

Meeting of Lanarkshire  
Population Health Primary Care  
Community Services Governance  
Committee

07 May 2019

Lanarkshire NHS Board  
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**SUBJECT:** Health Promoting Health Service

### 1. PURPOSE

This paper is coming to the Committee:

For approval	<input checked="" type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input type="checkbox"/>
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### 2. ROUTE TO THE COMMITTEE

This paper has been:

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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By *Elspeth Russell, APHM; Kerri Todd, APHM; and Jacqueline Martin, SHPO.*

Paper has also been to Acute DMT.

### 3. SUMMARY OF KEY ISSUES

#### 3.1 Background

- 3.1.1 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 care, hospitals offer an important opportunity for health improvement actions to reduce these inequalities.
- 3.1.2 CMO (previously CEL) directives have been issued since 2008 setting out a framework for action to be taken to improve health and reduce inequalities across hospital settings with a focus on the themes of: person centred care, staff health and wellbeing; and, the hospital environment. A monitoring template has been issued annually to Boards to allow the Scottish Government to measure progress in implementing this framework and a feedback report has been received each year back to the Board.
- 3.1.3 We were asked by the Chief Medical Officer to provide a final report by September 2018 summarising key activities and progress over the 3 year period of the CMO (2015) letter which was approved by this Committee in September 2018.

- 3.1.4 In summary, the report demonstrated that we have made good progress around creating an environment conducive to the promotion of good health and wellbeing and have maintained national standards such as those set through UNICEF, the Healthy Living Award, the Healthcare Retail Standards, and Healthy Working Lives.
- 3.1.5 We also have a range of work being developed to reduce inequalities and target vulnerable groups through services like smoking cessation and working with statutory and third sector partners to tackle poverty through embedding financial inclusion referral pathways, and supporting ease of access to leisure services and local food cooperatives.
- 3.1.5 Key challenges have centred on the capacity of staff to be involved in attending training programmes or to support tests of change (e.g. ward staff to be released to attend health improvement training) and capacity to deliver health improvement as part of core roles. These challenges are being mitigated through creative solutions around training delivery, working with key champions and embedding HPHS into other frameworks and developments so it is part of core delivery models.
- 3.1.6 There continues to be a challenge across many areas around recording health improvement interventions and following up impact on patients. Electronic solutions to this issue are a key area for development within the wider context of corporate IT developments.

### **3.2 CMO 3 (2018) Health Promoting Health Service**

- 3.2.1 On 5<sup>th</sup> April 2018 a new Health Promoting Health Service directive was issued to Boards setting out priorities for 2018 and beyond. This directive reiterates the policy commitment to this agenda and highlights the importance of prevention and early intervention in the current complex landscape of changing demographics, increasing demand and reduced resources.
- 3.2.2 The new framework sets out four high level outcomes around support and leadership, person-centred care, staff health and wellbeing, and the environment. These outcomes are consistent with previous CMO letters and a strong emphasis is also being placed on effective leadership and the systems change and organisational development needed to enable all staff to play a role in the delivery of health improvement and inequalities practice.
- 3.2.3 In December 2018 a baseline self-assessment and action plan framework was issued for completion by Boards by end May 2019. Boards are required to undertake a self-assessment of readiness against each indicator (assigning a level of 0-3) and develop key actions for each of the four outcomes in order to work towards achieving the next indication level.

3.2.4 In January and April 2019 two stakeholder workshops were held to inform the baseline self-assessment and the resultant draft submission is included at Appendix 1.

3.2.5 Overall NHS Lanarkshire has made good progress in a number of areas however the assessment suggests there is a need to more fully embed prevention and health improvement in practice and to better coordinate and monitor programmes which support staff health and wellbeing. These areas will be the main focus of the initial one year action plan which is attached as Appendix 2.

#### 4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	LDP	<input checked="" type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input type="checkbox"/>	AHF/local policy	<input checked="" type="checkbox"/>
Urgent operational issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

#### 5. CONTRIBUTION TO QUALITY

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

##### *Three Quality Ambitions:*

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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##### *Six Quality Outcomes:*

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

#### 6. MEASURES FOR IMPROVEMENT

6.1 The self-assessment framework outlines the indicators and measures of progress to be achieved over time.

#### 7. FINANCIAL IMPLICATIONS

7.1 No direct funding has been made available by the Scottish Government for the delivery of CMO HPHS directives. Some of the areas covered by the directive can be integrated into wider health improvement related strategies and action plans (e.g. Healthy Weight Strategy, Tobacco Control Strategy).

7.2 Implementation of the action plan will identify any areas that may require investment in the future and these will be escalated to relevant Committees as appropriate.

**8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS**

8.1 As noted in the 2017/18 return to Scottish Government, a key challenge to date has been the capacity of staff to lead and support new areas of work in relation to this directive.

8.2 Implementation of the action plan will identify any specific areas of concern in terms of future delivery and these will be brought to Acute DMT and this Committee for future discussion as appropriate.

**9. FIT WITH BEST VALUE CRITERIA**

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance management	<input checked="" type="checkbox"/>	Equality	<input checked="" type="checkbox"/>
Sustainability	<input checked="" type="checkbox"/>				

**10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT**

As part of the development of the Framework for the CMO 2015-2018, NHS Health Scotland conducted a Health Inequalities Impact Assessment and the results of this formed part of the overall guidance. Equality and Diversity Impact Assessments will be undertaken on new local policies or strategies developed within the new action plan from 2019/20 onwards.

**11. CONSULTATION AND ENGAGEMENT**

The HPHS steering group has broad representation from acute management, PSSD, Salus, staff side and patient representatives. Consultation has also been routinely undertaken across the different programmes of work in order to identify needs and inform future developments and priorities.

**12. ACTIONS FOR THE COMMITTEE**

The Committee is asked to:

Approval	<input type="checkbox"/>	Endorsement	<input checked="" type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	

Note the draft baseline self-assessment and proposed action plan towards delivery of HPHS outcomes as provided in the CMO 2018 (3) letter.

### **13. FURTHER INFORMATION**

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