

Response to the Scottish Parliament Finance and Public Administration Committee's inquiry into the National Performance Framework: Ambition into Action

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If you have any questions about our response or would like any further information, please contact Tim Andrew (tim.andrew@phs.scot).

Response summary

Public Health Scotland welcomes this call for evidence from the Finance and Public Administration Committee. We regard the national performance framework as a vital part of delivering the Christie Commission's vision for Scotland's organisations working together to change outcomes for the public, rather than for administrative convenience. This is an important opportunity to strengthen its implementation.

In summary, we believe the national performance framework:

- Is **fundamentally important** as a statement of the shared national priorities and a clear expression of what wellbeing means for the people of Scotland today.
- Can be strengthened by tightening the **accountability** for contributing towards the outcomes and indicators. For example, the framework could specify the public bodies expected to contribute towards delivering each outcome indicator. This would counter the current 'bottom-up' accountability of the framework of bodies self-selecting which outcomes they contribute to.
- Could foster greater **collaboration** by specifying lead national bodies responsible for bringing together organisations to work towards specific outcomes.
- Could be more **relevant** to the public, improve **accountability** and support local **prioritisation** if the indicators were all available at the same local level. This would let people see how their local area compared to others across Scotland, improving **accountability** and informing local **prioritisation** decisions.
- Could be **more accessible** if the measures were aggregated into a single measure (like to GDP) but that gave an overall measure of wellbeing. This would be further strengthened if it could be used to track progress across time, showing whether wellbeing was improving or declining.
- Could be strengthened by filling in some of the **gaps** in the suite of indicators (e.g. vaccination uptake) and making sure that they match the shared priorities for Scotland.

We look forward to hearing the committee's consideration of the national performance framework and would be pleased to provide evidence in person or recommend other experts.

Response to questions

To what extent do the National Outcomes shape how your organisation works?

For us, the national outcomes – as qualitative statements of what we want Scotland to look like – are important but not as influential as the outcome indicators – the quantitative measures of Scotland’s performance in these areas – which underpin them.

The national outcome indicators play an important role in our strategic planning. We are an outcomes-focused organisation and need to be able to demonstrate the difference we make to Scotland. The outcome indicators are shared measures, which are regularly available, describing where Scotland is at right now. This makes them a valuable point of orientation for our strategic planning.

The presence of these measures in our strategic plan helps us prioritise our work so that we are focusing on work that positively impacts them, not other measures.

We recognise that no one organisation can deliver the improvements in these measures alone. Collaboration across sectors with a broad range of partners will be needed. Currently we have partnership with a wide range of different organisations. In the future we want to make our collective contribution to the national outcome indicators more prominent across our partnerships.

However, as we work in partnership with other organisations, we come across bodies who do not plan against the national performance framework’s outcomes or outcome indicators.

- Sometimes this is because they feel their area of work is not especially well represented in the national performance framework.
- Other times it is because of the misconception that aligning to the national performance framework outcome indicators means the bodies will be solely accountable for delivering change in these outcomes.

How do you know which National Outcomes your organisation contributes towards? How do you demonstrate this to your organisation and more widely to others?

We identify the outcome indicators we contribute to through our strategic planning. As Scotland's national public health body, our starting point is life expectancy and health inequalities in Scotland. We identify the measures relating to those focusing on the areas we need to shape to change health in Scotland. Based on these chosen areas, we identify measures elsewhere in the national performance framework.

We demonstrate the link to these to our organisation and to our stakeholders through our strategy map.

This points to one way we feel the national performance framework could be strengthened. Currently, public bodies effectively self-select which outcomes they are contributing towards. This allows them to opt out, identify their own outcomes, or measure different things.

In the next version of the national performance framework, we would welcome the Scottish Government and COSLA:

- (a) setting out which public bodies they expect to contribute to delivering each national performance framework outcome indicator and
- (b) determining which national bodies have a role in leading collaboration among the rest of the system to work together on an indicator. For example, as Scotland's national public health body, we would expect to be asked to lead whole-system action on areas that involve risky health behaviours like alcohol use.

How empowered is your organisation to do something different (should it wish) to achieve the National Outcomes relevant to you?

Public Health Scotland was established to address two outcomes which Scotland continually performs worse than other countries: life expectancy and health inequalities. We were commissioned to do things differently and do different things to achieve progress on these outcomes.

Our ability to do this is somewhat constrained by our funding model. 38% of our funding is non-recurring and originates from different Scottish Government policy teams. The nature of the funding makes it harder for us to do different things or do things differently in these areas towards national outcomes. Reducing the proportion of our funding from non-recurring sources would enable us to take more effective action to improve health and reduce health inequalities.

This situation is not unique to Public Health Scotland. It is felt particularly acutely in local government where various sources of ring-fenced and fixed-term funding come in parallel to local areas. Larger blocks of funding which can be used more flexibly would work better not just for public bodies but the communities they serve.

We appreciate the concern to make sure the public is seeing results for public funding. Elsewhere in this response we highlight the importance of making sure the measures under the national performance framework can be segmented to local levels like consistently. Doing this and strengthening the measures underpinning the national performance framework would allow funding to be delegated with fewer conditions while keeping accountability for its use.

Public bodies would be better enabled to do things differently towards national outcomes by:

1. Strengthening the national indicators underpinning the national performance framework and making sure they can be segmented to consistent local levels (like local authority),
2. Reducing the amount of ring-fenced funding public bodies receive, and
3. Strengthening cross-government budget setting focused on outcomes.

How is your organisation held to account for how your actions and decisions impact on the National Outcomes?

We are held to account in two main ways: through our board and through our sponsors.

Accountability through our **board** tends to focus mostly on our strategic plan and therefore has the strongest explicit link to the national performance framework. Accountability through our **sponsors** tends to reflect our performance against their strategic priorities. Public Health Scotland is a health board with a difference: we are jointly sponsored by COSLA and Scottish Government.

Often there is a strong link between sponsorship accountability and the national performance framework, but the link tends to be implicit rather than explicit.

In general, accountability tends to be relatively short-term in its cycles compared to the longer timeframes needed to change the measures in the national performance framework.

Sometimes the link between our accountability and the national performance framework is weaker. This is not always a bad thing. For example, vaccination has been a major focus in addressing COVID-19. However, vaccination is not well represented in the national performance framework. In light of the COVID-19 pandemic, we would welcome future measures of national wellbeing including levels of vaccine take up.

Accountability for performance against the national performance framework could be strengthened by addressing some of the gaps between it and the building blocks of health and wellbeing in Scotland, like vaccination. Another example of an area that could be strengthened involves access to public services. Much of Public Health Scotland's data analysis focuses on the NHS, the ease of access to it and the quality of services offered. This is a real priority and plays a role in reducing health inequalities by making sure people can get fair access to quality services. However, the indicators of service access in the national performance framework are often based on surveys which cannot be segmented by public body or geography. We would welcome the opportunity to strengthen these measures.

How are the National Outcomes reflected in everyday decision taking?

As a national body, this is relatively straight forward for us although this is an area we wish to strengthen. We are working to put in place a 'new demand' process that makes sure there is a demonstrable link between any new work we take on and national performance framework measures.

As mentioned above, one issue we encounter as an organisation is perceived gaps in the national performance framework. Strengthening how the national performance framework speaks to healthcare access as well as quality and health protection measures such as vaccinations would address this.

Another challenge we encounter are different policy agendas. For example, Scotland's public health priorities – jointly agreed by COSLA and Scottish Government – do not neatly join up to the national performance framework. In addition, national performance framework measures are not available for all the public health priorities. Often, we can demonstrate a link between a new piece of work and the public health priorities however, there are challenges finding links through the national performance framework. Making sure all new policies and strategies link through to the national performance framework would improve collaboration.

We are seeking to work more with local areas. One issue we observe in doing this is the applicability of the national performance framework to local areas. Making sure all national performance framework metrics can be segmented to the same geographic level would greatly improve public engagement and local prioritisation. Some measures are only available Scotland-wide, giving us a picture of wellbeing across Scotland. However, many public services are delivered either at a regional, health board or local authority level. Understanding wellbeing at this level would help strengthen accountability: people would be able to see how their locality compared to Scotland as a whole. It would also shape priorities: people could meaningfully discuss the areas where they want to focus public resources on improving. It would also foster improved collaboration between local and national bodies by having a shared and consistent outcomes framework to work towards. Below we have linked to England's public health outcomes framework which we can be segmented to local areas allowing comparison between health in those areas with the rest of the country.

When it comes to spending priorities or providing funding to others, what role do the National Outcomes play?

We have focused on building a strong link between our strategic, financial and workforce planning. The strength of the links between spending/funding priorities and the national performance framework are only as strong as the links between these types of planning.

As a national NHS board, our experience is that keeping workforce and financial and strategic/operational planning working together takes focus and effort. Sometimes the timelines for submitting our workforce, financial or strategic/operational plans set by our sponsors can be a barrier to running these important planning processes. For example, in the past our legacy bodies were asked to submit financial plans before we completed our strategic/operational or workforce plans. This makes it challenging to ensure that our financial plans serve the strategic/operational plans that define how we will meet national outcomes.

To what extent is any public sector funding you receive contingent upon demonstrating your contribution to delivery of the National Outcomes?

The strength of the link between funding and the national performance framework varies by (1) the type of funding and (2) what we spend it on.

Around 62% of our funding is recurring. This is relatively easy to align to the national performance framework through our strategic planning process. It allows us to discuss with our Boards and sponsors our contribution nationally towards these and how our work lines up against the national performance framework.

We can identify and demonstrate the contribution of this funding to the national performance framework where we spend it on externally facing projects and staffing.

The remaining 38% of our funding is non-recurring. This funding tends to come from specific policy teams within the Scottish Government. While we do have discretion over whether we accept the funding (although since it supports permanent staff, we do have to secure non-recurring funding to remain financially sustainable), the link is only as strong as the link between the funders' priorities and the national performance framework.

In general, we observe a relatively variable link. In part, this is because in our experience the indicators in national performance framework have a weaker link to healthcare access and quality than they do other areas of public health, like health improvement, and most of our non-recurring funding is for healthcare access and quality data.

Public Health Scotland is currently working with our sponsors to reduce the amount of non-recurring funding we receive.

This situation, however, underlines a wider point. We believe there is an opportunity for a more strategic approach to public sector funding in Scotland. This would increase the resources we are spending on reducing demand on public services, instead of just servicing increasing demand.

This is needed now more than ever. After decades of improvement, life expectancy in Scotland has not improved meaningfully since 2012. People in our poorest communities die a decade or more before those in the wealthiest. Covid has made the situation worse by creating a backlog of demand for elective procedures. It has generated physical and mental health demand pressures directly related to the condition itself or related to the measures introduced to control its spread. These pressures have been felt unequally across the population, worsening inequalities.

The stalling of life expectancy has been linked to reductions in public sector budgets. Local government has felt this particularly keenly compared to the

NHS. Further constraints or reductions on public sector budgets seems likely to continue.

In the face of limited funds, we must not only invest in servicing demand on public services, but on preventing it. Prevention needs to go further than simply reducing the use of public services or providing wrap around services for those who need multiple public services. Spending on prevention means invest in all the building blocks of a healthy society that stop people needing health and social care services: quality housing and education, good work for fair pay, safe neighbourhoods that are a good place to live, to name a few.

The national performance framework already plays an important role in driving this change – but its next version could do even more. Strengthening the indicators, addressing gaps, making the data segment-able to a local level and more strategic funding can help realise this ambition.

Where do the National Outcomes sit within the range of priorities and demands on your organisation?

As we have outlined above, the national performance framework's outcome indicators are how we define our strategic priorities: therefore, they are among our top priorities.

As we also mentioned above, the link between the jointly owned Scottish Government/COSLA public health priorities and the national performance framework indicators could be strengthened. In practice, Public Health Scotland tends to place more explicit emphasis on the national performance framework in our planning.

Finally, as noted above, sometimes our sponsors' priorities diverge from the national performance framework. In these circumstances and to that extent, our priorities diverge also. Previously we gave the example of vaccination. Another example is our whole response to COVID-19 which, although linked through to life expectancy in general, did not feature in the national performance framework. We feel this emphasises a challenge around the national performance framework: it cannot foresee all Scotland's future priorities. Therefore, public bodies should be able to diverge from it when evidence and the public interest demands.

To what extent do you work collaboratively with other organisations in delivering the National Outcomes relevant to you?

Scotland faces several key public health challenges:

- People in Scotland die younger than any other Western European country.
- People in our poorest neighbourhoods die ten years before people in the wealthiest neighbourhoods.
- After decades of improvement, life expectancy has not increased meaningfully since 2012.

There are gaps in the building blocks which make up a healthy society in too many of Scotland's communities; this is driving our public health challenges. These gaps include affordable, secure and quality housing; stable, well-paid work; and accessible, quality public services. These challenges can be reversed.

Public Health Scotland recognises that the actions needed to address these challenges cannot be delivered by one organisation. It will take the collaborative efforts of many sectors and organisations to create a Scotland where everybody thrives. That is why collaboration is one of our guiding values and underpins all our work.

Since our creation, we have been using our unique position to convene and catalyse collaborative action across the whole system to address the unfair differences in life expectancy. This has included developing new strategic partnerships with organisations such as Police Scotland and Glasgow Regional Economic Partnership, and strengthening existing partnerships, with organisations such as the Improvement Service, COSLA, Sport Scotland and Food Standards Scotland. Throughout all these partnerships we have aligned our ambitions to delivery of our Strategic Plan, and through this to the National Performance Framework and Public Health Priorities.

Please share any examples of good practice, areas for improvement or practices that have not worked so well

We would like to highlight three examples to the committee:

- Carnegie UK's work on Gross Domestic Wellbeing
- The Centre for Thriving Places' Thriving Places Index
- England's Public Health Outcomes Framework

Gross Domestic Wellbeing

Carnegie UK's work on [Gross Domestic Wellbeing \(GDWe\)](#) is an example of good practice for the committee to consider.

The strength of the national performance framework, as we have said, is that it represents in tangible definition of what wellbeing means for people in Scotland today. One of the issues with public engagement with the national performance framework is the complexity of the data that underpins it. A linked issue is tracking change over time.

The GDWe approach developed by Carnegie UK helps address these two issues. The idea was to create an alternative metric to GDP which better reflected wellbeing.

By aggregating the measures and any changes found in them over time, the GDWe approach gives a single score to represent overall wellbeing. By tracking this over time, we can determine whether the overall change is for improvement or not.

While there are challenges and drawback to this approach, it is the same with any measure. Like GDP – which for all its drawbacks is a useful metric – we feel that the accessibility and ability to track progress over time of an approach like GDWe outweigh them.

From a public health perspective, the building blocks of public health go far beyond life expectancy and hospitals. They include quality housing and education, employability, the availability of good work for fair pay and access to public services. An aggregate measure of wellbeing like GDWe could help focus and galvanise action in Scotland towards prevention.

Thriving Places Index

We would also like to highlight the [Thriving Places Index](#) developed for England and Wales. Created by the [Centre for Thriving Places](#) it is designed to give a balanced and easily read 'dashboard' of information on the different elements that support places to thrive. It cuts across different policy areas and is structured to provide a holistic way of approaching different priorities. Approaches like this help to localise data available on wellbeing to support public engagement and local prioritisation of actions and investment.

Public Health Outcomes Framework

The Office of Health Improvement and Disparities' [Public Health Outcomes Framework](#) highlights some ways we can strengthen the way Scotland's national performance framework turns ambition into action.

The framework, like the national performance framework, works from high level qualitative statements of the desired outcome/objective for the country. It then breaks this down into measurable indicators.

- Like the national performance framework but unlike Scotland's public health priorities, it has [a data tool](#) that lets the public see performance or progress against those measures.
- Unlike the national performance framework, this data can be segmented down to consistent local levels, letting local leaders, planners and the public compare their area against the rest of the country and identify local priorities.