



HS Paper 47/19

Board Meeting: Friday 22 November 2019

Quarter 2 performance report

Recommendation/action required:

The Board is invited to consider that the report sufficiently assures them that the performance of the organisation is on track in line with the delivery plan for 2019/20 and the priorities emerging as part of that plan and the changing transition context

Author:

Robert Ross,
Planning and Outcomes Officer

Sponsoring Director:

Cath Denholm
Director of Strategy

Elsbeth Molony, Organisational
Lead for Policy and Outcomes

November 2019

Quarter 2 performance report

Contents

Part 1: Overview of Quarter 2	3
Part 2: Strategic Priority Update.....	4
Strategic Priority 1: Fairer and Healthier Policy.....	4
Strategic Priority 2: Children, Young People and Families	10
Strategic Priority 3: A Fair and Inclusive Economy.....	15
Strategic Priority 4: Healthy and Sustainable Places.....	21
Strategic Priority 5: Transforming Public Services.....	25
Strategic Change Priority: Making a Successful Transition	29
Part 3: Core Services Update	33
Part 4: Corporate Risk Register Report	42
Part 5: Workforce Statistics.....	44
Part 6: Finance Report.....	45

Part 1: Overview of Quarter 2

This Quarter 2 performance report provides narrative of some significant successes and impactful work. The data shows that the vast majority of our outputs are on track with no issues. Our staff continue to deliver a significant body of important health improvement work despite the increasing pace and reality of change and transition.

The sections that follow provide highlights demonstrating the impact and reach of our work to improve health and reduce health inequalities. This includes the advancement of our work on the adverse mortality trends, the publication of a considerable amount of new evidence, including the first report from the Alcohol Minimum Unit Price (MUP) compliance study, and the launch of our report of 17 years of NHS Health Scotland. [Building our Future](#) was shared widely with stakeholders, including the Scottish Parliament Health and Sport Committee, members of the Faculty of Public Health in Scotland, Directors of Public Health and Health Promotion Managers.

Our influence continues to reach beyond the border, with evidence being presented to a Westminster All-Party Parliamentary Group and to the Westminster Scottish Affairs Committee. We also responded to a UK-wide consultation about adding folic acid to flour. At a European level, we co-chaired a session on Child and Adolescent Health at the 69th Session of the World Health Organisation (WHO) European Regional Committee meeting. Delegates included Health ministers and high-level representatives of the 53 Member States of the WHO European Region, as well as partner and civil society organisations. Our WHO Collaborating Centre work on including the views of children and young people in the WHO Child and Adolescent Health Strategy was commended, as was our work on Early Childhood development.

Team heads have continued to meet together regularly to assess the impact of the competing demands due to change. The largest impact to date has been on the support teams including project support, communications, publishing and web teams. The delivery teams within health equity and public health sciences have been much less affected by change activities, although some are encountering delays in accessing support from the aforementioned teams. Team heads are actively managing this to ensure that the most important work is supported and different approaches are adopted elsewhere. A tight budget for 2019/20 is also being actively managed by the team heads to ensure that priority in year work is approved. There is an expectation that Q4 will see more change-related activities across the organisation.

This is the last quarterly performance report of this kind that the Board will receive. The reports for quarter three and four will be submitted to the Board in March and will constitute NHS Health Scotland's final performance report.

Part 2: Strategic Priority Update

Strategic Priority 1: Fairer and Healthier Policy

Highlights from Quarter 2

Our work programme around adverse mortality trends continues to build up. This includes working across the four nations of the UK and co-ordinating the Scottish work under the auspices of the Directors of Public Health through a Mortality Special Interest Group (SIG). We are working to develop a set of clear recommendations for action to take to the SIG in November.

We are also continuing to add to the evidence base, including publishing new evidence together with colleagues from ISD, NHS Greater Glasgow and Clyde and National Records Scotland. The [paper](#) *How have changes in death by cause and age group contributed to the recent stalling of life expectancy gains in Scotland?* shows that mortality rates have worsened across almost all age groups against a backdrop of widening inequalities.

We also continue to engage with key stakeholders including colleagues across the four nations, Scottish Government policy leads, the Faculty of Public Health, and the Chief Medical Officer's specialty medical advisers and Clinical Leadership Fellows. The causes behind the stalling of the trends are becoming more widely understood and accepted by policy makers.

The first [report](#) of the Alcohol Minimum Unit Price (MUP) compliance study was published in August. The report found that, in the experience of enforcement practitioners, MUP has largely been complied with and any issues have been minor and quickly resolved. The report received extensive media coverage, although some misrepresented some of the findings by focusing on the potential for cross border purchase.

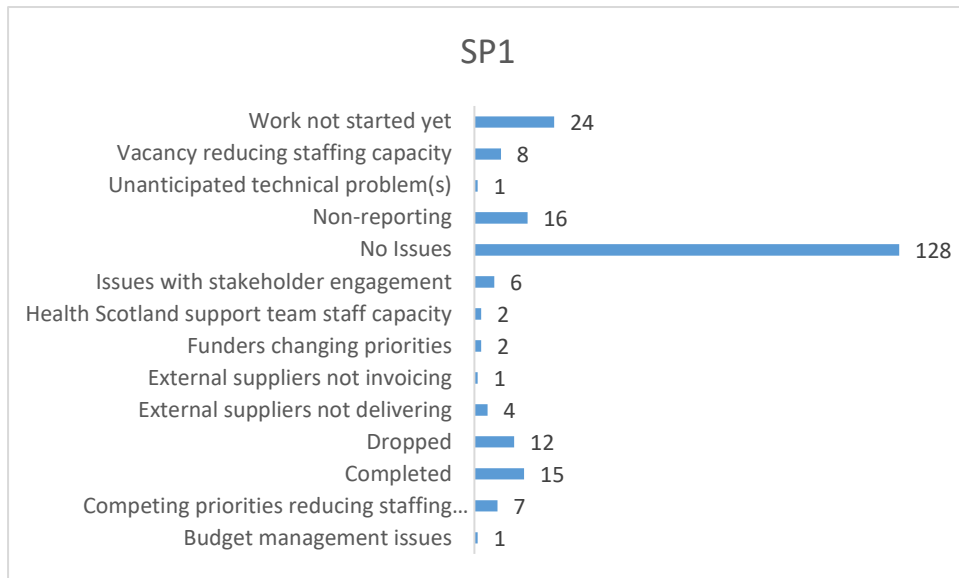
We continued to have high profile involvement in work around the rising drug deaths, including involvement in coordinated media activity to build the will for action and for the urgency of compassionate public health response. We featured prominently in the media (TV and printed press), and had an interview feature and advert in Holyrood Magazine. We are represented on the Drug Deaths taskforce, on the taskforce analytical subgroup, and are providing expert advice to other agencies.

Performance Information

Delivery Commitment	Performance Indicator	Y/N	Comment
<p>1.2.4: Provide expertise and advice to inform drug policy and practice working with key stakeholders including Scottish Government, Alcohol and Drug Partnerships and national advisory groups.</p>	<p>We have published our Evaluability Assessment report which has influenced the development of a monitoring and evaluation framework and action planning for the national strategy: Rights, Respect and Recovery</p>	<p>No</p>	<p>The project scope has been revised by SG and this has impacted on delivery. The final stakeholder workshop is scheduled for Q3 and we are currently in discussions with SG colleagues on a revised timeframe.</p>
<p>1.2.5 Through cross-organisation action, strategically work with national stakeholders including Scottish Government 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.</p>	<p>We have established a Public Mental Health expert network from public sector, third sector and academic partners</p>	<p>No</p>	<p>The new Organisational Lead started in post at the end of Q1 and has started to develop an informal network of public mental health experts. Further consideration will be given to the need for a more formal network as the work programme develops.</p>

<p>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).</p>	<p>We have produced a paper on GBV and public health priorities in conjunction with COSLA and engaged with the 32 Violence Against Women Partnerships in Scotland to promote understanding of the relationship between public health and GBV</p>	<p>Partly</p>	<p>HS is organising a national conference on public health and GBV with COSLA and the Improvement Service and will consider integration of GBV across the public health priorities. We've engaged with Violence against Women partnerships and the paper will be produced in Q3.</p>
--	--	----------------------	--

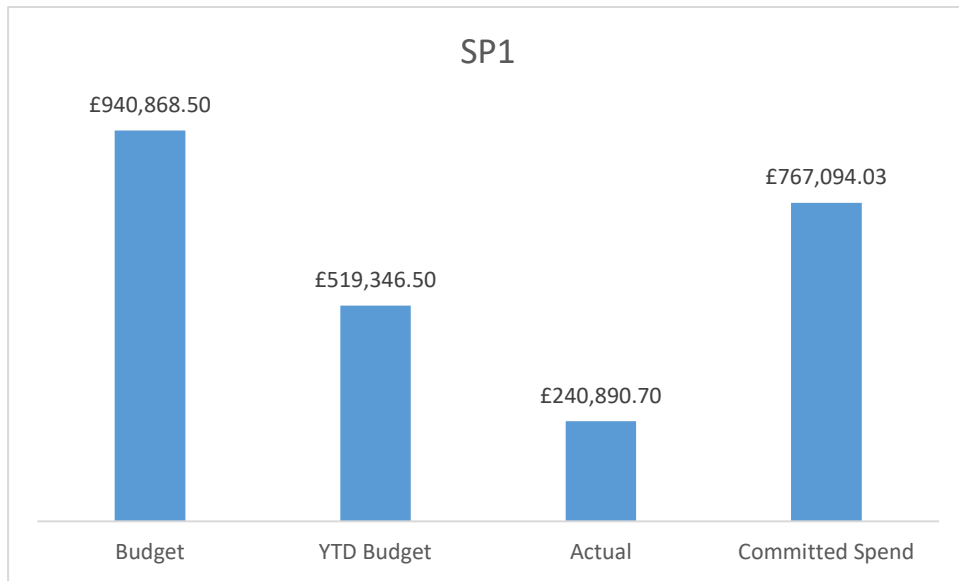
Issues affecting delivery in Quarter 2



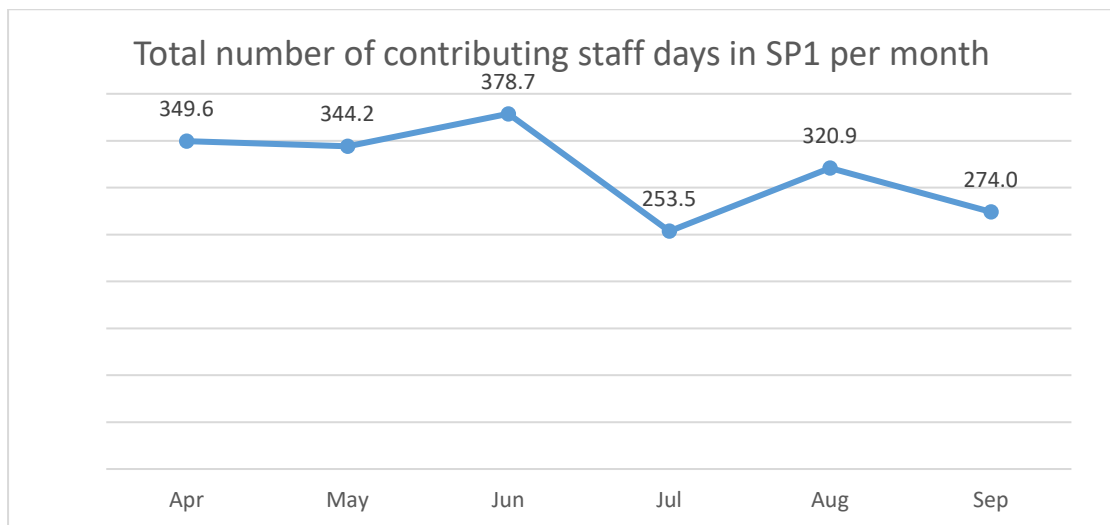
Active management of the issues above includes:

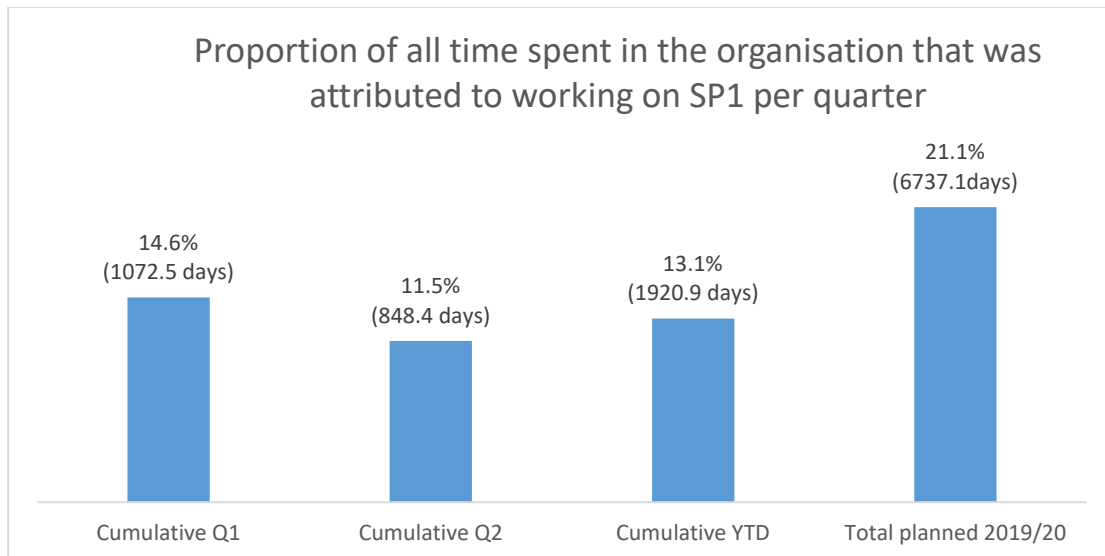
- A high proportion of outputs are completed or on track. The volume and urgency of work around the stalled life expectancy programme is impacting on some output delivery, with work being re-prioritised.
- The drug and alcohol strategy evaluability assessment report publication has been delayed due to a change in scope. A full monitoring and evaluation framework has now been requested and revised timescales are being agreed.
- Two MUP reports due in Q3 have been postponed to Q4 to avoid the pre-election quiet period.

Financial data



Staff time data





Coming up in Quarter 3

Together with the Scottish Association for Mental Health, we will jointly commission the development of a new suicide prevention brand on behalf of Scottish Government/National Suicide Prevention Leadership Group. We will also hold a national stakeholder seminar to identify practical solutions to the barriers faced in implementing Locations of Concern guidance.

We will publish two further MUP evaluation reports: Economic impact of MUP on the alcohol industry in Scotland; and Children and young People: own drinking and related behaviour.

We will present various work strands at the Scottish Faculty of Public Health Conference, including a keynote speech on stalled mortality and plenary presentations on this work, and presentations on MUP and our drugs work.

We will collaborate with Scottish Government, Public Health Reform, Obesity Action Scotland and Food Standards Scotland to support three areas to test out a whole systems approach to diet and healthy weight.

We will continue to raise awareness of the suite of Triple I (Informing Interventions to reduce Inequalities) tools through further dissemination, including the use of new marketing methods (e.g. YouTube video, webinar).

Strategic Priority 2: Children, Young People and Families

Highlights from Quarter 2

We were invited to co-chair the Technical Briefing Session on Child and Adolescent Health at the 69th Session of the World Health Organisation (WHO) European Regional Committee meeting. Delegates included Health ministers and high-level representatives of the 53 Member States of the WHO European Region, as well as partner and civil society organisations. The session aimed to raise awareness of the challenges facing child health in the region and to build partnerships to take action. Our WHO Collaborating Centre work on including the views of children and young people in the WHO Child and Adolescent Health Strategy was commended, as was our work on Early Childhood development.

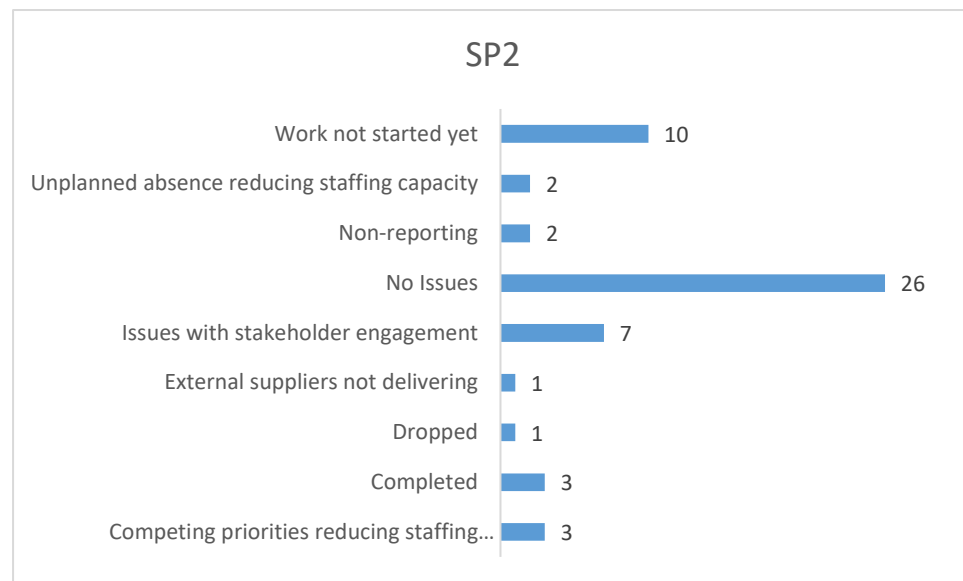
We published a [paper](#) on behalf of the Scottish Adverse Childhood Experiences (ACEs) Hub. *ACEs in Context* sets out the benefits which an increase in understanding about ACEs has brought across the system, and introduces a number of principles to inform cross-sector working on childhood adversity, including setting it within the wider context of poverty, inequality and discrimination. We published a blog and an article in Holyrood Online to promote the paper and it was widely circulated through our social media channels. The paper sought to address the perception of some stakeholders that ACEs ignore the social determinants of health.

We held two key engagement events on child poverty. The first was a roundtable session held with NHS Board child poverty leads on first year of local child poverty action reports. Reflections and feedback on progress with strengthening local action on child poverty were shared, as well as looking ahead to what further support is required to further enhance the public health and wider contribution of the NHS to action on child poverty at a local level. The second was a workshop delivered on whole system approach to child poverty at a local level, at a Public Health Reform Local Authority event.

Performance Information

Delivery Commitment	Performance Indicator	Y/N	Comment
2.2.1: Implement agreed priorities for action on adversity in childhood in collaboration with Scottish Government policy leads and the Scottish Childhood Adversity Hub.	We have contributed to establishing an ACE Enquiry pilot in six GP practices and an evaluation is in place to inform decisions on future roll-out.	Partly	Work with GPs is in place but the evaluation protocol has required further work prior to approval by our research advisory group. This work is now on track for Q3.
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.	We have influenced the development of the next WHO European Member State survey on Child and Adolescent Health	Yes	We have provided feedback on the areas of focus and questions contained in the drafted survey. We will field test the drafted survey for WHO at the start of Q3.

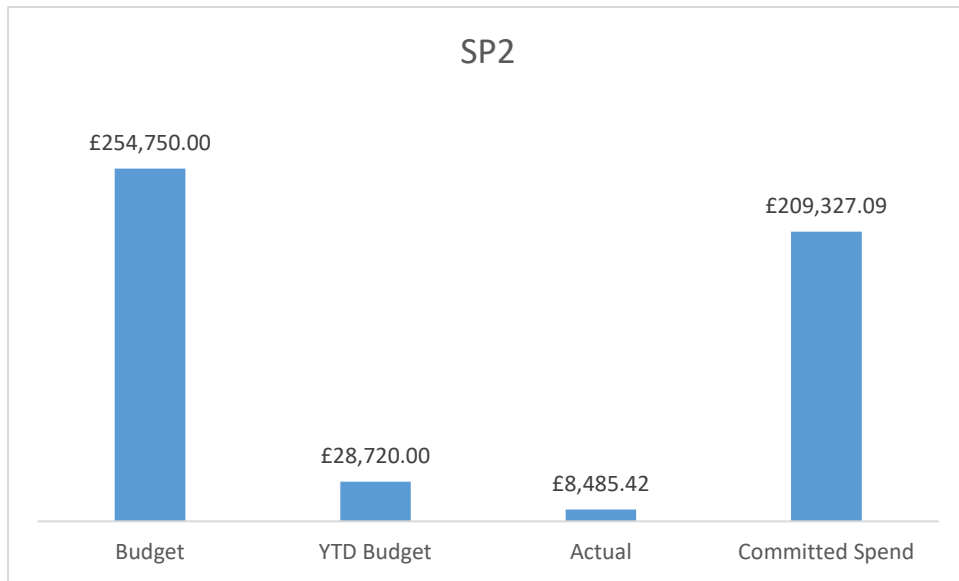
Issues affecting delivery in Q2



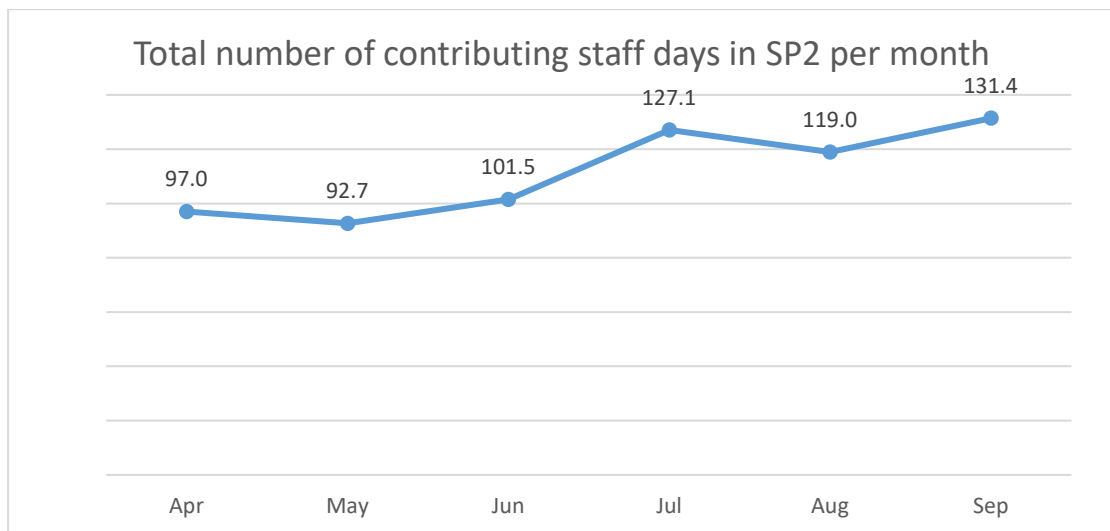
Active management of the issues above includes:

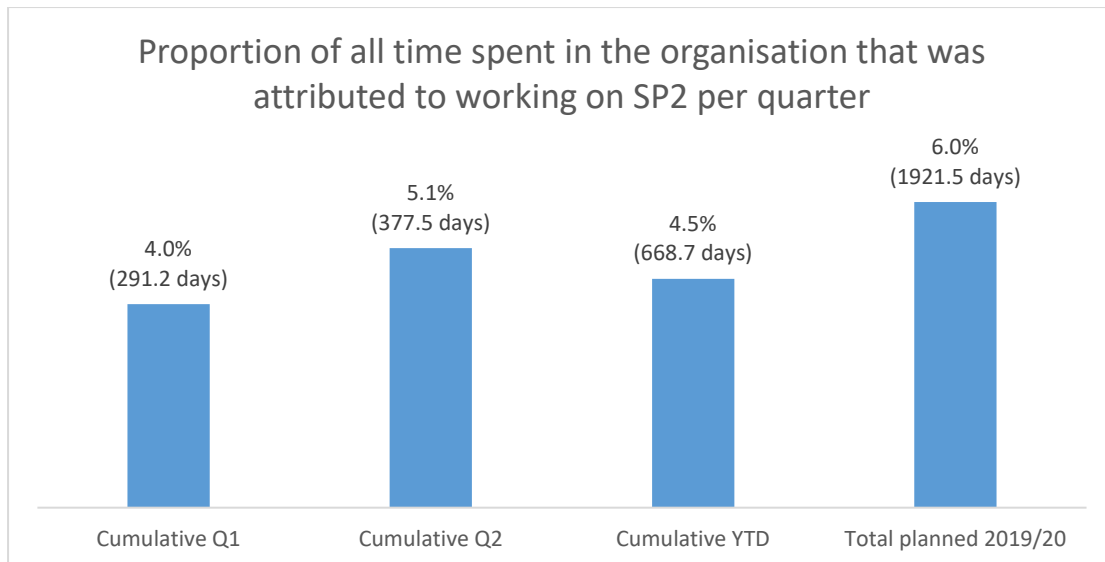
- Staff capacity issues this quarter were partly due to a recruitment gap which will be rectified early in Q3.
- Several outputs have been delayed or amended due to competing priorities reducing staff time, but are still planned to deliver on time on account of vacancies within the team being filled.
- One output has been delayed due to an unexpected requirement to submit a proposal to the internal research ethics committee. Another has been delayed due to uncertainty about the implications of taking a whole systems approach. Both of these are expected to start in Q3.
- Following a number of changes of direction and expectations over the last two years, the children's Census has not been signed off by Scottish Government ministers in its current form as had been expected for Q2. This is now delayed pending review.
- Delay in sign-off of the *Cost of the School Day* evaluation report has meant that dissemination has been deferred into Q3.

Financial data



Staff time data





Coming up in Quarter 3

We will continue the development of a new strategy with the preconception advisory group, and this will include a Health Inequalities Impact Assessment and Children's Rights Impact Assessment.

We will collaborate with the National University of Ireland Galway and WHO Europe to produce a summary of our youth engagement activity and will continue to draft sections of the next Child and Adolescent Health Strategy for Europe. We will inform the development and design of WHO Europe survey to monitor child and adolescent health in the region and we will help in the development of Romania's Child and Adolescent Health strategy.

We will take part in urgent discussions with Scottish Government and other stakeholders on the future of the Children's Health and Wellbeing Census, and will lead on planning for the Health Behaviour in School Age Children (HBSC) Report which will launch in Q4.

The *Cost of the School Day* evaluation will be published at end of November and the dissemination plan will be agreed with funding partners.

We will publish an evidence briefing on *Larger families and risk of child poverty* at the end of November.

Strategic Priority 3: A Fair and Inclusive Economy

Highlights from Quarter 2

We had a successful engagement with the Scottish Government policy lead for the Local Governance Review to develop our contribution in this area. The Local Governance Review is a joint Scottish Government/COSLA initiative considering how powers, responsibilities and resources are shared across national and local spheres of government, and with communities.

We presented evidence to the Westminster All-Party Parliamentary Group Health in All Policies Inquiry '2019 – 3 Years On: Assessing the Impact of the Welfare Reform and Work Act 2016 on Children and Disabled Adults'.

We provided [written evidence](#) to the Westminster Scottish Affairs Committee inquiry into the impact of welfare policy in Scotland. We highlighted concerns that UK welfare policy is contributing to poor health outcomes and health inequalities in Scotland. We made a series of recommendations to protect population health and reduce health inequalities in Scotland, including abolishing the five-week wait for Universal Credit, removing the benefit cap and the two-child-limit, abolishing benefit sanctions for all, and supporting a rights-based approach to social security, informed by the experiences of people who use the system.

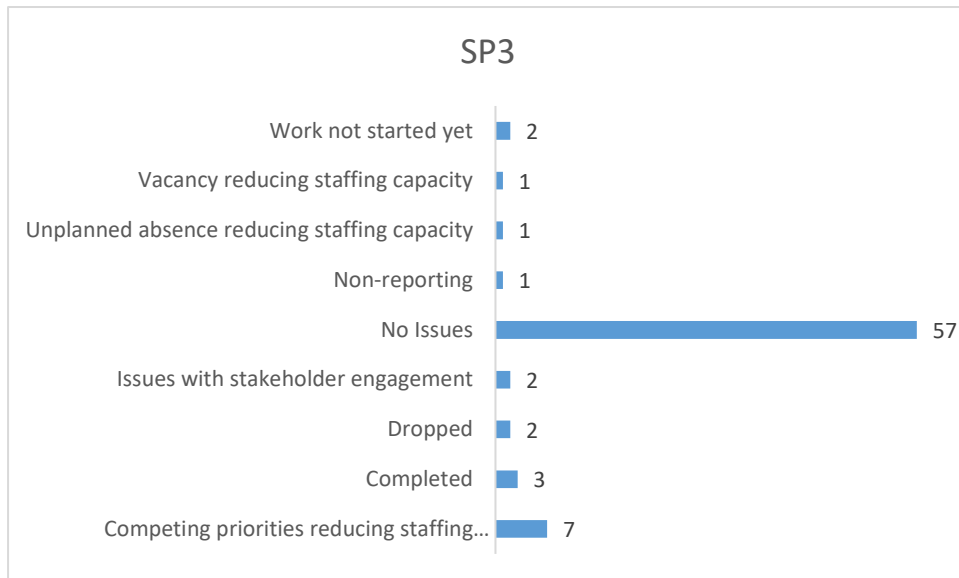
We are helping to shape how participatory approaches can support the work of the Drugs Deaths Taskforce.

Performance Information

Delivery Commitment	Performance Indicator	Y/N	Comment
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.	We have supported the development and implementation of a delivery plan for the Healthy Working Lives website	Partly	The work to review, develop and add content to the existing HWL.scot web site has been completed. This has led to an improvement plan being developed to renew the HWL.scot web site with anticipated completion in Q4.
3.1.4: Develop and disseminate evidence and advice on fair employment and good work policies and practice to support employers to contribute to reducing health inequalities.	We have improved the effectiveness of Mental Health Practitioners in supporting patients into employment support services	No	This action has been carried forward as there was a lack of uptake of the offer of training dates. This will happen in one specific Board and relevant stakeholders from other Boards are invited along to disseminate in their own Board area.
3.1.4: Develop and disseminate evidence and advice on fair employment and good work policies and practice to support employers to contribute to reducing health inequalities	We have trained Mental Health Workplace Trainers to improve employers' support for employees with mental ill health	No	This action has been carried forward as there was a lack of uptake of the offer of training dates. We will be attending Mentally Health Workplace Trainers development days in

Delivery Commitment	Performance Indicator	Y/N	Comment
			December to promote Fair Start Scotland and Access to Work – Mental Health.
3.2.1: Following the completion of the appraisal, develop sustainable models and approaches to the healthyliving and Healthy Working Lives awards to maximise employer engagement in tackling health inequality and encourage sustained and effective support for improving public health.	We have developed a robust project plan to support the delivery of new sustainable models for the healthyliving and Healthy Working Lives awards.	Partly	<p>A robust project plan is in place for the delivery of a new approach to the HWL award, and progress to deliver phase 1 is underway.</p> <p>Delays in the findings of the Out of Home Strategy consultation being published led to a delay in the review of the healthyliving award.</p>

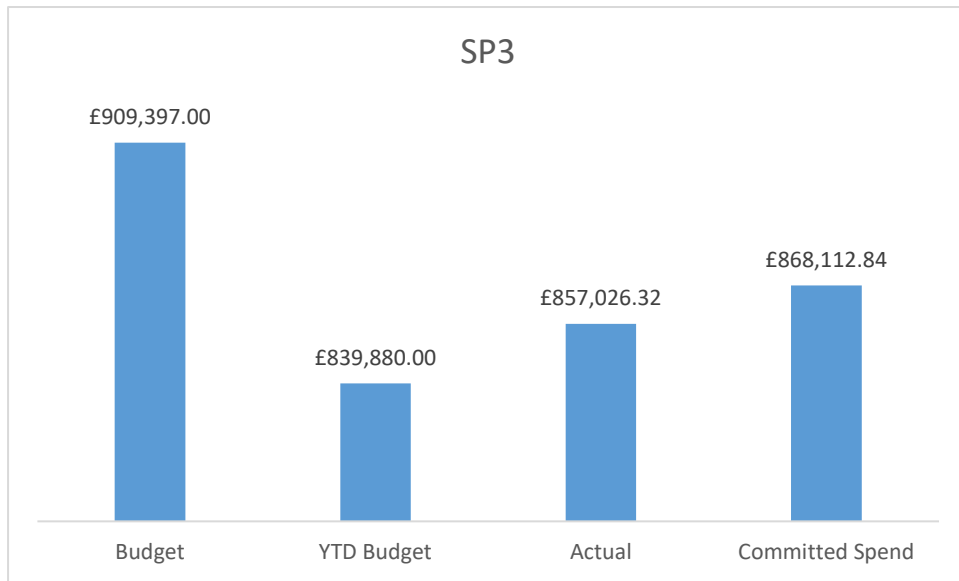
Issues affecting delivery in Q2



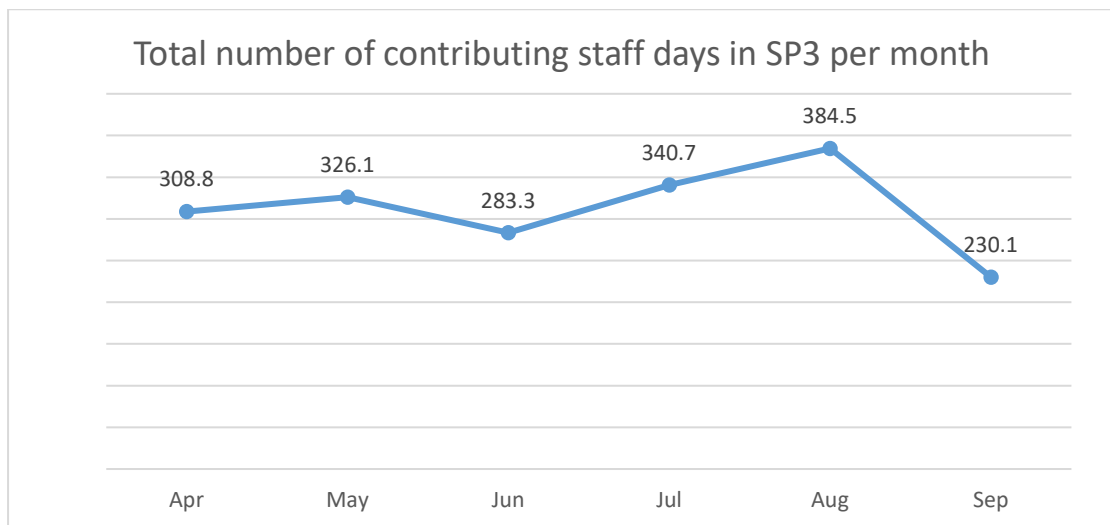
Active management of the issues above includes:

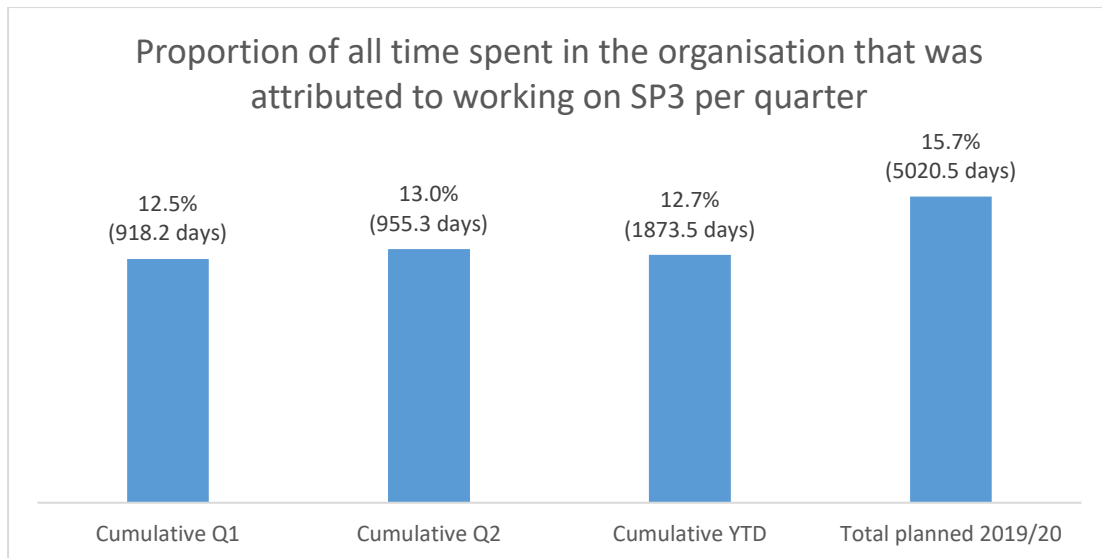
- Most of the outputs within SP3 are proceeding with no issues. We are managing competing pressures for six outputs but this is likely to have minimal impact on our outcomes in this area.
- In common with other strategic priorities, reporting seems to have been lower in September. This is now being actively managed. Staff absence and the time taken to recruit into posts to serve SP3 explain the lower than expected number of staff days so far this year.
- The delay in the publication of the results of the Out of Home strategy consultation has had a direct impact on delivering change to the Healthyliving award. This process of change is now likely to run into next year.

Financial data



Staff time data





Coming up in Quarter 3

We will present evidence to the summit with Professor Sir Michael Marmot to discuss and identify Scotland's response to the stalled life expectancy and widening health inequality trends, including the contribution of social security policies.

We are using the Triple-I model to estimate the contribution of tax, welfare and public spending changes to the life expectancy trends in Scotland.

We are developing a plan with the Department for Work and Pensions (DWP) for collaborative action to improve customers' experience of DWP services and the outcomes they are supported to achieve. One of the first actions being progressed is an event to start work to improve collaboration of Alcohol and Drugs Partnerships (ADPs) and DWP in contributing to the achievement of better income, employment and health outcomes for people with addictions.

Strategic Priority 4: Healthy and Sustainable Places

Highlights from Quarter 2

We made a significant contribution to the recently published refreshed Local Housing Strategy guidance. As a result of our input the guidance is much clearer about how local strategies should plan for health outcomes. For example, they have introduced a new 'Housing, Health and Social Care Integration' section (one of our recommendations) which includes information on Scottish Government Public Health Priorities and encourages local authorities to carry out a Health Inequalities Impact Assessment.

As part of our membership of an expert group set up to advise the Cross Party Group on Housing, we have successfully influenced the group to recognise public health as a key issue for housing. As an example, to quote the convenor of the group *'Living well should be clearly obvious to us all but I think we should be striving to do it better. As health experts I hope NHS HS can assist us in developing how best we can do that in the context of our housing system in the next 20 years'*.

We have been invited to be part of the independent assessment panel for the Scottish Government's new *Investing In Communities* Fund. The new fund will provide millions of pounds to help support community and third sector organisations in Scotland's most disadvantaged communities to develop and deliver sustainable local solutions that address local priorities and needs, increase active inclusion and build on the assets of local communities.

Performance Information: Quarter 2

Delivery Commitment	Performance Indicator	Y/N	Comment
<p>4.10.1 Work collaboratively with relevant national and local stakeholders including Scottish Government, Education Scotland, Transport Scotland, Sustrans, Scottish Natural Heritage Paths for All, Cycling Scotland, Greenspace Scotland, Community Leisure UK, NHS Boards and Community Planning Partnerships to create places and spaces that promote a physically active population.</p>	<p>We have contributed to the inclusion of indicators relating to inequality in the National Walking Strategy Delivery Plan</p>	<p>No</p>	<p>The National Walking Strategy Action Plan was published without the inclusion of any indicators. Paths for All are considering if/when indicators will be added.</p>

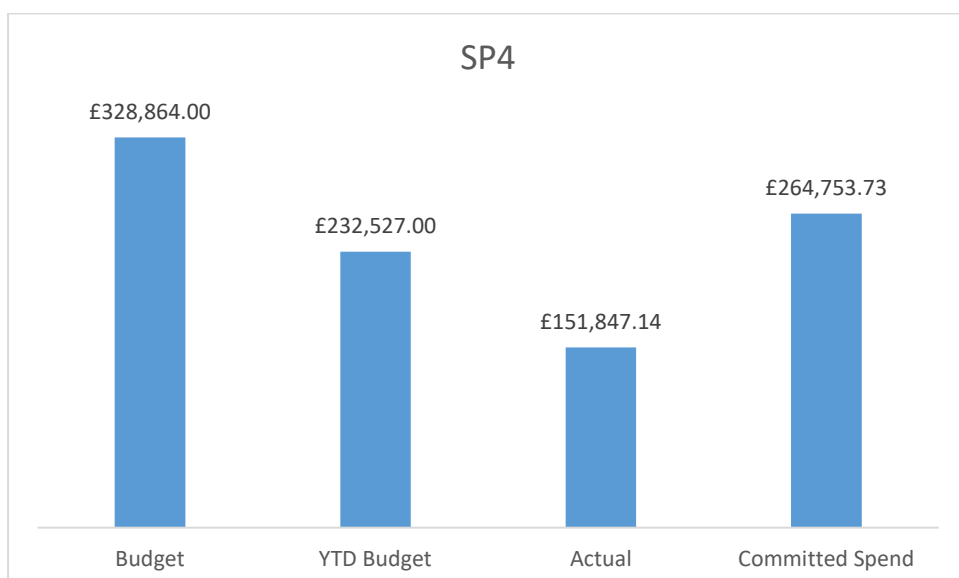
Issues affecting delivery in Q2



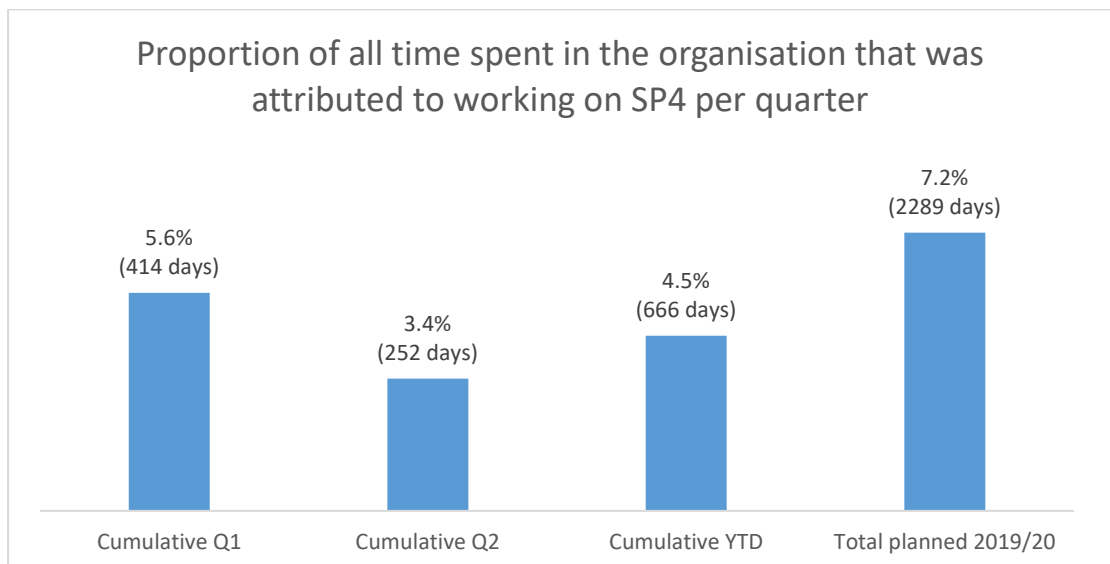
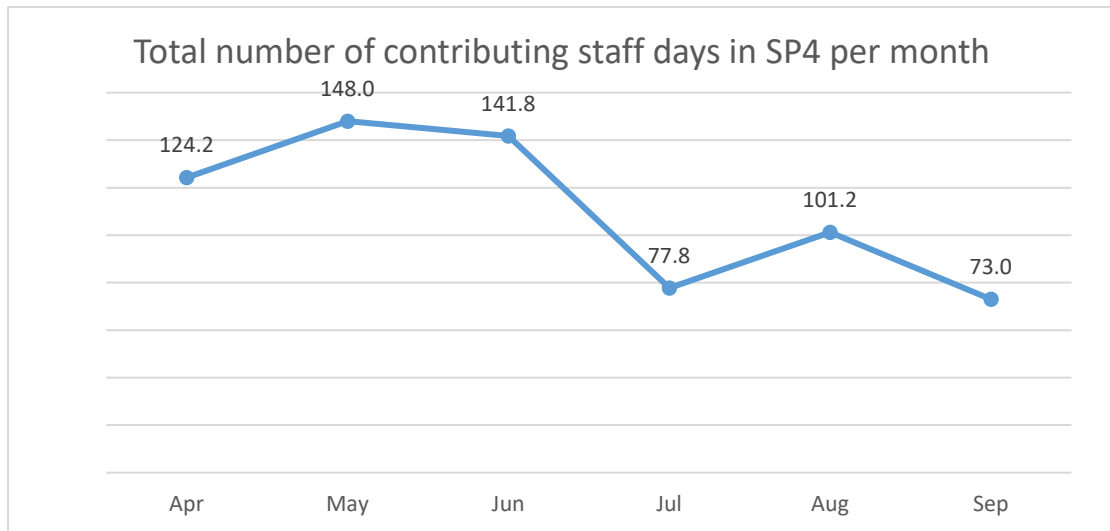
Active management of the issues above includes:

- The majority of outputs are proceeding as planned (i.e. no issues or not started this quarter). There are minor issues with a small number but this should not affect overall delivery or achievement of outcomes.
- There are minor issues with the capacity of the marketing, digital and publications teams to support the work and with staff vacancies but these are being worked through and should not affect overall delivery.

Financial data



Staff time data



Coming up in Quarter 3

We will be discussing our input to the Climate Change Just Transition Commission with Scottish Government.

We are meeting the Scottish Land Commission to explore joint work on Vacant and Derelict Land and with the design company for the redevelopment of a derelict site in Inverkeithing to explore how it can be done in a way that maximises health outcomes.

We are meeting with the Scottish Government Planning Department to discuss the potential involvement and support of Public Health around the recently passed Planning (Scotland) Act.

Strategic Priority 5: Transforming Public Services

Highlights from Quarter 2

We launched the annual Flu campaign, targeting 'vaccine hesitators' – priority eligible groups where uptake is low/falling (parents of 2-5 year old children and adults with health conditions such as asthma, diabetes and heart conditions). Through our TV, radio and digital and print campaign, we aim to build vaccine confidence and asking the public to *trust the facts and get vaccinated and* deliberately counteracting misinformation by harnessing social media and positioning the NHS as the voice of authority on the safety and value of vaccines. In partnership with Chest, Heart and Stroke Scotland we worked to improve vaccine confidence among their target group and were hosted by a Kidney Dialysis unit in Fife to drive home the devastating impact flu can have on adults with underlying health conditions. We secured prime time media coverage on BBC and STV and have achieved excellent social media coverage.

We submitted joint written evidence with ISD and HPS to the Scottish Government's Health and Sport Committee Phase 2 enquiry on the Future of Primary Care. We presented oral evidence to the committee on the topics of 'primary care /public health' and 'addressing health inequalities via primary care'. The anticipated impact is that the committee will publish its report taking account of our recommendations.

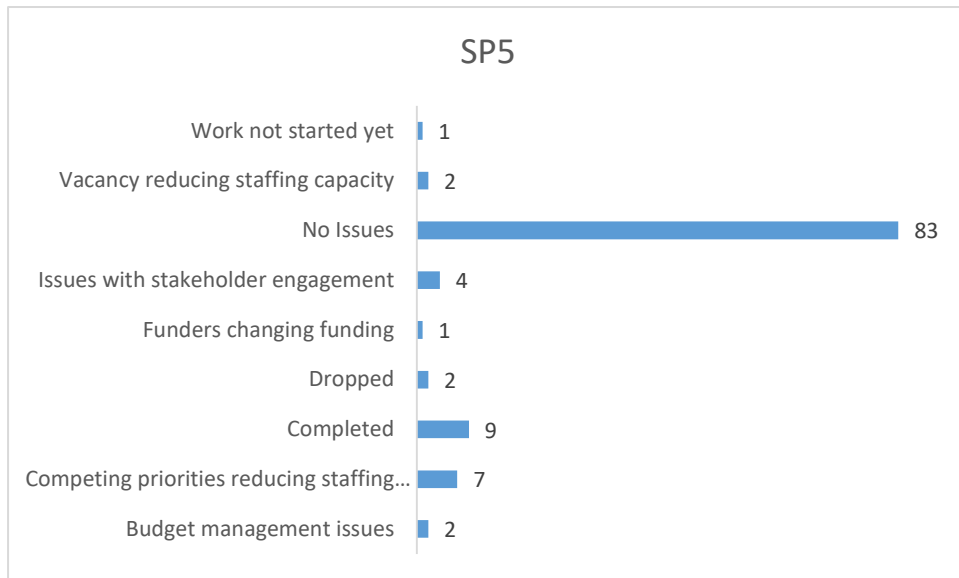
We reviewed the role and effectiveness of network arrangements for public health; developed a number of collaborations with wider stakeholders and provided support to the development of 'effective' networks as part of whole systems working. There is increasing evidence from questions being asked by stakeholders around their role in network leadership; the power relationships which need rebalanced and how networks can be shaped to be creative, innovative spaces to address complex public health issues.

We have continued to bring Housing and Homelessness colleagues together to collaborate and are starting to develop a position paper on upstream prevention for the Ministerial Homelessness Group. This will include a proposal for joint improvement work with Healthcare Improvement Scotland.

Performance Information: Quarter 2

Delivery Commitment	Performance Indicator	Y/N	Comment
5.6.2 Work with Scottish Government, NHS boards and key primary care stakeholders to scope and test our strategic contribution to enhancing the role of primary care in reducing health inequalities.	We published a revised guide to childhood vaccines with evidenced based messaging on the importance of vaccinations in protecting children against serious diseases	Yes	We produced a new guide to immunisations for children aged 0-5 called <i>Protect Your Child Against Serious Diseases</i> with support from SG, local NHS Boards and other stakeholders.
5.6.7 Provide support and guidance to key partners and stakeholders in Community Planning and Health and Social Care to increase understanding of inequalities and inform practice and delivery that leads to more equitable outcomes in our communities.	We have produced guidance on evaluation for Community Planning Partnerships	Partly	The planning and delivery of an event for Community Planning and Public Health Scotland was prioritised over completing this guidance. A draft version of the guidance is ready but is still to be finalised and shared with Community Planning partners and stakeholders. It should be ready in Q3.

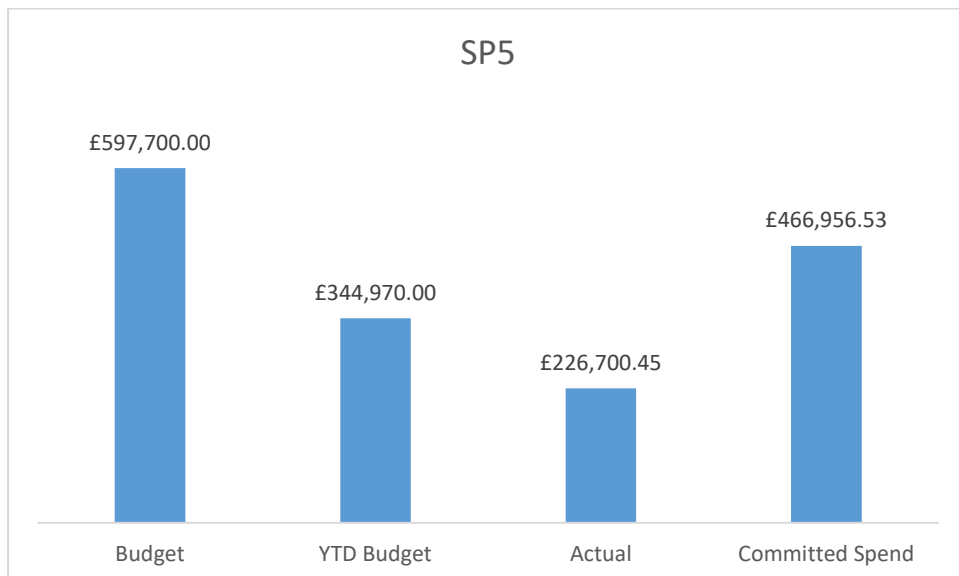
Issues affecting delivery in Q2



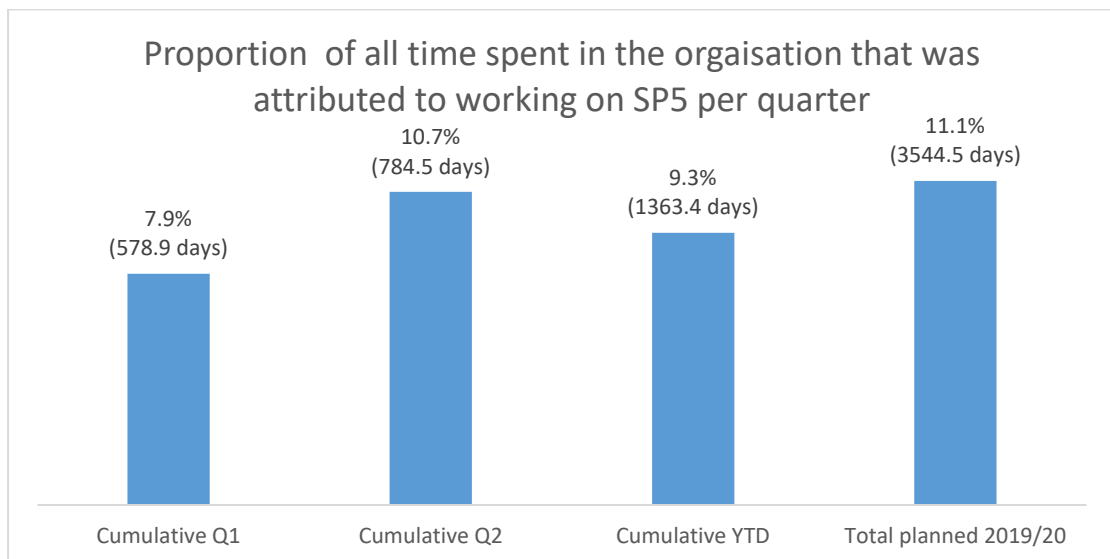
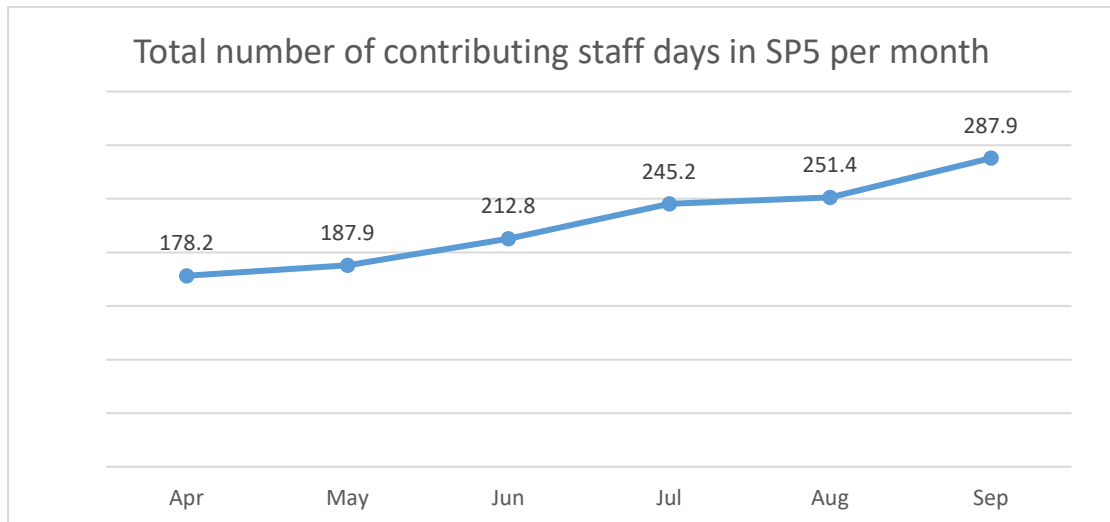
Active management of the issues above includes:

- Work is being reprioritised to manage challenges with unfilled vacancies taking a longer than expected to recruit to.

Financial data



Staff time data



Coming up in Quarter 3

The Gypsy Traveller Action Plan will be a key focus, delivered in partnership with ScotPHN, Scottish Government and IRRIS (The Institute for Research and Innovation in Social Services).

We will present to the Scottish Government Primary Care Division on health inequalities and primary care and provide an evidence briefing.

We will publish a new quarterly Vaccine Transformation Programme e-newsletter to provide regular updates on work underway to modernise the delivery of vaccinations to communities across Scotland.

We will host a round table with other national NHS bodies to consider how they address inequalities through their procurement processes.

Strategic Change Priority: Making a Successful Transition

Highlights from Quarter 2

The PHR Board and Committee Governance project has now completed and the new Committee and Board Forum structure for PHS has been approved by the Shadow Board Chair. The NHSHS Board non-executives' terms have now all been extended to the end of March 2020 and the Board governance action plan was approved at the September Board meeting.

Agreement has been reached on the scope of the corporate services to be provided to Public Health Scotland by NSS. The posts identified as impacted by this decision have been identified and engagement has taken place with the staff affected. Support is being provided to staff who are unsettled by the decision. We continue to provide all staff with timely communication on a variety of change/transition topics

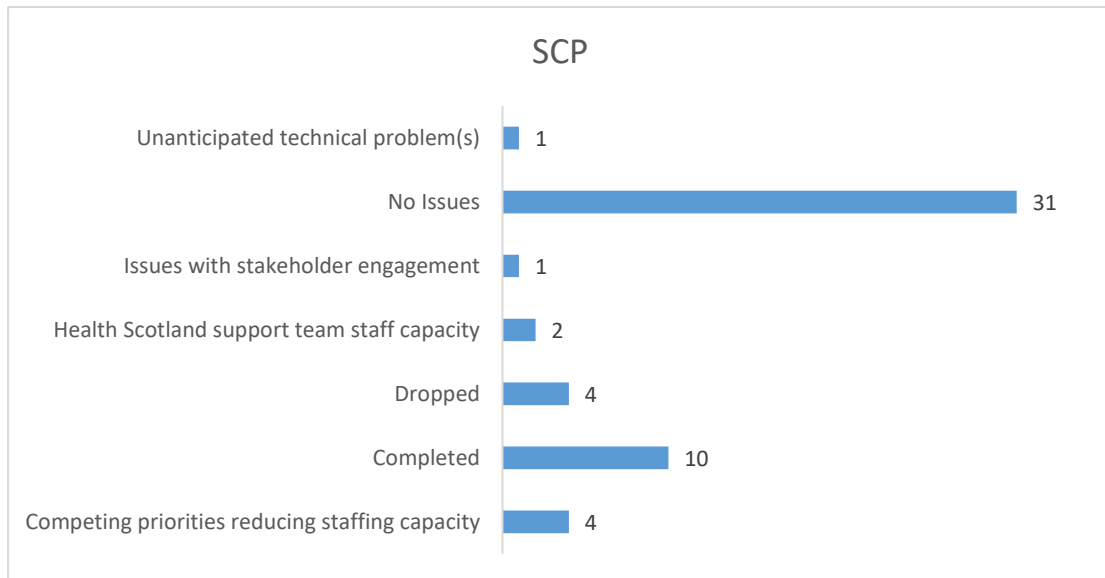
We published our report '[Building our Future: NHS Health Scotland's contribution to public health in Scotland](#)', which provides a description of our strategic development as an organisation, and an account of our work in three key areas – alcohol, place and early years. The report was discussed at a Board meeting with the Minister for Public Health and shared widely with stakeholders, including the Scottish Parliament Health and Sport Committee, members of the Faculty of Public Health in Scotland, and Directors of Public Health and Health Promotion Managers. It was included in the newsletters of Voluntary Health Scotland and the UK Public Health Network and we have been informed that it is now on the reading list for the Edinburgh University Master of Public Health Programme.

We received positive feedback from our stakeholders, including our sponsor team and senior figures in PHR have welcomed it as being useful for induction of new PHS Board members.

Performance Information

Delivery Commitment	Performance Indicator	Y/N	Comment
10.1.2 Ensure effective, timely and purposeful communication and engagement for our staff throughout the transition period	Staff have regular opportunities to engage with Directors and through other fora, such as the Change Oversight Group	Yes	This will continue into Q3 towards Day 1 of PHS.

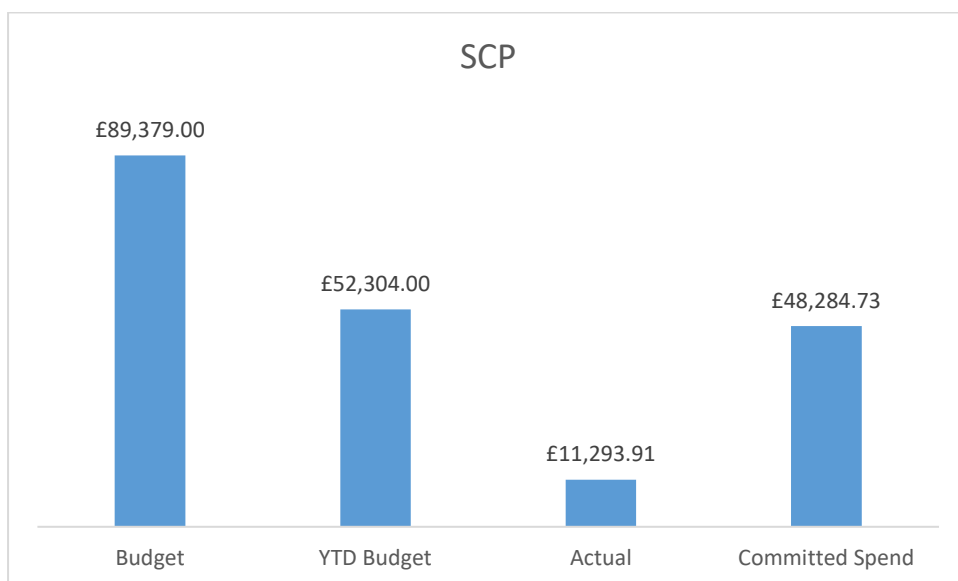
Issues affecting delivery in Q2



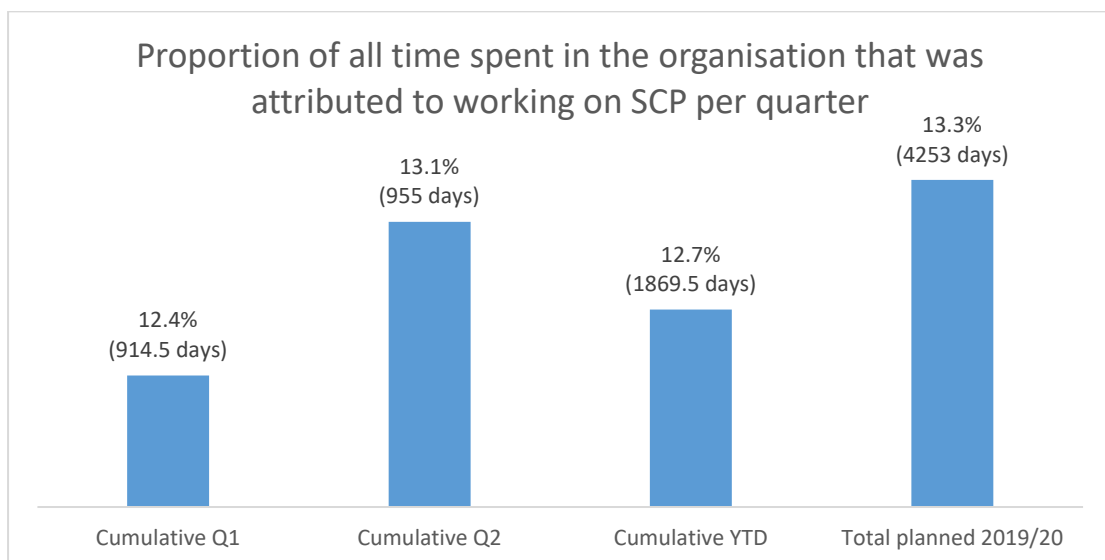
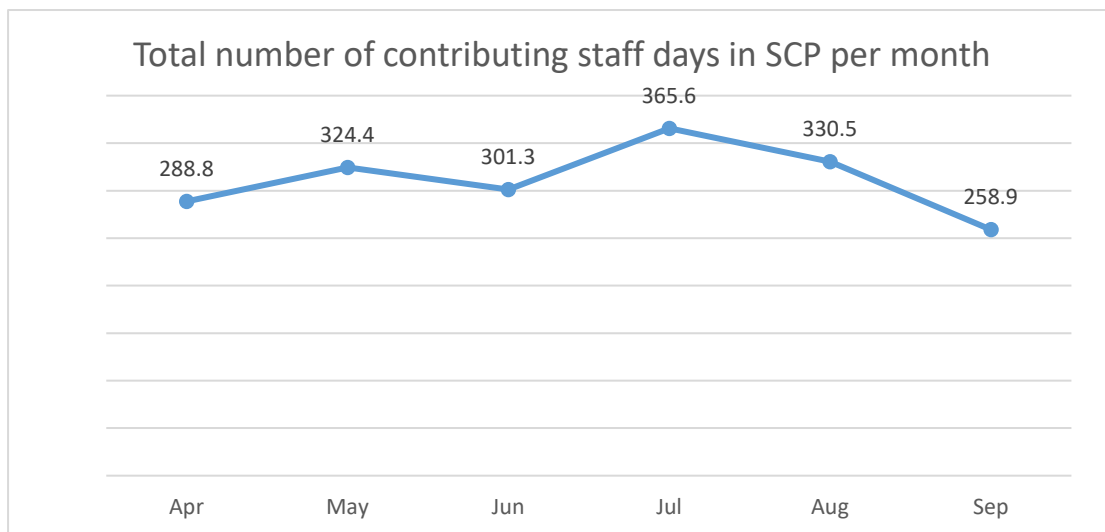
Active management of the issues above includes:

- The staff currently delivering corporate services are challenged by the amount of change they are having to deal with as well as delivering the asks of the organisation. This however is not yet apparent in the output reporting apart from a small number related to IT and digital which we still hope to deliver on time.
- We recognise the need to encourage a greater reporting of staff time to give a more accurate reflection of where our challenges potentially lie.

Financial data



Staff time data



Coming up in Quarter 3

- The next quarter will see a second TUPE consultation issued to staff impacted by the decisions around shared service provision. The OD commission will be offering further workforce support to staff in these areas as part of the OD action plan
- Further progress is expected on the appointment of the PHS senior management team with the recent announcement of the new Chief Executive for PHS.
- We will be implementing a joint internal communications and engagement plan supporting all aspects of change.

Part 3: Core Services Update

Highlights from Quarter 2

We submitted nine responses to consultations and calls for evidence, including a response to the UK Parliament Scottish Affairs Committee inquiry into welfare policy in Scotland and two joint responses to Scottish Parliament Health and Sport Committee inquiries; one joint with PHI on primary care in the spirit of PHS and one joint with the DsPH on social prescribing. Both of the Health and Sport Committee joint responses led to invitations to give oral evidence to the Committee, which were taken up by HS representatives.

Reports were published of two consultations we had responded to in previous quarters; the report of the Public Health Scotland consultation and the report of the Scottish Government consultation on high fat, sugar and salt (HFSS) foods. We analysed the reports in order to establish how impactful our responses had been. This is a new approach, which we hope will help us report on our impact and improve the effectiveness of our policy responses. The analysis of the PHS consultation was shared with the Board in September and the results of the HFSS consultation was shared with the relevant HS team.

Research Services began discussions with PHI to harmonise the research governance arrangements for Public Health Scotland.

Knowledge Services further developed its relationship with the third sector, including presenting at a recent third sector research forum (TSRF) meeting, attending the TSRF and Voluntary Health Scotland (VHS) conferences to discuss knowledge support with delegates, and producing an evidence summary on mental health diagnosis in those aged 65 and over for a joint project led by VHS and Health in Mind Scotland.

We have been working closely with Scottish Government's Parent Club and NHS Inform to establish consistent and effective processes to design, develop and deliver digital content on the Parent Information Project as part of a pilot for ReHIP. This pilot has involved close collaboration between the partner organisations to identify and agree content areas, digital content strategies and content governance approaches to deliver the pilot in early 2020. If successful, the processes and ways of working will be replicated and applied to other health information products and projects across the early years and ReHIP portfolio and may have wider implications for other health improvement/health behaviour change information provision between Public Health Scotland, NHS Inform and Scottish Government's Parent Club.

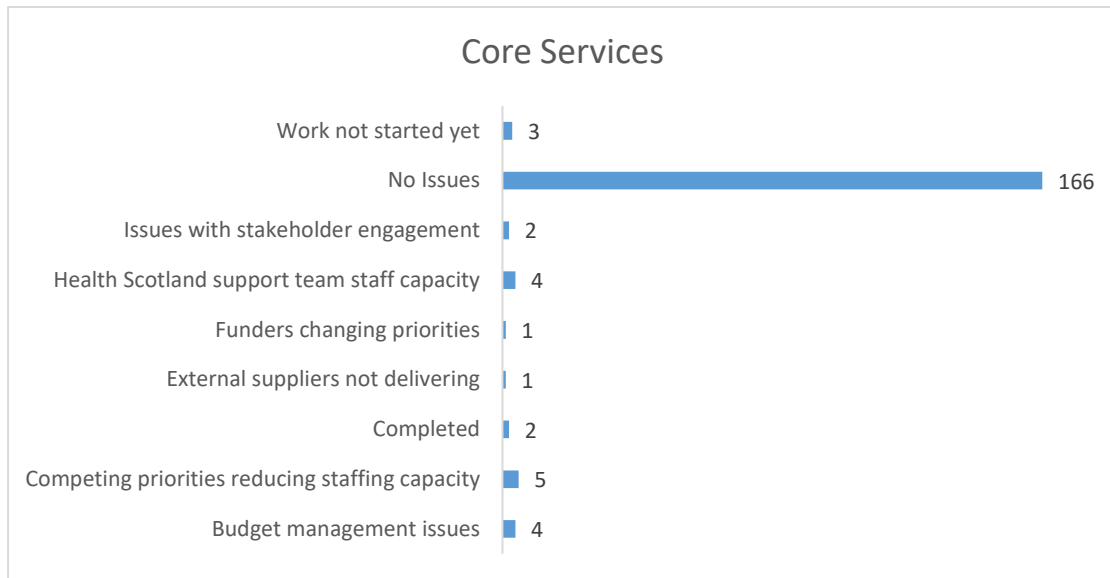
Performance Information: Quarter 2

The following table details the Performance Indicators that were due for completion this quarter and provides a narrative for each.

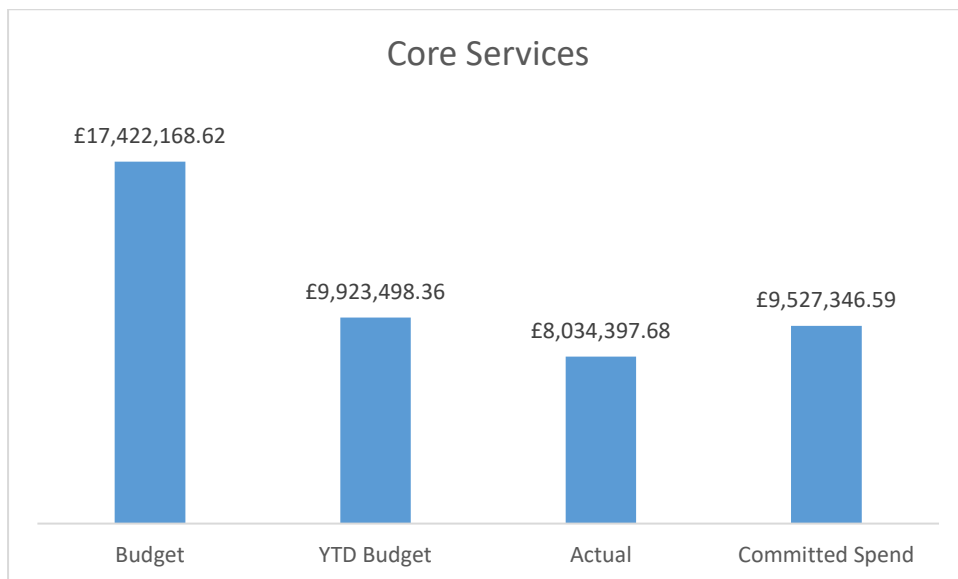
Delivery Commitment	Performance Indicator	Y/N	Comment
9.1.2 IT and information management: provide the infrastructure and support needed for staff to make the best use of our technology and systems to work agilely and use and manage information to best effect	99% of staff have been allocated with laptops and are working agilely	Yes	This has been successfully completed
9.1.2 IT and information management: provide the infrastructure and support needed for staff to make the best use of our technology and systems to work agilely and use and manage information to best effect	95% of staff are confident in using the new Windows 10 operating system being rolled out and the benefits it brings	Partly	Windows 10 is now our default build and is rolled out on all new laptops as well as any rebuilds required. We have a number of windows 7 machines still in circulation with a large chunk of these in the process of being retired at present in line with the Microsoft support model. Any remaining windows 7 machines are being rebuilt to windows 10. Uncertainty around the PHS system

Delivery Commitment	Performance Indicator	Y/N	Comment
			build impacted this slightly with a view to avoid duplication.
9.1.3 Planning and delivery: deliver specific improvements in how we plan so that our delivery and impact is improved	We have developed an effective approach to engaging with the Scottish Parliament Information Centre so as to increase the use of our evidence in Parliamentary debates	No	Competing demands on staff time, especially around work on change and transition, has prevented this from being completed this quarter. It will be taken forward in Q3 through collaboration between the Communications and Engagement team and the Policy and Outcomes team.

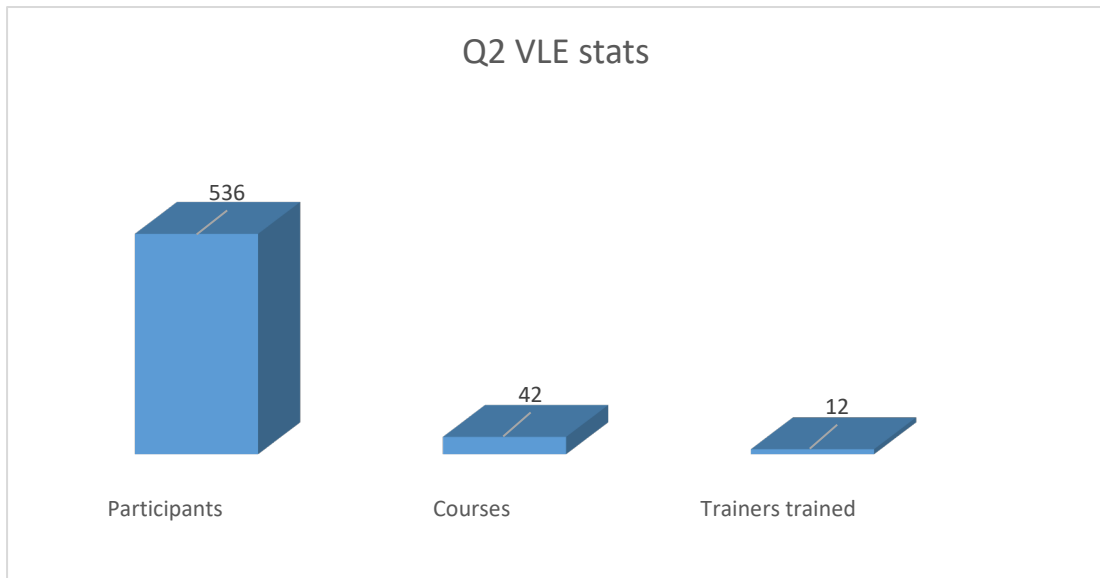
Issues affecting delivery in Q2



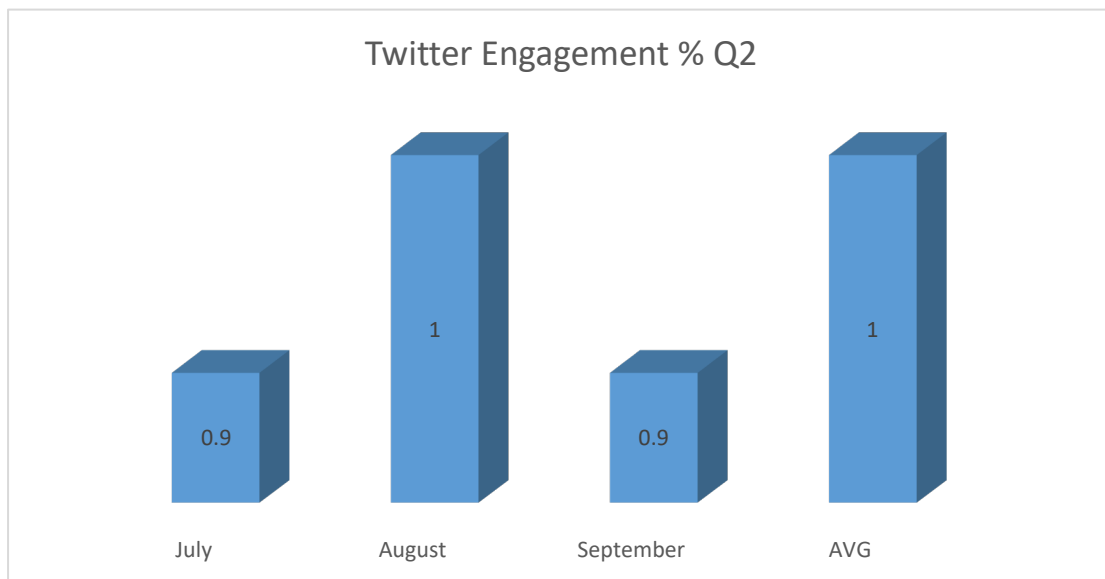
Financial data

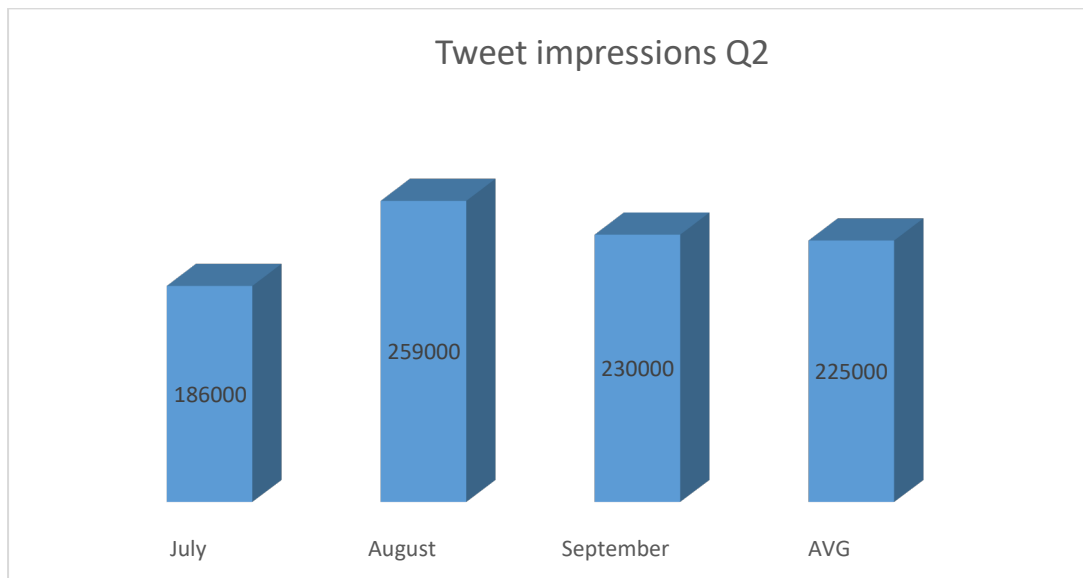
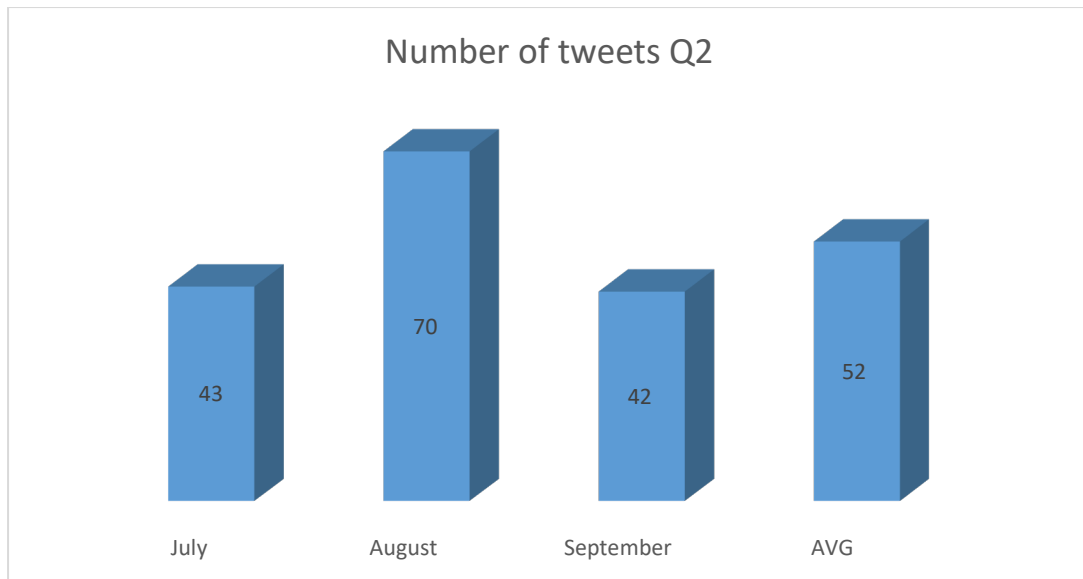


Learning data



Social media

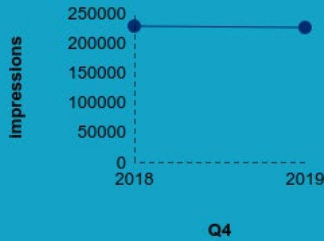




- Our average number of impressions is up on the last quarter by 6%.
- Our average engagement rate (the percentage of people who did something with the tweet including retweet, reply, like, and click on links, hashtags, or embedded media) continues to be 1.0% (standard but just below our stretching target of 1.1%).
- August was our busiest month, and despite a high amount of tweets and impressions our average engagement rate was best. This was in large part due to Katy Hetherington’s corporate blog promoting our ‘ACEs in Context’ briefing paper, interest in our drug related deaths advert and statement, and our partnership with Sport Scotland to contribute to their Twitter #SportHour on sporting connections/working with communities.

Twitter 2019-20 Q2

Impressions year on year

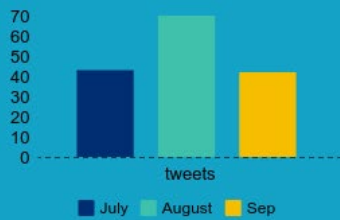


Our average no of impressions was 225,000 (up on Q1) and much the same as this time last year despite hundreds of new followers.

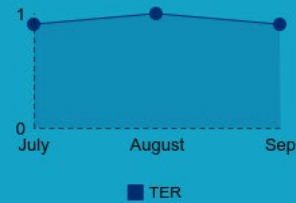
At a glance

- Our average engagement rate remains steady at **1.0%**
- **August** was our best performing month for engagement and impressions, helped by a huge no of **link clicks** to Katy Hetherington's blog post promoting the Scottish ACE Hub 'ACEs in Context' briefing paper. It was also our most **retweeted** post.
- Other content that performed well included: our **drug-related deaths** Holyrood advert and statement on International Overdose Day; and our contribution to #SportHour with **physical activity** messages.
- **Likes** followed by **media** were the top engagement metrics.

Analytics breakdown

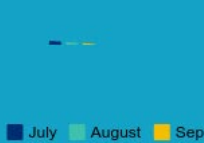


Our average no of tweets was 52 p/m.

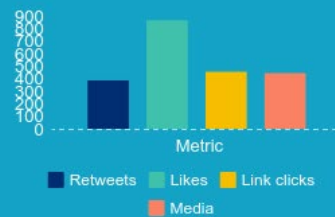


Our average engagement rate was 1.0% (down on last Q 1.1%).

Followers

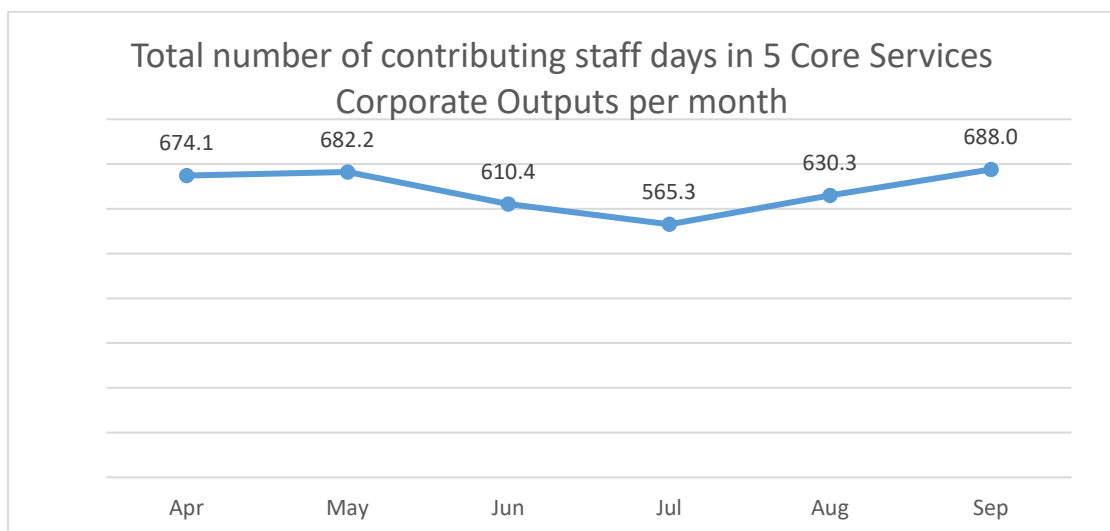
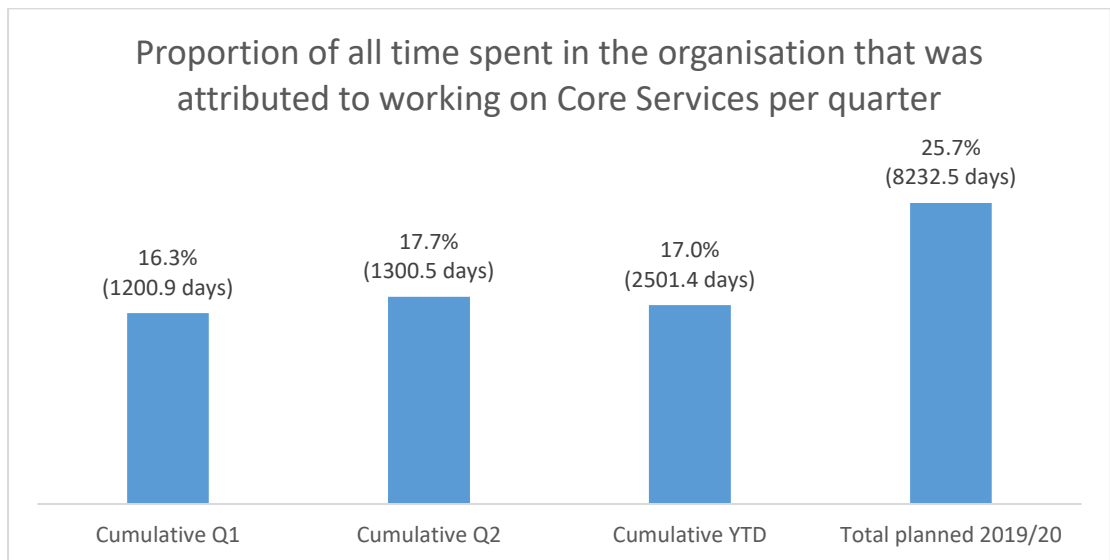
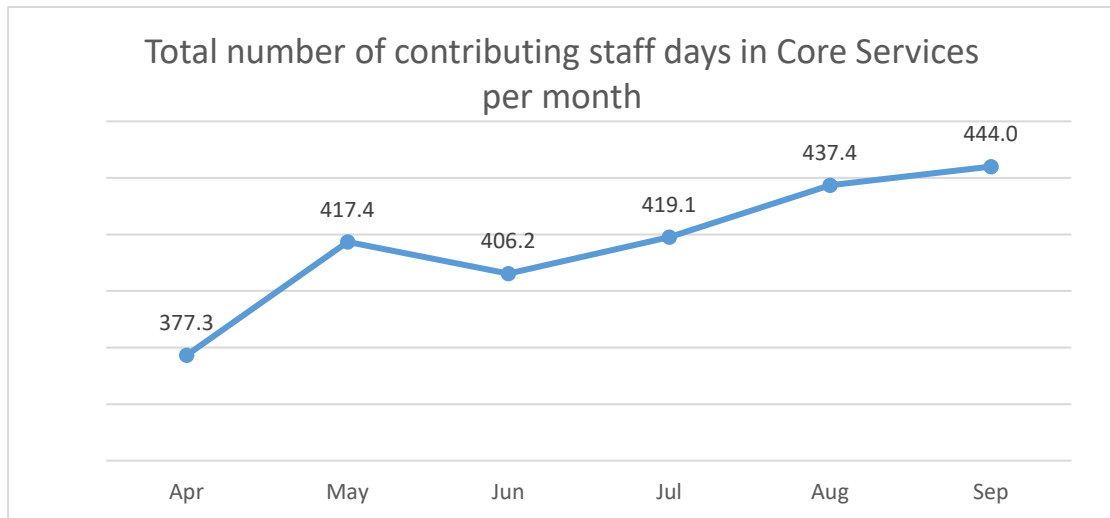


Data currently unavailable.

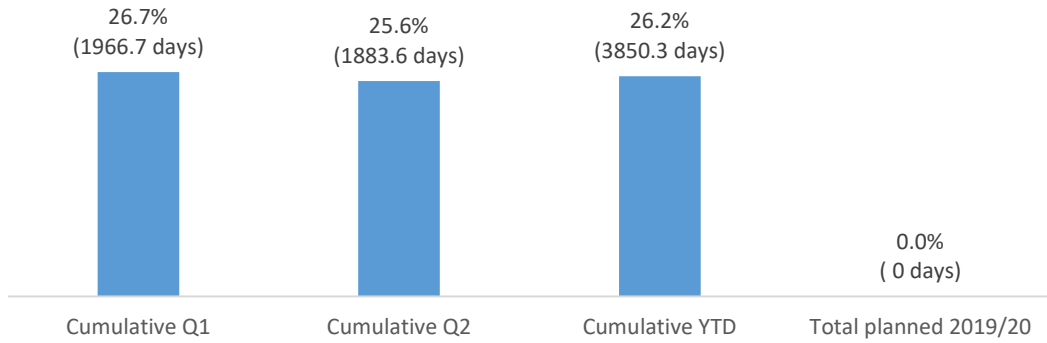


Most engagement came from 'likes', followed by engagement with our images/videos.

Staff time data



Proportion of all time spent in the organisation that was attributed to working on 5 Core Services Corporate Outputs per quarter



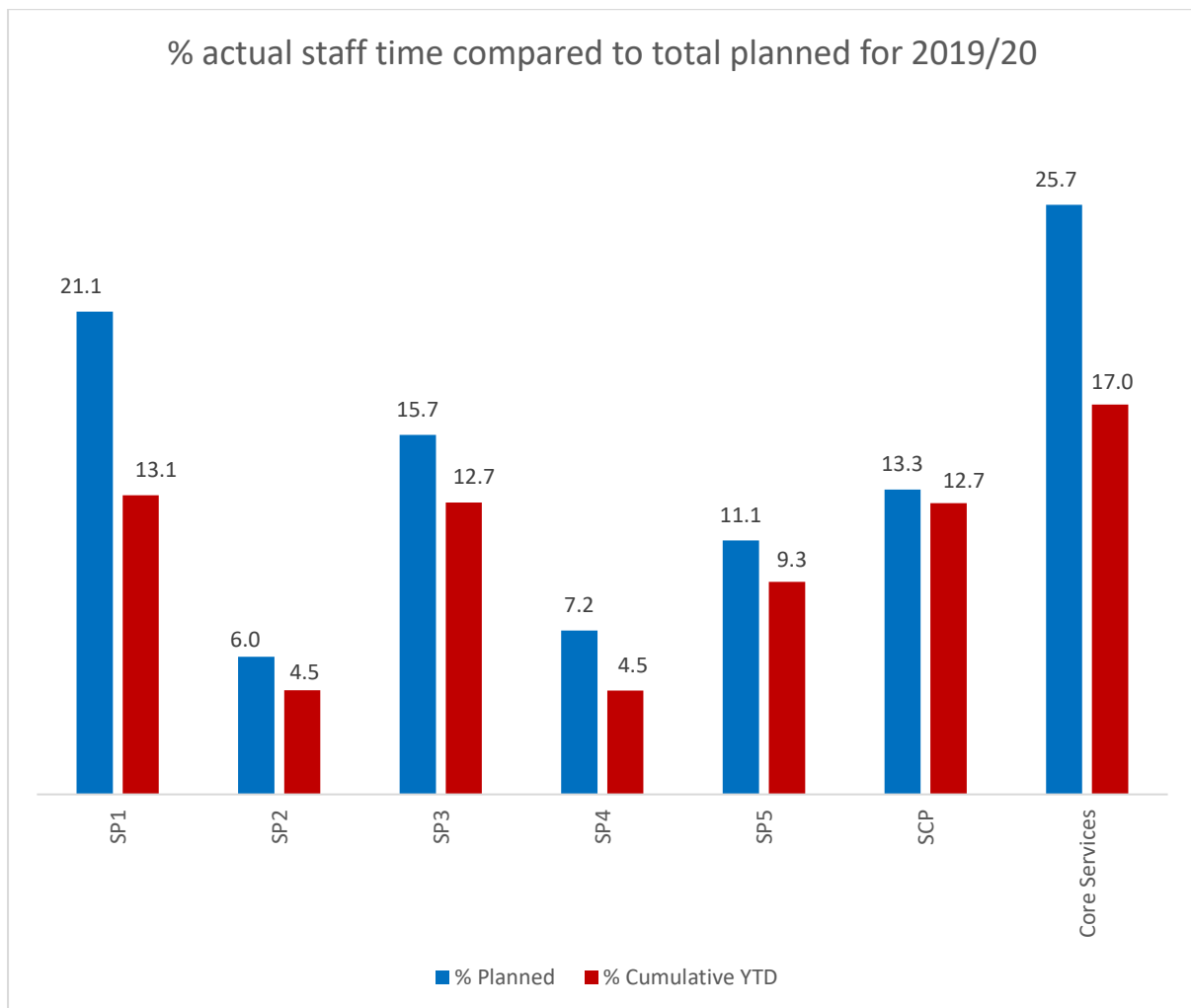
Part 4: Corporate Risk Register Report

No.	Description	Q2 Narrative
19-1	As a result of uncertainties in the funding arrangements for Public Health Scotland from 1/12/19, there is a risk that the commitments made in this Delivery Plan will not be fully achieved.	<ul style="list-style-type: none"> • Due Diligence review of funding transfers from HS and NSS to PHS currently being undertaken by the SG internal audit. • Planning for 2020/21 is about to start and a process is in place which starts to bring HS and NSS-PHI together around 11 strategic areas, and allows for some joint prioritisation for new work alongside continuity of current work. • There will be a single delivery plan for 2020/21.
19-2	As a result of needing more of our resources than anticipated to manage the transition to Public Health Scotland, 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.	<ul style="list-style-type: none"> • Commissioners reviewing business plan including deliverables each month. • In-year bid process for project funding/staff resource considered in June and September with any urgent bids considered as they arise, subject to certain criteria. • Monthly review of YTD finance position and y/e forecast from June 2019.
19-3	As a result of NHS Health Scotland's involvement in the shadow executive and governance arrangements for Public Health Scotland, there is a risk of a conflict of accountability, resulting in liabilities and reputational damage.	<ul style="list-style-type: none"> • This risk will be monitored by the HS executive team attendance at the PHS Shadow Executive Management Team meetings and associated processes, with ultimate accountability resting with the NHS CEO and by the HS Chair at the Public Health Reform Advisory Board meetings as well as via liaison with the interim Chair of PHS.
19-4	As a result of decisions made on behalf of Public Health Scotland during the creation of the new organisation, there is a risk of an impact on NHS	<ul style="list-style-type: none"> • Monitored through Partnership Forum and ensuring appropriate staff side representation on decision making forums including EMT and joint HR steering group.

	Health Scotland's ongoing staff governance responsibilities.	
19-5	As a result of the impacts or perceived impacts on staff of the changes planned through the creation of Public Health Scotland 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.	<ul style="list-style-type: none"> • Staff absence, turnover and engagement levels are monitored through the Partnership Forum, and through output progress monthly on the CPT. This is reported to the Board through quarterly performance reports. • Using iMatter results to identify local challenges related to this risk. Accelerate the development of the staff support offer under the OD Commission to help staff affected by shared service discussions.
19-6	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 Public Health Scotland, reducing its credibility and impact in reducing health inequalities.	<ul style="list-style-type: none"> • High profile print and broadcast media coverage on our strategic priority areas including MESAS, MUP and life expectancy. • Trade publication coverage in Holyrood Magazine (print and digital). • Successful hosting of industry events e.g. 'Making Place' International Conference on place and the Place Standard in partnership with the WHO Regional Office for Europe. • Launching new materials e.g. mental health and suicide prevention learning resources with the Minister for Mental Health and other NHS Boards. • Positioning statements (with partners) on our key priority areas e.g. Human Rights and Poverty. • Submission to the UK Parliament Scottish Affairs Committee Inquiry: Use and Misuse of Drugs in Scotland – resulting in the provision of oral evidence to the Committee. • Monitoring our overall external activity.

Part 5: Workforce Statistics

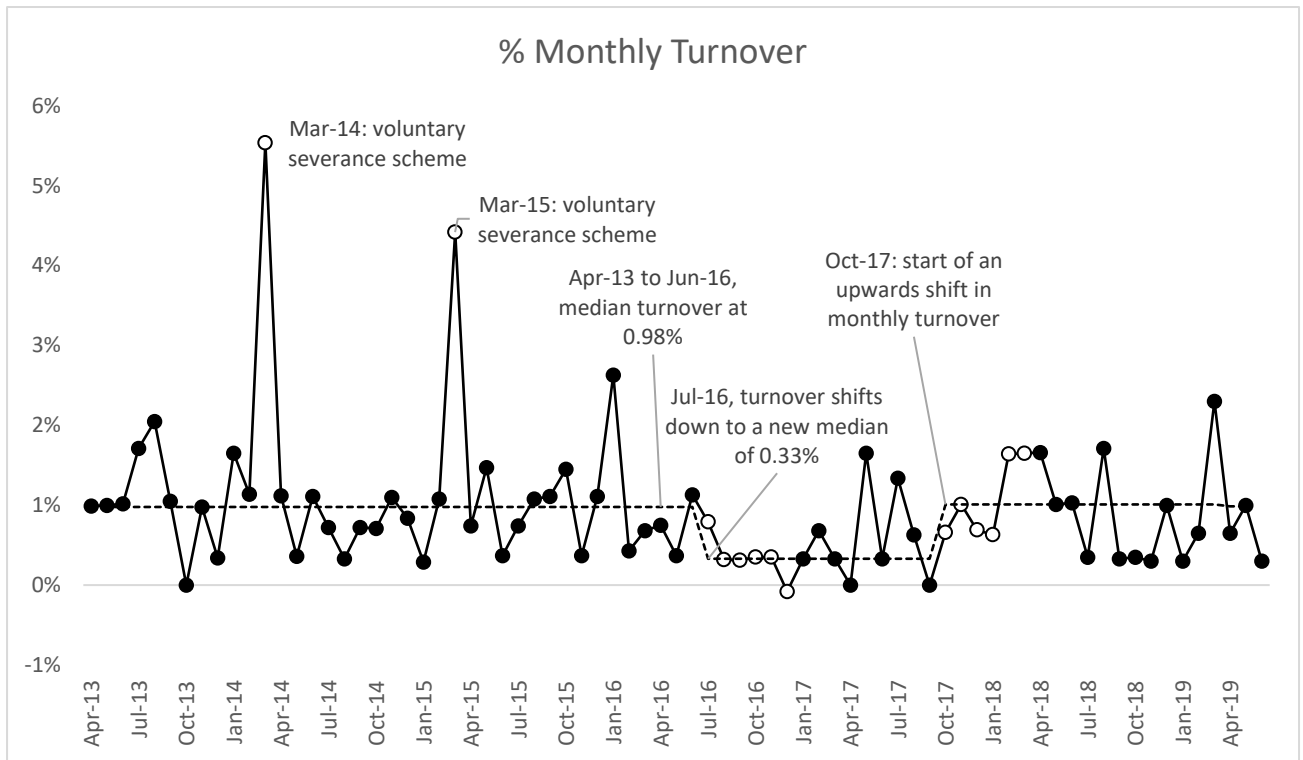
Staff time



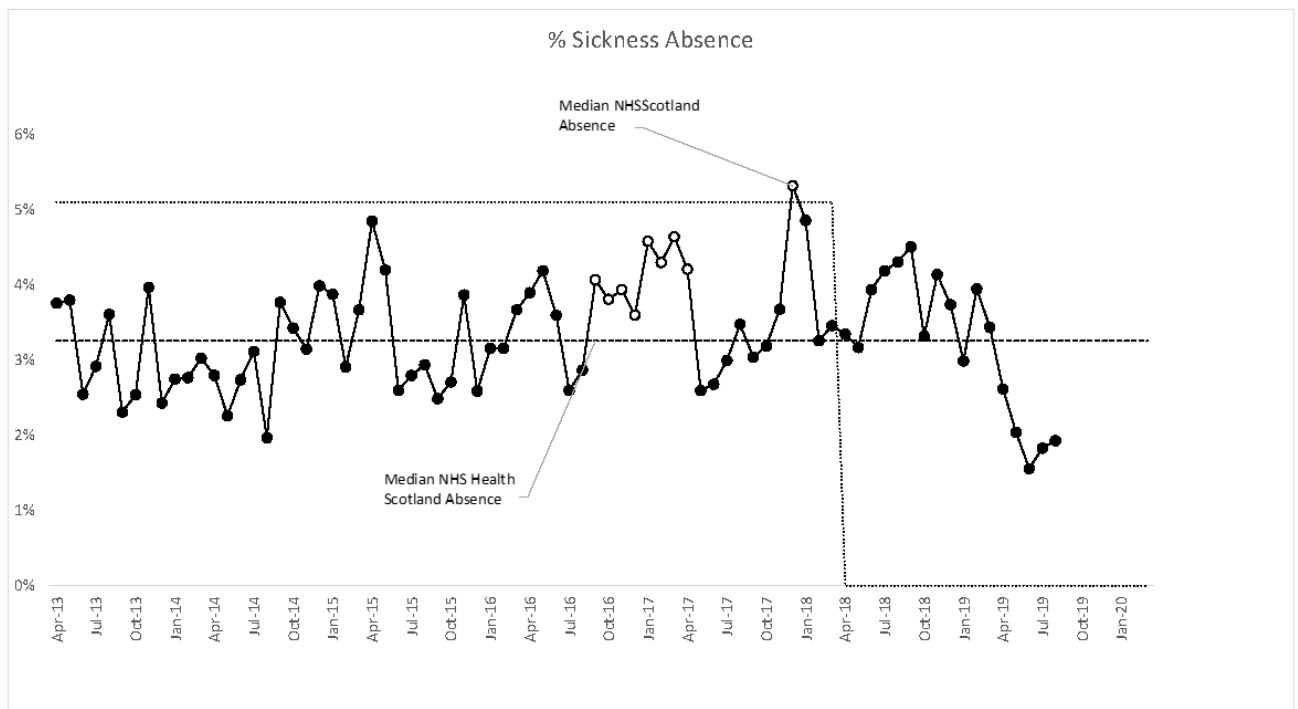
The chart above shows the percentage of the total days actually spent within each strategic priority against the percentage of total planned days identified at the conclusion of the planning process.

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.

Monthly turnover



Sickness absence



Part 6: Finance Report

2018/19 Financial position: 6 month report – CMT 22 October

1. Health Scotland's financial position for the 6 month period ending 30 Sept 2019 is set out on the enclosed spreadsheet.
2. With regard to the **revenue resource limit (RRL)**, at 30 Sept there is an underspend of £55k (0.53%%) against the 6 month budget of £10,360k.
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 1 October allocation letter from the Scottish Government was £20,699k which includes a baseline of £18,896k and non-recurring allocations of £1,803k (see 9 below).
 - The £55k underspend against the phased budget consists of 2 elements; an overall overspend of £20k on staffing, and an underspend of £75k on projects.
 - Staffing: The £20k YTD overspend is after the impact of the additional vacancy factor which is being weighted towards the start of the year as have a higher level of vacancies at the start of the year but expect this to reduce over the course of the year. See Appendix I
 - Projects: The £75k YTD saving is mainly due to timing. See 7 below.
 - **Y/E Forecast: At £10k overspend at present with additional property charges of £40k from NSS so risk of £50k overspend in 2019/20.**

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
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	(58)
Net staff savings to date	<u>321</u>
Remaining staff savings target	(70)
Unallocated budgets/Contingencies and Staff	
Savings at 30 Sept - see 8	<u>(53)</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	1,186	571	644	(73)	No vacancies to date	(185)
H&W	1,470	738	711	27		49
Strategy	1,914	951	946	5		3
HE	6,571	3,223	3,182	41		110
PHS	2,998	1,458	1,478	(20)		(108)
Savings Target	(70)	0	0	0		(3)
Total	14,069	6,941	6,961	(20)		(134)

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 has reduced this staff budget by £384k which together with other staff changes at a net saving of £120k gives a revised staff budget of £13,980k (£13,939k + £41k Mod App Levy) at 30 June. In Q2 we added £39k from the Scottish Government for a VTP post and we transferred £50k from our eHealth budget for posts in Digital Marketing Services to give a revised staff budget of £14,069. (£14,028k + £41k MAL)

Staffing changes across the organisation is 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 of HS.

At 30 Sept 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 expect a recovery of staff costs of £67k for staff on secondment giving a small shortfall of £3k on our staff savings target for the year. See 8 below

7. Directorate Analysis: YTD project cost variance by Directorate by project.

There are two project variances over £30k for the Directors/CMT to consider.

Dir	FY Bud £k	YTD Bud £k	YTD Act £k	YTD Var > £30k	Comments > +/- £30k variance
Health/Work Performance	161	121	152	(31)	Higher costs relate to FFW which will be recovered in Nov/Dec.
Health Eq Population H	325	241	194	47	Saving mainly relates to a £35k project which has been delayed. Potential saving on FY budget to consider further in w/c 21/10
Marketing	1,519	684	637	47	On review there has been a surrender of £75k against the revised marketing budget but there remains an unallocated

Dir	FY Bud £k	YTD Bud £k	YTD Act £k	YTD Var > £30k	Comments > +/- £30k variance
Pub Hth Sc Evaluation	388	187	152	35	budget within marketing which is under review. Potential saving on FY budget to consider in w/c 21/10. Saving to date relates to MUP which will increase in the second half of the year to be close to budget for the year.
Others				(23)	Other Project variances =/< £30k
Total				75	

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

	YTD 30 Sept 2019 £000	Y/E 2019/20 £000
Unallocated budgets/contingency and staff savings		
Contingency at 30 Sept per 5 above	11	123
Staff saving target remaining at 6 above	(70)	(3)
	-----	-----
Unallocated budgets at 30 Sept/ F/c 31 March	(76)	120
	===	
Staff variance YTD/Y/E Forecast	(20)	(131)
Project variance YTD/Y/E Forecast	75	-

Surrenders – see below £3k pipeline and £20k f/c		23
Bids (£10k in pipeline and £12k re property charges)		(22)
National Boards - £15m – additional – see Note 10	-	-
	-----	-----
Underspend at 30 Sept/F/c underspend at y/e	55	(10)*
	===	===

*Note – there is a further potential cost of £40k in relation to increased property charges from NSS which could increase the **overspend at 31 March to £50k.**

A meeting has been set for 24 October with NSS to resolve.

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 £253k of additional staff savings rather than the £384k that was predicted in June leaving us overspent on salaries by £131k.*** The main reason for this is that we have had no leavers in August or September so our vacancy factor is coming down each month. The staff y/e forecast projections will be reviewed by Finance and HR and issued to Directorates to check the forecast assumptions for the remainder of the year. ***Given the current staffing projections and our year end forecast it would be very difficult to approve any additional staff bids unless there was additional compensating staff savings which have not been taken into account in our forecast.***

Project Variances/Surrenders

We have had £157k of surrenders including £75k from the marketing pot which has helped to offset the staff cost overspend. We are predicting a further £23k of surrenders with £3k in the pipeline and a further £20k from small budget surrenders over the remainder of the year being £180k in total for 2019/20. In 2018/19 we had £179k of surrenders so we are on a similar level.

Bids/Property Costs

We have £10k in the pipeline which has provisional approval and we expect a bid of at least £12k against higher property costs invoiced to use by NSS in September.

NSS have invoiced higher property costs of £52k in 2019/20 (£955k v £903k) with the main increase being rent of £35k over the two offices. As we had no notification of the increases other than the invoices in September we have sought a meeting with NSS to discuss the matter on the 24 October.

National Boards

As noted at 10 below no further contribution is expected to be made to the £15m shortfalls c/f from 2018/19 or in 2019/20 other than self-funding savings.

Commissioners Update

Staff

No further update

Projects

The projects which had deferred funding at the budget setting process were reconsidered at the meeting on the 20 June and updated with a reduction in the £448k deferred projects per the Financial Plan to £393k, which is recommended for approval to the CMT/Directors See Appendix III to this report. The CMT supported the recommendation for the revised deferred projects list of £393k In addition to the £393k list Diane Stockton indicated that the Commissioners would also wish a £30k project in Marketing approved which was also supported by the CMT and which would be added to the project list.

As the approval of these projects was funded by the additional vacancy target it was expected there would be only be a small number of projects requiring in year funding which has been the position to date. With our current year end forecast under pressure no more bids other than those already indicated in our forecast are expected to be approved this year.

9. Non-Recurring Income/Costs

Non-core allocations and costs will be added to the budget as agreed by the Scottish Government 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 comms re 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.

For the year to date we have received £1,459k 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 £432k (incl £200k mental health) in non-core allocations being £1,891k for the year which excludes our c/f surplus.

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 recurring element across the National Boards Financial Plans is £11.155m (HS contribution of £392k) so there remains a **recurring shortfall of £3.845m in 2019/20** to be identified across the National Boards

HS position 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.

The Scottish Government have 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.

At the National Board DOF meeting on 3 April 2019 it was noted that the Scottish Government may be willing to be flexible over the next three years using the 1% flexibility each year to break-even over the three year period. This allows some time to achieve true savings on collaborative projects notably over the priority areas in HR, Finance, Procurement, and Estates and Facilities. It is hoped that the remaining £2.33m non-recurring and £3.845m non-recurring can be achieved over the 3 year period in these areas. The National Boards Chief Executives at their May meeting are seeking a more definitive savings plan to achieve these

savings which the National Board Dofs are working on this however there has been little progress to date.

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 the Scottish Government 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.

The Scottish Government have 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.

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 £9.850m (45%) so are slightly behind on a pro-rata basis but expect this to increase over the second half of the year.