

**HS Paper 7/15**

**BOARD MEETING: 27 MARCH 2015**

**CHIEF EXECUTIVE’S UPDATE**

### Recommendation/action required:

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| The Board is asked to note the paper. |

**Author: Sponsoring Director:**

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| Gerald McLaughlinChief Executive |  |

**16 March 2015**

**CHIEF EXECUTIVE’S UPDATE**

## Purpose of Paper

1. The purpose of this paper is to provide an update to the Board on activities and

matters involving the Chief Executive and Directors which are not covered by other papers on the agenda.

**Launch of NHS Smoke Free Ground Campaign**

2 Health Scotland has played a key support role in the implementation of the Smokefree NHS Ground Policy, a key action required of NHS Boards as part of the 2013 Scottish Government Tobacco Control Strategy “Creating a Tobacco-Free Generation. Working with Territorial NHS Boards on the National Smoke Free working Group, Health Scotland funded and managed the production of the campaign centred around a television and radio advert, launched by the Minister for Public Health on 3 March 2015. More information is available at [www.smokefreegrounds.org](http://www.smokefreegrounds.org)

**Welfare Reform: Taking Action Together**

3. Health Scotland, in partnership with SCVO, CHEX, Inclusion Scotland and the Scottish Public Health Network organised the event on the 17 February. The event was attended by the Minister for Housing and Welfare, Margaret Burgess MSP who spoke about the future of welfare in Scotland following the Smith Commission. The event was interactive with presentations and workshops from policy makers, academics and frontline staff.

4. The purpose of the event was to increase understanding of the nature and extent of Welfare Reform’s impact on individuals and the wider community as well as increasing understanding of what can be done to challenge and mitigate the impact of the reform. The event also aimed to increase understanding of how third sector organisations could work together, and with statutory partners, to influence implementation of the policy, feeding back evidence to national decision-making.

**Community Planning – Outcomes, Evidence and Performance Board Advisory Board meeting – 6 March 2015**

5. I attended a meeting of the Outcomes, Evidence and Performance (OEP) Board on the 6 March. The group comprises senior level representation from key CPP stakeholders including SOLACE, the NHS, the voluntary sector, Enterprise Agencies, Audit Scotland, Police Scotland, Fire Service and the Scottish Government.

6. The Board was set up as a response to the need to improve Community Planning Partnership’s (CPPs) use of evidence and data to inform their service reform programmes. Its workstreams include improving quality and availability of evidence, improving the use of evidence and data, strengthening analytical capacity and capability of community planning partnerships as well as developing an outcomes profile to support decision-making, governance and strengthening public accountability.

**Chartered Institute of Housing Policy Lunch 12 March**

7. I was invited to speak at the Chartered Institute of Housing Policy lunch on the 12 March on health inequalities. My presentation focused on what is meant by health inequalities as well as its causes and the importance of good quality housing. I also spoke about the causes of fuel poverty as well as the problem of homelessness and its effect on health and the link between poverty and homelessness. Finally I spoke about Health Scotland’s activities in relation to housing and our work with organisations such as Shelter.

**COSLA Conference**

8. Health Scotland has been attending, exhibiting and sponsoring the COSLA conference and Excellence Awards for several years.  Our aim has been to achieve strategic influence in relation to the inequalities and health inequalities agenda.  As our relationship with COSLA has developed, our approach over the last 2 years has changed towards less investment in the actual conference exhibit and sponsorship but with continued attendance at the conference and collaborative working to influence inequalities policy behind the scenes.  The benefit of this investment was evident at this year’s conference with an entire day allocated to the inequalities agenda from both a socioeconomic and equality perspective.  Health Scotland’s influence was prominent with direct reference to our work six times by three different leading speakers directly quoting our theory of causation and making specific reference to root causes being “lack of power, money and resources.”

9. Having influenced a shared understanding of what works to reduce inequalities our aim is to work collaboratively with local government partners, particularly the Improvement Service, to deliver.

**Scottish Government Policy Leads Seminar – 4 March 2015**

10. We delivered a seminar for Scottish Government policy leads on AFHS and our draft delivery plan for 2015/16.  Andrew Scott, Director of Population Health Improvement, chaired the event.  Myself and Andrew Fraser presented on our work and our future plans and, following questions from the floor, we moved into table discussions.  Twenty-one delegates took part from across a broad range of Scottish Government policy areas, all of whom were receptive and engaged as well as being highly positive about the potential for further collaboration.

**Complaints**

11. From 27 January to 17 March 2015 we received 32 complaints, which were all intended for other health bodies. The complainants were all advised to contact the relevant NHS Board; Practice Manager at their GP Surgery, or passed directly to the appropriate NHS complaints team. One Complainant was advised to contact NHS24 and another was advised to contact their local authority for a response.

**Finance and Resource Implications**

12. There are no finance and resource implications as such arising from this paper.

**Communications**

13. There are no specific communications issues arising from this paper which are not addressed through other relevant plans.

**Risk**

14. Any risks associated with this update are incorporated within related project plans.

**Equality and Diversity**

15. There are no specific equality and diversity issues arising from this paper.

**Environment**

16. There are no specific environmental issues arising from this paper.

**Action/Recommendations**

17. The Board is asked to note this paper.

**Gerald McLaughlin**

**Chief Executive**

**16 March 2015**