

Title/Subject: NHS Forth Valley Local Delivery Plan 2016-17
Meeting: Integration Joint Board
Date: 3rd June 2016
Submitted By: Director of Public Health and Strategic Planning
Action: For Noting

1. INTRODUCTION

The purpose of this paper is to ask members to note the NHS Forth Valley Local Delivery Plan 2016-17 which was approved by the NHS Board on 31 May 2016 and submitted to the Scottish Government.

2. RECOMMENDATION

The Integration Joint Board is asked to:

Note the NHS Forth Valley Local Delivery Plan 2016-17.

3. BACKGROUND

This paper presents the NHS Forth Valley LDP 2016-17. The LDP is the performance contract between the Scottish Government and NHS Boards.

The draft NHS Forth Valley LDP 2016-17 was approved by the P&R Committee on Tuesday 23 February 2016, with delegated authority from the NHS Board. The draft LDP was submitted to the Scottish Government on 18 March and Scottish Government departments provided feedback on the LDP draft during April and May 2016. The LDP was then updated and amended, taking into consideration the feedback from SGHD and the responses from Executive and Senior Management Leads in NHS Forth Valley and Health and Social Care Partnership Chief Officers, to the feedback.

The Local Delivery Plan 2016-17 was approved by the NHS Board on 31 May and the Plan was submitted to the Scottish Government.

The LDP is supported by the NHS Board Annual Plan which sets out the Board's priorities and actions for the year ahead in greater detail and by the Directorate Plans, which will set out the contribution of each Directorate to the overall annual plan. Corporate Plans will be added in 2106-17 to describe the contribution of the Corporate and Area Wide services to delivering the Annual Plan.

The Scottish Government provided LDP Guidance to be considered alongside the guidance for Health & Social Care Partnerships on strategic commissioning and Scotland's spending plans and budget for 2016-17. The draft LDP was previously considered by the Clackmannanshire and Stirling and Falkirk IJBs.

Conclusions

The Integration Joint Board is asked to note the content of the NHS Forth Valley Local Delivery Plan 2016-17.

Approved for Submission by:

Author – Janette Fraser

Date: 31 05 16

List of Background Papers

- 1. Local Delivery Plan Guidance 2016-17 (The Scottish Government)**

NHS FORTH VALLEY
Local Delivery Plan 2016-17



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1 Background

1.1 Introduction

The Local Delivery Plan (LDP) remains the delivery contract between Scottish Government and NHS Boards in Scotland, as we continue the implementation of integrated health and social care. LDPs require to focus on the priorities for the NHS in Scotland and support delivery of the Scottish Government's national performance framework, the Health and Social care outcomes that are being developed in partnership, and the 2020 Vision for high quality, sustainable health and social care. The LDP Guidance, issued on 13 January 2016, contained a number of standards Boards are expected to deliver in 2016-17 (see Table 1, Page 9). This LDP will set out how NHS Forth Valley is going to address them.

The LDP should be considered in the context of the financial environment, set out in section 3.1 and the National Clinical Strategy for Scotland (2016).

1.2 2020 Vision

The NHS Scotland vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting:

- We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self management.
- When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm.
- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions.
- There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

1.3 Equality Duty 2010

The NHS Forth Valley LDP 2016-17 emphasises how important it is to improve the health of the population, and to get the experience of care right for every individual, every time. It recognises that the key to this is recognising the differences across, and within, our diverse population, and focussing on providing person-centred care. Our LDP therefore directly supports NHS Forth Valley in the discharge of the General Equality Duty 2010.

1.4 Challenges in Forth Valley

NHS Forth Valley is facing the challenges and constraints of increasing demand and finite resources. We have an ageing population and people are living longer (Figure 1), which simultaneously brings a rise in people in middle and older age with multiple morbidities.

Figure 1: Population Charts showing the increasing Age Profile in Forth Valley 2015-2035

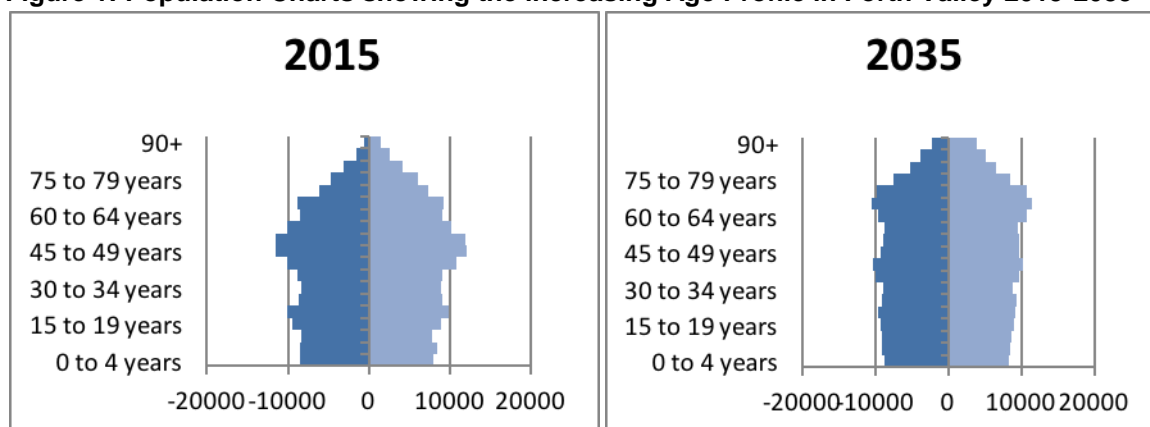


Figure 1: Population Charts showing the increasing Age Profile in Forth Valley 2015-2035

In addition, the number of single occupancy dwellings is increasing and there are other signs that people may have less family and informal social support than was previously the case. The traditional health service structure needs to change to put the patient in the centre, which aligns with the Scottish Government's 2020 Vision. This will require a shift towards achieving a better balance between hospital centred care and community centred care and from episodic disjointed care towards joined-up integrated care.

Furthermore, various reports indicate that "high levels of public resources are devoted annually to alleviating social problems and tackling failure demand" (the cost and consequences of poverty, unemployment and inequalities) (Christie, 2011). This will be our biggest challenge in ensuring that services are designed around the needs of patients in the future. NHS Forth Valley will continue to place a high priority on working with partners to tackle deprivation and inequality and promote health and wellbeing.

1.5 **Strategic Principles**

The principles outlined below will be integral to the Board's overall approach, however once the NHS Forth Valley Healthcare Strategy is finalised in 2016, the Board's strategic principles will be revised to reflect the Healthcare Strategy:

- Providing consistent high quality, safe and sustainable services across the whole system, integrating care in partnerships appropriately.
- Ensuring all care is patient focussed while planning and delivering care in partnership with our population.
- Increasing focus and pace on shifting the balance of care - developing community and primary care services through facilitating supported self management, anticipatory care planning, integrating care pathways, locality planning and workforce development.
- Minimising time spent in acute care and focusing acute care on complex, unscheduled emergency care, specialist elective care with day surgery /23hr surgery the norm, minimising length of stay and ensuring the majority of service provision is as close to home as possible.
- Collaborative working should be focussed on reducing inequalities, prevention through an asset based approach and on early years.

In applying these principles we will take into account the 'Health and Wellbeing Outcomes' (Joint Public Bodies Act 2014) which are set out below:

- People are able to look after and improve their own health and wellbeing and live in good health for longer.
- People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- People who use health and social care services have positive experiences of those services, and have their dignity respected
- Health and social care services are centred on helping to maintain or improve the quality of life of service users.
- Health and social care services contribute to reducing health inequalities
- People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.
- People who use health and social care services are safe from harm.
- People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.
- Resources are used effectively in the provision of health and social care services, without waste.

The improvement actions described in this LDP take full account of these outcomes and are designed to support their delivery.

1.6 Strategic Planning Framework

NHS Forth Valley has undertaken a strategic Clinical Services Review with the aim of producing a revised Healthcare Strategy for 2016-2021 that reflects the NHS Scotland 2020 Vision and the NHS Scotland National Clinical Strategy. The Forth Valley Clinical Service Review (CSR) began with a Case for Change document setting out the nature and scale of the challenges we face including the ageing population, increasing public expectations, technological advances and the rise in complex and multiple morbidity. The Clinical Services Review has looked in depth at challenges and opportunities within eight complementary work streams:-

- Cancer Care
- Clinical Support and Infrastructure
- Emergency Care and Out of Hours
- Frail Older People and End of Life Care
- Mental Health and Learning Disabilities
- Long Term Conditions & Multiple Morbidity
- Planned Care
- Care of Women and Children

The Healthcare Strategy will also ensure that NHS Forth Valley is ready to engage fully in the integration agenda and deliver the outcomes expected in local Community Planning Partnership Strategic Outcomes and Local Delivery Plans. During 2016-2017 the implementation of Strategic Plans developed with Health and Social Care Partnerships, will be an important part of the local planning agenda.

The Healthcare Strategy will also describe how we will build the capacity of community based services, will reflect the content of the Health and Social Care Partnership Strategic Plans and will be taken forward in the context of the national conversation, the national clinical strategy and the review of primary care out of hours services.

1.7 Performance Management

1.7.1 Context

Performance Management is a critical component of the LDP and associated plans which include, for example, scheduled and unscheduled care. The role of performance management is to ensure that our efforts are clearly targeted and that desired outcomes and improvements are achieved. The overall approach, detailed within NHS Forth Valley's Performance Management Framework, continues to underline the principle that performance management is integral to the delivery of quality improvement and core to sound management, governance and accountability, prioritisation and decision making.

The Scottish Government has an established set of performance management principles to promote a culture in which targets and standards are delivered within the spirit they were intended, recognising that clinical decision making is more important than the absolute delivery of targets and standards. The principles are:

- NHS Scotland's Performance Management Framework supports delivery of the Scottish Government's outcomes and Health Directorates' strategic objectives.
- Performance measures demonstrate the progress towards delivering our strategy for improving the quality of patient care.
- Performance measures help deliver a wider system aim and the impact on the whole system must be considered.
- Design the system, deliver the performance.
- Clinical decision making in the interest of the patient is always more important than unequivocal delivery of targets.
- Local flexibility in delivery.
- Targets should support diversity and reduce inequalities.
- Staff should be engaged in target setting and target delivery.
- Best practice in Performance Management and delivery is shared.
- Data and measurement are key aspects of Performance Management.

1.7.2 Health and Social Care Partnerships and the LDP

In developing our priorities for the LDP 2016-17 NHS Forth Valley has considered our existing locally agreed improvement aims. The LDP guidance for 2016-17 states clearly that Health Boards and their partners in local government must take account of the effect of their plans on the outcomes for health and wellbeing set out in legislation as part of integration of health and social care, and on the indicators that underpin them. There is a legal duty for Health and Social Care Partnerships to produce a strategic plan and a duty for the delegating parties to be fully involved throughout that process. Health and Social Care Partnerships were formally established on 1 April 2016 and it is important that they are now engaged in the delivery of this LDP with a relationship based on collaboration and alignment.

Table 1 - LDP Standards and Linkage to National Improvement Priorities

NHS LDP Standard	National Improvement Priorities
Detect Cancer Early	Health Inequalities & Prevention
Cancer Waiting Times	Scheduled Care
Dementia Post Diagnostic Support	Primary Care
Treatment Time Guarantee (TTG)	Scheduled Care
18 Weeks Referral to Treatment (RTT)	Scheduled Care
12 Weeks First Outpatient Appointment	Scheduled Care
Early Access to Antenatal Services	Antenatal & Early Years
IVF Waiting Times	Scheduled Care
CAMHS Waiting Times	Scheduled Care
Psychological Therapies Waiting Times	Scheduled Care
Clostridium Difficile Infections	Safe Care
SAB (MRSA/MSSA)	Safe Care
Drug and Alcohol Treatment Waiting Times	Scheduled Care
Alcohol Brief Interventions	Health Inequalities & Prevention
Smoking Cessation	Health Inequalities & Prevention
GP Access	Primary Care
Sickness Absence	Person-Centred Care
Accident and Emergency Waiting Times	Unscheduled Care
Financial Performance	Finance

Delivery against these LDP standards will require the combined action of Health Boards, Local Authorities and Integration Joint Boards. The LDP standards are intended to provide assurance on sustaining delivery which will only be achieved by evolving services in line with the 2020 Vision. Progress against NHS LDP Standards will continue to be reported to the NHS Board. The Scottish Government will continue to review the LDP standards to ensure that their definitions are consistent with changes in service delivery.

1.8 Challenges in Forth Valley

There are a number of significant risks and challenges that will have to be addressed during 2016-17 and in the longer term, which are included in the specific action areas described in this LDP. These include:

- Sustainability of Primary Care services.
- Integration agenda and working through the first year of the Health and Social Care Partnerships.
- Emergency Access, Delayed Discharges and overall waiting times.
- More targeted focus on Health Inequalities.
- Workforce recruitment, retention and absence.
- Financial context.

NHS Forth Valley's approach to this increasingly complex environment is supported by a number of more detailed plans which set out the specific actions that underpin how we will address these issues. The planning matrix for NHS Forth Valley is provided in Appendix 1 of this plan.

1.9 LDP Structure

The LDP sets out how NHS Forth Valley with its local partners will improve services and health outcomes during 2016-17. The national improvement priority areas are:

Health Inequalities and Prevention	Scheduled Care
Antenatal and Early Years	Unscheduled Care
Safe Care	Mental Health
Person-Centred	Financial Planning
Primary Care	Community Planning Partnership
Integration	Workforce

The LDP Guidance, issued on 13 January 2016, contained the NHS LDP standards Boards are expected to deliver in 2016-17 (see Table 1 on page 9). This LDP will set out how NHS Forth Valley plans to deliver these standards. Each section in the LDP is structured as follows:

- Strategic Context.
- Progress during 2015-16.
- Improvement Actions 2016-17.
- Performance Management.

In developing the LDP 2016-17, the following guidance and policies have been considered:

- The LDP guidance.
- Health and Social Care Partnerships guidance and their strategic commissioning plans.
- Scotland's Spending Plans and Budget 2016-17.

2 National Improvement Priorities

2.1 Health Inequalities and Prevention

2.1.1 Strategic Context

NHS Forth Valley is committed to enabling those more at risk of health inequalities – physical, mental or both – to make better choices and positive steps toward better health and wellbeing. Four areas have been identified for specific NHS action:

- NHS procurement policies should support employment and income for people and communities with fewer economic levers. Where national procurement contracts are in place, the use of these in NHS Boards is mandatory however where feasible, procurement policies endeavour to support the local community.
- Actions relating to employment policies that support people to gain employment or ensure fair terms and conditions for all staff (2016/17 Workforce Plan).
- Actions to support staff to support the most vulnerable people and communities.
- Health improvement actions to promote healthy living and better mental health.

This activity is also focussed through the NHS workforce and the Health Promoting Health Service as well as with the wider community.

The Obesity Route Map sitting within the wider context of the National Performance Framework, recognises management and treatment as an important companion to tackling overweight and obesity in Scotland. The Scottish Government is committed to ensuring that cost effective and appropriate weight management services and treatments for obesity are provided for patients using a tiered approach.

The Nutrition & Dietetic Health Improvement Team (NDHIT) works in partnership with Local Authorities and third sector organisations to empower and support individuals, groups and communities to improve their health and access to healthier food options. The NDHIT uses food as a means of engaging with communities as well as the mechanism to address a range of both health and social issues. The team is focusing on addressing health inequalities with vulnerable adults, families and communities, concentrating on the worst 15% by SIMD.

NHS Forth Valley is working with Community Planning Partnerships to deliver outcomes within Single Outcome Agreements (SOAs) and Single Outcome Local Delivery Plans (SOLD) which will impact on health. There is a contribution from NHS Forth Valley to each Community Planning Partnership, including the development of health inequalities actions as a cross-cutting issue across all theme groups, the

development of an Equality and Diversity Impact Assessment (EQIA) process for CPPs and the application of health impact assessment.

Forth Valley NHS continues to work with the Alcohol and Drug Partnerships to drive forward the partnerships' aims of developing a recovery oriented system of care across the whole area. In addition, the whole population approach to reducing alcohol related harm is being progressed. The letter of 7 January from the Cabinet Secretary for Health and Wellbeing has been noted and acted upon. NHS Forth Valley will continue to work towards high levels of performance against both the Alcohol Brief Intervention Standard and the Drug and Alcohol Waiting Time Standard.

2.1.2 Progress During 2015-16

The main improvement and prevention activities in 2015-16 included smoking cessation services, health protection including immunisation and population health screening, alcohol brief interventions (ABI), the health promoting health service framework, Keep Well health assessments, the delivery of the sexual health and BBV framework, support to community planning and the SOAs and the joint work of the Forth Valley Alcohol and Drugs Partnership.

The Stop Smoking Service has continued to plan and deliver smoking cessation services in community venues using different approaches to ensure delivery of the HEAT standard. Stop Smoking services will continue to focus on areas of greatest need (40% SIMD) and with inequalities groups who are known to have higher than average rates of smoking prevalence, including people with mental health issues as well as priority groups, such as pregnant women. The approach being developed is closer working with community planning partners, such as local employability partnership members, to identify those who are ready to stop smoking and providing support.

NHS Forth Valley made considerable progress with the Health Promoting Health Service (HPHS) agenda in 2015-16. Improvements in the majority of the areas for development within the monitoring framework were noted with feedback from Health Scotland reporting 35 of the action areas complete, 7 partially met and 2 unmet.

Although the national funding for Keep Well has been withdrawn, NHS Forth Valley plans to continue with targeted primary anticipatory care work in Forth Valley, as this underpins the work on addressing health improvement and health inequalities. It includes specific work on, for example employability, substance misuse and healthy weight.

Forth Valley Alcohol and Drug Partnership (FVADP) commissioned a strategic needs assessment for substance misuse. Additionally the Local Enhanced Service (LES) for ABIs delivery within Primary Care has been reviewed, as well as the Opiate

Replacement Therapy (ORT) LES. Education evenings for GPs have taken place, as well as an evaluation of GPs' views on Opiate Replacement Therapy (ORT).

The Quality Improvement Framework Board of the FVADP delivered key milestones within the service improvement plan, such as providing workforce development support to Community Pharmacy Staff on recovery. Health visiting staff have benefited from additional training support on alcohol and drugs within the familial setting, all supported by FVADP.

NHS Forth Valley will continue to increase the numbers of staff trained to recognise and support victims of domestic abuse. Additionally, planning will continue to ensure appropriate NHS Forth Valley input to Multi Agency Risk Assessment Conferences.

NHS Forth Valley is working towards implementation of Tiers 2 and 3 of NHS Forth Valley's Weight Management Service (FVWMS). This service has achieved excellent results, after three years of project development, 45% of participants lost 5% of body weight exceeding the Scottish Government target of 30%. NHS Forth Valley is supporting a range of food activities in local communities, including capacity building with staff and volunteers. Capacity is being built within NHS and partner organisations on delivering key nutrition messages to facilitate behaviour change. NHS Forth Valley continues to maintain the innovative "Choose to Lose" website resource.

NHS Forth Valley uses the Scottish Procurement advertising portal for all tenders and uses the "Quick Quote" for goods and services under £25,000. The portal gives Scottish small and medium enterprises and supported businesses, the opportunity to bid for these NHS Forth Valley contracts. NHS Forth Valley Procurement has awarded major contracts during 2015-16 via the Public Contracts Scotland Portal, including the Community Language Interpreting and the Translation Service.

Key areas of progress include the Board's maintenance of the Healthy Working Lives silver award; reaccreditation of the UNICEF Baby Friendly Initiative award for acute services; further development of green space health improvement planning for NHS Forth Valley estates; delivery of a number of workplace physical activity programmes; and increased numbers of staff undertaking health behaviour change training. NHS Forth Valley will continue to deliver the National Working Health Service and Fit For Work programmes.

The NHS Forth Valley Health and Employability Working Group aims to co-ordinate NHS activity related to health and work, and wider partnership working, including support for the work of the three Local Employability Partnerships (LEPs).

Sexual Health (SH) and Blood Borne Viruses (BBV) are more prevalent in certain vulnerable groups. The SH and BBV MCN supports and monitors the five high level outcomes set out in the Scottish Government's SH & BBV Framework document 2015-20 to tackle the health inequalities gap. The aim is to reduce the number of

sexually transmitted infections and unintended pregnancies and to ensure sexual relationships are free from coercion and harm in a Scottish society.

NHS Forth Valley is committed to the improvement of mental health and wellbeing in the population as we recognise that it underpins many other issues such as substance use, employability, crime and health behaviours in general. This relates to the person-centred approach across various settings e.g. through the Health Promoting Health Service, Keep Well, Community Planning Partnerships and the Integration of Health and Social Care.

2.1.3 Improvement Actions 2016-17

- Support those most at risk of Health Inequalities through targeted interventions to support vulnerable people and harder to reach communities. Specific actions will include developing employment opportunities within the NHS and local partners for disadvantaged groups; reducing alcohol and drug related harm and promoting recovery orientated systems of care, identifying unrecognised health risks.
- Deliver Health Improvement by continuing to prioritise actions to reduce the harmful effects of cigarette smoking and engaging hard to reach groups.
- Protect vulnerable groups from harm with a continued focus on Child Protection.
- Deliver the BBV and Sexual Health Framework, and population health screening and immunisation programmes.
- Continue to promote healthy eating and reduce obesity through the Child Healthy Weight Programme (Max in the Middle) in local schools, adult healthy weight initiatives including the 'Choose to Lose' website and support staff and visitors through a change to healthy vending machines in all NHS sites.

2.1.4 Performance Management

In addition to the Improvement Actions outlined above, the following section sets out the relevant measures that will be used to monitor and assess progress and manage performance. These measures will be used at appropriate levels within NHS Forth Valley to monitor and drive progress. Regular monitoring will take place at a range of levels from front line, through Directorate Performance Reviews to the Performance & Resources Committee and NHS Board.

Measures – Focus on Health Improvement and Prevention
<u><i>LDP Standard</i></u> <i>Enabling people at risk of health inequalities to make better choices and positive steps toward better health</i> <ul style="list-style-type: none">• Sustain and embed Alcohol Brief Interventions in 3 priority settings of primary care, A&E and antenatal, and broaden delivery in wider settings• Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas <i>Prevention - Early diagnosis and treatment improves outcomes</i> <ul style="list-style-type: none">• People diagnosed and treated in 1st stage of breast, colorectal and lung cancer (25% increase)
<u><i>Local Measure</i></u> <i>Prevention</i> <ul style="list-style-type: none">• Screening Programme Performance (Cervical, Bowel, Breast)• Immunisation Programmes (Adult and Children) - uptake• Delivery of Child Healthy Weight interventions• New diagnosis of Hepatitis C & Hepatitis C treatments completed

2.2 Antenatal and Early Years

2.2.1 Strategic Context

NHS Forth Valley will follow the strategic context set out in Getting it Right for Every Child (GIRFEC), Child Protection Guidance, the Children and Young People (Scotland) Act 2014 and the ongoing work being taken forward through the Early Years Collaborative. Specifically, under the Act, Health Boards will be responsible for providing a Named Person service for every child up to 5 and a singular Child's Plan for every under 5 who requires one.

It is acknowledged that implementing the Children and Young People (Scotland) Act (2014) and introducing the new universal Health Visiting pathway, will have an impact on the Health Visiting workforce. This is being addressed in part by ring fenced funding to 2018 to train new Health Visitors and increase Health Visitor posts. A workforce plan has been completed which indicates a risk related to the number of current Health Visitors who may choose to retire from the service in the next 5 years. A training plan is under development to mitigate this and work towards service sustainability when the current financial support from Scottish Government ceases.

The universal Health Visiting pathway will be rolled out from April 2016, consistent with Scottish guidance. New supportive management posts have been introduced which combine professional and operational responsibilities and team leader posts will be recruited to develop caseload supervision model. This will assist NHS Forth Valley to develop a clinical career pathway for Health Visitors.

It is anticipated that with the plans described above, NHS Forth Valley will have sufficient capacity to deliver the Named Person Service by August 2016 and the Health Visiting Pathway fully by 2018.

The Children and Young People (Scotland) Act 2014 is planned to 'go live' in August 2016 and provides a series of 'must dos' for the NHS, Local Authorities and their partners. Within that context and the wider umbrella of Getting it Right For Every Child (GIRFEC) we, with our local partners, are also implementing 3 national quality improvement programmes.

The GIRFEC Implementation Group is co-ordinating a phased approach to the activities required to implement the 2014 Act, including staff awareness. The Group interfaces with two multi-agency partnership Groups (Stirling/Clackmannanshire and Falkirk) ensuring a consistent and joined up approach. Senior practitioners across key service areas have been identified to undertake local training and awareness raising in respect of the main areas of the 2014 Act and its service implications. Training and awareness sessions have been planned on a priority basis, first targeting those staff involved directly in children's services, followed by all staff groups. In addition, in anticipation of the introduction of the NES online resources, the NHS Forth Valley Staff Brief, which is cascaded to all staff, contains general GIRFEC information.

Within Forth Valley, there are three areas with dedicated Health Visiting (Named Person) teams. A secure email box is in place for each of the teams, to which Police Scotland send Police Concern Reports and a protocol is in place for accessing and responding to the email box. The three local authorities also have dedicated email boxes for their education services. The system is monitored closely and any amendments necessary will be introduced by 31 August 2016. Work is also being progressed to finalise a joint information sharing protocol to be endorsed by all agencies.

The Early Years Collaborative (EYC) and the Maternity and Children Quality Improvement Collaborative (MCQIC) are National Improvement Programmes designed to improve the health and wellbeing of populations across Scotland and in the words of the EYC 'make Scotland the Best Place to Grow Up.' The EYC is driven through partnership leadership groups in Clackmannanshire, Falkirk and Stirling. The NHS contributes actively to the leadership groups and also to a variety of tests of change.

In Forth Valley we have also developed links between those national programmes and the Raising Attainment For All (RAFA) programme and are delivering 'Quality Improvement across the Child's Journey' (conception to 18 years).

NHS Forth Valley is anticipating the launch of a new national dental strategy later this year which will also include dental programme improvements.

2.2.2 Progress During 2015-16

A Forth Valley wide implementation plan for Getting it Right For Every Child encompasses the three Local Authorities, Police Scotland and third sector organisations. This will ensure that future services are integrated and use consistent processes and procedures for providing staff training, planning and evaluating service provision for children and young people, regardless of where they live in Forth Valley.

Preparing to implement the responsibilities in terms of the Children and Young People (Scotland) Act, NHS Forth Valley has undertaken a robust analysis of the local health visitor workforce using the National Caseload Weighting Tool and identified the number of additional Health Visitors required. This has informed the development of a Workforce Plan for Health Visitors, including baseline information and the additional numbers being recruited through to 2018. NHS Forth Valley is working with local education providers to agree training places and local arrangements. Local processes around the named person are being considered, for example, information sharing protocols are under development.

A significant amount of work has been undertaken by a range of staff including midwives, health visitors, early years staff, nutrition and dietetics health improvement team (NDHIT) and partner organisations to progress Antenatal and Early Years Plans.

NHS Forth Valley has exceeded the 80% target for women booking to Antenatal Services before the 12th week. A stretch aim was developed and implemented to target 80% of women accessing antenatal care by the 10th week of pregnancy. NHS Forth Valley's performance in respect of the stretch aim during 2015 for the year was:

<10weeks	87.5%
<12 weeks	91.1%

NHS Forth Valley has achieved and maintained the 90% target for women to commence IVF Treatment within 12 months from referral. This aim remains a key priority for the Health Board.

The National Childsmile Programme is fully implemented locally, delivering a blend of universal and targeted dental health promotion that delivers a significant number of preventative interventions to children from birth to Primary 4. The Board will continue to work with local dental teams to improve the delivery and targeting of the programme in 2016-17.

The Child Healthy Weight Programmes Max in the Middle and Max in the Class, reflect our conceptual framework of developing resilience and being person centred (up to 1500 ten and eleven year olds participate every year and by the very nature of this programme drive forward this agenda). Interventions are biased towards schools whose catchment area takes in 'deprived' communities. In addition, the Max in the Class programme has trained 16 new members of staff who have since delivered a six session programme to approximately 400 participants.

The NDHIT, with links to the local Maternal and Infant Nutrition Group, have also implemented the NHS Scotland National Nutritional Guidance i.e. Setting the Table; Healthy Start Campaigns – Welfare foods and vitamins; Weaning Project; and Family Food Journeys. Moreover the NDHIT have led on providing and supporting practical food activities; and training and support to public health nurses and community organisations to improve and provide consistent information for parents.

2.2.3 Improvement Actions 2016-17

- Deliver the Children and Young People (Scotland) Act 2014 requirements including providing a Named Person for every child up to age 5.
- Ensure that there are arrangements in place by 31 March 2016 to identify every child under 5 who requires a statutory Child's Plan and ensure the workforce has the capacity, training and protocols to deliver the Child's Plan by 1 August 2016.
- Implement the Early Years Collaborative Programme with partners across Forth Valley with the aim of delivering on the stretch aims through a range of local initiatives using improvement methodology and local tests of change.
- Deliver the workforce plan to recruit and train health visitors towards the target numbers for 2018 (GIRFEC).

2.2.4 Performance Management

In addition to the Improvement Actions outlined above, the following section sets out the relevant measures that will be used to monitor and assess progress and manage performance. These measures will be used at appropriate levels within NHS Forth Valley to monitor and drive progress. Regular monitoring will take place at a range of levels from front line, through Directorate Performance Reviews to the Performance & Resources Committee and NHS Board.

Measures

Monitoring Implementation of the Children and Young People (Scotland) Act

- Development of key measures to ensure delivery of key aspects e.g.
 - Staff training
 - Implementation of the Named Person
 - Preparedness for implementation of the statutory Child's Plan

LDP Standard

Antenatal access supports improvements in breast feeding rates and other important health behaviours

- At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation

Local Measure

- Participation in Early Years Collaborative – Stretch Aims:
 - To ensure that women experience positive pregnancies which result in the birth of more healthy babies as evidenced by a reduction of 15% in the rates of stillbirths and infant mortality
 - To ensure that 85% of all children within each Community Planning Partnership have reached all of the expected milestones at the time of the child's 27-30 month child health review, by end-2016
 - To ensure that 90% of all children within each Community Planning Partnership have reached all of the expected developmental milestones at the time the child starts primary school, by end-2017

2.3 Safe Care

2.3.1 Strategic Context

Delivery of the National Scottish Patient Safety Programme (SPSP) continues as a key strategic priority for NHS Forth Valley and is reflected in both the Board's Quality Improvement Strategic Plan as well as in topic specific improvement plans supporting the Hospital Standardised Mortality Ratio (HSMR) improvement plan.

The Quality Improvement Strategic Leadership Group is currently taking forward the development of the Board's Quality Improvement Strategy for 2016-19, which incorporates the SPSP and Early Years Collaborative, together with other local priorities. The Board has developed a Clinical Governance Balanced Scorecard which incorporates the ten patient safety essentials. Performance is reported and reviewed at each meeting of the Clinical Governance Committee.

The ten patient safety essentials are in place across the organisation with mechanisms to independently assure progress, including care assurance ward visits; structured review of adverse events such as unplanned transfers to critical care; and infection control ward visits.

The Board continues to report progress with the supplementary heart failure bundle process measures and has demonstrated sustained improvement across the two relevant main clinical areas i.e. cardiology and a general medical ward. Plans are being made to step down data collection in these areas to support spread to a further ward which provides care for patients including those with heart failure. Although there are no specific outcome measures associated with the heart failure bundle, reliable care for these patients contributes to the overall SPSP aim of reducing mortality.

Sustained compliance at target with the Surgical Site Infection (SSI) theatre bundle has been demonstrated across all theatres and the frequency of national data reporting has now been stepped down. Improvement actions in relation to venous thromboembolism (VTE) are being progressed as part of the roll out of the structured ward round and will be supported by the implementation of electronic prescribing during 2016-17.

Work has been undertaken during the year 2015-16 with local authority colleagues to develop a Clinical Care Governance (CCG) framework, which will support safe care, moving forward as Health and Social Care Partnerships were established formally on 1 April 2016.

Reduction in falls and fall related harm remains a key strategic priority for NHS Forth Valley. A falls reduction improvement plan is lead by a Falls Strategic Group and a Falls Implementation Group. A post fall review tool is in use. To date a sustained reduction in falls has been achieved in the pilot wards but this impact has not yet been sustained across the organisation.

NHS Forth Valley continues to be committed to safe, effective and person centred care being at the heart of all aspects of care and service delivery.

2.3.2 Progress During 2015-16

Pressure ulcer care forms part of the SPSP and is one of measures of harm in the Scottish Patient Safety Indicator. This priority is a key part of the nursing and midwifery care assurance system and approach. The senior charge nurse drives this improvement within each ward area. This important work is supported by the Tissue Viability Service. The NHS Forth Valley Tissue Viability Service is a nurse led service, which aims to provide specialist advice and support on chronic or complex wounds/complex skin care needs to health care professionals within NHS Forth Valley. The service also incorporates the services of lymphoedema key workers.

The service covers the whole of Forth Valley and this includes visiting care homes, patients' own homes, community hospitals, acute hospital, health centres, community outreach clinics and HMP prisons. We have adopted a zero avoidable approach to the prevention of pressure ulcers with the objective of preventing all avoidable skin ulcers for people living in the Forth Valley area.

Examples of improvements in the safety of care in the last 12 months include:

Acute Adult Programme

- Continued reduction in HSMR. (21.1% since 2008)
- Sepsis - 12% decrease in year on year mortality on data provided nationally by Public Health Intelligence.
- Two learning sessions have been held as part of the local deteriorating patient and sepsis collaborative.
- Sustained improvement (reduction) in the number of pressure injuries across acute services.
- Sustained decrease in the number of falls in a care of the elderly pilot ward.
- Sustained improvement and high reliability in the use of heart failure bundle in the cardiology ward and a general medical ward.
- SSI theatre bundle – performance at target for 16 months.
- Sustained improvement in the number of patients with an accurate inpatient prescription chart within 24 hours of admission.

Maternity and Children's Quality Improvement Collaborative

- Sustaining ≥95% of women who are satisfied with the care they receive.
- Sustained improvement in the use of the post partum haemorrhage prevention and management bundles.
- Sustained improvement in % compliance with team huddles (maternal care team).
- Sustained improvement in the % of birth plans signed and dated by women and midwives.
- Sustained reliability in the use of the PVC insertion and maintenance bundles (Paediatrics).

Primary Care Patient Safety Programme

- 86% of practices participated in the safety climate survey with increased scores demonstrated over the five safety domains of workload, communication, leadership, teamwork and systems from 2013-14 to 2014-15.
- Sustained improvement in non-steroidal anti-inflammatory drug co-prescribing.

Mental Health

- Implementation of admission and discharge checklists.
- Continued process for review of episodes of restraint to review circumstances leading to the restraint, management of the restraint and generation of any learning points.

Healthcare Acquired Infection

- Whilst SAB infection reduction continues to be a challenging area, for the period April 2015 – March 2016 NHSFV achieved a 5% decrease in SABs compared to April 2014 - March 2015. There has been a continued reduction each quarter and the last quarter (Jan-Mar 2015) had the lowest case numbers since 2013. NHSFV has been proactive in reducing SAB numbers, for example a Peripheral Venous Catheter (PVC) insertion maintenance bundle has been implemented and audited across FVRH. This year has seen a 25% reduction in hospital acquired SABs and there have been no PVC SABs since July 2015.
- Communication has continued to improve and each directorate receives a specific report for their area, which includes SABs, CDIs and all device associated bacteraemias (an initiative that is unique in NHS Scotland). NHS FV has also revised and implemented various insertion and maintenance bundles for invasive devices including PVC, CAUTI, long lines (Hickman, CVC, PICC etc), LVPs, LP, and chest drains to reduce infection risk.
- Analysis of healthcare acquired SABs especially patients with osteomyelitis, discitis, septic arthritis etc to identify cause of the previous primary infection.
- The last three quarters (April – Dec 2015) have remained consistent, including a continued reduction in hospital acquired CDIs. NHS Forth Valley has one of the lowest rates of CDIs in NHS Scotland and continues to maintain low numbers.

The Antimicrobial Management Group reviews all cases for opportunities to reduce the CDI numbers further.

- All recommendations of the Vale of Leven Enquiry Report have been addressed in full.
- Recent unannounced HEI inspection of Forth Valley Royal Hospital and announced inspection of Clackmannanshire Community Healthcare Centre have provided positive assurance in local delivery of HAI standards.

2.3.3 Improvement Actions 2016-17

- Monitor SPSP programmes progress via the Quality Improvement Strategic Leadership Group with bi-monthly progress reports from all workstreams. This includes review of data on the national SPSP dashboard to benchmark progress with outcomes and identify any other Boards where learning can be sought.
- Deliver continued improvements in HSMR.
- Deliver key actions associated the Person Centred Health and Care Strategy 2015-17, which details NHS Forth Valley's priorities and commitments, to further embed person centred care.
- Work with Local Authorities and care providers to achieve the aim of a 50% reduction in grade 2-4 pressure ulcers acquired in hospital or care home by end of 2017.
- Maintain progress in improving rates of Healthcare Acquired Infection including SABs

2.3.4 Performance Management

In addition to the Improvement Actions outlined above, the following section sets out the relevant measures that will be used to monitor and assess progress and manage performance. These measures will be used at appropriate levels within NHS Forth Valley to monitor and drive progress. Regular monitoring will take place at a range of levels from front line, through Directorate Performance Reviews to the Performance & Resources Committee and NHS Board.

Measure:
<u><i>LDP Standard</i></u> <i>NHS Boards are expected to improve SAB infection rates during 2016-17. Research is underway to develop a new SAB standard.</i> <ul style="list-style-type: none">• Staphylococcus Aureus Bacteraemia (SAB) rate• Clostridium Difficile (CDI) rate
<u><i>Local Measure</i></u> <ul style="list-style-type: none">• Hospital Standardised Mortality Ratio (HSMR)• Scottish Patient Safety programme (SPSP) workstreams:<ul style="list-style-type: none">- Acute Adult- Maternity & Children- Mental Health- Primary Care• Ten patient safety essentials:<ul style="list-style-type: none">- Hand Hygiene- Leadership Walkrounds- Communications: Surgical Brief and Pause- Communications: General Ward Safety Brief- Intensive Care Unit (ICU) Daily Goals- Ventilator Associated Pneumonia Bundle- Early Warning Scoring- Central Venous Catheter Insertion Bundle- Central Venous Catheter Maintenance Bundle- Peripheral Venous Cannula• Stroke care bundle

2.4 Person-Centred

2.4.1 Strategic Context

The Strategic Quality Improvement Framework is our approach to focussing on quality, including safety and patient experience. The approach is dedicated to improving patient experience and delivering person centred services. NHS Forth Valley remains committed to improving patient experience as a key aspect of the quality improvement priorities that underpin the efficiency productivity and quality programme in NHS Forth Valley.

The development of the Person Centred Health and Care Strategy in 2015 set out:

- Our Vision for Person Centred Health & Care for NHS Forth Valley.
- Our drivers for developing the strategy.
- Our principles for achieving our vision from Patient Focus Public Involvement (PFPI)
- Our priorities and how we will achieve these commitments are contained within the Person Centred Health and Care delivery plan.

2.4.2 Progress During 2015-16

Significant progress has been made in the development and launch of the Person Centred Health & Care Strategy with an assured governance reporting structure. A Person Centred Steering Group is also in place. This has allowed NHS Forth Valley to build on what has already been achieved and has enabled the organisation to progress towards a programme of continuous improvement, supporting the five “must do with me” principles.

The “#hello my name is” campaign was successfully launched in 2015 and is embedded in Positive First Impressions/Communication training which is being rolled out across the organisation.

The person centred model has been developed within the management of complaints, in order to ensure that the process is personal in supporting patients, families and carers during their complaints journey and where possible attempting to achieve local resolution. Additionally, the focus on the performance of managing and handling complaints and feedback will continue.

The bereavement service has been developed with the appointment of bereavement co-ordinators within the Woman & Children’s Directorate to support the needs of those who have suffered loss.

The Self Assessment for 2014-15 was based on the annual report, feedback, comments, concerns and complaints (Implementation of the Patient Rights (Scotland) Act 2011), which was submitted by all Boards to the Scottish Government in June 2015.

As the focus was different from previous Participation Standard self assessments, the findings will provide a baseline for Boards with the opportunity to demonstrate future improvements.

The Scottish Health Council has assessed NHS Forth Valley as having met Level 2 (Implementation) for both Section 1 (Patient Focus) and Section 3 (Governance Arrangements). This concurs with the Self Assessment submitted by NHS Forth Valley. Due to this, no further evidence is required.

The development of volunteering roles continues within NHS Forth Valley. 2015 has seen the introduction of volunteering within the acute dementia ward in FVRH. This project has enhanced patient experience using distraction techniques with social interactions such as art and music therapies.

NHS Forth Valley has taken the opportunity to have in place a reporting forum for Person Centred Care. This system captures patient experience and feedback reported from weekly inpatient surveys, a number of feedback mechanisms such as postcards and how the organisation is progressing with implementing the Patient Rights (Scotland) Act 2011.

The inpatient children's ward has introduced "What Matters to Me". Each child is encouraged to complete a poster about what matters to them while they are in hospital and this is displayed at the bedside for all healthcare professionals to read prior to any interaction with the child. The children can write what matters to them or draw pictures. Common themes are "I want my Mummy to stay, I don't like needles and I would like to sleep longer in the morning".

2.4.3 Improvement Actions 2016-17

- Work towards delivering the Person Centred Health & Care Strategy, which provides a framework for change, covering the Person Centred Agenda.
- Implement the delivery plan to fulfil our Person Centred Health and Care commitment.
- Continue to roll out the Communication & Positive First Impressions programme across the organisation.
- Agree an action plan that will be informed by the outputs of the Clinical Services Review and the recommendations in the new national Strategic Framework for Palliative and End of Life Care.
- Develop a solid structure to support the continual delivery of a bereavement model.
- Involve patients and the public in service change, redesign and improvement of care and wellbeing.
- Ensure that all patients throughout their journey will be given the opportunity to say what, and who, matters to them, are supported to ensure this is achieved and that this is reviewed regularly.
- Establish a robust infrastructure to support the continuous development of volunteering across NHS Forth Valley.
- Support staff to access patients', families' and carers' spiritual needs, making necessary referrals to the Spiritual Care team.
- Ensure that the organisation can demonstrate that services have been evaluated to demonstrate that they meet the needs of our diverse community and that any barriers to access have been addressed.

2.4.4 Performance Management

In addition to the Improvement Actions outlined above, the following section sets out the relevant measures that will be used to monitor and assess progress and manage performance. These measures will be used at appropriate levels within NHS Forth Valley to monitor and drive progress. Regular monitoring will take place at a range of levels from front line, through Directorate Performance Reviews to the Performance & Resources Committee and NHS Board.

Measures
<u>LDP Standard</u>
<ul style="list-style-type: none">• Sickness absence 4%
<u>Local Measure</u>
<ul style="list-style-type: none">• The “Five Must Do’s With Me”<ul style="list-style-type: none">- What matters to you- Who matters to you- What information do you need- Nothing about me without me- Personalised contact• Clinical Quality Indicators<ul style="list-style-type: none">- Pressure area care- Food, Fluid & Nutrition- Falls• Falls with harm rate• Percentage of complaint responses within 20 days• Reduction in the number of complaints• Number of complaints acknowledged in 3 working days• Number of complaints referred to Ombudsman• Number of complaints upheld by the Ombudsman• Percentage of staff having completed an eKSF annual review• Long and short term absence rates• Patient and Carer Experience

2.5 Primary Care

2.5.1 Strategic Context

Successful primary care is integral to the 2020 Vision and integrated health and social care. The majority of healthcare interactions start and finish in primary care, both in-hours and out-of-hours. In the context of an ageing population with more people living with two or more long term conditions, the number of interactions will increase as they are supported to self-manage their conditions and live at home for as long as possible.

Introduction of the post QOF (Transitional Quality Arrangements) revisions to the General Medical Services (GMS) contract will be developed in 2016-17. It is envisaged that the transitional GMS contract for 2016/17 will focus on continued quality improvement, enabled by practices working collaboratively in “Clusters”. Transitional GMS arrangements and cluster-working will be considered within the context of integration, current work around locality planning, the RCGP vision for general practice, the national clinical strategy and sustainability issues relating to the recruitment and retention of GPs.

In Forth Valley we have six locality groupings developed to support collaborative work and aligned with the Localities Guidance for Health and Social Care Integration. While it is expected that the localities will form, and inform, the basis of cluster working, clusters are likely to be smaller, more discrete groupings of practices within localities.

Work is ongoing with all practices to identify a Practice Quality Lead (PQL) and for all clusters to have an appointed GP working as a Cluster Quality Lead (CQL) to support improvement work. It is anticipated that the Cluster Lead will also be a GP based within the Cluster.

Collaborative cluster working, focussed on continuous quality improvement, will inform the delivery of new models of care and development of a more resilient community infrastructure that will deliver community based, anticipatory and preventative care.

There will be a need to ensure;

- Effective communication and information sharing
- Minimisation of bureaucratic processes
- Effective engagement with practices
- Appropriate linkage between cluster working and locality planning to avoid duplication and disengagement
- Focus on enabling collaborative working where practices work together helped by provision of data and information that within networks

- Organisational and OD support to recognise CQL training and development needs
- Alignment of clusters and CQLs within organisational and Primary Care Clinical Leadership infrastructure
- Efficient recruitment process for CQLs and clarity of funding arrangements

NHS Forth Valley faces sustainability challenges due to GP recruitment and retention issues. We have learned from implementing multi-professional working models through adopting 2c practices at Bannockburn and Kersiebank.

Sir Lewis Ritchie's review of out of hours primary care services will be addressed through the Local Unscheduled Care Plan.

During 2015/16 a pilot project looked at the input of community pharmacy in the Medicines Reconciliation Process following discharge from FVRH. The project showed a positive impact on patient safety and it is our intention to extend this Quality Improvement work to involve all community pharmacies in NHS Forth Valley throughout 2016/17.

Pharmacy Locality Co-ordinator roles have been developed to work with relevant stakeholders to support the development of an effective Pharmacy network which will link in to the Locality model and support cluster working.

The recent review of the Control of Entry to the Pharmaceutical List will result in a revision of the Boards Pharmaceutical Care Services Plan. The locality co-ordinator roles will support this review.

Building capacity across Primary care remains a key priority for Pharmacy Services. Through Prescription for Excellence, a new 'Pharmacy First' community pharmacy service has been introduced locally to support the challenges of accessing GP services in hours and out of hours. This local service allows community pharmacists to treat uncomplicated urinary tract infections, impetigo and COPD exacerbations under locally agreed Patient Group Directions (PGD). This will help reduce the number of GP consultations and reduce the number of visits to Out Of Hours for these common conditions.

In order to support and build clinical capacity across GP practices with significant GP workforce challenges, additional primary care pharmacy posts were appointed in September 2015 to support a new primary care Multi-Disciplinary Team (MDT). To build clinical capacity within MDTs working in community hospitals and care home facilities additional pharmacist posts were appointed in January/February 2016. Both these initiatives have been funded through Primary Care Development Funding.

The need to mainstream and exploit the value of telehealth services has been highlighted as a priority through the Clinical Service Review, particularly through the

Long Term Conditions and Frailty work streams and through work aligned with the implementation of the Dementia Strategy. Remote access to information remains a challenge for community workers and has been prioritised within the e-health strategy. Most practices use online prescription ordering services, with an increasing number offering online appointments. This is being highlighted through the Forth Valley Practice Managers Group.

Priorities continue to be informed by Delivering Quality in Primary Care whilst focussing on whole system working, management of long term conditions, effective and rational use of prescribing resources, service improvement and development of effective ways of working in the community. The latter has evolved to support the integration agenda with emphasis on locality planning and effective interface working.

Child dental health has been monitored routinely since 2004 in Primary 1 and Primary 7 pupils. With the development of the Childsmile Programme from 2007 onwards a national target was introduced to monitor one aspect of this programme, fluoride varnish applications, in two target age groups, 3 and 4 year olds. Although Forth Valley did not meet the March 2014 target of 60% of children aged three and four years old receiving two or more fluoride varnish applications for all quintiles of deprivation, high levels were achieved among the most deprived quintiles and substantial improvements in dental caries, with corresponding reductions in dental general anaesthetics for children, have been achieved. In order to better monitor changes in the oral health of children and provide a more comprehensive understanding of the impact of improvement work, NHS Forth Valley has developed a Child Dental Health Dashboard highlighting a range of data.

With an ageing population and associated growth in age related eye conditions, opportunities to optimise the role of primary care optometry will be considered.

2.5.2 Progress During 2015-16

Last year NHS Boards set out their prioritised actions to increase capacity in primary care, covering General Practice, Dentistry, Optometry, Pharmacy and Out of Hours. This focused on four key themes: leadership & workforce, planning & interfaces, technology & data, contracts & resources. Progress on these four key themes is outlined below. These are in line with the 2020 Vision and Health and Social Care Integration to manage as much care as close to home as appropriate.

Leadership & workforce

NHS Forth Valley has a highly skilled and committed primary care workforce. Capacity challenges are being increasingly experienced within primary care and community settings. GP sustainability issues are managed constructively and collaboratively, through effective multi-professional working, engagement with practices and organisational support. There is strong engagement with services, a co-ordinated clinical leadership structure led through a Primary Care Leadership Forum, and strong links with the Professional Advisory Committee structure.

Planning & interfaces

Positive progress has been made in developing a locality planning structure and progressing the principles of anticipatory care. Locality Action Plans are being developed for the six Forth Valley localities to inform the Strategic Plans of the Health and Social Care Partnerships. The Whole Systems Working Project has also prioritised locality development recognising that this is key to effective health and social care integration and aligned with priorities for the 2016-17 GMS contract.

The Anticipatory Care Plan (ACP) group has been set up with a key objective to develop and pilot a draft single ACP to be considered nationally by the Living Well in Communities Programme. Further work around ACP is focussed on reducing avoidable admissions and readmissions and providing ambulatory options to admission through the frailty clinic and extended community teams including a new Closer to Home service and the roll out of the ALFY advice line for vulnerable older people.

There is ongoing focus on delivering the Dementia Strategy with work on all national commitments being co-ordinated through the Dementia Steering Group.

Technology & data

There has been continued focus on effective information sharing across service interfaces. 4.2% of Forth Valley patients now have a Key Information Summary. An intranet based adverse event reporting tool called MoSES ('Morbidity and Mortality Significant Event System') has been developed. The system is used primarily for reporting clinical events and will facilitate clinical meetings and discussions. It is anticipated that data extracted from MoSES will help identify trends and themes relating to adverse events and inform future patient safety work.

Contracts & resources

Despite the challenges of an ageing population, multiple morbidities, increasing expectations and polypharmacy, NHS Forth Valley has maintained a Cost per Patient prescribing position below the Scottish average. Key to effective use of resources is effective collaboration between GPs and the Pharmacy Support Team which has undergone transition to expand and provide additional support for practices in difficulty.

Work is underway in preparation for the transitional GMS contract in 2016-17, to identify and support locality cluster quality leads.

GP recruitment and retention remains a significant challenge. The Board has provided continued support to practices in difficulty and managed 2c practices. The development of multi-professional teams will continue.

2.5.3 Improvement Actions 2016-17

- Stabilise the currently available GP workforce to maintain the available medical capacity in primary care by supportive actions for practices facing recruitment difficulties and a proactive approach to those facing future challenge.
- Develop a broad based multidisciplinary workforce based in primary care including AHPs, community nurses, pharmacists and optometrists, to deliver a model of care that increases the capacity available to see people in an “out of hospital” community setting.
- Provide a sustainable service avoiding the need for admission for those whose needs can be met through self management and the use of ACPs, concentrating on patients with multi-morbidity and the frail elderly.
- Align and extend “out of hospital” improvement initiatives, such as, ACP, ALFY and Closer to Home with “core” community work.
- Implement a prioritisation programme for investment to ensure premises and IT infrastructure in primary care are fit for purpose and maximise the opportunity for effective patient care.
- Support ongoing quality improvement work, aligned with the principles of Delivering Quality in Primary Care, co-ordinated by the Primary Care Quality Improvement Group.
- Ensure primary care involvement in health and social care integration and influence in priority setting.

2.5.4 Performance Management

In addition to the Improvement Actions outlined above, the following section sets out the relevant measures that will be used to monitor and assess progress and manage performance. These measures will be used at appropriate levels within NHS Forth Valley to monitor and drive progress. Regular monitoring will take place at a range of levels from front line, through Directorate Performance Reviews to the Performance & Resources Committee and NHS Board.

Measures
<p><u>LDP Standard</u></p> <p><i>Often a patient's first contact with the NHS is through their GP practice. It is vital, therefore, that every member of the public has fast and convenient access to their local primary medical services to ensure better outcomes and experiences for patients.</i></p> <ul style="list-style-type: none">• 90% of people will have 48 hour access or advance booking to an appropriate member of the GP team• Delivery of dementia post diagnostic support
<p><u>Local Measure</u></p> <ul style="list-style-type: none">• Flu immunisation rates• Childhood immunisation rates• Prescribing costs• Allied Health Professionals (AHP) waits• Musculoskeletal (MSK) waits – see also Scheduled Care• Number of patients with an ACP• Long term conditions bed days – conditions are Asthma, COPD, Diabetes, CHD• Dashboard for monitoring child dental health

2.6 Integration

2.6.1 Strategic Context

NHS Forth Valley is working with its local authority partners and has established two Health and Social Care Partnerships; a partnership between NHS Forth Valley and Falkirk Council and a multi authority partnership between NHS Forth Valley, Clackmannanshire and Stirling Councils. The partnerships are being established in line with the Public Bodies Act 2014 and the supporting guidance.

Integration Joint Boards (IJBs) have been formally established since 1 April 2016. Full delegation of functions transferred to the Integration Authorities from 1 April 2016, following approval of the Strategic Plan and associated budgets. From 1 April, a range of functions fall under the Integration Authority as set out in the Integration Scheme.

Quality and safety for people who use our services must remain at the forefront during 2016-17 when the Health and Social Care Partnerships take on responsibility for health and social care services.

2.6.2 Progress During 2015-16

NHS Forth Valley and its Local Authority partners agreed to pursue the Body Corporate model with delegation by Local Authorities and the Health Board of all functions within scope of integration, to an IJB with accountability for overseeing the provision of functions.

Transitional Boards progressed with preparing for integration on 1 April 2016. Chairs and Chief Officers were appointed in 2015. Strategic Planning Groups have developed Strategic Plans which were finalised by March 2016 and set out the strategic priorities for the Health and Social Care Partnerships for the next 3 years.

Strategic Planning Group arrangements are well established in both Partnerships and have supported the production of the strategic needs assessments; housing contribution statements; and draft strategic plans. Strategic plans for each Partnership were subject to a period of consultation and are now approved.

Both Partnerships undertook a commissioned approach to agreeing priorities for partnership funds based on national guidance, local learning from the Change Fund processes and emerging priorities from the strategic planning process.

Implementation of plans, using Partnership funding, is at an early stage and both Partnerships will be undertaking robust evaluations to ensure funding is closely aligned with strategic plan priorities.

NHS Forth Valley agreed a suite of measures to ensure stability in the provision of Community Services Directorate (CSD) Services during 2015-16. This included retaining Sub Committees, Joint Management Team, PPF and Staff Partnership Forum. As the IJBs have become established, some of these arrangements have now been discontinued.

Positive progress has continued in engaging GPs, community health staff, Social Work and the Third Sector in locality focused discussions regarding integration and joint priorities.

2.6.3 Improvement Actions 2016-17

- Contribute to the Strategic Planning process and support the development of an annual operational delivery plan for each Health and Social Care Partnership.
- With the IJBs agree key frameworks to underpin the work of the Partnership and the strategic planning process, including a Performance Framework, Clinical & Care Governance Framework, Participation & Engagement Strategy, and Workforce Strategy. These will clarify the contribution of the Health Board to delivering the Strategic Plan.
- Interpret the Strategic Needs Assessment at locality level. Primary Care clinical leads are playing a proactive role in supporting Chief Officers to develop models of locality planning.
- Align current partnership funding plans, including Integrated Care Fund (ICF) and Delayed Discharge Funds with Partnership Strategic Plan priorities.
- Support the implementation of a robust evaluation process in each Partnership to review all Partnership funding arrangements.
- NHS Forth Valley will continue to work with the Partnerships to support and develop the Joint Staff Forum and the implementation of the agreed workforce strategy priorities.

2.6.4 Performance Management

Performance Management is a legislative requirement for the Health and Social Care Partnerships with the production of an Annual Report as a minimum. The key measures and targets around integration will be driven by the Strategic Plans and the performance management arrangements are being developed accordingly. Cognisance will be taken of the national indicators for the Integration of Health and Social Care that were published in 2015.

Measures

<u>Local Measure</u>

- | |
|---|
| <ul style="list-style-type: none">• The Performance Framework sets out a consistent approach across both Partnerships in relation to responsibility for, and reporting on, national and local targets and priorities.• As part of the Integration Scheme, Health and Social Care Partnerships must prepare a list of measures against Integration and Non Integration functions.• Total bed days lost to delayed discharge.• Measurement around supporting admission avoidance and expediting early discharge to be confirmed.• Delayed Discharges over 14 days• Delayed Discharges over 72 hours• Number of Code 9 Delays• Bed days lost to Code 9 Delays |
|---|

2.7 Scheduled Care

2.7.1 Strategic Context

The national context sees an ageing population driving increasing levels of referral, which, in turn add to the demand for elective services. It is important that we develop a sustainable response to the changing environment and address the core capacity of elective services to ensure that demand is met. The vast majority of people awaiting elective treatment will be treated locally or within NHS Scotland facilities, such as the Golden Jubilee National Hospital.

It is a legal requirement for Boards to comply with the Treatment Time Guarantee (TTG) and the Board will make every endeavour to meet the TTG target. However it should be recognised that in the current constrained financial environment, achieving the TTG targets will be challenging for the Board. It is proving difficult to maintain the 12 week Outpatient standard locally. During 2016/17 we will make every effort to improve the position in Forth Valley. Within CAMHS and psychological therapies, we have increased the available capacity considerably, however it is likely to be some time before we are able to make a significant improvement in the associated referral to treatment standards.

Capacity plans will reflect the demand and capacity for each speciality to ensure a full appreciation of emerging challenges. It is essential that services use existing resources efficiently, that variation is reduced and managed and variability in patient pathways is addressed to ensure that the right service is available in the right place at the right time.

2.7.2 Progress During 2015-16

Despite good progress during 2015-16 demand continues to increase and recent increases in the numbers of people waiting represent a challenge.

Progress has been made regarding targets for CAMHS and psychological therapies. NHS Forth Valley Board has also made a significant financial commitment to the CAMHS, increasing clinical capacity. Together with the additional resources, a focus on service re-design has supported the management team in addressing the challenges. A range of projects are being delivered using mental health innovation funding to improve access to CAMHS and psychological services.

The redesign has also provided the opportunity to review all systems and practice within the service. The recruitment of an Information Co-ordinator has provided assurance that accurate data can now be collated and measured.

Waiting times have also improved for the endoscopy service.

2.7.3 Improvement Actions 2016-17

- Make progress with delivering the access standards for patients in Endoscopy, CAMHS, Psychological Therapies and Musculoskeletal (MSK).
- Strive to maintain the delivery of TTG and the Cancer standards, recognising that there is a significant resource risk associated with their delivery.
- Make progress towards reducing the percentage of patients waiting over 12 weeks for an outpatient appointment by March 2017. This will impact on our ability to deliver the 18 week referral to treatment standard (RTT target 90%).
- Implement the National Scheduled Care Programme “Getting Ahead”. Activities will focus on implementation of the National Scheduled Care Programme (sustainability). Implementation of the “Getting Ahead” programme will look to develop sustainable whole systems management for elective services.

2.7.4 Performance Management

In addition to the Improvement Actions outlined above, the following section sets out the relevant measures that will be used to monitor and assess progress and manage performance. These measures will be used at appropriate levels within NHS Forth Valley to monitor and drive progress. Regular monitoring will take place at a range of levels from front line, through Directorate Performance Reviews to the Performance & Resources Committee and NHS Board.

Measures
<p><u>LDP Standard</u></p> <p><i>Early diagnosis and treatment improves outcomes.</i></p> <ul style="list-style-type: none">• 31 days from decision to treat (95%).• 62 days from urgent referral with suspicion of cancer (95%).• People diagnosed and treated in 1st stage of breast, colorectal and lung cancer (25% increase).• Eligible patients commence IVF treatment within 12 months (90%). <p><i>Shorter waits can lead to earlier diagnosis and better outcomes for many patients as well as reducing unnecessary worry and uncertainty for patients and their relatives.</i></p> <ul style="list-style-type: none">• 18 weeks Referral to Treatment (RTT 90%).• 12 weeks Treatment Time Guarantee (TTG 100%)• 12 weeks for first outpatient appointment (95% with stretch 100%).• 18 weeks referral to treatment for Specialist Child and Adolescent Mental Health Services (90%).• 18 weeks referral to treatment for Psychological Therapies (90%). <p><i>Services for people are recovery focussed, of good quality and can be accessed when and where they are needed.</i></p> <ul style="list-style-type: none">• Clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery (90%).
<p><u>Local Measures</u></p> <ul style="list-style-type: none">• Diagnostic 42 day wait• Access to MSK services <p>Close monitoring of:</p> <ul style="list-style-type: none">• Outpatient unavailability• Inpatient unavailability

2.8 Unscheduled Care

2.8.1 Strategic Context

The Scottish Government introduced the 6 Essential Actions programme for unscheduled care in June 2015 which included a focus on optimising the admission and discharge balance in hospitals each day and appropriately avoiding admission wherever possible. During 2016-17 the programme will continue with a focus on improving discharge processes including collation of ward level admission and discharge information and review against operating models on a daily, weekly and monthly basis. As in 2015-16 the focus in 2016-17 will remain on delivering the “6 Essential Actions”, working closely with the national team to support implementation, as outlined in NHS Scotland Director of Performance’s letter to Board leads regarding unscheduled funding for 2016-17 and the associated reporting arrangements.

The “6 Essential Actions” are:

- Clinically Focussed and Empowered Hospital Management.
- Hospital Capacity and Patient Flow (Emergency and Elective) Realignment.
- Patient Rather Than Bed Management – Operational Performance Management of Patient Flow.
- Medical and Surgical Processes Arranged to Improve Patient Flow through the Unscheduled Care Pathway.
- Seven Day Services Appropriately Targeted to Reduce Variation in Weekend and Out of Hours Working.
- Ensuring Patients are Optimally Cared for in their Own Homes or Homely Setting.

Every effort will be made towards achieving 95% compliance, as per the trajectory set out in the NHS Forth Valley response to the Director of Performance’s letter.

During 2015-16 further activity was also identified in the FV Winter Plan and development of two Partnership Integration Health and Social Care Plans.

2.8.2 Progress During 2015-16

- Improvement in NHS Forth Valley, towards achieving 95% compliance and improvement in the number of 12 hour breaches and reduction in 8 hour breaches.
- Change introduced to acute care for medicine – all patients now reviewed by Consultant within 12 hours of admission.
- Frailty model pilot being implemented to improve pathway for older people.
- Ambulatory Medicine consultant allocated to triage GP calls and bring back patient as urgent follow-up where appropriate. *Delete frailty*
- Commenced development of ward action plans to address the requirements of the 6 essential actions.
- Continued roll out of IHO programme.
- Discharge lounge introduced 7 days per week and discharge support team now in place 7 days per week.
- Additional Physiotherapy and OT rehab services are in place at weekends.

2.8.3 Improvement Actions 2016-17

- Develop services further by reinforcing clinical decision making and roles, in particular Clinical Directors, ward based Consultants, Charge Nurses and Advanced Professional Practitioners to ensure patient flow across extended hours and weekends.
- Continued roll out of IHO programme (NHS Forth Valley is one of three national pilots working with the Institute of Health Optimisation (IHO) to help reduce delays for patients. The aim of the programme is to even out the peaks and troughs. The IHO patient flow programme will continue to be rolled out in acute wards during 2016-17).
- Introduce frailty criteria for unscheduled care admission to ensure the appropriate route for patients.
- Work with Scottish Ambulance Service to review pathway for patients who fall, minimising admission to hospital.
- Review Redirection Policy to ensure Out Of Hours (OOH) and other healthcare services flow is working optimally.
- Review and redesign the FV GP OOH Service in line with the recommendations following the National Review of GP OOH Services.
- Review and further develop the use of Closer to Home and promote the use of the Advice Line for You (ALFY) as an alternative to admission.

2.8.4 Performance Management

In addition to the Improvement Actions outlined above, the following section sets out the relevant measures that will be used to monitor and assess progress and manage performance. These measures will be used at appropriate levels within NHS Forth Valley to monitor and drive progress. Regular monitoring will take place at a range of levels from front line, through Directorate Performance Reviews to the Performance & Resources Committee and NHS Board.

Measures
<p><u>LDP Standard</u></p> <p><i>High correlation between emergency departments with 4 hour wait performance between 95 and 98% and elimination of long waits in A&E which result in poorer outcomes for patients.</i></p> <ul style="list-style-type: none">• 95% (with stretch 98%) of patients attending ED / Minor Injuries will be seen, treated and discharged or transferred within 4 hours.

2.9 Mental Health

2.9.1 Strategic Context

Performance against the mental health access standards continues to show a rise in the number of people starting treatment. A Mental Health Improvement programme to support NHS Boards to improve access to services and meet the waiting times standard sustainably has been announced. The programme will be delivered by Healthcare Improvement Scotland, which will establish a Mental Health Access Improvement Support Team (MHAIST). MHAIST will work in partnership with NHS Boards to identify enablers and barriers to the Board being able to deliver improved access and meet the waiting times standard, and support Boards to review their mental health access improvement plans in light of that joint consideration of local enablers and barriers to delivery. MHAIST will take a phased approach, working intensively with a small number of Boards at a time.

NHS Education for Scotland will continue to deliver a programme of education, training and support to increase workforce capacity in CAMHS and psychological therapies, and to improve the quality of supervision.

In December 2014, the Scottish Government set a HEAT target for the NHS in Scotland to deliver a maximum waiting time of 18 weeks from referral to treatment. To date, this target has not been achieved for CAMHS although significant improvements have been made. Overall there has been an increase in referrals to the service over the past 12-18 months, which has added to the challenge in meeting the target. Whilst it is anticipated that the target will remain a challenge during 2016-17, we will make every effort to meet this.

Mental Health innovation funding, along with local investment, has been used to fund 3 of the 9 additional mental health nursing posts for CAMHS. The innovation funding was also used to contribute to the Interventions for Vulnerable Youth Project which has supported frontline professionals to weigh up the best approach to treatment and risk management and to the Safespot mobile App, which incorporates mental wellbeing and positive safety planning into children's mobile devices.

During 2016-17 it is planned to use innovation funding to develop a CAMH intensive treatment service to support children in the community and to provide additional capacity in Tier 2 provision, to provide early and effective intervention as well as prevention. It is also planned to enhance psychological therapies for young offenders in 2 national prisons in the area.

The recently appointed Information Co-ordinator within CAMHS has supported an improvement in process and data collection within the service. This development has resulted in the ability to assess the impact any new posts and to provide accurate and meaningful reports around workforce, waiting times and waiting list management.

A training needs analysis was completed in 2015 and priority areas identified were Cognitive Behavioural Therapy, Talking Therapies, Dyadic Developmental Psychotherapies and Family Therapy.

All essential actions within the CAMHS action plan have been completed and the redesign process will continue, which will focus on improving efficiency, performance and capacity within the service. Due to challenges around recruitment and staff relocating, the service is not yet up to full capacity. It is anticipated that by September 2016 a full complement of staff will be in post.

The Scottish Government made the timely delivery of psychological therapies a priority in “A Mental Health Strategy for Scotland 2012-15”. In December 2014 the NHS Scotland HEAT target for Psychological Therapies became active. This stated that at least 90% of people requiring a psychological therapy will start treatment within 18 weeks of referral. Whilst Board performance against the psychological therapies target improved in the latter part of 2015 and early 2016, capacity issues due to staff absence and retirements and a growth in referrals have made sustaining the improvement difficult. Every effort will be made to achieve this target, however it is anticipated that the target will remain a challenge during 2016-17.

Mental Health innovation funding has been used in the psychological therapies service, and in 2016-17, clinical psychologists for older people and substance misuse will be recruited along with a Cognitive Behaviour Therapist for adult mental health. The funding is being used to address some of the service gaps identified in the review of services.

Recent improvements in local data collection and analysis have allowed reporting of clinical activity at an individual clinician level and this enables the impact of additional psychological therapies funding to be tracked and assessed, for each new post appointed.

A training needs analysis has been completed across mental health services and the principal training needs to be addressed are Cognitive Behaviour Therapy with services for adults and older people, perinatal and eating disorder services and also for psychosis; Supervision for people with learning disabilities; phased based interventions for trauma; non-pharmacological interventions for stress and distress in dementia.

The 2015-16 psychological therapies action plan was implemented fully. This included the internal redesign of the psychology service to improve accountability and supervision arrangements and a review of job plans, with new staff appointed on generic job descriptions to maximise flexibility. All 9 WTE new posts were recruited to successfully. A wider redesign of psychological therapies is progressing.

Improving Post Diagnostic Support (PDS) is one of the two key improvement areas in 'Scotland's National Dementia Strategy' (June 2010). The Scottish Government announced its intention to introduce a post-diagnostic support target to ensure people with dementia receive the help they need following diagnosis.

2.9.2 Progress During 2015-16

NHS Forth Valley has contributed to the national Mental Health and Learning Disability Inpatient Bed Census published in 2015 and is actively preparing for the 2016 census. Additional resources have been put in place to support IM/IT systems for mental health services locally. Initially, information will be collected regarding bed capacity, thereafter moving towards collecting community activity data, which will provide appropriate benchmarking in due course.

Progress has been made regarding targets for CAMHS and psychological therapies. NHS Forth Valley has made a financial commitment to CAMHS, increasing clinical capacity.

As part of the Clinical Services Review, the Mental Health and Learning Disability work stream provided a better understanding of the anticipated level of need locally, service priorities including assistance in identifying optimum number of inpatient beds, and how best to target staff training and development.

Work has commenced with all partners taking forward a whole system approach to defining a Dementia Pathway that will support capacity building for the link workers and partners. For example, partnership working with Alzheimer's Scotland and NHS Forth Valley has continued to improve.

2.9.3 Improvement Actions 2016-17

- Work with the Mental Health Access Improvement Support Team to identify enablers and barriers to the delivery of improved access and meet the waiting times standard.
- Make progress with delivering the access standards for patients in CAMHS and Psychological Therapies.
- Review Psychological Therapies to improve services including a workforce development plan.
- Identify a clear direction of travel for those with a dementia diagnosis within the health & social care agenda.
- Gain commitment from Statutory Services and Third Sector partners to support service delivery for individuals with dementia.

2.9.4 Performance Management

In addition to the Improvement Actions outlined above, the following section sets out the relevant measures that will be used to monitor and assess progress and manage performance. These measures will be used at appropriate levels within NHS Forth Valley to monitor and drive progress. Regular monitoring will take place at a range of levels from front line, through Directorate Performance Reviews to the Performance & Resources Committee and NHS Board.

LDP Standard

Early action is more likely to result in full recovery and improve wider social development outcomes.

- 18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (90%)

Timely access to healthcare is a key measure of quality and that applies equally to mental health services

- 18 weeks referral to treatment for Psychological Therapies (90%)

Enable people to understand and adjust to a diagnosis, connect better and plan for future care

- Delivery of dementia post diagnostic support

Local Measures

- National Dementia related caseload criteria for the link worker is 50 per WTE
- Increase in link worker capacity for Dementia – to be measured by (reduced) waiting times

Measure Dementia specific average monthly and annual referrals

3 Overarching Improvement Areas

3.1 Financial Planning

It is essential that our services are as effective and efficient as possible to ensure that we continue to meet demand changes arising from demography, improving care standards, the introduction of new technology, new and changing drug indications and meeting targets and guarantees.

Following the Scottish Budget in February 2016, its associated implications and an update of issues facing the NHS, identified a requirement for cash savings of 6% (£26.614m) in 2016-17. Cash savings of this magnitude carry risk and there will be implications for a service which is workforce based. Every effort is focused on minimising spend on temporary workforce costs (Medical Agency, Nurse Bank and Agency and Administration Bank).

Whilst NHS Forth Valley has been notified of an uplift of 4.6% this includes the local share of £250m which direction has been given to Boards to allocate to Integration Joint Boards to allocate to Social Care – this accounts for 2.9% of the uplift leaving 1.7%. This is further reduced by a 7.5% reduction in ‘bundled’ allocations, a reduction in estimated resources available for the New Medicines Fund (estimated reduction from £ 85m to £60m nationally) and an overall reduction in funding for Alcohol and Drug Partnerships of approximately 21%.

Increased costs are anticipated including basic pay uplift 1%, increase in national insurance contributions as a consequence of national pension changes equating to a further 1.4%, auto-enrolment refresh, apprenticeship levy (0.5% scheduled for April 2017), prescribing increases (1.5% volume and 2.75% price increase for primary care; 10% for acute hospital drugs and further estimated costs for new drugs approved by the Scottish Medicines Consortium); and general prices of 2% (NHS inflation tends to be ahead of general inflation). Further additional recurrent costs are anticipated to meet demographic change and to ensure LDP targets are met for 4 hour maximum wait in Accident and Emergency; 12 week Treatment Time Guarantee; reducing the percentage of patients waiting in excess of the 12 week outpatient standard, together with setting aside resources for winter of 2016.

The initial Financial Plan 2016-17 – 2020-21 was approved at the end of March 2016. This has been updated as we work through and rebalance our resource use as needs and priorities emerge through both the local Clinical Services Review and the Strategic Plans of the two Health and Social Care Partnerships. In March 2016, £4.923m recurrent cash savings remained unidentified and a risk of £10m - £12m highlighted. A further update, including the draft Capital Plan will be considered by the Board at the end of May, however approximately £2m recurrent cash savings still require to be identified.

However it is important to stress that change brings with it risk. The financial challenge of integrating funding streams from health and social care at a time when real cost reductions are required is significant.

The requirement to align resource utilisation to Community Planning priorities, to NHS priorities, to deliver change arising from Strategic Plans and to develop locality planning will make financial control ever more complex in the timeframe of this Financial Plan.

3.1.1 Performance Management

In addition to the Improvement Actions outlined above, the following section sets out the relevant measures that will be used to monitor and assess progress and manage performance. These measures will be used at appropriate levels within NHS Forth Valley to monitor and drive progress. Regular monitoring will take place at a range of levels from front line, through Directorate Performance Reviews to the Performance & Resources Committee and NHS Board.

Measures
<u>LDP Standard</u> <ul style="list-style-type: none"> • Operate within agreed revenue resource limit; capital resource limit; and meet cash requirement

3.2 Community Planning Partnerships

3.2.1 Strategic Context

The NHS Board contribution to Community Planning supports the delivery of health improvement and health inequalities as recommended by the Christie Commission, and helps to ensure delivery of the Scottish Government's 2020 Vision.

The Falkirk Community Planning Partnership (CPP) is currently developing a Single Outcome Local Delivery Plan (SOLD) to set out the CPP's commitment from 2016 to 2020 to focus attention, resources and efforts on the things that make Falkirk 'the place to be'.

In Clackmannanshire the SOA priorities 2013-23 have been agreed jointly by all partners within the Alliance. Priorities are to be delivered in a more integrated whole systems approach, focusing on prevention and early intervention.

The Stirling Leadership Group has agreed joint priorities for delivering the SOA via task group action plans. CPP task groups in Stirling have NHS Forth Valley representative leads supporting implementation of strategic priorities in respect of Tackling Poverty and Inequalities, Local Employability Partnership (LEP) and Children and Young People.

In light of the Public Bodies (Joint Working) (Scotland) Act, NHS Forth Valley has, during 2015-16, been engaging Clackmannanshire, Falkirk and Stirling Community Planning Partnerships (CPPs) in the production of:

1. Integration Schemes for both the Falkirk Health and Social Care Partnership and the Clackmannanshire / Stirling Health and Social Care Partnership and;
2. Draft Strategic Plans for both Health and Social Care Partnerships.

Both Health and Social Care Partnership Strategic Plans identify health improvement and health inequality reduction as key outcomes for Health and Social Care Partnerships and recognise the importance of planning and delivering Health and Social Care in partnership with CPPs.

This work has run concurrently with the NHS Forth Valley Clinical Services Review (CSR) and the development of the NHS Forth Valley Healthcare Strategy. Delivering improvement on the majority of the themes emerging from the CSR is contingent upon positive partnership working between NHS Forth Valley and the 3 CPPs.

3.2.2 Progress during 2015-16

Clarity of Senior NHS Forth Valley representation on all 3 CPP Leadership groups has been established with the NHS Board Chairman, Chief Executive, Director of Public Health and CSD General Manager being represented on CPP Leadership Groups. The Director of Public Health has re-established the Forth Valley Health Improvement and Health Inequalities Group.

Integrated Care Funding has been accessed to develop a programme of work to enhance third sector support for patients via primary care. This aims to learn lessons for best approaches in integrating primary and secondary prevention support.

Some examples of NHS Forth Valley's contribution to the individual CPPs progresses:

NHS Forth Valley and the Falkirk CPP

- The Health Promotion Lead Officer is taking a lead role to support Falkirk CPP in the development of the Falkirk SOLD and in particular the 'Mental Health and Wellbeing' priority and the 'Our Population will be Healthier' outcome.

NHS Forth Valley and the Stirling CPP

- Progress is being made in implementing health inequalities as a cross cutting theme of the SOA. NHS Forth Valley has been leading partnership work with Stirling Council and NHS Health Scotland in developing a Health Inequalities Assessment tool for use by the Task Groups to assess their Prevention Plans in terms of the likely impact they will have on health inequalities.
- Development of health assessment for young people on activity agreements and associated partnership support through 'Opportunities For All', which is an employability initiative for young people.
- Development of Exercise and Referral programme within the Callander area based on learning from work already done in Falkirk and Stirling. The Integrated Care Fund is being used to develop targeted inequalities activity within the current Stirling Exercise and Referral programme, which is supported by NHS Forth Valley.

NHS Forth Valley and Clackmannanshire CPP

- The anticipatory care nurse team is receiving referrals from social work and third sector colleagues, supporting the integration agenda. Since the programme started in 2015, there have been over 500 contacts in Clackmannanshire.
- Improved outcomes for young people in reducing smoking, alcohol and substance misuse using the social influence approach.

3.2.3 Improvement Actions 2016-17

Across the Community Planning Partnerships

- NHS Forth Valley Health Improvement and Health Inequalities Group will confirm joint priorities and agreed actions with three CPPs.
- NHS Forth Valley Health Improvement and Health Inequalities Group will produce an Annual HHI Report.
- NHS Forth Valley will develop a Health Improvement Strategy to coordinate activity across the multi-agency partners and target the underlying causes of health inequality.

NHS Forth Valley and the Falkirk CPP

- Support delivery of the Falkirk CPP SOLD.

NHS Forth Valley and the Clackmannanshire CPP

- Develop an outcomes focused joint action plan supporting primary prevention within targeted communities with a focus on mental health and well being and links with employability.

NHS Forth Valley and the Stirling CPP

- Provide ongoing support for development, delivery and review of CPP action plans.
- Develop community and locality action plans based on identified needs and assets.

3.2.4 Performance Management

In addition to the Improvement Actions outlined above, NHS Forth Valley will contribute to the delivery of outcomes from the local Single Outcome Agreements and SOLD. These measures will be used by the CPP to monitor and assess progress and manage performance and will be used at appropriate levels within NHS Forth Valley to direct improvement activity. Regular monitoring will take place at a range of levels from front line, through Directorate Performance Reviews to the Performance & Resources Committee and NHS Board.

3.3 Workforce Planning

3.3.1 Strategic Context

NHS Forth Valley continues to deliver against the commitments contained within our Workforce Strategy 2014-16. This Strategy was developed in partnership and details how the Board will deliver our workforce aims as follows:

- To develop a modern, sustainable workforce.
- To become a model employer.
- To create and maintain a healthy and modern culture.

The priorities within the national “Everyone Matters Implementation Framework” are fully incorporated as part of our Workforce Strategy and therefore a key focus for our HR and Organisational Development teams.

Our Clinical Services Review has now been completed and will inform the new NHS Forth Valley Health Care Strategy 2016-20. This will ensure that we have appropriate models of safe and quality care in place, and optimise the use of resources and facilities.

Currently, NHS Forth Valley has an ageing and predominantly female workforce. The demographic of our staff and local communities requires that we deliver innovative, proactive workforce solutions.

NHS Forth Valley, with its partners, has made progress towards implementing Health and Social Care Integration. In support of the strategic plans, each Health and Social Care Partnership has recently approved a Strategic Workforce Development Plan. Whilst presenting opportunities for positive development, this also places additional challenges on the system to resolve from 2016 and beyond. In order to address these challenges, we remain committed to the continuous development of our workforce through their skills and competencies and through our annual programme of workforce planning.

3.3.2 Progress During 2015-16

During 2015-16 good progress was made in implementing the five Everyone Matters Priorities within NHS Forth Valley, some of which will continue through 2016-17. In 2015-16 NHS Forth Valley achieved the IIP Silver award, further developed a system wide inclusive staff recognition scheme and delivered proactive recruitment initiatives.

In support of our Strategy and in accordance with CEL 32 (2011), NHS Forth Valley continues to develop local workforce plans for all services and staff groups which support the delivery of commitments within our current Healthcare Strategy and will inform the development of the Health Care Strategy 2016-20.

In recognition of the crucial role that workforce plays in supporting continuous quality improvement to deliver flexible and responsive services, NHS Forth Valley and the University of Stirling continue to work collaboratively to deliver the National Nursing and Midwifery Workforce Tools and Planning Programme (NMWWP) Workforce Education Toolkit.

NHS Forth Valley, as part of the workforce planning process, has already started to identify potential gaps in the future workforce using age demographic information. This work will continue in 2016-2017 taking into account:

- Outputs from Clinical Services Review.
- Age profile.
- Ageing population and demographics in NHS Forth Valley.
- Hard to fill posts – Paediatrics, Microbiology, Old Age Psychiatry, Middle Grade A&E doctors.
- Provision of sustainable services over 7 days.
- Expansion of Regional and National working.
- Health and Social Care Partnership Strategic Plans.

In 2016-17 this work will continue to be extended to other job families across NHS Forth Valley.

The 2016-17 implementation plan in support of Everyone Matters will build on the work progressed in 2015-16. The outline of our plan focuses on developing our Values, Everyone Matters and Staff Experience Programmes; reviewing our local work strategy to ensure it remains aligned to the Vision for Clinical Services; progressing work towards the Investors in Young People Standard; and future implementation of our Leadership Matters plan in support of partnership and integration within health and across agencies.

3.3.3 Improvement Actions 2016-17

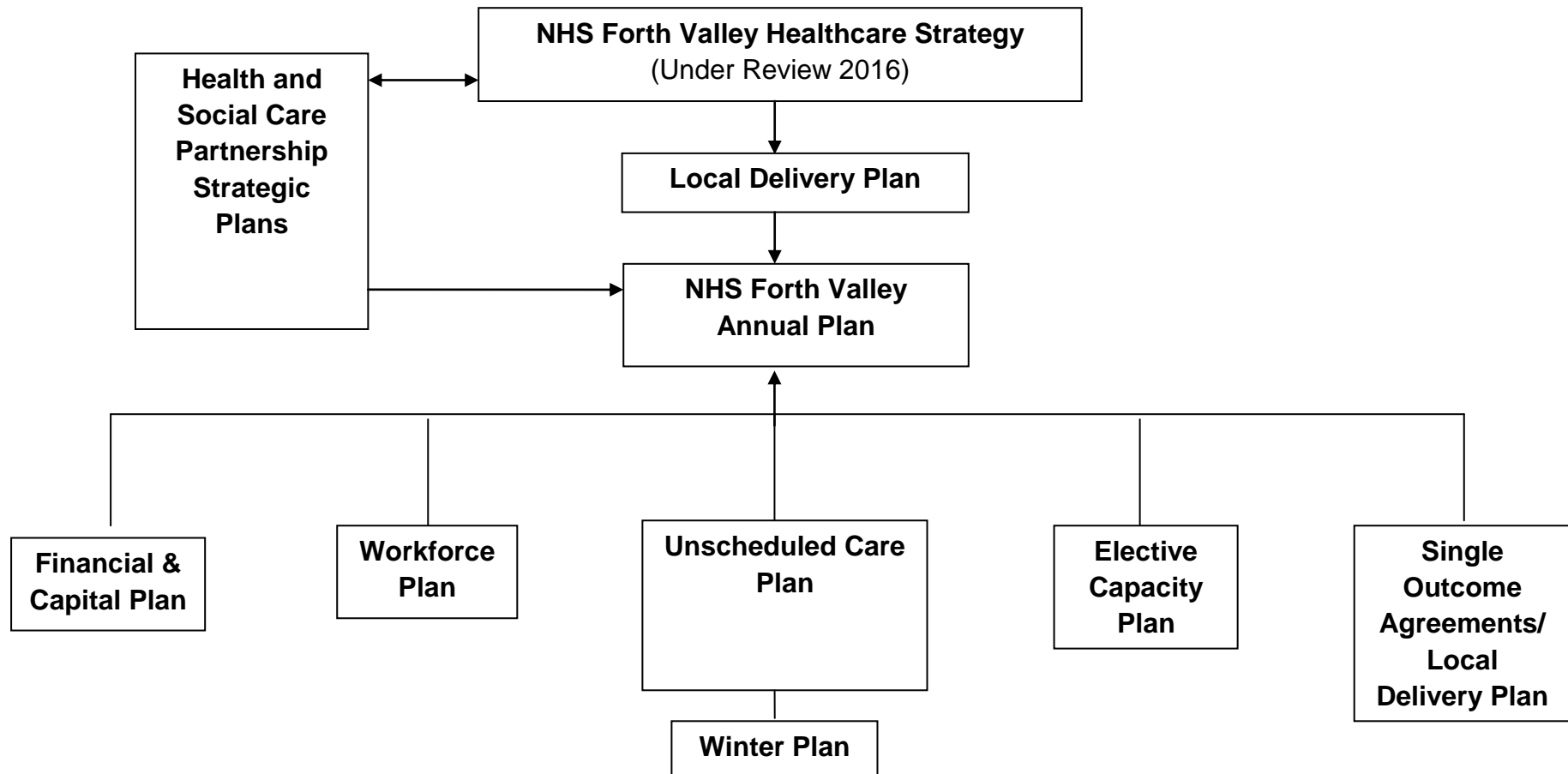
- The Workforce Plan 2016-17: This year, we will complete our 11th Workforce Plan and this will be published in August 2016. This will build on a strong background of effective change management, service redesign and skill mix review, consistent with the national and local strategic view under the Everyone Matters 2020 Vision.
- Workforce Strategy - The Workforce Strategy will be reviewed to reflect the outcome of the Clinical Services Review. This will ensure we continue to deliver the requirements of the Staff Governance Standard and the five national priorities within the Everyone Matters Workforce Vision Implementation Framework.
- Attendance Management and Well being – We will maintain our current focus in order to build on successes achieved within 2015-16 to continuously improve the health and well-being of our staff and to reduce absence rates to facilitate delivery of the national standard.

3.3.4 Performance Management

In addition to the Improvement Actions outlined above, the following section sets out the relevant measures that will be used to monitor and assess progress and manage performance. These measures will be used at appropriate levels within NHS Forth Valley to monitor and drive progress. Regular monitoring will take place at a range of levels from front line, through Directorate Performance Reviews to the Performance & Resources Committee and NHS Board.

Measures
<u>LDP Standard</u>
<ul style="list-style-type: none">• Sickness absence 4%

APPENDIX 1 – NHS Forth Valley Strategic Planning Matrix



Underpinned by:

- Local Strategies e.g. eHealth, Workforce Modernisation
- Directorate and Corporate Plans

Glossary

ABI	Alcohol brief interventions
ACP	Anticipatory Care Plan
AHP	Allied Health Professionals
ALFY	Advice Line for You
BBV	Blood Borne Viruses
CAMHS	Child and Adolescent Mental Health Services
CAUTI	Catheter-Associated Urinary Tract Infections
CCG	Clinical Care Governance
CDI	Clostridium Difficile
CEL 52	Scottish Government Workforce Planning Guidelines
CHD	Chronic Heart Disease
CSD	Community Services Directorate
COPD	Chronic obstructive pulmonary disease
CPP	Community Planning Partnership
CQL	Cluster Quality Lead
CSR	Clinical Services Review
CVC	Central Venous Catheter
ED	Emergency Department
eKSF	Knowledge and Skills Framework
EQIA	Equality and Diversity Impact Assessment
EYC	Early Years Collaborative
FVADP	Forth Valley Alcohol and Drug Partnership
FVWMS	NHS Forth Valley's Weight Management Service
GIRFEC	Getting it Right for Every Child
GMS	General Medical Services
HAI	Healthcare associated infection
HEAT	Health Efficiency Access Treatment (targets – Scotland)
HEI	Healthcare Environment Inspectorate (Scotland)
HIHI	Health Improvement & Health Inequalities
HPHS	Health Promoting Health Service
HSMR	Hospital Standardised Mortality Ratio
ICF	Integrated Care Fund
ICU	Intensive Care Unit
IHO	Institute for Healthcare Optimization
IJB	Integration Joint Boards
IT	Information technology
IVF	In vitro fertilisation
LDP	Local Delivery Plan
LEP	Local Employability Partnership
LES	Local Enhanced Service
LOS	Length of stay
LP	Lumbar puncture
LPVs	Left portal vein
MCN	Managed Clinical Network
MCQIC	Maternity and Children Quality Improvement Collaborative
MDT	Multi-Disciplinary Team
MHAIST	Mental Health Access Improvement Support Team

MoSES	Morbidity and Mortality Significant Event System
MSK	Musculoskeletal
NDHIT	The Nutrition & Dietetic Health Improvement Team
NMWWP	National Nursing and Midwifery Workforce Tools and Planning Programme
OD	Operational Development
OOH	Out of Hours
ORT	Opiate Replacement Therapy
PDS	Post Diagnostic Support
PFPI	Patient Focus Public Involvement
PGD	Patient Group Directions
PICC	Peripherally Inserted Central Catheter
PPF	Public Partnership Forum
PQL	Practice Quality Lead
PVC	Peripheral Venous Catheter
QIRMG	Quality Improvement Risk Management Group
QOF	Transitional Quality Arrangements
RAFA	Raising Attainment For All
RCGP	Royal College of General Practitioners
RTT	18 Weeks Referral to Treatment
SAB	Staphylococcus aureus bacteraemia (Meticillin Resistant
(MRSA/MSSA)	Staphylococcus aureus / Meticillin susceptible Staphylococcus aureus)
SH	Sexual Health
SIMD	Scottish Index of Multiple Deprivation
SOAs	Single Outcome Agreements
SOLD	Single Outcome Local Delivery Plans
SPSP	National Scottish Patient Safety Programme
SSI	Surgical Site Infection
TTG	Treatment Time Guarantee
VTE	Venous thromboembolism