

**HS Paper 29/19**

**Board Meeting: 21 June 2019**

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**QUARTER 4 PERFORMANCE REPORT INCLUDING END OF YEAR IMPACT**

Recommendation/action required:

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| The Board is invited to approve the Q4 Performance and End of Year Impact report on the basis that it provides sufficient assurance that:* The organisation’s performance in quarter four of 2018/19 was in line with the strategic intent set out in the 2018/19 Delivery Plan and took sufficient cognisance of the changing operating context
* Overall, the organisation was effective and impactful in 2018/19, fulfilling both the annual Delivery Plan and the longer term aims of the Strategic Framework for Action 2017 – 22.
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June 2019

**QUARTER 4 PERFORMANCE REPORT INCLUDING END OF YEAR IMPACT**

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Part 1: 2018/9 - Summary of Highlights and Achievements

1. This year was the second year of our [five year strategy](http://www.healthscotland.scot/media/1426/afhs-a-strategic-framework-for-action_june2017_english.pdf), building on our original 2012 – 2017 strategy, [A Fairer Healthier Scotland](http://www.healthscotland.scot/media/1116/a-fairer-healthier-scotland_our-strategy-2012-2017-mar15.pdf). We set long-term outcomes in our five year strategy, knowing that it would provide a framework for action on fairer health improvement for our successor body, Public Health Scotland. We know now that fairer health improvement will have a prominent role in the new body, and features strongly in the national Public Health Priorities launched last year. Our ongoing work towards the outcomes set out in our five year strategy therefore remains as important as ever.
2. We [published](http://www.healthscotland.scot/news/2019/february/stalling-life-expectancy-is-a-warning-light-for-public-health-in-scotland) two high profile reports in February that underline just how important it is that concerted action is taken to improve and protect health and reduce inequalities. The evidence shows that life expectancy in Scotland has stalled and that in our poorest areas, life expectancy has actually decreased. This means that health inequalities are worsening and that socioeconomic position is increasingly impacting on how long we live for, and how long we live in good health. To reverse this trend, action is required by a wide range of bodies, across the full spectrum of the social determinants of health. This performance report highlight some of the key ways in which NHS Health Scotland has been contributing to this shared effort.
3. We are making good progress towards the long-term outcomes set out in our strategy, despite the challenging economic context that we share with public bodies and civil society throughout Scotland. This context makes our work all the more crucial for the health of the people of Scotland, especially those who are feeling the brunt of austerity most keenly.
4. The progress we are making towards our strategic aims goes hand in hand with the work we are progressing towards becoming part of Public Health Scotland in April 2020. We are working hard to ensure that the transition of our workforce and our resources does not impact negatively on the important work we continue to carry out as Scotland’s health improvement agency.
5. We have contextualised the highlights that follow in terms of the long-term outcomes set in our [Strategic Framework for Action](http://www.healthscotland.scot/media/1426/afhs-a-strategic-framework-for-action_june2017_english.pdf), as well as the short-term outcomes set in our [2018/19 Delivery Plan](http://www.healthscotland.scot/publications/delivery-plan-2018-19).

Strategic Priority 1: Fairer and healthier policy

**Long-term outcome: Our evidence has influenced national policy development, with a particular focus on areas where impact on reducing health inequalities would be greatest.**

**Short-term outcome: We have supported national policy development and evaluation to influence health outcomes in key health-related areas.**

**Achievement: We have established the programme required to evaluate the Scottish Government’s Monitoring and Evaluating Scotland’s Alcohol Strategy over the next five years.**

1. On 1st May 2018, the Scottish Government introduced a Minimum Unit Price (MUP) for alcohol and we were assigned the important task of leading an independent evaluation. We have reviewed and constructed our MESAS programme (Monitoring and Evaluating Scotland’s Alcohol Strategy) to recognise the change and we have designed a series of studies that will assess the impact of the measure. The research will inform the review of MUP that the Scottish Parliament will carry out before 30th April 2024.
2. We have raised awareness of the evaluation through a variety of digital channels and face-to-face engagements. Our briefing on what conclusions can be drawn from the post sales data published in the press to date has proved very useful to local and national policy makers, and we will start to see reports from the evaluation early in 2019/20.

Short-term outcome: We have influenced policy areas where the impact on reducing health inequalities and population health improvement is likely to be greatest.

**Achievement: We have focused our work building health into all policies on the issue of income inequality.**

1. Income is a key social determinant of health, but we know little about how income-based policies compare in terms of their effects on health and health inequalities. Our research to fill this evidence gap for Scotland is part of the Informing Interventions to reduce health Inequalities (Triple I) project, undertaken through the ScotPHO collaborative with Information Services Division (ISD) and others. Triple I aims to provide decision makers with practical tools and interpreted research findings to help inform decisions about investing in interventions to reduce health inequalities in Scotland.
2. As part of this work we used robust data and evidence to model various policies and compare how they would affect household incomes, population health, health inequalities and government revenues. The findings of the research are being used with and by a number of stakeholders including the Dundee Fighting for Fairness Commission, Edinburgh and South East Scotland City Region Deal, the new Social Security Agency.

Strategic Priority 2: Children, young people and families

**Long-term outcome: Scotland has demonstrated progress towards implementing the ‘WHO Investing in Children: The European Child and Adolescent Health Strategy 2015-2020’.**

**Short-term outcome: The Child and Adolescent Health Strategy for Europe is more focused on areas where impact on reducing health inequalities is greatest.**

**Achievement: We have increased Scotland’s profile internationally in the field of child and adolescent health.**

1. We have worked with the World Health Organization (WHO) Collaborating Centre for International Child and Adolescent Health Policy (University of St Andrews) and WHO Regional Office on the progress report [*Situation of Child and Adolescent Health in Europe*](http://www.euro.who.int/__data/assets/pdf_file/0007/381139/situation-child-adolescent-health-eng.pdf?ua=1). The report has been disseminated widely, including to the governments of the 53 member states in the European region.
2. We also developed the European adaptation of the Global Accelerated Action for the Health of Adolescents Framework, resulting in the paper *Adolescent Health and Wellbeing in the WHO European Region: can we do better?* This report highlights the main causes of mortality and morbidity for adolescents across the European region, focusing attention on inequalities, and provides guidance to governments on how to take action.
3. Our work has been well received and recognised internationally. For example we delivered a key-note address at an international conference in Moldova and jointly hosted a pre-conference workshop with the WHO Regional Office. Further, our expertise in evidence based strategy for child and adolescent health and addressing inequality has been sought by a number of European countries this year including Romania, Albania and Montenegro.
4. This work has helped Scotland fulfil its international leadership role in child and adolescent health.

**Long-term outcome: National and local policies and strategies relevant to children and young people are based on our evidence on factors that protect and build resilience in children.**

**Short-term outcome: NHS and local authorities increasingly implement improvements in planning and delivery that contribute to tackling child poverty.**

**Achievement: We have facilitated closer and more coordinated working between national partners to support efforts to tackle child poverty.**

1. As part of the Child Poverty (Scotland) Act 2017, local authorities and NHS Boards must jointly report annually on the activity they are taking, and will take, to reduce child poverty. These reports are called Local Child Poverty Action Reports. A number of national partners offer support to local authorities and NHS Boards and we have been working this year to co-ordinate the effort and resources of these national partners.
2. We developed a model of working between national and local structures by establishing a Local Child Poverty Co-ordination Group. We chair the group, which includes membership from the ISD LIST team, [Improvement Service](http://www.improvementservice.org.uk/), [The Poverty Alliance](http://www.povertyalliance.org/), Scottish Government, and [COSLA](http://www.cosla.gov.uk/). The needs of local child poverty leads drive the work of the group and there is an ongoing two-way conversation with local partners to make sure their needs are being addressed.

Strategic Priority 3: A fair and inclusive economy

**Longer-term outcome: The proportion of the working-age population in good work has increased, and inequality across the working population has reduced.**

**Short-term outcome: More employers are aware of and engaged in good work practices that promote good work.**

**Achievement: We have provided practical and high quality guidance on the value of good work to health.**

1. We worked in partnership with the Health and Safety Executive to deliver a number of events for employers. This included a Safety and Health and Awareness Day at West Lothian College for 150 apprentices, lectures and employers during National Apprentice Week, and a Health and Work conference in Glasgow focused on raising awareness of actions to prevent the major mental health issues facing Scottish workplaces.
2. Delegates on our online training courses have increased by 60%, and 951 delegates attended face-to-face Healthy Working Lives courses over the year. We also delivered an Institution of Occupational Safety and Health (IOSH) Managing Safely training course.
3. We also held a successful Fair Start Scotland employability event in collaboration with Scottish Government Employability Division to identify ways for partners to contribute better as referral agents and employers.

**Short-term outcome: Social security policy is informed by evidence of what is most likely to contribute to a reduction in health inequalities**

**Achievement: We have been influential in developing and putting forward the case for the strong connection between social security policy and health inequalities.**

1. We published [*Working and Hurting*](http://www.healthscotland.scot/publications/working-and-hurting)*,* the third report in a series looking at developments in income, employment and social security alongside trends in health and health inequalities in Scotland. The report was widely reported in the press and was also presented at the annual Public Health Information Network for Scotland (PHINS) seminar in September. The report has helped in the recent interpretation of the stalled life expectancy in Scotland. We presented relevant findings from *Working and Hurting* to the Scottish Government Welfare Reform Health Impact Delivery Group and the Lothian Deprivation Interest Group in order to inform action to mitigate the health impacts of current welfare reforms.

Strategic Priority 4: Healthy and sustainable places

**Long-term outcome: Routine use of the Place Standard has contributed to an improvement in the quality of local places, particularly those suffering the highest disadvantage.**

**Short-term outcome: The Place Standard is being increasingly used to inform decision-making on the physical environment, service delivery and community-led action.**

**Achievement: We have further embedded the Place Standard in national policy and local practice.**

1. The Place Standard is starting to become embedded in national policy and legislation (for example in forthcoming spatial planning legislation) and international interest in the tool continues to increase with a host of other countries now using and embedding it.
2. Every local authority in Scotland has either used the tool or is planning to use it and there are well over 100 separate uses totalling approximately 14,000 individual responses mainly from local communities. The key uses of the tool are as a community engagement tool, a way to inform local planning (e.g. development of locality plans) or strategic planning (e.g. master-planning or to inform a council’s strategic plans) and as an educational tool with local schools and colleges.
3. The WHO has recently announced it will formally accredit the tool as they see it as a way of practically translating the United Nations Sustainability Development Goals, public health and place making theory into practice. Further, the WHO has invited Scotland’s future public health body to host a newly formed designated WHO Collaborating Centre for Place.

**Long-term outcome: We have contributed to more people in Scotland living in high-quality, warm and sustainable homes that they can afford and that meet their needs.**

**Short-term outcome: Health outcomes are embedded into local and national strategic housing plans.**

**Achievement: We have continued to promote housing as a key determinant of health.**

1. In 2018/19 we made a significant contribution to the refresh of the national guidance for production of Local Housing Strategies and it is proposed that health outcomes will now be a significant element of the guidance. In addition throughout 2018 we held three regional *Building Foundations for Health and Housing* events which sought to engage with local health and housing colleagues across Scotland.  Through this series of events we facilitated local networking, shared examples of good practice and identified key next steps for future collaboration between health and housing colleagues.

Strategic Priority 5: Transforming public services

**Long-term outcome: Public services that impact on health transform how they plan and deliver services in order to protect the right to health.**

**Short-term outcome: Those responsible for commissioning, managing and delivering public services have an increased understanding of how to plan and deliver them in order to protect the right to health and reduce inequalities.**

**Achievement: We have contributed to the effective development of Local Outcome Improvement Plans, a key tool in assisting CPPs to take collective action in improving health.**

1. In partnership with Audit Scotland and the Improvement Service we undertook a stocktake of Community Planning Partnerships’ (CPPs) Local Outcome Improvement Plans (LOIPs). The aim was to assist all CPPs in ongoing LOIP development through providing a national overview of the key messages, identifying areas of good practice and also identifying where improvement support, including evaluation, could most usefully be targeted. This resulted in the report [*Local Outcomes Improvement Plans Stock-take: Emerging Themes*](http://www.improvementservice.org.uk/documents/community_planning/loip-stocktake-emerging-findings-may2018.pdf)*,* whichhashelped inform conversations with local areas on their support needs.

**Achievement: We have contributed to the 10 year Monitoring and Evaluation strategy for primary care.**

1. We worked closely with the Scottish Government on the development of the strategy and our contribution was recognised in the resultant [strategy](https://www.gov.scot/publications/national-monitoring-evaluation-strategy-primary-care-scotland/). This includes reference to our leadership of the Primary Care Evidence Collaborative and our role in delivering and reporting on the strategy in the coming decade.

**Achievement: We received recognition for our approach to promoting partnership working in the field of sensory impairment.**

1. Following our national leadership to improve equitable access to services for people with a hearing impairment, the British Sign Language Working Group that we lead came runner up in the Scottish Sensory and Equality Awards for outstanding approach to promoting partnership working in the field.

**Achievement: We helped deliver Scotland’s first Citizen’s Hearing on the Right to Health.**

1. We worked with partners including The Alliance and the University of Strathclyde to deliver Scotland’s first Citizen’s Hearing on the Right to Health. This enabled policy makers, including NHS Boards, local authorities and health and social care partnerships to hear personal testimonies from rights holders reflecting on violations of their rights. This will inform further work around rights based health.

Strategic Change Priority 1: Leading public health improvement

**Long-term outcome: Fairer health improvement has a high profile within the wider public policy landscape.**

**Short-term outcome: We are engaging with key public health reform stakeholders to share learning around impact and influence and embed our legacy around fairer health improvement.**

**Achievement: We have been effective in our engagement with key public health reform stakeholders throughout the year.**

1. We have been active and influential in positioning our agenda and legacy in the wider public health landscape. This includes engaging with the Committee of the Faculty of Public Health in Scotland (CFPHS). As in previous years, we were part of the planning group for the CFPHS annual conference and this year we were instrumental in the choice of the theme for the conference – ‘The Right to Health: public health ethics, equality, values’. Joe FitzPatrick, Minister for Public Health, Sport and Wellbeing, gave the Ministerial Address and emphasized the need to focus on reducing inequalities and taking a human rights-based approach. Later in the conference, our Chair and Director of Strategy gave plenary presentations on the right to health, together with Judith Robertson, Chair of the Scottish Human Rights Commission and Paul Hunt, a human rights lawyer and previously the UN Special Rapporteur on the right to health.
2. We used a number of opportunities throughout the year to advocate for a human-rights based approach to public health and influence wider thinking about the right to health. For example, the Director of Strategy presented on the right to health at the Public Health England annual conference, which generated considerable interest across social media channels. We are also working as part of the group developing the next Scottish National Action Plan (SNAP) on Human Rights and we are making strategic links with public health and public health reform across the PHR programme.

**Short-term outcome:** We have provided credible and trusted advice and support to influence the reform of the public health function in Scotland.

**Achievement: ScotPHN has played a central role in public health reform.**

1. We have continued to support ScotPHN to act as a key partner with a number of public health interest groups. ScotPHN has successfully provided specific support to the Public Health Oversight Board, the Shared Services Programme and the Scottish Directors of Public Health to ensure effective developmental work across the public health community in support of public health reform. This included conducting a series of engagement events on the Public Health Priorities, which were referenced in the [Public Health Priorities for Scotland](https://www2.gov.scot/Resource/0053/00536757.pdf) as being instrumental in the development of the priorities, along with the expert group that developed criteria to assess and weigh the evidence, of which we were also a part.
2. ScotPHN also oversaw the Leadership for Public Health Research, Innovation and Applied Evidence (LPHRIAE) Commission. This involved coordinating work to plan for a new function at national level within Public Health Scotland and describing how the national function would support and enable activities at the regional and local level across the wider Scottish public health system.

Strategic Change Priority 2: Making a difference

**Long-term outcome: Products and services for fairer health improvement are developed collaboratively in order to deliver the impact required.**

**Short-term outcome: Products and services are designed and delivered utilising new strategic approaches that continue to improve their efficiency and effectiveness.**

**Achievement: We published a new edition of Ready Steady Baby!**

1. Ready Steady Baby! (RSB) forms an essential part of the Early Years Information Pathway. We know that health inequalities in the antenatal period are often linked with the parents’ adverse and complex social circumstances. We publish a suite of information resources that aim to meet the information needs of all parents, whilst ensuring additional resources are targeted to support more vulnerable women and families.
2. For this edition of RSB content has been significantly reviewed and updated in consultation with approximately 500 professionals involved in over 50 expert groups and networks across Scotland as well as parents, carers, input from the Scottish Government, NHS, third sector and academia. Parental engagement and co-production has been at the core of RSB with over 300 parents being involved. This collaborative approach ensured that the information is quality assured and continues to meet the expectations of our target audience – parents and carers. A new online version, accessible on any device, is available on the NHS Inform [website](https://www.nhsinform.scot/ready-steady-baby).

Strategic Change Priority 3: Fit for the future

**Long-term outcome: The resources invested in health improvement are sufficient and effectively aligned with wider public health priorities.**

**Short-term outcome:** NHS Health Scotland is well prepared for the transition to the new public health body and has contributed effectively to the national shared services agenda.

**Achievement: We have prepared comprehensively for the changes facing NHS Health Scotland through public health reform.**

1. Significant staff time and resource has been devoted to change and transition in the past year, including staff being involved in the majority of the commissions and projects that have been initiated by the Public Health Reform Team. In many cases we were involved as the co-lead organisation, (for example the Improving Health Commission). In all cases we were able to inform and influence the work using our experience in fairer health improvement.
2. This has in turn required significant coordination through a number of forums including the Change Oversight Group (COG). The COG developed over the course of the year to be responsive to the changing needs of the organisation and its staff. This included opening up COG to all staff so that anyone could attend and share their views.
3. Effective staff communication and engagement has been key to this outcome. We developed a bespoke Change Hub in order to provide staff with a single point of information on all things change and transition, including the shared services agenda. The Change Hub has continued to develop over the course of the year and now features a news reel and an ‘Ask COG’ page so that staff can feed their questions in to the COG anonymously at any time.

Part 2: Transition Influence Plan Update

This section provides an update on our Transition Influence Plan, through which the intention is to provide assurance against risk 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.)

* We are developing a robust communications and engagement plan around the adverse mortality trends highlighted in The ScotPHO reports published in February. This will include specific targeted stakeholder engagement (e.g. approaching the Chair of the Poverty and Inequality Commission) as well as the use of communications channels such as Holyrood Magazine.
* We are involved in the development of Scotland’s next National Action Plan on Human Rights. This includes making strategic links between human rights work and public health (e.g. suggesting that an action in relation to the right to an adequate standard of living and the right to life could be to lend a human rights lens to public health action around the stall in life expectancy). Further, this year’s Voluntary Health Scotland annual conference is on ‘The Right to Health - Human Rights Approaches to Health Inequalities’ and will be chaired by Cath Denholm.
* We developed a response to the Westminster inquiry into the use and misuse of drugs in Scotland “in the spirit of Public Health Scotland”. We worked with colleagues in Health Protection Scotland and Information Services Division to submit a joint response. Our response featured in the media release sent out by the Parliament and was picked up by a number of outlets including [STV](https://stv.tv/news/politics/1437548-drugs-policy-should-be-amended-or-devolved-mps-told/) news, [ITV](https://www.itv.com/news/2019-05-05/drugs-policy-should-be-amended-or-devolved-to-scotland-mps-told/) news, The [Herald](https://www.heraldscotland.com/news/17619453.drugs-policy-should-be-amended-or-devolved-to-scotland-mps-told/)and the [EveningTimes](https://www.eveningtimes.co.uk/news/17619469.drugs-policy-should-be-amended-or-devolved-to-scotland-mps-told/). The written submission has also led to an invitation to give oral evidence at Westminster. This demonstrates how powerful our messages can be when the three constituent parts of PHS come together.
* We have been invited to present our Burden of Disease work to the Scottish Government Health and Social Care Management Board. The aim is to raise awareness of the work, how it can be used in policy making, and the support we can provide in this area.
* We are developing a closer relationship with the Scottish Parliament Information Centre (SPICe). This is so as to make our evidence more accessible to Scottish Parliamentarians and political parties. A practical example of this is our recent [SPICe Spotlight blog on Minimum Unit Pricing](https://spice-spotlight.scot/2019/05/01/minimum-unit-pricing-for-alcohol-how-will-we-know-if-it-works/), which provided a narrative around the evaluation process. This was published to coincide with the first anniversary of MUP coming into force, and will shortly be followed up with an FAQs document for the [SPICe website](https://www.parliament.scot/parliamentarybusiness/research.aspx).

Part 3: 2018/19 - Summary of Performance

**Performance Indicators**

Overall, 68% of performance indicators were achieved, 23% were not achieved and 9% were partially completed.

The reasons given for performance indicators not being achieved are that the work had changed in such a way that the indicator was no longer relevant, absence, staff capacity, financial resource issues and the work being postponed forward to 2019/20.

**Outputs**

Over the course of the year, just over three quarters (76%) of outputs were achieved or exceeded. In addition, there was substantial progress (but not full completion) in 8.6% of outputs and limited progress in 1.6% of outputs. Key reasons that outputs were not completed in the time expected were competing priorities (20), stakeholder engagement (17) and vacancies (11).

Overall, 13.9% (100) outputs were dropped all together over the course of the year. Of the 100 outputs which were dropped, 70 were outputs where the marketing and digital team had allocated time to provide support projects but then this time was not needed. This reflects a wider issue re the joint planning of marketing and digital outputs which we recognise as an area that we seek to improve. As we start to make joint plans for planning processes for Public Health Scotland, this issue is one we will consider.

**Staff time**

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

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

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

At the end of the year 28,427 days had been recorded on the Corporate Planning Tool (CPT). This figure is lower than the planned figure because not all staff use the staff time recording function on the CPT.

Part 4: Strategic Priority Update

Strategic Priority 1: Fairer and Healthier Policy

Highlights to the end of Quarter 4

* We delivered the second of three workshops to help develop the monitoring and evaluation framework for the diet and healthy weight delivery plan. The advisory group has agreed the long- and medium-term outcomes for the delivery plan.
* The unique ability of the Scottish Burden of Disease Study to provide robust local level information to inform strategic planning was highlighted in a Global Burden of Disease paper in [The Lancet](https://www.thelancet.com/gbd), and two members of the team led sessions on this in Paris at a World Health Organization meeting.
* We responded to three national consultations through the Scottish Public Health Network (ScotPHN) national and special interest groups, including Good Food Nation.
* Together with NHS Education for Scotland (NES), we commissioned Speakeasy to develop the universal online awareness raising resource for mental health improvement and suicide prevention that meets our commitment in Scotland’s Suicide Prevention Action Plan.
* We co-ordinated the input of experts to the development of the Chief Medical Officers (CMO) drinking guidelines social marketing [campaign](https://count14.scot/) and [NHS Inform content on alcohol](https://www.nhsinform.scot/healthy-living/alcohol), which was launched on national TV and social media channels on 11th March.
* We presented on how the Informing Investment to reduce Inequalities (Triple I) tool might be used to inform discussions on employment to the Edinburgh and South East of Scotland City Region Deal Directors' Group Meeting. The Triple I tool was also used to inform a presentation on the health impacts of introducing the living wage at the NHS Lanarkshire Living Wage seminar.
* We delivered a session on the scale of health inequalities and what we can do about them at the third sector Gathering.  We also wrote an accompanying blog for [Third Force News](http://thirdforcenews.org.uk/blogs/the-scale-of-health-inequalities-in-scotland-and-what-we-can-do-about-them), to raise awareness and use of the Triple I tool and the Scottish Burden of Disease Study results.
* We agreed a process for managing the appropriate input of Evaluation Advisory Group members to the Alcohol Minimum Unit Price study reports as part of our national leadership role.

Performance Information: Quarter 4

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** |
| 1.1.1: Progress the Scottish Burden of Disease study, including improving the estimates, identifying the burden of risk factors, projecting burden (and the workforce implications and costs) and exploring the highest impact preventative actions. | We have published the projections and scenarios report | **No** | Funding issues earlier in the year have put back this work.  Funding was increased mid-year and we are now back to full complement on the project.  The projections and scenarios work will be published later in 2019. This will not impact on the project overall, just the speed of delivery. |
| 1.1.2: Quantify the impact of interventions on health and health inequalities by developing and disseminating the Triple I tool across a range of national and local authority areas. | We have disseminated the report to a wide range of stakeholders and collated feedback to inform future use of modelling approaches in Scotland | **Partly** | The final report and associated outputs were delayed due to unanticipated technical challenges. Nonetheless, preliminary findings were disseminated to a wide range of stakeholders in advance of the final report being published.    |
| 1.2.1: Implement the evaluation plan for Minimum Unit Pricing (MUP), including establishing and managing the component studies, co-ordinating with other relevant studies and engaging with stakeholders | We have drafted a report on compliance | **Yes** | The report has been drafted and it has been shared with the Evaluation Advisory Group which includes members representing LG (legal services), Licensing Standards Officers, SG (Licensing) and academics. Draft findings were also shared at an event with the Licensing Standards Officers network in January. Comments have been received and the final report is now being prepared. |
| 1.2.4: Provide expertise and advice to inform the Partnership Action for Drugs in Scotland’s (PADS) strategic approach | We have completed the evaluability assessment of the new alcohol and drug treatment strategy | **Yes** | We provided extensive support and input to the development of the new strategy Rights, Respect and Recovery, including:- findings from our rapid evidence review influenced the final framing of intervention to tackle drug-related deaths- the recommendations of the Partnership Action Harms Subgroup submission (coordinated by EfA in collaboration with ISD) were partly adopted in the final strategy - our corporate response on the  public health approach in the first draft strategy is visible in the revisions. |
| 1.3.1: Sustain the cross-cutting work of the public health collaborations we manage (the Scottish Public Health Network (ScotPHN), the Scottish Public Health Observatory (ScotPHO), the Public Health Evidence Network (PHEN) and the Health Economics Network for Scotland (HENS)) in order to deliver an agreed range of effective, efficient and sustainable public health actions on a ‘Once for Scotland’ basis | 1. The number of organisations and different sectors ScotPHN has engaged with in all projects | **Yes** | ScotPHN has engaged with a range of NHS, local government and third sector organisations in the delivery of its work programme.  This included a stakeholder event for service users as part of the Leadership for Public Health Research, Innovation and Applied Evidence Public Health Reform Commission (70 people including academia) and a leadership event on environmental sustainability  |
| 2. Working through the Public Health Evidence Network (PHEN) is shown to be more impactful and efficient than carrying out the work individually for member organisations | **Yes** | PHENS has achieved its aims. We carried out two rapid evidence reviews which were reference directly in the Scottish Government’s new tobacco strategy. This illustrates the direct impact we have had on policy.  |
| 3. Carrying out the Work through PHEN is more efficient than carrying out the work individually for member organisations | **Yes** | Carrying out work through PHEN has given us additional capacity. A good example of this is the systematic review the EfA team undertook with the Scottish Collaboration for Public Health Research and Policy. |
| 4. 90% of ScotPHO website sections updated to schedule  | **Yes** | All content was updated as required and agreed with ISD through the year. |
| 5. We have agreed a model for the Health Economics Network for Scotland model with key partners and stakeholders | **Partly** | We actively engaged partners and stakeholders on the model with a view to how that will be delivered by Public Health Scotland. This work will continue to progress over the next year, as Public Health Scotland is set up. |
| 1.4.1: Provide expertise and guidance on policy (development, monitoring and evaluation) and effective interventions to tackle inequalities in diet and obesity, including improving access to healthier food choices for key populations groups across a range of priority settings. | 1. We have produced an Out of Home (OOH) strategy with Food Standards Scotland and Scottish Government | **Partly** | We continue to work with Food Standards Scotland on the development of the strategy. Supporting the development of the consultation paper and we are currently supporting the Health Inequalities Impact Assessment process for the strategy itself and specifically for calorie labelling. |
| 2. We have published rapid evidence reviews to support the diet, activity and healthy weight strategy | **Partly** | The final text has been signed off by the steering group on Evidence Review on Child healthy weight interventions and will be published in Q1 of 2019/20. |
| 3. We have supported the development of legislation to restrict the marketing and promotion of high fat, salt and sugar products | **Yes** | We have supported Scottish Government in the qualitative analysis of the organisational responses to the Restricting Promotions of HFSS consultation. We continue to work with the project team to develop an evidence review to support the development of legislation to restrict the marketing and promotion of HFSS products. |
| 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 | 1. Number of Health Boards with action plans aligned to the national implementation plan for NHSScotland on Equally Safe | **No** | The implementation plan is in draft form and has been approved in principle by health boards.  This should be completed by June. |
| 2. Number of health visitors and mental health staff trained in routine enquiry and risk assessment of abuse | **Partly** | All health boards have completed training of health visitors in use of the Risk Identification Checklist (RIC) and an evaluation of this is underway.  We are working with health boards to identify the number of mental health staff for whom introduction of the RIC will be appropriate. |
| 1.4.6: Support implementation of the refreshed tobacco control strategy, including improving access to smoking cessation support in Prisons (to support Smoke Free Prisons by 30 November 2018), and maintenance of print and e-learning products | 1. There is an increase in the number of staff accessing our e-learning resources | **Yes** | 116 practitioners in the new Smoking Cessation services completed the on-line modules. This training is new for 2018/19, so there are no comparative figures. |
| 2. Number of references of our research in the tobacco control strategy, press and other research | **Yes** | Links to our evidence reviews on availability and price can be found in the publications section of the action plan. These evidence reviews may now lead to further research to help develop policies on price and availability. We successfully controlled the narrative and stayed out the press. |
| 1.4.9: Lead, support and advise on the design and implementation of actions relative to the Scottish Government’s Active Scotland Framework and National Physical Activity Implementation Plan | 1. The impact of our expertise and advice is evident in the strategic plans and operational actions of our partners | **Yes** | Our influence led to SG adopting the guiding principles of the WHO Global Action Plan for Physical Activity which underpin the Active Scotland Delivery Plan published in 2018.  |
| 2. We have completed the relevant actions for 2018/19 in Status of NHSHS actions included within the National Physical Activity Delivery Plan.  | **Partly** | Completed in part due to the review of Health Working Lives, which has affected the delivery of our actions within the plan. Progress made in all other stated actions. The work will continue into 2019/20. |
| 3. We have completed the relevant actions for 2018/19 in the Health and Social Care Physical Activity Outcomes Framework | **Partly** | Some actions progressed but generally delayed due to stakeholder capacity and clarity of authority to act.  |
| 1.4.10: Agree and deliver a programme of work to support the implementation and monitoring of the refreshed alcohol strategy | 1. There is an increase in the number of staff accessing our ABI e-learning resources | **No** | There has not been an increase, partly because we were not able to review and re-launch the ABI e-learning resources as we had planned due to higher priority demands on staff time in the alcohol team. Although the resources are low impact when it comes to population health and reducing health inequalities, they will be reviewed in 2019/20 to protect our reputation and credibility.  |
| 2. There is an increase in the number of alcohol resources downloaded and resources ordered by Health Board/setting | **Yes** | We sent out a briefing document at the end to promote our resources and how these could be accessed.   The briefing went out to new networks, alongside communications promoting the Count 14 campaign. Following this, there was an upward trend of over 8% across all resources.   |
| 3. Number of references to our research in the refreshed alcohol strategy, press and other research  | **Yes** | The MESAS Monitoring Report was cited in a number of areas both on the day of publication and subsequently. This includes:* throughout the Scottish Government’s Alcohol Framework
* in the Scottish Government’s Rights, Respect and Recovery: alcohol and drug treatment.
* in the Chief Medical Officer’s annual report.
* in an address to a WHO Expert meeting on alcohol held in Edinburgh in November.
* in the explanatory material published alongside the Public Health (Minimum Price for Alcohol) Wales Bill.
 |

**Issues affecting delivery in Quarter 4**

Decisions on prioritisation of capacity in the tobacco and alcohol action team have meant a focus on delivery expectations and less of a shift to a focus on preventative action than hoped. We are exploring ways to strengthen capacity to achieve more of this focus in future.

The report and accompanying tools for Triple I were planned to be published by the end of March 2019, but have been delayed due to unanticipated technical challenges. Nonetheless, preliminary findings have been disseminated to a wide range of stakeholders in advance of the final report being published.

There are some issues with access to data in some of the Alcohol Minimum Unit Price studies which are being actively managed. Given the breadth of the portfolio the impact of these issues on the MUP evaluation as a whole is low.

The collective impact on the evaluation team after the promotion of four team members is being managed whilst recruitment is underway. This will impact on capacity over the next quarter and therefore the business delivery from that team.

Performance Information: 2018/19

Strategic Priority 1 has accomplished a huge amount this year in terms of impact in a number of traditional (downstream) and non-traditional (upstream) health improvement policy areas.

There is an ongoing challenge for this priority around the shift from downstream health improvement work to more preventative action through a Health in all Policies (HiAP) approach. We continue to support public health professionals by providing print materials to support their activities, particularly around risk factors such as smoking, alcohol, drugs, physical activity and mental health. These often focus on behaviour change. Alongside this, we continue to work to shift the balance of work in these areas so that more capacity and resource is focussed on upstream interventions. But progress is quite slow, in part due to the expectations of stakeholders.

Performance Indicators

Significant progress was made across SP1. 50% of performance indicators were achieved, 30% partly achieved and 20% were not achieved. **Outputs**

Overall, over 70% of the work in SP1 has been delivered on time and on scope, with 15 outputs experiencing issues around delivery. The remaining outputs (33) were dropped over the year – because marketing and digital support was no longer required (21) or due to either prioritising capacity in other areas, timing issues or changed priorities in government (12).

**Financial data**

The largest spend for SP1 is the alcohol minimum unit price evaluation. At year end, SP1 spend was closely aligned to the budget allocated.

**Staff time data**

Over the year, staff time spent on SP1 outputs was fairly consistent, with around 18% of recorded project time spent on SP1 outputs. A comparison with total planned days is difficult because not all staff are consistently recording staff time, and the percentage of planned time is expressed as a percentage of project time whereas the cumulative time is expressed as a percentage of all staff time across projects and other time (including time spent on PHS developments).

Strategic Priority 2: Children, Young People and Families

Highlights to the end of Quarter 4

* We completed Phase 1 of the Early Learning and Childcare (ELC) evaluation. Feedback from nursery settings and Local Authority Early Years on Phase 1 has contributed to planning of Phase 2.
* We organised and chaired an expert meeting on Youth Participation in research and policy at UN City in Copenhagen. We facilitated participation by Scottish experts including representation from Scotland’s Children’s Commissioners Office, Youth Link and Edinburgh Youth Action.
* We hosted and co-chaired the meeting of European Child and Adolescent WHO Collaborating Centres. This meeting began the development of the next WHO Europe Child and Adolescent Health Strategy.
* We organised three events as part of our childhood adversity work to explore community responses to childhood adversity, routine enquiry and the association between adversity and poverty in childhood with wider stakeholder groups. Sir Michael Marmot chaired the community and adversity event, and Public Health Wales shared their experience of routine enquiry. We will use the event reports to take forward the debate about optimising policy and practice responses to preventing adversity.
* We delivered outcomes planning sessions for tackling child poverty at regional child poverty summits in Tayside and Grampian and were invited to provide a joint presentation with Improvement Service on local child poverty duty at the COSLA Wellbeing Board.
* We have received preliminary results from the 2018 Health Behaviour of School-aged Children Study and draft questionnaires for the School Health and Wellbeing Census have been piloted by several Local Authorities.

**Performance Information: Quarter 4**

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** |
| 2.1.1: Provide expert input to the collection of health and wellbeing data on pre-school and school-aged children, to ensure that local and national partners have the most relevant information to inform action on health inequalities  | 1. The Health Behaviour in School-aged Children (HBSC) survey meets the key milestones set out in the contract | **Yes** | A clear project brief and regular contact with the contracted researchers has ensured key milestones were met. The researchers were able to demonstrate that milestones had been exceeded by providing preliminary findings from the key output of a national report. |
| 2. We have agreed and delivered a clear contribution to the delivery of a school health and wellbeing census in collaboration with Scottish Government colleagues | **Yes** | We were asked by SG to lead work to develop questionnaire content for the Census. The agreed delivery date is in Q2 of 2019/20. Work was on track in Q4, with draft questionnaires being piloted by three LAs. We convened a ‘Content Group’ which has been instrumental in developing the questionnaires, and has facilitated input from a wide range of partners and stakeholders.   |
| 2.1.2: Provide expert input to the development and implementation of strategies and action plans aimed at improving health and reducing inequalities for children, young people and families | 1. We have agreed recommendations for practice in collaboration with key professional groups  | **Yes** | We submitted to SG an analysis of consultations that have been undertaken recently with children and young people to contribute to the child and adolescent health and wellbeing action plan. We are also working with the Children and Young People Public Health Group and a wide range of partners to develop a Preconception Framework for Action. We have contributed evidence and facilitated stakeholder engagement to inform its development. |
| 2. Number of local and national strategies informed by our knowledge base | **Yes** | We published and disseminated the findings from research into One Trusted Adult for adolescent health and are using the findings to inform strategies such as the child and adolescent health and wellbeing action plan and the forthcoming WHO strategy on Children and Young People’s health.  |
| 2.1.3: Support the development and implementation of a Monitoring and Evaluation framework for the Scottish Government Early Learning and Childcare programme. | The Monitoring and evaluation framework has been implemented. | **Yes** | The monitoring and evaluation framework has been established and being implemented. |
| 2.2.1: Implement agreed priorities for action on adverse childhood experiences (ACEs) in collaboration with Scottish Government policy leads and the Scottish ACEs Hub. | We have identified actions for ACE-informed policy and practice and progressed them with our key customer groups | **Yes** | We have collaborated with a range of sectors, including SG, to increase understanding about childhood adversity to inform policy and practice responses. This includes: * commissioning training and working with GPs to pilot ACEs enquiry
* working with NES to support work on a trauma-informed workforce
* using the ACE research to advocate for the prevention of adverse conditions which impact on children’s health and wellbeing.
 |
| 2.4.1:Provide information, evidence and facilitation for the child poverty leads in Health Boards, Health and Social Care Partnerships and Local Authorities to strengthen local action on child poverty | Four or more Health Boards have established new Financial Inclusion referral pathways between the NHS and welfare advice services using our guidance | **No** | We will have evidence of this by end of Q1 2019/20  as reporting on financial inclusion pathway development is through Local Child Poverty Action Reports, which are joint reports with local authority and health boards, due to be published in June 2019. |
| 2.5.1: Provide expert evidence, knowledge translation and implementation support to the development of an inter-sectoral approach to addressing health and attainment inequality in school-aged children | We have received positive feedback on mental health training for school teachers | **Yes** | The training was very well received and courses are continuously oversubscribed. |
| 2.7.1: Provide the World Health Organization with up to date evidence and technical support for Child and Adolescent health strategy implementation. | We have received positive feedback from WHO on the quality of our contributions | **Yes** | We have been recognised as international experts in child and adolescent health. We have been asked to support the development of global standards for health in schools and the development of the next WHO Child and Adolescent strategy for Europe. |

**Issues affecting delivery in Q4**

We are working with local authorities to resolve concerns about the potential impact on capacity in schools and nurseries for carrying out assessments for the Early Learning and Childcare evaluation and for data collection for the census of school-aged children. Local Authorities could potentially be given a “duty to act” in response to information collected for the census and we are testing out the impact of data collection in the pilot areas.

Performance Information: 2018/19

Performance Indicators

SP2 delivered well against the performance indicators. 80% of performance indicators were achieved, 6% partly achieved and 14% were not achieved.

**Outputs**

70% of outputs were completed, 12% were partially completed and 18% were dropped over the course of the year. As for the other strategic priorities, the majority of outputs that were dropped were from the marketing, publishing and digital team where scoping resulted in their support not being required.

**Financial data**

Committed spend is much higher for SP2 because we brought forward a large payment for the survey of Healthy Behaviour in School Children (HBSC).

**Staff time data**

Overall, around 5% of reported project time was spend on SP2. A comparison with total planned days is difficult because not all staff are consistently recording staff time, and the percentage of planned time is expressed as a percentage of project time whereas the cumulative time is expressed as a percentage of all staff time across projects and other time (including time spent on PHS developments).

Strategic Priority 3: A Fair and Inclusive Economy

Highlights to the end of Quarter 4

* We are progressing our work to support implementation of the Fair Work Framework. We have now created a steering group for this work, and have successfully disseminated our Fair Work benchmarking tool. This has been used by the NHS Tayside Fair Work steering group, and has helped to secure commitment from the Director of Human Resource and Organisational Development in NHS Greater Glasgow and Clyde (NHSGGC) to develop and apply a model of Fair Work.
* We have continued to provide guidance to the NHS Tayside Fair Work Steering Group. We also provided the public health context for a Living Wage Foundation workshop for human resources and procurement leads across the NHS, on becoming Living Wage-accredited organisations.

Performance Information: Quarter 4

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** |
| 3.1.1: Provide remote support and advice through the Healthy Working Lives (HWL) Adviceline and facilitate delivery of the HWL learning and development programme for employers to encourage best practice, compliance with legislative requirements and promote safe and healthy working environments contributing to the mitigation of health inequalities | There is an increase in the number of employers and individuals accessing Healthy Working Lives (HWL) services | **Yes** | The number of employers and individuals accessing HWL services increased by approximately 25%.There was an increase in uptake of topic-specific training especially Mentally Healthy Workplaces. |
| 3.1.2: Work with Health Boards and other partners across the safety and health system in Scotland to deliver agreed support to priority audiences (sectors with identified inequality including agriculture, construction, hospitality, care, retail and logistics) | 1. There is an increase in the number of employers and individuals accessing HWL services | **Yes** | Overall we have seen an increase in our engagement elements, including callers to the adviceline, email enquiries, organisations attending training, delegates at seminars, and delegates using our virtual Learning course. The only area in which there was a decrease is website visits and we are working to improve this situation.  |
| 2. We have implemented our partnership strategy | **Yes** | HWL engaged a wide range of partners, demonstrated in an increase in number of speaking events/seminars (+12%) this year, an increase in the reach to this audience (+27%) and an increase overall in users accessing our services. |
| 3.1.3: Maximise the use and quality of digital channels in response to customer preferences for accessing Healthy Working Lives services | There is an increase in the number of employers and individuals accessing Healthy Working Lives services | **Yes** | HWL digital channels include our website, virtual learning environment and survey tools. Although we are still struggling to increase uptake on our website since launch, our other digital channels are performing well. |
| 3.2.1: Influence policy and practice through sharing research, intelligence and experience to enable sustainable models for delivery of the healthyliving and Healthy Working Lives awards | We have reviewed the healthyliving award in light of the Diet and Obesity, contributed to the Out of Home strategy and agreed a way forward with Scottish Government | **Partly** | We have reviewed the award in light of the Diet and Obesity strategy and contributed to the Out of Home strategy consultation. Once we have the outcome of the analysis from Food Standard Scotland we will able to agree a way forward with SG. |
| 3.2.2: Maintain and increase the commitment of existing award holders to the healthyliving and Healthy Working Lives awards and promote the awards to new  | 1. Number of bronze, silver, gold healthyliving award holders | **Yes** | Total number of awards as of 31/3/19:* Bronze – 196
* Silver – 112
* Gold – 210 = 518

This is an increase of 10% on last year. |
| 2. Increased number of Healthy Working Lives award holders | **Yes** | The number of Healthy Working Lives award holders increased by 16%. |
| 3. Increased number of small and medium enterprises award holders | **Yes** | The number of small and medium enterprises award holders increase by 25%. |
| 3.3.1: Contribute to the design and launch of the Scottish Government’s two year Single Gateway (Scottish Health and Work Service) pilot project, including evidencing how employment services can be better integrated and accessible and how this impacts on uptake | 1. The number of employers and individuals accessing the Single Gateway Adviceline in pilot areas | **Yes** | There have been 1762 users within the pilot areas. |
| 2. We make improvements to the Healthy Working Lives National Adviceline on time and in scope | **Yes** | Improvements were made to ensure compliance with GDPR, improve customer journey and prepare performance reports. |
| 3.4.1: Develop and disseminate evidence and advice on effective approaches to reduce health inequalities to stakeholders of the Fair Work Framework. | Number of follow-up engagements with high-interest, high-impact stakeholders following the dissemination of our evidence | **No** | This work was started with one health board partner which was then unable to commit the resources. A new health board has been identified to partner with and work will continue into 2019/20.  |
| 3.5.1: Develop and share with government evidence on effective labour market policies to reduce health inequalities.  | We have shared evidence with Scottish Government colleagues and are engaging with the relevant policy teams | **Yes** | We have made good progress in connecting with new SG officials in this area. |
| 3.6.1: Disseminate evidence to stakeholders on the impacts of social security policies on health inequalities and measures that can be taken to mitigate these. | 1. We have prepared briefing papers for the Welfare Reform Health Impact Delivery Group | **Yes** | We presented on the monitoring report in October 2018. We have also prepared a summary briefing on UK Welfare reform and Public Health. |
| 2. There is evidence that the reports, briefing papers and journal articles we have published on have been influential | **Yes** | The journal paper we published on JSA sanctions has been cited internationally (in France and Australia) as evidence to reject the UK approach. |
| 3. Reports of consultations and calls for evidence on social security reference the submissions we have made | **Yes** | We submitted evidence to the UK Work and Pensions inquiries on benefit sanctions, the welfare safety net and natural migration to Universal Credit. The benefits sanctions inquiry made reference to our evidence that the problems were ‘systemic’. |
| 3.7.1: Undertake a series of analyses and disseminate evidence to relevant stakeholders to inform economic policy. | 1. We have engaged with relevant high interest/high impact stakeholders  | **Yes** | We have shared reports and engaged with Scottish Government civil servants across the public health, social security and poverty divisions. We have also chaired, provided the secretariat for, and provided a series of analyses to drive forward the work to understand the feasibility of Citizens’ Basic Income for Scotland, in partnership with four local authorities, the Improvement Service and the Scottish Government. |
| 2. We have produced evidence briefings and papers for each relevant output | **Yes** | We have shared: the Triple I reports; a systematic review of the impact of political economy factors on health and health inequalities; and a series of presentations on the role of austerity on recent life expectancy trends. We have also published a high quality review of the impact of previous basic income interventions across the world. |
| 3.8.1: Collaborate with partners on knowledge dissemination and application for informed action on the distribution of power as a fundamental cause of health inequalities | There is evidence (e.g. citations, feedback, quotation, appearance of themes) that policy was developed using our reports, presentationsetc | **Yes** | The SG sponsor for the local governance review welcomed our draft journal paper on how power operates to influence health we are in discussions as to how we can collaborate further to support and influence this agenda.Our animation has evaluated well.We have been approached by the Public Health Reform Team to support the development of the new organisation’s governance based on our proactive think piece on sharing power. |

**Issues affecting delivery in Q4**

The Health and Work team had a number of vacancies that were actively managed. The staffing situation affected our ability to deliver on all outputs. There has been active recruitment across all the vacant posts and there has been temporary agency staff/fixed term contract in the interim, for some posts. However, once recruitment is complete and staff return from maternity leave, this should have a positive effect on our output delivery for 2019/20.

Our new HWL website is not being found in web searches and as a result the traffic flows to the website are significantly less than they were. Options to address this are being considered.

We held an event for Healthy Working Lives Award holders in the Greater Glasgow and Clyde area to promote fair work and encourage employers to engage with both the Fair Work Framework and Fair Start Scotland initiatives. This was not as successful as originally hoped although there was still value in the event. Lessons learned will be used to inform any future planning.

Performance Information: 2018/19

Performance Indicators

SP3 has performed well with 83% of performance indicators achieved, 4% partly achieved and 13% not achieved.

**Outputs**

79% of outputs were completed, 11% not completed fully and 10% were dropped over the course of the year. Vacancies in the health and work team impacted on delivery of outputs. Further, one output was not achieved due to competing pressures for external partners. Developing actions following the review of the award schemes will be completed when we have the findings from Food Standard Scotland.

**Financial data**

Financial spend was very close to that budgeted for the year.

**Staff time data**

Overall, 16% of reported staff time on project work was spent on SP3, with the majority of this within the health and work team, delivering health working lives scheme, healthy work lives award scheme and the healthy living award scheme. A comparison with total planned days is difficult because not all staff are consistently recording staff time, and the percentage of planned time is expressed as a percentage of project time whereas the cumulative time is expressed as a percentage of all staff time across projects and other time (including time spent on PHS developments).

Strategic Priority 4: Healthy and Sustainable Places

Highlights to the end of Quarter 4

* We have drafted a new three year Place Standard Implementation Plan in collaboration with our key Place Standard partners. The plan is currently awaiting Ministerial sign-off prior to being launched at our international Place Conference in June.
* We are close to completing a full review of the Place Standard. Professional and community feedback on the tool, guidance and learning resources has been analysed initially with a fuller analysis near-completion. Findings are being used to improve the tool, guidance and learning resources.
* We published a report of our engagement work with local health and housing colleagues from across Scotland: *Building Foundations for Health and Housing – Events Report*. This [report](http://www.healthscotland.scot/publications/building-foundations-for-health-housing-regional-events-events-report-and-case-studies) highlights key messages about housing’s contribution to improving health and tackling health inequalities and provides suggested next steps for future collaboration between health and housing.  The report is also accompanied by four case studies which were developed with partners across Scotland to highlight examples of collaboration and good practice.   This report is informing our work plan for 2019/20.
* We participated in Scotland’s Housing Festival, hosted by the Chartered Institute of Housing (CIH).  As well as showcasing our portfolio of work on Health and Housing through the event exhibition, we also worked in partnership with CIH to deliver a workshop focused on Public Health Reform.  This workshop was chaired by Eibhlin McHugh from the Public Health Reform Team and had contributions from Architecture & Design Scotland, Perth and Kinross Council and NHS Greater Glasgow and Clyde.  This workshop provided an opportunity to explore housing’s contribution to public health and the ‘whole system’ in improving health and tackling health inequalities.
* We organised and ran a summit looking at a strategic direction for community development and public health at the end of March in Glasgow involving approximately 30 invitation-only cross-sectoral partners and stakeholders. We are just assessing feedback but early indications are very positive.
* The latest bi-annual edition of Fare Choice, covering a range of policy and practice items, went out to over 2,500 local and national contacts involved in promoting social inclusion and tackling inequalities in health through the medium of food.

Performance Information: Quarter 4

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** |
| 4.1.1: Lead, support and advise on the coordination, delivery and governance of the National Place Standard Implementation Plan.  | 1. The number and range of organisations participating in the Place Standard Alliance, Place Standard Leads Forums, Place Standard workshops at conferences and engaging with us on Twitter  | **Yes** | Over 80 participants across private, public and voluntary sector attended the December event.  Engagement with us on Twitter continues to increase – the Place Standard Twitter account now has 1293 followers. |
| 4.1.1: Lead, support and advise on the coordination, delivery and governance of the National Place Standard Implementation Plan.  | 2. Quarterly progress against each of the Place Standard Implementation Plan actions | **No** | The Place Standard Leads meeting did not take place in Q4. The next meeting and report is scheduled for May 2019.   |
| 4.2.1: Conduct research into the impact of the Clyde Gateway regeneration on health and health inequalities. | 1. We have submitted a paper to an academic journal  | **No** | The Clyde Gateway project was delayed due to competing demands on staff time, but is a priority for completion in 2019/20.  |
| 2. We have engaged different audiences on the results of the research including Clyde Gateway residents, Clyde Gateway URC and SG | **No** | As above.  |
| 4.3.1: Support Scottish Government, local housing leads and local public health teams to embed health and health inequality outcomes in national and local housing strategies, policy and guidance | We have contributed to the revision of the national Local Housing Strategy (LHS) guidance | **Yes** | We have submitted recommendations to SG to inform the revisions of the LHS guidance.    |
| 4.3.2: Work collaboratively with key local and national stakeholders to coordinate action to maximise the contribution of housing to health improvement and reducing health inequalities | We have completed our actions from the ScotPHN report | **No** | This work has progressed well this year and we have delivered against the relevant output. However we have not fully completed the actions from the report as some of them remain relevant for our work next year.  |
| 4.4.1: Provide joint national leadership with Shelter Scotland to develop and deliver training to inform joint planning and delivery health and homelessness. | There is an increase in uptake of our health inequalities resources | **No** | The new blended learning resource is currently working its way through final stages of quality assurance, after which, a period of piloting will take place. The shortfall in timing has resulted from a combination of staff capacity issues, working to improve the final product and balancing of work priorities. |
| 4.6.1: Implement a programme for communities that will help them learn from, and inform evidence and good practice in tackling inequalities in food and health | 1. Numbers of stakeholders engaged  | **Yes** | A significant number of national, local/regional and community stakeholders and partners were engaged through a range of events of varying scales and foci. |
| 2. 85% of participants at events indicate positive intention to apply learning to practice | **Yes** | Consistently positive responses were received from participants. Reduced staffing capacity prevented as comprehensive an evaluation as planned but attendance sheets, evaluation and informal feedback available to reflect levels of participation, satisfaction and application. |
| 4.9.1: Work with Adaptation Scotland, the Scottish Managed Sustainable Health Network (SMaSH) and other national partners to maximise the opportunities for climate change policy and practice to promote health improvement and reduce health inequalities | Our contribution to Scotland's second Statutory Climate Change Adaptation Programme (SCCAP2) has been taken into account by the Scottish Government Climate Change Adaptation Team | **Yes** | We have built a good relationship with the SG team and have had good engagement with them as they develop the second climate change adaptation programme. The extent to which our ideas have been taken into account are not clear yet as the policy is still being developed however the Place Standard and Place Standard principle have been incorporated into the initial draft. |

**Issues affecting delivery in Q4**

Staff capacity and competing priorities has impacted on delivery of outputs in SP4. Key work has been delivered and the rest of the work will be progressed into 2019/20.

Annual Performance Summary

**Performance indicators**

50% of performance indicators were achieved and 50% were not achieved. This was due to a mixture of staff capacity and competing priorities. Key work has been delivered and work has been carried over into 2019/20.

**Outputs**

77% of outputs were completed, 18% were not fully completed and 5% were dropped over the course of the year. The work will be continued into 2019/20.

**Financial data**

Committed spend was slightly higher (5%) than the budgeted spend, due to small amounts of extra spend on some of the projects.

**Staff time data**

Overall, around 3.5% of recorded time spent on projects was spent on SP4 work. A comparison with total planned days is difficult because not all staff are consistently recording staff time, and the percentage of planned time is expressed as a percentage of project time whereas the cumulative time is expressed as a percentage of all staff time across projects and other time (including time spent on PHS developments).

Strategic Priority 5: Transforming Public Services

Highlights to the end of Quarter 4

* We have commissioned the development of guidance for GPs to improve primary care services for Deaf / Deaf blind patients.
* We engaged with staff and communities at the Deaf Scotland conference and Scottish Sensory and Equality Awards, to help inform best practice for holding BSL translations on the NHS Inform website. This informs our joint action with NHS24 in the BSL Action Plan.
* We commenced a pilot of ACE enquiry within six ‘Deep End’ GP practices. The aim of the pilot is to understand what it takes to implement a safe, efficient and effective model of ACE Enquiry and the impact on patients, staff and the health care system, along with contributing to the evidence base on ACE Enquiry.
* We commenced engagement with NHS Boards and HSCPs planning and data analyst colleagues on the health equity indicators we have been testing and will assess these indicators help local teams for service planning and / or assessing outcomes for inequality across NHS Boards / HSCPs.
* We are engaging a range of colleagues across the NHS to address and develop recommendations for Public Health Scotland’s role in supporting ‘Secondary Prevention’ and the Role of the NHS in ‘Prevention’, as part of Public Health Reform.
* We have recently completed the first year review of the ‘Network of Health Improvement Workforce Development Partners’. A position paper has been produced and shared with network members to enable a final decision to be made on the role and future of the network to support partners around workforce development.
* Emerging themes from a stocktake of the Community Planning Partnerships’ Local Outcomes Improvement Plans on behalf of the National Outcomes, Evidence and Planning Board (now called the Community Planning Improvement Board) has informed the review of the board and influenced their current work plan. We have shared these with members of the National Community Planning Network and will consider further in future work.
* We participated in a WHO meeting on Vaccine Misinformation/ vaccine hesitancy and consequently set up a Twitter account to help promote vaccine information. We have also collaborated with Public Health Canada to adapt their UNICEF supported vaccine information programme in schools.

Performance Information: Quarter 4

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** |
| 5.5.2: Work with a range of key stakeholders to scope and gain a better understanding of the wider workforce development infrastructure and learning needs with particular focus on local government | We have results from the inquiry into the workforce development delivery infrastructure for the wider health improvement workforce for one local government area and two Health and Social Care local areas | **No** | A short report on the results and recommendations from the inquiry for two territorial Board areas has been disseminated to the Scottish Public Health Workforce Development Group who commissioned the work.  The inquiry did not cover a local government area due to staffing capacity.  This has been deferred to 2019/20. |
| 5.5.3: Provide once for Scotland strategic and delivery support for a refreshed HPHS framework | We have agreed a structure for reporting on the new set of outcomes to be established in the 2019/2020 reporting year | **Yes** | NHS Boards will report in their self-assessments for HPHS in May 2019. |
| 5.6.1: Provide ‘Once for Scotland’ coordination and delivery of NHSScotland’s national improvement plan for British Sign Language (BSL) | We have drafted national policy and guidance for translation and interpretation | **Yes** | The guidance has been drafted but we are postponing publishing it to wait for Scottish Government research on BSL interpreters, which will not report until September 2019. |
| 5.6.2: Support primary care transformation by using leadership, research and evaluation to strengthen knowledge and application of what works to improve health and reduce inequalities | 1. We have deployed a suitably adapted form of the NHS England inequalities resource “Improving Access for All” within GP clusters  | **Partly** | We took a different approach than was originally intended. Scoping revealed that the resource was not entirely fit for purpose in a Scottish context and that it would require significant modification, which would consume significant resources and time greatly exceeding our capacity. Instead we identified that we could derive some benefit from linking to the NHS England resource as an original document on our web pages at zero cost and effort.  |
| 2. We have enabled our stakeholders to use the primary care evidence framework in support of policymaking and planning in primary care | **Yes** | The framework has been adopted for use and is in continuous development which will increase its relevance, value and impact over time. |
| 3. We have enabled Community Links Worker teams to use monitoring and evaluation data to inform local learning and service developments | **Yes** | Routine data collection for all early adopter practices and teams in Scotland is now in place and functioning. Reporting and use of data has also begun and will continue to evolve.  |
| 5.6.3: Produce public and professional facing information and guidance, in order to advocate for and support informed and equitable access to immunisation and screening services | 1. We have provided advice and guidance to the Vaccination Transformation Programme on improving reach of immunisation services | **Yes** | We published an evidence review on [Interventions to improve engagement with immunisation programmes in underserved populations](http://www.healthscotland.scot/publications/interventions-to-improve-engagement-with-immunisation-programmes-in-selected-underserved-populations).This included:* people living in areas of high deprivation
* people whose first language is not English
* people with learning disabilities
* Gypsy/Traveller communities

We commissioned and published qualitative research with community members on [Exploring public views of vaccination service delivery](http://www.healthscotland.scot/publications/exploring-public-views-of-vaccination-service-delivery). This focused on flu, pneumococcal and shingles.  The findings will be used to inform local Health Board service delivery planning for these programmes under VTP. |
| 2. We have produced and disseminated high quality information to the public about the screening and immunisation programmes they are eligible for (to satisfy the legal requirement for informed consent) | **Yes** | We continue to provide high quality information to the public about immunisation programmes via our WHO-accredited online information (hosted at [www.nhsinform.scot/immunisation](http://www.nhsinform.scot/immunisation)).   We also continue to provide high quality screening information for the public (hosted at [www.nhsinform.scot/screening](http://www.nhsinform.scot/screening)).  |
| 3.We have provided information to service planners and commissioners to reduce inequalities in screening | **Yes** | We have worked closely with Scottish Government, NSS National Services Division, NHS Health Board Equality and Diversity Leads and others to ensure that our national screening programmes address inequalities issues.  We have supported HIIAs for bowel and cervical screening, which have had a direct impact on the way we deliver those programmes nationally. SG has set up and we contribute to a Screening Inequalities Network to take an overview of relevant issues. |
| 5.6.5: Lead public health contribution to international public health through membership of and collaboration with the Scottish Global Health Collaborative (SGHC), Eurohealthnet and World Health Organization (WHO) | 1. The position of international global health in the new public health body has been determined  | **Partly** | The structure of the new organisation remains unclear, we have however agreement within HS and SG that an ongoing international public health contribution is important in the new organisation.  |
| 2. There is evidence (e.g. citations, feedback, quotation, appearance of themes) that the Scottish Government Global Collaborative, Eurohealthnet and WHO have been influenced by our contributions | **Yes** | We have contributed to the Scottish Government’s Global Citizenship agenda. We have built a relationship with the Scottish Government policy lead, helping to produce a key document that features our work on inequalities.  We have had a strategic role within the Executive Board of EuroHealthNet. |
| 5.6.6: Work with key partners and stakeholders in Community Planning and Health and Social Care Integration to influence strategic direction, priority setting and resourcing to address inequalities | We have completed our actions in the Outcomes, Evidence and Performance Board (OEPB) work plan, including the development and testing of an evaluation framework for community planning | **Yes** | In partnership with Audit Scotland and the Improvement Service we undertook a stocktake of Community Planning Partnerships LOIPs. A report was published and the findings presented to the OEPB. The findings have helped inform conversations with local areas on what they might be interested in evaluating. We undertook a survey of CPP Managers to discuss their approaches to evaluation this helped inform the content of a webinar and tailor our evaluation support to CPPs.  |
| 5.6.7: Provide support and guidance to key partners and stakeholders in Community Planning and Health and Social Care Integration to increase understanding of inequalities and inform practice and delivery that leads to more equitable outcomes in our communities | 1. Increased awareness and usage of the Community Planning and Health and Social Care website | **Yes** | We had high engagement with a webinar we ran through the website, both on the day and throughthe Khub and YouTube.  |
| 2. We have reviewed annual performance reports to assess Health and Social Care Partnerships’ progress on achieving National Outcome 5 (Health and social care services contribute to reducing health inequalities) | **Yes** | We conducted the review and shared the findings with key partners including Healthcare Improvement Scotland's ihub.  |

**Issues affecting delivery in Q4**

* We have had delayed engagement with Care Inspectorate, and have meantime focused our inspection efforts and discussions on Healthcare Improvement Scotland (HIS). We will revisit the Care Inspectorate at a future date.
* We continue to reassure Deep End Practices that ACE service work does not significantly increase workload in Primary Care, and concerns regarding the lack of additional funding to support more intensive use of the approach by GPs is being highlighted to us.
* We are actively managing the reduced reporting process and expectations of NHS Boards around the Health Promoting Health Service. NHS Boards required to submit baseline self-assessment and action plans by June 2019.

Performance Information: 2018/19

Performance Indicators

SP5 performed well against the indicators set at the beginning of the year. 77% of PI’s were achieved, 8% partially achieved and 15% were not achieved.

**Outputs**

75% of outputs were completed, 13% were not fully completed and 12% were dropped over the course of the year. As this SP works the most closely with the whole system, output delivery is more often delayed due to the collaborative nature of the work. One output was delayed as it relates to understanding workforce and development needs of local authorities. The dropped outputs largely reflect the outcome of scoping work undertaken by the marketing, publishing and digital team resulting in their support not being needed.

**Financial data**

**Staff time data**

Overall, around 8% of recorded staff time on project work, was spent on SP5. A comparison with total planned days is difficult because not all staff are consistently recording staff time, and the percentage of planned time is expressed as a percentage of project time whereas the cumulative time is expressed as a percentage of all staff time across projects and other time (including time spent on PHS developments).

Strategic Change Priority 1: Leading Public Health Improvement

Highlights to the end of Quarter 4

* We worked with the PHR team to organise a seminar to examine the implications for Public Health Scotland of the newly published research article, [the politics of institutionalizing preventive health](https://www.sciencedirect.com/science/article/pii/S0277953619301248). The study looks at “the different failings of the Australian National Preventive Health Agency and New Zealand’s Health Promotion Association, and the relative success of Public Health England”. The authors identified the “key dilemmas that the advocates and architects of these new bodies face: whether to court or avoid conflict with key stakeholders, how to shape the remit of agency activities and responsibilities in contested policy terrain, and how to establish long-term credibility”. Marion Bain will chair the event, which will bring together key people involved in public health reform including commission leads, workstream leads and members of the Public Health Oversight Board and Programme Board.
* We coordinated a joint response ‘in the spirit of Public Health Scotland’ to the UK Parliament inquiry into the use and misuse of drugs in Scotland. The response was co-authored by NHS Health Scotland, Health Protection Scotland and Information Services Division and brings together a rounded public health perspective on the issue of drug use in Scotland.
* We continue work with key stakeholders on taking a human rights based approach to health through our involvement in the Scottish National Action Plan on Human Rights. This includes supporting the development of the next action plan for Scotland and working to develop links between public health reform and national policy developments around human rights.
* ScotPHN completed its Commission on research, innovation and applied evidence on behalf of the Public Health Reform Programme Board. It also supported the Scottish Directors of Public Health as they develop their position on the public health priorities including and the Scottish Health Promotion Managers Group in developing the group in terms of leadership, strategy and workforce as they seek to support the new public health landscape.

Performance Information: Quarter 4

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** |
| 6.2.3: Work with key stakeholders including the Faculty of Public Health in Scotland and the UK Public Health Network to share and embed learning around effective policy advocacy and human rights based approaches in public health | We have provided input into the Faculty of Public Health advocacy subgroup on a bimonthly basis | **Yes** | We have provided input into each meeting this year and we will be presenting that the FPH Advocacy Subgroup Study Day in Q1. |
| 6.2.4: Work with targeted stakeholders to promote and position fairer health improvement within the emerging public health landscape | Issues around fairer health improvement are profiled in the Scottish Parliament and receive coverage in press and social media that reference the fairer health improvement agenda | **Yes** | Scottish Parliament debates have taken place on ACEs, air quality, climate change, poverty and suicide prevention. Health issues profiled in the press and on social media include the sugar levy, MUP evaluation, ACEs, Drug-related deaths, alcohol, life expectancy (stalling), and smoke free prisons.  |
| 6.4.3: Work with and through the Executive Delivery Group and Programme Board to ensure that NHS Health Scotland contributes effectively to the development, planning and delivery of change in support of public health reform. | We have undertaken effective stakeholder engagement with the Executive Delivery Group and Programme Board to influence public health reform | **Yes** |  We have regular contact with the EDG and have attended every Programme Board this year.  We have received positive feedback about the effectiveness of our engagement with both groups. |
| 6.4.4: Through ScotPHN, provide specific support to the Public Health Oversight Board, the Shared Services Programme and the Scottish Directors of Public Health to ensure effective developmental work across the public health community in support of public health reform | 1. We have provided support for the Scottish Directors of Public Health work programme | **Yes** | ScotPHN completed its Commission on research, innovation and applied evidence.  It also supported the SDsPH as it develops its position on the public health priorities including PHP6 and the SHPM in developing the group in terms of leadership, strategy and worksforce as it seeks to support the new PH landscape. ScotPHN Lead and Manager are inputting to the Corporate Service Workstreams. |
| 2. We have delivered the Shared Services Portfolio-Public Health Programme work programme on behalf of Board Chief Executives/Public Health Oversight Board | **Yes** | We have delivered on SSP-PHP through undertaking the Commission on Leadership for Public Health Research Innovation and Applied Evidence. |
| 3. We have supported the Public Health Oversight Board in its reform work | **Yes** | We have delivered on reform through undertaking the Commission on Leadership for Public Health Research Innovation and Applied Evidence. |

**Issues affecting delivery in Q4**

Pressures on staff time and capacity continued to be actively managed in quarter four.

Performance Information: 2018/19

Performance Indicators

Strategic Change Priority One performed well against the indicators set, with only 8% of performance indicators not met.

**Outputs**

92% of outputs were completed and 8% were dropped over the course of the year. Outputs that we dropped largely related to changed circumstances related to our approach to transition.

**Financial data**

SCP1 required less than half the funding that was budgeted. This was due to finding alternative ways to complete the work that required less by way of financial resourcing.

**Staff time data**

It is likely that the difference here reflects people recording their time against PHS outputs instead of the outputs in here.

Strategic Change Priority 2: Making a Difference

Highlights to the end of Quarter 4

* We successfully completed the redevelopment of the Ready Steady Baby! (RSB) product suite on schedule. This included publication of the new redesigned RSB print edition, translations of the RSB print edition into Polish, Chinese and Arabic and the launch of the new RSB [microsite](http://www.nhsinform.scot/readysteadybaby) hosted by NHSInform.
* We held a formal product launch on 14 March at the Forth Valley Royal Hospital, hosted by Joe Fitzpatrick MSP, Minister for Public Health, Sport and Wellbeing.
* Since launch, we have supplied 13,500 copies of the print edition to 12 of the 14 territorial Boards, including 5000 copies supplied directly to health visitors, midwives, trainee midwives, and GPs.
* Between 14 March and 2 April, the microsite received 21,128 page views with the average time spent on a page being 1 min 16 secs. These statistics compare well when with the same time period for the ‘old’ RSB website in 2018 (22,811 page views and average time on site: 1 min 17 secs). Maintaining engagement is considered to be encouraging as we would normally expect the traffic to drop and have to build up again following launch of new content.
* Good progress was also made in redevelopment of an Easy Read version of RSB. Following a quick quote procurement exercise, we appointed Edinburgh-based accessibility specialists, FAiR, to produce the ER version working in close collaboration with ourselves, clinical specialists and parents’ groups. This project will complete in FY19/20.

Performance Information: Quarter 4

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** |
| 7.1.1:Develop and deliver best practice approaches to the design and delivery of products and services  | We have published a new Accessible Information Policy and communicated it to all staff | **Yes** | The new Accessible Information Policy was issued and shared with staff through the [Source](http://thesource.healthscotland.com/news/Pages/Whats-new-in-NHS-Health-Scotlands-Accessible-Information-Policy.aspx).  |
| 7.1.2: Deliver Phase 1 of Redesigning Health Information for Parents (ReHIP) | 1. We have completed the print version of the redesigned Ready Steady Baby! Resource  | **Yes** | RSB was officially launched on 14 March. All Midwives, Health Visitors and Family Nurse Practitioners received their own personal printed copy on 18 March.  Additional stock has been made available able to order from local health promotion departments. |
| 2. We have distributed Ready Steady Baby! to all eligible pregnant women in Scotland | **Yes** | The printed RSB guide is distributed to expectant parents at booking appointments with midwives.  |

**Issues affecting delivery in Q4**

* Capacity issues continued to present a challenge across Marketing and Digital Services in Q4 with a number of low risk non-urgent outputs being postponed to next year. This includes implementation of the Open Government License, implementation of the accessible information policy and implementation of HLA audit recommendations.
* Plans for the Choose Life website were dropped pending a decision on the future direction of the Choose Life campaign and the expectations of the National Suicide Prevention Leadership Group.

Performance Information: 2018/19

Performance Indicators

SCP2 met the majority of performance indicators - 80% were achieved, 6% partly achieved and 14% were not achieved.

**Outputs**

40% of outputs were completed, 16% were partially completed and 44% were dropped. The relatively large proportion of dropped outputs relate to the aforementioned postponement of low risk non-urgent outputs.

**Financial data**

**Staff time data**

Strategic Change Priority 3: Fit for the Future

Highlights to the end of Quarter 4

* We organised and delivered a series of staff engagement events and staff workshops on the values for Public Health Scotland which reached hundreds of members of staff across the two organisations in Edinburgh and Glasgow.
* Through the work of the commissions and the development of Public Health Scotland’s Target Operating Model (TOM), we have supported the public health reform programme board to develop a clearer picture of what Public Health Scotland will look like on day one and how it will develop in the future.
* We submitted final deliverables for all of the Commissions we were involved in.
* We have continued to lead and support work on developing Public Health Scotland’s corporate services and to prepare Public Health Scotland for day one.
* The initial IT infrastructure design has been signed off and build of the initial PHS servers is underway.
* Progress has been made in the development of a project, chaired by the SG PHR team, to develop the Board and Committee arrangements for Public Health Scotland.  We are making active contributions through the Executive and Governance Lead and the Employee Director.
* We continue to support staff through change through our Learning and Development teams participating in resilience sessions and in Insights Discovery. In addition we ran eight Leadership through Transition sessions (manager’s challenges through change/self and team) in January which 52 managers attended.
* Significant positive progress has been made in and around the HR Project in terms of preparation and discussion around transfer arrangements with key discussions taking place with our Staff Side colleagues.  In addition, continued progress has been made with the accommodation project.
* We refreshed our approach to the internal Change Oversight Group, which has increased staff engagement and feedback in and out of the group.

* We are in discussion with National Board Finance colleagues to agree how they will report on ongoing efficiencies in relation to new national Publishing Service for National Boards.

Performance Information: Quarter 4

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** |
| 8.1.1: Undertake a programme of learning to promote and embed key behaviours required for the future context, working across organisational and agency boundaries | We have achieved an 80% satisfaction rate from internal evaluation forms across all learning programmes | **No** | Not all supports this year in relation to change and resilience opened themselves up easily to this form of measurement so unfortunately we were not able provide a full assessment of progress against this indicator. |
| 8.4.2: Contribute to the development of the governance requirements for the new public health organisation, ensuring the governance arrangements for NHS Health Scotland work are suitably reflected to achieve a smooth governance transition and exit for the Health Scotland governance Board | A plan is in place and has been executed for the NHS Health Scotland governance transition | **Partly** | The NHS Health Scotland Board has a Board Governance Transition Action Plan that has been regularly reviewed by the Board in the context of changing timescales and focus.  |

**Issues affecting delivery in Q4**

* There have been some challenges in and around the decision making and governance around accommodation plans for the new organisation.
* The public health reform programme is still subject to changes and some lack of clarity, which has made planning of some aspects challenging.
* Considerable work has been required to address and answer all the questions which came out of the sessions (via Slido), Ask COG etc. Arrangements for the Strategic Communications and Engagement Group have been changed and it is anticipated this will improve processes to manage this.
* Work to advance human rights based approaches to change has been limited, due to capacity pressures.

Performance Information: 2018/19

Performance Indicators

40% of the performance indicators were achieved this year and 60% were not. This is due to developments in our approach to the work to respond to the changing context as the year progressed.

**Outputs**

80% of outputs were completed, 17% were partially completed and 3% were dropped.

One of the main challenges faced under this strategic change priority was the growing and evolving ask of staff to be involved in change. The creation of commissions, projects, and related work streams has led to staff spending increasing time away from their business as usual work to be either part of these working groups or to be involved in their engagement sessions.

This has resulted in the organisation needing to be much more fleet of foot in how it has supported this effort. Examples of this include: a general call out to staff to support change work, secondments to the Public Health Reform Team, changing focus of roles, changing reporting relationships, and taking a streamlined approach to workforce resourcing. In addition there has been a continued ask of staff to not fully commit their time on CPT as part of the planning process for 2019/2020 planning period.

**Financial data**

**Staff time data**

Part 5: Core Services

Performance Information: Quarter 4

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 | 95% of Virtual Desktop Interface users use the external access service | **Yes** | This has been successfully achieved.  |
| 9.1.3 Planning and delivery: deliver specific improvements in how we plan so that our delivery and impact is improved | 1. Evidence that our identified high impact, high influence stakeholders have been engaged effectively | **Yes** | The Board has received regular updates around CRR: 18.6 including evidence that our identified high impact, high influence stakeholders have been engaged effectively.  |
| 9.1.3 Planning and delivery: deliver specific improvements in how we plan so that our delivery and impact is improved | 2. Increased percentage of performance indicators completed on time | **Yes** | 68% of performance indicators were completed on time. |
| 9.1.6 Governance: provide the systems and support to ensure the work of the organisation is governed to the highest standards and accountable for our delivery commitments | 1. The Board and its Committees have received satisfactory governance assurance information and reports for approval, discussion or noting as appropriate | **Yes** | The Board and Committee meetings have taken place as planned and concluded the relevant business with the necessary assurance reports. |
| 9.1.6 Governance: provide the systems and support to ensure the work of the organisation is governed to the highest standards and accountable for our delivery commitments | 2. All internal audit reports score C or above | **Yes** | All internal Audits have scored C or above. |
| 9.1.7 Finance and procurement: provide the financial resources and services required to support the organisation to achieve our Delivery Plan and meet audit standards | An additional commitment around our contribution to the national efficiency saving of £15 million | **Yes** | An additional non-recurring contribution of £60k was made towards the £15m which is on top of our recurring £325k made at the start of the year.  |
| 9.1.8: Research and knowledge services: manage knowledge and research effectively to support delivery of the Strategic Framework for Action through provision of a range of Knowledge and Research Services | 1. Increase in knowledge and research rating from customer service survey | **No** | As the survey was only started late 2018, the repeat survey was held back until April 19 to get a full set of figures for 19/20.  |
| 9.1.8: Research and knowledge services: manage knowledge and research effectively to support delivery of the Strategic Framework for Action through provision of a range of Knowledge and Research Services | 2. Increase in requests for support via business planning | **Partly** | Number of requests via business planning remained static but there was an increase in in-year business support requests. |
| 9.1.8: Research and knowledge services: manage knowledge and research effectively to support delivery of the Strategic Framework for Action through provision of a range of Knowledge and Research Services | 3. Increase in use of lending and current awareness services | **Yes** | Lending statistics increased by 93% on the previous year. During 2018-19 we moved to a new information system for delivery of current awareness services, so we are unable to provide a comparison with 2017-18. However we had 78 new subscribers to our alerting services. |
| 9.1.10 Communicating our message: use a range of digital, marketing, communications and engagement methods to promote and position clear and consistent messages around fairer health improvement and build credibility with stakeholders | 1. An increase in the number of healthscotland.scot sessions where at least one publication on fairer health improvement is accessed  | **Yes** | Document downloads have increased by 40%. |
| 9.1.10 Communicating our message: use a range of digital, marketing, communications and engagement methods to promote and position clear and consistent messages around fairer health improvement and build credibility with stakeholders | 2. An increase in our Twitter engagement rate and number of Instagram followers | **Yes** | 2. Twitter impressions are up 4% since 2017 with more people sharing our content, especially video content. Our average engagement rate is 1% and our followers increase by approximately 350 users per quarter. |
| 9.1.11 Product delivery: ensure that our products are designed and delivered to high standards of quality and effectively disseminated to customers through a variety of channels | 1. Our website healthscotland.scot receives an average of 17k visitor sessions per month. | **Yes** | Healthscotland.scot received an average of 49,899 sessions in Q4. There was an average of 38,212 visitor sessions per month for 18/19. |
| 9.1.11 Product delivery: ensure that our products are designed and delivered to high standards of quality and effectively disseminated to customers through a variety of channels | 2. At least 30% of healthscotland.scot users visiting core content pages take one of the “calls to action” | **No** | 16% of visitors to hs.scot users visiting core content pages took a ‘call to action’. This is clearly well below our target but does reflect a 58% increase on this activity compared to Q4 last year. Overall, there was a monthly average of 10% of visitors for 18/19 to hs.scot who take a ‘call to action’ after visiting core content pages. |
| 9.1.14 Workforce planning and resourcing: provide the planning, monitoring and decision-making systems to ensure that we have in place the workforce we need to deliver this plan whilst taking into account the context of change we are currently working in | A decrease in the number of undelivered outputs for reasons of lack of staff capacity | **Yes** | WRG have met every month within the CMT to discuss resourcing requests and within Q4 proposed a change to the WRG process which has been agreed by the CMT and staffside. This change is in response to the context of change we currently work in.The following is a breakdown of the submissions in 2018/19 compared to 2017/18.

|  |  |  |
| --- | --- | --- |
| Submissions | 2017/18 | 2018/19 |
| Approved | 100 | 121 |
| Not Approved | 9 | 2 |
| For Noting | 9 | 14 |
| Withdrawn | 2 | 19 |
| Total | 120 | 179 |

 |

**Issues affecting delivery in Q4**

Performance Information: 2018/19

Performance Indicators

Core services have performed well this year with 79% of performance indicators achieved, 14% partly achieved and 7% not achieved.

**Outputs**

84% of outputs were completed, 6% were partially completed and 10% were dropped.

**Financial data**

There was a marginal overspend in core services.

**Learning data**

The number of courses and, perhaps more importantly, number of participants continue to be very strong in our face to face courses. This reflects the popularity of our courses and the large number of people utilising them in their work/personal lives. This year, however, the main focus on training trainers and the results have been exceptional, with 139 trainers being accredited. The majority of new trainers were in the Scottish Mental Health First Aid course, with 72 trainers being accredited.

**Social media**

Our average number of impressions (160,000) was lower than last two quarters but still an increase on this time last year by 20%. This is to be expected as it a traditionally quiet quarter, but being up on last year shows our improvement and how accruing hundreds of followers every month is helping with our reach. This relates to our organisational approach to measuring impact by showing we are managing the resources we put into social media well.

Our average engagement rate was on target which shows our tweets are relevant, timely and interesting to create the same impact among an increased following.

SP1 continues to provide our most frequent and most engaged with content. This quarter it included Gerry McCartney’s reports on stalling life expectancy and Deborah Shipton promoting our position on obesity during Obesity Awareness Week. Both included talking head videos as engagement assets.

Given that many of our high impact, high influence stakeholders are on Twitter, we can conclude that it is likely this channel is helping with the reach of our products and services.

**Staff time data**

Part 6: Corporate Risk Register 2018/19 End of Year Report

|  |  |  |
| --- | --- | --- |
| **No.** | **Description** | **End Of Year (2018/19) Narrative** |
| 18-1 | As our core funding reduces, there is a risk that we cannot deliver everything we want or our funders expect in 2018/19. | * Budget setting process for 18/19 in place in March 2018.
* Original budgets identified unallocated budget and contingencies.
* Commissioner tasked with identifying bids v shortfalls in business/operating plan.
* CMT reviewed unallocated budgets each week v demands/operational issues.
* Management Accounts produced each month.
* y/e Forecasts produced.
* Target savings of £270k in 2019/20 to come from workforce savings.
* Efficiency savings of £325k taken in 2018/19 and a further £75k in 2019/20 taken as recurring as part of £15m across the National Boards. No further contribution other than self-funding collaboration savings to be taken.
* Pay award in year for afc staff > 1% provided at £237k recurring in the year.
* Additional employer contributions of 6% to be funded by the Scottish Government to all Boards. Confirmed at National DoFs meeting 11 April 19.
* Risk 18-1 revised for 2019/20 reflecting changing circumstances.
 |
| 18-2 | As a result of needing more of our resources than anticipated to manage the transition to the new public health body, there is a risk we do not deliver all our commitments for 2018/19. | * Commissioners reviewed business plan including deliverables each month.
* CMT/COG reviewed demands across the organization on an ongoing basis.
* Controls in place will help in delivering our commitments for 2019/20
* Additional funding available subject to case being submitted and approved should deliverables not be delivered due to lack of finance.
* Risk 18-2 revised for 2019/20 reflecting changing circumstances.
 |

|  |  |  |
| --- | --- | --- |
| 18-3 | As a result of the transition of governance to the new public health body or a lack of contingency planning for a delayed start date, there is a risk there are gaps in accountability, resulting in reputational damage. | * While working on the assumption that the Health Scotland Board will cease to exist in November 2019, we agreed to plan for a full financial year.
* The Board approved a suite of plans in March 2019 which incorporated the Delivery Plan, Workforce Plan and PAMS, as well as the Financial plan 2019/20 and workforce planning assumptions.
* The process for approving the 2019/20 annual accounts is being explored and proposals will come to Audit Committee.
* The risks in potential delay to public health reform on governance issues were very regularly discussed and contingency plans in place as needed.
* Risk 18-3 carried over into 2019/20.
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| 18-4 | As a result of issues in the process of creating the new public health body, there is a risk that the different cultures and practices of the legacy bodies become an impediment to the effectiveness of the new body. | * Current strong commitment to iMatter, Turas, Partnership working, governance structures, financial and performance reporting.
* Culture of the new organisation considered within the Organisational Development Commission.
* Joint meetings between the senior management teams of Health Scotland and PHI established to run through the course of 2019/20.
* Risk 18-4 revised for 2019/20 reflecting changing circumstances.
 |
| 18-5 | As a result of changes to the new public health body and shared services, there is a risk of an impact on productivity and staff turnover, and so we do not deliver all our commitments for 2018/19.  | * Impact on productivity monitored monthly and reported through quarterly reporting and staff turnover is monitored monthly through HR and reported through Partnership Forum.
* The Commissioning Group monitored overall progress against strategic priorities and delivery commitments with the responsibility to reallocate available spend to struggling delivery commitments.
* Operational plan encouraged staff to provide some unallocated delivery time to help with delivery and unexpected demands.
* Risk 18-5 revised for 2019/20 reflecting changing circumstances.
 |
| 18-6 | As a result of not engaging local authority and third sectors in creating the new public health body, key perspectives are not heard, reducing its credibility. | * Stakeholder strategy approved by the Board and subsequently revised as Transition and Influence plan.
* Stakeholder engagement captured weekly at Directors meetings and highlights reported to the Board via quarterly performance reports and a mid year refresh of the Stakeholder Engagement Plan, which subsequently led to this being revised as the Transition and Influence Plan for 2019/20.
* Risk 18-6 revised for 2019/20 reflecting changing circumstances.
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Part 7: Workforce Statistics

**Monthly turnover**

Turnover remains low and continues to be monitored on a quarterly basis. HR analyses the data on a monthly basis to identify and support any specific areas in the business with high turnover rates.

**Sickness absence**

Sickness absence has consistently been below the 4% HEAT target. It continues to fluctuate mainly due to long term absence cases.

Median NHS Scotland Absence

Part 8: Finance Report

NHS Health Scotland’s financial position for the twelve month period ending 31 March 2019 is summarised below. It was reported in detail to the Audit Committee at their 26 April 2019 meeting and the draft annual accounts for 2018/19 were reviewed at the Committee’s 7 June meeting.

* The Board's 2018/19 RRL as advised in the 8 May allocation letter from the Scottish Government was £20,169k which includes a baseline of £18,177k (£18,400 less smokeline of £135k, less £325k contribution re Nat Board savings, add pay award of £237k), non-recurring allocations of £1,992k
* With regard to the **revenue resource limit** (RRL), at 31 March there is an underspend (+/- £15k) at present of £343k (1.75%) against the 12 month budget of £20,166k.
* The £343k underspend against the phased budget consists of 3 elements; an overall underspend of £265k on staffing, an overspend of £18k on projects, and an unallocated budget (taken as a project saving in the total summary) of £96k.
* Our vacancies are managed across the organisation using a vacancy factor of 5% which equates to an £663k saving against our full establishment cost of £13.264m which gave an operational staff budget of £12,601k for 18/19. This figure was increased by £54k at the March CMT (post budget 18/19) and £122k (April to June) in core salaries and £41k in non-core salaries. In August the principle of budgets being released from delayed posts re appointment (> 3 months) or where no back-fill on seconded posts was agreed meant a staff budget release of £170k from three senior posts to show a revised staff budget of £12,648k, which together with the £85k on consultant distinction awards which we pass thru totals £12,733k. Further staff budget increases were agreed at the July, August, Sept and Oct CMT with a further £71k, £36k, £31k and circa £50k being approved for 18/19 but these costs are being used to offset the underspend on the y/e salaries forecast. Further staff budget increases were also approved in November, December and January but these appointments have a lower impact on the y/e salaries forecast.
* We committed to a £325k recurring saving on revenue as part of our financial and operational plan for 18/19 and an additional £60k non-recurring saving as noted above being our assessment of our share of the £15m National Boards target.
* The collaborative savings across the National Boards against the £15m target for 2018/19 amounted to £11.6m from individual plans. 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.
* The latest update on 2018/19 at 5 June (National Boards DOF Meeting) is £12.670m (which includes our further contribution of £60k) for the year leaving a shortfall of £2.330m which the SG have indicated they would c/f to 2019/20 as a non-recurring saving still to be achieved but we are awaiting confirmation of this position.
* NHS Health Scotland has taken the position that they have contributed more than their fair share over the last two years and will not be contributing to the shortfall c/f into 2019/20.
* Our draft y/e surplus is £343k (£362k c/f surplus in 2019/20 plan) which we hope can be c/f into 2019/20 to fund five Public Health Reform work posts expected to cost £212k in 2019/20, £150k to boost our project budget which is under significant pressure with the shortfall of £19k being taken against contingencies.

Part 9: Sustainability Report

The following is a summary of the 2017/18 annual update on sustainability presented to the Audit Committee in January 2019.

**Activity relating to NHS Health Scotland’s Statutory Duties**

In the last report was noted that work was to be undertaken to integrate the Board’s Sustainable Development Action Plan, the Biodiversity Plan, and Climate Change Adaptation Plan into NHS Health Scotland’s core business plans. This has been progressed during 2017/18.

* Climate Change Adaptation Action Plan – The NHS Health Scotland Climate Change Adaptation Plan (CCAP) was adopted by the Audit Committee on behalf of the Board at its meeting in October 2016. During 2017/18 approaches to managing the risks identified in the CCAP were incorporated into the Health Scotland Business Continuity Plan (BCP). These will be further updated with subsequence amendments to the BCP.
* The Biodiversity Action Plan – NHS Health Scotland has little direct responsibility for those aspects of the biosphere which affect biodiversity and works with other national NHS organisations as part of the Building User Group arrangements. The Audit Committee previously considered the required, three year Biodiversity Report in April 2018 (AC15/18). This report was produced in collaboration with our key national agency partners NHS National Services Scotland and the Scottish Ambulance Service.
* In 2017/18, work updating the Biodiversity Plan for 2017-20 was initiated. The updated plan builds on the previous plan and features further development and implementation of the Scottish Place Standard tool to aid local communities become more aware of green and blue space and its impacts on human health and biodiversity and working with Scottish Natural Heritage in adopting the Biodiversity Commitment by Health Scotland. It had been hoped this would be completed by the end of 2017/18; however, this was found to be unfeasible and will be now completed in 2018/19.
* The Sustainable Development Action Plan – In 2017/18 continued progress has been made in all areas of the action plan including travel, procurement, facilities management/buildings, workforce, and community engagement.
* In 2017/18 there was a continued improvement against benchmarks in for all indicators save Flexi-rail use. This was an area noted for monitoring on the basis of the increased usage in 2016/17. Further work in this area may be needed. One area needing clarification is that whilst the use of rail has increased, there is a reduction in kgCO2e associated with such use. This is likely to be a consequence of improvements in the overall carbon consequences of rail travel, affecting the UK Department for Transport carbon conversion factors for 2018.
* In the context of the Estate and Facilities area, NHS Health Scotland considered the implications of the NHS Scotland Waste Management Action Plan published in 2016/17. Activity in this area is managed as part of National Service Scotland’s waste management arrangements. These were updated by NSS in 2018 and will be further reviewed in 2018/19.
* During 2017/18 NHS Health Scotland supported the further development and implementation of the new NHS sustainability reporting mechanisms being developed by Health Facilities Scotland. In time this will replace the existing reporting requirements and provide system-wide benchmarks for environmental sustainability and climate change actions. In 2018/19, the preliminary performance benchmarks will be created and agreed with individual NHS Boards.
* National Service Scotland has continued working on the development and implementation of a new Environmental Monitoring System (EMS), which is one of the requirements of the Corporate Greencode. NHS Health Scotland are members of the EMS Team, providing both organisational and Public Health input. The development of the EMS is likely to be of importance to Health Scotland in that such a system will – for the first time – provide more detailed energy consumption data for both Gyle Square and Meridian Court.

**Wider Work on Sustainability and Public Health**

* In addition to ongoing work on energy poverty and developing sustainability indicators, we continued to support wider work on environmental sustainability as a means of supporting health inequality reduction. A specific scoping review of climate change and public health activities for health improvement was completed as well as a policy and stakeholder mapping exercise. Work has also been undertaken to support Health Protection Scotland to improve urban, outdoor air quality as part of the Environmental Public Health group.
* The Scottish Managed Sustainable Health Network (SMaSH), hosted by ScotPHN, continued to support NHS Boards on sustainability issues. During the last year it has continued to provide training opportunities for developing public health leadership for sustainability and health. SMaSH provided the inputs for the Scottish Directors of Public Health and NHS Health Scotland into the Sustainable Health Scotland Conference in September 2017, building on the success of the existing collaborations with Health Facilities Scotland and National Procurement. This collaboration also provided opportunities for SMaSH to work as part of the team developing the NHSScotland Sustainability Action campaign. SMaSH contributed towards ongoing work to create Public Health Scotland. As part of this work, SMaSH extended its membership to other key stakeholder agencies including the Scottish Environmental Protection Agency, and Scottish Natural Heritage.