



NHS Forth Valley Integrated Healthcare Strategy

Improving Health, Improving Healthcare

2009 – 2014

Approved Date: August 2009
Review Date: August 2011

FOREWORD

This updated Integrated Healthcare Strategy acknowledges the progress that has been made since May 2007 when we last published our Strategy. In 2004 we set out a vision to invest in Primary and Community Care, Community Hospitals and streamline Acute Services. Our vision remains unchanged. In 2005 we made key changes to the way our two Acute hospitals worked, reshaping planned and unplanned care as a first step on the way to developing service models fit for the future. Over the last four years in addition to investment in Primary Care facilities, we have made significant advances towards the development of our New Acute Hospital with the new Clackmannanshire Community Healthcare Centre now complete.

At the heart of our Strategy are our models of care to provide better, more co-ordinated pathways of care for our patients between primary and secondary care. We are working to embed new and efficient ways of working into our everyday practice. In August 2009 we are embarking on another major change in the way we deliver Acute and Urgent Care in Forth Valley. This is a ground breaking change to service provision that not only streamlines care and enhances team working but is a significant step forward in the preparation for our move to new facilities and the delivery of 21st Century care.

We have been recognised nationally for the work we have done in Forth Valley in relation to patient safety and have continued to strengthen relationships with our patients and the wider public who are now involved in a range of initiatives across the organisation. Similarly, we have actively encouraged opportunities to work in partnership with local authorities and the third sector; something this updated Strategy highlights as an area we must now focus on, particularly in view of the shifting economic climate and significant financial challenges facing the public sector now and in years to come.

Our updated Strategy, whilst re-affirming our vision, increases the emphasis on understanding the determinants of health if we are to truly improve health and reduce health inequalities in Forth Valley. It also brings into focus the dramatic changes predicted in Scotland's population.

I recognise that delivery of our Strategy depends on the valuable contribution of our staff. Through continued development of a culture of redesign and improvement and by building on our reputation as an employer of choice, I firmly believe that NHS Forth Valley has the tools to contribute to the Scottish Government's aim for Scotland to be recognised as a world leader in healthcare quality.

I commend this Strategy to the Forth Valley NHS Board.

FIONA MACKENZIE
CHIEF EXECUTIVE

AUGUST 2009

CONTENTS

EXECUTIVE SUMMARY	4
1. INTRODUCTION.....	5
2. THE FORTH VALLEY	6
3. ENVIRONMENTAL DRIVERS	7
3.1. Population Projections	7
3.2. Expenditure.....	8
4. NATIONAL FRAMEWORKS.....	10
5. NATIONAL AND LOCAL DRIVERS.....	13
6. STRATEGIC VISION.....	14
7. OUR COMMITMENT	15
8. OUR VALUES.....	16
9. OUR APPROACH TO DELIVERY	17
9.1. The Importance of Improving Health & Shifting the Balance of Care.....	18
9.2. Providing the Best Experience of Care.....	20
9.3. Maximising Efficiency and Effectiveness.....	21
10. PERFORMANCE MANAGEMENT & GOVERNANCE ARRANGEMENTS.....	24
10.1 Performance Management.....	24
10.2 Governance Arrangements & Supporting Strategies.....	27
10.2.1. Delivering a Modern Workforce.....	27
10.2.2. Communication	28
10.2.3. Equality and Diversity	28
10.2.4. eHealth	28
10.2.5. Financial Plan.....	29
11. CONCLUSION	30
 Appendix A	 31
INDICATIVE FACILITIES PROGRAMME TIMELINE.....	31

EXECUTIVE SUMMARY

Our Strategy has been updated and highlights the four main issues affecting healthcare systems in the developed world; improving health, securing quality, integrating services and maximising the use of resources.

The Strategy highlights two major environmental drivers which will impact on how the NHS in Scotland functions; projected demographic changes and unprecedented climate of financial constraint.

National Frameworks published by the Scottish Government have been acknowledged as have local drivers affecting the NHS in Forth Valley.

Whilst our vision has remained unchanged, our Strategy now proposes a threefold approach to achievement, supported by an initiative developed by the Institute of Healthcare Improvement, which focuses on the simultaneous pursuit of three objectives :-

- Improving the health of the population; addressing health inequality.
- Enhancing the patient experience of care (including quality, access and reliability) and;
- Reducing or at least controlling the per capita cost of care.

We have identified a set of commitments and core values which together enable our staff to share in a common vision.

Our Strategy highlights that in the current economic climate, we need to be bold and build on our history of strong leadership and courageous decision making.

Strengthening partnership arrangements with our staff, our patients, the wider public, local authorities and the third sector is a common theme throughout our Strategy and is critical in terms of achieving our vision.

The Strategy acknowledges that we must continue to shift the balance of care away from acute to community based care, address health inequalities and provide a supportive infrastructure and new models of care to enable this to happen. Improving patient safety remains a top priority as does improving the quality of care by improving consistency.

Continuous quality improvement and maximising efficiency and productivity in delivery of our services will be monitored closely through our governance and performance management systems and processes. Securing this aim will be greatly enhanced by the use of information technology and supporting strategies, for example our Workforce Modernisation Strategy and Communications Strategy.

1. INTRODUCTION

Across the developed world health care systems are challenged by 4 main issues: improving health, securing quality, integrating services and maximising the use of resources. The NHS in Scotland is no different; indeed it is better placed than most to respond to these challenges given that it is not market driven and already operates within an integrated system. In addition, this Strategy acknowledges the changing economic environment in which we must now operate.

Significant change has already occurred in NHS Forth Valley in line with our Integrated Healthcare Strategy. Further challenges and opportunities now exist as we progress towards achieving our vision.

Additionally, NHS Forth Valley, in common with the NHS and the public sector in general, is facing a significant and unprecedented financial challenge over the next few years. This, along with the implications that will arise as a result of projected demographic changes requires strong leadership and courageous decision making. This makes it all the more urgent that we redouble our efforts to work more closely with partners and bring these issues into the centre of our developing strategy.

In January 2007, the Forth Valley NHS Board made key decisions to move forward with the development of a new acute hospital in Larbert and the redevelopment of the Clackmannanshire Community Healthcare Centre, both major strands of our Healthcare Strategy. It was also foreseen that alongside the existing Bo'ness Hospital, elements of the retained sites in Falkirk and Stirling would be refurbished and developed as locations for community hospital provision in these areas supported by a modernisation programme for primary care facilities. These decisions were made as a result of the culmination of tremendous and sustained effort from all those involved in the process including staff, the public, local authorities, professional advisors and other stakeholders.

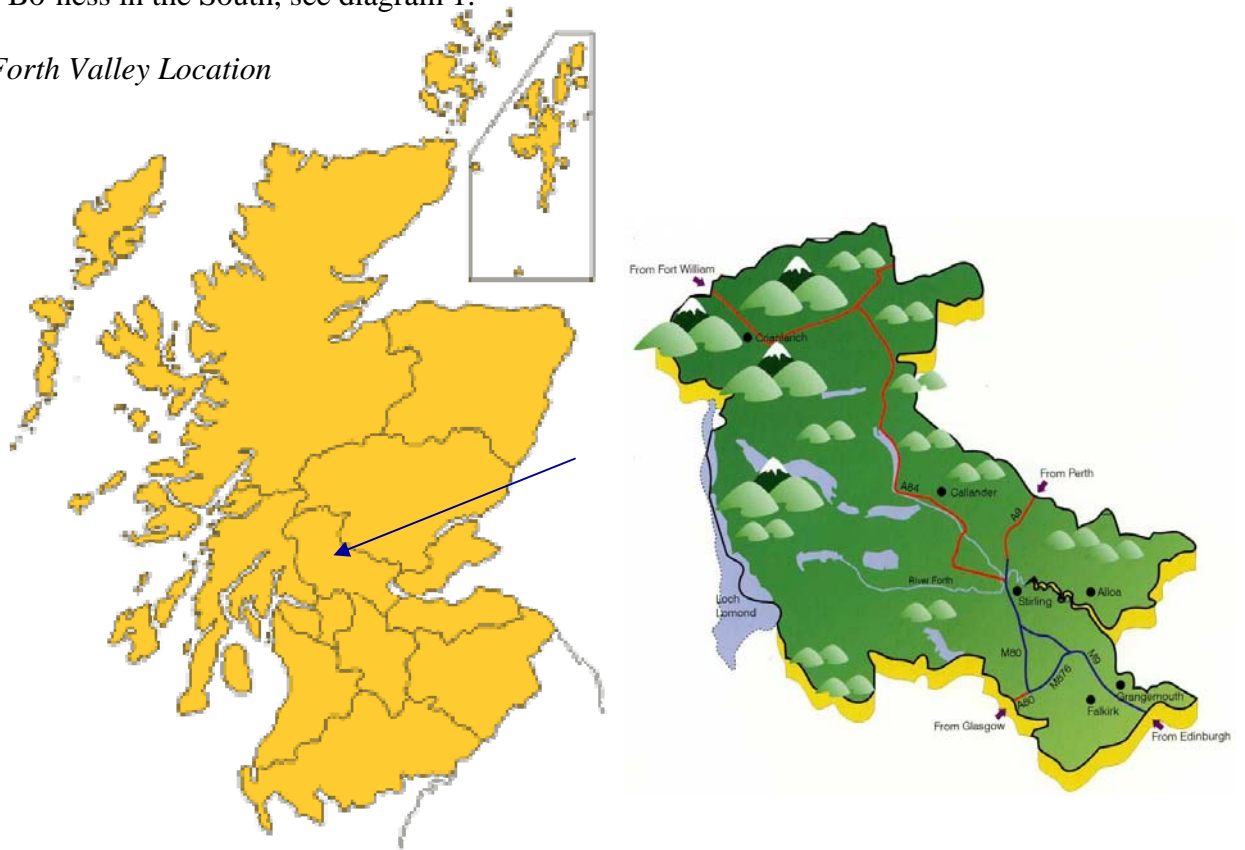
Since the original launch of our strategy new models of care have developed which have informed how our healthcare services will be delivered. Forth Valley, in common with the public sector in general, is facing significant financial challenge in the next few years which will inevitably impact on how we deliver services across partnerships. The need to drive improvement throughout the organisation, streamlining patient pathways and achieving greater consistency of care has become increasingly important, alongside the importance of improving population health.

This links very closely the joint interests of the NHS and our partners in not only delivering new models of care and facilities but in improving population health and reducing inequalities. This renewed and invigorated approach to partnership is one of the cornerstones of our updated strategy and this is why our strategy sets out our commitment to work together with other public, commercial and voluntary agencies and organisations to make a real difference for the people of NHS Forth Valley.

2. THE FORTH VALLEY

The Forth Valley covers a geographic area from Killin and Tyndrum in the North and Strathblane to the west and Bo’ness in the South, see diagram 1.

Diagram 1 Forth Valley Location



The Forth Valley NHS Board controls an annual budget of around £400 million, employs around 8000 staff and is responsible for providing health services for and improving the health of the population of Forth Valley.

NHS Forth Valley is a single integrated system comprising acute hospital services, and a range of community based services which are delivered through the three Community Health Partnerships (CHPs) in Clackmannanshire, Falkirk and Stirling. Each of these is co-terminous with its corresponding local authority.

3. ENVIRONMENTAL DRIVERS

There are two major influences that will impact on how the NHS in Scotland currently functions and how it is likely to operate in the future. These are the dramatic change in Scotland’s demography and the unprecedented climate of financial constraint.

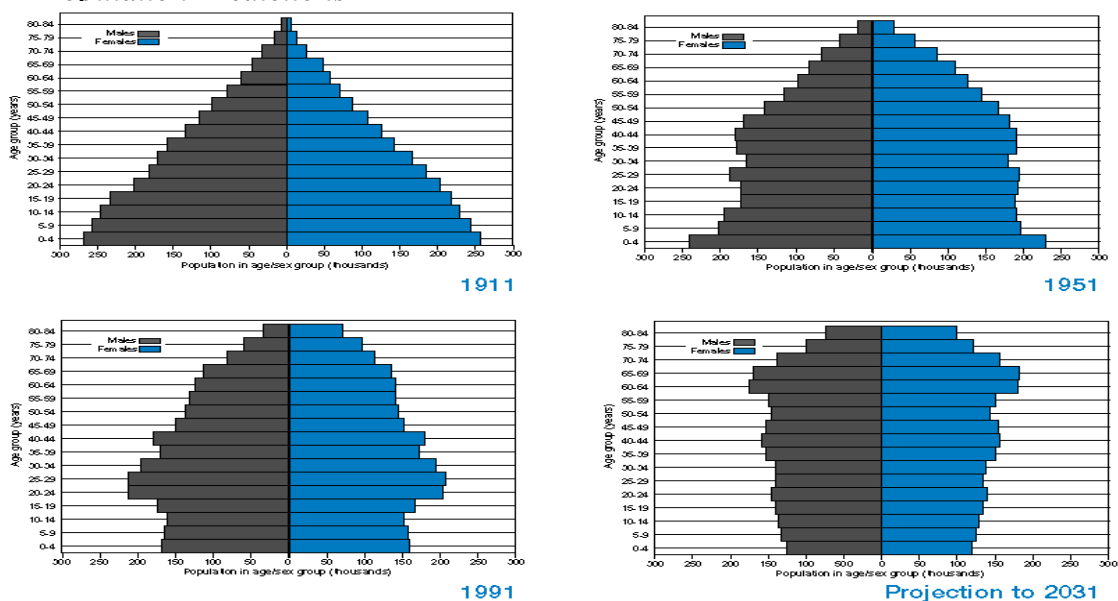
The following section describes the changing demography of Scotland’s population, particularly in the older age group, and projected increases in demand. These are offset by financial projections which suggest that there will be, in real terms, a reduction in Scotland’s budget. This message is forcing public services to rethink current structures and governance arrangements, making it ever more pressing that partnerships with the private and third sector become more effective.

3.1. Population Projections

Scotland’s population is projected to rise. Most notably, the 65+ population is projected to rise by 21% by 2016 and by 62% by 2031. For the 85+ age group specifically, a 38% rise is projected by 2016, and a 144% rise by 2031. Both projections are based on 2006 as the baseline. This impacts not only on healthcare provision but staffing availability to provide services.

“In general the older a person is the more ill-health they will suffer.”¹ However, whilst we can expect an increase in the level of need and demand for health and social care services, as a result of the ageing population, we need to bear in mind that the balance of evidence at an international, British and Scottish level is that age for age; older people have been getting healthier.² Nevertheless, the next twenty years will see a continuing shift in the pattern of disease towards long term conditions and growing numbers of older people with multiple conditions and complex needs. The changing shape of Scotland’s population is illustrated in diagram 2.

Diagram 2 – Population Predictions



¹ The Kerr Report (2005), *A National Framework for Service Change in the NHS in Scotland: Building a Health Service Fit for the Future*, Scottish Executive

² *ibid*

Forth Valley had an estimated mid year 2008 population of around 288,473³ Table 1⁴ shows the projected population by council area and Forth Valley Health Board area (2006 based data). The table shows that by 2031 Forth Valley area will have an increase in population of 9.5% with the biggest percentage increase in the Stirling area.

Table 1

	2006	2011	2016	2026	2031
Clackmannanshire	48,900	49,967	50,984	52,739	53,245 (8.9%)
Falkirk	149,680	153,117	156,272	160,949	162,318 (8.4%)
Stirling	87,810	90,950	92,901	96,641	97,954 (11.6%)
Total	286,390	294,034	300,157	310,329	313,517 (9.5%)
FV Health Board Area	286,053	293,697	299,820	309,992	313,180 (9.5%)

Table 2⁵ shows how the population of the Forth Valley Health Board area is predicted to rise by age band between 2006 and 2026 (2006 based data).

Table 2

	2006	2011	2016	2026
0-15	54,350	53,534	53,450	52,846 (-2.8%)
16-29	48,231	51,534	52,269	49,422 (2.5%)
30-49	83,886	81,434	77,001	76,133 (-9.2%)
50-64	54,363	57,647	60,088	62,822 (15.6%)
65-74	25,333	27,537	31,724	33,491 (32.2%)
75+	19,890	22,011	25,288	35,278 (77.4%)
Total	286,053	293,697	299,820	309,992 (8.4%)

Table 2 highlights that the biggest increase is within the 75+ age group and mirrors the trend nationally. It also illustrates a predicted reduction in the 30-49 age group which has traditionally been a significant element of the national workforce.

3.2. Expenditure

The Scottish Government is facing unprecedented change in relation to its budgetary future with the Centre for Public Policy for Regions (CPPR) currently projecting in real terms a decline over the

³ Registrar General Office (Scotland) (www.gro-scotland.gov.uk)

⁴ *ibid*

⁵ NHS Forth Valley Annual Report of the Director of Public Health 2007-2008

current (2009/2010) Scottish Government budget of between £2.1 and 3.8 billion pounds (-1.8% to -3.8%) up to 2013-14⁶.

This potential budget decline must be seen within the context of continuing, or increasing, expenditure pressures within government departments. Health, for example, makes up one third of Scottish Government department spending. If Health were to grow at a historically modest 2% a year then having even a zero real terms growth scenario would require that all other budgets would need to be cut by 1% in real terms a year. This analysis requires the Scottish Government to consider radical new ways of addressing its budget.

NHS Forth Valley, therefore, in common with the public sector in general, is facing a significant financial challenge over the next few years. Permanent reductions in spend of £16.5m are required by March 2011. This requirement could increase significantly once the impact on the components of the Scottish Government budget, following the UK Budget in April, are known and once the Spending Review for the period 2011 - 2014 is known. The impact is also felt on the Capital Programme that supports the Healthcare Strategy. This will undoubtedly impact on how we deliver and what we can deliver in terms of services.

The emphasis is now firmly focussed on maximising efficiency and productivity as we drive forward the delivery of our Integrated Healthcare Strategy and is implicit within our Financial Plan.

⁶ CPPR Briefing note 28 April 2009

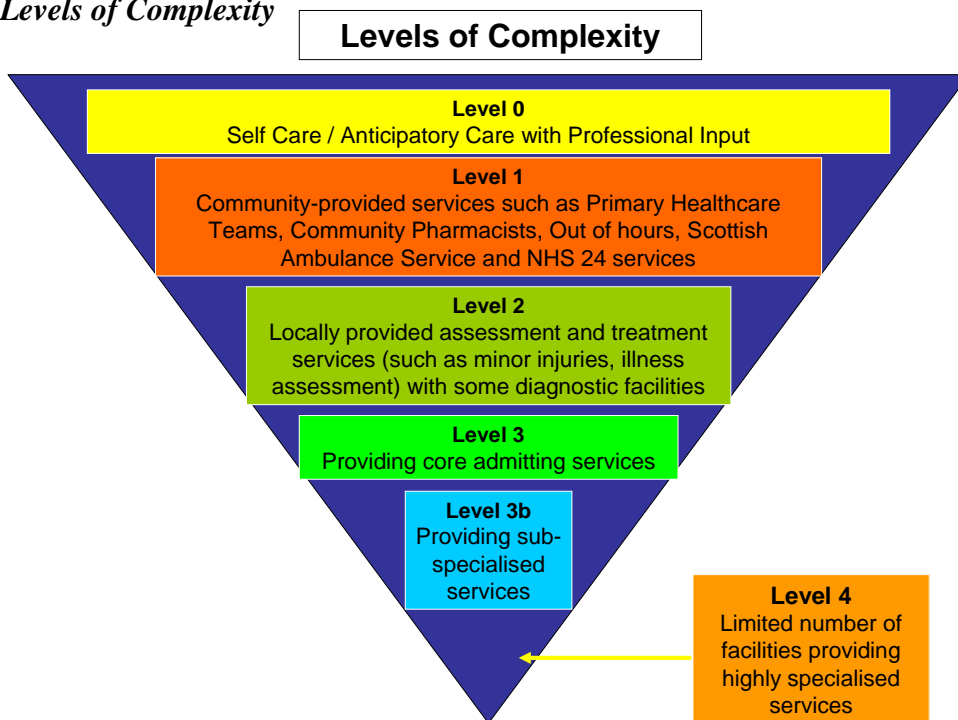
4. NATIONAL FRAMEWORKS

In addition to the environmental drivers referred to in section 3, a number of national planning frameworks influence our strategy.

In December 2007 the Scottish Government published a document *Better Health Better Care* which forms the blueprint for the direction of travel for all NHS Boards in Scotland. It emphasises the need for modernisation of health services and specifies that treatment and support should be provided as close to the patient’s home as possible with the evolving model of care being “*embedded in communities.*”

Diagram 3 details the range and complexity of care services provided. This extends between self care and anticipatory care, where the vast majority of care is delivered in people’s homes, through to highly specialised services which require to be provided in regional or national based facilities.

Diagram 3 – Levels of Complexity



The document also introduces the concept of a mutual NHS where patients see themselves as partners in care and not just receivers of services. This will “*further strengthen the collaborative and integrated approach to service improvement that is the hallmark of Scotland’s NHS.*”⁷ Mutuality in healthcare requires to develop in ways that add value and include frontline staff in service role redesign.

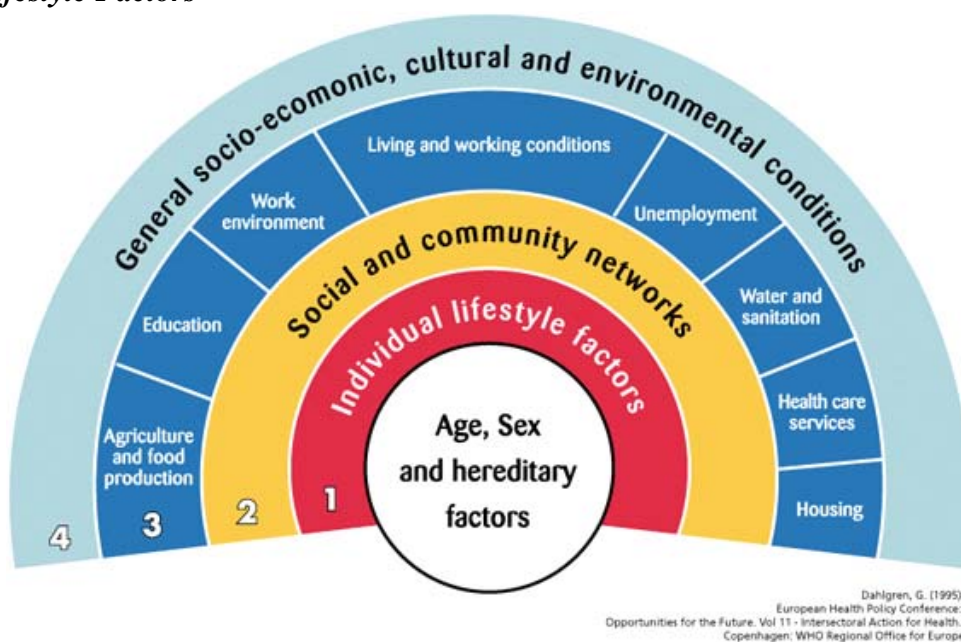
In December 2008 the Scottish Government published the *Equally Well Implementation Plan* in response to a Ministerial task force on health inequalities recognising that “*Scotland’s health is*

⁷ Better Health Better Care Action Plan December 2007

improving rapidly but it is not improving fast enough for the poorest sections of our society. Health inequalities remain our major challenge." The plan addresses the challenges faced by the most deprived and vulnerable in our communities and the co-ordination of future activity and cross cutting initiatives required of the NHS, local government, third sector and other community planning partners. The plan emphasises the role of Community Planning Partnerships as the local leads.

The plan acknowledges the complex inter-play of factors, for instance; using alcohol as an example. This is fundamentally a lifestyle factor but culture, age, heritage, social networks, employment, housing; mental health and other factors are all relevant. It is not simply a cause and effect relationship. These factors are highlighted in diagram 4 below.

Diagram 4 – Lifestyle Factors



More recently, the Scottish Government produced its **Efficiency and Productivity Programme Delivery Framework**. The Programme aims to improve consistency of care, create a culture to support the efficiency agenda from a quality improvement perspective and provide a structured framework to support NHS Boards deliver greater efficiency and productivity over the next three years.

The Scottish Government has also announced it is to develop a **Quality Strategy** with the intention that Scotland will be recognised as a world leader in healthcare quality. The Strategy will be founded on the Institute of Medicine's six dimensions of quality (see diagram 5) and in particular, will focus on driving quality through delivering a patient-centred, safe, and effective healthcare system, whilst ensuring efficiency, equity, and timeliness are embedded within the joined-up actions taken forward locally and nationally.

The Strategy will provide an opportunity to build on the major national and local improvement programmes already underway and help strengthen partnership arrangements with local authority and third sector partners.

Diagram 5 Six Dimensions of Quality



The NHS Forth Valley Integrated Healthcare Strategy and supporting plans provide the local response to these documents and acknowledges the progress already made across NHS Forth Valley towards shifting the balance of care, away from reactive hospital based care, to community based preventive and rehabilitative models.

5. NATIONAL AND LOCAL DRIVERS

We must also consider other drivers. In our original Strategy, we set out our reasons why we needed to change the way health services were delivered and these have remained broadly unchanged, however, of particular significance is the challenging financial picture and broad economic climate which is entirely different.

The drivers are:-

- Increased burden on healthcare (higher incidence of chronic diseases and long term conditions);
- Costly technological and medical advances in patient care and communication;
- Public and patient expectation;
- Impact of the European Working Time Regulations and Modernising Clinical Careers;
- Pressures and changes within the workforce resulting in potential issues in recruiting and retention of staff;
- Impact of legislative change;
- The inadequacy and unsuitability of much of the existing facilities and estate;
- Reduction of inefficient duplication of services and equipment across two hospitals;
- The modernisation of services, focussing on quality and clinical effectiveness;
- Achieving the most effective and efficient utilisation of resources to support service modernisation and development;
- National drivers in service redesign, to shift the balance of care, for example, shortening waiting times, improving services for those with long term conditions, improvements in mental health.

6. STRATEGIC VISION

NHS Forth Valley’s overall vision is:

To Improve Health and Healthcare for the people of Forth Valley

This cannot be achieved by NHS Forth Valley alone. It can only be achieved in partnership and within the resources available. In particular we must continue to strive to reduce health inequalities and meet the needs of an increasingly elderly population and prevalence of long term conditions.

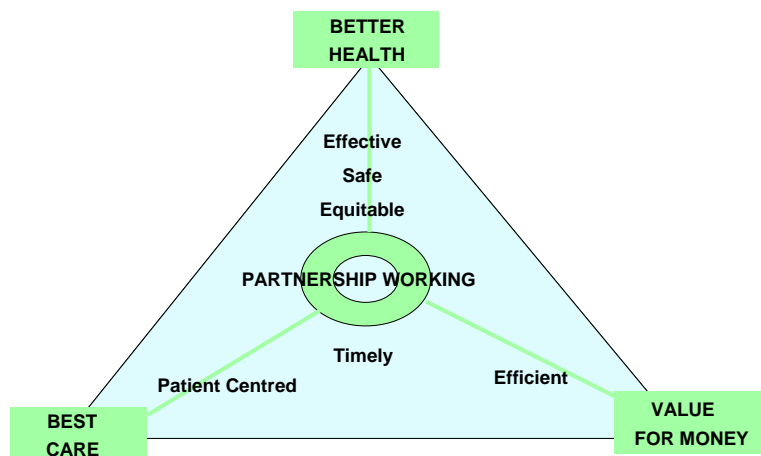
Our approach is threefold. Working with others, NHS Forth Valley will strive to improve the health of the people in Forth Valley. However, should people need to receive healthcare, the individual experience of care will be consistently well provided by ensuring patients receive the right care, in the right place, at the right time delivered by the most appropriate professional. Thirdly, through improving our efficiency and productivity and working closely with partners, we aim to achieve the best value for money.

To support this approach, we are participating in *Triple Aim*⁸, an international learning initiative developed by the Institute of Healthcare Improvement (IHI) in the USA. The objectives of this programme are to:-

- Improve the health of the population;
- Enhance the patient experience of care (including quality, access and reliability) and;
- Reduce or at least control the per capita cost of care.

The IHI believe that to improve a health care system requires the simultaneous pursuit of these three objectives, whilst recognising that these are not independent of each other and that a balanced approach is required if continuous quality improvement is to be achieved. These have been translated and linked to the six dimensions of quality as previously described in Diagram 5

Diagram 6 Triple Aim and Dimensions of Quality



⁸ www.ihl.org

7. OUR COMMITMENT

It is essential, given the changing economic landscape previously outlined, that there is a shared vision and a collective ethos that enables people to reach a common purpose. To this end we have developed the following commitments to :-

- ***Work in partnership***; with public, patients and local authorities as a means of improving health and healthcare and reduce health inequalities;
- ***Support our staff***, and have belief in their abilities and expertise making it possible for them to deliver excellence;
- ***Improve patient safety***; improving consistency of care and safe and effective services within a safe environment protecting patients and staff from harm;
- ***Modernise services***; promoting a climate of continual quality improvement through the development of new models of care improving the *patients' experience*;
- Be as effective as possible, making the ***best and most efficient use of resources***; and
- Ensure fair and equal access to services in support of the ***Equality and Diversity*** agenda.

8. OUR VALUES

The commitments outlined in section 7 are underpinned by a set of core values. We believe that adopting a fundamental belief system across our organisation which is exhibited by the behaviours of each individual employee will inform everything we plan and do.

Our Values are:-

Person Centred – we will treat people as individuals, embedding mutuality in care and involving “*every patient, every time*⁹” in decisions about the care they receive and planning for future services.

Ambition – we have high expectations in Forth Valley to deliver world class health and healthcare services fit for the 21st century.

Integrity – we will act with integrity at all times and be accountable, open and honest in everything we do.

Respect – we will treat each other, our partners and the people who access our services with dignity, respect and humanity.

These values are now being aligned to our organisational culture, behaviours, practices and processes.

⁹ Scottish Patient Safety Alliance

9. OUR APPROACH TO DELIVERY

As stated in the introduction, to deliver our strategy against the backdrop of the unprecedented *financial challenge* and the implications that will arise as a result of *projected demographic changes* requires strong leadership and courageous decision making. We are fortunate within NHS Forth Valley to have a history of being able to make difficult decisions, through the leadership of our Board and supporting Executive Team. We must continue to have the confidence to do this in the future.

We have already acknowledged that *twenty-first century healthcare* involves important changes to the way we work. This is why we are *modernising GP and other primary care premises*. There will be a *network of Community Hospitals* and healthcare centres in Alloa, Stirling, Falkirk and Bo'ness where patients can expect to attend for health checks, and receive a range of healthcare treatments as required and for rehabilitation following surgery.

Although we aim to deliver as much as possible through these centres, medical evidence tells us that the most advanced and complicated treatment should be delivered by expert teams in purpose-built facilities. That is why we are building a new *Forth Valley Acute Hospital in Larbert*.

Construction of the new acute hospital began in May 2007 and is being built in three phases. By late 2011 the hospital will be fully operational and will provide patients with the highest quality specialised treatment. Accident and Emergency services will be based there together with services including maternity and intensive care, children's services, cancer day care, psychiatric and mental health wards, outpatient therapies and a dedicated women's outpatient department.

The new *Clackmannanshire Community Healthcare Centre* is complete and began operating in August 2009. The new centre replaces the Alloa Health Centre and provides new premises for mental health and inpatient services and a new day therapy unit for older people. The centre will also be a base for social work teams.

The *Stirling Community Hospital* will operate from the site of the existing Stirling Royal Infirmary and bring together services currently at Kildean, Bannockburn Hospital and Orchard House. The *Community Hospital at Falkirk* will operate from the site of Falkirk and District Royal Infirmary. Services currently provided at Bonnybridge Hospital will be relocated here. The final details in relation to both sites are being finalised. Appendix A details the indicative timeline.

We recognise that to deliver what could be termed *total system transformation* over the next five years, requires the sustained commitment of our staff and adoption of a positive culture of redesign and improvement. We will continue to *develop our staff*, ensuring appropriate skills and full engagement in leading change and throughout the organisation, embed a continual pursuit of patient safety, efficiency and a focus on patient experience. Effective workforce planning lies at the heart of encouraging a responsive workforce and this requires a focus on joint planning with our Partners.

The *involvement of the public, patients and carers* continues to be an essential element in the development and implementation of our Strategy. In many areas patient and public involvement has become an integral part of the way services are developed and provided. Patients and the public are involved at all levels of our organisation, contributing to the work of committees and helping to

develop the clinical services in both the acute setting and in the community. We aim to continue to develop this relationship, so that patients and the public are involved in all appropriate aspects of our service, at the right time using the highest quality involvement.

Given that our Local Authority Partners are facing similar challenges to ourselves we are committed to radically **review current partnership and integration arrangements** and have already begun joint high level discussions around the implications of locally restructuring public services. We believe that true visionary leadership is required between ourselves and our partners. We can no longer afford to have different approaches to very similar issues as has been customary in the past.

9.1. The Importance of Improving Health & Shifting the Balance of Care

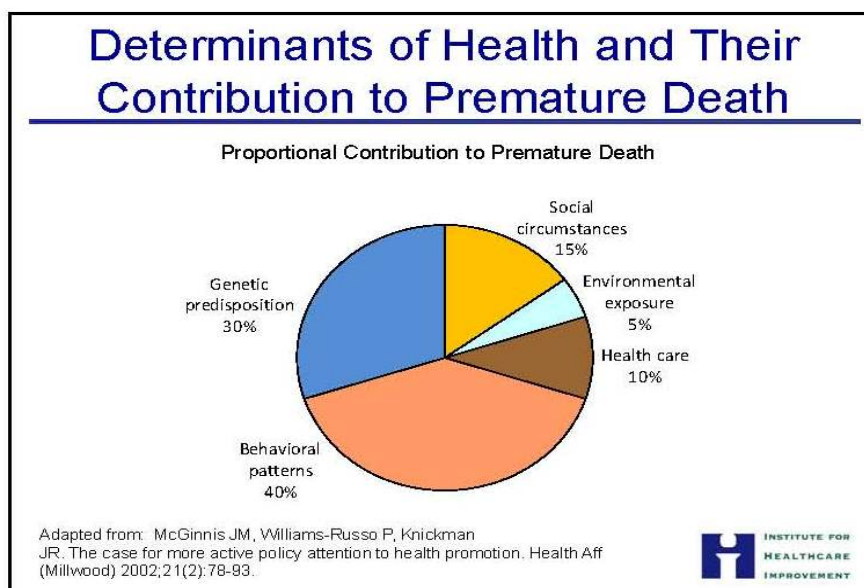
It has become increasingly important in response to the changing environment that we, along with our partners, focus our efforts on the area of improving health.

We firmly believe that to make a fundamental shift in population health and healthcare outcomes our efforts must be focussed on understanding the determinants of health described in diagram 7 and not just health related services.

This requires a much wider response than health alone and for this reason a fundamental part of our strategy relates to strengthening the intensity of our relationships with other parties, in particular Local Authorities to agree a shared set of outcomes within a common endeavour.

One of the key priorities for Community Health Partnerships (CHPs) is to make a significant contribution, in partnership, with the public, the voluntary sector, community planning partners, Primary Care Teams and Community Services, regeneration outcome groups and Local Authorities in their area to fulfil their responsibility for improving health and addressing health inequalities of their local communities.

Diagram 7 Determinants of Health



The *Equally Well Implementation Plan* referred to on page 10, details a radical programme of change across the key priority areas of children's very early years; drug and alcohol problems and links to violence; mental health and wellbeing; anticipatory care and employability. In response to the plan, a Forth Valley Health Improvement and Health Inequalities Group has been established to take an overview of implementation with action already underway on many fronts. It is acknowledged that the timeline for sustained improvements across populations is longer term and the provision and development of core services requires to be complimentary until the shift in impact on population health is seen.

The overall focus is very much on improving health outcomes, work has been done on alcohol consumption using a logic based approach developed by NHS Health Scotland. Stakeholders have been working together, and starting with the desired outcome, have worked backwards to identify the outputs and inputs required to achieve improvement. This logic based approach, focussing on outcomes will be adopted for other areas.

Clackmannanshire Healthier Lives is an example of a focussed health improvement initiative delivering a patient centred 'health check', which is tailored to the specific needs of the patient identified in partnership with the patient. The aim is to ensure referral and /or signposting to support interventions which will help the individual address risk factors, e.g. unhealthy weigh and smoking. The result should be an improvement in overall health and wellbeing preventing longer term complications of ill health.

We understand that for most people their first and perhaps only ongoing contact with the NHS is within primary care. This covers a wide range of professional staff including general practitioners, dentists, optometrists and community pharmacists as well as community and specialist nursing and rehabilitation teams. Shifting the balance of care away from reactive episodic care in an acute setting to team based anticipatory care closer to people's homes is a vital part of implementing our strategy and is consistent with current national thinking.

Prioritising anticipatory care will therefore encourage a shift in care from the hospital setting to the community setting. More than this it will facilitate a shift to more proactive, preventative approaches away from services which react to the development of disease.

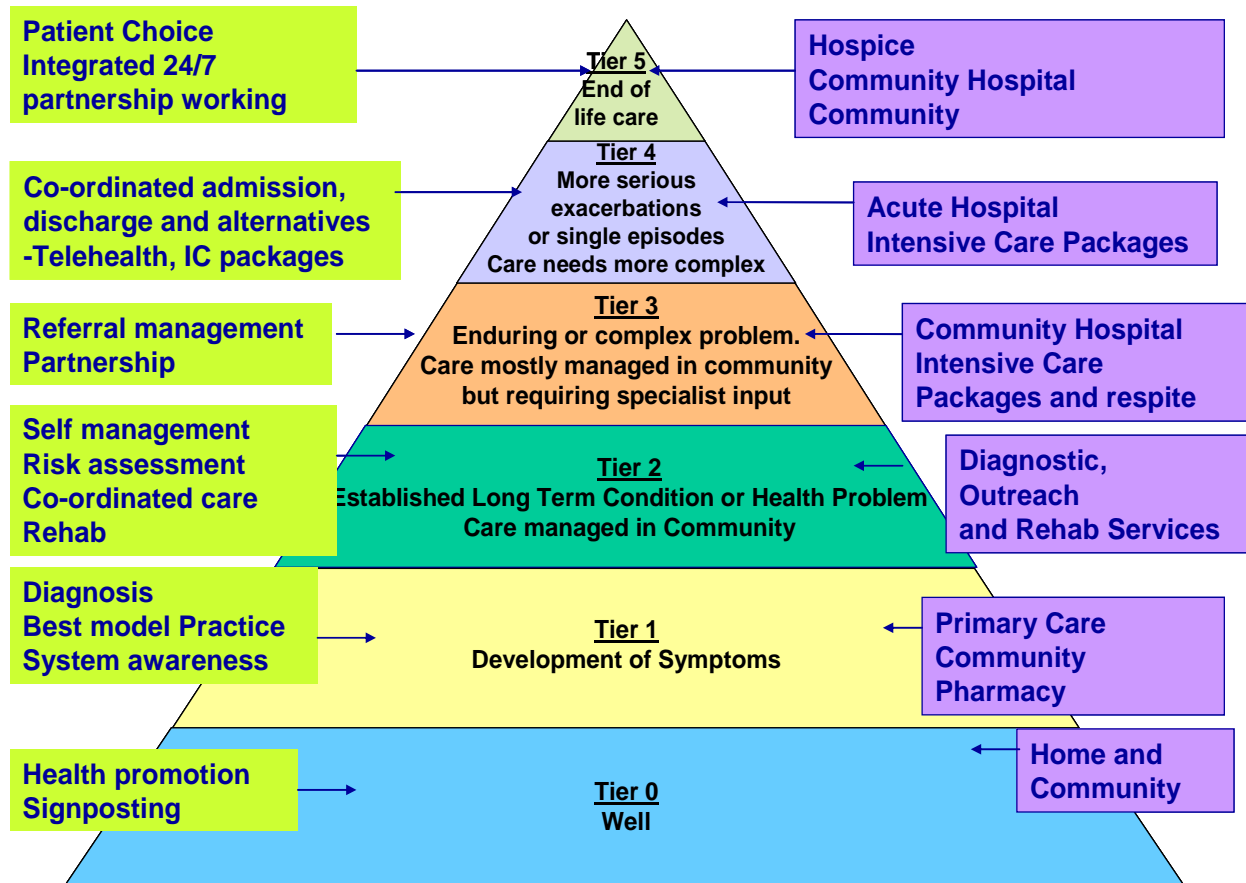
We have already undertaken significant service changes and will continue to do so as a step towards implementing the new models of care and shifting the balance of care away from acute to community based service provision as appropriate, recognising the importance of patients and their carers in being involved as partners in developing their overall care.

We want to, for example, provide more community based services and reduce avoidable admissions to hospital for patients with long term conditions, patients in care homes, patients over 75 and patients who are over 65 who have had two or more admissions.

NHS Forth Valley has introduced a tiered model approach to demonstrate how people move through the system either up, down or across the tiers according to their immediate needs (see diagram 8).

The model describes the needs within each tier as well as the possible organisational responses. It also promotes care pathway development, identifies service interfaces and interrelationships / co-dependencies.

Diagram 8 – NHS Forth Valley Tiered Model Illustrating Key Principles of Care and Partnership Working



To realise our potential to shift the balance of care will require capacity to be maximised across both community and acute care settings.

9.2. Providing the Best Experience of Care

We want to provide patients with the best experience of care, providing services when and where people want to receive them. We will continue to develop new models of care, increasing consistency in how services are delivered and improving user satisfaction. We will maximise opportunities for multi disciplinary team working, breaking down traditional boundaries and improving communications between professions.

As we develop new models of care we acknowledge that they are dependent on continued success in joint working with each of the three Local Authorities and the third sector to support people in their homes, preventing admission and supporting discharge as discussed earlier.

The emphasis is on improving quality, based on the six dimensions of care as described in diagram 5, safe, patient-centred, effective, efficient, equitable and timely.

The ongoing safety of our patients is of utmost importance and remains a top priority for NHS Forth Valley. By improving the consistency and reliability of care and reducing variation in practice, we

will avoid injuries from care. We will continue to implement the *Scottish Patient Safety Programme* aimed at establishing a safety culture throughout the organisation leading to, for example, a reduction in the number of Healthcare Associated Infections.

We will build on the success of the **Improving Patient Care and Experience Programme** work through implementing improvements based on feedback from patients and carers. We want to provide patient centred care that is responsive to individual patient preferences.

We want to avoid waste and reduce duplication and complexity in our system by streamlining processes and maximising the use of all our resources including staff, supplies and equipment. For example, by maximising our skill mix and the use of technology we can increase the time spent on face to face patient contacts.

We will continue to adopt standardised protocol based care to increase consistency of approach, for example, to referrals, emergency admission and discharge rates, length of stay and clinical practice and continue to reduce the length of time people have to wait for treatment.

We want to ensure that every patient receives the same standard of care regardless of gender, ethnicity, geographic location and socio-economic status.

We will continue to make sure that our services are evidenced based and that the right services are provided to people only when they really need them through streamlining the patients' pathway of care.

The Integrated Healthcare Strategy will be underpinned by our Change and Improvement Plan which will support the clinical models and service changes required to deliver clinically safe integrated care.

The Plan incorporates five improvement strands within which there are a number of work streams.

- Acute / Emergency & Urgent Care Transformation
- Primary and Community Care
- Elective work
- Diagnostics
- In-patient Transformation

Each work stream has clear leadership in place supported by redesign and organisational development expertise. The Change and Improvement Plan has quality improvement, improving patient safety and patient experience and maximising efficiency at the heart.

Each work stream also has clearly defined outcomes and key measures from which it will be possible to elicit evidence of improvement.

9.3. Maximising Efficiency and Effectiveness

Since April 2002, there has been a duty of Best Value on Accountable Officers to “ensure arrangements are in place to secure Best Value.”

The duty of Best Value being to make arrangements to secure **continuous improvement** in performance (while maintaining an appropriate balance between quality and cost); and in making those arrangements and securing that balance, to have regard to economy, efficiency, effectiveness, the equal opportunities requirements and to contribute to the achievement of sustainable development;

There are nine characteristics of Best Value:-

- Commitment & Leadership;
- Accountability;
- Sound management of resources;
- Responsiveness and consultation;
- Use of review & options appraisal;
- Sustainable development;
- Equal opportunities;
- Joint working; and
- Sound governance at strategic and operational levels.

We are committed to the principles of Best Value and within the context of the current economic climate, balancing improving patient experience, improving health and maximising efficiency and effectiveness have become increasingly challenging. However, we believe our approach described in sections 9.1 and 9.2, will allow us to achieve this triple objective.

We will investigate ways to gain efficiencies through increased emphasis on partnership working across public services. For example we will look at opportunities for sharing premises and certain support services where it would be appropriate to do so, taking account of the emerging NHS Scotland Asset Management Strategy.

By concentrating our efforts on improving health and maximising efficiency in the way we deliver services, we should not only be able to improve quality but control costs in our organisation and make sure that our resources are used to best effect.

We will monitor this by systematically reviewing our service and financial plans and by using our greatest commodity - our staff to the best of their ability.

Our staff are vitally important in achieving our vision. By developing skills and competencies to best effect and breaking down traditional professional boundaries we will create a modern workforce and ensure continuing provision of services that are equitable, sustainable, safe and effective, accessible and of good quality.

The ability to continually improve the quality and effectiveness of services will be greatly enhanced through efficient use of information technology. NHS Forth Valley will continue to progress actions detailed in our eHealth Strategy and associated eHealth Programme Plan.

We also recognise that in certain circumstances it is more efficient to deliver services on a regional or even, for the most specialised of services, on a national basis. We will therefore continue to be involved in collaborative region wide approaches to integrated care for patients, for example some cardiac and renal dialysis service provision.

Health services must be planned and delivered at a population level that allows local differences in health need to be addressed appropriately, while ensuring that the whole range of service provision from primary to tertiary care is effectively developed in an integrated way.

One of the key functions of regional planning groups is to consider the sustainability of services across the entire region and where specialist services cannot be delivered by individual Boards, to plan for the continuing expertise to be provided at a regional level. This will help ensure that services are provided at the most appropriate level and will take account of the increasing specialisation in some acute services and other developments in healthcare.

Similarly, we will continue to support the development of Managed Clinical Networks (MCNs) which provide a mechanism to promote consistency, excellence, redesign and quality of service throughout the patient's care pathway. They bring service user and service provider views to the planning process to help improve patient care. There are a number of local, regional and national MCNs including CHD, Stroke, Diabetes, Palliative Care, MS and Airways. These are all supported by a redesign methodology including collaborative approaches to improvement such as long term conditions and mental health as well as workforce modernisation initiatives, for example, through contractual redesign and Locally Enhanced Services within the GMS Contract.

10. PERFORMANCE MANAGEMENT & GOVERNANCE ARRANGEMENTS

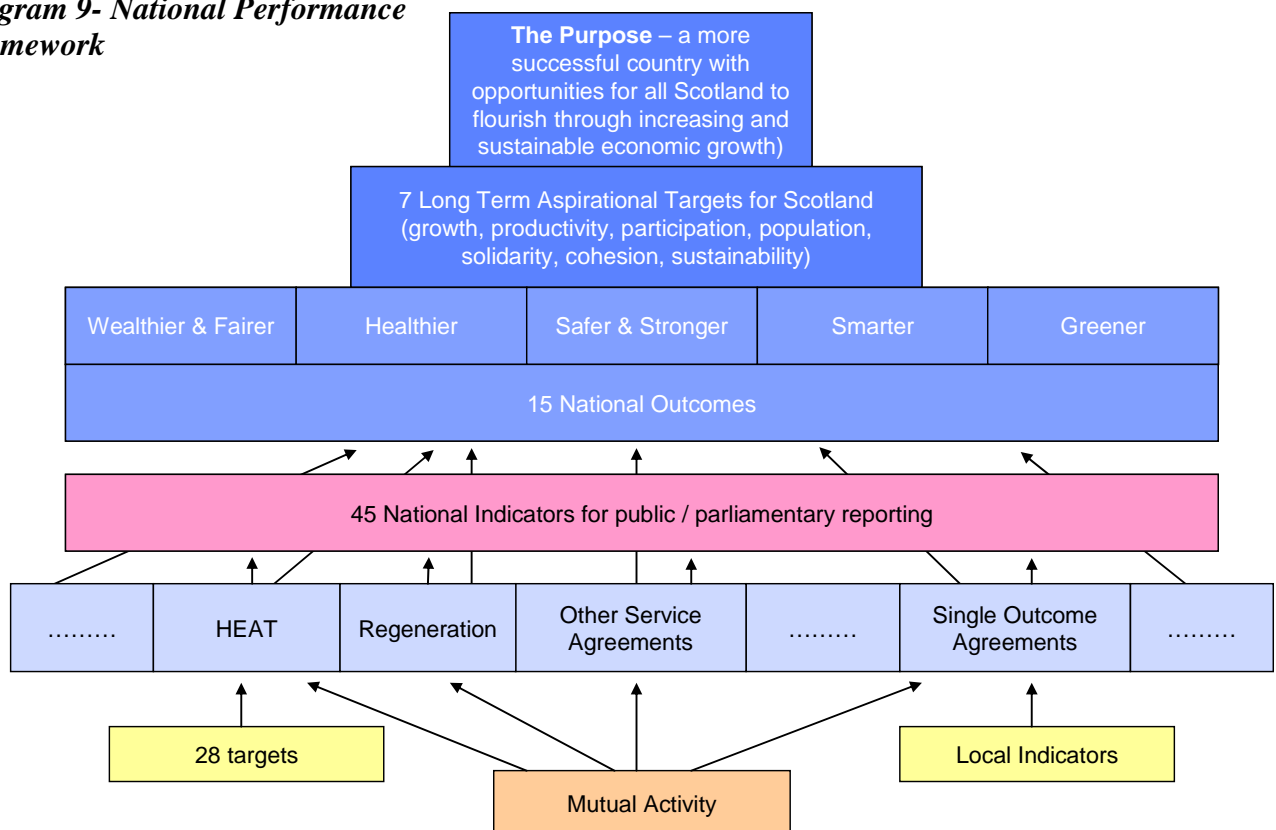
Implementation of our Strategy involves making structural changes to our facilities, developing a workforce to deliver new models of care and continuing to look for new and innovative ways of effectively engaging and informing staff and the public about changes to care delivery. Of significant importance, particularly as we now face an increasingly challenging economic environment, is the emphasis on partnership working to achieve our vision, as highlighted throughout this Strategy document.

To make sure that the changes we are making will make a real difference to the people of Forth Valley, we have developed systems and processes which measure progress against both national and local targets. We are also conscious that as many of the outcomes we aspire to cannot be delivered by health alone developing joint performance management systems with our key partners are of increasing importance. The following section describes our performance management and governance arrangements which will be subject to continual review.

10.1 Performance Management

The Scottish Government have set an ambitious target to make Scotland a more successful country and have developed a *National Performance Framework* which outlines that vision and describes a set of aspirational targets and national outcomes against which public services will be measured to demonstrate economic growth. Diagram 9 illustrates the National Performance Framework.

Diagram 9- National Performance Framework

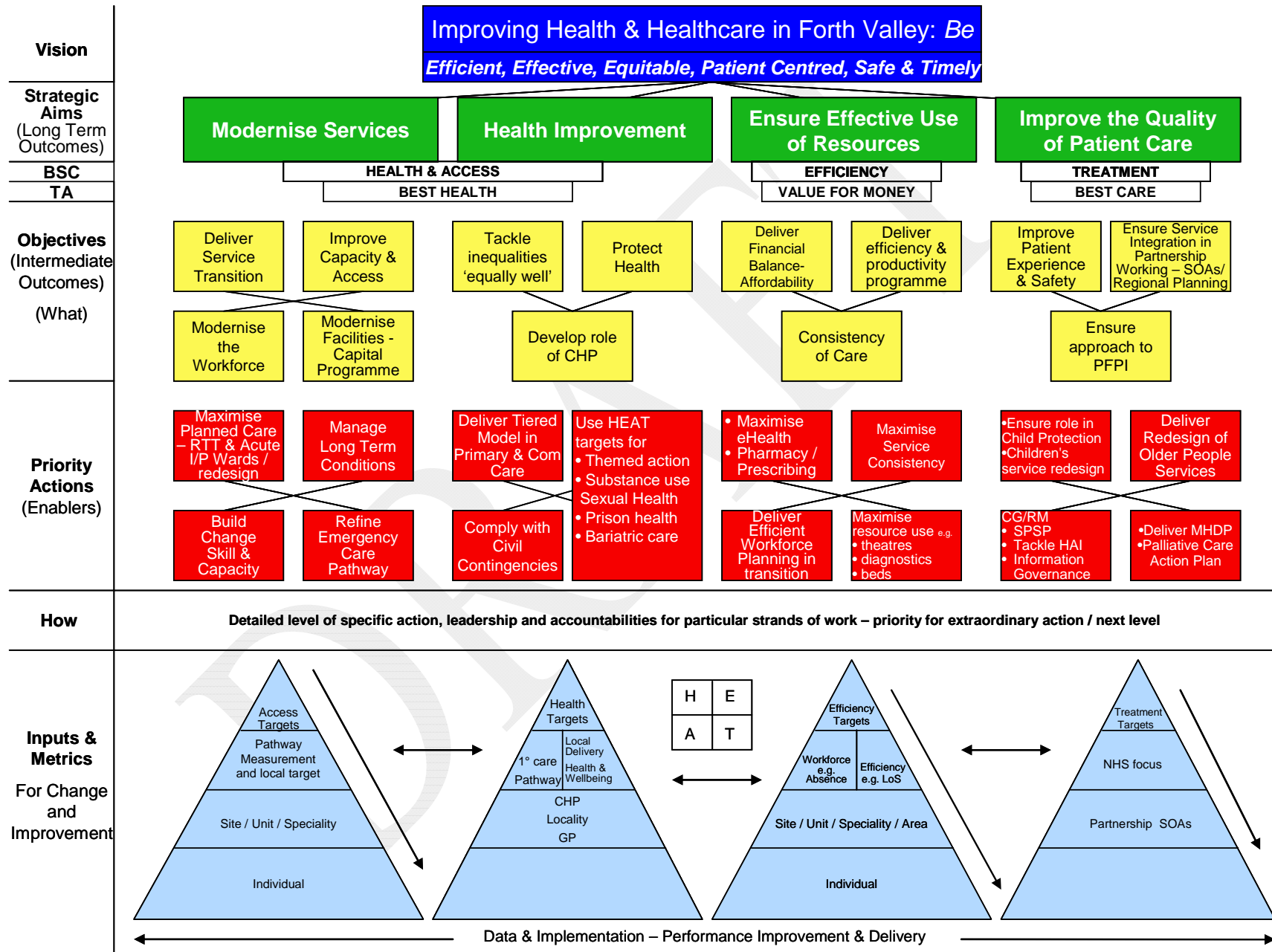


Integral to the National Performance Framework are *NHS Local Delivery Plans* (LDP's) and *Single Outcome Agreements* (SOA's). Local Delivery Plans detail the commitments and targets for NHS Boards set by the Scottish Government. These are around the National HEAT Targets of Health, Efficiency, Access and Treatment (HEAT) referred to in the National Performance Framework. SOA's were introduced following the signing of a historic concordat in November 2007 between the Scottish Government and each Local Authority in Scotland. The concordat signalled a new relationship of mutual respect and partnership between the two bodies. The key points of the concordat included a move towards accountability based on outcomes, greater local freedom, improved partnership working, a reduction in ring fenced funding and in levels of scrutiny.

SOAs set out how each local authority and specifically community planning partnerships will work in the future towards improving the health and wellbeing of their local population in a way that reflects local need, circumstances and priorities consistent with national outcomes. In Forth Valley there are three SOAs, consistent with the three Local Authorities in the area. Although Local Authorities are the statutory leaders in community planning, NHS Forth Valley has been an active partner through each Community Planning Partnership. For instance, initiatives being tackled on a partnership basis include health improvement and care and services, health and homelessness, smoking, alcohol, obesity, sexual health, mental health and community care.

Following a review of priorities across the organisation NHS Forth Valley has developed its own Priority Framework reflecting the National HEAT targets of Health, Efficiency, Access and Treatment (HEAT) referred to in the National Performance Framework and broader issues such as Healthcare Associated Infection (HAI) and Child Protection. The aim of Priority Framework is to develop clear linkages between our vision and our objectives at an operational level. The Framework is being used to develop the individual objectives of Executives and senior managers. The framework is detailed in diagram 10.

Diagram 10 Priority Framework



10.2 Governance Arrangements & Supporting Strategies

To underpin everything we do, we recognise that we need to demonstrate good governance and best value as a publicly accountable body. Our commitment to the principles of Best Value can be evidenced through our Priority Framework and the transparent and explicit links of performance management and reporting within our corporate structures. The overall approach within NHS Forth Valley underlines the principle that performance management is integral to sound governance, decision making and prioritisation.

The section above describes our approach to measuring performance and improvement. Our governance and management structures provide us with the framework for decision making and for ensuring systems and processes are in place to provide assurance to the public that resources are utilised effectively and efficiently and targeted at the areas of greatest need.

Our Committees along with our Healthcare Strategy Programme Board and Strategic Planning Group play a key role in ensuring that future planning assumptions and initiatives are both in line with our strategic direction and are affordable.

A number of supporting plans are in place which detail how we will implement our Strategy. The overarching of which is our **Corporate Plan** which details both national and local priorities for action. This will be updated following the outcome of the Scottish Budget considerations in the autumn of 2009 and is subject to annual review.

Underpinning the Corporate Plan, there are a range of implementation plans including the **Change and Improvement Plan** as referred to on page 20, the **Primary and Community Services Development Plan** and **CHP Development Plans**.

The Healthcare Strategy is fully supported by enabling Strategies such as the **Workforce Modernisation Strategy**, the **eHealth Strategy** the **Communications Strategy** and **Financial Plan**.

10.2.1. Delivering a Modern Workforce

NHS Forth Valley's **Workforce Modernisation Strategy** sets out the clear future focus in delivering health improvement and healthcare services through a modernised workforce. NHS Forth Valley aims to become the employer of choice working in partnership to deliver our service commitments.

The clear vision of how health and healthcare will be improved in Forth Valley along with the changes that have already taken place to support the single site hospital in Larbert has already had a beneficial effect on the ability to recruit and retain staff. This ability will be further enhanced as the development of new state of the art facilities progress.

Workforce implications continue to be considered throughout the change process and risks analysed. Making best use of skills, providing continual development opportunities and further developing the new clinical model of care all add to making NHS Forth Valley an attractive place to work.

We are also working with partners such as local authorities and the third sector where we wish to build on positive relationships, increasingly working together in areas of shared interest and mutual benefit.

NHS Forth Valley is committed to :-

- Increasing the knowledge and skills of its workforce;
- Continuing to develop new and extended roles for practitioners;
- Looking at ways in which joint health/social care appointments can be made;
- Considering opportunities to work more flexibly both in and out of hours; and
- Working in a multi-disciplinary and integrated way.

10.2.2. Communication

The extent of change achieved to date and planned for the future in NHS Forth Valley is unprecedented and although NHS Forth Valley has been praised for its work on public consultation there is a continuing need to inform and engage both the public and staff as the vision continues to take shape. NHS Forth Valley has an active Patient Focus, Public Involvement (PFPI) agenda and has well developed Patients' Panels and Public Partnership Forums.

A Corporate Communications Strategy has been developed involving a range of stakeholders. The scope of the Strategy covers both internal and external communications and is designed to support delivery of the corporate objectives.

10.2.3. Equality and Diversity

NHS Forth Valley's vision is to provide health improvement, healthcare services and employment opportunities which promote equality for all and which eliminate any risk of discrimination. The equality and diversity agenda sets out significant challenges which are being addressed through the continued and developing work of the NHS Forth Valley Fair for All and Patient Focus, Public Involvement (PFPI) Frameworks. Working with local and national partners, and importantly, with our own workforce and communities, we aspire to deliver services and employment opportunities which are equal and fair for all and reduce inequalities.

10.2.4. eHealth

The eHealth Strategy reflects that implementing technology based solutions to help support the care pathway requires not only ownership at all levels within NHS Forth Valley but also a cultural shift away from traditional ways of working.

NHS Forth Valley will continue to minimise information governance risks through policy development, increasing staff awareness and technological solutions. For example, we have developed a Service Information Directory which provides an internet based information resource for clinical staff.

10.2.5. Financial Plan

NHS Forth Valley must live within its resources. We have been successful in achieving recurrent financial balance for the last few years and have delivered against our efficiency targets. However, we recognise that within the context of increasing financial challenge, as outlined in section 3.2, there is an urgent need to increase our focus on how we spend our current resources to ensure maximum benefit is achieved and savings realised. Our Financial Plan 2009/10 – 2013/14 has been developed within this context and that of the Local Delivery Plan (LDP) and details funding assumptions, baseline and anticipated spending, value for money initiatives and priority areas. Our Plan will be further updated following the outcome of the Scottish Budget considerations.

Progress against our Financial Plan is reported monthly to the Forth Valley NHS Board.

11. CONCLUSION

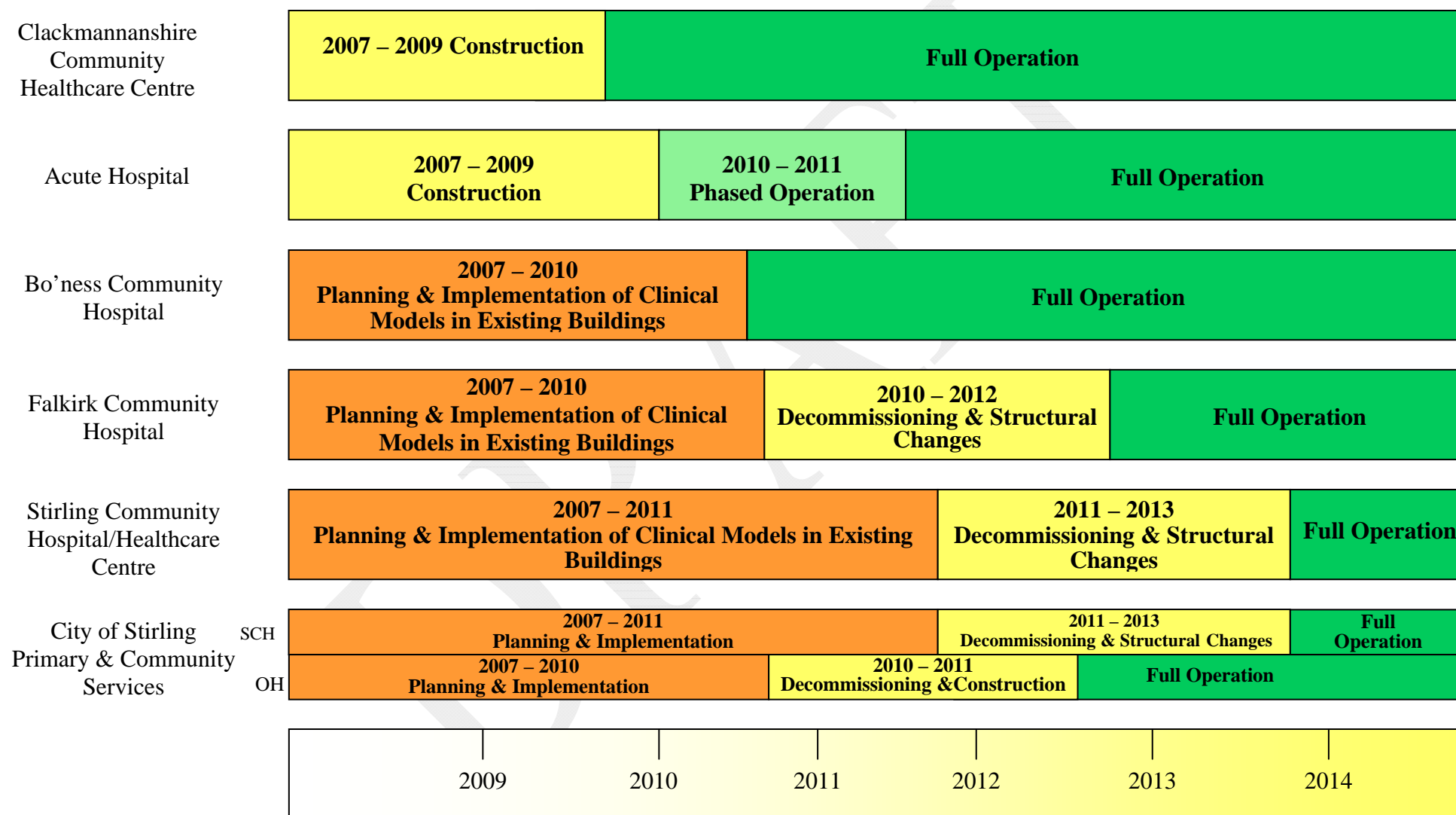
This Strategy document re-affirms the strategic direction of NHS Forth Valley and describes how this will be taken forward over the next five years.

The planned changes to the provision of health services in Forth Valley are consistent with the vision for the NHS in Scotland as described in *Better Health Better Care*. NHS Forth Valley is progressing towards a shift in the balance of care away from a hospital based environment to a community setting where appropriate. It will also continue to focus attention on improving health through preventive and proactive care by working with the population of Forth Valley to improve health and promote self care.

NHS Forth Valley will be equipped to provide new innovative models of care from modern, state of the art buildings and will continue to seek opportunities to maximise efficiency and productivity.

Our increasing emphasis on partnership working will allow us to achieve much broader health improvement outcomes for the people of Forth Valley and jointly tackle the challenges that we now face both economically and in terms of predicted demographic changes.

INDICATIVE FACILITIES PROGRAMME TIMELINE



SCH = Practices to be located in Stirling Community Hospital
 OH = Practices to be located in Orchard House