

## Board Meeting: 15 February 2019

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### HEALTH AND WORK SERVICES

#### Recommendation/action required:

The Board is asked to:

- Note the progress made since the Health Governance Committee (HGC) meeting in September 2018.
- Note the decisions made by Corporate Management Team in December 2018

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## HEALTH AND WORK SERVICES

### Purpose

1. The purpose of this report is to update the board and provide assurance on the progress made following discussions about the Health and Work Services functions at previous Health Governance and Board meetings.

### Background

2. Previous reports have been considered by the Health Governance Committee (HGC) in March 2018 and a further update report was presented to HGC in September 2018 on those issues previously identified as important to the Board. The issues were:
  - a. Financial Relationship and Delivery with local NHS Boards;
  - b. Healthy Working Lives Award Programme;
  - c. National Adviceline;
  - d. Fit For Work and associated 'patient' facing services.
3. The Health Governance Committee had previously acknowledged (March 2018) the operational responsibilities of the Corporate Management Team (CMT) and requested an update on decisions made at an appropriate point in the Board Calendar.

### Board Update

4. To ensure an appropriate response, CMT commissioned an internal review and then considered progress made by officers against these priorities in December 2018. The scope of that review has been the use of NHS Health Scotland's (NHS HS) current resources that contribute to the delivery of Health and Work Services, with the aim of informing future arrangements for Public Health Scotland. The review was led by the Head of Health and Work Services and sponsored by the Director of Health and Work. The current functions are:
  - a. Healthy Working Lives Award (Award);
  - b. National Adviceline
  - c. Advisory support for employment services
  - d. Employer engagement
  - e. Training
  - f. HWL Database & Website
5. CMT made the following decisions:

#### Healthy Working Lives Award

6. The Award content should be refocussed and a framework developed such as a national standard for employers in tackling inequalities and improving health. It will encompass the dimensions of fair work (Fair Work Framework) and the characteristics of fair employment and good work (Marmot). A modular

approach is proposed to better serve organisations of varying size and industry sector. Public Health Scotland (PHS) would have an appropriate national leadership role (the detail of which would need to be agreed as part of the development of PHS). It should be proportionate and use less resource overall than that currently deployed in delivering the national Healthy Working Lives Award. The cost of which is currently met from the £1.5Mn combined national and local investment allocated to the overall programme.

7. *Supplementary note subsequent to CMT decision - Informal engagement with Directors of Public Health and their teams as well as Scottish Government notes significant support nationally and locally for such an approach. It responds to the direct feedback from local public health colleagues about the value some form of structure can give in accessing employers and securing their commitment.*

### **National Adviceline**

8. The current service will be maintained up to 30 November 2019 when the current Fit for Work Service Scotland Service Level Agreement comes to an end. In the meantime options to commission aspects of the service, such as the contact handling function will be explored. (Effectively this means finding an appropriate telephony handling arrangement outwith NHS Health Scotland and indeed Public Health Scotland). However, it is proposed PHS would continue to support an adviceline service by providing access to specialist advice on health and wellbeing in the workplace. This would be subject to the agreement of the Public Health Reform team and Co-delivery Directors.
9. *Supplementary note subsequent to CMT decision – at the end of Fit for Work funding later this year NHS HS will only employ a single call handler. It makes sense to recognise that risk to service delivery now and make alternative arrangements.*

### **Employer Engagement**

10. To date face to face engagement with employers has been undertaken by advisers based in local boards responsible for delivering front line services including training, Award support and workplace visits. The viability of continuing to offer this level of support to employers would be dependent on PHS and local boards committing to ongoing funding beyond 2019/20. That will be a matter for the Board of Public Health Scotland in future years.
11. CMT agreed that as part of the engagement with Scottish Directors of Public Health (DsPH) on the national public health function for health and work, that consideration is given to the requirements and resourcing options as well as the role (including any refocussing of effort) of local advisers.

### **Training**

12. During 2019/20 the development of the Mentally Healthy Workplace Training Programme will be prioritised to ensure a sustainable and quality assured suite

of courses is available that could be delivered by PHS in future. Specialist advisers will continue to develop online courses whilst withdrawing from providing support for locally delivered face to face training for topics other than mental health. This would meet the requirements of the Mental Health Strategy and Suicide Prevention Action Plan.

### **Healthy Working Lives (HWL) Database and Website**

13. Robust data governance processes will be put in place through the refresh of the System Security Policy for the HWL database. Hosting and maintenance costs with the current provider, Big Red Digital (BRD), would be renegotiated for 2019/20 with the expectation that the contract will continue at least until March 2020. Exploration will take place with BRD about what is possible in terms of strengthening the knowledge base arising from any new arrangements for a national standard to replace the Award. The database is unique and to date highly valued although perhaps not exploited to its full potential.
14. The specialist advisers would continue to be responsible for the development and maintenance of content on the HWL website which would also continue to be promoted as the initial channel for employers accessing advice on health and wellbeing.
15. *Supplementary note subsequent to CMT decision – we know there is no readily available database contributing to the measurement of job quality that exists in Scotland. The opportunity to explore the potential to develop this in Scotland should encourage increased participation in an employers' standard for competitive edge, might inform future procurement processes, influence policy and so on. This presents a very significant opportunity to increase the profile of fairer employment and good work.*

### **Overview of assurance**

16. Of the issues identified by HGC, I anticipate most of the assurances needed to be within the body of this report and for ease of reference some of the specifics are set out below:
17. *Financial Relationship and Delivery with local NHS Boards* – Finance covered off in paragraphs 20-22 below and the ongoing relationships are explained within the wider body of the report.
18. Healthy Working Lives Award Programme – main response is in paragraph 6-7 above and within the report.
19. National Adviceline and Fit for Work Service – covered in paragraph 8-9 above

### **Finance and Resource Implications**

20. It is anticipated that the Directorate programme budget will remain at the same level for 2019/20. Whilst staff absences and turnover have impacted on

delivery during 2018, recruitment has been carried out to alleviate issues resulting from reduced capacity.

21. To mitigate the risks noted by the HGC and Board, future implications for NHS HS (and subsequently PHS) resource currently directed towards local boards will arise from consultation with DsPH on what a national public health function for health and work should look like in PHS. There are likely to be changes to service delivery during 2019/20 as outlined within the HWL implementation plan agreed by all 15 health boards. As an interim move, all boards were given a letter of comfort in September 2018 advising that they should expect funding for 2019/20 at the same level as 2018/19. This allowed local Boards to plan accordingly and mitigate employment related risks for 2019/20.
22. In the medium term, the governance arrangements of PHS will determine financial allocations and national functional responsibilities.

### **Staff Partnership**

23. To date Staff Side has participated in the Award option appraisal and will continue to be engaged as appropriate. Bearing in mind the implementation of review decisions might impact on staff, Staff Side will be invited to work in partnership throughout implementation.

### **Communication and engagement**

24. Possible changes to the financial and working relationships with local boards will require effective communication handling with a number of different audiences including DsPH, health promotion managers and corporate leads. Engagement of regular communication with the Scottish Government as ultimate sponsor of the services and owner of the Health Works Policy will also be required. In due course, engagement with customers and partners will be required in respect of programmes and services they currently use. Strengthened cross Government engagement is also essential.

### **Corporate Risk**

25. There are reputational and business risks associated with this approach which have been assessed and actions taken to mitigate them. An important action has been informal engagement with DsPH to ensure that proposals fit with our shared aspirations against the public health priorities for Scotland. This engagement will continue after the Board meeting and also address the risks that may arise should resources not be aligned to those priorities.
26. Secondly, there are business delivery risks for Scotland in the current delivery model of the adviceline that need effective controls and management.
27. Business risks include the possibility of reducing capacity and confidence in meeting customer demand. Measures will be taken to ensure adequate cover is provided to support services as and when required.

## **Issues Associated with Transition**

28. The purpose of the review has been for NHS HS to agree the health and work services to be transitioned into PHS and the improvement work to be undertaken during 2019/20 to ensure these services are fit for purpose and being delivered in the most efficient and effective way.
29. As the review is implemented, it will require close engagement with the Co-Delivery Directors responsible for developing Public Health Scotland.

## **Promoting Fairness**

30. The Health and Work Services are based on the principles of fair employment and good work and the evidence based actions identified in the 'Good Work for All' Inequality Briefing. NHS HS has also informed and supported the Scottish Government's Fair Work Framework through the services we deliver.
31. New arrangements are intended to:
  - a. contribute to the availability of fair employment and good quality work;
  - b. influence more equitable access to that standard of work;
  - c. improve the ability to sustain that quality of work.

## **Sustainability and Environmental Management**

32. The environmental impact of economic activity is an important factor within the health and work agenda. Direct implications for the environment and sustainability relating to practical delivery of services will emerge at a later stage when operational matters are being considered as part of the transitional plan.

## **Action/ Recommendations**

The Board is asked to:

- Note the progress made since the Health Governance Committee (HGC) meeting in September 2018;
- Note the decisions made by Corporate Management Team in December 2018;
- Confirm that the governance issues raised have been addressed satisfactorily.

**George Dodds**

**Director of Health Equity and Director of Health and Work**

**15 February 2019**