

## BOARD MEETING: 24 November 2017

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### HEALTHY WORKING LIVES RISK ASSURANCE

#### Recommendation/action required:

The Board is asked to:

- Endorse the approach taken to managing and mitigating risk in relation to the delivery of Healthy Working Lives Services to March 2019, with the additional action of bringing forward the final reporting date on partnership implementation in 2018/19 to January 2019.
- Comment on the approach for the development of the future focus of work associated with Healthy Working Lives.

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**Director of Health and Work**

Sponsoring Director:

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November 2017

## HEALTHY WORKING LIVES RISK ASSURANCE

### Purpose of Paper

1. This paper has been prepared as a follow-up to the discussion at the Board Seminar of 06 October 2017 and captures the outcomes from discussion.

### Background

2. The Health and Work Directorate was established in its current form in 2015/16 and contributes to the delivery of a number of customer facing health and work services including the Healthy Working Lives (HWL), whose principal focus is employers, and Fit for Work Scotland and Working Health Services Scotland whose principal focus is on individuals. All three programmes are delivered collaboratively across the NHS in Scotland in order to maximise expertise and resources across the NHS system, an example being the HWL National Adviceline which supports all three of the aforementioned services. It is an approach we expect to see develop further through initiatives such as the Scottish Government's Single Gateway Pilot project which, by developing a single access point for health and work services, will enable more connected employment, social security, skills development and health service support.
3. In addition to delivering customer facing services, the Directorate also works in partnership with other national agencies to influence policy and practice, for example working collaboratively through the Partnership for Health and Safety in Scotland in developing and now delivering the Scottish Plan for Action on Safety and Health (SPIASH), <http://www.hse.gov.uk/scotland/pdf/scottish-plan-health-safety2016.pdf>. It also supports the development of Scottish Government employment services and both shapes and contributes to work on wider issues relating to income, such as on fuel poverty.
4. The Directorate contributes to three of the long term outcomes identified within the strategic priority *A Fair and Inclusive Economy*, 'A Fairer Healthier Scotland: 2017 – 2022 A Strategic Framework for Action'. These are:
  - Increase the proportion of the working age population in good work through more employers and individuals implementing good work practices;
  - Individuals with ill health or disabilities remain in or return to work through delivery of better integrated and more accessible employment services;
  - We have contributed to a decline in inequalities in the availability, uptake and quality of work.

### Healthy Working Lives

5. The HWL Programme was the original core offering of the then 'Scottish Centre for Healthy Working Lives' which was established within NHS Health Scotland in 2006. It took forward four national 'legacy' programmes focused on health at work and

provided advice on health improvement, occupational health and health and safety matters for employers through its website, national Adviceline and a network of nationally and locally based advisers providing training and workplace visits. The approach to the latter, though which local Advisers are employed through the 14 local NHS Boards and paid for through a mixture of NHS Health Scotland and local Board investment, was retained from the legacy delivery model and remains in place today.

6. Continuing the approach of its legacy organisations, HWL continues to be delivered in partnership with the 14 local health boards agreed on the basis of initially annual service level agreements, then partnership agreements and more recently since 2016/17, annual implementation plans signed off by all 15 boards.
7. This arrangement has over the years been placed under increasing strain, in part as a consequence of market pressure to deliver the programme differently, such as shifting from face-to-face to digital delivery channels, and in part as a consequence of the overall reduction in the funding available both to NHS Health Scotland and in turn to the Health and Work Directorate, and from local NHS Boards to support local HWL delivery. New national joint oversight and operational arrangements and a regional Hub structure to enable more effective sharing of resources were put in place in 2015 to better manage this.
8. Despite a genuine commitment to make this work, there is a general appreciation by all Boards that these arrangements are serving us less well with the passage of time. Undertaking what would be a significant piece of redesign work would, however, be premature at this time, especially with significant change on the near horizon including Public Health reform and the establishment of a new Public Health landscape. The Scottish Government have also expressing a clear preference for us to maintain the current service configuration pending a refresh of its 2009 'Healthworks' strategy given the strategic direction this will provide, with this work scheduled for 2018.

### **Managing Short-Term Corporate Risk**

9. Prior to this time there remains the need to ensure that appropriate arrangements are in place to minimise risks and opportunity costs for NHS Health Scotland and ensure the most effective and impactful delivery possible with the resource we continue to deploy. The level of risk exposure has already been substantially reduced as a consequence of the reduction in budget being made available to local NHS Boards, though at £700k per annum the sum involved clearly remains large. A number of specific measures are in place to further manage the residual risk:
  - A Programme Board chaired by Dr Paul Stollard provides oversight, with senior level representation from NHS Health Scotland and local NHS Boards, including at Director of Public Health level, and there is an Implementation Group representing all NHS Board partners whose role is to plan and co-ordinate programme delivery.

- Local NHS Boards understand their accountability for the resources involved and take these responsibilities as seriously as does NHS Health Scotland. Whilst we may not therefore entirely share the same view on how the resource should be best be deployed given our different perspectives and priorities, there is no dubiety in relation to the quality of the governance in place.
- There is a requirement for the Implementation Group to bring forward an annual implementation plan and to provide, though the Partnership Board, a report back to NHS Health Scotland at the end of each financial year.

10. In light of the scale of the resource in question and the wish to ensure this is focused on delivery rather than consumed by management process, together with the limited time during which the current arrangements will remain in place, no additional risk mitigation measures are proposed at this time. However, in light of the fact that NHS Health Scotland will be replaced by a new body from April 2019, it is proposed that a nine-month output report together with a summary of planned activity for the final quarter or 2018/19 is produced for submission to NHS Health Scotland in January 2019, thereby enabling NHS Health Scotland to fulfil its governance responsibilities.

11. Revised arrangements will be constituted from April 2019 onwards in-line with decisions taken in relation to Public Health reform and the review of the 'Healthworks' Strategy.

### **Developing Long-Term Strategic Thinking**

12. It does not, however, follow that we should do nothing until this time, indeed the coming period provides an unprecedented opportunity to inform the future agenda. This is already happening in relation to the HWL Award, where an option appraisal exercise is being undertaken; something that is welcomed by Scottish Government.

13. In order to take thinking forward and ensure NHS Health Scotland is in the best possible position to inform strategic direction on a proactive basis, a discussion paper will be developed for consideration by the Board in the April or May 2018. This discussion paper will consider a number of themes in relation to Health and Work, including:

- Its scope and suggested priority areas for focus.
- Future relationships with stakeholders, and in particular the NHS and Local Authorities.
- Connectivity across Scottish Government (and reserved) policy domains, including those new powers recently transferred to the Scottish Government.
- Potential future approaches to delivery, including the possible role of the new Public Health Organisation.
- Integrating thinking already underway in relation to the HWL Award and Single Gateway.

14. The purpose of the discussion paper will be to facilitate and inform internal strategic thinking for the Board, and as such it is important that it is comprehensive in its summary of evidence and stakeholder perspectives. In order to ensure this, Health and Work Directorate and other relevant Health Scotland staff in addition to key external stakeholders will be invited to contribute to its development. The process involved will, however, be light touch, with the analysis and propositions contained being those of the Director of Health and Work as the principal author.

### **Finance and Resource Implications**

15. Expenditure on Health and Work Services (excluding the Healthyliving Award), which includes Healthy Working Lives programme and staff costs, Award included, is approximately £1.7M in 2017/18, of which approximately £700k is transferred to local NHS Boards. It is proposed that this latter level of funding is maintained for 2018/19, though any final decision will be taken in the context of NHS Health Scotland's 2018/19 funding settlement.

### **Staff Partnership**

16. The discussion paper is intended to shape and facilitate strategic thinking, and whilst this thinking will clearly influence future direction, specific change proposals will be developed either through the Public Health Review process or as a consequence of the review of 'HealthWorks,' with appropriate Partnership mechanisms built in at the time.
17. Given the expertise and understanding of NHS Health Scotland staff across the different domains of Health and Work and the value of the contribution to thinking they would as a consequence make, it is the intention to involve staff in its development.

### **Communication and engagement**

18. Similarly there will also be engagement with a range of relevant external stakeholders, though this will be on a more informal rather than consultative basis, with the aim of ensuring that the discussion paper is appropriately grounded and reflects the external strategic environment as fully as is possible.
19. Separately, it is important that local NHS Boards in particular understand the nature and purpose of the work. The HWL Programme Board and Scottish Directors' of Public Health Group both have an important role to play in this.

### **Promoting Fairness**

20. The Health and Work Directorate has worked effectively to translate 'Good Work,' one of the six policy foundations required for the reduction of health inequalities identified by Michael Marmot (2010) into policy and practice within the Scottish context. The evidence based actions identified in The 'Good work for all' Inequality Briefing, <http://www.healthscotland.scot/publications/good-work-for-all>, which

derive from this, and which we used to inform the Scottish Government's Fair Work Framework, drive the approach taken to Health and Work by NHS Health Scotland.

21. The actions outlined in this paper will in the immediate term ensure NHS Health Scotland remains as effective as possible in delivering this, whilst also helping shape the longer term thinking required to develop the agenda and to consider the new Public Health Organisation's role within it.

### **Sustainability and Environmental Management**

22. The environmental impact of economic activity is an important content area within for Health and Work agenda and would rightly be considered within the discussion paper. There are also direct implications for the environment and sustainability relating to the day to day way we deliver the agenda that are more likely to emerge at a later stage when operational matters are being considered, though in overall terms there should be an ambition to reduce as far as possible our carbon and wider environmental footprint.

### **Action/ Recommendations**

23. The Board is asked to:

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- Comment on the approach for the development of the future focus of work associated with Healthy Working Lives.

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**November 2017**