NHS Forth Valley

Draft

POPULATION HEALTH AND CARE STRATEGY

2025 - 2035

Preventing Ill Health | Reducing Inequalities | Delivering Better Outcomes

CONTENTS

Engagement to Finalise Population Health & Care Strategy

We are delighted to share a draft of our new **Population Health and Care Strategy 2025 – 2035** which has been developed in response to extensive feedback from local people, staff, community and partner organisations across Forth Valley over the last 18 months.

We are now undertaking some further engagement work over the next 6 weeks **(from 1 May to 15 June 2025)** to help inform the final version.

1. ***Does the draft Population Health and Care Strategy for Forth Valley address what is most important to you? If it does not, please tell us why.***
2. ***How can you help to deliver the priorities and ambitions set out in the Strategy? Please give us your suggestions.***
3. ***Is there anything else that you think would help improve the health and wellbeing of local people?***
4. ***Is there anything else you would like to tell us before we finalise our Health and Care Strategy?***

In addition, to the survey we will be holding a range of meetings with local staff, primary care colleagues and partner organisations to discuss the draft Strategy. Our Patient Centred Care, Public Involvement and Equality and Inclusion leads will also seek to capture feedback from a wide range of local community groups and voluntary organisations across the Forth Valley area.

Next steps

All responses will be reviewed and carefully considered to help inform the development of the final Strategy which we aim to publish in Autumn 2025. We will also prepare a report to highlight the main themes from the feedback provided and this will be published on our website and available on request from our Planning Team.

We will continue to work closely with people in our local communities, staff and patients, primary care colleagues and partner organisations as we develop and implement plans to deliver this ambitious Strategy.

Welcome

We are pleased to introduce our draft Population Health and Care Strategy. This sets out our plans and priorities for the next 10 years.

Our Strategy reflects the extensive feedback we have received from staff, partner organisations and local communities across the Forth Valley area. We would like to thank everyone involved for their valuable input and contributions. This has highlighted what is important to you when you need to use health services and how you would like to be supported to maintain and improve your health.

Our vision:

“As a population health and care organisation, we aim to improve the health and wellbeing of everyone living in Forth Valley, by preventing people from becoming unwell, reducing inequalities and making the best use of the resources available to achieve better outcomes”

This Strategy highlights our vision for the future. It is our intention to prioritise reducing health inequalities. We will focus on how we can improve your health and wellbeing, by working with our community partners to tackle the factors which lead to health inequalities. We will prioritise work to prevent avoidable ill health.

We recognise that providing more health services in or near to the communities where you live improves your health and wellbeing. We will aim to provide more services in local areas.

The Strategy also aims to respond to key national health plans, health information and trends which highlight the scale of the challenges the NHS faces in the years ahead. It is widely acknowledged that the NHS faces significant financial and workforce challenges. We need to develop new ways of working and new staff roles in response to these challenges and to ensure that we use our resources as well as possible.

Whilst the Strategy sets out our priorities, it does not describe detailed actions. Through our annual delivery plans, we will take forward implementation of the Strategy over the next 10 years.

Executive Summary

We know that demand for health and care services is set to increase steadily each year and we are experiencing rising costs, therefore we need to change the way we plan and deliver health services to meet current and future needs. This requires a different approach focussing much more on preventing ill health, reducing inequalities and using the resources we have available in the areas where they will have the greatest benefits.

Health inequalities are unfair and avoidable differences in health across different groups and communities, arising from the conditions in which people are born, live and work. Health inequalities can impact significantly on physical and mental wellbeing, including how long people are likely to live, the health conditions they may experience and the care that is available to them. People living in areas of high deprivation and those from black and ethnically diverse communities, as well as those experiencing issues such as homelessness, are most at risk of experiencing health inequalities.

Our vision

"As a population health and care organisation, we aim to improve the health and wellbeing of everyone living in Forth Valley, by preventing people from becoming unwell, reducing inequalities and making the best use of the resources available to achieve better outcomes"

Our population health and care priorities

- We want to enable you to live longer healthier happier lives, by investing in prevention and providing support to people who are ill at an earlier stage.
- We want to provide more health services and support in local communities, to make it easier for you to access the care you may require.
- We want to look at how we can improve everyone's health and wellbeing, not just the patients we are currently seeing.
- We want to continue to work with partner organisations to tackle some of the wider issues which affect health and wellbeing.
- We want to make the best use of the resources we have available to ensure we deliver the best value.

What will be different?

- You will be better informed about and engaged in prevention activities that promote everyone's health and wellbeing.
- You will find more services provided in your community rather than the acute hospital.
- You will inform and influence the design and delivery of services, including participating in decisions around increasing the value of health and care services to the people who live in Forth Valley.
- You will be increasingly aware of all public sector bodies working together to improve your health and wellbeing.

Our priorities will be taken forward as set out in the following sections of this Strategy

1. Knowing our population.
2. Preventing ill health.
3. Working collaboratively.
4. Community first.
5. Value based health and care.
6. Our workforce.

This approach to improving the health of our entire population will require a shift in the way we currently do things to ensure we target our funding, services and efforts to achieve the best outcomes. We know from all the evidence available that this is the right thing to do, however we recognise that it will take time. It will require the support of everyone we work with, to help us achieve the vision in this Strategy. We are confident that despite the considerable challenges we face in the next decade, the approach and priorities outlined in this Strategy will put us in the best possible position to address these while also improving the overall health and wellbeing of everyone living in Forth Valley.

Our Values

The values which we will demonstrate as we plan and deliver population health improvements are:

- Care and Compassion.
- Dignity and Respect.
- Openness, honesty and responsibility.
- Quality and teamwork.

Principles for developing our strategy

Our Strategy has been informed by local, national and partner organisations' plans. We have recognised the Fairer Scotland Duty requirement to consider how we can reduce inequalities of outcomes caused by socio-economic disadvantage and our plans to address health inequalities are reflected throughout this Strategy. The Strategy has also been informed by an equality impact assessment which evaluated how this will impact on or bring benefits to demographic groups and groups with protected characteristics.

We will work with strategic partners, including the three local councils, two health and social care partnerships, education providers, community organisations and the people who live and work in Forth Valley to improve the health of our population.

This Strategy has learned from and reflects the Strategic Plans prepared by the Health and Social Care Partnerships:

- Creating a Healthier Falkirk 2023-2026.
- Clackmannanshire and Stirling Integration Joint Board Strategic Commissioning Plan 2023-2033.

Whilst this Strategy is the overarching plan for NHS Forth Valley, it is underpinned by other plans such as the Mental Health and Wellbeing Strategic Plan, Digital Health and Care Strategy and Quality Strategy. (*links to web site*)

Measuring Success

Monitoring our achievements and measuring what they deliver for you and your communities is a vital part of running our whole system and delivering population health and care. This can help us to identify opportunities and risks in our plans. It can also help us to see where pressures, gaps in resources and changing demands are impacting on what we deliver. This means we can continue to find solutions and develop future strategic plans that should benefit people in Forth Valley.

A key part of our ongoing monitoring will be using the 'Building Blocks of Health' data for use across Scotland. This will include information on both life expectancy and healthy life expectancy, as well as of other indicators to how population health is improving. Factors such as early years, education, work, income, places, environment, discrimination and racism, which create health and influence life expectancy will be considered. This health, wellbeing and inequalities data will help inform and support local delivery.

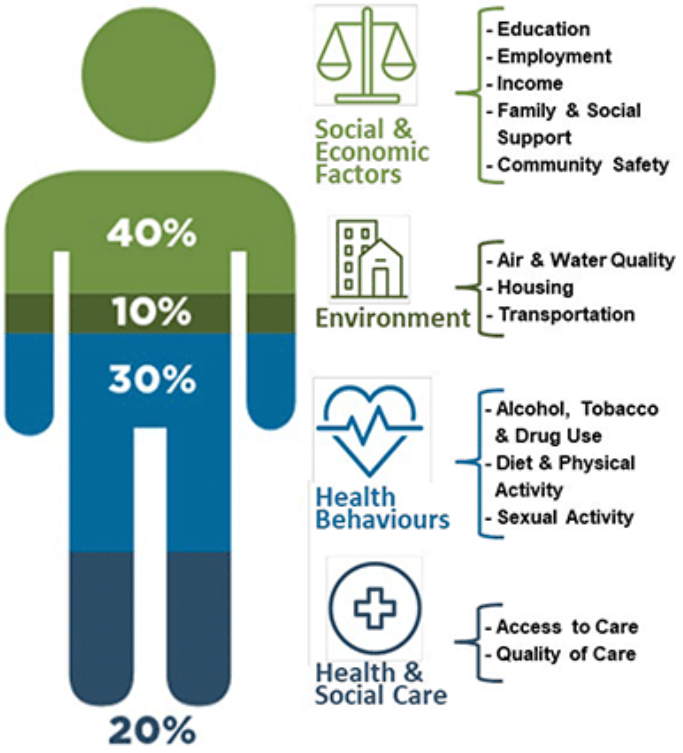
We are also required to measure our performance against targets set by the Scottish Government and we benchmark our performance in comparison with other health systems. Our measures will consider people's experience, staff experience, changes in health and life expectancy, alongside targets relating to accessing services.

What is population health?

Population health is an approach aimed at improving the health of the 306,000 people who live in Forth Valley. The health and care services we provide are only one part of what influences health and wellbeing. Where you live; your employment and income; housing and transport; and health behaviours and lifestyle such as smoking, alcohol, diet and exercise are all important.

A Population Health approach involves working with communities and partners like schools, colleges, care homes, carers, third sector, universities and local businesses, as well as our staff, to improve the way services and supports are developed and delivered.

By preventing people from becoming unwell or providing support to those of you who are ill at an earlier stage, it means you can enjoy longer, healthier and happier lives. Reducing health and wellbeing inequalities also helps to ease pressures on health and care services. This frees up more resources to develop and improve services in the future. Investing in services which prevent ill health and deliver better health outcomes will help us to respond to future increases in demand, financial and workforce challenges, new technologies and procedures and new medicines.



This image demonstrates how much each of the different factors which impact on a person's health and wellbeing contribute to this. For example, health behaviours such as diet, exercise and smoking are responsible for one third of the aspects which shape our health.

What you shared with us

How we engaged

NHS Forth Valley and the two local Health and Social Care Partnerships (Falkirk and Clackmannanshire and Stirling) have undertaken extensive engagement with local communities, staff and partner organisations over the last three years. The purpose of this engagement was to identify what matters most to you when using local health and care services and what is important to help improve people's own health and wellbeing. Information has also been considered from a wide range of national engagement work undertaken by the Scottish Government.

This has included:

- Patient and staff surveys.
- Events.
- Feedback from care opinion and complaints.
- Meetings and workshops.

What you shared

A number of themes emerged from the engagement:

- Easier and more local access to services.
- Person-centred care, being treated as an individual.
- Being better informed and involved in the decisions around your care.
- Supported to manage your own health and wellbeing.
- More services to be accessed using digital systems (e.g. online booking)
- Quicker access, including diagnostics, to allow faster treatment and better outcomes.
- Better coordination of services.

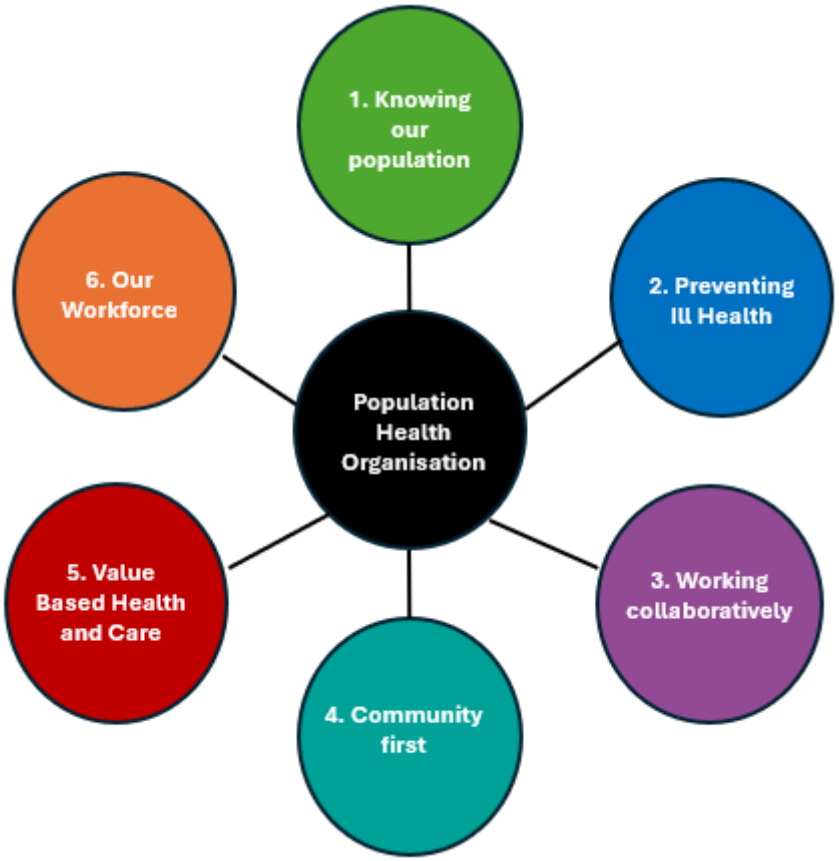
What we have done

We have listened to what you shared with us, and we have used this to inform our Population Health and Care Strategy 2025-2035. It is important that our Strategy considers the needs expressed by the people who live in Forth Valley.

As a population health organisation, we will continue to listen to what is important to you and work with you, as we plan for and implement changes and improvements.

Becoming a Population Health and Care Organisation

As a Population Health Organisation, NHS Forth Valley will work with partners to improve and protect the health and wellbeing of the whole population, tackle health inequalities and deliver high value and sustainable health and care.



1. Knowing our Population

To be able to improve everyone's health, it is important that we understand the health and care needs of everybody who lives in Forth Valley. There are challenges we need to plan for and there are opportunities to explore, innovate and develop, to deliver modern services that meet the needs of our communities.

Our population is changing. We will have more elderly people and less people of working age across our communities. Many of our older population will live healthy, engaged and independent lives, supporting their families and communities. However, we also know that an aging population means we will have more people who need support with their health issues, have more than one long term health condition and have complex medical needs which will increase demands on our services.

What you shared with us

- You want to be more proactive in managing your own health and wellbeing. with the right information, support and input from health care professionals.
- You want more services to be in your local communities.
- You would also like there to be greater availability of alternatives to attending a face-to-face appointment.
- You want to be regarded as experts in your own health and wellbeing.

Why Is This Important?

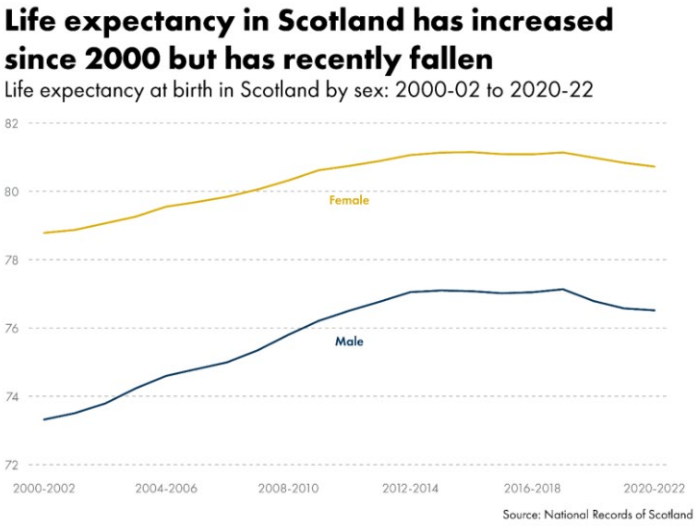
There are challenges we need to plan for and opportunities to explore, to develop and improve our services for the whole of the Forth Valley population.

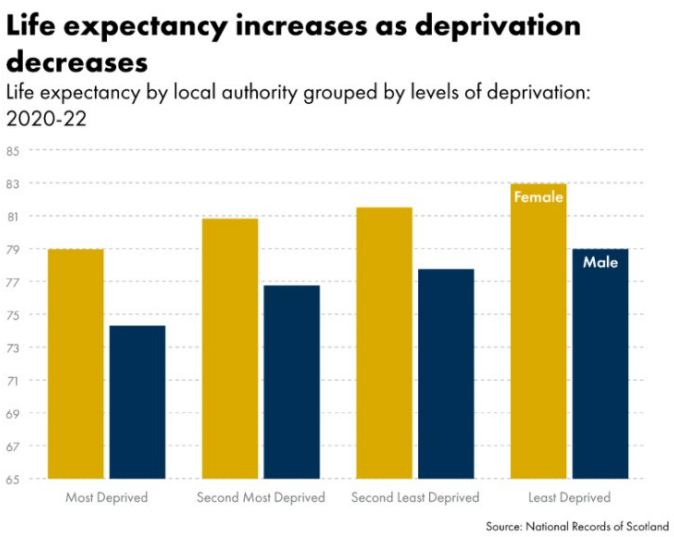
Our population is changing: (insert infographics)

- From 2018 to 2043, the Forth Valley population will increase by over 18,000 (5.9%).
- People aged over 75 are expected to increase by around 80%.
- From 2018 to 2043, Falkirk and Clackmannanshire can expect a reduction in the number of children aged under 18 from around 57,300 to 54,000.

More people are experiencing poorer health. In Forth Valley, the evidence shows that since 2019:

- People are dying younger.
- The number of people dying early is increasing.
- People are spending more of their life living with ill health.
- The gap in life expectancy between the poorest and wealthiest people is growing.
- There is a 24-year gap in the time spent in good health between the most affluent and most deprived areas.
- There will be a 21% increase in the number of people living with long term conditions between 2020 and 2043.





There are health inequalities across Forth Valley. These relate to life expectancy and healthy life expectancy. They reflect the differeing life experiences examples of which are:

- In Clackmannanshire 38.8% of people living in the most deprived areas are out of work and on benefits compared to 27.9% living in the most deprived areas of Falkirk. In the least deprived areas, the percentage out of work on benefits is 7.6% for Clackmannanshire and 4.3% for Stirling.
- Educational attainment is lowest for people living in the most deprived areas of Clackmannanshire and highest in the least deprived communities in Stirling.
- The rate of child poverty is highest in the most deprived communities at 45.6% in Clackmannanshire, 38.2% in Falkirk and 32.9% in Stirling and between 6% and 10% in the least deprived communities across Forth Valley.

To help us to understand our local communities and what you will need in the future, we are preparing detailed community profiles. These provide information which will be essential when planning and delivering services, based on a better understanding of the communities and your health needs. These will consider your health

conditions, for example the proportion of people in our communities living with disabilities or long-term health conditions such as heart disease and diabetes; how many people are aged over 65; access to your own transport; how near people live to community services including GPs and Community Nursing, and to hospital services, care homes and sheltered housing. This will include the socioeconomic status of communities, which includes factors such as income, education and types of employment. These community profiles, along with projections about your future health, will be important to help us to further understand the needs in our local communities and will allow us to plan for a sustainable future.

Equality Impact Assessment

Our Equality and Inclusion Strategic Framework (2025-2029) outlines our approach to working collaboratively with people, staff and partners to build a more inclusive NHS Forth Valley. It reflects our dedication to creating an organisation where everyone feels respected, safe, and supported. By listening to those we serve and work alongside, we can better understand and address their diverse needs and drive meaningful change. We are taking deliberate steps to address inequalities and promote an inclusive environment across all levels of our organisation, breaking down barriers and ensuring that every voice is heard and valued.

The Equality Impact Assessment has helped with developing our strategy:

- We are committed to equality and inclusion, highlighting the importance of addressing health disparities among different demographic groups.
- We will express how our aims and objectives in terms of collaboration and transformation efforts will address the needs of marginalised groups. We will ensure stewardship includes appropriate and fair resource distribution.
- We will ensure dignity and respect are maintained across all services.
- By adopting a population health approach, we will improve health for the entire population, inclusive of all demographic groups and protected characteristics.
- Through work to know our population we will consider demographic changes including aging population and health disparities to assess the specific needs of diverse populations and tailor interventions accordingly.
- Our collaborative work with Community Planning Partnerships will focus on addressing population health and inequalities. We will evaluate whether community planning includes diverse voices and ensure the strategy implementation develops to be inclusive of all community members.
- Through our focus on prevention, we will empower people to manage their own health. We will assess how prevention strategies address health inequalities and ensure access to preventative services for all groups.
- The Strategy will emphasise a community first approach through local services to deliver better health outcomes, reduce inequalities and improve cost-effectiveness. This work will involve evaluating how local services address the needs of marginalized groups and ensure equitable access.
- With Value Based Health Care Principles at the heart of the strategy to prevent ill health, tackle inequalities and achieve best outcomes, we will assess how this approach will address health disparities and ensure equitable resource allocation.

- Measuring the success of the strategy will involve gathering information to reflect improvements in health equity.

Our ambitions – we will

- Work with local communities to learn from those with experience of using health and care services and to better understand their needs.
- Work with our partners to develop joint measures and targets for improving the health and wellbeing of local communities.
- Work with Public Health Scotland to make the best use of local and national data and research, to plan what needs to happen to improve health and to measure progress.
- Evaluate our future service delivery plans to ensure that these are inclusive of all demographic groups and groups with protected characteristics.

2. Prevention

Focusing on prevention is important for improving the health and wellbeing of the Forth Valley population, supporting people to avoid illness and manage conditions more effectively. Preventative approaches can empower and support people to take more control of their health and wellbeing, creating a healthier population with fewer people requiring avoidable medical treatments or periods in hospital. This approach not only improves quality of life but also reduces the costs of health and social care significantly.

What you shared with us

- You told us about the challenges you face in improving your health and wellbeing.
- You highlighted health inequalities resulting from factors such as where you live, your income, your age or your ethnicity.
- You want to be fully involved in decisions around your treatment and care.
- You want to have the right information to manage your own health.

Why is this important?

Prevention is one of the most effective ways to create value in health and care, improving quality of life for people while also reducing costs of healthcare. Examples include lifestyle advice and support to stop smoking, decrease alcohol intake, or increase the amount of exercise you take as well as support to help manage high blood pressure or cholesterol levels. Prevention can avoid health conditions from developing or becoming worse, avoid you losing your independence or ability to work due to ill health and help you live a longer, healthier life.

There are already many great examples of preventative actions that have helped to improve health and wellbeing, including vaccination programmes, national cancer screening programmes and work with our partners to improve social factors such as education and family income. These efforts have helped reduce the number of preventable deaths, such as from cancer and heart disease, but there are still many more each year that could be avoided.

Our direct health and social care services are only one part of what affects your health and wellbeing, highlighting why it is so important that we work closely with our local partners such as our three local Councils, local colleges and universities and our population.

Only 5% of healthcare spend is focused on prevention. The cost of failing to put prevention first can be seen in the rising demand for health and social care but also impacts on other public services. That demand, however, is not shared equally across all groups. For example, conditions such as coronary heart disease, diabetes and stroke are among the biggest contributors to health inequalities, being

responsible for around 20% of the difference in life expectancy between the most and least deprived communities.

Those with the greatest health needs often find it difficult to access the services and supports they require. For example, people who regularly miss healthcare appointments are known to be at risk of an earlier death. Improving health care access, experience, and outcomes for those that need it most can support people to live well longer, while reducing pressure on the health and care system and healthcare costs in the longer-term.

Child Poverty

Local Child Poverty Action Reports are joint reports, between NHS and local Councils, outlining the actions planned or underway to meet the child poverty targets. In Forth Valley, 18,663 children were living in low-income families 2024. The prevention of child poverty is prioritised by:

- Ensuring reducing child poverty is a priority outcome.
- Embedding financial wellbeing pathways for pregnant women and families in all specialties.
- Increasing awareness and understanding across frontline health and social care staff, including how to act on child poverty in their roles.
- Supporting Community Wealth Building activities.

The Forth Valley Family Nurse Partnership has specially trained nurses working with young, first-time mothers to prepare them for motherhood and throughout the first two years of their child's life. The programme aims to improve children's life chances and meet the specific needs of young parents, recognising the challenges they face. The Partnership also has a core aim around tackling child poverty.

Best Start Maternity and Neonatal Care

We are implementing the national improvement plan for maternity and neonatal services in Forth Valley. This aims to provide family-centred care, building strong family relationships to support confident and capable parenting. This will help to reduce the impacts of inequalities and deprivation, supporting the best possible outcomes for mothers, babies and the wider family. Person-centred, safe and high-quality care for mothers and babies throughout pregnancy, birth and following birth can have a marked effect on the health and life chances of women and babies and on the healthy development of children, throughout their life.

Women's Health Plan

NHS Forth Valley continues to implement actions to improve women's health and reduce inequalities in health outcomes for girls and women, for sex-specific conditions and women's health in general. The Plan acknowledges that women face particular health inequalities and, in some cases, disadvantages because they are women. Women do not always receive equal healthcare to men and outcomes for women are poorer than those for men. For example, when it comes to heart health, women are less likely than men to be prescribed drugs that reduce the chance of a second heart attack and women are less likely to receive diagnostic testing, such as coronary angiography imaging, within 72 hours of hospital admission.

Our Ambitions – we will

- Embed prevention in all health and care services and Community Planning Partnership work.
- Increase the percentage of our collective resources spent on prevention activities each year.
- Increase the availability and uptake in our vaccination and screening programmes.
- Target the causes of inequalities within the Forth Valley area together with our local partners.
- Work with our communities to tackle common risk factors such as high blood pressure; high cholesterol; high blood sugar; obesity; smoking; and alcohol.
- Prioritise areas for ill-health preventative activity such as children and young people; cardiovascular disease; type 2 diabetes; cancer; mental health; muscle and joint conditions including hip fractures; substance misuse; and respiratory conditions.

Examples of preventative activity already underway

Type 2 Diabetes Prevention – the Keep Well Service
Being overweight or obese is a major risk factor for developing Type 2 Diabetes. Recent analysis by Obesity Action Scotland (2023) estimates that for Forth Valley:

- 65% of the adult population are overweight.
- 31% are obese.

The Keep Well service delivers health improvement activities and provides individual support for those identified as being at the highest risk of preventable ill health and least likely to access services early. The aim of the Diabetes Prevention Programme is to prevent individuals from developing Type 2 diabetes, through early intervention at the pre-diabetic stage. For those already living with Type 2 diabetes, the focus is on improving control and living more healthily with this condition.

Hip Fracture Prevention
Hip fracture in older adults can contribute to very poor outcomes, with 27% dying, 16% being admitted to hospital and 5% having another fracture within 12 months. Following a hip fracture, many individuals are unable to return to independent living and require support from care at home services or move to a care home.

A Forth Valley study looked at existing falls and fracture prevention work, and other things that could be developed to prevent fractures in the future. We currently spend around £11.5m per year on dealing with hip fractures, but some of this resource could be reinvested in falls prevention such as increased physical activity classes in the community; home hazard assessments; frailty and bone health screening for older people; and development of self-management tools for those at the highest risk of falls. A Falls and Fracture Prevention Plan will be developed to support a shift towards prevention.

3. Working Collaboratively

As a Population Health Organisation, NHS Forth Valley must work with our partners to deliver improvements in health and wellbeing. We know that many of the factors which contribute to poor health need organisations like councils, schools, colleges, businesses and housing providers to work together, alongside NHS Forth Valley.

We will work collaboratively with our local communities, our staff and partner organisations to agree population health priorities and describe the outcomes we want to see. We will also agree how we will measure the outcomes, to show that implementing the priorities is working.

What you shared with us

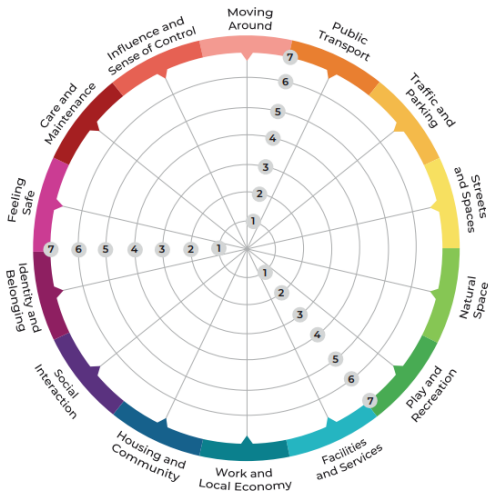
- You told us that you would like services to communicate better with each other and be more joined up.
- You want more services to be available in local communities.
- You want transport to be available when you need to travel to appointments.
- You recognise that your health and wellbeing is affected by things like housing, income and the areas where you live.

Why is this important?

Community Planning
Community planning is important to our ambitions to address population health and the causes of inequalities. We will ensure that we provide the strongest possible contribution to the Community Planning Partnerships, consistently, to local community planning activities and will aim to work in new ways to develop a whole Forth Valley approach to priority areas including mental health and wellbeing, children and young people, healthy weight and cardiovascular disease prevention.

Our focus will be on prevention of ill health and decreasing inequalities. We will work to support you to make healthy lifestyle and behaviour choices, with prevention focussed licensing and planning.

With our Community Planning Partners, we will use the national Place Standard Tool to help understand local communities. The tool helps to structure conversations about a place. It helps people to think about the physical and social aspects of places, and the important relationship between them, to inform an assessment and identify issues for improvement.



Participation and Engagement Strategic Framework

In 2025 we published a Participation and Engagement Strategic Framework. This confirms the commitment to listen to and work with staff, primary care colleagues, carers, partner organisations including the third sector, and local communities to improve the way local health services are designed and delivered.

Effective engagement and participation are important to help identify potential issues and areas for improvement. We also know that by working together we can address some of the challenges we face, achieve better outcomes and improve the experience of people who use our services. This Strategic Framework outlines our approach to engagement based on national standards for community engagement as well relevant legislative requirements to help ensure best practice.

Anchor Institution

Anchor Institutions are large organisations that have a significant stake in their local area. They have sizeable assets that can be used to support their local community's health and wellbeing and tackle health inequalities. As a large organisation connected to our local communities, we recognise the positive contribution we can make to the health and wellbeing of people in Forth Valley as an Anchor Institution, beyond the provision of healthcare services. We will collaborate with the other Anchor Institutions in our communities like Councils, the College and University, to help you to access fair work, learning and training. We will work together to build a strong local economy and to target support at the most vulnerable people, especially children and families living in poverty.

As an Anchor Institution we aim to:

- Employ more people from local communities through fair and equitable employment practices and paying a living wage.
- Purchase goods and services locally where possible to support the local economy.

- Use our land and buildings to support local communities as well as the provision of local services.

Integration
In Forth Valley, there are two Integration Joint Boards, covering Falkirk, and Clackmannanshire and Stirling areas. These were created to improve outcomes for people, their families and carers. Integrated working between health and social care creates a more seamless service for you, reducing duplication and increasing efficiency.

Joint working between hospital and community services is vital in providing care that is joined up. This is particularly important in Urgent and Unscheduled Care, which provides prompt treatment to prevent a condition or injury worsening. The 4-hour Emergency Department target is a key performance measure and this requires the whole system to work together to help you access the right care, in the right place, at the right time.

With our partner organisations, we take the Getting it Right for Everyone (GIRFE) approach to providing support and services from young adulthood to end of life care which is delivered by NHS Forth Valley and our partner organisations. This provides a more personalised way to access help and support when it is needed, placing the person at the centre of all the decision making that affects them. We have also embedded Getting it Right for Every Child (GIRFEC) in practice, which provides a consistent approach to safeguarding the wellbeing of children and young people

Our ambitions – we will

- Support the continued development of the Community Planning Partnerships to support population health improvement.
- Play a full role in the regional Anchor Board to provide greater employment opportunities and support the local economy.
- Develop a whole system approach to Urgent and Unscheduled Care to improve emergency department waiting times.
- Continue to work in partnership with the Integration Joint Boards to develop integrated services and pathways.

Examples of Collaboration

Forth Valley University College NHS Partnership
There is a long-standing and close relationship between the NHS, the University of Stirling and Forth Valley College, focusing on research, innovation, learning and career development. This partnership supports the development of new and innovative treatments in specialist areas like cancer, surgery, medicine and mental health.

Building the future workforce from within the Forth Valley area is a key aspiration and the partnership supports a positive learning environment to ensure future staff are equipped with the skills and experiences they need to meet the current and future needs of the people who live in Forth Valley.

Employability

Developing employability opportunities is one of the key workstreams of the NHS Forth Valley Anchor Plan. An Employability Lead has been appointed to work with services and organisations, including Local Employability Partners, to create new and innovative approaches to develop the workforce of the future and provide employment to people living in Forth Valley. The employability work has included the following:

- Modern apprenticeships offered across a wide range of departments and job types, including administration, maintenance and finance.
- Services within Forth Valley host funded work experience placements for up to 6 months, providing training and work experience to support parents back into the workplace.
- Simulation sessions for school and college students supports potential health and social care employees to learn about roles and prepare for future careers.
- All NHS Forth Valley employees and sub-contracted staff are paid the real living wage.
- Flexible working policies are in place to support staff to achieve a balance between work and life outside of work.

4. Community First

We know that delivering health services in local communities leads to better health outcomes. It is also more equitable and more cost-effective, by reducing the need to refer you for more specialist care and treatment. Providing more local services can also make it easier for you get the care and support you need, especially if you are more vulnerable. Community based health and care staff, including GP Practices, community nurses, health visitors and home support are best placed to identify and address your health issues early. We aim to move more care and services into your local communities, supported by a greater share of the budget. As we develop more services in your local communities, there is an opportunity to expand the skilled workforce required to meet the needs of those of you with several or more complex health conditions.

What you shared with us

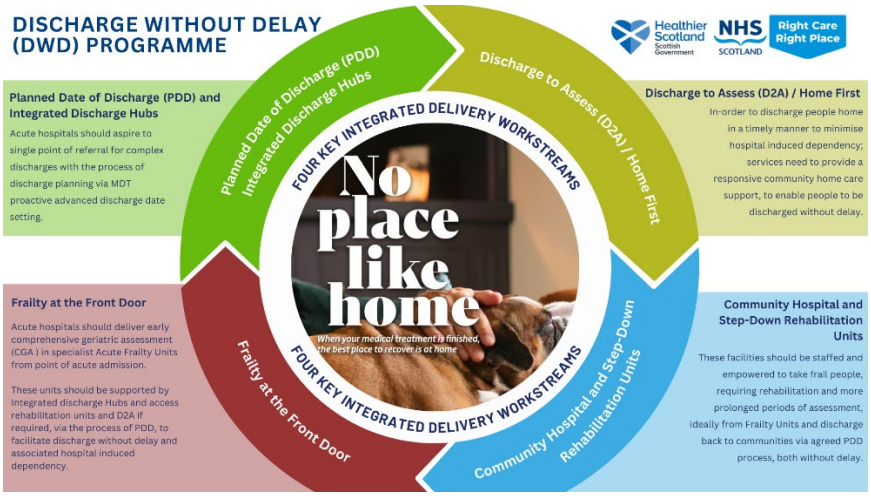
- You want strong support for offering more health and care within the community, particularly in outlying areas where transport can be challenging.
- You told us about the importance of different types of appointment offered e.g. face to face, telephone and online consultations.
- You want quicker and more local access.
- You want greater care coordination to reduce duplication and delays.
- You want more support for people to be knowledgeable about their health conditions and the options for care and treatment.

Why is this important?

Providing you with the right care, in the right place and at the right time, gives the best outcomes. This means that more health services need to be delivered in or near to local communities where people live. Much of the care which is provided in communities is delivered by Primary Care contractors. Primary Care contractors are GP Practices, Dental Surgeries, Pharmacies and Opticians, who work closely with other community-based staff, such as community nurses, allied health professionals including podiatrists and physiotherapists, and community psychiatric nurses. You are seen by Primary Care and community staff in local health centres, GP practices, pharmacies and clinics, or at home if you are unable to travel to a facility.

Continuing to develop the multidisciplinary community team will be vital in expanding and adapting services to meet the changing needs of our local communities. This builds on work within the Primary Care Improvement Plans that aims to expand the healthcare professionals working in GP Practices, with the aim of enabling you to get quicker access to the care you require. Providing care closer to home should improve access, reduce inequalities and support people to remain active and independent within their communities.

If your need to attend the hospital for urgent and unscheduled care, if your immediate health concern cannot be treated in the community, it is important that during your visit to hospital, your needs are met in a timely way. Through the national Discharge Without Delay Collaborative, a Home First ethos will be developed across our hospital and community teams aimed at supporting you to return home in as timely a way as possible. By reducing the length of time you stay in hospital, and reducing the number of delays in discharge, this will reduce the deterioration you can experience when you stay in hospital for too long.



With predicted demographic changes over the next 20 years, the number of people aged over 65 and in particular the number of people who are frail, will continue to rise. It is essential that frailty is assessed at an early stage, so that services can put in place the most appropriate support for the individual, to minimise their deterioration and to enable them to continue to live safely at home. The Hospital at Home (H@H) service provides short term hospital care in your own home, enabling you to continue to live at home whilst receiving specialist care. In the Frailty Unit, health and social care professionals will provide timely assessment and will plan your treatment and care, enabling many of you to return home safely, quickly.

Alongside the Population Health and Care Strategy, a Mental Health and Wellbeing Strategic Plan has been developed. This has included looking at national, regional and local information to identify the needs of our different communities, which has emphasised the relationship between deprivation, health outcomes and hospital activity. People with mental health conditions have provided an insight into their experiences and a greater understanding of the barriers to maintaining positive

mental health and wellbeing. The Mental Health and Wellbeing Strategic Plan aims to tackle the wider social and economic factors which contribute to poorer mental health and wellbeing and to develop and design local health and care services which meet the needs of people experiencing poor mental health, to achieve the best outcomes.

Our ambitions - we will

- Move more care from hospitals into local communities by developing and expanding community-based services including primary care contractor services and services for people with frailty.
- Create a Home First ethos across our services, building on the work of the national Discharge Without Delay Collaborative.
- Reduce the amount of time people spend in hospital by working with our partners to ensure that when people are ready to return home, their discharge is timely and the right supports are in place people and their families.
- Further develop urgent services which provide timely access to specialist care.
- Work with partners to further develop mental health and wellbeing services which provide the best outcomes for people.
- Further develop options for on-line and telephone communication.

Example of Community First Services Already Underway

Community Glaucoma Service

The Community Glaucoma Service has been established to enable people to have their eye condition managed in an Optometry Practice in their local community, instead of the hospital Optometry Service in Falkirk. This has required the Optometry Practices to train their staff in glaucoma management and purchase additional equipment. With an ageing population, the number of people with eye conditions is growing. The community glaucoma service has reduced hospital visits for people with glaucoma, who now have their care provided near to home, and this frees up hospital appointments for people with other eye conditions, where a community clinic is not currently appropriate, whilst reducing waiting times.

5. Value Based Health and Care

We must ensure that services are designed and delivered in ways which prevent ill health, tackle inequalities and achieve the best outcomes for the current population, as well as future generations. Value Based Health and Care provides an approach to make sure that the best use is made of the resources available to improve the health and wellbeing of all local people and to achieve better outcomes for everyone.

We also need to deliver health services that are sustainable. Significant work has already been undertaken in NHS Forth Valley to raise awareness of the principles of Value Based Health and Care and what it looks like in practice. This builds on the considerable work already undertaken locally to deliver Realistic Medicine and to change the way many local services are designed and delivered in response to increasing demand.

What you shared with us

- You would like to be seen quickly so that you can receive the correct diagnosis and treatment.
- You want greater coordination across all services to reduce duplication and avoid delays.
- You would like more services to be provided in local communities.
- You want to receive safe and effective care and treatment.

Why is this Important?

We are implementing a new Value Based Health and Care Programme to deliver outcomes which matter most to you, by matching the resources available to the needs of the people who live in Forth Valley. The programme will support all services to review and reform the care they deliver, to ensure they deliver the best possible value for you. The expected impact and benefits are outlined below.

Procedures of low or limited clinical value: Understand which procedures or resources meet the definition of low or limited clinical value and plan to reduce the overuse of interventions, ensuring that resources are allocated effectively to meet people's needs.

Waste: Identify and address all forms of waste, including clinical, time and resources by ensuring services are supported to use capacity appropriately and to work collaboratively with procurement teams. All actions should support sustainable care in line with the NHS Scotland Climate Emergency Strategy.

Unwarranted variation: Understand and reduce unwarranted variation, using local and national sources of information, while working with Public Health Scotland and third sector organisations, and address disparities in access, treatment and outcomes.

Personal value: Focus on advancing person-centred care by supporting services to deliver kind and careful care with outcomes which matter to individuals. Outcomes

should be measured and shared decision making with individuals promoted through staff training and appraisal.

Demand optimisation: Support health care professionals to use interventions appropriately. This includes diagnostic tests like CT scans and blood tests and prioritising interventions that add meaningful value to care. All staff need to understand the cost and value of tests, equipment and other resources used in their daily practice.

Stewardship: Maximise the effective use of available resources and deliver the best value healthcare.

We have good track record with providing timely access to planned care for people in Forth Valley. This includes outpatient clinics, inpatient and day case treatment and surgery, and diagnostic tests. Being able to offer timely access and appropriate support to help you to keep as well as possible whilst you are waiting for an appointment or a procedure, are important to delivering population health and care to the people who live in Forth Valley. For example, through a Value Based Health and Care approach, staff have been able to make large gains in theatre productivity, with new and efficient models improving access for you while reducing overall costs. Our theatres have also embraced green theatre priorities, which includes reducing clinical and domestic waste through packaging initiatives and replacing single use items with reusable alternatives.

Cancer services are reviewed continuously to ensure that diagnosis and treatment are as timely as possible. Demand for cancer services grows year on year, partly due to our ageing population and partly as a result of the continuous development of new and additional treatment options, particularly new cancer medicines. The cancer service must respond to these growing demands by continuing to redesign how services are delivered to you and streamlining cancer pathways.

Our ambitions – we will

- Implement value based health and care across all services, making the best use of our available resources and supporting better outcomes for people.
- Continue to develop our planned care services, to provide timely access to care and treatment, for people living in Forth Valley.
- Work with other NHS Boards to provide services for their populations or to access specialist services for people, across traditional Board boundaries, with a focus on helping services to be more stable and sustainable.
- Continue to improve and streamline cancer pathways to deliver timely diagnosis and treatment.
- Redesign and improve services, to minimise waiting times and to adopt new innovations in technology, treatment and medicines.

Examples of Value Based Health and Care Initiatives

Delivering Speech and Language Therapy Support in Schools & Nurseries

Speech and Language Therapy staff have transformed the way that support is provided to children and young people, by moving away from delivering the service in traditional settings like community hospitals and health centres to providing direct support in local nurseries and schools across the Forth Valley area. This innovative approach has improved early access to support and has improved outcomes. This includes for children with additional support needs and more vulnerable families, and has helped increase the knowledge and skills of local teachers, learning support staff and parents.

This proactive approach ensures that children can access support without the need for a formal referral to Speech and Language Therapy and is a powerful example of how taking a different approach to the way services are designed and delivered can achieve better outcomes without additional resource.

Rapid Cancer Diagnostic Centre

Many people are referred for urgent investigation of symptoms which may be related to cancer, using the existing Urgent Suspicion of Cancer referral pathways. However, more than 1 in 3 people with cancer are not being diagnosed through this route, as they have non-specific symptoms such as weight loss, fatigue, nausea and abdominal pain. Instead, many of these people are being diagnosed following routine or urgent referrals to a variety of services, or when they present to the Emergency Department. GPs can often be concerned that someone may have cancer, but their symptoms are not specific. This means that the GP practice has to coordinate a number of tests or refer the person to a hospital specialty which may not be the right specialty provide the right care. This can result in delays in diagnosis, additional referrals to other specialties, unnecessary examinations being performed, poor patient experience and potentially poorer outcomes.

Evaluation of pilot centres has demonstrated that there were fewer hospital visits for people and the centres provide the right tests, first time, by reducing repeat or unnecessary investigations. The overall time from referral to outcome was an average of 16 days and around 12% of people referred received a cancer diagnosis, enabling them to progress quickly to appropriate treatment. Patients and staff reported a high level of satisfaction with the Centres. The Forth Valley Rapid Cancer Diagnostic Centre opens in Spring 2025.

6. Our Workforce

We look after and value our staff and the contractors who work with us. Our strategy is people focussed, which aims to attract and retain diverse staff, and improve staff experience and wellbeing. We strive to have a culture which enables and empowers our people to participate fully in the transformational changes our strategy will deliver. A motivated workforce supported to grow and given the opportunity to be involved in and inform the changes we are planning, will be the foundation for our strategic vision, which aims to improve the health and wellbeing of everyone living in Forth Valley.

What you shared with us

- You highlighted the importance of our staff
- You told us that people have confidence in our staff
- You recognised that the Covid-19 pandemic has had a lasting impact on staff health and wellbeing
- You told us that people want more support to help them make decisions about their health

Why is this important?

Two of the most significant challenges facing us in 2025 and beyond are financial and workforce. The impacts of workforce challenges have been identified across services in Forth Valley. The ongoing difficulties in recruiting staff for certain specialities or roles, where there are national shortages and the need to prepare ahead in areas with an older workforce profile, where we know staff are likely to retire in the next few years, will require us to think and work differently. Increasing demand for health and care services and a growing local population also poses many challenges across acute, community and primary care services and we need to ensure that our staff and contractors are able to respond to our ambitions as a Population Health organisation.

Work has taken place to better understand gaps in recruitment and the challenges of recruitment and retention in health and social care. This has helped us to understand the future needs of our workforce. This work has provided us with the foundation to develop our workforce profile to align this with the Population Health and Care Strategy. We will develop our approach to workforce planning through our enabling People Strategy to support effective delivery of our strategic priorities.
We are keen to establish effective working which supports this transition and working collaboratively with Scottish Government and other strategic partners to create the conditions for change which will benefit our workforce in terms of their experience, which will ultimately deliver the best health and care to our population.

Our workforce ambitions will be based around our core values which put our people at the centre of what we do, maximises inclusion and recognises the strength in diversity to deliver great results.

Our ambitions – we will

- Set clear objectives around attraction and retention of staff to meet the challenges identified in our workforce review and work towards a sustainable workforce.
- Develop our workforce to reflect changing clinical services and our strategic priorities, as a population health organisation.
- Support and engage our staff, as services are transformed, to develop new skills and embrace new ways of working that help improve care for patients.
- Continue to offer practical health and wellbeing support to our staff and value our workforce, so that they have a positive experience of working in Forth Valley.
- Promote a range of career pathways with a focus on developing our existing and future workforce and providing opportunities within Forth Valley to access jobs within our Health and Care system through our commitment as an Anchor organisation.
- Continue to develop as an organisation with compassionate leadership at all levels, in a culture that supports wellbeing.

Examples of Workforce development

NHS Forth Valley has supported the review and further development of new roles such as Medical Associate Professions and Clinical Support Workers.

For example we have appointed Physician Associates to work in Anaesthetics and Surgical Care Practitioners providing aspects of Urology and Breast Care. We also continue to employ and train Advanced Nurse Practitioners in areas including Primary Care, the Emergency Department, Mental Health and Prisons. We are working with our University and College partners to look at opportunities to develop other new and innovative roles to help increase capacity, improve skills and meet future demand.

Glossary

Allied Health Professionals	The Allied Health Professions are healthcare professionals who apply their expertise to diagnose, treat and rehabilitate people of all ages and all specialties. AHPs are distinct from medicine, pharmacy and nursing and include professions such as physiotherapy, dietetics, speech and language therapy, occupational therapy, podiatry.
Anchor Institution	Anchor Institution is a term used to describe large organisations, such as NHS Boards, colleges, universities, the police and councils that have a significant stake in their local area. Due to their size, Anchor institutions already make a huge, positive impact in their local area. However, by deliberately adopting strategies that support their local community, they have the potential to further support the wellbeing economy and reduce inequalities caused by socioeconomic disadvantage. They can do this through an approach to economic development which is known as Community Wealth Building.
Benchmarking	Benchmarking is the practice of comparing organisational processes and performance metrics to best practice from other organisations.
Building Blocks of Health	A source of information on unfair differences in income, wealth and power, which are important drivers of health and health inequalities in Scotland.
Capacity	Capacity means the volume of available services for example clinic appointments, diagnostic tests, staff or other facilities which are available.
Carer	A carer is anyone who cares for a friend or family member who, due to illness, disability, a mental health problem or other issue, cannot cope without their support.
Community Nursing	Describes staff who provide nursing care to people in the community, for example in your own home. They aim to enable people to remain at home, whenever possible and assist individuals to improve, maintain or recover from their health condition and to provide support and care to those with life limiting illnesses.
Community Planning Partnerships	Community Planning Partnerships bring together public sector organisations like councils, NHS boards, enterprise agencies and regional colleges to work together.
Community Wealth Building	This is an approach to economic development. It aims to change how economies function so that more wealth is directed back to local economies and communities have more control over decision-making enabling local people to receive more benefits from economic development.
Consultations	Meeting with an expert or professional, such as a medical doctor or physiotherapist, in order to seek advice regarding your health.
Day case	A day case refers to when a patient admitted to a hospital or clinic for treatment, such as surgery or procedures, but is expected to be

	discharged and return home within 24 hours, without needing an overnight stay
Deprivation	Deprivation is a term used to describe locations where there are lower incomes and a reduced standard of living, which can often lead to health inequalities.
Discharge Without Delay	Discharge without delay refers to the process of a patient leaving hospital to go home, as soon as they are medically stable and ready, minimising any unnecessary delays in their discharge. This initiative aims to improve the patient experience, reduce hospital bed occupancy, and free up resources for other patients.
Early intervention	Early intervention is about taking action as soon as possible to tackle problems for people and their families before they escalate further and then become more difficult to treat.
Elective admission	This is an admission to hospital which is planned in advance. This is also sometimes referred to as planned or scheduled admission.
Emergency Department	The Emergency Department is a medical treatment facility specialising in emergency medicine and provides care for people with symptoms of serious illness or who have been badly injured. Patients arrive without prior appointment; either by their own means or by ambulance. The Emergency Department is usually found in a hospital or primary care centre.
Engagement	Engagement is a term used to describe the involvement of stakeholders in any project to seek views and sharing of information.
Equality Impact Assessment (EQIA)	An equality impact assessment (EQIA) is a process designed to ensure that a policy, project or scheme does not discriminate against any disadvantaged or vulnerable people.
General Practitioners (GPs)	GPs are based in communities and treat all common medical conditions. GPs refer patients to hospitals and other services for specialist treatment.
Health and Social Care Partnerships	Health and Social Care Partnerships (HSCPs) are the organisations formed as part of the integration of services provided by Health Boards and Councils.
Health inequalities	Health inequalities can be defined as differences in health status or in the factors that affect health between different population groups. For example, differences in mobility between elderly people and younger people or differences in mortality rates between people from different social classes.
Inpatient services	Inpatient services refer to medical care and treatment provided within a hospital setting where the patient stays overnight or for one or more days.
Integration Joint Boards	Integration Joint Boards oversee the health and social care partnerships within each local area to work to improve service provision collaboratively and are responsible for planning, resourcing

	and operational oversight of a wide range of health and social care services.
Local Councils	Scotland's local councils are responsible for providing a range of public services. This includes education, social care, roads and transport, economic development, housing and planning, environmental protection, waste management, cultural and leisure services.
Long term health conditions	Long term conditions are health conditions that last a year or longer, impact on a person's life, and may require ongoing care and support. The definition does not relate to any one condition, care-group or age category. Long-term conditions become more prevalent with age.
Modern Apprenticeships	A Modern Apprenticeship is a job which lets people earn a wage and gain an industry-recognised qualification.
Multidisciplinary Team	A multidisciplinary team is a group of health and care workers who are members of different disciplines (professions) e.g. psychiatrists, nurses or social workers, each providing specific services to the patient. The team members treat various issues a patient may have independently, focusing on the issues in which they specialise. The activities of the team are brought together using a care plan.
Optometry / Optometrist	Optometry is a healthcare profession focused on the diagnosis, treatment, and management of eye conditions, as well as the prescription and fitting of vision correction devices like glasses and contact lenses.
Outpatient clinics	A hospital outpatient department or clinic provides consultation, diagnosis or treatment for people with a health concern, but do not require a hospital admission.
Physiotherapy / Physiotherapist	Physiotherapist is a healthcare profession that helps people restore, maintain, and improve their physical abilities through movement, exercise, and other techniques. It aims to help individuals manage pain, improve function, and prevent further injuries or disabilities.
Podiatry / Podiatrist	Podiatrists specialise in diagnosing, treating and preventing foot and ankle problems. They diagnose and treat a wide range of conditions, e.g. injuries, skin and nail problems, and conditions related to underlying medical issues like diabetes. Podiatrists may also perform surgery to correct foot and ankle problems.
Primary Care	Primary care encompasses all health care taking place outside acute and mental health facilities e.g. GP practices, community pharmacies, dental practices and optometry.
Resources	Resources is a term used to describe money, materials, staff, information and other assets available to an organisation.
Speciality	Speciality is a specific area of health care and treatment. For example General Adult Psychiatry, Emergency Care, Orthopaedics and Learning Disabilities are all specialities.

Speech and Language Therapy	Speech and language therapy helps individuals of all ages who have difficulties with communication, including speech, language, and swallowing.
Third sector organisation	Third sector organisations are non-governmental, not-for-profit entities that operate outside of the public and private sectors. They encompass a wide range of groups like charities, social enterprises, community organisations, and cooperatives, all of which are driven by social or environmental values rather than profit.
Urgent and Unscheduled Care	Unscheduled care is, care which cannot reasonably be foreseen or planned in advance of contact with the relevant healthcare professional, or is, care which, unavoidably, is out with the core working period of NHS Scotland. Unscheduled care is sometimes referred to as emergency care.
Value Based Health & Care	Value based health and care focuses on improving people's outcomes and experiences while optimising the use of available resources.