T: 0131-244 3457
E: Nicki.Crossan@gov.scot

From the Office of The Chief Medical Officer

Enquiries to:

Nicki Crossan
Creating Health Team
Public Health Division
St Andrew's House
EDINBURGH, EH1 3DG

Tel: 0131-244 3457

Nicki.Crossan@gov.scot

 9 October 2015

SGHD/CMO(2015) 19

Addresses
For action
Chief Executives
Chief Officers (HSCP)
Directors of Public Health
Health Promotion Managers
Medical Directors
Nurse Directors
Facilities and Estates Managers

For information
Directors of Planning
Health Promoting Health Service Network
Health Promoting Health Service Champions

Dear Colleague

Health Promoting Health Service: Action in Secondary Care Settings

NHSScotland has a key responsibility for promoting health and wellbeing within the population it serves. It has a leading role as a public service, as a healthcare organisation, as a major employer, and as a partner to other organisations that have a mutual interest in population health.

The vision for a Health Promoting Health Service (HPHS) is a cultural transformation that ensures that every healthcare contact is a health improvement opportunity. Although this ethos applies to patients and visitors, the promotion of staff health and wellbeing is equally central to the HPHS vision.

Prevention lies at the heart of the HPHS policy. It is about promoting healthier behaviours and discouraging detrimental ones by ensuring that healthier choices are the easier ones and that appropriate support systems are in place to encourage and reinforce these choices. HPHS is transformative in its mission to bring preventative action to the fore and actively change the culture of hospitals to help support this.

I am writing to NHS Chief Executives to emphasise the importance of continuing with this transformative change in our hospitals and of becoming an exemplar of a health promoting public service which, in time, other organisations will feel obliged to follow.

The previous framework of measures communicated through two Chief Executive Letters (2008 and 2012) have brought forward significant change. These include the achievement of the Healthy Living Award, which focusses on staff health and wellbeing, by Boards; introduction of smoke-free grounds; increased referrals to smoking cessation support; and high levels of commitment to healthier food and retail outlets and therapeutic and health promoting green spaces in and around healthcare facilities.

Across Scotland there are examples of good practice and strong networks of support, assisted by a Non-executive Directors'

'Champions Group', and overseen by a group chaired by the Minister for Public Health. However, we need to do more to make the health service an exemplary setting that creates healthier outcomes. Staff groups and patients who merit the greatest support do not necessarily have the opportunities they need. I would like to see NHS Boards improve their commitment and performance in delivering a truly Health Promoting Health Service.

We need to sustain and deepen commitment to HPHS, and continue to drive forward actions in three key areas: staff health and wellbeing; a health promoting environment where healthier choices are the norm; and person-centred care with a focus on addressing inequalities.

HPHS leads have supported the development of a monitoring template that will allow us to measure progress in implementing the HPHS (Annex A). I am seeking to ensure that this is not unduly onerous on Boards, but will enable Boards to focus on the vision of transforming the culture of hospitals to a health promoting one.
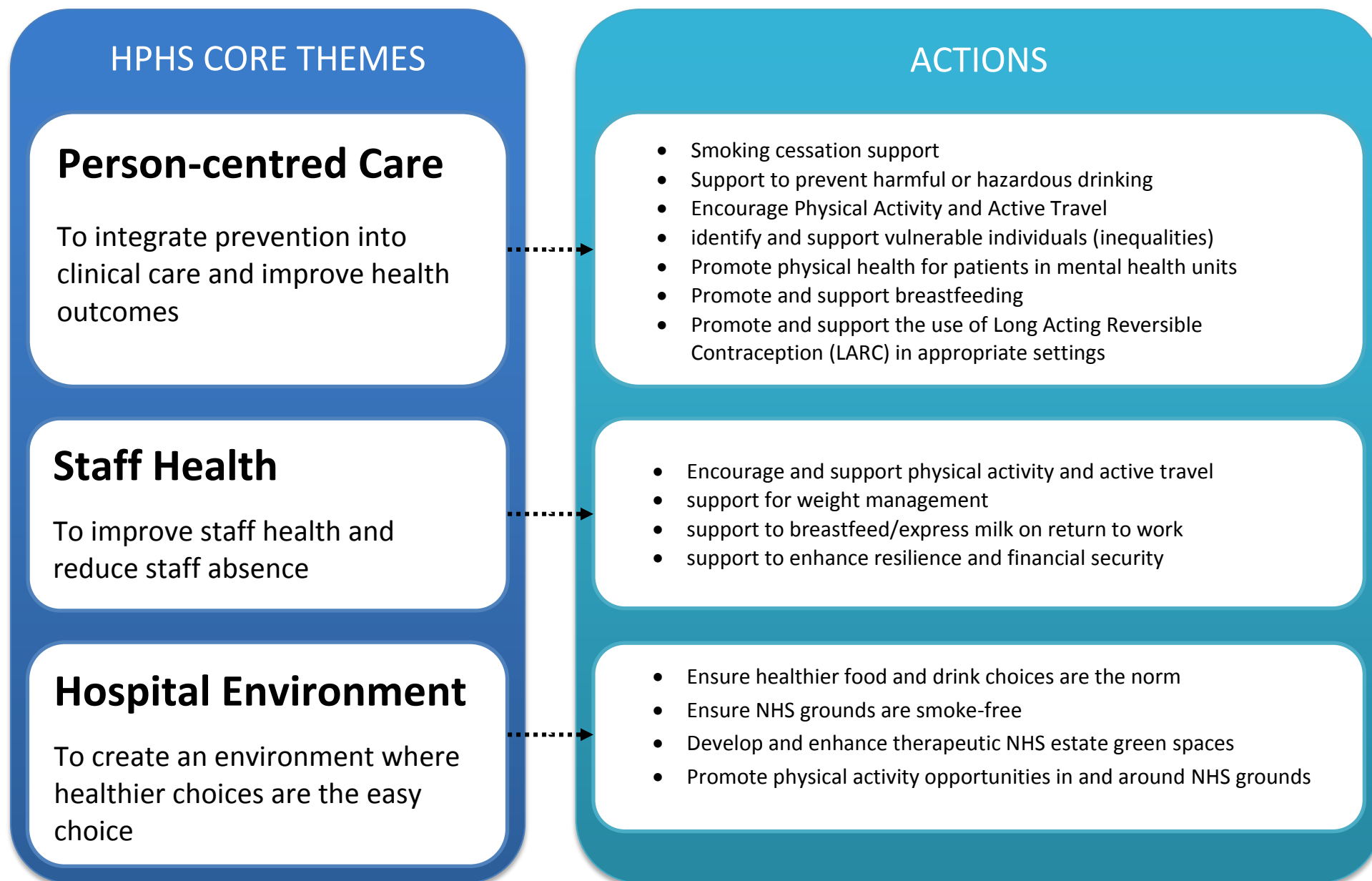
HPHS applies to all acute, mental health, maternity, paediatric and community hospitals. Clinicians, managers of patient services, estates, human resources, finance and procurement colleagues all have potential leadership roles with respect to HPHS. I would ask Chief Executives to support the continued implementation of HPHS, and to ensure that there are clear lines of responsibility and accountability for its delivery and that your own Board is kept informed of progress.

Yours sincerely

Catherine Calderwood

DR CATHERINE CALDERWOOD

INVESTOR IN PEOPLE

OVERVIEW OF CORE THEMES AND ACTIONS

HPHS CORE THEMES	ACTIONS
Person-centred Care To integrate prevention into clinical care and improve health outcomes	• Smoking cessation support • Support to prevent harmful or hazardous drinking • Encourage Physical Activity and Active Travel • identify and support vulnerable individuals (inequalities) • Promote physical health for patients in mental health units • Promote and support breastfeeding • Promote and support the use of Long Acting Reversible Contraception (LARC) in appropriate settings
Staff Health To improve staff health and reduce staff absence	• Encourage and support physical activity and active travel • support for weight management • support to breastfeed/express milk on return to work • support to enhance resilience and financial security
Hospital Environment To create an environment where healthier choices are the easy choice	• Ensure healthier food and drink choices are the norm • Ensure NHS grounds are smoke-free • Develop and enhance therapeutic NHS estate green spaces • Promote physical activity opportunities in and around NHS grounds

Annual Report: Reporting Measures for 2015-18

Contents

Required submission details:

NHS Board:

Submission date:

HPHS Lead: Contact email address:

List all hospital sites represented within the submission (specify site category: acute, community, mental health/forensic/learning disabilities, paediatric, etc.).

List all hospital sites within your Health Board (specify site category as above).

Summary Questions

Describe what went well in the delivery of HPHS and provide examples.

Describe barriers to progressing the delivery of HPHS and describe how you have, or plan to, overcome them.

The annual reporting template will be disseminated in May and is required to be submitted by September 30th to nhs.HealthScotland-hphsadmin@nhs.net

Section A: Strategic Actions

Action	Performance Measures	Required Evidence
1.	Chief Executives are asked to delegate responsibility for implementation to the appropriate committee and governance structures and to provide a report to the Board on progress. • This should account for new health and social care integration structures. • Role of Facilities Managers and HR Directors should be integrated into HPHS delivery.	A. Named executive lead for delivery of the actions within this letter. B. Description of plans or developments with Health and Social Care Integration Boards. C. Named Health Facilities Lead to support measures for vending, catering, physical activity and provision of green space for health and wellbeing.
2.	The attainment of generic health behaviour training, including inequalities training.	A. Number of hospital-based staff completing health behaviour training, including training on inequalities (categorised by professional role, method, and course undertaken).
3.	Clinical and medical leadership.	A. Description of clinical and medical leadership responsible for delivery of health improvement in a specific clinical area. B. Evidence of sustained health improvement practice by clinicians.

4. (NEW)	Assessment of impact of HPHS CEL (1) 2012 and CMO letter, and forward planning.	A.	Evidence of impact, including assessment of impact across patient services, staff health and wellbeing and hospital environment.
		B.	Intended / unintended consequences of the programme.
		C.	Forward plan for sustaining implementation of HPHS and inequalities focus in hospital settings – using data gathered and narrative.
		D.	Plans to include HPHS in recent changes for health and social care integration.
5. (NEW)		A.	Narrative providing assessment of the impact of strategic actions on person-centred care, staff health and hospital environment.

Section B: Smoking		
Action	**Performance Measures**	**Required Evidence**

6.	All smokers, on admission to hospital, are supported to manage their smoking and offered NRT, and encouraged to quit.
	
	Boards are asked to focus efforts on targeting specific settings including: respiratory, vascular, cardiac, diabetes, mental health, maternity and cancer.
		A. Evidence on:
		
		  i. All patients have their smoking status recorded.
		  ii. Number of smokers supported with NRT while in hospital.
		  iii. Number of quit dates set in hospital.
		
		B. Evidence of referral pathways to support smoking cessation pathways in the targeted settings.

7.	Maintenance of a comprehensive organisational tobacco policy and alignment with partners on shared sites.	A. Evidence on:
		
		  i. Description of progress on tobacco policies relating to shared sites.
		  ii. How the policy is communicated to staff, patients and visitors.
		  iii. Implementation and assessment of adherence to smoke-free NHS grounds. Staff training on managing smok- free grounds.

8. (NEW)		A. Narrative providing assessment of the impact of smoking actions, since their introduction in 2012, on patient-centred care, staff health and hospital environment.

	Section C: Alcohol	
Action	**Performance Measures**	**Required Evidence**
9. (NEW)		A. Narrative providing assessment of the impact of alcohol actions, since their introduction in 2012, on patient-centred care, staff health and hospital environment. *

* Examples of further alcohol brief intervention delivery in hospital settings to be included within innovative and emerging practice. For example, work in outpatients.

Section D: Maternity		
Action	**Performance Measures**	**Required Evidence**
10.	UNICEF UK Baby Friendly Initiative accreditation.	A. Submission of plans for monitoring of WHO Code compliance within the NHS Board, noting how these are monitored locally and how any breaches by staff or companies are managed.
11.	Pathways are in place to support continued breastfeeding when infants or mothers are unwell or early feeding problems exist.	A. Describe process or system for mothers admitted to acute settings which ensure that procedures and drugs have as little impact on breastfeeding as possible, and how staff enable mothers to express and store milk and/ or have their infants roomed in with them. B. Evidence of systems in place to support expression of breast milk (e.g. policies, breast pump loan schemes, expressing logs) for preterm and sick babies and for mothers encountering feeding problems
12.	Identify common causes and work towards reducing breastfeeding attrition rates.	A. Provide some evidence of the analysis of local attrition rates and the common causes of these. B. Provide a description of quality improvement methodologies being applied to support the maintenance of breastfeeding during the following periods in particular: i) birth to hospital discharge, ii) hospital discharge to handover to Health Visitor

	All staff working within the NHS who are pregnant are advised (prior to going on maternity leave and again prior to returning to work) of the Board policy to support infant feeding on returning to work.	A.	Submission of a staff return to work and infant feeding policy and details of how the policy is communicated to line managers, pregnant staff and to mothers returning to work.
		B.	Description of facilities available to support mothers to continue to feed and/ or express their breast milk (e.g. places to express and store breast milk).
13. (NEW)		A.	Narrative providing assessment of the impact of maternity actions, since their introduction in 2012, on patient-centred care, staff health and hospital environment.

	Section E: Food and Health	
Action	**Performance Measures**	**Required Evidence**
14.	All catering outlets in healthcare settings must meet the Healthyliving Award Plus by 31 March 2017 (or, for private sector directly operated catering outlets, at the point of contract (re)negotiation). Outlets with standard Healthyliving Award are not regarded as compliant. All vending machines in healthcare settings must meet Healthyliving Award Plus vending criteria by 31 March 2017 (or for privately operated vending machines, at the point of contract (re)negotiation).	A. Number of catering outlets operated by the Board with Healthyliving Award Plus as a proportion of all outlets. B. Number of vending machines operated by the Board which meet Healthyliving Award Plus vending criteria as a proportion of all vending machines. C. Number of catering outlets operated by voluntary sector organisations with Healthyliving Award Plus as a proportion of all outlets. D. Number of vending machines operated by voluntary sector organisations which meet Healthyliving Award Plus vending criteria as a proportion of all vending machines. E. Number of catering outlets operated by private sector organisations with Healthyliving Award Plus as a proportion of all outlets. F. Number of vending machines operated by private sector organisations which meet Healthyliving Award Plus vending criteria as a proportion of all vending machines.

15.	All retail outlets and retail trolley services operated in healthcare settings must meet the Healthcare Retail Standard (HRS) by the 31 March 2017 (or, for private sector directly operated outlets and trolley services, at the point of contract (re)negotiation).	A.	Number of retail outlets operated by the relevant Health Board meeting the Healthcare Retail Standard as a proportion of all outlets.
		B.	Number of retail trolley services operated by the relevant Health Board meeting the Healthcare Retail Standard as a proportion of all trolley services.
		C.	Number of retail outlets operated by voluntary sector organisations meeting the Healthcare Retail Standard as a proportion of all outlets.
		D.	Number of retail trolley services operated by voluntary sector organisations meeting the Healthcare Retail Standard as a proportion of all trolley services.
		E.	Number of retail outlets operated by private sector organisations meeting the Healthcare Retail Standard as a proportion of all outlets.
		F.	Number of retail trolley services operated by private sector organisations meeting the Healthcare Retail Standard as a proportion of all trolley services.
16.	Where appropriate, healthcare facilities have community food co-ops and other social enterprises in place, achieving the Healthcare Retail Standard.	A.	Number of sites with community food co-ops and other social enterprises achieving the Healthcare Retail Standard.

17. (NEW)		A. Narrative providing assessment of the impact of food and health actions, since their introduction in 2012, on patient-centred care, staff health and hospital environment.

Section F: Staff Health and Wellbeing		
Action	**Performance Measures**	**Required Evidence**
18.	NHS Boards have a staff safety, health and wellbeing strategy in place, including Healthy Working Lives, and a supportive and proactive approach to staff mental health and wellbeing, physical health, resilience and financial insecurity.	A. Named lead for HR and Occupational Health. B. Details of all hospital and community hospital sites HWL Award status and stage of progress toward achieving performance measure targets. C. Description of interventions which support staff in the following areas: • Mental health and wellbeing (resilience, stress management) • Physical health (weight management, smoking cessation, physical activity and physio and promotion of screening and vaccinations) Interventions should be tailored to meet the needs of different demographic staff groups and include support for engagement, health literacy, fair work and financial inclusion.
19. (NEW)		A. Narrative providing assessment of the impact of staff health and wellbeing actions, since their introduction in 2012, on patient-centred care, staff health and hospital environment.

	Section G: Reproductive Health	
Action	**Performance Measures**	**Required Evidence**
20.	Boards have a plan in place to support women with LARC in maternity and termination services, with a focus on vulnerable women.	A. Description of evidence of impact on numbers of repeat terminations. B. Description of support for vulnerable women. C. Description of maternity and termination services role in the delivery of the Sexual Health and Blood Borne Virus Framework 2015 – 2020 Update.
21. (NEW)		A. Narrative providing assessment of the impact of reproductive health actions, since their introduction in 2012, on patient-centred care, staff health and hospital environment.

Section H: Physical Activity and Active Travel		
Action	**Performance Measures**	**Required Evidence**
22.	Physical activity interventions are routinely embedded into clinical settings. Boards are asked to focus efforts on priority settings: cardiology, pulmonary rehab, mental health, diabetes, paediatrics, oncology, orthopaedics, care of the elderly, pre-assessment and outpatient clinics A system or process is developed and/ or in place to assess the delivery and impact of physical activity interventions in clinical settings.	A. Provide details confirming that relevant patient documentation has been revised to record physical activity status (e.g. admission documents and other forms where smoking / alcohol status is recorded) B. A development plan or assessment of impact for each of the priority settings.
23.	NHS Boards develop an infrastructure to enable and signpost patients, staff and visitors to access local physical activity opportunities, accounting for equitable access for all.	A. Evidence of current use and plans for improved access and use of the outdoor estate for physical activity (green exercise and active travel) for staff, patients and the local community. B. Examples of successful physical activity support and services provided for individuals and populations experiencing inequalities, such as those with long term conditions, disabilities, in receipt of benefits, carers or living in areas of deprivation, including: i. System for referral ii. Assessment of use and, if possible, impact

24. (NEW)		A.	Narrative providing assessment of the impact of physical activity and active travel actions, since their introduction in 2012, on patient-centred care, staff health and hospital environment.

Section I: Managed Clinical Networks

Action	Performance Measures	Required Evidence
25. (NEW)	All Managed Clinical Networks (MCNs) are aligned with HPHS and promote the use of health promotion pathways amongst clinical staff, with the appropriate support.	A. Submission of MCN improvement plans, with specific reference to embedding health improvement within clinical pathways, including at least one of the following: i. Smoking cessation ii. Physical activity iii. Weight management iv. Routine enquiry to identify patients vulnerable to financial stress, homelessness or other social or environmental factors.
26. (NEW)		A. Narrative providing assessment of the impact of Managed Clinical Networks on patient-centred care, staff health and hospital environment.

Section J: Inequalities and person-centred care

Action	Performance Measures	Required Evidence
27. (NEW)	All NHS Boards will plan and deliver hospital services that ensure routine enquiry for vulnerability is built into person-centred care and, therefore, those at risk of poverty or inequality attain the best possible health outcomes. Boards are asked to focus efforts on priority settings: paediatrics, maternity, neurology, cancer, cardiology, mental health, respiratory and/ or HIV and Hep C.	A. Description and examples of inequalities sensitive practice in hospital settings. This could include routine enquiry in assessment of vulnerability through: • Asking patients if they have money worries and offering a direct referral to advice services • Support for patients who are, or are at risk of, homelessness • Support in access to services for vulnerable groups. B. Evidence of actions within health inequalities strategy and/ or community planning structures.
28. (NEW)		A. Narrative providing assessment of the impact of inequalities and person-centred care on patient services, staff health and hospital environment.

	Section K: Mental Health	
Action	**Performance Measures**	**Required Evidence**

29. (NEW)	All users of mental health services have an assessment for physical health on admission and an action plan for health improvement should be incorporated into their care plan.
	
	All discharged patients should have an action plan for physical health contained within their care plan, which informs community care and treatment.
		A. Named lead (s) including professional role (by Board or hospital site as appropriate).
		
		B. Number of staff trained to promote physical health, including:
		
		    i. Undertaking physical health assessments.
		    ii. Developing action plans to support health improvement.
		
		C. Provide details confirming that relevant patient documentation has been revised to record physical activity status and action plan for health improvement.

30. (NEW)		A. Narrative providing assessment of the impact of mental health actions on patient-centred care, staff health and hospital environment.

Section L: Innovative and Emerging Practice

MINIMUM OF ONE EXAMPLE REQUIRED

Initiative Description	Alignment with CEL (1) 2012 topic if applicable	Inputs	Reach	Activities	Outcomes	Impact and Future Actions
(summary of action taken, drivers, aims and objectives, timescales. May include evidence from previous projects highlighted in innovative practice, if there is any further development / assessment of impact)	(e.g. Physical Activity)	(resources used)	(who was engaged- staff/ patients/ visitors)	(what interventions/ actions were undertaken)	(please relate to aims and objective)	(describe impact and next steps to be taken)
Development and piloting of opt out services for smoking cessation services.						
Examples of alcohol brief intervention delivery in hospital settings.						