

## HEALTH PROMOTING HEALTH SERVICE (HPHS)

### Action plan template – HPHS CMO (2018) 3: HPHS Baseline self-assessment 18/19

Please submit your self-assessment report by **Friday May 31<sup>st</sup> May 2019** to:

[nhs.healthscotland-hphsadmin@nhs.net](mailto:nhs.healthscotland-hphsadmin@nhs.net)

The baseline self-assessment evidence should be undertaken during 2018/19 with action plans subsequently developed.

REQUIRED SUBMISSION DETAILS	
<b>NHS Board</b>	NHS Lanarkshire
<b>Submission date</b>	31 May 2019
<b>HPHS Lead</b>	Kerri Todd, Assistant Health Promotion Manager
<b>Contact email address</b>	Kerri.todd@lanarkshire.scot.nhs.uk
<b>Action plan contributors</b>	Health Promoting Health Service Steering Group  Also taken to Acute Divisional Management Team and Population Health, Primary Care and Community Services Governance Committee for comment and approval.

## CMO (2018) 3 letter: HPHS Baseline self-assessment exercise 2018/19 – Action plan template

<b>Leadership; embedding HPHS in core business</b>						
<b>OUTCOME 1</b> - Prevention, improving health and reducing health inequalities are core parts of the system and planned, delivered and performance managed as such.						
<b>INDICATORS (National)</b>						<b>Self-assessed score (0, 1, 2, 3)</b>
1) There is an evidence-based, resourced plan for embedding prevention, improving health and reducing health inequalities activity in the organisational structure, and systems and processes. For example, it is monitored through existing, local governance and performance arrangements.						2
2) The increased emphasis on prevention, improving health and reducing health inequalities is championed by senior staff and supported by effective communications and engagement with staff and trade unions.						2
3) Clinical and non-clinical staff are clear about their respective roles and responsibilities and the CPD and wider resources available to them to support the delivery of prevention, health improvement and inequalities activities.						1
4) There are robust arrangements in place for monitoring and evaluating the impact of prevention, health improvement and inequalities activity on patient and staff outcomes. Where data and systems need to be developed and/or improved, there is senior support and plans for doing so - for example, IT systems for referrals and audit.						2
5) There is a plan for embedding prevention, health improvement and inequalities within action to address local clinical priorities, and aligned to existing and planned health and social care initiatives and transformational programme changes.						2
<b>LOCALLY IDENTIFIED INDICATORS (Optional)</b>						
<b>Indicator e.g. 1.2</b>	<b>Locally identified gaps</b>	<b>Action planned</b>	<b>Lead and contributors</b>	<b>Timescales</b>	<b>Identified issues/ interdependencies</b>	<b>Progress</b>
1.1		Maintain current status as prioritisation required elsewhere for 19/20.	Director of Public Health			

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			Deputy Chief Executive/Director of Acute Services			
1.2		Maintain current status as prioritisation required elsewhere for 19/20.	Director of Public Health Deputy Chief Executive/Director of Acute Services			
1.3	There is a range of training available and staff are taking up these opportunities, but modules on inequalities sensitive practice are not routinely included within mandatory training plans currently.	Work with Practice Development to create training methodology to support staff to raise the issue of inequalities and be able to signpost to wider community supports.	HPHS Team (L) Director of Practice Development (C)	March 2020		
1.4		Maintain current status as prioritisation required elsewhere for 19/20	Health Improvement			
1.5		Maintain current status as prioritisation required elsewhere for 19/20	Health Improvement (L) Director of Public Health (C)			

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<b>Patient pathways; needs assessment and referrals; building capacity.</b>						
<b>OUTCOME 2</b> - Patients are routinely assessed for health improvement and inequalities as part of their person centred assessment and care. Where appropriate, they are offered quality assured interventions that improve their health outcomes and support their clinical treatment, rehabilitation and on-going management of long term conditions.						
<b>INDICATORS (National)</b>						<b>Self-assessed score (0, 1, 2, 3)</b>
1) The organisation embeds health improvement interventions and builds evidence of impact on patient outcomes. In due course, activity should be reviewed to take account of forthcoming national public health priorities.						1
2) Staff are supported to develop their knowledge and skills and to incorporate prevention, health improvement and inequalities sensitive practice into routine responsibilities and practice.						2
3) To build and sustain clinical leadership, relevant professional and governance groups such as Managed Clinical Networks, Area Clinical Forums and Area Partnership Forum. Ensuring that engagement and leadership are aligned to systems for prevention, health improvement and inequalities to support local clinical priorities.						2
4) Routine assessment for health improvement and inequalities is embedded within person-centred care planning and evidence based support pathways are in place.						2
5) In addition to health improvement needs, the broad social needs of patients are identified and supported through the development of onward referral pathways including, for example, financial inclusion, fuel poverty, homelessness, employability, food poverty and carers' support.						2
6) The organisation has a structured approach to partnership working with public and voluntary sector partners to jointly plan and resource the provision needed to meet patient needs.						3
<b>LOCALLY IDENTIFIED INDICATORS (Optional)</b>						
<b>Indicator e.g. 1.2</b>	<b>Locally identified gaps</b>	<b>Action planned</b>	<b>Lead and contributors</b>	<b>Timescales</b>	<b>Identified issues/ interdependencies</b>	<b>Progress</b>
2.1	Whilst there are examples of good practice, these are not embedded across the organisation.	Ensure the examples of good practice are rolled out across the organisation and embedded into practice.	Health Improvement (L) Senior Nurses (C)	Ongoing	Further contact required with the Senior Nurses to facilitate embedding into practice.	

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					Establish robust links with Person Centred Care Manager.	
2.2		Maintain current status as prioritisation required elsewhere for 19/20.				
2.3		Maintain current status as prioritisation required elsewhere for 19/20.				
2.4		Maintain current status as prioritisation required elsewhere for 19/20.				
2.5		Maintain current status as prioritisation required elsewhere for 19/20.				
2.6		Maintain current status as prioritisation required elsewhere for 19/20.				

## CMO (2018) 3 letter: HPHS Baseline self-assessment exercise 2018/19 – Action plan template

<b>Staff Health and Wellbeing</b>						
<b>OUTCOME 3</b> – All staff work in an environment that promotes physical and mental health, safety and wellbeing.						
<b>INDICATORS (National)</b>						<b>Self-assessed score (0, 1, 2, 3)</b>
1) The organisation has a strategy for prevention of ill-health, health improvement and inequalities, developed in conjunction with staff, workforce leads and including local and national Staff Governance arrangements, for improving staff health.						2
2) The strategy is developed in the context of wider staff policies and is based on a robust understanding of local staff health profile and the key contributors to ill-health. Short, medium and long term actions are developed with staff and relevant services, such as Occupational Health.						2
3) The organisation has an evaluation framework to support the strategy and monitor impact should be developed.						1
4) In line with national Staff Governance <sup>1</sup> and Workforce 20:20 <sup>2</sup> , staff feel able to raise their own health issues and are aware of the support available. To improve equity in health outcomes, the organisation should specifically address the needs of harder to reach staff who do not traditionally take up health improvement support; e.g. those who are lower paid, higher risk of sickness absence, etc.						2
<b>LOCALLY IDENTIFIED INDICATORS (Optional)</b>						
<b>Indicator e.g. 1.2</b>	<b>Locally identified gaps</b>	<b>Action planned</b>	<b>Lead and contributors</b>	<b>Timescales</b>	<b>Identified issues/ interdependencies</b>	<b>Progress</b>
3.1		Maintain current status as prioritisation required elsewhere for 19/20.				
3.2		Maintain current status as prioritisation required elsewhere for 19/20.				

<sup>1</sup> <http://www.staffgovernance.scot.nhs.uk/what-is-staff-governance/staff-governance-standard/>

<sup>2</sup> <http://www.workforcevision.scot.nhs.uk/>

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3.3	Rather than a gap, we view this as an opportunity to bring the range of programmes together under one action plan.	We are looking to consolidate programmes into one action plan in order to assess impact and identify gaps particularly with harder to reach groups. Additionally, this will allow us to spread good practice.	Director of Human Resources, (L) Employee Director (L) Director of Public Health (C) Healthy Working Lives (C) Salus - Occupational Health and Safety Spiritual Care (C)	March 2020		
3.4		Maintain current status as prioritisation required elsewhere for 19/20.				

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<b>Transforming the hospital environment</b>						
<b>OUTCOME 4</b> – The hospital environment is designed and maintained to support and promote the health and wellbeing of staff, patients and visitors.						
<b>INDICATORS (National)</b>						<b>Self-assessed score (0, 1, 2, 3)</b>
1) The organisation, while maintaining existing hospital food standards in relation to retail, catering and trolley services as well as patient food, strives to improve the hospital experience by offering healthier choices <sup>3</sup> .						2
2) The organisation has introduced relevant criteria to areas not yet in compliance, in particular around vending, hospitality, pop-up shops and mobile vans operating in their areas. The organisation must be able to demonstrate that affordable, healthy options are available at any point of the day, including for those staff working night shifts.						1
3) The organisation can demonstrate that opportunities for physical activity (including active travel) in both the indoor and outdoor estate are available and are promoted to patients, staff and visitors.						2
4) The organisations can demonstrate that staff and contractors are appropriately trained and supported to provide advice and guidance for staff, visitors, contractors and patients who attempt to smoke on hospital grounds.						1
5) In line with the Procurement Reform (Scotland) Act 2014, procurement policy supports fair work practices, sustainability, community benefits and ethical supply chain.						2
<b>LOCALLY IDENTIFIED INDICATORS (Optional)</b>						
<b>Indicator e.g. 1.2</b>	<b>Locally identified gaps</b>	<b>Action planned</b>	<b>Lead and contributors</b>	<b>Timescales</b>	<b>Identified issues/ interdependencies</b>	<b>Progress</b>
4.1		Maintain current status as prioritisation required elsewhere for 19/20.		Ongoing		
4.2	Ensure links and action outlined by the Lanarkshire Healthy Weight Steering Group are implemented in	Ascertain the number of instances of food-related pop up shops and mobile vans visiting the sites.	Hospital Site Managers (L) HPHS Team (C) Hotel Services Manager (C)	March 2020	Initial scoping would suggest that no postholder or group has overall responsibility for	

<sup>3</sup> Retail and trolley provision must follow the [Healthcare Retail Standard](#), catering must follow the [Healthy living Award Plus](#).



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	particular reference to the pop-up shops and mobile vans.		Lanarkshire Healthy Weight Steering Group (C)		pop-up shops and mobile vans so may prove challenging to establish comprehensive picture.	
4.3		Maintain current status as prioritisation required elsewhere for 19/20.		Ongoing		
4.4	Policy is in place but the standard operating procedures are not embedded in practice.	A programme of work will be put into action with acute management teams to review and agree improvement actions. Monitoring will be undertaken through regular audit cycles.	Assistant Health Promotion Manager (L) Smoking Prevention and Education Manager (C) Acute Divisional Management Team (C)	March 2020		
4.5	Sustainability, community benefits and ethical supply chain are areas requiring further investment.	Enact the plan for commodities reserved for supported businesses. Discuss with DPH and CMT.	General Manager Procurement (L) Director of Public Health (C) Corporate Management Team (C)	March 2020	Balance of financial constraints against this area of work.	