

Dear Colleague

HEALTH PROMOTING HEALTH SERVICE

I am writing to set out my priorities for the Health Promoting Health Service (HPHS) for 2018 and beyond. In doing so, I recognise that the policy and financial context, and the delivery landscape in Scotland, have changed very considerably since HPHS was first introduced. There is far greater recognition that the complexity of our health challenges requires a collective and sustained endeavour across the public sector and within our communities, focussed on prevention and early intervention. Our public health reforms are being developed in a way which engenders an equal partnership between Scottish Government and COSLA, with commitment and action right across the system. Forthcoming public health strategies, including diet and obesity, smoking, and alcohol will continue to emphasise the importance of prevention, early intervention, and whole systems working, in improving healthy life expectancy and addressing health inequalities in Scotland.

HPHS provides a framework for the continued development and improvement of prevention, health improvement and inequalities activity in acute and community hospitals, as part of the broader strategic approach to improving health and well-being in board areas. As such, it is entirely consistent with the direction of travel in terms of public health policy. It aligns closely with Realistic Medicine and, in particular, the priority we give to shared decision-making and personalised care, better risk management, and improvement and innovation. And as HPHS matures and is embedded, it is an important part of our wider efforts to reduce unnecessary variation in practice and outcomes.

Priorities: 2018 and beyond

Against this backdrop, the strategic development of HPHS is more important than ever. Much has been achieved already. For example, we know through NHS Health Scotland monitoring and wider evidence that HPHS has delivered incremental improvements notably in relation to increased levels of hospital-based smoking cessation interventions and referrals, pre-operative assessments, and more holistic support

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5 April 2018

SGHD/CMO(2018)3

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

for patients – for example through access to money advice services. [Annex A](#) provides a snapshot of delivery. But we now need to see a step-change both in the ambition around HPHS and the delivery of evidence-based best practice.

The framework at [Annex B](#), which sets out four key outcomes and indicators for HPHS from 2018 onwards, is designed to support the change and improvement we want to see. Of these, three are consistent with previous years: **patient pathways; staff health & well-being; and the hospital environment**. Additionally, based on our experience of what has worked well and the barriers to delivery, we are placing a strong emphasis on **effective leadership**, and the systems change and organisational development needed to enable clinicians, managers and practitioners to play an effective role in creating the right conditions and supporting the delivery of health improvement and inequalities practice. I am clear these are pre-requisites for achieving a step change in delivery.

You will be aware that the Child Poverty (Scotland) Act 2017 places a new duty on NHS Boards (as well as local authorities) to report annually on what they are doing to tackle child poverty including providing pregnant women and families with children with financial advice and assistance to apply for financial support. I am aware that under HPHS there is a requirement for NHS Boards to identify referral pathways to financial inclusion advice in secondary healthcare settings and to this end much work on financial inclusion is already being done. However, I take this opportunity to ask you to consider what more you can do to strengthen your position within the context of tackling child poverty. NHS Greater Glasgow and Clyde's Healthier Wealthier Children model has been particularly well evaluated and you may wish to consider its key principles of health and advice services joining up to ensure pregnant women and families with children receive access to high quality and timely financial advice.

The revised framework is the focus for delivery, monitoring and evaluation, and reporting. I would however emphasise that the outcomes and indicators contained within the framework are the minimum expected and as such I would encourage you to be ambitious and consider how you might go beyond these. In particular, I would ask you to consider what action you can take to strengthen the agenda in relation to healthy food and drink. In relation to this I draw your attention to the work of NHS Boards such as Tayside and Lothian where the sale of full sugar drinks on their premises have been banned.

Settings

In 2018, the current focus of HPHS in **acute and community hospitals** should be maintained. While we will consider how the approach might be adapted and applied more widely, NHS Health Scotland's advice is to build on experience and achievements to date in these settings for greater impact. That said, prevention and health promotion in these settings make a contribution to wider efforts to improve public health. It is important, therefore, that activity is planned and delivered as part of the broad, strategic approach to improving health and well-being in your area. I am aware that some NHS Boards have already established good links and arrangements for delivery through their Health and Social Care Partnerships. I would encourage you to continue this work. Equally, articulating the contribution of HPHS to local priorities - as set out in Health and Social Care strategic plans and Local Outcome Improvement Plans for example, is also important in developing a systems approach to prevention, health improvement and inequalities, and for the purposes of local accountability.

Patient pathways: priority areas

Previously, we asked NHS Boards to implement specific health promoting actions such as smoking and alcohol behaviour information. This generated a wide range of activity and considerable variation, as such we now see value in a more focused approach. From 2018 onwards, I would, therefore ask, NHS Boards to align activity to *local* clinical and other priorities including, for example, social and financial support that meets a patient's wider needs. This should focus on areas where there is a strong evidence base - and where there is consensus amongst clinicians, health improvement and public health colleagues on the opportunity to considerably improve health outcomes, patient experience and, over time, cost efficiencies. It would be open to you to consider one area in which to seek to achieve a step change, and then build from there. In considering the options for scaling up or planning new activity, NHS Boards should work collaboratively with partners and take steps to embed and integrate activity into the organisational culture and structure.

While decisions about areas of clinical practice on which to focus are best made locally, the government's public health reform programme and, specifically, the development of national public health priorities will provide a focus for a collaborative, concerted and sustained whole system approach to population health. We will consider the specific implications of the national priorities for HPHS when they have been agreed later this year.

Continuing to build the evidence

There is a growing body of evidence on effective HPHS practice, based on several years' experience of delivery. But there is still more work to do particularly in evaluating how the intended step change in delivery is best achieved and evidencing its full impact. These are complex areas to evaluate and I would like to see some innovation and investment, driven locally but supported strategically by NHS Health Scotland and SG Health Improvement policy colleagues. We will work with HPHS leads over the coming months to consider how best to approach this.

Annual reporting

As I indicated earlier, the new framework ([Annex B](#)) provides the focus for delivery, monitoring and evaluation, and reporting. Taking account of feedback on the reporting requirements thus far, I want an approach that supports improvement, and the embedding of HPHS; strengthens local accountability; and continues to generate evidence of impact. It is also important that the reporting arrangements allow us to continue to build the national picture of progress and effective practice in a way that supports improvement, innovation and greater consistency across Scotland. I want to be able to showcase achievements, particularly in the context of the government's public health reform programme where it will be important to share our learning and inspire others.

In terms of managing the transition to the new framework, for the reporting year **2017-18**, reports are due this September. NHS Boards should provide a summary of progress for the past three years (2015-2018). NHS Health Scotland will provide guidance in relation to this in due course.

For **2018-19 and beyond**, as a first step, NHS Boards are asked to self-evaluate against all the outcomes and indicators in the new framework. This should provide a robust baseline against which to assess progress going forward, and the basis on which to agree priorities, jointly with partners where appropriate. NHS Boards should report through local reporting and performance monitoring systems and while I would expect NHS Boards to report on all

four outcomes, there is obviously some flexibility in terms of the range of indicators, depending on your self-evaluation and local prioritisation. NHS Health Scotland will draw on local reports for the purposes of demonstrating progress and impact nationally and as for 2017-18 will support NHS Boards over the coming months with some further guidance for reporting.

National governance and support

Given the priority Ministers continue to attach to HPHS, Health Improvement policy colleagues in SG, together with NHS Health Scotland, are reviewing the way in which the strategic development of HPHS is best led and supported at national level – and how, in addition to reporting, we strengthen accountability. This will involve a rapid review of the current arrangements before the summer and a series of engagements with stakeholders to elicit views about what would be most effective.

Yours sincerely

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