Meeting of Lanarkshire NHS Board:
Wednesday 24 Jan 2017

Lanarkshire NHS Board
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SUBJECT: CMO 19 (2015) Health Promoting Health Service: 'Action in Secondary Care Settings'

1. PURPOSE

This paper is coming to the Board:

For approval	☐	For endorsement	☐	To note	☒

The purpose of the report is to provide the Board with an update on NHS Lanarkshire's position against the requirements of CMO 19 (2015) Health Promoting Health Service: 'Action in Secondary Care Settings'

2. ROUTE TO THE BOARD

This paper has been:

Prepared	☐	Reviewed	☒	Endorsed	☐

By the following Committee: **Health Promoting Health Service Steering Group**

3. SUMMARY OF KEY ISSUES

Background

The NHS has a key responsibility for promoting the health and wellbeing of the population it serves, but also of the people it employs. The vision for a Health Promoting Health Service (HPHS) is a cultural transformation that will ensure that every healthcare contact is a health improvement opportunity.

We know that whilst Scotland's health has been improving, inequalities between the most and least deprived groups have continued to grow over time. Given that people at increased risk of health inequalities make proportionately greater use of acute and community hospital services, hospitals offer an important opportunity for health improvement actions to reduce these inequalities.

CMO 19 (2015) HPHS: 'Action in Secondary Care Settings'(Appendix 1) builds on the actions of CEL 01 (2012) and outlines how prevention is at the heart of the HPHS policy. It is transformative in its mission to bring preventative action to the fore and actively change

the culture of hospitals to help support this. The HPHS framework requires action to be taken across the following themes: *person centred care, staff health and the hospital environment, all with a key focus on addressing health inequalities.* Key areas include: *smoking cessation support, encouragement of physical activity and active travel, the promotion of long acting reversible contraception, support for weight management for staff, enhancement of resilience and financial security, ensuring healthier food choices are the norm and ensuring NHS grounds are smoke free.*

A monitoring template was issued to Boards to allow the Scottish Government to measure progress in implementing HPHS. This was returned to the SG in September 2016 (Appendix 2). The format of the reporting template changed in 2015/16 with more of a focus on a narrative outlining progress made from 2012 to 2015, as opposed to a quantitative data focus.

3.2 Progress made in 2015/16

Formal feedback from Health Scotland on the year 4 submission is expected to be received by the end of January 2017. *If we receive the feedback before the Board meeting in January we will include it within this report.*

Verbal feedback received suggests that the NHSL submission has been regarded positively.

Examples of what went well in the delivery of HPHS include progress continuing to be made around creating an environment conducive to the promotion of good health and well being, including the maintenance of UNICEF and the review of the NHSL Healthy Eating Policy in line with the new Healthy Living Award plus and the Healthcare Retail Standards. We have had an increased focus on vulnerable groups through all areas of the CMO letter, particularly around extra support for smoking cessation in our more deprived areas and around targeting of long acting reversible contraception.

We have also increased our efforts around targeting inequalities through our focus on the physical health of those with mental health conditions, those experiencing financial insecurity (including our staff) and also those experiencing homelessness; specifically through the development of the welfare reform app and the homelessness needs assessment.

We have established a sustainable infrastructure for the promotion of health and wellbeing through strong collaborative working with partners such as out Leisure colleagues and our third sector partners who deliver food co-ops within our hospital sites. In particular the range of physical activity programmes available has developed year on year and links strongly to the Well Connected programme.

Over the past year we have also begun to consider how we can build on the ambitions of the HPHS with Health and Social Care Partnerships.

We have managed to improve on our data capture processes, particularly within the areas of Reproductive Health and Tobacco. However, as in previous years, challenges remain around data recording and reporting which impede delivery of certain aspects of the HPHS framework. Inclusion of HPHS fields within admission and discharge documentation has proven to be difficult, although some progress is being made through the involvement of Health Improvement staff on the Documentation Review group and also through proposals to include HPHS in the Care Assurance and Accreditation System (CAAS).

A lack of legislation to support Smoke Free Grounds remains a challenge and despite

increased support and communication efforts on one acute site, we have not witnessed and notable reduction in smoking. The forthcoming legislation is therefore welcomed to support us in this area.

3.3 CMO delivery 2016/17

The multi-disciplinary HPHS Steering Group will continue to meet quarterly to drive forward the delivery of the CMO letter and will escalate any risks against delivery through the Public Health Governance Group and Integrated Joint Boards. The Public Health Governance Group then reports the HPHS activity to the Healthcare Quality Assurance and Improvement Group.

There are plans to establish HPHS groups in each acute site with the aim of delivering on the CMO intentions at a local level. It is hoped that this will provide an increased awareness and focus on the intentions of HPHS. Discussions are also underway to explore how the OD processes in each IJB can we used to support the delivery of the HPHS framework.

There will be further integration of HPHS components within the CAAS standards, initially for the acute setting and district nursing. This will be supported with appropriate health improvement training as required. The HPHS training group will continue to work with appropriate groupings to identify and meet training needs and will ensure evaluation will include impact of the same.

We will continue to build on the role of the HPHS Board Champion to drive forward and endorse the work undertaken through the CMO.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	☒	LDP	☒	Government Policy	☐
Government Directive	☒	Statutory Requirement	☐	AHF/Local Policy	☐
Urgent Operational Issue	☐	Other	☐		

The actions in the CMO letter support a broad range of areas of the Corporate Objectives and Local Delivery Plan including:

- Health Inequalities Plan
- Everyone Matters: 2020 Workforce Vision Implementation Plan 2015/16
- Sexual Health and BBV Framework 2015-2020
- Detecting Cancer Early
- Antenatal care and early years
- Lanarkshire Healthy Weight Strategy
- NHS Board contribution to community planning partnerships
- LDP standards 15 and 16

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	☒	Effective	☒	Person Centred	☒

CMO 19 (2015) is in line with the need to increase focus on preventative and anticipatory care and ensure the most appropriate and effective interventions will be provided at the right time to everyone who will benefit.

Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	☒
People are able to live well at home or in the community; (Person Centred)	☒
Everyone has a positive experience of healthcare; (Person Centred)	☒
Staff feel supported and engaged; (Effective)	☒
Healthcare is safe for every person, every time; (Safe)	☒
Best use is made of available resources. (Effective)	☒

6. MEASURES FOR IMPROVEMENT

CMO 19 (2015) is monitored annually by NHS Health Scotland on behalf of the Scottish Government. NHSL has yet to receive feedback on the 2015/16 submitted report. This should be received by the end of January 2017.

7. FINANCIAL IMPLICATIONS

No additional funding has been made available by the Scottish Government for the delivery of CMO 19 (2015). Some actions are already funded through existing budgets however for most areas actions will have to be taken forward utilising existing resources.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

The CMO requirements are taken forward through the Health Promoting Health Service Steering Group using a staged approach over the next three years.

Ongoing commitment is required from senior management to support staff to develop health improvement competencies and to encourage use of referral pathways where these exist.

Examples of good practice of delivering training on ward settings or through e-learning modules in key settings will be built upon and the use of improvement methodology will be expanded.

Commitment is also required at all levels of the organisation to public health policies. The implementation of the no smoking policy remains a considerable challenge and will require all staff to be encouraged by management to follow policy procedures and support the implementation plan. The proposed legislation to make smoking on hospital grounds a statutory offence should help to support future implementation.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	☒	Effective partnerships	☒	Governance and accountability	☒
Use of resources	☒	Performance management	☒	Equality	☒
Sustainability	☒				

Vision and Leadership: The CMO guidance outlines a clear vision for embedding health improvement within hospital settings and ensuring the health service is an exemplar that creates healthier outcomes. Delivery of the CMO will be led by the Director of Public Health, Acute Director and by the Board.

Effective Partnership: Partnership are engaged in relevant workstream areas e.g. no smoking policy.

Governance and accountability: A governance structure is in place with reporting to the Public Health Governance Group, which then reports to the Healthcare Quality Assurance and Improvement Committee. The annual report will also be presented to the Area Clinical Forum on 26th January 2017. A reporting structure will also be agreed with both Integrated Joint Boards.

Use of resources: Resources will be used efficiently and effectively.

Performance management: Performance is monitored and managed through reporting to the steering group on the requirements of the CMO letter.

Equality: See 10 below.

Sustainability: Services developed to support the delivery of the CMO will be sustained through service and organisational change processes or will be time limited with clear exit strategies.

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

As part of the development of the Monitoring and Evaluation Framework for the CMO, NHS Health Scotland conducted a Health Inequalities Impact Assessment screening and the results of this formed part of the overall guidance. Equality and Diversity Impact Assessments will be undertaken on new policies or strategies developed within each workstream.

11. CONSULTATION AND ENGAGEMENT

The HPHS steering group has representation from acute management, PSSD, Salus, staff side and patient representatives. The steering group also reports to the Public Health Governance Group which then reports to the Healthcare Quality Assurance and Improvement Committee.

12. ACTIONS FOR THE BOARD

The Board are asked to:

Approval	☐	Endorsement	☐	Identify further actions	☐
Note	☒	Accept the risk identified	☐	Ask for a further report	

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact

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