Dear Colleague,

HEALTH PROMOTING HEALTH SERVICE: ACTION IN ACUTE CARE SETTINGS

Summary

1. The Health Promoting Health Service concept is that:
   “Every healthcare contact is a health improvement opportunity”.

Health promotion in acute care settings offers a significant opportunity to improve health and reduce inequalities, complementing action in other settings.

2. This programme of activities for NHS Boards is designed to ensure that healthcare encounters with patients in acute settings include targeted action to improve patients’ health and prevent future ill-health.

Action

3. Boards are asked to implement specified health promoting actions on smoking, alcohol problems, breastfeeding, food and health and health at work, to support health improvement in the acute care settings identified and to give an annual progress report on these in each of the next 3 years.

4. Support is available through the Government’s Improvement and Support Team online toolkit and through NHS Health Scotland’s Health Promoting Health Service support package.

Yours sincerely,

DR KEVIN WOODS
Director General – Health
HEALTH PROMOTING HEALTH SERVICE: ACTION IN ACUTE CARE SETTINGS

Health Promoting Health Service Approach

1. NHSScotland employs over 150,000 staff and many of these have the relevant skills and knowledge to not only treat illness but also promote health and wellbeing.

2. The Health Promoting Health Service concept is that “Every healthcare contact is a health improvement opportunity”. It aims to utilise as much of that capacity as possible to ensure that, over time, health improvement becomes as much the mainstream business of NHSScotland as health care delivery.

3. Scotland’s health is improving in many respects, with reductions in the 3 big killers: cancer, coronary heart disease and stroke. However, there are persistent inequalities in life expectancy and in specific health outcomes, between the best and worst off. Further progress is needed on tackling the risk factors at an individual level that cause illness, including smoking, alcohol misuse, poor diet and physical inactivity.

4. The health promoting health service approach has been developed in Scotland over a number of years. As a service provider and an employer, the NHS is in a uniquely strong position to influence positively the health of patients, staff and the wider community. The health promoting health service approach is built on the principles of the World Health Organisation (WHO) Health for All Strategy\(^1\) and relates closely to the WHO Health Promoting Hospital and Health Services movement.

5. The Better Health, Better Care: Action Plan\(^2\) recognises the important role of Health Promoting Health Service actions and states that we will ‘roll out simple but effective health promoting interventions within acute care settings’.

6. This programme of activities for NHS Boards is designed to ensure that healthcare encounters with patients in acute settings include targeted action to improve patients’ health and prevent future ill-health. These actions should also encourage patients, visitors and staff to take more control over their own health.

7. Given the proportionately greater use of acute services by patients from deprived communities, health promotion in acute care settings offers a major opportunity to improve health and reduce health inequalities.

8. The Scottish Government Health Directorates fully recognise that primary and community care settings are also taking a health promoting health service approach. This programme, however, concentrates on the use of acute care settings to improve health, an approach which has not been developed consistently across operational units to date. It is recognised that these interventions will already be in place in many primary and community settings. Boards are encouraged to assess how best to link and develop this existing provision to service models and developments in the acute setting.

\(^1\) http://www.euro.who.int/healthpromohosp
\(^2\) http://www.scotland.gov.uk/Publications/2007/12/11103453/0

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Action for Boards

9. **Boards are asked to implement the following interventions for health improvement in the acute care settings identified and to give an annual progress report on these in each of the next 3 years.** The actions below have been chosen because:

- There are already examples of each action in acute care settings. It is now expected that such action will be replicated throughout NHS Scotland.
- Each action offers significant potential to improve health and reduce health inequalities.
- Actions are in line with current public health policy and will be incorporated in the Board’s accountability process.

10. The actions which Boards are expected to implement in all relevant acute care settings over the next 3 years are:

10.1 Smoking: provide brief interventions to support smoking cessation for both outpatients and in-patients in maternity units and all acute care settings.

10.2 Alcohol problems: to screen opportunistically patients attending A&E departments with certain clinical presentations (as listed in Annex 2 of the SIGN 74 guidelines\(^3\)). For patients identified with harmful or hazardous drinking, to offer and deliver a brief intervention in accordance with SIGN 74. For patients identified as dependent drinkers, and those with harmful or hazardous drinking patterns who request further help, to direct to an appropriate support service (including health, social services, local authority and voluntary).

10.3 Breastfeeding: implement the UNICEF Baby Friendly Initiative Awards Scheme in all maternity units.

10.4 Food and Health: increase access to competitively priced fruit and vegetables through retail outlets in acute settings.

10.5 Food and Health: remove all soft drinks with a sugar content greater than 0.5g per 100ml from vending machines in hospitals.

10.6 Health at Work: attainment of a Healthy Working Lives (HWL) award. All acute sector units are to take part in the HWL awards scheme and work towards an award if they have not already done so.

11. These actions represent a baseline of acceptable health promoting health service activity. The list is not comprehensive, however, and is not intended to constrain further development of health promoting activity in acute care or other NHS settings. Actions 10.1, 10.2 and 10.3 complement HEAT targets.

Accounting for Achievement

12. **Directors of Public Health are requested to include information in their Board’s self assessment reports for 2008, 2009 and 2010 to account for Boards’ progress in implementing the actions above.**

\(^3\) [http://www.sign.ac.uk/pdf/sign74.pdf](http://www.sign.ac.uk/pdf/sign74.pdf)
13. Advice on approaches and delivery will be available through NHS Health Scotland, Board’s Health Improvement Teams.

Further Information and Support

14. The attached material sets out:

- current examples of health promoting actions in practice within NHS Scotland;
- the policy context for the required actions; and,
- the performance assessment measures.

15. The Scottish Government Health Directorates recognise that the required actions may have implications for service redesign and staff training. The links provided below will help operational units to overcome potential hurdles to implementation in both of these areas.

16. Improvement tools and techniques already being used by NHS Boards as part of national programmes can usefully be applied to the service changes which may be required here. The Health Directorates’ Improvement and Support Team has published an online toolkit accessible via SHOW or through www.goodpractice.net using an ATHENS login. The toolkit includes the Model for Improvement and explains the Plan-Do-Study-Act approach of testing out small changes and measuring their impact, in order to work towards sustainable strategic change. The Scottish Government Health Directorates are also scoping the possibility of applying this approach directly to the brief interventions on alcohol action.

17. NHS Health Scotland provide a Health Promoting Health Service support package, including support for learning and development such as, training on the HPHS framework and ‘Promoting Health – Developing Effective Practice’, case studies, a network of HPHS facilitators, links to WHO Health Promoting Hospitals network, Standards for Health Promoting Hospitals, as well as links to a broad range of other training packages and publications. For information go to: http://www.healthscotland.com/topics/settings/health/index.aspx

18. In addition, NHS Health Scotland programmes support specific work on smoking, alcohol problems, and food and health. The Scottish Centre for Healthy Working Lives within NHS Health Scotland promotes the Healthy Working Lives award, along with a network of regional and local staff. They will be available to provide support in an advisory capacity.
Smoking

Action: Provide brief interventions to support smoking cessation for both outpatients and in-patients in maternity units and all acute care settings.

Outcome: Increase in referrals for smoking cessation and increase in attempted quit rate within these patient groups.

Example in practice: *Give It Up For Baby* is an incentive scheme developed for women smoking during pregnancy based in Dundee. The incentive scheme utilises a care pathway in which midwives and health visitors sign-post women to their local community pharmacist. The community pharmacist recruits the women and provides 12 weeks of one-to-one support and nicotine replacement therapy if required. The pharmacist undertakes weekly monitoring of the women. If the woman provides a clear result from a carbon monoxide breath test, a credit is provided to enable the woman to obtain groceries and fresh fruit and vegetables from a local ASDA store. The incentive scheme uses the Dundee Discovery Card / National Entitlement card as a vehicle to enable the credit to be administered. The women are contacted by the Dundee Healthy Living Initiative and invited to participate in some of the activities provided.

For further information on this case study and others, go to [http://www.healthscotland.com/topics/settings/health/index.aspx](http://www.healthscotland.com/topics/settings/health/index.aspx)

Policy context

*Towards a Healthier Scotland*[^4] and *Improving Health: the Challenge*[^5], both highlight the importance of smoking cessation for a long term reduction in deaths from coronary heart disease, stroke and cancer. On 26 March 2006 Scotland became the first part of the UK to introduce comprehensive legislation contained in the *Smoking, Health and Social Care (Scotland) Act 2005*[^6], to ban smoking in most wholly or substantially enclosed public places and workplaces. Widely regarded as the most important piece of public health legislation for a generation, this move reaffirms the commitment to improve health through action to reduce smoking.

National Performance Framework

Action on smoking will contribute to meeting the national performance framework and the current HEAT target to reduce the rate of smoking among adults (aged 16 and over) in all social classes to 22% by 2010. In addition, there are specific inequalities targets under HEAT to increase the rate of improvement in adult smoking (aged 16 and over) and smoking during pregnancy in the most deprived communities by 15% by 2008. For that sector of the population, this means reducing adult smoking prevalence to 33.2% and reducing smoking by pregnant women to 32.2%. The Scottish Government letter of 17 January 2006 “Delivery of Tobacco Control and Smoking Cessation Services by the NHSiS: Management Performance and Sharing Success” reiterated the Government’s priorities and broke down the adult population targets to give each Board their version of the population target. This has been used to set trajectories locally under Local Delivery Plans and assists greatly in the performance management process.

The new HEAT target contributes to the existing target, and reads Through smoking cessation services, support 8% of your board’s smoking population in successfully quitting (at one month post quit) over the period 2008/9 – 2010/11.

The Smoking Cessation Guidelines which were updated in 2004 and more recently in May 2007, provide up-to-date evidence on effective smoking cessation interventions and practical guidance on the planning and delivery of smoking cessation services. The guidelines identify specific patient population groups (e.g. smokers with CVD, diabetes, and attending chest clinics) who are at high risk of suffering adverse health consequences as a result of continuing to smoke and who, in particular, should be strongly encouraged to attend smoking cessation services.

NICE Guidance on smoking cessation and secondary care is due in spring 2008. Its draft report of the structured review and newer studies highlight that inpatient interventions appear to be more successful when they consist of three components:

- Provision of in-patient advice and counselling
- The provision of NRT for patients and staff
- Extended post discharge pro-active telephone support

In addition, a review of smoking cessation provision in Secondary Care and Pregnancy services throughout Scotland has been commissioned by Health Scotland. The final report and recommendations will coincide with the announcement of the finalised NICE Guidance in spring 2008.

Performance Assessment measures:

- The number of patients in maternity and acute sector units (expressed as a percentage of overall patient episodes in these units) who have smoking status recorded and who are given information on smoking cessation services
- The number and proportion of active patient referrals from specified services to smoking cessation service
- Rate of uptake of pharmacotherapies by patients
- Evidence of brief intervention training to support staff
- Statement of smoking policy at strategic management level
- Provision of patient information that accounts for diverse literacy and cultural needs

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**Alcohol problems**

*Alcohol problems*: to screen opportunistically patients attending A&E departments with certain clinical presentations (as listed in Annex 2 of the SIGN 74 guidelines). For patients identified with harmful or hazardous drinking, to offer and deliver a brief intervention in accordance with SIGN 74. For patients identified as dependent drinkers, and those with harmful or hazardous drinking patterns who request further help, to direct to an appropriate support service (including health, social services, local authority and voluntary).

**Outcome**: Increase in number of brief interventions delivered, contributing to delivery of the HEAT target

**Examples in practice**: Crosshouse Hospital in Kilmarnock is home to an innovative project delivering brief interventions for alcohol within their A&E setting. The initial remit was to engage with people presenting at A&E with injuries sustained as a result of alcohol intoxication. This presented a problem due to the rate of alcohol-related injuries occurring out of hours and often such patients are too intoxicated to receive treatment for their alcohol addiction at the time of their admission to A&E. Patients arriving with alcohol-related injuries are treated for their immediate ailments but also receive an appointment to attend the Alcohol Awareness Clinic. Patients attending the clinic receive a half hour appointment to discuss their issues with alcohol and identify which treatment paths would be most suited to them. Information and support is offered as well as brief interventions based on motivational interviewing and, where needed, through referral to detoxification services. A letter is sent to the patient’s GP and A&E Consultant to make them aware of the outcome of the appointment. The project has recently started making telephone calls to those who visited the clinic 6 months ago to re-engage and offer more support if required. The pilot has been so well received that staff expanded the service to Ayr hospital in December 2007 and a one-day clinic is now running there for A&E patients.

The regional acute trauma service based in the Southern General Hospital in Glasgow is delivering brief interventions on alcohol to alcohol-related facial trauma patients following the results of a study which identified that 78% of their facial trauma patients were hazardous drinkers, with a significant number drinking at the time of injury (84%) and over 70% sustaining their injuries as a result of interpersonal violence. 27% of these patients had recurrent facial injuries. The brief interventions are delivered by nurses and aim to help patients who are both perpetrators and victims of violence. The interventions address a real need in terms of secondary injury prevention, with the potential to not only prevent significant suffering on the part of the patient but significant costs to the health service in terms of recurrent injuries.

For further information on these case studies and others, go to [http://www.healthscotland.com/topics/settings/health/index.aspx](http://www.healthscotland.com/topics/settings/health/index.aspx)

**Policy context**

A large a proportion of adults are drinking too much, across all sections of Scottish society. The Scottish Health Survey 2003, for instance, reports that 63% of men and 57% of women who drank alcohol in the previous 7 days exceeded daily recommended limits. High levels of consumption are evident across all socio-economic groups and most age groups. Alcohol misuse, therefore, cannot be regarded as a marginal issue.

The Scottish Government is currently developing a long-term strategic approach to alcohol misuse. It is intended to publish proposals for action, for consultation, before summer 2008.

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However, analysis of the effectiveness of brief interventions, of various forms and delivered in a variety of settings, has already clearly demonstrated that interventions lead to a reduction in alcohol consumption among many hazardous and harmful drinkers. As a consequence, it is clear that delivering brief interventions will be a priority for the strategic approach.

In order to resource both the delivery of brief interventions, as well as enhanced prevention and treatment services, a record additional investment of £85m has been allocated over the next 3 years. This is in addition to the current annual alcohol misuse budget of £12m, not to mention the much larger sums spent by the NHS on the downstream consequences of alcohol misuse. The vast majority of the additional funding is being allocated to NHS Boards. First call on the additional funding is to deliver brief interventions, in line with the HEAT (see below). NHS Boards are, however, expected to spend the majority of it on supporting additional treatment and prevention services through Drug and Alcohol Action Teams, delivering and commissioning services in line with locally identified need, taking into account health inequalities.

In addition, over the 3 years, a considerable programme of appropriate training and development will be centrally supported through NHS Education for Scotland and NHS Health Scotland.

**National Performance Framework**

Within the National Outcomes Framework\(^8\), policies to tackle alcohol misuse will provide a positive contribution to over half of our national outcomes including:

- We live longer and healthier lives;
- Our young people are more successful learners, confident individuals, effective contributors and responsible citizens;
- We have tackled the significant inequalities in Scottish life;
- We have improved the life chances for children, young people and families at risk;
- We live our lives safe from crime, disorder and danger

In order to emphasise the importance of reducing alcohol-related harm towards achieving our objectives, there is also a specific national indicator within the framework to *reduce alcohol related hospital admissions by 2011*.

In addition, a specific HEAT target has been set for delivery of brief interventions by NHS Boards. The target is developmental in 2008/09. The new HEAT target reads: *Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines, by 2010/11*.

National good practice and clinical guidance include:

- **SIGN Guideline 74**\(^9\): Management of harmful drinking and alcohol dependence in primary care, which recommends that patients who screen positive for harmful drinking or alcohol dependence in A&E should be encouraged to seek advice from GP or given information on how to contact another relevant agency.

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\(^{9}\) [http://www.sign.ac.uk/guidelines/fulltext/74/index.html](http://www.sign.ac.uk/guidelines/fulltext/74/index.html)

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• Health Technology Assessment recommendations, 2002, on Prevention of Relapse in Alcohol Dependence\textsuperscript{10}.

**Performance Assessment measures:**

- *Number of patients screened for alcohol problems in A&E Departments* (as a percentage of overall patient episodes in A&E Departments) and number to whom a brief intervention is delivered
- *Evidence of brief intervention training to support staff*
- *Statement of alcohol policy at strategic management level*
- *Provision of patient information that accounts for diverse literacy and cultural needs*
- *Number of referrals to support services*

\[\text{http://www.nhshealthquality.org/nhsgis/controller?p_service=Content.show&p_applic=CCC&pContentID=441}\]
Breastfeeding

Action: Implementation of UNICEF Baby Friendly Initiative in all maternity units.

Outcome: Increased breastfeeding rates in deprived areas.

Example in practice: Ayrshire Maternity Unit began working towards baby friendly accreditation in 1995, and became the first large site in Scotland to be accredited in 1999. As part of the Baby Friendly Initiative guidelines, all mothers and babies are provided with the best start immediately after birth by encouraged skin-to-skin contact and help with their first breast feed. The project has been supported by staff of all levels, from consultants to nursing staff and management. Incorporating Baby Friendly Initiative guidelines into hospital policy has ensured it is mandatory and has provided a robust foundation for the project. Ayrshire Maternity Unit has also established links to local breast feeding support organisations to further develop the resources available to new mothers.

For further information on this case study and others, go to http://www.healthscotland.com/topics/settings/health/index.aspx

Policy context

The Better Health, Better Care Action Plan\(^\text{11}\) makes clear that making the best possible start in the early years is at the forefront of the government’s future health agenda. It sets out a number of actions that the Government will take, including developing actions to promote infant nutrition within a new Food and Health Delivery Plan, the appointment of an Infant Nutrition Co-ordinator to improve breastfeeding rates and targeting NHS Boards to increase the proportion of newborn children who are exclusively breastfed. The HEAT target to increase the number of babies who are exclusively breastfed at 6-8 weeks by 25% from 2006-07 to 2010-11 further underpins this.

Action on breastfeeding will contribute to meeting the national performance framework target to reduce the rate of increase in the proportion of children with their Body Mass Index outwith a healthy range by 2018. Implementation of the UNICEF Baby Friendly Initiative in all maternity units will be one factor which will impact on the achievement of these targets.

The UNICEF UK Baby Friendly Initiative\(^\text{12}\), recommended by Scotland’s Chief Nursing Officer (NHS Circular 1994), is an award scheme based on a 10-step plan to encourage maternity units to adopt evidence-based practice and support for breastfeeding. Within the UK, Scotland has the highest level of participation in this initiative, with eighty-six per cent of maternity units taking part. Forty-six per cent of maternity units have achieved Baby Friendly status and 58% of Scottish babies born in a Baby Friendly accredited maternity unit (UNICEF 2005).

In 2006 a report commissioned by NHS Health Scotland in partnership with the Scottish Government, Breast Feeding initiation and maintenance: what works\(^\text{13}\), outlined the strategies to support breastfeeding through:

- Supporting local NHS Board breastfeeding strategies;

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\(^\text{12}\) UNICEF UK Baby Friendly Initiative http://www.babyfriendly.org.uk/pdfs/neonatal_standards.pdf
\(^\text{13}\) http://www.healthscotland.com/documents/1192.aspx

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• Encouraging the implementation of the joint WHO/UNICEF Baby Friendly Initiative;
• Raising awareness of benefits, by promoting support by professionals, the voluntary sector and peers; and
• Enhancing opportunities for women to continue breastfeeding on their return to work.

Performance Assessment measures:

• Review current practice, assess and establish plan for implementation in all maternity units not already involved as described in the Baby Friendly Initiative
• Statement of breastfeeding policy at strategic management level
• Implementation and maintenance of UNICEF Baby Friendly Initiative in all maternity units
Food and Health

Action: Increase access to competitively priced fruit and vegetables through retail outlets in acute settings.

Outcome: Increased access to and consumption of fruit and vegetables by staff, visitors and patients.

Examples in practice: The Fruit Shop at the Royal Alexandra Hospital provides an opportunity to promote knowledge of the benefits of increased fruit and vegetable consumption while at the same time providing easier access to fresh produce. A local supplier of fruit and vegetables was engaged as a partner in delivering this project. The Fruit Shop is managed and operated as a franchise by the supplier. An evaluation demonstrated that the Fruit Shop made it easier for staff, patients and visitors to increase their consumption of fresh produce.

For further information on this case study and others, go to http://www.healthscotland.com/topics/settings/health/index.aspx

Policy context

In 1996 Eating for Health – A Diet Action Plan for Scotland¹⁴, set out a blueprint for action across the food chain to improve the Scottish diet, making a number of recommendations and setting dietary targets which have contributed to shaping policy over the last ten years, including targets for increased consumption of fruit and vegetables. In 2003 Improving Health in Scotland: The Challenge¹⁵ identified healthy eating as a special focus programme, followed by Eating for Health – Meeting the Challenge¹⁶ in 2004 which set out a strategic framework of food and health policy across the food chain.

Increasing consumption of fruit and vegetables and making the healthy choice the easy choice has been a consistent theme across all of these policy documents. The recent review of the Scottish Diet Action Plan¹⁷ confirmed that progress towards these targets has been slow or non-existent, and much remains to be done to improve Scotland’s diet. The Scottish Government remains committed to increasing the consumption of fruit and vegetables and will publish plans on diet, physical activity and obesity in a joint document in spring 2008.

One key priority for implementation in the workplace is the active and continuous promotion of healthy choices in restaurants, hospitality, vending machines and shops for staff and clients.

National Performance Framework

Action on diet will contribute to meeting the national performance framework. We have recently introduced two new healthy weight targets: a national indicator to reduce the rate of

increase in the proportion of children outwith the healthy weight range by 2018; and an NHS HEAT target monitoring the number of children with unhealthy weight successfully completing family-focused treatment programmes.

National Catering and Nutritional Specifications are currently being developed for patients in hospitals to support NHS Boards in meeting NHS QIS Food, Fluid and Nutritional Care standards. The specifications include provision of fruit and vegetable choices at both main meals, and fruit juice at breakfast.

Guidelines are also being developed for public sector employee restaurants and vending which will support this CEL. The aim is to issue the guidelines in spring 2008.

Hospitals can work towards the Healthyliving Award which sets criteria for the food and drink served. These criteria include making fruit and vegetables clearly available and always having reduced-sugar or sugar-free alternatives to soft drinks.

Performance Assessment measures:

- **Number of contracts for fruit and vegetable retailers in place** expressed as a proportion of total acute sector delivery units
- **Number of retailers with fruit and vegetables available** expressed as a proportion of total acute sector delivery units
- **Number of staff canteens with Healthyliving Award** expressed as a proportion of total acute sector delivery units
Food and Health

Action: Remove all soft drinks with a sugar content greater than 0.5g per 100ml from vending machines in hospitals. (Pure fruit juice, and drinks made with a combination of fruit juice and water and drinks made with a blend of fruit and/or vegetables are acceptable)

Outcome: Increase in access to healthy drinks and reduction in access to drinks with high sugar content

Example in practice: The Drinks4Health pilot at Perth Royal Infirmary came about as a workplace health promotion initiative to promote healthy options. The overall aim of the pilot was to create an environment where staff, patients and visitors would be better able to make healthier choices about drinks. The pilot involved a marketing campaign to promote information about healthy drink options. The WRVS, a soft drink vending company and the hospital’s catering service all participated by substituting products which did not meet an agreed nutritional standard. The success of the initiative has resulted in its expansion across all acute settings in NHS Tayside.

For further information on this case study and others, go to http://www.healthscotland.com/topics/settings/health/index.aspx

Policy context

The removal of all soft drinks with a sugar content as described above from vending machines will support healthy eating for all patients, staff and visitors, support children in particular to make healthier choices, recognise the prevalence of less healthy choices elsewhere in communities and promote the provision of healthier choices in public sector work places generally.

NICE Clinical Guideline 43: Obesity provides guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children.

One key priority, for implementation in the workplace, is the active and continuous promotion of healthy choices in restaurants, hospitality, vending machines and shops for staff and clients. The Scottish Government will publish plans on diet, physical activity and obesity in a joint document in spring 2008.

Healthyliving Award – Hospitals should also be working towards achieving the Healthyliving Award. The Award is a Scottish Government-sponsored initiative which sets criteria for healthy food and drink choices. That criteria includes making fruit and vegetable clearly available and always having reduced-sugar or sugar-free alternatives to soft drinks.

More information about the Award and how to apply can be found at http://healthylivingaward.co.uk.

Achievement of the Healthyliving Award in staff restaurants and cafeteria will support healthy eating for all patients, staff and visitors, support children in particular to make healthier choices, recognise the prevalence of less healthy choices elsewhere in communities, and promote the provision of healthier choices in public sector places generally.


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It is recognised that the action above sets a stricter standard than the current *Healthy living Award* criteria for drinks by including all vending machines. Achievement of the *Healthy living Award* in the first instance therefore may be regarded as phase one of a process towards meeting the stricter vending machine standard. Those hospitals who have already achieved the Award should work towards the above action.

**National Performance Framework**

Action on diet will contribute to meeting the national performance framework. We have recently introduced two new healthy weight targets: a national indicator “to reduce the rate of increase in the proportion of children outwith the healthy weight range by 2018”; and an NHS HEAT target monitoring the number of children with unhealthy weight successfully completing family-focused treatment programmes.

Separate National Catering and Nutritional Specifications are currently being developed for *patients* in hospitals to support NHS Boards in meeting NHS QIS Food, Fluid and Nutritional Care standards.

**Performance Assessment measures:**

- *Number of sites with only healthy vending machines in place expressed as a proportion of total acute sector delivery units*
- *Number of sites with healthy vending machines alongside regular vending machine provision expressed as a proportion of total acute sector delivery units*
- *Number of staff canteens with Healthy living Award expressed as a proportion of total acute sector delivery units*

For the first year only it will be important to provide data on the total number of vending machines in order to establish a baseline against which to measure progress.
**Healthy Working Lives**

**Action:** Attainment of a Healthy Working Lives (HWL) Award.

All acute sector units review their position relative to the Healthy Working Lives award scheme and develop action with priorities for implementation of HWL.

**Outcomes:** Increased access for staff to services for occupational health, health improvement and health and safety; reduced sickness absence rates; and, improved productivity.

**Examples in Practice** The local Health Promotion Team at Campbeltown Hospital provided a coordinated approach for the Healthy Working Lives Award programme. Staff Health projects were a key element for achieving the award and the communication of health messages was fundamental. Workshops and seminars were made available for staff. These covered a variety of topics to do with personal health as well as issues around health in the workplace. The Health Promotion Team also developed a newsletter and workplace displays. Included in the programme were considerations for improving the physical environment of the workplace, for example, cycle racks and on-site exercise facilities.

In order to achieve and maintain the award, the Health Promotion Team developed a range of workplace policies around smoking, healthy eating, physical activity, drugs and alcohol, sexual health, mental health and oral health. These polices are monitored and reviewed for effectiveness on a regular basis.

For further information on this case study and others, go to [http://www.healthscotland.com/topics/settings/health/index.aspx](http://www.healthscotland.com/topics/settings/health/index.aspx)

**Policy context**

*Improving Health in Scotland – The Challenge* identifies the workplace as an area for focused action to promote public health and tackle inequalities.

The *Healthy Working Lives – A Plan for Action* document recognises that health improvement cannot be delivered solely by the NHS and outlines actions which link, promote and improve access to services covering education, workplace safety, social support and vocational advice and training.

*The Healthy Working Lives* programme has been developed in partnership with representatives of trade unions, small and large business, voluntary groups, the Health and Safety Executive and a range of medical professionals. It looks to build upon the success of existing initiatives and draws together what, until now, have been distinct strands of work focusing on Employability, Health & Safety, Occupational Health and Health Promotion into a single coherent strategy which will allow us to better engage with, and enthuse, employers in all sectors of the economy.

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There is NICE Guidance on workplace smoking\textsuperscript{22}. Health Scotland have adopted these for use in Scotland and it is being rolled out by the Scottish Centre for Healthy Working Lives as part of their support for employers in adopting health promoting workplace policies.

**Performance Assessment measures:**

- Review position of all acute sector units and establish plan for attaining a HWL Award
- Written commitment to HWL at strategic management level
- Attainment of HWL Award
- Development and implementation of a plan to attain the highest level HWL Award

Boards should provide a baseline for the first year against which to measure progress – i.e. the total number of acute sector units and their Healthy Living Award status.

Regional Healthy Working Lives leads will be available to support the process in an advisory capacity. Contact the Scottish Centre for Healthy Working Lives on 0800 0192211 or at awardinfo@health.scot.nhs.uk for information.

\textsuperscript{22} NICE Guidance on workplace smoking- \url{http://www.nice.org.uk/PHI5}
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