

**HS Paper 2/15**

**BOARD MEETING: 6 FEBRUARY 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 |  |

**26 January 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.

**Visit of DG Health and Social Care and Director of Population Health Improvement, Scottish Government**

2. The Directors and myself met with Paul Gray, DG Health and Social Care and

Andrew Scott, recently appointed Director of Population Health Improvement at the Scottish Government on the 20 January. The meeting focused on the task of tackling inequalities and health improvement as well as Health Scotland’s and Scottish Government priorities going forward. Overall it was a very positive meeting.

3. Following the meeting both the DG Health and the Director of Population Health Improvement met with a number of Health Scotland staff based in the Gyle

**Staff Survey 2014**

4. The Staff Survey results were received from Capita on 17 December 2014. Once again Health Scotland recorded the highest level of participation of any NHS Scotland Board with 90% of staff having responded to the survey. Our preliminary analysis of the organisation wide results gives room for optimism that the areas on which we have concentrated most effort over the last year appear to be reflected in improvement in the staff scores. At the Partnership Forum on Friday 23 January it was agreed that we should undertake further analysis at Directorate level ahead of the joint Partnership Forum/Staff Governance session scheduled for the 25 March.

**HWL Gold Award**

5. As announced just before Christmas, I am pleased to confirm that following an assessment visit NHS Health Scotland received the Healthy Working Lives Gold Award. The feedback received from the assessor made particular comment on the breadth of staff engagement and involvement in our improvement work.

**Stakeholder Engagement Event – “A Fairer Healthier Scotland: How are we doing”**

6. NHS Health Scotland invited a range of stakeholders to contribute to an event aiming to take stock of our approach to addressing health inequalities in Scotland.  The event was held on the 26 January in Dynamic Earth, Edinburgh. The event aimed to increase our engagement with stakeholders, explore opportunities for future collaboration, and a shared approach to assessing collective performance against progress to reduce health inequalities.  We also wanted to get stakeholders views on our approach to addressing health inequalities and to ascertain how this approach would fit with other organisations.  Over 70 delegates attended on the day and an event report will be produced to detail key emerging themes and points for consideration.

**Monitoring and Evaluating Scotland’s Alcohol Strategy (MESAS)**

7. The 4th MESAS annual report was published on 8th February. The report showed the continued decline in alcohol-related deaths and hospitalisations in Scotland. It concluded that some of this decline may be due to elements of Scotland’s alcohol strategy but it is also likely that there are external factors contributing to the fall. The report set out additional analysis to be undertaken before the next and final MESAS report to further understand the contribution of Scotland’s alcohol strategy on outcomes. The final report is due in February 2016 and work is already underway.

8. In January a meeting was held with researchers from around the UK to present the MESAS findings and interpretations so far, to seek their views on the plausibility of these conclusions and the potential for additional analysis. A journal article based on analysis of regional alcohol sales and deaths data was published in BMC Public Health in January, with 250 associated media articles around the UK.

**Informing Investment to Reduce Inequalities Research Project**

9. A research project was carried out to provide modelled estimates of the impact of a range of interventions on health and health inequalities. Eleven interventions were modelled based on the available literature. Introduction of a ‘living wage’ generated the largest beneficial impact on health and led to a modest reduction in health inequalities. Increases to benefits had modest beneficial impacts on health and health inequalities. Income tax increases had a negative impact on population health but reduced inequalities, while council tax increases worsened both health and health inequalities. Increases in active travel had minimally positive effects on population health but widened health inequalities. Increases in employment reduced inequalities only when targeted to the most deprived groups. Tobacco taxation had modestly positive impacts on health but little impact on health inequalities. Alcohol brief interventions had modestly positive impacts on health and health inequalities only when socially targeted, while smoking cessation and ‘Counterweight’ weight-reduction programmes had only minimal impacts on health and health inequalities even when socially targeted.

10. The research concluded that interventions had markedly different effects on mortality, hospitalisations and inequalities. The most effective (and likely cost-effective) interventions for reducing inequalities were regulatory and tax options which affect income. Interventions focused on individual agency were much less likely to impact on inequalities, even when targeted at those in the most deprived communities.

11. The research has been widely covered in the media as well as within Scottish Parliamentary debates, for example, Neil Findlay in the equal pay debate. There have also been numerous requests to present the work, including contact from Professor Michael Marmot’s team at University College London. A meeting has been arranged with the team with a view to producing a UK equivalent of the tool.

**Election Briefings**

12. The new *2015 Election Briefing* has been circulated to MSPs and associated political stakeholders together with Health Scotland’s recently published evidence (the *Informing Investment to Reduce Health Inequalities in Scotland* study and *Best Preventative Investments in Scotland* paper).  This has so far led to meetings with the Cabinet Secretary for Social Justice, Communities and Pensioners’ Rights, Alex Neil, and the Labour Shadow Minister for Fair Work, Skills and Training, Neil Findlay.  The materials are now being shared more widely with local government officials and health board chief executives.

13. A cross-departmental group will meet monthly to develop plans to affect influence ahead of the 2016 Scottish Elections.  These materials will be more in-depth than the *2015 Election Briefing* and will be used to generate further engagement opportunities in order to build stronger support for action.

**Public Affairs**

14. The Public Affairs Team has secured a presentation opportunity at the March meeting of the Cross Party Group on Health Inequalities.  The intention is to focus on the *2015 Election Briefing*, *Informing Investment to Reduce Health Inequalities in Scotland* study and *Best Preventative Investments in Scotland* paper.

15. Following the publication of the Health and Sport Committee report into health inequalities earlier this month, plans are being developed for engagement with MSPs ahead of the planned debate and specific briefing materials are being produced.

16. A briefing was sent to all MSPs ahead of the Tackling Inequality debate in parliament, focussing on inequality as a barrier to the right to health.  In line with the new more proactive approach to public affairs, the intention is to regularly brief MSPs on health inequality implications ahead of relevant parliamentary debates.

17. A new leaflet has been produced on tackling inequalities and the right to health.  It is a high level, accessible explanation of the right to health, the determinants of health, health inequalities and what can be done to tackle health inequalities.  It is for use in face-to-face engagement settings including meetings, events and conferences and will be shared widely with stakeholders and partner organisations.

18. The Public Affairs Team is collaborating with Public Health Science colleagues to analyse the UK Government command paper *Scotland in the United Kingdom: An enduring settlement* for implications around tackling health inequalities.   This will be used in general public affairs work as well as forming the basis of the Health Scotland response to the Devolution (Further Powers) Committee’s call for evidence.

**Complaints**

19. From 21 November 2014 to 26 January 2015 we received 22 complaints all of which were 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 the Office of the Director General for Health and Social Care.

**Finance and Resource Implications**

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

**Communications**

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

**Risk**

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

**Equality and Diversity**

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

**Environment**

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

**Action/Recommendations**

25. The Board is asked to note this paper.

**Gerald McLaughlin**

**Chief Executive**

**26 January 2015**