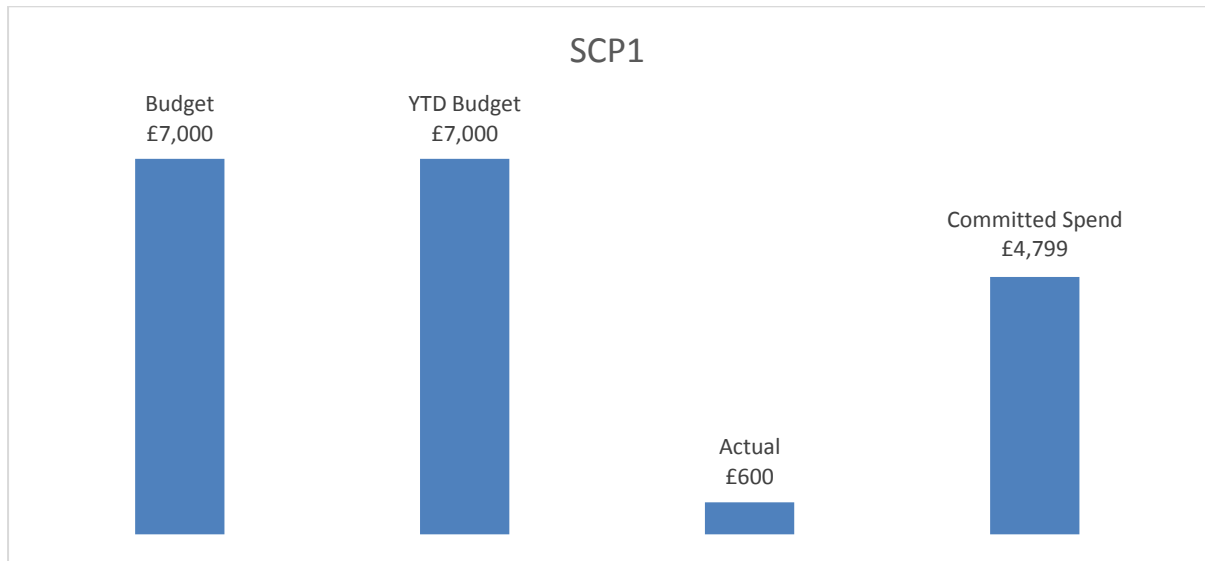
1 out of 5 delivery commitments due to be completed in future quarters have one or more outputs with an on time status that's not 'on track, no issues':

- 6.3.1: We will develop better data on our stakeholders to improve decision making and practice.

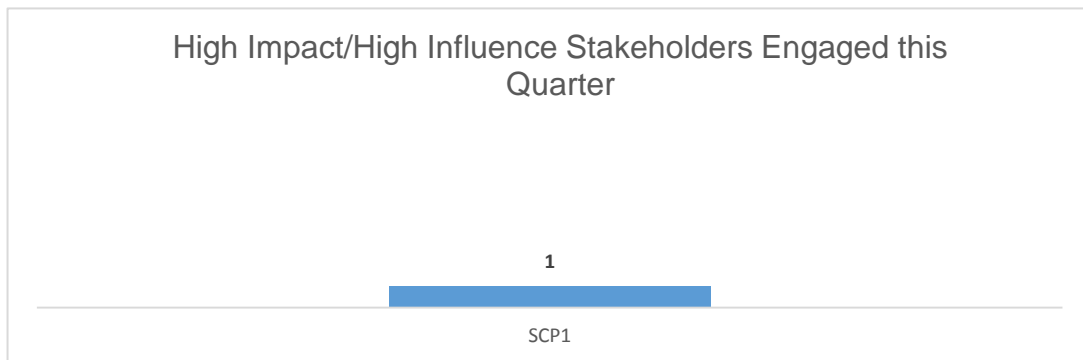
Issues affecting delivery



Financial data

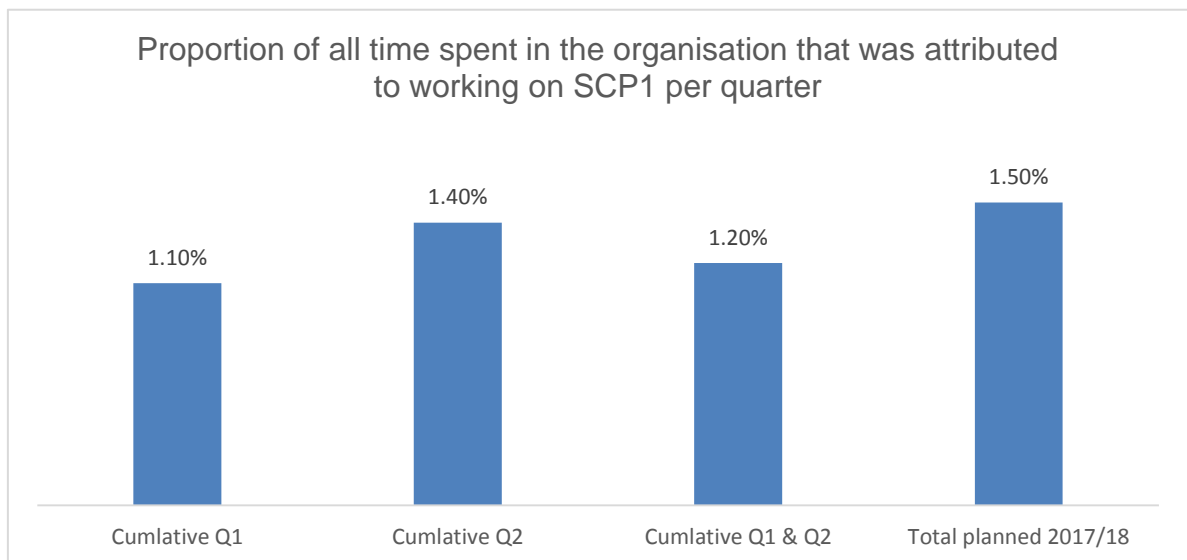
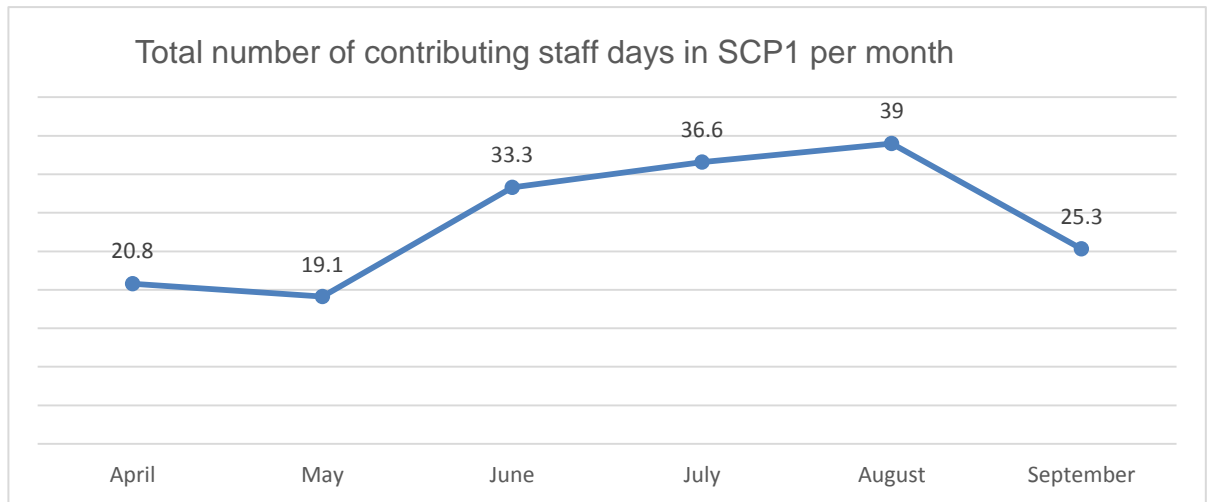


High Interest/High Impact Stakeholders Engaged this quarter



Pauline Craig met with Suzanne Hargreaves (Senior Education Officer for Health and Wellbeing at Education Scotland) to discuss the potential for strengthening collaboration between health and education at national and local levels.

Staff time data



Highlights from the quarter

- The focus of the ScotPHN work in Q2 has been on supporting the evolving role of the SDsPH in relation to: (1) supporting CPPs/IJBs - report published July - *New Ways of Working for Public Health: Providing Specialist Public Health Input to Integrated Joint Boards for Health and Social Care and Community Planning Partnerships: An Update*; and (2) the Shared Services Programme for Public Health.
- A national needs assessment on gender re-assignment and support services with significant contribution from services users commenced (completion by March 2018), building on previous collaboration through Voluntary Health Scotland with smaller third sector organisations to develop better co-production for public health.
- Supported organisation and participation in Sustainable Health Scotland Event on 21 September.
- Reporting on High Impact High Influence Stakeholders integrated with Quarterly reporting and Stakeholder Survey completed and scheduled to report in December 2017.
- New content was added to 'Our Organisation' on the corporate website – "Our Context: Public health in Scotland" was published in August to present our messaging around the changing public health landscape. The layout of the section was altered to give this content prominence.

Coming up next quarter

- Start of engagement on Diet and Obesity Strategy on behalf of Scottish Government.
- Leadership on environmental health and sustainability in conjunction with Sustainable Development Unit in November 2017.
- Commencement of national project work – national needs assessment of chronic pain; comparison of prioritisation tools for public health; development of resource for public health on Community Empowerment Act.
- Four presentations at Scottish Faculty Public Health conference
- Publications on injury prevention, scope 3 emissions and suicide in Polish men.
- We will continue to improve the reporting process on CRM with training and support being rolled out across the organisation, including feedback from the Stakeholder survey which will report in December 2017.

Strategic Change Priority 2: Making a Difference

Performance Information

Delivery Commitments completed

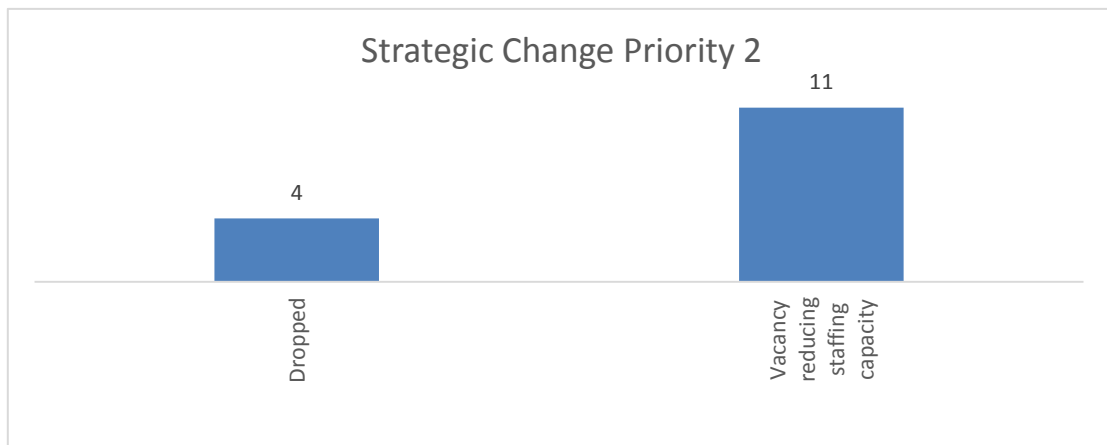
Delivery Commitment	Performance Indicator
Roll out across the organisation a consistent approach to impact and performance reporting that integrates National Performance Framework and health and social care targets	Performance Framework approved by board

Delivery Commitments at risk of not delivering on time

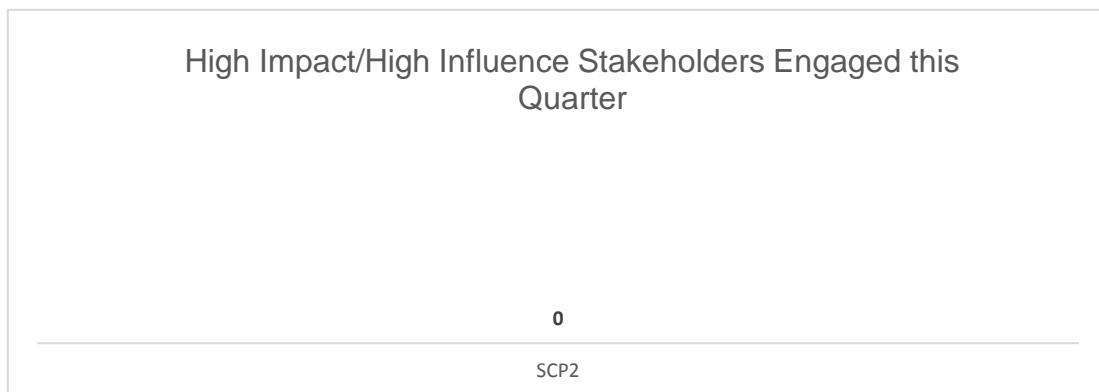
1 out of 3 delivery commitments due to be completed in future quarters have one or more outputs with an on time status that's not 'on track, no issues':

- 7.1.1: We will roll out a best practice 'life cycle' model for products and services.

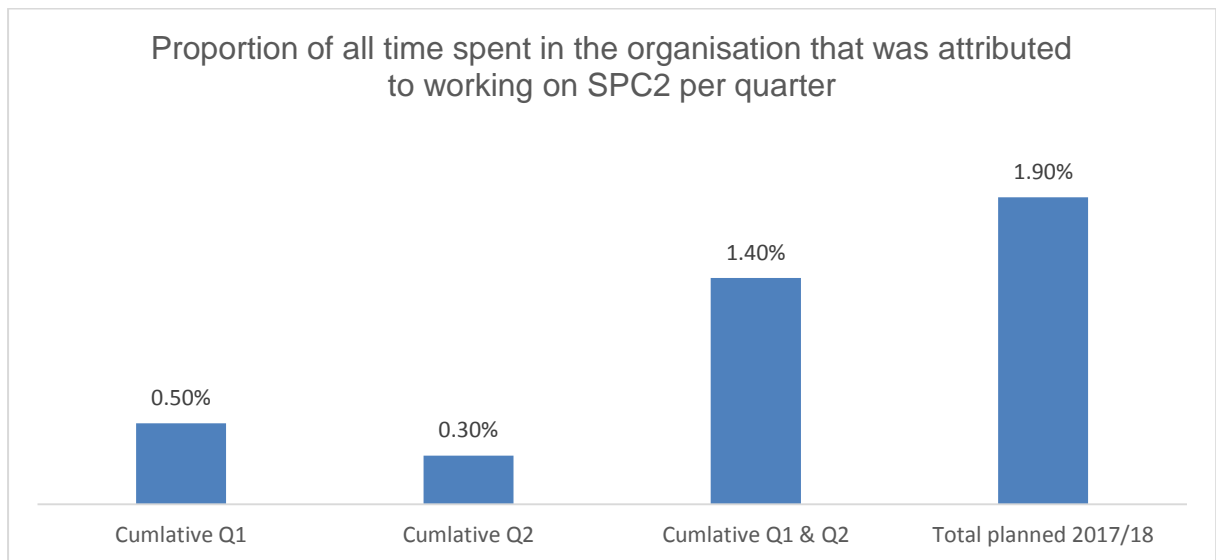
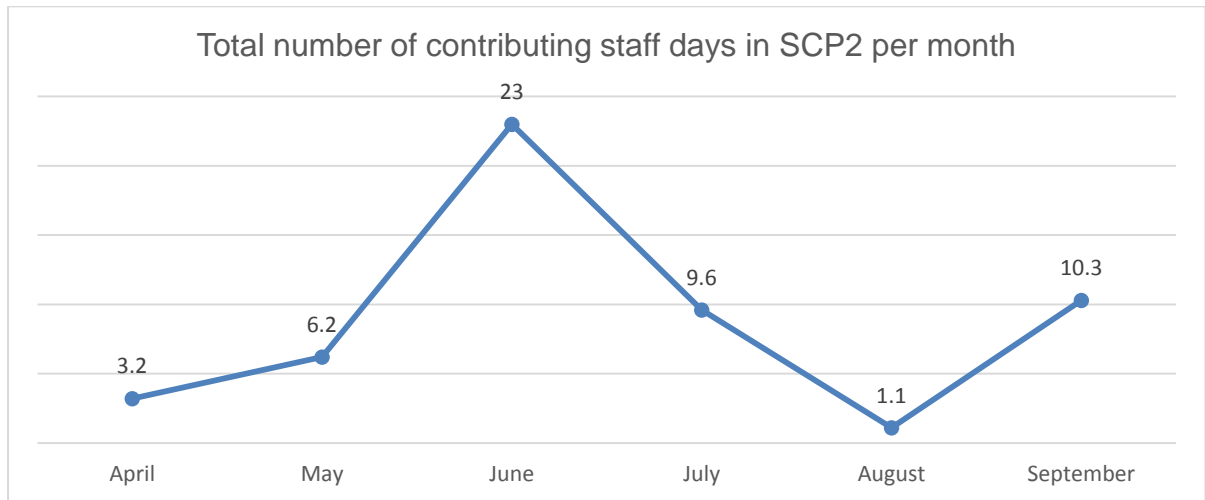
Issues affecting Delivery



High Interest/High Impact Stakeholders Engaged this quarter



Staff time data



Highlights from the quarter

- A Draft Product and Services Lifecycle has been mapped. With Strategy underpinning the entire cycle we are looking in detail at the four key stages:
 - Concept screening
 - Design & Development of product or service
 - Launch and support
 - Decommission or Recommission.
- The programme overall is on track and approx: 70% complete.
- Stakeholder feedback survey has been completed with increase in numbers form 2016/17 and qualitative interviews undertaken. This will report in December 2017 and summary findings of the report will be shared with the Board in due course

Issues of note

No issues to note

Coming up next quarter

- Further testing of In-life processes with Breast screening and the 0-5 Immunisation booklet and development of Concept screening process, KIA and evaluation.
- Engagement with KPI leads to agree KPIs and data sources November – December
- Workshops sessions on Impact reporting scheduled for December 2017 with accompanying guidance on contribution analysis and impact reporting.

Strategic Change Priority 3: Fit for the Future

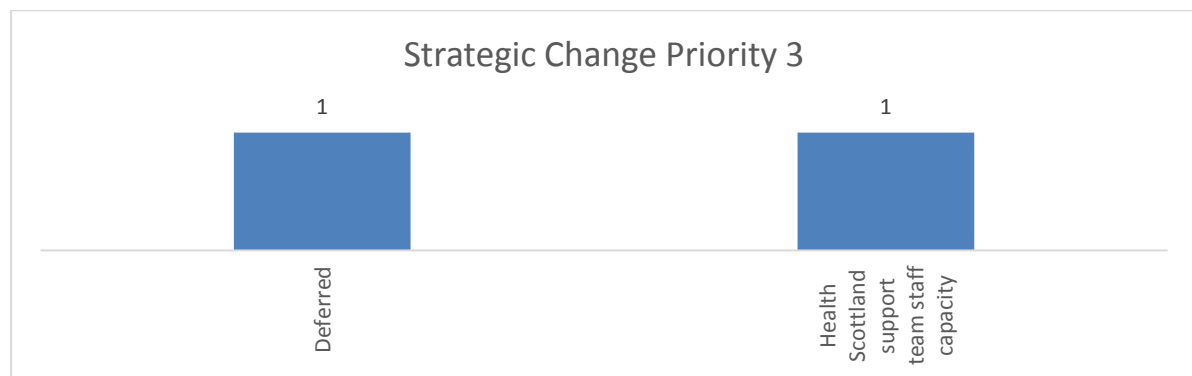
Performance Information

Delivery Commitments at risk of not delivering on time

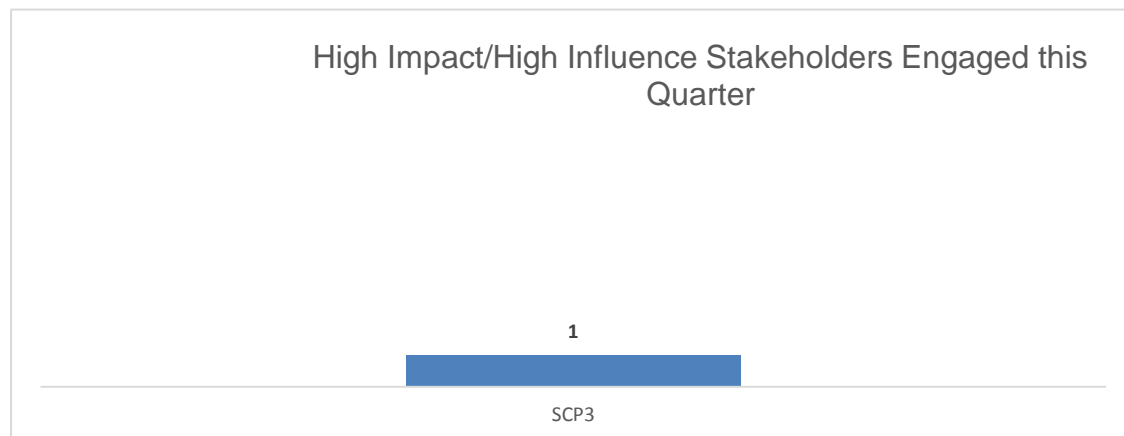
1 out of 4 delivery commitments due to be completed in future quarters have one or more outputs with an on time status that's not 'on track, no issues':

- 8.1.1: We will promote and encourage adoption of key behaviours required for the future context, including working across organisational and agency boundaries.

Issues affecting delivery

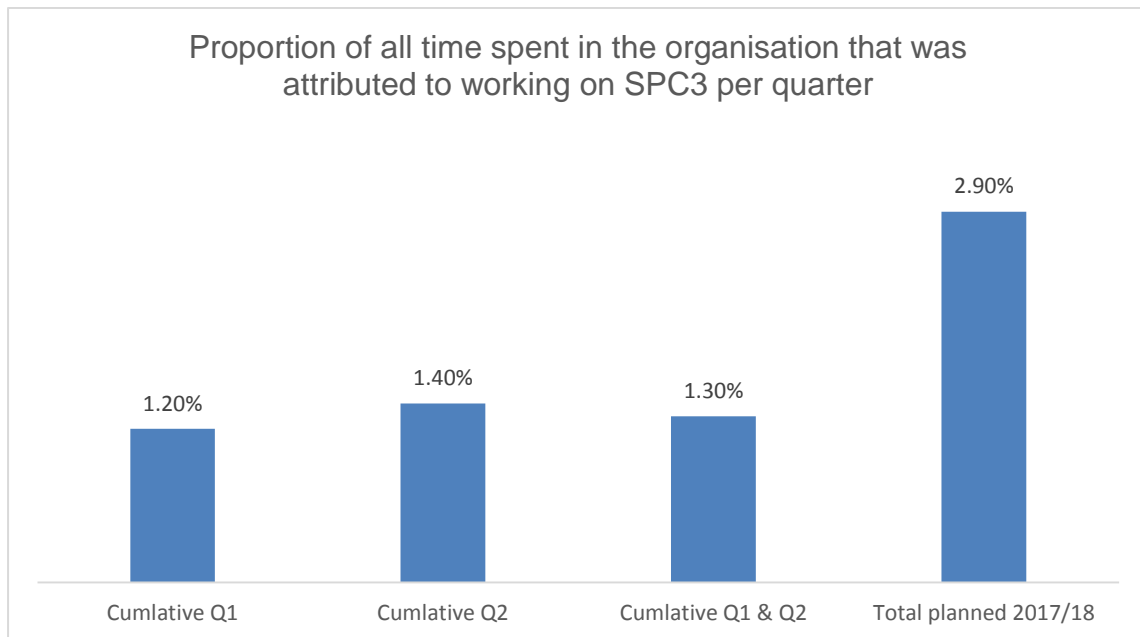
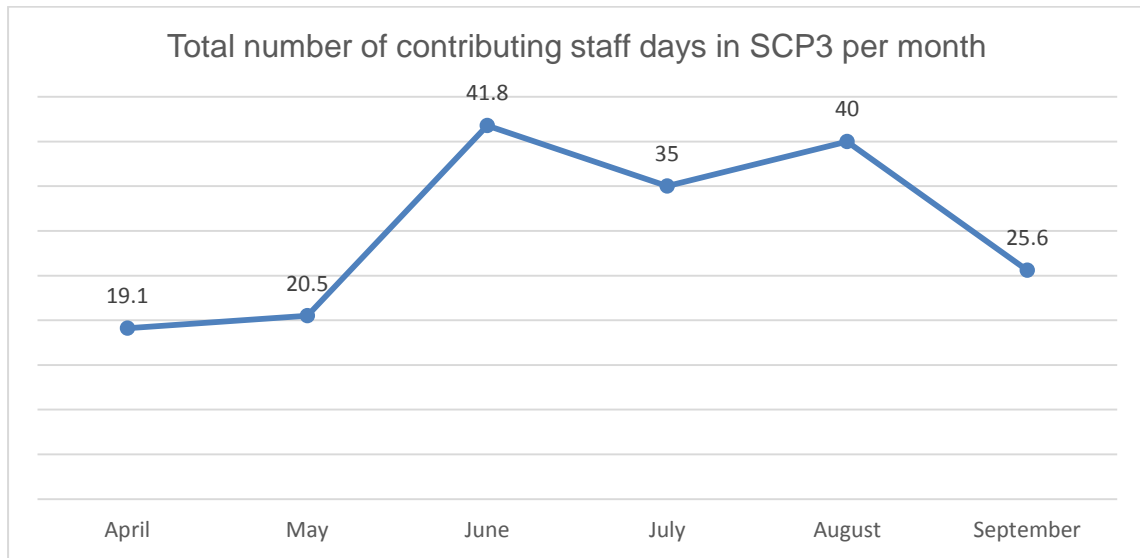


High Interest/High Impact Stakeholders Engaged this quarter



Gerry McLaughlin, George Dodds and Della Thomas attended a meeting to discuss COSLA's views of national, regional and local relationships and governance opportunities and challenges, for the new public health body.

Staff time data



Highlights from the quarter

- We completed collection for our EFQM self-assessment report. This involved questionnaires followed by a range of workshops which 98 staff across the organisation participated in. This report helped articulate health Scotland's strengths along with staff concerns about the new body, what they're looking forward to, what they want to take with them, and what they want to leave behind. These findings have been discussed with the CMT
- The planning process has been streamlined for this year and the 2018/19 planning timeline agreed during a busy time for user support
- The leadership report and related documents including the call to action have been finalised and initial discussions on practical next steps have been explored with peer support and challenge group in the first instance
- Developing the technical CRM project has been cancelled in preparation for the organisational change. However the Business Transformation programme will deliver each of its live projects by end of calendar year (including HWL, Healthy working Lives survey tool, ECM).
- Regular monthly communications via the Source, Corporate Cascade, updating of wipe boards, Director's cut and Future Directions blogs – all asking for staff views and encouraging staff engagement. In addition Office display screens running in both offices as additional internal communications method and editing group set up
- Dedicated 'Change hub' space set up on the Source homepage with striking and readily identifiable 'COGS' branding and includes the new public health landscape, Shared Services updates and Change Oversight Group (COG) and various Updates. Regular communications related to change and transition have featured on the Source and will continue to do so as work progresses.

Issues of note

- Increase in the number of CPT queries and support requests
- Opportunities are developing to connect staff in ISD and HPS who have done Leadership for the Future training with our own staff who have completed this course. This is one of the current opportunities to develop shared leadership approaches across these organisations. .
- Capacity within the People Development Team has been impacted on the departure of the Team Manager and this has encouraged a review of all outputs in this area to take account of the limited resource. Steps are in place to fill the post but the likelihood is that the position will not be filled until January 2018.
- Challenge is pace of change and transition and the need to support ongoing engagement, as pace accelerates there will be a need for

prioritising work and leadership in providing communications support for change and transition.

Coming up next quarter

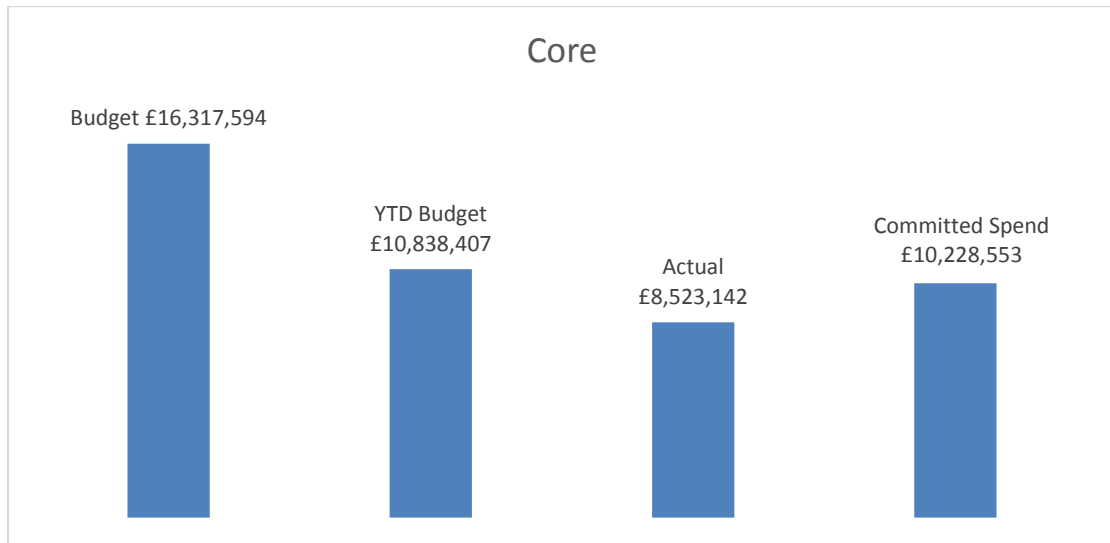
- Sharing the learning from the EFQM self-assessment and staff perspectives captured within it internally with staff, Partnership Forum, the internal Change Oversight Group and externally with Scottish Government and NSS
- Business planning for 2018/19 begins.
- Steps in implementing leadership recommendations will be agreed by the short life steering group
- Work has continued on the preparation for change and transition and specifically around the behaviours work. Joint sessions for all senior managers on change have been agreed with NSS and will run over the next six months. This will then be reviewed in terms of effectiveness and possible roll out to wider staff groupings.
- Joint exploration with Employee Director about how best to coordinate staff engagement activity across a range of opportunities and programmes, including iMatter, Dignity at Work, Learning and Development Survey, Corporate Services Customer Satisfaction Survey etc.

Part 3: Core Services

Issues affecting delivery



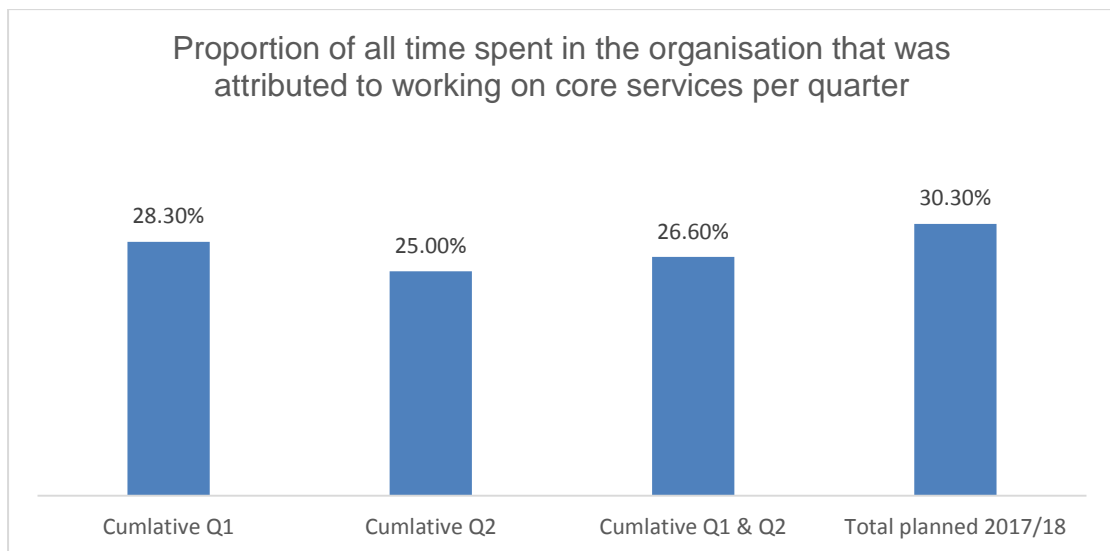
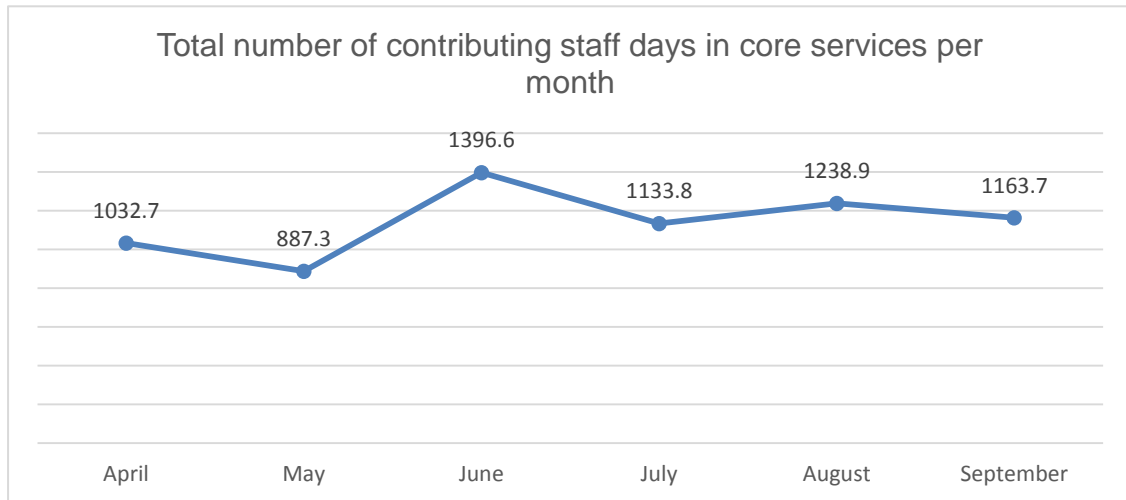
Financial data

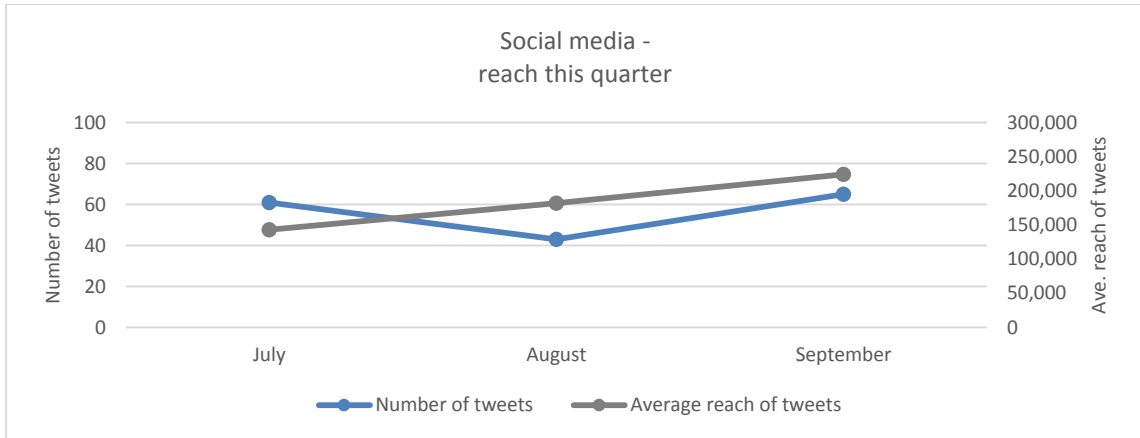


High Interest/High Impact Stakeholders Engaged this quarter

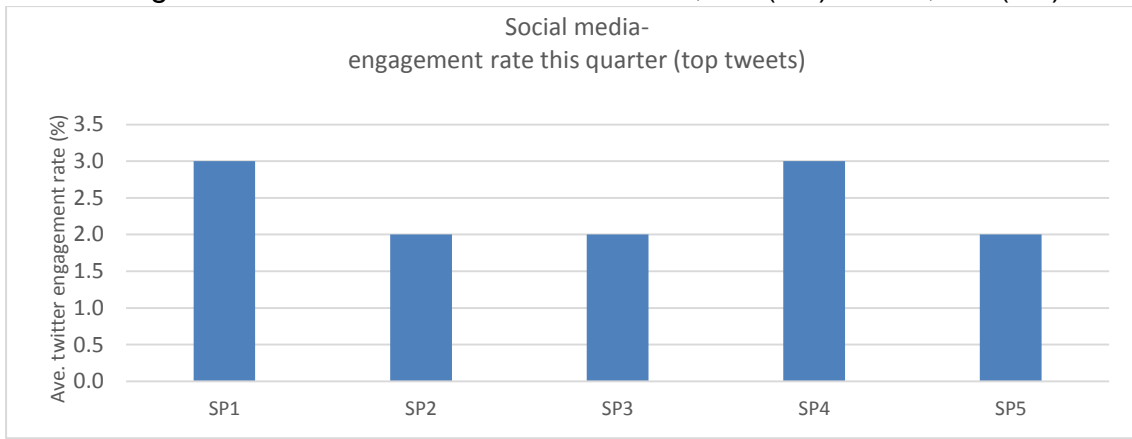


Staff time data





The average reach of tweets increased from 480,000 (Q1) to 549,000 (Q2).

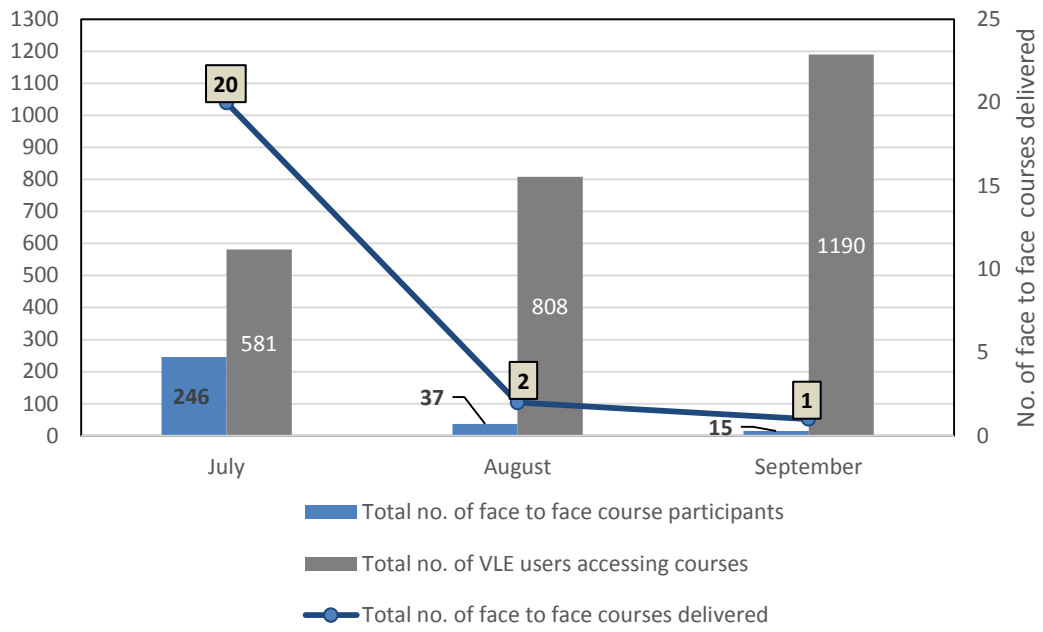


The graph above displays the engagement rate for Q2 for the top tweets for SP1-SP5.

The average engagement rate for Q2 (for all tweets) was 1.1% which is in line with industry standards (1-2%).

The tweet with the highest engagement rate (5%) for Q2 was relevant to SP4: *#PlaceStandard - there's an app for that! App currently in testing phase, for more & to download it, visit*

Learning data 1st July - 30th September 2017



Part 4: Corporate Risks

Risk 17-1: National policy developments

Description

As a result of not being able to capitalise fully on the policy direction laid out in the Scottish Government's Health & Social Care Delivery Plan and other national policy developments:

- Momentum for reducing health inequalities stalls.
- Our influence, and impact in improving health equitably, is reduced.

Update

- CMT and staff playing an active role supporting the public health reform (PHR) team around Engagement on public health priorities, development of options for National, Regional and Local public health services and working with PHR team to support attendance at FPH conference in November
- Marion Bain Co-Director Executive Delivery Group met with CMT and discussed links with HSCDP and public health reform
- Draft National Boards Collaboration Plan agreed 10th October. Health Scotland staff engaged in and leading number of shared services workstreams, and also progressing work around leading Data and Intelligence & Public Health Capability transformation themes within the context of the new public health body.
- NHS HS jointly supporting with HIS stakeholder engagement group across National boards on National Board Collaboration Plan with joint session to progress engagement planned in November 2017
- Meeting arranged with Scottish Government in early December to discuss management of sponsor relationship changing to Public Health Reform team

Measures

Engagement with High Influence/High Impact Stakeholders identified in Stakeholder Engagement plan with a target of 90% as measured on the SET CRM

Risk 17-2: Supporting the development of a new public health body

Description

As a result of not being sufficiently astute or open in the management of our relationships with key national partners, including Scottish Government, in supporting the development of the new public health body:

- We harm our reputation and opportunities for influence.
- We do not make the most of the opportunities available in consolidating and building expertise, leadership and impact in improving Scotland's health equitably.

Update

- Regular engagement with colleagues in the Scottish Government Public Health Reform Team.
- Contact established with as the first appointed Co-Director for establishment of new body.
- Active support to Scottish Government on a number of aspects of planning for the new public health landscape, including supporting their attendance at FPH in November
- 2nd meeting of PHOB has taken place, attended by CEO and Board/organisation updated
- Range of meetings and discussions taken place with NSS colleagues to develop necessary relationships
- Stakeholder survey closed and analysis being undertaken.

Measures

Engagement with High Influence/High Impact Stakeholders identified in Stakeholder Engagement plan with a target of 90% as measured on the SET CRM.

Risk 17-3: Reducing costs through share services

(Appetite Exceeded)

Description

As a result of failing to engage with and effectively influence changes in the way roles are agreed and resources are allocated across NHSScotland national boards:

- We miss out on opportunities for greater efficiency and better ways of working.
- Our ability to deliver on our ambitions is hampered.
- Our organisational strengths, such as producing high quality information and evidence, are under-valued, under-played or misrepresented

Update

- Head of Finance and Procurement has contributed to national Directors of Finance (DoF) discussions.
- Head of Finance and Procurement agreed a draft contingency plan with Chief Executive.
- Corporate Management Team and Partnership Forum appraised of progress routinely.

- £7.54m achieved through individual plans by Joint Chief Executives Group (for 15m saving) in initial process.
- The Health Scotland initial contribution of £0.5m will be taken from capital through an arrangement with NES with the capital being transferred to them, and NES will release £0.5m of revenue savings. This arrangement has been confirmed by allocation letters in August 2017.
- Nationals Dofs have agreed a further contribution of £3.55m, by additional contributions of £1.3m from NSS, £1m from SAS, £0.5m from NES, £0.3m from HIS and £.25m from HS.
- The Health Scotland further contribution was taken in September via allocation letter.
- There is a target £1m saving from the 11 workstreams on shared services for 2017/18.
- The individual board contribution total of £10.89m together with the £1m target gives an overall total of £11.89m against the 'must do' target of £15m across the National Boards
- The current shortfall of £3.11m will be discussed at the late November meeting of the National Board Dofs and a proposal put to the National Board CEO's at their meeting in December.
- Health Scotland has made provision for a proportionate share (£75k) of the £3.11m shortfall based on the revenue baselines of the National Boards in their year-end planning.
- The National Board Dofs have successfully bid for project resource in Sept/Oct for a Project Lead (1 WTE) and a project team (1.0 wte in Finance and 0.5wte in HR). This team is not expected to be operational until Jan/Feb 2018.
- The 11 workstreams are at various stages of review with regard to changes in the way we operate across the National Boards. The project resource will help facilitate this review and implementation,
- Contributions ongoing from across CMT and other officers to National Boards LDP and to Once for Scotland discussions.
- NHS HS leading proposal development for a national publishing function.
- Internal Shared Services lead Officer group established and Employee Director involved
- There are, however, some concerns re the achievability of certain proposals from DoFs – e.g. proposals for vacancy management on recruitment of shared services staff for national boards which would require shared services vacancies to be managed between the National Boards if possible before normal recruitment would commence. National staff side have queried partnership involvement in developing this proposal and others have raised questions re implementation. These issues are being discussed by the CEOs of National Boards.

Measures

Monthly updates from individual plans and collaborative working

- Monthly updates from individual plans and collaborative working.
- CMT / Director updates on overall national NHS board progress towards the £15Mn required savings.
- CMT and Director updates on contributing savings achieved by NHS Health Scotland (HS).

Risk 17-4: Stakeholder relationship management

Description

As a result of ineffective management of our stakeholder relationships:

- We limit our ability to influence key stakeholders to make the best use of the knowledge we generate.
- We do not meet the expectations of key customers and other stakeholders in terms of responsiveness of service.
- We do not maintain a national leadership position in public health improvement

Update

- Improvement process mapping completed on stakeholder engagement process
- Stakeholder Survey completed on time and in scope for reporting to CMT in December, with over 20% response rate, increasing total number of respondents from 2016/17 baseline.

Measures

We have a performance measure specifically relating to measuring engagement with High Influence/High Impact Stakeholders with a target of 90% as measured on the SET CRM.

Risk 17-5: Managing our resources

Description

As a result of not sufficiently matching our resources to priorities, in planning, quality control, and responding to in year demands:

- We have limited impact in the things that matter.
- We do not get the best results from our resources.
- We create potential for error in information quality and governance.
- We fail to meet our staff efficiency target of 6.25%

Update

For the 31 October CMT, we reported an overall underspend to budget of £83k as of 30 September (mid-year) with a year-end forecast to 31 March being an overall underspend to budget of £62k. However because of the likelihood that we will be asked to increase our contribution towards the efficiency saving shared across the special boards which is due to be finalised

in November, and the need to retain a higher level of contingency which may be carried forward to 2018/19, we do not plan to make this available at present for in year bids.

To reduce the impact of this risk:

- CMT have reduced our target vacancy factor from 6.25% to 5%. Achieving the previous target was unrealistic given the downward shift in turnover in the last 15 months.
- Finance have improved the quality workforce decision making at the Workforce Planning Group by providing fuller financial updates at the start of every meeting and ensuring each workforce request has the full financial impact against current budget.
- Commissioners have reviewed uncommitted project spend to identify the areas where we could find funds if required which would have least impact on achieving our strategic goals.

Measures

- Change in the confidence of delivering on time and on scope monthly by comparison to 2016/17
- Comparison between the annual impact assessment reports for 2016/17 and 2017/18
- Rate of factual errors in publications
- Monthly vacancy factor as a percentage from April 2014 to present, monitoring in comparison to previous years

Risk 17-6: Staff engagement

Description

As a result of failing to engage staff effectively in plans to transition towards the new public health body by 2019:

- How we manage the change distracts from decision-making and delivery.
- Staff engagement and morale declines and we lose staff assets.

Update

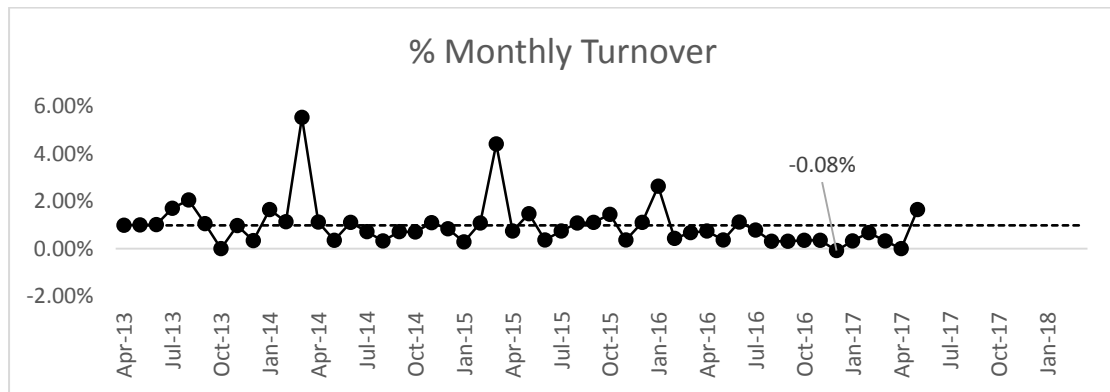
- Evaluation of functional alignment and EFQM self assessment has involved staff across the organisation and provided lessons learned for upcoming change
- Regular updates (email and blog post) on progress to new organisation in the last quarter.
- Adjustment of exit interview to capture new public body related leavers
- Assessment of organisation iMatter scores on key factors
- Change Oversight group has been established and Terms of Reference and Change and Transition Charter shared to capture the work of COG over 4 strands;
 1. Our People

2. Delivery, Functions & Processes
 3. New Public Health body
 4. Working with NSS
- Currently working with NSS OD and learning colleagues to develop a workshop on managing change and supporting the resilience of staff during a period of change. This will be aimed at band 8 staff initially and will be offered over 8 dates from November to April with a mix of NSS HS staff on each. Further joint learning initiatives will be developed following on from this initial programme.

Measures

- Monthly monitoring of outputs progress (comparison to previous year).
- Annual iMatter scores

Part 5: Workforce Statistics



Part 6: Finance Report

Health Scotland's financial position for the 6 month period ending 30 September is set out on the enclosed spreadsheet.

With regard to the revenue resource limit (RRL), at 30 September there was an underspend of £83k (0.8%) against the 6 month phased budget of £9,091k.

We are operating to a revised LDP which shows a capital saving against our allocation of £500k and a revenue saving of £250k. Both of these savings are part of the £15m efficiency saving target for 2017/18 on the National Boards. Our revised revenue saving has meant we have adjusted our vacancy target from 6.25% to 5% bringing our vacancy saving on establishment down from near £800k to around £640k. As review of staff costs as a % of total costs has been added as Appendix I in response to an Audit Committee request.

Matters to be noted at this stage are as follows.

- The Board's 2017/18 RRL as advised in the 4 September (revised) allocation letter from the Scottish Government was £18,845k which includes a baseline of £18,265k (£18,400 less smoke line of £135k), non-recurring allocations of £830k, and an efficiency saving (non-recurring) of £250k.
- The £83k underspend against the phased budget consists of 2 elements; an overall underspend of £5k on staffing and a net underspend of £78k on projects.
- Staffing: Our revised vacancy target of 5% gives a salaries budget (net of vacancy factor) at £12,354k. YTD Salary costs are close to our revised budget.
- Projects: Variances to date are mainly due to budget phasing/timing of expenditure across all Directorates with six variances above £25k being worthy of reporting
- Our y/e forecast shows a £65k underspend

Efficiency Savings/£15m Collaborative National Boards Target

Our original efficiency target was £500k on revenue but we have agreed with the Scottish Government that this should be taken from capital as part of the £15m collaborative savings from the National Boards.

We have committed to a £250k saving on revenue which is a further contribution to the £15m target from the National Boards. This saving is built into budgets for the year but we will be reporting savings during the year.

Cash

Our cash requirement is £19m for 2017/18. We drew down £8.75m (46%) to 30 September being slightly below our pro-rata on £19m of £9.5m. We expect drawdowns to increase over the remainder of the year to £19m.