

A special meeting of the **Forth Valley NHS Board** will be held on **Tuesday 29 April 2025** at **1.30pm** in the **Boardroom, Carseview House, Castle Business Park, Stirling FK9 4SW**.

Neena Mahal
Chair

AGENDA

1.	Welcome, Apologies and Confirmation of Quorum		1.30
2.	Declaration(s) of Interest(s)		
3.	<u>Health Board Collaboration and Reform</u> (Paper presented by Professor Ross McGuffie, Chief Executive)	For Approval Pages 2 to 12	
FOR APPROVAL			
4.	<u>Equality Inclusion Strategic Framework</u> (Paper presented by Mr Kevin Reith, Director of People)	For Approval Pages 13 to 73	1.50
5.	<u>Draft Population Health & Care Strategy and Draft Engagement Plan</u> (Paper presented by Mrs Janette Fraser, Head of Planning)	For Approval Pages 74 to 137	2.10
6. ANY OTHER COMPETENT BUSINESS			
7. RISKS AND REFLECTIONS			
8.	Date and Time of Next Meeting Tuesday 27 May, 9.30am	For Noting	

FORTH VALLEY NHS BOARD

Tuesday 29 April 2025

Item 3. Health Board Collaboration and Reform

For: Approval

Executive Sponsor: Prof. Ross McGuffie, Chief Executive

Author: NHS Board Chief Executives

Executive Summary

On 27th January 2025, the First Minister provided an update on the NHS Renewal Plan, which would be underpinned by an Operational Improvement Plan; a 10 year Population Health Framework; and a Service Reform Framework. Within this context, all Boards have been asked to take update papers on the emergent governance arrangements including the establishment of the NHS Scotland Executive Group. This initiative aims to foster a more collaborative ethos within NHS Scotland, with Boards urged to adopt a systematic approach to balancing local delivery with the broader responsibility of meeting the needs of larger populations beyond their geographical boundaries in the delivery of planned care.

Recommendation

The Forth Valley NHS Board is asked to:

- **consider and discuss** the emergent position with the NHS Renewal agenda and determine whether the local plans to embed the required actions within the Annual Delivery Plan 2025/26 and their associated impact measures within our revised performance management arrangements are suitably robust.
- **consider** the paper from the NHS Scotland Executive Group on Collaboration, discuss the implications of this, formally note the requirements and **endorse** them for adoption by Officers.

Risk Assessment / Management

A more systematic approach to population-based planning and collaboration across Boards is intended to support mitigation of risk across NHS Scotland, particularly within the context of planned care. The review of the performance management framework will take into consideration the direction of travel set out in this approach.

Key Issues to be Considered

NHS renewal and reform in Scotland focuses on enhancing healthcare services through increased capacity, expanded primary care, and the use of digital innovations. The initiative aims to shift more care into communities and homes, reduce hospital admissions, and improve access to treatment. This comprehensive approach seeks to address immediate pressures, promote preventive care, and leverage technological advancements to ensure a more efficient and patient-centred healthcare system.

The Scottish Government has committed to publishing three key plans to support the reform agenda:

- Health and Social Care Operational Improvement Plan (published in March 25)
- 10 year Population Health Framework
- Service Reform Framework

In advance of publishing these elements and recognising the importance of improved joint working across NHS Boards, all NHS Board Chairs and Chief Executives received a letter on 07 February 2025 from the Director General Health and Social Care and Chief Executive of NHS Scotland setting out expectations about collaboration (**appendix 1**).

That letter reaffirmed the principles from DL(2024)31, A Renewed Approach to Population Based Planning and the wider NHS Reform, and has been followed by a paper on collaboration from the NHS Scotland Executive Group (**appendix 2**) that should be noted formally and endorsed in a public meeting of the NHS Board.

Given the anticipated magnitude of change associated with the NHS Renewal agenda, the new ways of working that will be required, the associated governance arrangements and the likely level of scrutiny and reporting of progress and impact, it will be necessary to ensure this is fully reflected in our local performance management arrangements.

Operational Improvement Plan

The first element of the NHS Renewal Plan, the Operational Improvement Plan, was published on 31st March and set out a focus on the immediate actions required over the next 12–18 months, with the aim of:

- Reducing waiting times by maximising local, regional and national capacity, including the expansion of diagnostic services;
- Offering more care and support in communities and at home;
- Improving access through digital and technological solutions; and
- Preventing illness and proactively meeting people's needs.

Alongside the development of the 2025/26 draft Annual Delivery Plan, detailed and costed submissions have also been made to Scottish Government around Planned Care and Unscheduled Care, with a further submission around Mental Health Services due on 1st June.

While formal feedback from Scottish Government on the Planned Care and Unscheduled Care submissions is not expected until May 2025, the associated actions have been included within the Draft Annual Delivery Plan.

The final Annual Delivery Plan 2025/26 that will come to the NHS Board for final approval will include all aspects necessitated within the Operational Improvement Plan.

Population Health Framework

The latest advice from Scottish Government is that the second element of the NHS Renewal Plan, the Population Health Framework, is due to be published in June 2025 and will be underpinned by four guiding principles:

- Prioritise creating and maintaining good health and preventing ill health;
- Focus support on the people and communities who need it most;
- Change systems and environments to support individuals to stay healthy; and
- Deliver through a whole system approach.

The focus of the population Health framework will create a long-term approach to primary prevention, addressing the drivers of health by adopting whole system approaches across the NHS, Local and National Government, Community and Third Sectors and Businesses.

It is therefore evident that successful implementation of the Population Health Framework will require a genuine whole-system collaborative approach.

The draft of the NHS Forth Valley Population Health Strategy is on today's agenda for approval to go out for a final round of engagement, with an expected completion date of late summer/early autumn. This will allow time to ensure that all key aspects of the national strategy are able to be referenced within the local strategy, though it is important to note that the Interim Director of Public Health has been involved in both processes from the outset supporting alignment.

Service Reform Framework

The third element of the NHS Renewal Plan, the Service Reform Framework, is also due to be published in June 2025 and is expected to offer guidance and direction on how services should be planned and delivered to enhance sustainability and value for money, whilst maximising population health.

At this stage, it is understood that this framework will be underpinned by five maxims:

- Prevention First.
- People First.
- Community First.
- Digital First; and
- Planning for the Population

Thus, it brings together the themes from the Population Health Framework and Operational Improvement Plan and aligns them with the overarching ambition of the NHS Renewal agenda.

Collaboration

Recognising the fundamental shift in leadership, planning and delivery required to support the NHS Renewal agenda and the associated pace at which change is expected to be delivered, all NHS Board Chairs and Chief Executives received a letter on 07 February 2025 from the Director General Health and Social Care and Chief Executive of NHS Scotland, setting out expectations about collaboration (**appendix 1**).

This letter confirmed the expectation that all Boards should actively engage in collaborative arrangements with other Health Boards and in doing so, share resources, expertise and services to improve efficiency and optimise outcomes.

The letter notes the importance of collaboration between neighbouring Health Boards to develop strategies that address the specific needs of local populations, with Regional Planning groups expected to drive innovation and adaptability.

That letter has been followed by a paper on collaboration from the NHS Scotland Executive Group (**appendix 2**) that should be noted formally and endorsed in a public meeting of the NHS Board.

The paper from the NHS Scotland Executive Group sets out the background to and context for NHS Renewal, as described in the preceding sections of this paper.

It goes on to describe the governance arrangements that have been established to enhance collaborative working, through the creation of the NHS Scotland Executive Group, co-

chaired by the Director General Health and Social Care and Chief Executive of NHS Scotland and the Chair of Board Chief Executives.

In doing so, the paper clarifies that the group provides the collective leadership necessary to address key issues from a national perspective, supporting much earlier engagement and collaboration around key areas of change.

In line with the agreement from NHS Scotland Executive Group, the paper on collaboration is presented for formal noting and endorsement.

Board members were able to discuss this approach at a recent Board seminar, hearing of the work already long established in Forth Valley around providing mutual aid to neighbouring Boards, with over 20k procedures delivered in this way to date. This has included a wide range of planned care supports such as breast cancer care for patients in Grampian and the Western Isles as well as Urology procedures for patients in Tayside, all without detriment to those living locally in Forth Valley. Through this approach, there are examples of building resilience within local services such as Urology where the service has been able to recruit additional practitioners based on the higher volume of activity taking place, removing the risk of a single point of failure whilst also providing support to neighbouring Boards.

In the planning for 2025/26, NHSFV has been able to offer out 6775 procedures within specific specialties to other Boards, again, without detriment to our local residents who will still be seen within the waiting time standard.

Work has already commenced at a regional level, supporting Boards to identify areas of spare capacity that can be offered out to others, with individual Boards retaining control of the process. Through a commissioning approach, agreements will be able to make clear the governance arrangements in place, including clinical governance, after care support and complaints/compliments processes. Work is already underway both locally and nationally to review how performance is attributed, but it is important to note that NHSFV already has a robust process in place to support delivery of cross-boundary working, as exemplified by the successful delivery of a significant number of procedures in recent years.

A West of Scotland Regional Planning Board workshop is scheduled to take place on 24th April to support early discussions on the potential priority areas for future collaboration.

Both national and local communication will be vital to ensure patients across Scotland understand the developing collaborative approaches between Boards.

Financial Implications

There are no immediate financial implications from this paper, though this new commissioning approach may change incoming and outgoing service level agreements with neighbouring health boards over time.

Workforce Implications

There are no immediate workforce implications from this approach, particularly as NHSFV has been undertaking mutual aid procedures for other Boards for some considerable time.

Infrastructure Implications including Digital

No infrastructure implications identified.

Sustainability Implications

No sustainability implications identified.

Sustainability Declaration

Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process [A policy for NHS Scotland on the climate emergency and sustainable development](#). (please tick relevant box)

- ☐ Yes
☒ N/A

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications

The paper outlines the future Reform approach, aimed at promoting population health via focusing on prevention, shifting the balance of care towards community, improving access, adopting digital approaches and planning for the population.

Information Governance Implications

There are no immediate information governance implications from this paper.

Relevance to Strategic Priorities

The Reform agenda is closely aligned with the upcoming NHSFV Population Health strategy, with the future developments around greater collaboration between Boards already well underway locally.

Equality Declaration

Equality and Diversity Impact Assessments have been undertaken by Scottish Government in support of the development of the Reform framework.

Further to an evaluation it is noted that:

- ☐ Paper is not relevant to Equality and Diversity
☐ Screening completed - no discrimination noted
☒ Full Equality Impact Assessment completed – report available on request

Communication, involvement, engagement and consultation

Appendix 2 of this paper has been agreed by NHS Scotland board Chief Executives at their meeting on 5 March and each Board is receiving the same paper at meetings in March and April for endorsement.

Additional Information

- N/A

Appendices

- Appendix 1: Letter from Director General, 7th Feb 2025
- Appendix 2: NHS Scotland Executive Group paper on Collaboration

E: dghsc@gov.scot

All NHS Chairs and NHS Chief Executives

7 February 2025

Dear Colleagues

Following the First Minister's recent keynote speech on improving public services, I am writing to seek your support in taking forward the programme of reform and renewal for our NHS. The NHS Chairs meetings and the advent of the NHS Scotland Executive Group has meant a fundamental shift in the way we come together and lead the NHS, but we need to increase the pace at which we are implementing the range of improvements across our system, in order to maximise the effectiveness and efficiency of services.

In taking forward the range of system reform and improvement work, it is important that we fully utilise the opportunities provided by working across boundaries – giving life to the statutory duties placed upon all NHS Boards to work collaboratively in delivering healthcare services. This duty is set out in Section 12J of the National Health Service (Scotland) Act 1978 and provides the foundation for ensuring equitable and effective healthcare delivery across Scotland.

As system leaders, you are required to ensure that your Boards actively engage in collaborative arrangements with other Health Boards. This includes sharing resources, expertise and services, where appropriate, to optimise patient outcomes and improve efficiency across the system. Such co-operation is critical to achieving the best possible care for our population, especially given the complex challenges we face in addressing health inequalities and meeting the demands on services.

Over the last year we have strengthened our approach to collaboration and co-operation with you, beginning with the publication of the Model Framework Document for NHS Boards in April 2024. This document outlines how we collaborate and co-operate and provides a structured approach for Boards, detailing our respective roles, responsibilities, and the nature of how Boards interact with the Scottish Government. It aimed to provide greater clarity on governance and accountability and sets out our commitment to fostering effective partnerships to deliver high-quality healthcare services across Scotland.

Our commitment to working together has been further strengthened with the establishment of the NHS Scotland Executive Group, which first met in October 2024. Its primary aim is to support the effective governance, planning and delivery of healthcare services across Scotland. The NHS Scotland Executive Group plays a central role in supporting national and

regional planning initiatives, such as those outlined in the NHS Scotland Planning Framework.

The recent publication of the NHS Scotland Planning Director's Letter, in November 2024, provides additional guidance on population-based planning, once again highlighting the need for strengthened national and regional coordination. The DL emphasised the establishment of a Single Planning Framework to ensure coherence and alignment in service delivery, infrastructure investment, and workforce planning at national level. The NHS Scotland Planning and Delivery Board (NHSSPDB) will oversee and govern these efforts, ensuring that resources are deployed efficiently and equitably across all Health Boards.

At the regional level, the letter outlines the importance of collaboration between neighbouring Health Boards to develop strategies that address the specific needs of local populations. Regional planning groups are expected to drive innovation and adaptability, responding to the unique health dynamics within their areas whilst aligning with the broader NHS Scotland priorities. These planning efforts are integral to achieving the vision set out in the 2016 National Clinical Strategy and the Public Bodies (Joint Working) (Scotland) Act, which prioritise integration and partnership working across sectors.

I believe we have all of the foundations now in place to allow you to fulfil your roles, as NHS leaders, but also in how we come together as an NHS Scotland to meet the needs of patients and the expectations of our communities.

Moving forward, I intend to work with employers to enhance the Executive Management Appraisal System so that we can properly assess and record the impact of working across board and wider system boundaries. This will be incorporated into the guidance for the 2024/25 performance review and 2025/26 objective setting process, which the Chief People Officer will issue in late February / early March. Similarly, the appraisals of NHS Chairs will encompass how they are facilitating and supporting the level of cross boundary working that we all see as essential.

For now, I encourage you all to review your current arrangements for cross-boundary collaboration and identify any areas requiring improvement. Please also ensure that staff within your Boards are familiar with the statutory requirements of the Model Framework.

In the meantime, should you require clarification or support, please do not hesitate to contact my office.

Thank you for your continued leadership and dedication to delivering high-quality, patient-centred care for the people of Scotland.

Yours sincerely,

Caroline Lamb



Director General Health and Social Care and Chief Executive NHS Scotland

Health Board Collaboration and Leadership NHS Scotland Executive Group 05 March 2025

Purpose

1. This paper:
 - sets the context for renewal and reform following the First Minister's statement on 27 January 2025
 - briefs NHS Boards on the new governance arrangements with the establishment of the NHS Scotland Executive Group and wider efforts to support a more collaborative ethos in NHS Scotland
 - describes the need for all NHS Boards to ensure a systematic approach to balancing local delivery with the need to contribute to meet the needs of larger populations – beyond their geographical boundaries – in the delivery of planned care

Background

2. The First Minister's statement on Improving Public Services and NHS Renewal on 27 January 2025, emphasised the need for NHS Boards to work collaboratively to achieve the principles and aims that he set out: improved access to services; shifting the balance of care to the community; focus on innovation to improve access to; and delivery of care.

3. The First Minister's statement reflected the shift sought in DL(2024)31: A renewed approach to population-based planning across NHS Scotland, which was published on 28 November 2024. The DL emphasises the need for service planning to align with the population size and be collaborative. It highlights a significant shift in planning, organising, delivering, and potentially funding services to meet Scotland's changing needs and ensure high-quality, sustainable services. NHS Boards will be required to collaborate across NHS Board boundaries – and with Scottish Government – to implement these principles, particularly through the annual delivery plan process.

4. NHS Board Chairs and Chief Executives received a letter on 7 February 2025 from the Director General Health and Social Care and Chief Executive of NHS Scotland (DGNHS) setting out expectations about collaboration. This letter reaffirmed the principles set out in DL(2024)31 with an expectation for increased collaboration between NHS Boards for to help improve the health and wellbeing of the citizens and communities of Scotland and is aligned to the principles of co-operation and assistance as set out in section 12 (J) of the 1978 NHS Scotland Act.

5. This letter also aligns with the key priority deliverables set out in the First Minister's speech on 27 January 2025 which aims to improve access, reform and equity for the people of Scotland.

Governance Arrangements

6. Over the past year, steps have been taken to revise national governance arrangements. This is intended enhance collaborative working in recognition that the challenges facing the NHS and social care require a system-level leadership and corporate working across NHS Board boundaries.

7. In October 2024, the NHS Scotland Executive Group was established. It is co-chaired by the Director General Health and Social Care and Chief Executive of NHS Scotland and the Chair of Board Chief Executives Group. This newly formed group provides collective leadership in addressing key issues which require a national perspective. NHS Chairs received a briefing on the role of the Group on 5 November 2024.

8. NHS Boards are working to advance practical examples of building a more cohesive approach to the design and delivery of services on behalf of NHS Scotland. NHS Board Chief Executives undertook a successful two-day session on group development and digital innovation in September 2024 at the National Robotarium in Edinburgh. In relation to adoption of new digital developments and products it was agreed that the default position should be national development approach and local adoption. It was also recognised that this principle may well apply in a range of other planning matters.

Renewal and Reform

9. Since the end of 2024, a small cohort of Board Chief Executives, on behalf of the wider NHS Board Chief Executives Group, have contributed to a weekly reform coordination group. This group also includes senior Scottish Government officials and was set-up to create early dialogue on the phasing of reform and renewal plans due to be published this year. NHS Board Chief Executives have welcomed this approach as it has enabled NHS representatives to meaningfully contribute to and influence the early approach on reform and renewal.

10. Representatives of the reform coordination group led on delivery of a joint Chief Executives/Executive Leads and Scottish Government session on NHS Renewal, held at COSLA on 18 February. This session explored the current position of the 3 'products' that are due to be published in the first half of 2025:

- Operational Improvement Plan (by the end March)
- Population Health Framework (Spring)
- Health and Social Care Service Reform Framework (pre summer Scottish Parliament recess)

11. These policy documents will provide the platform for the delivery of the First Minister's commitments. There is significant opportunity for NHS Board Chairs, Chief Executives and teams to contribute to this work, as well as partners, patients and communities themselves. It is important that NHS Boards contribute to the scrutiny of any proposals to ensure that the plans are deliverable.

12. In parallel to reform, there is renewed focus on wider public sector reform and efficiency and productivity with an onus on Chief Executives and NHS Boards to ensure that all opportunities for service efficiency and improvement are explored and delivered, whilst simultaneously progressing longer term reform. A paper will be presented to the NHS Scotland Executive Group on 6 March on Business Services which will demonstrate opportunities available to NHS Boards to deliver transformation of business services and supporting systems.

Improvements in Planned Care

13. NHS Board Chief Executive representatives updated colleagues on weekly meetings they had contributed to which were convened and chaired by the First Minister, including the Cabinet Secretary for Health and Social Care and Scottish Government officials. This has resulted in the development of a National Planned Care Framework, which sets out a number of principles for achieving the necessary improvements in planned care.

14. The Framework seeks to create a balanced planned care system, ensuring all patients in Scotland have equal and timely access to care. It aims to maintain or improve care standards while balancing short-term and long-term actions on waiting lists. This draft framework was discussed and approved by the NHS Board Chief Executives Group on 19 February. It will now be subject to engagement with NHS Boards.

15. The National Planned Care Framework exemplifies new working methods, adhering to the principles of cooperation and assistance outlined in section 12(J) of the 1978 NHS Scotland Act. As we advance in planning, organising, delivering, and potentially funding services to meet Scotland's evolving needs and lay the groundwork for service transformation, the Director General Health and Social Care and Chief Executive of NHS Scotland is committed to reviewing and modifying the performance governance of individual Boards to reflect this new approach, emphasising collective accountability. This will be important as there will likely be a requirement to adopt a collaborative approach to delivery across other key areas of healthcare policy.

Recommendations

16. NHS Forth Valley Board is asked to note:

- the commitment set out by the First Minister to progress the renewal and reform of the NHS in Scotland, and associated requirement for the Board to seek assurance on delivery of these commitments.
- the evolution of the new governance arrangements which are intended to enable and foster stronger collective accountability whilst underpinning the strength of local accountability mechanisms.

17. NHS Forth Valley Board is asked to acknowledge and endorse:

- the duality of their role for the population/Board they serve as well as their contribution to population planning that will cross traditional Board

- boundaries and approves local implementation of this approach, consistent with DL(2024)31 and 12 (J) of the 1978 NHS Scotland Act
- the anticipated increased pace of change and requirement for regional and national collaboration in coming weeks and months as there is requirement to deliver the principles set out by the First Minister in his speech on 27 January, to deliver efficiencies and savings and to put into action the commitments set out in the three reform documents.

18. NHS Forth Valley Board to note that in response to these changes, it is recognised that there is requirement to refresh the traditional approach to Board performance framework and indeed Executive personal objectives, which was referenced in Caroline Lamb's letter of 7 February.

FORTH VALLEY NHS BOARD

Tuesday 29 April 2025

4. Equality and Inclusion Strategic Framework

For: Approval

Executive Sponsor: Mr Kevin Reith, Director of People (He/Him)

Author: Rachel Tardito, Equality, Diversity and Wellbeing Lead (She/Her)

Executive Summary

As an organisation, we have both a legislative and ethical duty to develop and deliver upon our Equality, Diversity and Inclusion workplan. In line with our legal obligations, as set out within the Public Sector Equality Duty, we must publish a series of Equalities Reports by 30 April 2025 as part of the reporting cycle and these are embedded within our proposed Equality and Inclusion Strategic Framework (2025 to 2029).

Our Strategic Framework was co-developed with members of our local communities, workforce and key stakeholders and it provides the background for our associated Equality, Diversity and Inclusion workplan. Your feedback on previous draft versions has been incorporated and we present to you today the final Equality and Inclusion Strategic Framework for approval to publish and launch.

Recommendation

The Forth Valley NHS Board is asked to:

- **note** and **discuss** the content of this paper, providing feedback and suggestions for any further improvements to our Strategic Framework.
- **approve** the Strategic Framework for publication and launch on 30 April 2025, in line with of our statutory duty.

Key Issues to be Considered

As aforementioned, we have a legal responsibility as an organisation to produce certain reports under the Public Sector Equality Duty (PSED). To meet these requirements, we have developed our new Equality and Inclusion Strategic Framework for 2025 to 2029 which comprises of the following:

- Our Equality Mainstreaming Report
- Our Equality Outcomes for 2024 to 2029
- Our Gender Pay Gap
- Our Equal Pay Statement
- Our Workforce Monitoring Report

The contents of the Strategy and our Equality Outcomes have been developed in response to feedback from ongoing engagement with staff and communities. In February 2025, Board members participated in a dedicated Equality, Diversity and Inclusion Seminar as part of their wider objectives. This was a launch pad for introducing the role of EDI and the opportunity was taken to spend some time workshopping our proposed Equality Objectives. Board members' feedback and input from this session has also been incorporated into the Strategic Framework.

As aforementioned, previous drafts have been shared with yourselves, the Staff Governance Committee and with key stakeholders for feedback and input. Responses and input have now been collated and incorporated into a final draft which we present today as a plain text version (appendix 1). There will be an infographic version and easy-read version made available. With your approval today, this Strategic Framework will be published on our NHS Forth Valley website and shared with colleagues and key stakeholders as part of a wider launch and comms plan over coming months. This will include ongoing engagement efforts, in addition to the progress of the strategic framework's action log, for which progress will be fed back through agreed governance structures for assurance and updates.

Financial Implications

Where possible, work outlined above is met by current resource and funding with support from both internal colleagues and third-sector partners to aid provision. However, where additional funding is required, we will work closely with finance colleagues to explore options, especially given the current financial climate and consequent limitations. Staffside colleagues from UNISON have kindly offered to help fund our Staff Networks to assist with any promotional material and events.

Workforce Implications

The work associated with our new Equality and Inclusion Strategic Framework (2025 to 2029) in addition to ongoing workstreams, will seek to improve the staff experience, fostering an inclusive and equitable culture where diversity is celebrated. As such, we are confident that this will have positive implications in relation to staff recruitment and retention.

Our workstreams will also link closely with the Culture Change and Compassionate Leadership Programme and help to address some of the issues and concerns identified within the Programme findings. Whilst capacity and resource across the organisation remain a challenge, the aim is for our equality workstreams as outlined within the Strategy to be embedded into everyday operational and strategic work, therefore minimising the need for additional resource.

Equality, Diversity and Inclusion is everyone's responsibility and by working together to help influence positive change to tackle discrimination and health inequalities, we will all experience the benefits of an inclusive organisation. Any additional potential risks to workforce will be captured and considered as part of the accompanying risk register for the Strategy.

Infrastructure Implications including Digital

There are no specific Infrastructure Implications in relation to the paper and subsequent Strategic Framework, however any workstreams arising will always consider the long-term impacts of any proposed infrastructure changes and seek to consult the appropriate colleagues for their expertise, ensuring we meet local policy and guidance.

Sustainability Implications

There are no specific Sustainability Implications in relation to the paper or subsequent Strategic Framework, however any workstreams arising will always consider the long-term impacts of any proposed changes and seek to consult the appropriate colleagues for their expertise, ensuring we meet local policy and guidance.

Sustainability Declaration

Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process. (A policy for NHS Scotland on the climate emergency and sustainable development) (please tick relevant box)

☒ Yes

☐ N/A

Where applicable, the climate change, environmental and sustainability impacts, and any mitigating measures will be captured within the Strategic Framework Action Log and Risk Register.

Quality / Patient Care Implications

We would anticipate an ongoing positive impact to patient-centred care as a result of our Equality and Inclusion Strategic Framework (2025 to 2029). Evidence confirms that successful Equality, Inclusion and Diversity improvements within an organisation result in better patient journeys and outcomes, addressing health and social inequalities and removing barriers to equitable experience. Engagement and co-collaboration is always sought from lived experience individuals and we work closely with colleagues from areas such as Person-Centred Care, Quality Improvement and Public Health, alongside wider HR colleagues, to ensure we are adhering to best practice guidance. The final draft of this Strategic Framework has also been shared with relevant colleagues (including Person-Centred Care, Quality Improvement and Public Health) for feedback and input prior to being presented to yourselves for approval.

Information Governance Implications

There are no specific Information Governance Implications in respect of the paper, however in relation to any personal data gathered as part of the strategy workstreams (i.e. via feedback surveys associated with the staff networks or updates to our EQIA process), we will ensure all information governance policies are adhered to, in particular in relation to GDPR criteria and associated risk(s). The final draft of this Strategic Framework has also been shared with Information Governance colleagues for feedback and input prior to being presented to yourselves for approval.

Risk Assessment / Management

An accompanying Risk Register will be created for the Strategic Framework to capture any risks associated with any of our workstreams or wider equality and diversity issues. We would endeavour to work with our risk management colleagues to address and mitigate against as necessary. For any working groups, projects, or staff networks, appropriate action logs and risk registers would be held in line with CPMO guidance and criteria. The final draft of this Strategic Framework has also been shared with Risk Management colleagues for feedback and input prior to being presented to yourselves for approval.

Relevance to Strategic Priorities

Workstreams outlined within this paper and subsequent Strategic Framework would be relevant to the following strategic priorities:

- Population Health and Care Strategy
- Values Based Health and Care Strategy
- Annual Delivery Plan and Anchor Workstreams;
- Culture Change and Compassionate Leadership Programme
- Anti-Racism Plan
- New Scots Integration Strategy
- Participation and Engagement Framework

Equality Declaration

The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process. Further to an evaluation it is noted that a **full EQIA for the Strategic Framework is attached as Appendix 4.**

Communication, involvement, engagement and consultation

Our Equality and Inclusion Strategic Framework (2025 to 2029) was developed in response to key stakeholder involvement as part of our engagement consultation which sought input and feedback from our local communities and workforce. Their feedback has informed the development of the various workstreams presented within this Strategic Framework, including the development of our Equality Outcomes. Furthermore, we continue to seek lived experience input from patients, service users and colleagues. We also utilise feedback gained from compliments, complaints and FOIs to help inform our workstreams to ensure they are fit-for-purpose and best meet the needs of our local communities.

Appendices

- **Appendix 1:** Equality and Inclusion Strategic Framework (2025 to 2029) – Plain Text Version
- **Appendix 2:** Equality & Inclusion Strategy Equality Impact Assessment

NHS FORTH VALLEY

EQUALITY AND INCLUSION STRATEGIC FRAMEWORK (2025 – 2029)

NHS Forth Valley Equality and Inclusion Strategic Framework (2025 - 2029)

Contents

Front Cover

Contents Page

Foreword

Overview and Background

Introduction – A Fairer, More Inclusive NHS Forth Valley

Mainstreaming Equality

About Us / Our Local Population

Equality Impact Assessments

Progress Review / Our Journey So Far

Engagement and Consultation

Our Equality Outcomes

Workforce Monitoring

Equal Pay Statement

Gender Pay Gap

Reporting, Governance and Continued Engagement

Summary – Working Together for Lasting Change

Accessibility, Alternative Formats and Contact

Appendices

Foreword

Equality, Diversity and Inclusion should be embedded in everything we do as an organisation. Therefore, we felt it was important to produce a joint statement to confirm our commitment to the work of this Strategic Framework. Within our roles as Chief Executive and Board Chair of NHS Forth Valley, we are delighted to present our new Equality and Inclusion Strategic Framework (2025-2029). This Strategic Framework outlines our approach to working collaboratively with our patients, 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. This represents our commitment, at all levels, to driving 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.

To ensure sustainable change, we must hold ourselves accountable and to help us achieve this, we will produce annual update reports to share our progress and next steps. We are enthusiastic about the journey ahead and confident that we can work together to create an inclusive NHS Forth Valley where diversity is celebrated and inequalities challenged. Whilst we all have a role to play in shaping a more inclusive future, this starts at the top with a commitment from ourselves and senior colleagues to embed equality and diversity into the heart of our day-to-day working and everything we do.

Ross McGuffie	Neena Mahal
Chief Executive	Board Chair

Overview / Background

As a public authority, we have a legal obligation under the Public Sector Equality Duty to produce certain Equality Reports and Equality Outcomes every four years. This is due in April 2025 for the new reporting cycle. The objective for our NHS Forth Valley Equality and Inclusion Strategic Framework (2025 to 2029) is to produce a coherent, strategic framework with a series of actions and workstreams aimed at tackling inequality, improving diversity and promoting a culture of inclusion across our organisation.

To avoid overcomplication, we've adopted an integrated approach that places all our required equality reports into one place. Therefore, our NHS Forth Valley Equality and Inclusion Strategic Framework (2025 to 2029) comprises of the following:

- Our Equality Mainstreaming Report
- Our Equality Outcomes for 2024 to 2029
- Our Gender Pay Gap
- Our Equal Pay Statement
- Our Workforce Monitoring Report

We know that not everyone experiences healthcare or employment in the same way. Some people face barriers due to disability, race, poverty, or other factors such as care responsibilities, leading to inequalities in health outcomes and workplace experiences. That's why this Strategic Framework builds on the progress of our previous strategy, 'Everyone Means Everyone' (2021-2025), and focuses on real, meaningful action to address these inequalities. In addition to the above legal requirements, our Strategic Framework ensures we meet our legal duties under the Fairer Scotland Duty.

The Fairer Scotland Duty places a legal responsibility on public bodies in Scotland, including NHS Forth Valley, to actively consider how we can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions. Whilst our Fairer Scotland Duty is considered as part of this Strategic Framework, it will feature heavily within our **Health Inequalities Strategy and Action Plan**, which will include actions around child poverty, ANCHOR work and health inequity. Furthermore, our Fairer Scotland Duty also aligns with actions within the Scottish Government's Population Health Framework which will form part of greater data and governance in relation to population health outcomes.

Our Equality and Inclusion Strategic Framework (2025-2029) sets out NHS Forth Valley's commitment to creating a fair, inclusive, and person-centred healthcare system. It ensures that staff, patients, and communities experience equitable access, treatment, and opportunities, aligning with our legal obligations under:

- **The Equality Act (2010)** – legally protecting individuals from discrimination, harassment and victimisation.
- **The Equality Act (Specific Duties) (Scotland) Regulations (2012)** – embedding equality into public sector decision-making.
- **The Fairer Scotland Duty** – taking the needs of people experiencing socio-economic disadvantage into account when making decisions and appreciating how this affects health outcomes.

Our Strategic Framework is designed to:

- Eliminate discrimination, harassment, victimisation and bias in healthcare and the workplace.

- Improve access to healthcare and career opportunities, particularly for disadvantaged groups.
- Foster an inclusive culture where diversity is valued, and everyone feels safe, respected, and supported.
- Tackle health inequalities by addressing social, economic, and systemic barriers to good health.

A more detailed overview of our regulatory equalities duties can be found in appendix 1.

Introduction - A Fairer, More Inclusive NHS Forth Valley

At NHS Forth Valley, we believe that everyone - patients, staff, and communities - deserves to be treated with fairness, dignity, and respect. Our commitment to equality, diversity, and inclusion (EDI) must be at the heart of everything we do. High-quality care happens when barriers are removed, voices are heard, and services are accessible to all.

Our Equality and Inclusion Strategic Framework (2025-2029) sets out our vision for a more inclusive NHS Forth Valley, ensuring that everyone has equal access to healthcare, employment, and opportunities, regardless of their background, identity, or circumstances. Our Equality Outcomes and associated actions and workstreams will enable us to work together to achieve the following:

- ✓ Better healthcare access for all, by reducing barriers for those with protected characteristics or from underrepresented groups.
- ✓ A more inclusive workplace where staff feel safe, supported, and valued.
- ✓ Stronger anti-discrimination measures, ensuring fair treatment for all.
- ✓ Greater awareness and understanding of equality issues across NHS Forth Valley.
- ✓ A real commitment to tackling health inequalities, so that no one's background, income, or identity affects their ability to get care.

We appreciate that Equality, Diversity and Inclusion (EDI) can be a complex landscape to navigate. To try and help make our Strategic Framework as straightforward as possible, we've included some definitions that may be helpful to shape your understanding of this document, these can be found in Appendix 2.

Mainstreaming Equality

Mainstreaming is a specific requirement for public bodies in relation to implementing the Equality Duty (2010). This means integrating equality into the day-to-day

working of NHS Forth Valley, taking equality into account in the way we exercise our functions. Put simply, equality should be part of everything we do.

The Equality Act (2010) introduced the Public Sector Equality Duty (PSED) which requires public authorities, including Health Boards, in the exercise of their functions, to have due regard to the need to:

1. **Eliminate** unlawful discrimination, harassment and victimisation and any other conduct that is prohibited under this Act.
2. **Advance** equality of opportunity between people who share a relevant protected characteristic and those who do not share it
3. **Foster** good relations between persons who share a relevant protected characteristic and persons who do not share it.

There are nine protected characteristics referred to in the Equality Act (2010):

- age,
- disability,
- gender reassignment,
- marriage and civil partnership,
- pregnancy and maternity,
- race,
- religion and belief,
- sex,
- sexual orientation.

Mainstreaming equality means taking steps to ensure that equality is considered within everything that we do, and by everyone who works, volunteers, or collaborates with us. NHS Forth Valley seeks to mainstream equality considerations across all work we do. In this section of our report, we provide information about the ways in which we do this at every level across our organisation:

Our Board

NHS Forth Valley is managed by a Board of Executive and Non-Executive Board Members who are accountable to the Scottish Government through the Cabinet Secretary for Health and Social Care. The overall purpose of our Board is to ensure the efficient, effective and accountable governance of NHS Forth Valley and to provide strategic leadership and direction for the overall system, focussing on agreed outcomes.

Our Board members are committed to developing a shared understanding of equality, diversity and inclusion, building on expertise internally and externally to embed a culture of inclusion and enhance their decision-making by taking account of

EDI impacts. Our aim to ensure our Board consists of a diverse group of people with the necessary skills, experience, values, behaviours and relationships needed to achieve this. In early 2025, our Board held an Equality, Diversity and Inclusion Seminar to come together to reflect on their role, responsibility and influence in relation to the Equality, Diversity and Inclusion needs of our workforce and local population. This commitment to keep EDI at the heart of Board governance will be a continuing influence in all of our work.

Our Senior Leadership Team

Our Senior Leadership Team deliver visible leadership in relation to equalities through both their personal objectives and through their leadership of services, workstreams and projects. Key plans and proposals reported to the Senior Leadership Team must include information about how our equality duties have been considered and where appropriate, this will include an Equality Impact Assessment (EQIA).

Our Whole System Leadership Team (WSLT) support our Senior Leadership Team (SLT) with the delivery of operational plans and projects. A key aspect of their role is to consider the experience of service users and to ensure we are providing safe, effective and person-centred services. This includes embedding our Equality Duties into everyday practice, utilising data to help tackle health inequalities and improve both patient and workforce experience.

Our Services and Teams

All of our Services and Teams across NHS Forth Valley will play an important role in furthering equality and embedding the principles of our Equality and Inclusion Strategic Framework into day-to-day operations. However, certain Services and Teams will have a specific responsibility in helping to deliver upon our Equality Outcomes and this includes colleagues within Equality Inclusion and Wellbeing, Public Health, Health Improvement, Person-Centred Care, Human Resources, Occupational Health, Learning and Organisational Development and those involved with our dedicated Culture Change and Compassionate Leadership Programme.

Our People

Promoting equality and diversity is everyone's responsibility. Each and every NHS Forth Valley staff member has a duty to conduct themselves in a way that contributes positively to a culture of inclusion and helps us to meet not just our legal obligations but makes NHS Forth Valley a better place to both live and work.

Our Procurement

NHS Forth Valley continues to ensure equality is mainstreamed into our procurement processes to ensure fairness to all potential suppliers and consideration of how inequalities of outcome caused by socio-economic disadvantage may be reduced through the conduct of these procurement processes. We utilise both our Equality Impact Assessments and Fairer Duty Scotland Impact Assessments to ensure our tender processes are ethical and meet our legal equality duties and responsibilities. Furthermore, we are committed to our work as an Anchor Institute and are mindful of ways in which our procurement processes can positively influence and benefit our local population, businesses and communities.

Our National Learning and Collaboration

To ensure effective learning, collaboration, peer support and sharing of best practice, staff from across NHS Forth Valley sit on several National Groups and Networks that will influence our EDI agenda. This includes the NHS Scotland Equality and Diversity Lead Network.

Our Strategic Links

Our Equality and Inclusion Strategic Framework (2025 to 2029) will be relevant to the following strategic priorities:

- Population Health and Care Strategy
- Value Based Health and Care
- Culture Change and Compassionate Leadership Programme
- Participation and Engagement Framework
- Joint BSL Plan (2023 to 2029)
- New Scots Integration Strategy
- Our NHS Forth Valley Anti-Racism Plan

About Us / Our Local Population

NHS Forth Valley is one of 14 regional health boards and we serve a population of approximately 305,110 in a diverse geographical area which covers the heart of Scotland. Our Board controls an annual budget of approximately £930 million and employs around 7500 staff. Our acute hospital – Forth Valley Royal Hospital in Larbert – is one of the most advanced and well equipped in Europe, and is supported by a network of four community hospitals, 56 health centres, day centres providing care and support for patients with mental illness and learning disabilities and a wide range of community-based services. In addition, NHS Forth Valley provides services to three National Prisons.

Key Insights and Considerations

A fuller breakdown of our local population demographics can be found in appendix 3, but some key insights are as follows:

1. **Predominantly White Population:** A large majority (96.2%) identify as White, with White Scottish making up the largest share (83.2%).
2. **Growing Ethnic Diversity:** Asian and African populations collectively account for around 2.5%, with Pakistani and Indian communities being the largest non-White groups.
3. **Representation in Healthcare Services:** Given the presence of minority ethnic groups, **language services and culturally sensitive healthcare provision** should be considered for better accessibility.
4. **Future Demographic Shifts:** As Scotland's demographics change, NHS Forth Valley may need to adapt its services to meet the needs of an increasingly diverse population.
5. The majority of people in the region report being in **good or very good health** (over 78%).
6. Around **6.8%** of the population experiences **bad or very bad health**, indicating potential healthcare service demand for chronic conditions and long-term care.
7. **Gay or Lesbian individuals (1.5%) and Bisexual individuals (1.6%)** collectively represent **over 7,500 people** in NHS Forth Valley. The category "Other Sexual Orientation" (1,118 individuals) may include a range of identities that require **inclusive service approaches**.
8. **High Rate of Non-Response (7.7%):** Over **19,000 individuals chose not to disclose their sexual orientation**, indicating either privacy concerns or potential gaps in inclusive data collection. Encouraging **safe disclosure environments** in healthcare settings could improve future data accuracy.
9. 955 individuals (0.4%) identify as trans or having a trans history. This group may require **specialised healthcare services**, including gender-affirming care and mental health support.
10. Nearly **25% of the total population** has some level of daily activity limitation, reinforcing the importance of **accessible healthcare, mobility support, and social inclusion programs**.

11. **1 in 8 people (12.5%) in NHS Forth Valley provide unpaid care**, highlighting the crucial role of unpaid caregiving in the community. Many of these carers balance their roles alongside work, education and family responsibilities. This includes young carers and student carers.
12. **Long-term unemployed (0.7%) and those who have never worked (5.8%) account for over 16,000 individuals**, highlighting economic vulnerability in specific segments.
13. **7.7% of the population are full-time students**, indicating a future skilled workforce that will require strong transitions into professional employment sectors.
14. **Nearly 55% of the population reports having no religious affiliation**, reflecting a trend toward secularism in NHS Forth Valley. However, **over 17,000 individuals chose not to disclose their religion**, indicating potential privacy concerns or data gaps.

Equality Impact Assessments (EQIAs)

NHS Forth Valley continues to ensure the ongoing importance of embedding equalities into our organisation through the use of equality impact assessments. An Equality Impact Assessment or EQIA is a tool that helps us to consider the needs of diverse groups as part of projects, policies or service delivery. It is a positive opportunity to review potential impacts (both positive and negative) on any of the nine protected characteristic groups as outlined by the Equality Act (2010).

Conducting an EQIA allows us to consider any potential implications against the above characteristics and make reasonable adjustments to reduce or eliminate any negative impact. EQIAs enable us to promote equality and inclusion by removing discrimination and encouraging engagement with lived experience individuals to make improvements to our policies, projects and services.

As an organisation, we are currently undertaking an improvement project aimed at making our EQIA process as user-friendly and fit-for-purpose as possible, to ensure it makes a tangible difference in further equality. This includes an accessible and easy-to-use template. This will include adapting our current template to give consideration to the articles of the United Nations on the Convention of the Rights of the Child (UNCRC).

We consider socio-economic issues within our Equality Impact Assessments and ensure Fairer Scotland Duty Impact Assessments are conducted when required. The Fairer Scotland Duty requires that we carry out assessments of what we can do to reduce inequalities of outcome caused by socio-economic disadvantage when we

make strategic decisions. This includes, but is not limited to, considering issues that could affect access to a service or intervention. We also utilise information obtained from the Scottish Index of Multiple Deprivation (SIMD) to understand where there is variation in service provision related to deprivation.

Our Journey So Far

Our previous Equality Outcomes for April 2024 to April 2025 were as follows:

Objective One - Improving Accessibility. To make our services, premises and resources more accessible, removing barriers and considering potential challenges.

Objective Two - Awareness, Communication and Engagement. To promote the work happening across the organisation to support equality and diversity and review the way in which we communicate and engage with our local communities.

Objective Three - Training and Education. To review current training, identifying gaps and promoting training and education that promotes inclusion and challenges inequalities.

Objective Four - Supporting our Workforce. To continue to review our support offers for staff to improve the working environment, promoting inclusion, compassion and equity.

These outcomes, after review and consultation, have been updated to reflect our learning and current need. We are proud of the progress we have made over the last year but appreciate there is still a lot more to do. That's why there is continuation of these outcomes into our 2025 to 2029 proposed Equality Outcomes as we want to invest more time and resources into associated actions and workstreams that progress these areas.

Engagement and Consultation

Hearing from lived experience voices is vital for the success of mainstreaming equality and making a more inclusive NHS Forth Valley for all. We have undertaken various stakeholder engagement activities to ensure we are best capturing the needs of our local communities and workforce. Outlined below are a selection of our engagement approaches that have helped to inform our EDI work and therefore the development of this Strategic Framework:

- **Surveys** – we have conducted a range of both public and workforce Equality, Diversity and Inclusion surveys to give a platform for individuals to share their experiences to help inform our work. We wanted to know what went well in relation to EDI and what could have been better. All surveys were anonymous to encourage respondents to share freely and openly.

- **Drop-In Sessions** – we offered three Equality, Diversity and Inclusion public drop-in sessions. These were open to all and were a space for individuals to come and chat to a member of the Equality, Inclusion and Wellbeing Service about their experiences in relation to EDI, exploring barriers and enablers and sharing what was important to them for us an organisation going forward.
- **Targeted Outreach Sessions** – as with all our interactions as an organisation, we are mindful of our easy-to-miss communities and trying to offer specific sessions to engage with such groups. We conducted several targeted sessions with the support of third sector interphase colleagues to help bridge the gap and build trust with community members.
- **Focus Groups** – focus groups were conducted as part of our Joint BSL Plan development framework and also our NHS Forth Valley Culture Change and Compassionate Leadership Programme, with EDI being a key theme for both and the feedback and data helping to inform this strategic framework.
- **One-to-One Meetings** – both our Equality, Inclusion and Wellbeing Service and Person-Centred Care Service offer one-to-one sessions for any member of staff or service user wishing to discuss their experience. Discussions can range from feedback about recent experiences in the workplace or during a healthcare interaction, to more specific support regarding adjustments and ease of access. The key themes and learning from such one-to-ones have been utilised to help inform this Strategic Framework and our ongoing EDI workstreams.
- **Events** – from coffee mornings to attending outreach or development days to celebrations as part of our wider Diversity Calendar, we utilise any opportunity to chat to our workforce and community members and this provides us with lived experience feedback that helps to shape our work and future plans. Board members also participated in an EDI seminar and were able to share their thoughts and considerations for input into our Equality Objectives.
- **Staff Networks** - we aim to have our full range of staff networks operating by June 2025 who we can work in partnership with to improve staff and patient experience across the organisation.
- **Training and Awareness Sessions** - the Equality, Inclusion and Wellbeing Service deliver a range of awareness and training sessions and we utilise the themes and evaluation of these sessions to help us respond to feedback and inform our EDI agenda.
- **Organisational Data** – we have utilised a wide range of organisational data to help inform this Strategic Framework and our wider EDI workstreams. This has included data such as: workforce data, patient compliments and complaints and data from our Culture Change and Compassionate Leadership Programme.
- **Health and Social Care Partnerships (HSCPs)** – as part of working alongside HSCP colleagues and Local Authority colleagues, we have also

undertaken a range of engagement with communities and staff with their support and key input.

We feel it is vital that we gain lived experience input and feedback and would like to extend our appreciation to everyone who took the time to share their views with us. Over the period of this Strategic Framework, we will continue to engage with patients, users of our services, unpaid carers and/or their advocates, our staff, partners, other health boards and the people of Forth Valley. By listening to feedback from users of our services, their families, those who care for them, our staff and our local partners we aim to better understand the equality needs of those within Forth Valley. We hope also to better understand inequalities which impact on health including poverty, stigma, marginalization and discrimination and how this information can be captured and the needs responded to effectively. We aim to work in partnership with our communities to build better relationships and increase information sharing.

Our New Equality Outcomes 2025 to 2029

Background

All Health Boards across NHS Scotland are required to develop and publish a set of equality outcomes to further one or more of the three needs of the Public Sector Equality Duty (PSED). We have utilised the learning, progress and ongoing actions from our previous April 2024 to April 2025 Equality Outcomes to help shape our 2025 to 2029 Equality Outcomes. These new Outcomes have been developed following an extensive period of engagement with our workforce and local communities, in particular targeted work to ensure we heard lived experience voices from easy-to-miss groups.

Before finalising our new Equality Outcomes, we conducted one final survey to sense-check that we had these right. 86% of respondents agreed that these six Equality Outcomes felt right to them. Of the 14% who disagreed, their responses were incorporated into expanding these Outcomes to include their feedback and input.

Our Priorities for Change

Our six Equality Outcomes focus on key areas that will make a real difference:

1. **Accessibility** – Ensuring NHS services, workplaces, and information are fully inclusive for all.

2. **Awareness, Knowledge & Understanding** – Strengthening staff education and training so that equality, diversity, and inclusion are embedded in everything we do.
3. **Inclusive Environments** – Creating a workplace and healthcare system where everyone feels safe, valued and respected.
4. **Neurodiversity** – Improving understanding and support for neurodivergent individuals, both in the workplace and within healthcare services.
5. **Anti-Racism Plan** – Taking proactive action to challenge racism and ensure fair treatment for all ethnic backgrounds.
6. **Health Inequalities** - Tackling the root causes of poor health, including the impact of poverty and socio-economic barriers.

As suggested in the Equality and Human Rights Commission guidance, these are intended to improve outcomes for those who experience discrimination and disadvantage. They are aligned to our wider strategic priorities and will help us to achieve our vision of a fairer, more inclusive NHS Forth Valley.

Our Approach

We have intentionally made our Equality Outcomes broad but with explicit actions against each outcome. This gives us the agility to amend our approach if required to meet our longer-term strategic objectives and is in response to feedback from continued community and workforce engagement. We acknowledge and appreciate that the EDI landscape is both complex and fluid and so by adopting this approach, we can be flexible and responsive to the needs of the people we serve, whilst ensuring we meet our legal PSED requirements.

Equality Outcome One – Accessibility

Overview

We will ensure NHS Forth Valley's services, facilities, digital platforms, and employment opportunities are fully accessible to everyone.

Why It Matters

Accessibility is fundamental to fair and equal healthcare. Patients and staff must be able to navigate spaces, access information, and receive support without barriers. By removing obstacles, we enable independent access, improved experiences, and better health outcomes.

What We Heard

Throughout our engagement, we heard that patient experience was often negatively impacted by accessibility barriers, this ranged from appointment letters and information, to parking and physical environments. We heard that staff wanted additional support and resources to help them make improvements to accessibility,

in particular, ways to make our documents and patient information more user-friendly.

What We Plan to Do

Initially, we will:

1. Conduct accessibility audits of our NHS Forth Valley services and workplaces with an aim to improve physical access, including signage and wayfinding. We will also utilise learning from lived experience feedback and aim to see a decrease in complaints and increase in accessibility-related compliments.
2. Continue to enhance digital accessibility, ensuring websites, patient information, and internal platforms comply with best practices. We will hope to see increased use and positive feedback of our digital resources as well as a reduction in digital accessibility related complaints. However, we will ensure that there are alternatives to digital information in order to be mindful of digital exclusion and associated health inequalities.
3. Strengthen our interpretation and translation services for patients with language barriers, utilising digital solutions to improve user experience.
4. Continue to implement reasonable workplace adjustments for disabled and neurodivergent employees. One example will be utilising Ability Passports to further sustainable employment and increased recruitment of disabled and neurodivergent colleagues. This is in line with the national Fairer Scotland for Disabled People: Employment Action Plan, seeking to half the disability employment gap.

What Will Good Look Like?

- Increase in positive feedback from accessibility assessments.
- Reduction in reported accessibility-related complaints.
- Health inequality outcomes measures are being developed.

Equality Outcome Two - Awareness, Knowledge & Understanding

Overview

We will embed equality, diversity, and inclusion (EDI) awareness into staff training, leadership development, and everyday workplace culture, raising awareness and increasing understanding of cultural differences.

Why It Matters

An informed workforce fosters inclusivity and a positive culture. By raising awareness and expectations we ensure staff and communities understand the importance of dignity, respect, and fairness for all.

What We Heard

Throughout our engagement, we heard that there is a need for a greater understanding of different cultural needs, with individuals (both staff and service-

users) wanting to feel included, valued and respected. We heard that stereotypes and misconceptions contribute to misinformation that increases the likelihood of discrimination.

What We Plan to Do

Initially, we will:

1. Undertake targeted outreach work to explore challenges and misconceptions, hearing first-hand from lived experiences to help us create further actions.
2. Embed cultural competency training to improve patient interactions. Create staff resources and toolkits on best practices.
3. Recognise and celebrate diversity-focused events, reinforcing key messages

What Good Look Like?

- Fostering good relationships between different groups that is reflected in feedback and organisational data
- Effective and embedded staff networks
- Increased uptake of EDI learning modules and awareness sessions across our workforce

Equality Outcome Three – Inclusive Environments

Overview

We will create an inclusive, supportive, and respectful environment for all staff and patients—where everyone feels safe, valued, and heard.

Why It Matters

A truly inclusive workplace and healthcare system allows diverse perspectives and experiences to be valued. It fosters team collaboration, patient trust, and a strong sense of belonging.

What We Heard

Throughout our engagement, we heard that patients wanted access to treatment from friendly and open-minded staff, irrespective of individual differences and cultural backgrounds. We heard staff wanted safe spaces to have topical discussions around key EDI issues.

What We Plan to Do

Initially, we will:

1. Review our policies and processes for raising concerns around discrimination, victimisation and harassment, working to ensure our processes are person-centred and supportive. We will continue with the considerable work ongoing that is exploring how we enable and empower staff to have a safe way of raising concerns and effectively challenging discriminatory behaviour and practice.

2. Strengthen our staff networks to provide peer support and amplify underrepresented voices.
3. Relaunch the Fair for All group to engage staff and patients in shaping inclusive policies.
4. Improve representation in leadership to reflect workforce and community diversity.
5. Embed inclusive design principles in NHS Forth Valley spaces and services, making best use of our resources based on collaborative and creative approaches.
6. Ensure that we recognise, appreciate and respond to the diverse needs of our patients, visitors and colleagues and possible challenges in accessing services and gaining or retaining employment. We will make reasonable adjustments where possible to support inclusive environments that seek to mitigate against such difficulties.
7. Continue with ongoing workstreams around our Whistleblowing process and Speak Up Service to ensure the right level of support is available to staff at the time of their concerns, with the intention to support early intervention and ensure confidence in the Board's commitment to the Whistleblowing process.

What Does Good Look Like?

- A culture of inclusion where staff feel empowered to speak up and patients feel safe to voice concerns.
- An increase in the number of people raising concerns at early intervention stage.
- A reduction in incidents of discrimination.
- An increase in engagement for our staff networks and diversity calendar events.

Equality Outcome Four – Neurodiversity

Overview

We know that approximately 15% of the population in the UK are Neurodivergent (UK Gov, 2024). It's therefore vital that we create the conditions to ensure our environments, services and pathways are neuroinclusive and consider the different needs of both neurodivergent patients and colleagues.

Why It Matters

A neuroinclusive approach in healthcare settings allows patients to feel more at ease, reducing sensory triggers that can cause discomfort. A neuroinclusive approach in the workplace ensures that colleagues with different ways of thinking and learning feel welcome, respected, and supported. NHS Forth Valley aims to celebrate neurodiversity, ensure fairness, and help everyone have the best possible experience.

What We Heard

Throughout our engagement, we heard that some neurodivergent patients experienced additional barriers to accessing healthcare. This included physical environments that felt overwhelming and triggering, making healthcare interactions increasingly stressful and challenging. We also heard that without appropriate reasonable adjustments in place, some neurodivergent colleagues struggled with environments, processes and communication methods in what is generally a neurotypically designed workplace.

What We Plan to Do

Initially, we will:

1. Continue to raise awareness of neurodiversity, helping to promote a better understanding of the challenges experienced by neurodivergent colleagues and patients. This will include the rollout of our staff training resources, co-developed with third sector, lived experience company [Into Work](#).
2. Establish and promote our Disability and Neurodiversity Staff Network. We will also promote the use of Ability Passports to ensure reasonable adjustments are understood and implemented.
3. Work with and hear from lived experience voices, utilising patient and service user feedback to make our healthcare settings more neuroinclusive, such as having quiet areas available.
4. Continue to make our recruitment process as neuroinclusive as possible, ensuring job descriptions, interviews, and onboarding processes are supportive of neurodivergent needs.

What Does Good Look Like?

- Increased engagement in our Disability and Neurodiversity Staff Network.
- High uptake and positive feedback on Neurodiversity toolkit created in partnership with Into Work.
- Ability Passports widely adopted and actively used in our workplace to support reasonable adjustments.
- Improved patient feedback and experience in relation to neurodiversity.

Equality Outcome Five – Anti-Racism Plan

Overview

We will develop a fit-for-purpose Anti-Racism Plan that will make a positive difference and contribute further towards tackling racism and discrimination. This is a Scottish Government requirement for all NHS Boards in Scotland and although our initial Plan will be required to be developed before 2029, we will continue to focus on the associated actions and activities from this Plan as part of this Strategic Framework, to ensure a true commitment to making a positive change.

Why It Matters

Racism is a significant public health challenge, and the NHS has a key role to play in tackling racism, reducing racialised health inequalities and creating a more equitable

health and care system for all. Health Boards have been asked by Scottish Government to develop and deliver against our own Anti-Racism Plans, covering both workforce and equity-focused service delivery.

What We Heard

Throughout our engagement, we heard that some ethnic minority staff and patients have experienced discrimination or racialised inequalities. We heard about the differing experiences of our internationally recruited colleagues and the need to ensure a consistently good experience where colleagues feel welcomed and assimilated into the organisation.

What We Plan to Do

Initially, we will:

1. Improve our workforce data and further explore the gaps in our wider community data.
2. Collaborate with our Ethnic Diversity Network and key stakeholders to develop a working group to help shape this work and develop our Plan
3. Offer targeted outreach sessions, such as Keepwell appointments and health promotion sessions.
4. Re-establish Fair for All Group – this is a group of key stakeholders and community members aimed at promoting lived experience voices. It was stepped down during COVID and will be refreshed as part of this Strategic Framework.

What Good Look Like?

- Empowering lived experience individuals – both patients and colleagues – to speak up in order to raise issues or share feedback and become involved in decision-making.
- An embedded and effective Ethnic Diversity Staff Network
- Diversity Calendar – Promoting Awareness and Joint Celebrations
- Increased uptake of ethnic minority individuals in preventative screening programmes.

Equality Outcome Six – Health Inequalities

Overview

We will work to identify, understand, and address the health inequalities experienced by our local communities and workforce and take actions to address these.

Why It Matters

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. As an organisation we need to understand the health inequalities experienced by our local communities and workforce to enable us to design and shape our services to tackle these.

What We Heard

Throughout our engagement, we heard that some patient groups often felt ignored or stigmatised, with the goal of good health feeling like an uphill battle. We heard that some staff felt disadvantaged due to their backgrounds and wished for a greater understanding about the impact this can have on their working lives and opportunities.

What We Plan to Do

Initially, we will:

1. Review local data and liaise with key stakeholders to truly understand the health inequalities within NHS Forth Valley and the areas where gaps of mitigating actions exist.
2. Make stronger connections with other Anchor institutes and work collaboratively to focus on implementation of activity that will address health inequalities, being mindful of impact and ongoing evaluation.
3. As aforementioned, health inequalities is one of our strategic risks which means we are developing a specific health inequalities action plan to tackle key issues and make improvements.

What Does Good Look Like?

- We will provide effective patient care that aligns to our Values Based Health and Care Strategy as we consider possible barriers and inequalities, particularly for areas of intersectionality.
- We will deliver better health outcomes for marginalised and underrepresented groups.
- We will have a consistent approach to Interpretation and Translation, utilising digital and AI solutions to improve access and efficiency.
- We will provide a flexible system that responds to the changing socio-economic landscape of our population and appreciates the importance of financial wellbeing on health outcomes.

Workforce Monitoring

NHS Forth Valley believes in active involvement with our workforce. The collation of our workforce data forms part of the equality information that we use to help us meet our duty to eliminate discrimination and harassment, promote equality of

opportunities and foster good relations between different groups within our workforce. We believe that a supported inclusive workplace, where our staff, services users and partner agencies are treated with dignity and respect, is everyone's responsibility.

The diversity of our staff as one of our key strengths, and we value the range of knowledge, skills and experience they bring to our work. Respect for each other and recognition of our differences lie at the heart of our values. Our staff are our most important asset, and we want to continue to create an organisation where they can flourish. Furthermore, we want to create a culture that enables and encourages them to make the best contribution they can – a culture in which they feel valued and supported.

NHS Forth Valley is committed to equality and will use the data produced by our monitoring processes to enhance a culture of fairness and equality for all through continuous improvement in all areas. Our workforce data will be subject to regular monitoring to analyse trends and highlight areas requiring attention and assess the impact of appropriate actions.

Our most recent report can be found here: **LINK**

Equal Pay Statement

What is an Equal Pay Statement?

NHS Forth Valley's Equal Pay Statement is agreed in partnership and reviewed on a regular basis by NHS Forth Valley and the Staff Governance Committee. Its objective is to eliminate unfair, unjust or unlawful practices that impact on pay equality. NHS Forth Valley supports the principle of equal opportunities in employment and believes that staff should receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value, regardless of any protected characteristic.

Why is it important?

Equal pay is a legal requirement. Women and men performing work of the same value must be paid at the same rate. In contrast, the Gender Pay Gap is a comparison of the average rate of pay for all female staff compared to the average rate of pay for all male staff, regardless of their role.

Close the Gap produces information on the gender pay gap in Scotland. The purpose of this is to outline and analyse the key trends in the gender pay gap across various measures to show how it has changed over time.

Recent data from the ONS's Annual Survey of Hours and Earnings (ASHE) indicates that both the median and mean gender pay gaps have decreased between 2022 and 2023 across all measures.

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 require listed authorities to publish information about the mean gender pay gap which is the percentage difference between men and women's average hourly pay (excluding overtime). The mean pay gaps have had a slightly larger reduction compared to median pay gaps, where falls have been more varied. The mean pay gaps have all seen significant decreases by around 4 percentage points, with the combined pay gap now sitting at 6.3%, the full-time gap at 3.5%, and the part-time at 22.1%.

Given that the mean pay gap is calculated from the basic hourly rates of all individual employees, it therefore includes the highest and lowest rates and provides an overall indication of the size of the pay gap. The median basic hourly rate, on the other hand, is calculated by taking the mid-point from a list of all employees' basic hourly rates of pay and provides a more accurate representation of the 'typical' difference in pay that is not skewed by the highest or lowest rates. It is possible however that the median pay gap can obscure pay differences that may be associated with gender, ethnicity or disability.

The gender pay gap is a key indicator of the inequalities and differences that still exist in men and women's working lives.

However, women are not all the same, and their experiences of work are shaped by their different identities, and this contributes to the inequalities they may face. For example, disabled women and women from particular ethnic groups are more likely to be underemployed in terms of skills and face higher pay gaps.

There is a clear business case for organisations to consider gender equality key to enhancing performance and the delivery of sustainable services. Research data indicates that considering gender equality enabled organisations to:

- Recruit from the widest talent pool
- Improve staff retention
- Improve decision making and governance

What are the National Terms and Conditions for pay?

NHS Forth Valley employs staff on nationally negotiated and agreed NHS contracts of employment which includes provisions on pay, pay progression and terms and conditions of employment. These include NHS Agenda for Change (A4C) Contract and Terms & Conditions of employment, NHS Medical and Dental (including General Practitioners) and NHS Scotland Executive and Senior Managers contracts of employment.

NHS Forth Valley recognises that in order to achieve equal pay for employees doing the same or broadly similar work, work rated as equivalent, or work of equal value, it should implement pay systems which are transparent, based on objective criteria and free from unlawful discrimination.

NHS Scotland is a Living Wage employer and, as such, the lowest available salary of £24,518 translates into an hourly rate of £12.71 per hour, which is above the Scottish Living Wage rate of £12.60 per hour.

What does the law say?

The Equality Act 2010 protects people from unlawful discrimination and harassment in employment, when seeking employment, or when engaged in occupations or activities related to work. It also gives women and men a right to equal pay for equal work. It requires that women and men are paid on equally favourable terms where they are employed in 'like work', 'work related as equivalent' or 'work of equal value'.

In line with the Public Sector Equality Duty of the Equality Act 2010, NHS Forth Valley objectives are to ensure we have due regards to the need to:

- Eliminate unfair, unjust or unlawful practices and other discrimination that impact on pay equality;
- Promote equality of opportunity and the principles of equal pay throughout the workforce; and
- Promote good relations between people sharing different protected characteristics in the implementation of equal pay

What is the Staff Governance Standard and how does this link?

NHS Boards work within a Staff Governance Standard which is underpinned by statute. The Staff Governance Standard sets out what each NHS Scotland employer must achieve in order to continuously improve in relation to the fair and effective management of staff.

The Standard requires all NHS Boards to demonstrate that staff are:

- Well informed;
- Appropriately trained and developed;
- Involved in decisions;
- Treated fairly and consistently, with dignity and respect, in an environment where
- Diversity is valued; and
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

Delivering equal pay is integrally linked to the aims of the Staff Governance Standard.

What is the Equal Pay Policy?

This policy has been agreed in partnership and will be reviewed on a regular basis by the NHS Forth Valley Area Partnership Forum and the Staff Governance Committee.

It is well recognised that the gender pay gap is caused by a range of societal and organisational factors which include:

- Occupational segregation
- A lack of quality part-time and flexible working opportunities
- The economic undervaluing of work which is stereotypically seen as female work such as care, retail, admin and cleaning
- Women's disproportionate responsibility for unpaid care
- Bias and a lack of transparency in recruitment, development and progression employment practices
- Workplace cultures
- Pay and grading systems

NHS Forth Valley is committed to the principles of equality of opportunity in employment and believes that staff should receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value, regardless of their age, disability, ethnicity or race, gender reassignment, marital or civil partnership status, pregnancy and maternity, religion or belief, sex or sexual orientation.

NHS Forth Valley understands that workers have a right to equal pay between women and men. In addition, the Equality Act 2010 (Specific Duties) (Scotland) Regulations require us to take the following steps:

- Publish gender pay gap information by 30 April 2025, and every two years thereafter, using the specific calculation set out in the Regulations;
- Publish a statement on equal pay between men and women; people who are disabled and who are not; and people who fall into underrepresented racial and ethnic groups and who do not, to be updated every four years; and
- Publish information on occupational segregation among its employees, being the concentration of men and women; people who are disabled and who are not; and people who fall into a underrepresented racial and ethnic groups and who do not, to be updated every four years.

NHS Forth Valley also recognises underlying drivers of pay inequality, including occupational segregation, inequality of unpaid care between men and women, lack

of flexible working opportunities, and traditional social attitudes. We will take steps within its remit to address these factors in ways that achieve the aims of the NHS Scotland Staff Governance Standard and the Equality Duty.

What actions will be taken to support Equal Pay?

It is good practice and reflects the values of [NHS Board] that pay is awarded fairly and equitably.

We will:

- Review this policy, statement and action points with trade unions, staff networks and professional organisations as appropriate, every 2 years and provide a formal report within 4 years;
- Inform employees how pay practices work and how their own pay is determined;
- Provide training and guidance for managers and for those involved in making decisions about pay and benefits and grading decisions to ensure fair, non-discriminatory and consistent practice;
- Examine our existing and future pay practices for all our employees, including part-time workers, those on fixed term contracts or contracts of unspecified duration, and those on pregnancy, maternity or other authorised leave;
- Undertake regular monitoring of our practices in line with the requirements of the Equality Act 2010; including carrying out and using the results of equality impact assessments.
- Consider, and where appropriate, contribute to equal pay reviews in line with guidance to be developed in partnership with the workforce and Trade Union representatives.

Responsibility for implementing this policy is held by our NHS Forth Valley Chief Executive with our Director of People having lead responsibility for the delivery of the policy.

If a member of staff wishes to raise a concern at a formal level within NHS Forth Valley relating to equal pay, the NHS Scotland Grievance Policy is available for their use.

Gender Pay Gap Information

INSERT for 2025 - [Gender-Pay-Gap-Summary-2024.xlsx](#)

Reporting, Governance and Continued Engagement

Our Reporting Schedule – how we will keep you informed on progress

For the duration of this Strategic Framework, each April, we will publish an Equality and Inclusion Strategic Framework Progress Report to provide an update on our EDI actions and workstreams. This will also enable us to meet our legal requirements as set out within the Public Sector Equality Duty (PSED) reporting cycle.

Our Governance Schedule – how we will be held accountable

We will ensure progress against this Strategic Framework is monitored via our Delivery Tool and Action Log which will be held by the Equality, Inclusion and Wellbeing Service on behalf of the organisation and fed into the appropriate governance routes. We will report to the Staff Governance Committee for assurance and feedback on a biannual basis. We will report to our Board annually.

Continued Engagement

Our Staff Networks – how we will encourage our staff voice

At present, NHS Forth Valley has our Ethnic Diversity, LGBT+ and Menopause and Menstruation Staff Networks established, with work ongoing to roll out additional staff networks in line with associated awareness months throughout the remainder of this year. These will include our Disability and Neurodiversity group and our Carer and Care Experienced Group, who all have initial meetings arranged. We will endeavour to work closely with each of our Staff Networks to ensure an effective platform for each to feed into governance routes, sharing their lived experiences and feedback. Each Network will be staff-led and will have a Senior Ally from our Executive Leadership Team. Our Networks will be essential in helping to identify our workforce needs in relation to Equality, Diversity and Inclusion and co-designing activities and workstreams to populate our Action Log.

Our Community Engagement – how we will encourage community voices

What We Need to Do

Over the period of this Strategic Framework, we will continue to engage with patients, users of our services, informal carers and/or their advocates, our staff, partners, other health boards and the people of Forth Valley. Our approach was based on listening, learning and co-designing solutions to improve equality, diversity and inclusion across NHS Forth Valley. We need to ensure we have multiple avenues for people to engage with us. Our new Engagement and Participation Framework and ongoing Culture Change and Compassionate Leadership Programme are just two of our ongoing workstreams across NHS Forth Valley that help us to achieve this.

What We've Done So Far

We undertook a 12-month period of engagement aimed at involving and hearing from different groups of people who will be affected by our Equality and Inclusion Strategic Framework. This involved surveys, one-to-one meetings, focus groups, drop-in sessions and attending community events and targets outreach sessions. Colleagues from Communication and Person-Centred Care also helped us to gather equalities specific feedback via the annual board review patient sessions and What Matters To You events.

What We Will Do

We are in the process of re-establishing our Fair for All Group. Previously, this group consisted of membership across users of our service, our staff, staff side representatives, Human Resources and Health & Social Care Partnership and Integration Joint Board colleagues, in addition to attendees and specific representation from individuals with lived experience and from groups working within the protected characteristic fields. We will also engage closely to invite key stakeholders from our local partners and third sector such as Police Scotland and Forth Valley Sensory Centre.

We will also continue to undertake a variety of outreach and engagement efforts to ensure we are hearing the voices of our local communities and responding to their feedback, learning from their experiences. It's equally important for us that we not only raise awareness of differing needs and experiences but also celebrate the diversity within our communities.

We will hold annual equality and inclusion events with partner organisations and interested groups to discuss progress, identify upcoming issues and celebrate successes. We will carry out regular intelligence-gathering and liaison between representatives of the equalities fair for all steering group and other groups with an interest in this agenda. Furthermore, we want to join together in marking important cultural events within our Diversity Calendar each year, celebrating inclusion together.

Summary – Working Together for Lasting Change

This Strategic Framework isn't just a plan, it's a commitment to real action. It has been shaped by our staff, our patients, and our communities who have shared their lived experiences with us so we can learn and influence change. By working together, we can create an NHS Forth Valley where fairness, inclusion, and equality are at the heart of everything we do.

Accessibility, Alternative Formats and Contact

NHS Forth Valley is happy to consider requests for publications in other language or formats such as large print.

To request this document be made available in another language, please contact 01324 590886.

To request this document be made available in another format, please contact:

Phone: 01324 590886

Text: 07990 690605,

Email: FV.interpretation@nhs.scot

Appendices

Appendix 1 – Further Background

The following information provides additional detail and background in relation to our regulatory duties around Equality.

All public authorities in Scotland must comply with the Public Sector Equality Duty (PSED), also known as the General Equality Duty, as set out in the Equality Act (2010). The PSED is a legal requirement for public authorities to consider how we can improve society and promote equality in every aspect of our day-to-day business.

The PSED has 2 parts: the general duty and the specific duties. The general duty above has the following aims or needs –

1. To put an end to unlawful behaviour that is banned by the Equality Act 2010 including discrimination, harassment and victimisation
2. To advance equal opportunities between people who have a protected characteristic and those who do not. This means removing or reducing the disadvantage that people with protected characteristics face; taking steps to meet the specific needs of people with protected characteristics; encouraging people with protected characteristics to participate fully in all activities, especially where they are underrepresented.
3. To foster good relations between people who have a protected characteristic and those who do not. This means action being taken to reduce prejudice and increase understanding between different groups of people.

In Scotland we also have nine specific duties that we must abide by:

1. Report on mainstreaming the equality duty

2. Publish equality outcomes and report progress
3. Assess and review the equality impact of policies and practices
4. Use information on the characteristics of members or board members gathered by the Scottish Ministers
5. Gather, use and publish employee information
6. Consider award criteria and conditions in relation to public procurement
7. Publish gender pay gap information
8. Publish equal pay statements
9. Publish in a manner that is accessible

The purpose of these specific duties is to help public authorities improve our performance on the general duties. To comply with the specific duties, public authorities must publish accessible information that shows how we are meeting the needs of the PSED. The information published should give a full picture of how NHS Forth Valley is performing in the 3 aims of the general duty and cover all functions of the organisation.

Appendix 2 – Definitions

Equality

Equality is about fair treatment – making sure everyone is treated fairly and given the same life opportunities. It is not about treating everyone in the same way, to achieve the same outcomes. Different people have different needs. For example, making reasonable adjustments for disabled people (such as providing correspondence in audio for visually impaired patients) removes barriers to equality of opportunity and helps prevent discrimination. Equality recognises that people's needs may need to be met in different ways.

Diversity

Diversity is about recognising difference. It recognises that everyone is an individual with their own background, experiences, styles, perceptions, values and beliefs and that we need to understand, value and respect these differences.

Inclusion

Inclusion is a sense of belonging, of feeling respected and valued for who you are.

Human rights

Human rights are the basic rights all individuals have, regardless of who they are, where they live or what they do. Human rights represent all the things that are important to human beings, such as the ability to choose how to live their lives and being treated with dignity and respect.

Intersectionality

The concept of 'intersectionality' is that we all have multiple, overlapping identities that impact on our experience, including multiple discriminations and disadvantages. Put simply, intersectionality means that someone can be discriminated against because of more than one thing about them.

The Equality Act (2010)

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it's unlawful to treat someone.

Mainstreaming

Mainstreaming is the process of something becoming accepted as normal by most people. In the context of this document, mainstreaming is about making EDI considerations a routine aspect of our day-to-day working approach.

Outcome

An outcome is the result or consequence of something and can refer to the impact(s) or end result(s) of services on a person's life. In the context of this document, our outcomes are what we aim to achieve through our actions and activities in relation to EDI.

Anchor Institute

An Anchor Institute is a large, typically non-profit, public-sector organisation whose long-term sustainability is tied to the wellbeing of the populations they serve. NHS Forth Valley is considered to be an Anchor Institute and as such has a responsibility to play a role in advocating for health, promoting environmental action in other areas such as recycling, transport and access to nature, within our local community.

Health and Social Care Partnership (HSCP)

A Health and Social Care Partnership (HSCP) is a statutory body formed to integrate health and social care services, managed jointly by local authorities and the NHS. In Scotland, there are 31 HSCPs, each responsible for delivering services within their local area. Within NHS Forth Valley we have two HSCPs:

1. Falkirk HSCP
2. Stirling and Clackmannanshire HSCP

Integration Joint Board (IJB)

An Integration Joint Board (IJB) is the body responsible for the strategic planning and oversight of health and social care services for adults. This means that the IJB sets the budget and strategic direction, whilst the HSCP is responsible for the operational implementation and delivery.

Whole Systems Leadership Team (WSLT)

The Whole Systems Leadership Team (WSLT) supports the Senior Leadership Team (SLT) and is an active group where leaders can influence cultural change, share ideas, influence developments, and access information to inform direction and actions. It acts both as a critical friend to new and developing initiatives and issues, as well as a forum for disseminating news and information which has a whole system impact.

Procurement

Procurement is the process of locating and agreeing to terms for the purchasing of goods, services, or other works from an external source.

Appendix 3 – Detailed Population Data

Overall Population

- **Total Population:** 302,784

White Ethnic Group Breakdown

- **Total White Population:** 291,227 (96.2%)
 - **White Scottish:** 251,899 (83.2%)
 - **Other White British:** 25,728 (8.5%)
 - **White Irish:** 2,662 (0.9%)
 - **White Gypsy/Traveller:** 197 (0.06%)
 - **White Polish:** 3,590 (1.2%)
 - **Other White Background:** 7,150 (2.4%)

Mixed or Multiple Ethnic Groups

- **Total:** 2,414 (0.8%)

Asian, Asian Scottish, or Asian British

- **Total:** 6,398 (2.1%)
 - **Pakistani, Pakistani Scottish, or Pakistani British:** 2,792 (0.9%)
 - **Indian, Indian Scottish, or Indian British:** 1,492 (0.5%)
 - **Bangladeshi, Bangladeshi Scottish, or Bangladeshi British:** 70 (0.02%)

- **Chinese, Chinese Scottish, or Chinese British:** 1,017 (0.3%)
- **Other Asian Background:** 1,030 (0.3%)

African Ethnic Groups

- **Total African Population:** 1,231 (0.4%)
 - **African, African Scottish, or African British:** 1,140 (0.37%)
 - **Other African Background:** 91 (0.03%)

Caribbean or Black Ethnic Groups

- **Total:** 262 (0.09%)
 - **Caribbean, Caribbean Scottish, or Caribbean British:** 102 (0.03%)
 - **Black, Black Scottish, or Black British:** 29 (0.01%)
 - **Other Caribbean or Black Background:** 131 (0.04%)

Other Ethnic Groups

- **Total:** 1,250 (0.4%)
 - **Arab, Arab Scottish, or Arab British:** 489 (0.16%)
 - **Other Ethnic Background:** 765 (0.25%)

Key Insights and Considerations

1. **Predominantly White Population:** The vast majority (96.2%) identify as White, with White Scottish making up the largest share (83.2%).
2. **Growing Ethnic Diversity:** Asian and African populations collectively account for over 2.5%, with Pakistani and Indian communities being the largest non-White groups.
3. **Representation in Healthcare Services:** Given the presence of minority ethnic groups, **language services and culturally sensitive healthcare provision** should be considered for better accessibility.
4. **Future Demographic Shifts:** As Scotland's demographics change, NHS Forth Valley may need to adapt its services to meet the needs of an increasingly diverse population.

NHS Forth Valley - Health and Demographic Summary

General Health & Disability Overview

- **Total Population:** 302,784
- **Health Status Breakdown:**
 - **Very Good:** 144,160 people (47.6%)
 - **Good:** 94,676 people (31.3%)
 - **Fair:** 43,587 people (14.4%)
 - **Bad:** 15,649 people (5.2%)
 - **Very Bad:** 4,710 people (1.6%)
- The majority of people in the region report being in **good or very good health** (over 78%).
- Around **6.8%** of the population experiences **bad or very bad health**, indicating potential healthcare service demand for chronic conditions and long-term care.

NHS Forth Valley - BSL User Demographic Summary

Overall Population (BSL Users vs. Non-Users)

- **Total Population Aged 3 and Over:** 294,926
 - **BSL Users:** 6,782 (2.3%)
 - **Non-BSL Users:** 288,144 (97.7%)

BSL User Breakdown by Age Group

- **March 2015 Age Group:**
 - Total: 42,569
 - BSL Users: 1,140 (2.7%)
 - Non-BSL Users: 41,430 (97.3%)
- **Ages 16 - 24:**
 - Total: 32,224
 - BSL Users: 798 (2.5%)
 - Non-BSL Users: 31,426 (97.5%)
- **Ages 25 - 49:**
 - Total: 91,541
 - BSL Users: 2,450 (2.7%)
 - Non-BSL Users: 89,090 (97.3%)
- **Ages 50 - 64:**
 - Total: 67,863
 - BSL Users: 1,641 (2.4%)
 - Non-BSL Users: 66,222 (97.6%)
- **Ages 65 and Over:**
 - Total: 60,732
 - BSL Users: 756 (1.2%)
 - Non-BSL Users: 59,976 (98.8%)

Key Insights and Considerations

1. **Age Distribution:** The highest number of BSL users is within the **25-49 age group** (2,450 individuals), suggesting active engagement with communication support services.
2. **Elderly Population and Accessibility:** The **65+ group has the lowest proportion of BSL users (1.2%)**, possibly indicating different communication needs or underreporting.
3. **Healthcare Service Planning:**
 - a. Given that **over 6,700 people** in NHS Forth Valley use BSL, ensuring **sign language interpreters, digital accessibility, and healthcare staff training** is essential.
 - b. The **working-age population (25-64)** represents the largest group needing **accessible NHS services**, particularly in primary care and hospitals.
4. **Youth Engagement:** The **16-24 age group (798 users)** highlights the need for **inclusive education and healthcare communication strategies** to support young BSL users.

Overall Population (Aged 16 and Over)

- **Total Population:** 252,359

Sexual Orientation Breakdown

- **Heterosexual/Straight:** 224,228 (88.9%)
- **Gay or Lesbian:** 3,774 (1.5%)
- **Bisexual:** 3,925 (1.6%)
- **Other Sexual Orientation:** 1,118 (0.4%)
- **Not Answered:** 19,314 (7.7%)

Key Insights and Considerations

1. **Representation of LGBTQ+ Community:**
 - a. **Gay or Lesbian individuals (1.5%) and Bisexual individuals (1.6%)** collectively represent **over 7,500 people** in NHS Forth Valley.
 - b. The category "Other Sexual Orientation" (1,118 individuals) may include a range of identities that require **inclusive service approaches**.
2. **High Rate of Non-Response (7.7%):**

- a. Over **19,000 individuals chose not to disclose their sexual orientation**, indicating either privacy concerns or potential gaps in inclusive data collection.
 - b. Encouraging **safe disclosure environments** in healthcare settings could improve future data accuracy.
- 3. Healthcare Considerations:**
- a. The LGBTQ+ population may have **specific healthcare needs**, including **mental health support, sexual health services, and inclusive GP practices**.
 - b. Ensuring **LGBTQ+ competency training** for NHS staff can enhance service provision.
- 4. Future Implications:**
- a. As more individuals feel comfortable self-identifying, numbers in the LGBTQ+ categories may **increase over time**, requiring ongoing service adaptation.
 - b. Further **engagement with LGBTQ+ communities** can help NHS Forth Valley tailor healthcare services to be more inclusive and accessible.

Overall Population (Aged 16 and Over)

- **Total Population:** 252,359

Trans Status Breakdown

- **Not Trans / No Trans History:** 237,115 (94.0%)
- **Trans or Has a Trans History:** 955 (0.4%)
- **Not Answered:** 14,283 (5.6%)

Key Insights and Considerations

- 1. Trans Representation in NHS Forth Valley:**
 - a. 955 individuals (0.4%) identify as trans or having a trans history.
 - b. This group may require **specialised healthcare services**, including gender-affirming care and mental health support.
- 2. High Rate of Non-Response (5.6%):**
 - a. Over **14,000 individuals did not disclose their trans status**, potentially indicating privacy concerns or limitations in data collection methods.
 - b. Encouraging **safe disclosure environments** can improve future data accuracy and service provision.
- 3. Healthcare Considerations for Trans Individuals:**

- a. Increased access to **gender-affirming healthcare services, hormone therapy, and mental health support.**
- b. Training healthcare professionals in **trans-inclusive practices** to enhance patient experiences.

4. Future Implications:

- a. As **societal awareness and acceptance grow**, the number of openly trans individuals may **increase over time**, necessitating responsive NHS services.
- b. Continued **community engagement and policy development** can help ensure NHS Forth Valley meets the healthcare needs of trans individuals.

Overall Disability Statistics

- **Total Population:** 302,784
 - **Day-to-day activities limited a lot:** 32,279 (10.7%)
 - **Day-to-day activities limited a little:** 40,551 (13.4%)
 - **Day-to-day activities not limited:** 229,954 (75.9%)

Disability Breakdown by Age Group

- **Ages 0 to 15:**
 - Limited a lot: 1,439 (2.9%)
 - Limited a little: 2,703 (5.4%)
 - Not limited: 46,281 (91.7%)
- **Ages 16 to 24:**
 - Limited a lot: 1,369 (4.2%)
 - Limited a little: 3,166 (9.8%)
 - Not limited: 27,688 (86.0%)
- **Ages 25 to 34:**
 - Limited a lot: 1,884 (5.3%)
 - Limited a little: 3,481 (9.8%)
 - Not limited: 30,088 (84.9%)
- **Ages 35 to 49:**
 - Limited a lot: 3,982 (7.1%)
 - Limited a little: 5,884 (10.5%)
 - Not limited: 46,228 (82.4%)
- **Ages 50 to 64:**
 - Limited a lot: 8,657 (12.8%)
 - Limited a little: 9,946 (14.7%)

- Not limited: 49,260 (72.5%)
- **Ages 65 and over:**
 - Limited a lot: 14,948 (24.6%)
 - Limited a little: 15,369 (25.3%)
 - Not limited: 30,415 (50.1%)

Key Insights and Considerations

1. **Aging and Disability Correlation:**
 - a. The **65+ age group has the highest proportion of individuals with disabilities** (49.9%), highlighting a need for **elderly care services**.
 - b. The prevalence of severe disability increases with age, impacting **long-term healthcare planning**.
2. **Middle-Age Impact (50-64 Age Group):**
 - a. Around **27.5% of individuals in this group report limitations in daily activities**, indicating a demand for **workplace accommodations and disability support services**.
3. **Younger Age Groups:**
 - a. **Children (0-15 years) and young adults (16-24 years) have lower disability rates**, though they still require targeted support in **education and early intervention healthcare**.
4. **Healthcare and Social Support Needs:**
 - a. Nearly **25% of the total population** has some level of daily activity limitation, reinforcing the importance of **accessible healthcare, mobility support, and social inclusion programs**.
 - b. **Specialised medical care, rehabilitation services, and assistive technologies** should be prioritised to improve the quality of life for disabled individuals.

Overall Population (Aged 3 and Over)

- **Total Population:** 294,926
 - **Not a Carer:** 257,986 (87.5%)
 - **Unpaid Carers:** 36,940 (12.5%)

Unpaid Carers Breakdown by Hours of Care Provided

- **Providing 1 to 19 Hours of Care per Week:** 21,011 (56.9%)
- **Providing 20 to 34 Hours of Care per Week:** 3,560 (9.6%)

- **Providing 35 to 49 Hours of Care per Week:** 3,607 (9.8%)
- **Providing 50 or More Hours of Care per Week:** 8,762 (23.7%)

Key Insights and Considerations

- 1. Significant Proportion of Unpaid Carers:**
 - a. **1 in 8 people (12.5%) in NHS Forth Valley provide unpaid care**, highlighting the crucial role of informal caregiving in the community.
 - b. Many of these carers balance their roles alongside work and family responsibilities.
- 2. High-Intensity Caring Responsibilities:**
 - a. **Over 23% of unpaid carers provide 50+ hours of care per week**, suggesting a group at high risk of **burnout, financial strain, and mental health challenges**.
 - b. Supporting these individuals through **respite care, financial assistance, and mental health services** is essential.
- 3. Majority Provide Low to Moderate Care Hours:**
 - a. **57% of carers provide 1-19 hours of care per week**, often assisting with routine activities.
 - b. Ensuring **community support programs and workplace flexibility** can help these carers balance responsibilities effectively.
- 4. Healthcare and Social Support Needs:**
 - a. Given the **aging population and increasing care demands**, healthcare policies should focus on **sustaining unpaid carers** through **training, financial aid, and emotional support initiatives**.
 - b. **Integrated health and social care planning** is vital to reduce strain on unpaid carers and prevent escalation of health issues.

Overall Population (Aged 16 and Over)

- **Total Population:** 252,359

Socio-Economic Classification Breakdown

- **L1: Employers in large establishments:** 194 (0.1%)
- **L2: Higher managerial & administrative occupations:** 7,919 (3.1%)
- **L3: Higher professional occupations:** 21,686 (8.6%)
- **L4: Lower professional & higher technical occupations:** 36,755 (14.6%)
- **L5: Lower managerial & administrative occupations:** 8,441 (3.3%)

- **L6: Higher supervisory occupations:** 7,556 (3.0%)
- **L7: Intermediate occupations:** 30,497 (12.1%)
- **L8: Employers in small establishments:** 4,596 (1.8%)
- **L9: Own account workers:** 14,462 (5.7%)
- **L10: Lower supervisory occupations:** 8,493 (3.4%)
- **L11: Lower technical occupations:** 10,919 (4.3%)
- **L12: Semi-routine occupations:** 28,494 (11.3%)
- **L13: Routine occupations:** 36,485 (14.5%)
- **L14.1: Never worked:** 14,735 (5.8%)
- **L14.2: Long-term unemployed:** 1,726 (0.7%)
- **L15: Full-time students:** 19,403 (7.7%)

Key Insights and Considerations

- 1. Skilled Workforce & Professional Employment:**
 - a. 26.3% of the population (L2-L4) are in professional and managerial roles**, indicating a strong presence of **highly skilled workers**.
 - b. Employers in small and large establishments make up a small fraction (1.9%)**, suggesting that most professionals work within larger corporate or public sector institutions rather than owning businesses.
- 2. Routine & Semi-Routine Occupations:**
 - a. 25.8% of the population (L12-L13) work in semi-routine and routine jobs**, reflecting significant employment in service, manual labor, and operational roles.
- 3. Unemployment & Economic Vulnerability:**
 - a. Long-term unemployed (0.7%) and those who have never worked (5.8%) account for over 16,000 individuals**, highlighting economic vulnerability in specific segments.
 - b. Support programs aimed at employment training and career progression may benefit these groups.**
- 4. Self-Employment & Entrepreneurial Sector:**
 - a. Own account workers (5.7%) and employers in small establishments (1.8%) represent the self-employed and small business owners**, emphasising the need for **local business support initiatives**.
- 5. Student Population & Future Workforce:**
 - a. 7.7% of the population are full-time students**, indicating a future skilled workforce that will require strong transitions into professional employment sectors.

Healthcare & Policy Considerations:

- **Workforce Well-being:** Programs addressing **occupational health, stress, and work-life balance** should be prioritised, particularly for high-stress professional and managerial roles.
- **Economic Support for Vulnerable Groups:** Enhancing employment training and educational opportunities for those in **routine occupations, the unemployed, and those who have never worked**.
- **Business & Self-Employment Support:** Encouraging **entrepreneurial programs and small business funding initiatives** to boost local employment.
- **Student & Youth Employment Initiatives:** Ensuring **graduates have access to employment pathways and skill-building programs** to sustain long-term workforce growth.

Overall Population

- **Total Population:** 302,784

Religious Affiliation Breakdown

- **Church of Scotland:** 67,754 (22.4%)
- **Roman Catholic:** 31,309 (10.3%)
- **Other Christian:** 13,707 (4.5%)
- **Buddhist:** 607 (0.2%)
- **Hindu:** 761 (0.3%)
- **Jewish:** 131 (<0.1%)
- **Muslim:** 3,621 (1.2%)
- **Sikh:** 318 (0.1%)
- **Pagan:** 1,126 (0.4%)
- **Other Religion:** 661 (0.2%)
- **No Religion:** 165,761 (54.8%)
- **Religion Not Stated:** 17,024 (5.6%)

Key Insights and Considerations

1. **Secular Majority:**
 - a. Nearly **55% of the population reports having no religious affiliation**, reflecting a trend toward secularism in NHS Forth Valley.
 - b. Understanding this shift is important for **policy and healthcare inclusivity**.
2. **Christianity as the Largest Religious Group:**

- a. **Church of Scotland (22.4%) and Roman Catholic (10.3%)** represent the majority of religiously affiliated individuals.
 - b. This indicates continued **cultural and historical ties** to Christian institutions.
- 3. Religious Diversity and Minority Faiths:**
- a. **Islam (1.2%), Hinduism (0.3%), Sikhism (0.1%), and Buddhism (0.2%)** highlight the presence of diverse religious communities.
 - b. NHS services should ensure **inclusive and culturally competent healthcare** to meet the needs of different faith groups.
- 4. Religious Identity and Healthcare Considerations:**
- a. Some faith groups have specific **dietary, end-of-life, and medical care preferences**.
 - b. **Chaplaincy services and spiritual care** should remain available in hospitals and healthcare settings.
 - c. Awareness of **religious holidays and fasting periods** (e.g., Ramadan for Muslims) can enhance patient care planning.
- 5. Unstated Religious Affiliation (5.6%):**
- a. Over **17,000 individuals chose not to disclose their religion**, indicating potential privacy concerns or data gaps.

Future Implications:

- As **demographics shift**, NHS Forth Valley must adapt to ensure **inclusive and respectful healthcare** for all religious and non-religious groups.
- Further research could explore how **religion or lack thereof impacts healthcare choices and well-being**

Overall Population (Aged 16 and Over)

- **Total Population:** 252,359

Marital Status Breakdown

- **Never Married & Never in a Civil Partnership:** 89,506 (35.5%)
- **Married or in a Registered Civil Partnership:** 116,810 (46.3%)
- **Separated, but Still Legally Married or in a Civil Partnership:** 6,370 (2.5%)
- **Divorced or Civil Partnership Dissolved:** 21,444 (8.5%)
- **Widowed or Surviving Civil Partnership Partner:** 18,229 (7.2%)

Key Insights and Considerations

1. **High Rate of Marriage & Civil Partnerships:**

- a. Nearly **46.3% of individuals are married or in a civil partnership**, which could impact healthcare needs related to **sexual and reproductive health services**, , **care of the elderly**, and **joint healthcare decision-making**.
2. **Large Proportion of Single Individuals:**
 - a. **35.5% of the population has never been married or in a civil partnership**, reflecting changing societal trends and potential differences in **healthcare utilisation, housing, and social care needs**.
3. **Divorced & Separated Population (11%):**
 - a. **Divorce and separation affect 11% of individuals**, which may lead to increased **mental health support needs** due to life transitions, financial strain, and family restructuring.
4. **Widowed Population & Elderly Care:**
 - a. **7.2% of individuals are widowed or surviving civil partnership partners**, a group that is more likely to experience **isolation, bereavement-related mental health challenges, and long-term care needs**.
5. **Healthcare & Social Policy Considerations:**
 - a. Ensuring **support services for recently separated, divorced, or widowed individuals**.
 - b. Recognising that marital status influences **health outcomes, caregiving responsibilities, and healthcare decision-making**.
 - c. Providing **social and mental health programs tailored to different marital groups**, particularly for older widowed individuals and divorced individuals undergoing significant life changes.

Future Implications

- As **marital trends evolve**, NHS Forth Valley may need to adapt services to address the **growing number of single, separated, and widowed individuals**.
- Promoting **social support networks, elderly care programs, and family counselling services** will be essential in supporting these demographic shifts.

NHS Forth Valley - Healthcare Services & Public Health Overview

Primary Care Services

- **General Practitioners (GPs):**
 - NHS Forth Valley's official records state there are **49 GP practices**.
 - NHS Inform's service directory lists **62 GP practices**, suggesting differences in classification or service availability.
- **Dental Services:**
 - NHS Forth Valley oversees **46 dental practices**.
 - NHS Inform lists **118 dental services**, which may include multiple locations or specialised services.
- **Community Pharmacies:**
 - In 2016, **79 community pharmacies** were recorded.
 - Recent NHS Inform data shows **68 active pharmacies**, indicating service changes over time.

Demographic Insights

- **Aging Population:**
 - Higher proportion of adults **65+**, increasing demand for **elderly care, chronic disease management, and social care services**.
- **Youth Population:**
 - **Lower proportion of under-18s**, impacting future healthcare and education planning.

Key Health Concerns

1. **Chronic Conditions:**
 - a. Higher-than-average rates of **heart disease, diabetes, and respiratory illnesses**.
2. **Mental Health:**
 - a. Growing demand for mental health services, with **significant improvement in Child and Adolescent Mental Health Services (CAMHS)**.
 - b. In **March 2024, 92.8% of CAMHS patients** were seen within the **18-week standard**, up from **42.5% in March 2023**.
3. **Substance Abuse:**
 - a. Ongoing challenges with **alcohol and drug-related health issues**, particularly in **urban areas like Falkirk**.
4. **Lifestyle-Related Illnesses:**
 - a. Rising cases of **obesity and related conditions**, prompting **preventative health programs**.

Healthcare Access & Inequalities

- **Deprivation Levels:**

- **Clackmannanshire and parts of Falkirk** rank among the most deprived areas in Scotland, leading to **lower life expectancy and worse health outcomes**.
- **Rural Access Challenges:**
 - Rural communities experience **difficulties accessing GP and hospital services**, driving the need for **digital health and community care initiatives**.

Future Considerations

- Strengthening **primary care infrastructure**, particularly in under-served areas.
- Expanding **mental health support** and **substance abuse intervention programs**.
- Enhancing **digital healthcare services** to bridge access gaps in rural areas.
- Investing in **preventative healthcare** to address rising lifestyle-related illnesses.

NHS Forth Valley Equality Impact Assessment (EQIA)

Please complete electronically and answer all questions unless instructed otherwise. Once complete please email to FV.EQIA@nhs.scot and we will be in touch shortly.

Section A – What’s being assessed?

1. Title of EQIA being completed i.e., name of policy, project etc.
NHS Forth Valley Equality and Inclusion Strategic Framework (2025 to 2029)

2. What is it? Please select the primary function.		
<input type="checkbox"/> Guidance	<input type="checkbox"/> Policy	<input type="checkbox"/> Project
<input type="checkbox"/> Protocol	<input type="checkbox"/> Service Change	<input type="checkbox"/> Strategy
<input checked="" type="checkbox"/> Other, please detail below... Strategic Framework		

3. What is the purpose or objective(s) of the proposed work? Tell us about the main aim(s) of the work and the intended outcome(s).
<p>We have a legal obligation under the Public Sector Equality Duty to produce an Equality and Inclusion Strategic Framework and Equality Outcomes every four years. This is due in April 2025 for the new reporting cycle. The objective for our NHS Forth Valley Equality and Inclusion Strategic Framework (2025 to 2029) is to produce a coherent, strategic framework with a series of actions and workstreams aimed at tackling inequality, improving diversity and promoting a culture of inclusion across our organisation.</p> <p>The Equality and Inclusion Strategic Framework (2025-2029) sets out NHS Forth Valley’s commitment to creating a fair, inclusive, and person-centred healthcare system. It ensures that staff, patients, and communities experience equitable access, treatment, and opportunities, aligning with our legal obligations under:</p> <ul style="list-style-type: none"> • The Equality Act 2010 – Protecting individuals from discrimination. • The Equality Act (Specific Duties) (Scotland) Regulations 2012 – Embedding equality into public sector decision-making. • The Fairer Scotland Duty – Addressing socio-economic inequalities affecting health outcomes.

This Strategic Framework is designed to:

- Eliminate discrimination, harassment, and bias in healthcare and the workplace.
- Improve access to healthcare and career opportunities, particularly for disadvantaged groups.
- Foster an inclusive culture where diversity is valued, and everyone feels safe, respected, and supported.
- Tackle health inequalities by addressing social, economic, and systemic barriers to good health.

Our intended outcomes from this Strategic Framework would be:

- Improving Accessibility – Ensuring services, workplaces, and information are fully inclusive for all
- Improving Awareness, Knowledge and Understanding - Providing training and education to embed equality, diversity, and inclusion in everything we do.
- Creating Inclusive Environments - Creating safe and welcoming workplaces and healthcare settings where diversity is embraced.
- Improving Understanding of Neurodiversity -Improving support for neurodivergent individuals in the workplace and healthcare services.
- Addressing Health Inequalities - Addressing socio-economic factors that lead to poorer health outcomes.
- Creating an Anti-Racism Plan - Taking proactive action to challenge racism and promote racial equality.

4. Who will be affected by the proposed work? Please select all that apply.

<input checked="" type="checkbox"/> Colleagues	<input checked="" type="checkbox"/> Patients / Service Users	<input checked="" type="checkbox"/> Family, Friends, Carers
<input checked="" type="checkbox"/> External Stakeholders	<input checked="" type="checkbox"/> Students	<input checked="" type="checkbox"/> Organisation

☐ Other, please specify below...

N/A – all affected groups are covered by the above categories

5. What is the scope of the proposed work?

<input checked="" type="checkbox"/> NHS Forth Valley/HSCP Wide	<input type="checkbox"/> Service / Team Specific	<input type="checkbox"/> Discipline / Role Specific
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☐ Other, please specify below...

Section B – how have you involved people?

1. Tell us about how you involved people in the development of your proposed work?

For example, if you are telling us about a project to change staff working patterns, how have you engaged with colleagues? Did you consult anyone else that may be affected by the change? If you didn't involve people, tell us why. Did you use other evidence / data instead?

We undertook a 12-month period of engagement aimed at involving and hearing from different groups of people who will be affected by our Equality and Inclusion Strategic Framework.

Examples:

- Surveys - we have conducted a range of both public and workforce Equality, Diversity and Inclusion surveys to give a platform for individuals to share their experiences to help inform our work. We wanted to know what went well in relation to EDI and what could have been better. All surveys were anonymous to encourage respondents to share freely and openly.
- Awareness Sessions - the Equality, Inclusion and Wellbeing Service deliver a range of awareness and training sessions, and we utilise the themes and evaluation of these sessions to help us respond to feedback and inform our EDI agenda.
- Focus Groups - focus groups were conducted as part of our Joint BSL Plan development framework and our NHS Forth Valley Culture Change and Compassionate Leadership Programme, with EDI being a key theme for both and the feedback and data helping to inform this strategic framework.
- Staff Networks - we aim to have our full range of staff networks operating by June 2025 who we can work in partnership with to improve staff and patient experience across the organisation.
- 1:1s - both our Equality, Inclusion and Wellbeing Service and Person-Centred Care Service offer one-to-one sessions for any member of staff or service user wishing to discuss their experience. Discussions can range from feedback about recent experiences in the workplace or during a healthcare interaction, to more specific support regarding adjustments and ease of access. The key themes and learning from such one-to-ones have been utilised to help inform this Strategic Framework and our ongoing EDI workstreams.
- Targeted Outreach Work - as with all our interactions as an organisation, we are mindful of our easy-to-miss communities and trying to offer specific sessions to engage with such groups. We conducted several targeted

sessions with the support of third sector interphase colleagues to help bridge the gap and build trust with community members.

- Events - from Pride events and coffee mornings to attending outreach or development days to celebrations as part of our wider Diversity Calendar, we utilise any opportunity to chat to our workforce and community members and this provides us with lived experience feedback that helps to shape our work and future plans.
- Organisational Data – we have utilised a wide range of organisational data to help inform this Strategic Framework and our wider EDI workstreams. This has included data such as: workforce data, patient compliments and complaints, data from our Staffside colleagues, HSCPs, Serco, Universities and Colleges, Police Scotland and the Culture Change and Compassionate Leadership Programme.

Over the period of this Strategic Framework we will continue to engage with patients, users of our services, informal carers and/or their advocates, our staff, partners, other health boards and the people of Forth Valley. Our approach was based on listening, learning and co-designing solutions to improve equality, diversity and inclusion across NHS Forth Valley.

2. Provide a summary of your findings.

Include an overview of feedback received and / or any evidence used to develop your work. Using the example given above in question 1, if working on a project about staff working patterns, what feedback did staff provide? What was the feedback you received?

Over a 12-month engagement period, we consulted staff, patients, and communities through focus groups, surveys, and data analysis. Feedback was thematically analysed to shape our Equality Outcomes, ensuring they address real barriers and priorities. A summary of key feedback is listed below:

✓ **Accessibility** – Barriers include disability-related challenges, digital exclusion, and inaccessible information formats. Improved staff training and better-designed services are key solutions.

✓ **Awareness, Knowledge & Understanding** – Staff need better training, cultural competency, and practical toolkits. There is an overreliance on online learning, with requests for more lived-experience input and safe discussion spaces.

✓ **Inclusive Environments** – Concerns include workplace and physical barriers, lack of flexible options, and confidentiality issues in service areas. Strengthening staff networks, allyship, and inclusive training is crucial.

✓ **Neurodiversity** – A lack of awareness, inconsistent support, and inflexible policies impact neurodivergent individuals. Key solutions include clearer guidance, structured toolkits, and improved workplace adjustments.

✓ **Health Inequalities** – Groups such as BSL users, Gypsy/Traveller communities, and asylum seekers face significant healthcare access barriers. A one-size-fits-all approach does not work, and targeted interventions are needed.

✓ **Racism / Anti-Racism Plan** – Reports of direct and indirect racism, microaggressions, and career barriers highlight the need for proactive anti-racism training, stronger policies, and clearer reporting mechanisms.

3. Did you make any changes to your proposed work as a result of this feedback or evidence?

Think about people's different needs, potential barriers or challenges and how you might overcome these. Tell us about ways in which you've made sure your proposed work is inclusive and considers our diverse communities.

For example, using the same as above regarding staff working patterns, did any of the feedback influence the proposal, i.e. if staff said they wanted the option of shorter, frequent breaks as opposed to one long break within the working day, was this taken into account? If yes, in which ways, if no, then why not?

Our approach to developing the Equality and Inclusion Strategic Framework (2025-2029) was shaped by the feedback we received, ensuring that our Equality Outcomes genuinely reflect the diverse needs of our workforce and local communities. In particular, we focused on addressing the voices of easy-to-miss groups who often experience the greatest barriers to inclusion.

Key Changes Based on Feedback:

Refining Our Equality Outcomes:

- Identified gaps and priority areas to ensure our strategic framework is relevant, actionable, and aligned with real challenges faced by staff and communities.

- Shifted towards a more focused approach—recognising that while we can't address everything at once, we can make a significant impact by doing fewer things well.
- Balanced specificity and flexibility, allowing for intersectionality while ensuring clear, achievable goals.

Improving Accessibility & Usability:

- Made the document more accessible and user-friendly, responding to feedback on format, structure, and language clarity.
- Ensured that key messages are easier to understand, making it practical for staff, patients, and external stakeholders.

Tailored Engagement Approaches:

- Adapted our engagement methods based on feedback to better reach underrepresented groups.
- Held targeted community events in prisons, Gypsy/Traveller (G/T) communities, BSL users, and visually impaired groups.
- Modified engagement strategies based on community needs (e.g., adapting outreach methods for Gypsy/Traveller groups based on direct feedback).

Addressing Challenging Feedback with Sensitivity:

- Ensuring everyone feels heard and respected, while also reinforcing why Equality and Inclusion efforts matter and are evidence-based.
- Being mindful of how we deliver training and awareness sessions, ensuring that all perspectives are acknowledged while maintaining a focus on NHS values and legal responsibilities.

These refinements ensure that our Equality and Inclusion Strategic Framework is not only responsive to feedback but also practical, impactful, and aligned with our commitment to fairness, accessibility, and inclusion for all.

Section C – what's the impact of your work?

When looking at the impact of our work on equality groups, the Equality Act 2010 asks us consider how our work will help to:

- Eliminate unlawful discrimination, harassment and victimisation;
- Advance equality of opportunity between different groups;
- Foster good relations between different groups.

This doesn't need to be complicated. With your work in mind, consider the ways in which it may have a positive, negative or neutral impact on different groups. For example:

- **Positive** – does your work reduce discrimination or stigma, promote participation and involvement, improve access or increase tolerance?
- **Neutral** – does your work have no impact on this specific group
- **Negative** – although it may be unintentional, does your work discriminate against particular groups, add barriers to access or put people at a disadvantage / make their lives worse?

Groups	Positive	Neutral	Negative	Comments
People of different Ages	✓			We anticipate a positive impact on people of different ages as our Equality and Inclusion Strategic Framework takes into consideration the varying needs and experiences of people of different ages. The principles of the Strategic Framework will ensure equitable access for all ages, taking into account different barriers. We know from engagement and evidence that different age groups can experience barriers to inclusion and discrimination and the aims of this Strategic Framework would seek to reduce such experiences.
People with a Disability	✓			We anticipate a positive impact on people with a disability as our Equality and Inclusion Strategic Framework takes into consideration the varying needs and experiences disabled people. This includes promoting and striving for better access, better understanding and increased awareness. We appreciate the different needs and accommodations required and will build this into the actions and workstreams of the Strategic Framework. Examples would include strengthening policies in relation to disability, eliminating discrimination and ensuring we meet legal requirements with

				the aim to embedding an inclusive environment, which is fair for all.
Trans and Non-Binary People	✓			We anticipate a positive impact on trans and non-binary people as our Equality and Inclusion Strategic Framework takes into consideration the varying needs and experiences of trans and non-binary people. A more inclusive NHS will ensure trans and non-binary individuals feel safe and respected in care settings.
People who are Pregnant or on Maternity Leave	✓			We anticipate a positive impact on people who are pregnant or on maternity leave as our Equality and Inclusion Strategic Framework takes into consideration their varying needs and experiences. An example includes the focus on maternity as part of the Anti-Racism Plan.
People who are Married or in a Civil Partnership	✓			We anticipate a positive impact on people who are married or in a civil partnership as our Equality and Inclusion Strategic Framework takes into consideration their varying needs and experiences. Examples include a commitment to ensuring equal workplace benefits and protections for all marital statuses.
People from different Ethnic Backgrounds	✓			We anticipate a positive impact on people from different ethnic backgrounds as our Equality and Inclusion Strategic Framework takes into consideration their varying needs and experiences. The Anti-Racism Plan will address systemic barriers and improve racial equity in healthcare and employment.
People with Religious or Protected Beliefs	✓			We anticipate a positive impact on people with religious or protected beliefs as our Equality and Inclusion Strategic Framework takes into consideration their varying needs and experiences. Examples include raising awareness of different religious festivals, linking to

				relevant supporting policies and providing information that promotes the respect of different religious practices, including the need to provide adequate dietary requirements and prayer spaces.
Men and / or Women	✓			We anticipate a positive impact on men and women as our Equality and Inclusion Strategic Framework takes into consideration their varying needs and experiences. The Strategic Framework encourages us as an organisation to ensure everyone's voice is heard to ensure they feel safe and experience validity of concerns and support. We appreciate the changing legal landscape and will consider the recent Supreme Court decision and review any relevant updates in relation to the Strategic Framework and associated actions and workstreams accordingly.
A person's sexual orientation	✓			We anticipate a positive impact relating to sexual orientation as our Equality and Inclusion Strategic Framework takes into consideration their varying needs and experiences of different sexual orientations. For example, the Strategic Framework's outcomes will help to support actions and workstreams that aim to eliminate discrimination and promote LGBT+ inclusion in patient care and the workplace.
People who work with us	✓			We anticipate a positive impact on our workforce as our Equality and Inclusion Strategic Framework takes into consideration their varying needs and experiences. Inclusive workplaces ensure staff feel valued, supported, and empowered to progress in their careers.
People who are Carers or Care Experienced	✓			We anticipate a positive impact on people who are Carers or Care Experienced as our Equality and Inclusion Strategic

				Framework takes into consideration their varying needs and experiences. Improved workplace flexibility and support for carers, including a dedicated staff network. Recognition and increased awareness raising of the unique challenges faced by care-experienced individuals.
People who are socio-economically disadvantaged	✓			We anticipate a positive impact on people who are socio-economically disadvantaged as our Equality and Inclusion Strategic Framework takes into consideration their varying needs and experiences. This includes a dedicated focus on health inequalities to address barriers to accessing healthcare and employment for disadvantaged groups, including costs of transport and digital exclusion.
People living in poverty	✓			We anticipate a positive impact on people who are living in poverty as our Equality and Inclusion Strategic Framework takes into consideration their varying needs and experiences. This includes initiatives focused on reducing financial barriers to healthcare access, providing targeted support for vulnerable individuals.
People Serving a Prison Sentence/Involved in Community Justice Programme	✓			We anticipate a positive impact on people who are serving a prison sentence or involved in community justice programmes as our Equality and Inclusion Strategic Framework takes into consideration their varying needs and experiences. Within NHS Forth Valley we have three Prisons in our remit and will work closely with our partners to ensure engagement methods and targeted outreach for this community that is often forgotten or excluded due to a lack of opportunity.

People experiencing homelessness	✓			We anticipate a positive impact on people who are experiencing homelessness as our Equality and Inclusion Strategic Framework takes into consideration their varying needs and experiences. This includes efforts to improve awareness and understanding around homelessness. We know from evidence that individuals experiencing homelessness can require additional accommodations to support engagement such as a trauma-informed approach.
Other, please state...		✓		We are mindful of impact of potentially identifying / making things a bigger deal / some people may prefer to go under radar.

Having considered the various groups above, what's the overall difference / impact your work will make?

Overall positive difference.

Our Equality and Inclusion Strategic Framework (2025-2029) is designed to create a more inclusive, fair, and accessible NHS Forth Valley for staff, patients, and communities. By implementing our key priorities, we will:

- **Eliminate Barriers:** Ensure equitable access to healthcare, employment, and career progression, particularly for underrepresented and marginalised groups.
- **Improve Awareness & Understanding:** Embed inclusion across all levels of NHS Forth Valley through targeted training, awareness campaigns, and practical resources.
- **Foster a Culture of Inclusion:** Create a safe, welcoming environment where diversity is valued, discrimination is actively challenged, and everyone feels heard and respected.
- **Reduce Health Inequalities:** Address socio-economic factors impacting health outcomes, ensuring all individuals receive the care they need, when they need it.
- **Promote Positive Change:** Support staff, patients, and communities in shaping a healthcare system that represents and serves everyone equally.

This strategic framework will drive long-term, meaningful impact by ensuring NHS Forth Valley is a leader in equality, diversity, and inclusion, creating a lasting

legacy of fairness, dignity, and respect for all. Furthermore, as part of ongoing engagement, we will continue throughout the lifecycle of the Strategic Framework, to identify actions to that take into account lived experience of all of the above groups.

Section D – anything else?

Is there anything else you want to share with us?

This can be any further details about your work you think will be helpful, or can be any questions or queries you have in relation to Equality and Inclusion? Is there specific support you need from us?

This EQIA ensures that our Equality and Inclusion Strategic Framework (2025-2029) directly responds to these key issues, embedding equity and fairness in all areas of NHS Forth Valley.

Please complete the following details:

Name:	Rachel Tardito
Role:	Equality, Diversity and Wellbeing Lead
Department:	Equality, Inclusion and Wellbeing Service
Telephone:	07411933581
Email:	rachel.tardito2@nhs.scot
Signature:	
Date:	06/03/2025

Please now save this form and send a copy to FV.EQIA@nhs.scot Someone will then be in touch to provide further guidance and support.

Equality, Inclusion and Wellbeing Service Response and Next Steps:

As it was our Service undertaking the EQIA, we shared with a national equalities colleague for feedback and review to ensure integrity of process.

Useful Resources:

- Have you checked your document meets current accessibility requirements? Check the Guide for more information. If still unsure, email FV.equality@nhs.scot and we can support.
- You may find this video helpful: [Scottish Government: EQIA - 'IT'S ALL ABOUT PEOPLE' \(youtube.com\)](#)
- Or this guide: [Fairer Scotland and equality impact assessments | NHS Education](#)

FORTH VALLEY NHS BOARD
TUESDAY 29 APRIL 2025

**Draft Population Health and Care Strategy 2025-2035
For Approval**

Executive Sponsor: Mr Andrew Murray, Medical Director

Author: Mrs Janette Fraser, Head of Planning

Executive Summary

This paper presents the draft Population Health and Care Strategy 2025-2035 for consideration by the NHS Board along with the plan for further engagement with a wide range of stakeholders.

The draft Population Health and Care Strategy sets out NHS Forth Valley's ambitions as a population health organisation, with the following priorities:

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

These priorities will be taken forward as set out in the Strategy however, as this is a 10-year strategy, detailed actions are not described. Actions will be part of the Board's annual Delivery Plans.

The draft Strategy has been prepared following extensive engagement with people who live in Forth Valley, staff and partner organisations and the Strategy reflects what people told us was important to them. The Strategy also reflects the Falkirk and Clackmannanshire and Stirling Health and Social Care Partnership Strategic Plans, national plans and policy.

A further period of engagement is proposed from 1 May to 15 June 2025, and this is outlined in the Communication and Engagement Plan. All responses will be reviewed and carefully considered to help inform the development of the final Strategy. A report will be prepared to highlight the main themes from the feedback provided and this will be published on the NHS Forth Valley website.

To inform the development of the draft Strategy, an Equality Impact Assessment has been undertaken and is included with this paper.

Following the engagement period, the Population Health and Care Strategy will be revised to take into consideration the engagement responses and the final Strategy will be presented to the Board for approval by September 2025 and published thereafter.

Recommendations

The Forth Valley NHS Board is asked to:

- **consider** and **approve** the draft Population Health and Care Strategy 2025-2035
- **consider** and **approve** the Strategy Communications and Engagement Plan
- **approve** the further engagement from 1 May to 15 June 2025
- **note** the extensive engagement which has been undertaken to date
- **agree** that the final Population Health and Care Strategy and engagement plan are brought to the Board for approval by September

Key Issues to be considered

1. Strategy Steering Group

A Strategy Steering Group was established in 2024, chaired by the Medical Director, to lead the work to develop the Population Health and Care Strategy, including further engagement with stakeholders. The Group has representation from NHS Forth Valley Public Health, Planning, Quality and Communications, as well as representation from the two Health and Social Care Partnerships, Primary Care and staff partnership. The Steering Group has contributed to the preparation of the draft Strategy, taking cognisance of the feedback and input from stakeholders and contributed to the preparation of the Communication and Engagement Plan.

The Steering Group will also ensure that the Forth Valley Population Health Strategy is aligned to national strategy including the Population Health Framework, due for publication in June 2025 and has aligned the Strategy to the two Health and Social Care Partnership Strategic Commissioning Plans.

The following are members of the Population Health and Care Strategy Steering Group:

Name	Role
Andrew Murray	Medical Director and Strategy Steering Group Chair
Jennifer Champion	Interim Director of Public Health
Kerry Mackenzie	Acting Director of Strategic Planning & Performance
Janette Fraser	Head of Planning
David Munro	Senior Planning Manager
Paul Smith	Senior Planning Manager
Hazel Meechan	Public Health Specialist
Susan Bishop	Head of Efficiency, Improvement and Innovation
Elsbeth Campbell	Head of Communications
Vicky Webb	Corporate Risk Manager
Wendy Forrest	Head of Strategic Planning & Health Improvement
Tom Cowan	Head of Strategic Planning and Transformation
Gail Woodcock	Chief Officer
Eilidh Gallagher	Head of Person-Centred Care
Rachel Tardito	Equality, Diversity and Wellbeing Lead
Robert Clark	Employee Director
Jillian Taylor	Head of Service / Chief Nurse for Universal Services
Noelle McKay	Employability Manager

2. Governance

2.1 Population Health and Care Task and Finish Group

A short life Task and Finish Group has been established to engage in shaping and developing the new Population Health and Care Strategy. This setting up of this Group was approved by the NHS Board at its November 2024 Board meeting. The Group is chaired by Mr Allan Rennie, Non-Executive

Director and Vice Chair of NHS Forth Valley Board. The Group is supporting, NHS Forth Valley to develop into a population health organisation and ensures there is appropriate governance around the development of the Population Health and Care Strategy. This Group reports to the Strategic Planning and Performance Resources Committee, prior to any decisions required by the Board.

The Task and Finish Group has met on 4 occasions and has provided input to the development of the draft Strategy. The Group will continue to meet until the Strategy is finalised, approved by the NHS Board and published.

The following are members of the Population Health and Care Task and Finish Group:

Name	Role
Allan Rennie	Non-Executive Director and Chair of Group
Gordon Johnston	Non-Executive Director
Stephen McAllister	Non-Executive Director
Neena Mahal	NHS Board Chair (Ex-officio member)
Andrew Murray	Medical Director and Strategy Steering Group Chair
Jennifer Champion	Interim Director of Public Health
Kerry Mackenzie	Acting Director of Strategic Planning and Performance
Janette Fraser	Head of Planning
Elsbeth Campbell	Head of Communications

2.2 Strategic Planning Performance and Resources Committee

The Strategic Planning, Performance and Resources (SPPR) Committee, as the oversight committee for the development of NHS Forth Valley as a Population Health Organisation and strategy development, has considered, discussed and commented on the developing Strategy, the Communication and Engagement plan and will consider the engagement responses, to enable the final Strategy to be prepared, prior to Board approval

2.3 NHS Board

The NHS Board is being asked to approve the draft Strategy, timeline and the Communication and Engagement Plan at today's Board meeting. The NHS Board will also be asked to approve the final Population Health and Care Strategy, prior to publication.

3. Strategy Development and Engagement Timeline

In order to complete the development of the Population Health and Care Strategy, which is expected to be published in August 2025, a proposed timeline has been prepared, which has been summarised below:

Month	Date	Group / Theme	Summary of Actions
April	29 April	NHS Board	Approve draft Population Health and Care Strategy and Communication and Engagement Plan. Note EQIA. Approve commencement of further engagement
May	1 May	Engagement	Draft Strategy engagement with wide range of stakeholders.
June	15 June	Engagement	Engagement ends
July /August		Task and Finish Group	Consider engagement feedback and review how this is being incorporated into the final Strategy development
July/August		SPPR Committee	Discuss and comment on Strategy Development
Aug/Sep		NHS Board	Approve Strategy (indicative timeline)
Aug/Sep			Publish Strategy (indicative timeline)

4. Engagement Prior to January 2025

Extensive engagement has been carried out in recent years to capture feedback from staff, patients, members of the public and local communities across Forth Valley on what matters most to them and how they would like to see services developed and improved in the future. This feedback will be used to inform and help to shape the aims, objectives and priorities along with the national and regional healthcare priorities.

This is referenced in the Strategy Communication and Engagement Plan.

5. Forth Valley Population Health and Care Strategy; Further Engagement

The following summarises the planned further engagement, which aims to engage with a wide range of stakeholders by a variety of methods, as set out in the Communication and Engagement Plan.

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 ambitions Strategy.

Implications

Financial Implications

Whilst there are no financial implications associated with developing the Population Health and Care Strategy, there is input to the Strategy preparation, development and engagement in terms of a time commitment from senior leaders in Strategic Planning, Public Health, Patient Relations, HSCPs and other services and departments. Financial implications will be determined alongside implementation.

Workforce Implications

There are no workforce implications associated with developing the Population Health and Care Strategy. These will be determined alongside implementation.

Infrastructure Implications including Digital

There are no infrastructure implications associated with developing the Population Health and Care Strategy. These will be determined alongside implementation.

Sustainability Implications

There are no direct sustainability implications arising from this paper. Climate Change and Sustainability initiatives across the five priority areas for NHS Scotland (i.e. Sustainable Buildings & Land; Sustainable Travel; Sustainable Goods & Services; Sustainable Care; and Sustainable Communities) will be important considerations when considering the Population Health and Care Strategy implementation.

Sustainability Declaration

Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process [A policy for NHS Scotland on the climate emergency and sustainable development](#). (please tick relevant box)

☐ Yes

* N/A

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications

It is imperative that quality of care and overall service provision is integral to implementation of the Population Health and Care Strategy, taking a value-based health and care approach.

Information Governance Implications

There are no direct information governance implications arising from this paper.

Risk Assessment / Management

Addressing health inequalities is a strategic risk, recently added to the risk register. There are some risks associated with the development of the Population Health and Care Strategy and these include meeting key milestones within the proposed timeline, a potential lack of engagement or not reaching the desired breadth of engagement and responding appropriately to the feedback from the engagement.

Relevance to Strategic Priorities

It is essential that the Board has a Population Health and Care Strategy in order to shape how the Board will improve population health in the future.

Equality Declaration

The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process. An EQIA has been completed alongside the draft Strategy and has informed the development of the strategy. The Population Health and Care Strategy approach recognises that tackling health inequalities, in

conjunction with strategic partners, is one of the key aims. The Strategy Steering Group membership includes leads for equality and diversity, person centred care and children and young people. The proposed engagement during April and May 2025 will seek input and feedback from wide representation across Forth Valley.

Communication, involvement, engagement and consultation

This paper was prepared in consultation with members of the Strategy Steering Group.

Additional Information

N/A

Appendices

1. Draft Population health and Care Strategy 2025-35
2. Population Health and Care Strategy Communication and Engagement Plan
3. Draft Strategy EQIA



Draft
**POPULATION
HEALTH AND CARE
STRATEGY**
2025 - 2035

Preventing Ill Health

Reducing Inequalities

Delivering Better Outcomes

CONTENTS

Welcome	Page 4
Executive Summary	Page 4
What is Population Health	Page 8
What you shared with us	Page 9
Becoming a Population Health Organisation	Page 10
1. Knowing our Population	Page 11
2. Prevention	Page 15
3. Working Collaboratively	Page 18
4. Community First	Page 22
5. Value Based Health and Care	Page 25
6. Our Workforce	Page 28
Glossary	Page 30

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.***
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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 ambitions 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 which 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, Asian and minority ethnic 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 strategies 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.

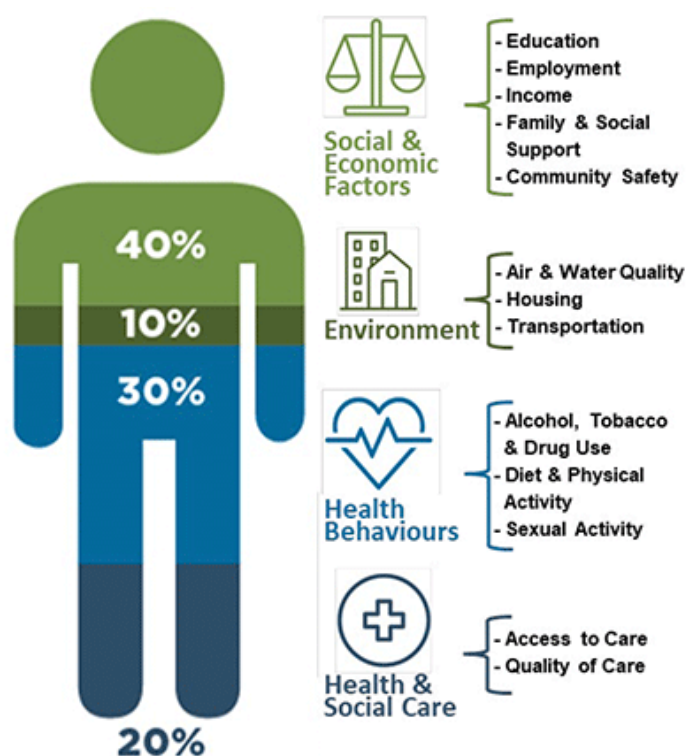
We are also required to measure our performance against targets set by the Scottish Government and we benchmark our performance in comparison with other health systems. Our measures will consider people's experience, staff experience, changes in health and life expectancy, alongside targets relating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

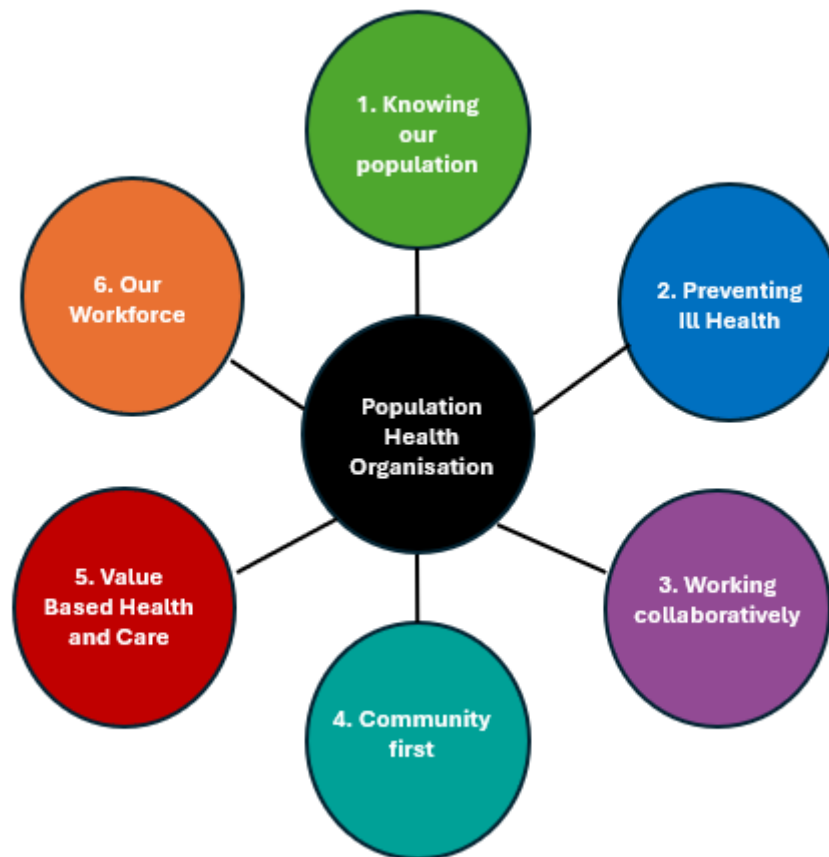
What we have done

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 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 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)

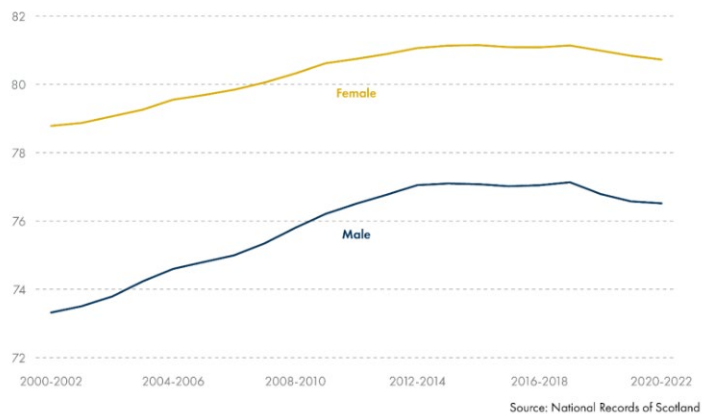
- From 2018 to 2043, the Forth Valley population will increase by over 18,000 (5.9%).
- People aged over 75 are expected to increase by around 80%.
- From 2018 to 2043, Falkirk and Clackmannanshire can expect a reduction in the number of children aged under 18 from around 57,300 to 54,000.

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.

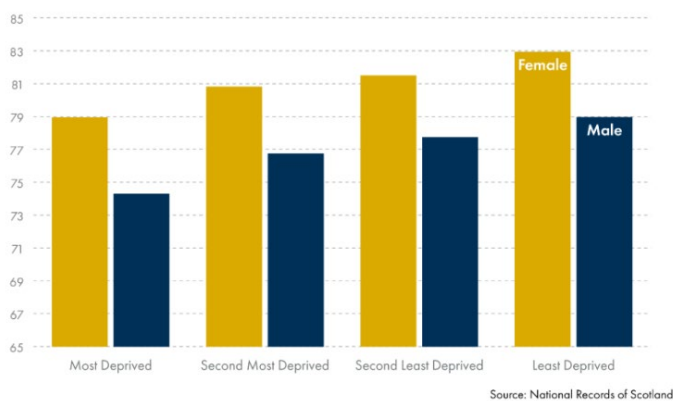
Life expectancy in Scotland has increased since 2000 but has recently fallen

Life expectancy at birth in Scotland by sex: 2000-02 to 2020-22



Life expectancy increases as deprivation decreases

Life expectancy by local authority grouped by levels of deprivation: 2020-22



There are health inequalities across Forth Valley. These relate to life expectancy and health life expectancy. They reflect the differing 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 commitment 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. 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

- The challenges you face in improving your health and wellbeing.
- Health inequalities because of factors such as where you live, your income, your age or your ethnicity.
- Being fully involved in decisions around your treatment and care.
- Having 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 residents 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; 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.

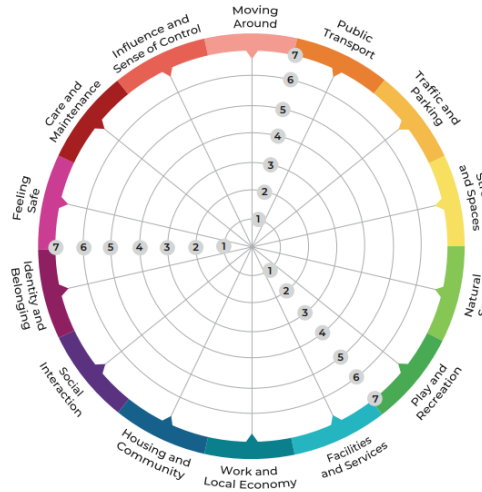
Why is this important?

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 understanding 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 residents 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 homes, 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

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 or underuse 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, has improved outcomes, including 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, from 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 visit 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 quickly progress 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 centric, which aims to attract and retain diverse staff, and improve staff experience and wellbeing. We strive to have a culture which enable and empower our people to fully participate in the transformational change 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?

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 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 works 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 & Care system through our commitment as an Anchor organisation.
- Continue to develop as an organisation with compassionate leadership, 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 Beast 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 institutions is a term used to describe large organisations, such as NHS Boards, colleges, universities, the police and local authorities 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 business processes and performance metrics to industry bests and best practices from other companies.

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 number of hospital beds, staff or 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 an addiction, cannot cope without their support.

Community Nursing

Describes staff who provide nursing care to people in the community, for example in their own home. They aim to enable them remain at home, where 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, communities have more control over decision-making and local people 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.

Day case

A day case refers to a patient admitted to a hospital or clinic for treatment, such as surgery or procedures, but is expected to be

	discharged and return home on the same day, without needing an overnight stay
Deprivation	Deprivation is a term used to describe areas of population which have a lower income and a reduced standard of living, which can often lead to health inequalities.
Discharge Without Delay	Discharge without delay refers to the process of releasing a patient from a hospital as soon as they are medically stable and ready, minimizing 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, usually with the service user. 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 other 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.
Family Nurse Partnership	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. They support mothers and their families from early pregnancy until the child's second birthday. The program aims to improve the health and life chances of both the child and the young parent.
Forth Valley University College NHS Partnership	The Forth Valley University College NHS Partnership is between NHS Forth Valley, the University of Stirling and Forth Valley College. With a focus on research, innovation, learning and career development, it brings together a wealth of knowledge, expertise and experience to help unlock research funding and support the development of new learning opportunities across health and social care. It aims to drive forward innovation to improve the health and wellbeing of local staff, patients and communities across Forth Valley and beyond.
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 an indeterminate period.
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 Authorities	Scotland's local authorities (or 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 and 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	A multidisciplinary team is a group of health 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	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 treatment for people with health problems who visit for a consultation, diagnosis or treatment, but do not at this time require a bed or overnight care.
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.
Population Health Organisation	A population health organisation is dedicated to improving the health of entire populations, focusing on preventative measures, addressing health inequalities, and promoting overall well-being.
Prevention	Prevention refers to actions taken to stop something from happening, such as preventing illness. It involves various strategies, including primary prevention (reducing the risk of disease), secondary prevention (early detection and intervention), and tertiary prevention (managing ongoing illness).
Primary Care	Primary care encompasses all health care taking place outside acute and mental health facilities i.e. GP practices, community pharmacies, dental practices and optometry.
Resources	Resources is a term used to describe money, materials, staff, 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.
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 resources.

Population Health and Care Strategy 2025-2035 Development

Communication and Engagement Plan (updated 17 04 25)

1. Engagement Prior to January 2025

Extensive engagement has been carried out in recent years to capture feedback from staff, patients, members of the public and local communities across Forth Valley on what matters most to them and how they would like to see services developed and improved in the future. This feedback will be used to inform and help to shape the aims, objectives and priorities along with the national and regional healthcare priorities.

1.1 Staff Feedback and Engagement

Staff feedback and engagement to date has included the following:

- NHS Forth Valley staff events and development sessions (June 2022 and August 2022)
- NHS Forth Valley - staff experience survey (carried out in 2022), this identified key themes around increased staffing levels, workload training and development as well as highlighting the importance of kindness, compassion and respect
- iMatter survey results – 2023 and 2024
- Staff engagement carried out to inform the development of the Quality Strategy
- Discussion with key stakeholders including:
 - Programme Boards, including Primary Care, Unscheduled Care, Infrastructure
 - SLT members and their Teams e.g. Primary Care, Women and Children, Mental health
 - Whole System Leadership Team
- Culture Change and Compassionate Leadership Programme – surveys, presentations from Executive Directors to Teams and Departments, Focus Groups. Discovery phase completed July 2023 and reviewed August and September 2023. Key themes shared with staff and design solution workshops took place in May and June 2024. Action Plan developed and working towards collaborative implementation.
- Mental Health Strategic Plan engagement with staff, patients, public, 3rd and voluntary sector, 2024/25

1.2 Patient Feedback and Engagement

Patient feedback and engagement include the following:

- The NHS Forth Valley Healthcare Experience Survey, which was carried out in 2022, to explore what matters most to local people who use our services, how the public expect to be treated by staff along with feedback on local improvements they would like to see. This identified a number of key themes around access, person-centred care, and staff communication.
- The Health and Care Experience Survey 2023/2024 asked about people's experiences of accessing and using their General Practice and other local healthcare services; receiving care support and help with everyday living; and caring responsibilities. Results can be viewed at GP practice, GP cluster, Health and Social care Partnership and NHS Board level.
- Local patient experience surveys were undertaken which informed our response to the HIS report on Forth Valley Royal Hospital
- Patient complaints and feedback on Care Opinion

Public engagement has included the following areas:

- Public and partner engagement carried out to inform the development of NHS Forth Valley's Quality Strategy
- Local public involvement meetings set up to inform our response to the HIS report on Forth Valley Royal Hospital and wider healthcare improvements across Forth Valley
- Public and community engagement carried out to inform the development of Strategic Plans of our two local Integration Joint Boards (see sections 4.3 and 4.5 below)
- Mental Health Strategic Plan engagement

1.3 Health and Social Care Partnership

The two Health and Social Care Partnerships (HSCPs) undertook considerable public, partnership, patient, carer and staff engagement when preparing their Strategic Commissioning Plans and their revised integration schemes. They have continued to build on this engagement and collaboration through their locality planning forums held in local communities across Forth Valley which provide regular opportunities to engage with local patients, service users and members of the public on a wide range of issues as well as respond to feedback, queries or concerns raised. Work will continue to ensure that NHS Forth Valley's plans and priorities developed and align with the strategic planning priorities of both local HSCPs.

1.4 What was learned from engagement?

This extensive feedback has helped identify what is most important to local people. The feedback has been grouped in 5 broad categories below. Work will continue to ensure that these key themes reflective of the strategic planning priorities of the HSCPs.

Category	Themes
Person Centred	Treated with compassion, kindness, dignity and respect Treated fairly Ability to access services in local communities Care and treatment that is safe and free from harm
Communication	Understand what is happening, in language that is clear Feel listened to and able to make informed decisions about treatment and care Supported to look after their own health
Efficient and Effective	Treated quickly with care, and with the correct diagnosis and treatment Continuity of care across all services Care that is timeous and delivered competently
Knowledge	Healthcare professionals acknowledge people are experts in their own health Support patients with additional education to enable them to collaborate with the healthcare professionals Help people understand their condition and make decisions about their care and treatment
Access	Services which are more accessible across community and primary care, mental health and acute services. Timely access to care when needed i.e. right care, right place, right time. Easier booking systems A choice of how to access appointments, including face-to-face options

1.5 National Engagement

Work has been progressing nationally in three key areas which have helped to inform and shape future health planning, locally and nationally:

- Development of a national Population Health Strategic Framework, which is expected to be published in March 2025.
- National strategic plans and action plans including mental health and cancer

- Strategic and operational approaches to delivering Realistic Medicine, incorporating Value Based Health and Care

The Population Health and Care Strategy will be aligned to these national priorities and plans and reflect the national drivers for health and wellbeing outlined below:



2. Forth Valley Population Health and Care Strategy: Proposed Further Engagement

We are preparing a Population Health and Care Strategy for Forth Valley which will be supported and underpinned by a range of strategic and operational plans. These underpinning plans including a new Mental Health and Learning Disability Strategic Plan for the Forth Valley area, which is in development, a Cancer Action Plan and the ongoing implementation of the Board's Quality Strategy.

Further engagement on the draft strategy is planned over a six-week period from 1 May to 15 June 2025 to give NHS Forth Valley staff, including key clinical and professional groups and committees and primary care colleagues, partner organisations and people who live in Forth Valley, a further opportunity to provide feedback before the Strategy is finalised. A summary of the communication and engagement plan is included on page 6. The engagement will be supported by the use of the proposed questions, outlined on page 5, along with an introduction to the engagement and what will happen following this. There will be a short slide pack with key points from the Strategy to support engagement with a wide range of stakeholders, groups and strategic partners.

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 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 ambitions Strategy.

The Table below provides a summary of the proposed communication methods to be used for each of the key stakeholder groups:

Stakeholders	Action/Method of communication	Lead(s)	Additional Information
PUBLIC, STAFF, PRIMARY CARE & SERCO COLLEAGUES			
NHS Forth Valley and HSCP staff, primary care and Serco colleagues	<p>Issue Staff Brief</p> <p>Promote draft Strategy and engagements questions on Staff Intranet</p> <p>Intranet posts and Staff Brief will contain link to MS Forms survey with engagement questions</p>	Elsbeth Campbell Communications Department	<p>Create new page with link to draft strategy, engagement questions and media release (<i>online form with response to planning email address</i>)</p> <p>Promote on the feature slider of the homepage</p> <p>Include in Staff Brief and encourage staff to share with friends, family and colleagues who may be interested in responding.</p> <p>Issue reminder one week before end of engagement period</p> <p>Ensure information is shared with Serco, Forth Health and HSCP colleagues for local distribution</p>
Public, staff and partner organisations	NHS Forth Valley website	Elsbeth Campbell Communications Department	<p>Create new page with link to draft strategy, engagement questions and media release (<i>online form with response to planning email address</i>)</p> <p>Promote on the feature slider of the homepage</p> <p>www.nhsforthvalley.com with link to new page</p>

Stakeholders	Action/Method of communication	Lead(s)	Additional Information
Public, staff and partner organisations Promote engagement questions via NHS Forth Valley's social media accounts	Social Media	Elsbeth Campbell Communications Department	Tag key partners to encourage them to share/retweet (local councils, HSCPs, CVSS) Schedule a number of posts over 6-week engagement period including final reminder one week before end of engagement period
Public, staff and partner organisations	Local Media	Elsbeth Campbell Communications Department	Issue media release
ebulletin recipients	ebulletin	Elsbeth Campbell Communications Department	Include as single update for April or May e-bulletin and issue to list of all recipients who have signed up to receive news and updates from NHS Forth Valley
Strategic Planning, Performance & Resources Committee (SPP&RC)	Ongoing discussions at all SPP&RC meetings (core agenda item)	Janette Fraser / Kerry McKenzie	
NHS Forth Valley Board	Ongoing discussion and engagement at Board meetings and Seminars	Janette Fraser / Jack Frawley	
Staff Advisory Committees Area Clinical Forum	Share draft Strategy and engagements questions with committee members or incorporate into short presentation	Kirsten Cassells (Chair)	
Area Partnership Forum Loca Partnership Forums Acute Partnership Forum Falkirk HSCP Partnership Forum		Robert Clark and Ross McGuffie (co- Chairs) Garry Fraser and Janette Sneddon (co-Chairs) Gail Woodcock	

Stakeholders	Action/Method of communication	Lead(s)	Additional Information
Clacks and Stirling HSCP Partnership Forum Staff Governance Committee		Joanna MacDonald Kevin Reith and Robert Clark (co-chairs)	
Leadership Groups including SLT Whole Systems Leadership Team NMAHP Leadership Team (including Senior Charge Nurses, Lead Nurses and AHP and Midwifery leads) Acute Services Management Group (including Women and Children and Acute Mental Health teams) Acute Medical Group	Share draft Strategy and engagements questions with groups or incorporate into a short presentation at meetings taking place during the engagement period	Ross McGuffie Kevin Reith Frances Dodd Garry Fraser Andrew Murray and Juliette Murray	All members of SLT to share copies of draft strategy with their local teams and direct reports and encourage them to share feedback
Professional Committees The following Professional Committees report into the Area Clinical Forum. Area Medical Committee GP Sub Committee (reports into the Area Medical Committee) Area Pharmaceutical Committee Area Dental Committee	Share draft Strategy and engagements questions with committee members or incorporate into short presentation	Oliver Harding (Chair) oliver.harding@forthvalley.nhs.scot Dr David Herron (Chair) David.herron2@nhs.scot Kirstin Cassells (Chair) kirstin.cassells3@nhs.scot	The Population Health and Care Strategy was at the Area Clinical Forum on 16 Jan 2025. It was agreed that each of the leads would take an update back to their committees in March 2025 for review and feedback.

Stakeholders	Action/Method of communication	Lead(s)	Additional Information
Area Nursing and Midwifery Advisory Committee Healthcare Sciences Committee Psychology Advisory Committee Area Optical Committee Allied Health Professionals		Gillian Lennox (Chair) gillian.lennox@nhs.scot Wendy Nimmo (Chair) wendy.nimmo@forthvalley.nhs.scot Liz Kilgour (Chair) elizabeth.kilgour@forthvalley.nhs.scot Lucie Risk (Chair) Lucie Risk lucie.risk@forthvalley.nhs.scot Rhona King (Chair) rhona.king2@nhs.scot Geraldine Law/Pauline Beirne geraldine.law@forthvalley.nhs.scot pauline.beirne@nhs.scot	
Staff Huddles – Forth Valley Royal Hospital	Share update and encourage staff to contribute feedback during the engagement period	Garry Fraser	
Health and Social Care Partnership staff and Integration Joint Board members (including HSCP senior leadership teams and Strategic Planning Groups)	Share update and encourage staff to contribute feedback during the engagement period	Gail Woodcock & Joanna MacDonald Paul Surgenor (Falkirk HSCP)	Including local mental health and learning disability services, primary care and prisons
GPs		Dr Scott Williams and Andrew McCall	Including GP and Primary Care OOH service

Stakeholders	Action/Method of communication	Lead(s)	Additional Information
PARTNERS			
Council Chief Executives	Covering email and link to draft Strategy and engagement questions and request to circulate within networks, colleagues, family & friends	Ross McGuffie / Neena Mahal	
Scottish Fire and Rescue	Covering email and link to draft Strategy and engagement questions and request to circulate within networks, colleagues, family & friends	Ross McGuffie / Neena Mahal	Area Commanders Clacks, Fife and Stirling – Lee Turnock lee.turnock@firescotland.gov.uk Falkirk and West Lothian – Eddie Kenna Edward.kenna@firescotland.gov.uk
Police Scotland	Covering email and link to draft Strategy and engagement questions and request to circulate within networks, colleagues, family & friends	Ross McGuffie / Neena Mahal	Police Scotland – Chief Superintendent Roddy Irvine, Divisional Commander - Forth Valley roddy.irvine@scotland.pnn.police.uk
Community Planning Partners (x3) Clacks Alliance Stirling CPP Falkirk CPP	Share draft strategy and questions via Public Health leads on CPPs	Jennifer Champion	Stirling, Clackmannanshire & Falkirk Council Chief Executives
Anchor Organisations	Share with any additional organisations not covered by CPPs	Hazel Meechan	
Local MSPs and MPs NHS Forth Valley Board members & IJB members NHS Board Chairs Central Scotland (NHSGGC, NHS Fife, NHS Lanarkshire, NHS Lothian, NHS Ayrshire & Arran, NHS Borders, NHS D&G)	Covering email and link to draft Strategy and engagement questions and request to circulate within networks, colleagues, family & friends	Ross McGuffie / Neena Mahal	

Stakeholders	Action/Method of communication	Lead(s)	Additional Information
Active Stirling	Share draft strategy and questions	Hazel Meechan	
Education and Career contacts Forth Valley College and University of Stirling	Share draft strategy and questions via Public Health leads on CPPs	Wendy Nimmo	Forth Valley University College NHS Partnership Prof Jayne Donaldson, Dean of the Faculty of Health Sciences and Sport jayne.donaldson@stir.ac.uk Sarah Higgins-Rollo - Vice Principal Learning and Student Experience, FVC sarah.higgins@forthvalley.ac.uk Including
Local career and employability partners		Noelle Mackay	Young Scot- info@young.scot Young Enterprise Forth Valley- forthvalley@yes.org.uk Developing the Young Workforce getinvolved@dyw.forthvalley.ac.uk
Voluntary/Third Sector Organisations and Partners Natalie Masterton - CEO Stirling Voluntary Enterprise - Natalie@sventerprise.org.uk Anthea Coulter – CEO Clacks Third Sector Interface - Anthea.coulter@ctsi.org.uk Victoria McRae – CEO Falkirk Council for Voluntary Services - victoria@cvsfalkirk.org.uk	Submit draft strategy and questions – via 3 rd Sector Interfaces	Jessie-Anne Malcolm	Third Sector Interface organisations also have reps on local CPPs and Locality Planning Groups

Stakeholders	Action/Method of communication	Lead(s)	Additional Information
<p>Harder to reach groups including, but not limited to -</p> <p>Minority Ethnic Groups Service Users and Support Groups for people with disabilities and additional support needs (Including BSL users and those with visual impairments)</p> <p>Central Scotland Racial Equality Council admin@csrec.org.uk Via Rachel Tardito – NHSFV Disability Equality Lead</p> <p>Local BME & disability groups and networks, including those linked to the Sensory Centre - Via Stacey Gourlay Disability, Equality and Access Team</p> <p>Healthy Working Lives/Local Business & Physical Activity Contacts - via Health Promotion Leads</p>	<p>Tailored discussions at meetings with groups and services users using the Sensory Centre during the engagement period</p> <p>Direct contact with network of local groups and service users</p>	Rachel Tardito/Stacey Gourlay	An EQIA will be carried out to support the engagement and development of the Strategy led by Rachel Tardito

CARERS			
Carers Centres Stirling Carers Centre Falkirk & Clackmannanshire Carers Centre Keri Moore - Stirling Carers Centre keri@stirlingcarers.co.uk Laura McKenzie lauramckenzie@centralcarers.co.uk		Jessie-Anne Malcolm	Carers are also represented on local Integration Joint Boards for both HSCPs
Patient and Public Representatives			
Locality Planning Forums and networks	Share details of the draft strategy and encourage attendees to share feedback	Tom Cowan & Wendy Forrest	
Community Councils	Contact direct and ask to share with local members, community groups and on their social media channels	Jessie-Anne Malcolm	Many community councils have their own social media accounts and regularly post on community groups and pages in their local areas
Patient Public Panel, Patient Representatives and Volunteers	Share details of draft Strategy with local patient and volunteer networks and encourage feedback	Eilidh Gallagher	
Local Councillors	Send covering email with links to draft Strategy and engagement questions	Ross McGuffie/Neena Mahal or via Chief Officers	
Business Community			
Forth Valley Chamber of Commerce Stirling University Innovation Park Business Gateway Forth Valley	Send covering email with links to draft Strategy and engagement questions and ask to share with local networks	Janette Fraser/Planning Dept Shannon Nixon/Health Improvement Teams	Business Gateway Forth Valley business@falkirk.gov.uk Lynn Harris - President & Chief Executive – Forth Valley Chamber of Commerce – 07843158667 - lynn.harris@forthvalleychamber.co.uk

Healthy Working Lives network Healthy Working Lives/Local Business & Physical Activity Contacts			Lynn Harris - Head of Innovation Park - Stirling University Innovation Park 01786 448333/ 07739738814	
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Equality Impact Assessment Process

DRAFT

Equality & Diversity Impact Assessment			
Guidance on how to complete an EQIA can be found here:			
https://www.equalityhumanrights.com/en/advice-and-guidance/guidance-scottish-public-authorities			
and here			
https://www.equalityhumanrights.com/en/advice-and-guidance/coronavirus-covid-19-and-equality-duty			
Q1: Name of EQIA being completed i.e. name of policy, function etc.			
NHS Forth Valley Population Health and Care Strategy			
Q1 a; Function <input type="checkbox"/> Guidance <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Protocol <input type="checkbox"/> Service <input type="checkbox"/> Other, please detail <input checked="" type="checkbox"/> NHS Board Strategy			
Q2: What is the scope of this SIA			
Service	Strategy for future direction for all services – NHS FV, and 2 HSCPs	Other (Please Detail)	<input type="checkbox"/>
Q3: Is this a new development? (see Q1)			
No	<input checked="" type="checkbox"/>		
Q4: If no to Q3 what is it replacing?			
NHS Forth Valley Healthcare Strategy 2016-2021			
Q5: Team responsible for carrying out the Standard Impact Assessment? (please list)			
Population Health and Care Strategy Steering Group – Andrew Murray, Janette Fraser, Jennifer Champion, Kerry McKenzie, Hazel Meechan, Elsbeth Campbell, Tom Cowan, Gail Woodcock, Wendy Forrest, Eilidh Gallacher, Jilly Taylor, Kirstin Cassells, Rachel Tardito, Paul Smith, David Munro, Vicky Webb, Susan Bishop, Robert Clark, Noelle McKay. Input from Kevin Reith, HR Director			
Q6: Main person completing EQIA's contact details			
Name:	Janette Fraser	Telephone Number:	07824498507
Department:	Strategic Planning & Performance	Email:	Janette.fraser@nhs.scot

Q7: Describe the main aims, objective and intended outcomes

To deliver population health improvement across Forth Valley, reducing health inequalities and demonstrating value-based health and care.

The development of our strategy will be informed by our Equality & Inclusion Strategic Framework 2025-2029 with the aim to ensure that delivery of our strategy will positively contribute to the delivery of our Equality Outcome Aims over this period.

Through development of the strategy the aim will be to:

- Ensure the vision explicitly includes commitments to equality and inclusion, highlighting the importance of addressing health disparities among different demographic groups.
- Express how our aims and objectives in terms of collaboration and transformation efforts will address the needs of marginalised groups. Ensure stewardship includes appropriate and fair resource distribution.
- Evaluate how these values are upheld in interactions with diverse populations. Ensure dignity and respect are maintained across all services.
- Develop the strategy in collaboration with various partners including organisations representing minority groups and assess how local and national plans address equality.
- By adopting a population health approach, we will improve health for the entire population. This will include evaluating how the approach addresses health inequalities and ensuring plans are inclusive of all demographic groups and protected characteristics.
- Through our strategy engagement activity, we will assess the inclusivity of engagement methods and ensure feedback from diverse groups is considered.
- As a population health organisation we will work with various partners and evaluate how partnerships will address health inequalities and ensure diverse representation in decision-making processes.
- 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 to community-based care.

- 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 using Performance Targets to monitor achievements and measure impact. Evaluating how performance targets include measures of equality will ensure success metrics reflect improvements in health equity.

The Population Health and Care Strategy sets the broad strategic direction for NHS Forth Valley for the next 10 years. Implementation and delivery of service change and improvement aligned to the strategy will require significant continued engagement with people who live in Forth Valley, staff and partner organisations. This will also require the comprehensive assessment of the impact of any proposed changes on the Forth Valley population, which will be an integral part of the design and delivery of changes and improvements. It will also be essential to measure the impact of the services changes and improvements associated with the Population Health and Care Strategy, to demonstrate that the expected outcomes and benefits have been delivered and to make any necessary adjustments if benefits have not been met fully.

Q8:

(i) Who is intended to benefit from the function/service development/other (Q1) – is it staff, service users or both?

Staff <input checked="" type="checkbox"/>	Service Users <input checked="" type="checkbox"/>	Other <input checked="" type="checkbox"/> Please identify ___ People who live in Forth Valley, third sector, independent sector
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(ii) Have they been involved in the development of the function/service development/other?

Yes <input checked="" type="checkbox"/>	<input type="checkbox"/>
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(iii) If yes, who was involved and how were they involved? If no, is there a reason for this action?

A Strategy Steering Group has been established to lead the development of the strategy and oversee engagement with stakeholders. Members: Andrew Murray, Janette Fraser, Jennifer Champion, Kerry McKenzie, Hazel Meehan, Elsbeth Campbell, Tom Cowan, Gail Woodcock, Wendy Forrest, Eilidh Gallacher, Jilly Taylor, Kirstin Cassells, Rachel Tardito, Paul Smith, David Munro, Vicky Webb, Susan Bishop, Robert Clark, Noelle McKay.

A comprehensive engagement plan has been prepared, with further engagement for 6 weeks in May/June 2025, building on previous engagement. This includes patients, people in local communities (including hard to reach groups), staff, advisory groups, professional groups, community planning partners, third sector via 3rd sector interface organisations and carers. A variety of engagement methods will be used to obtain feedback from the people who live and work in Forth Valley, ensuring engagement methods are inclusive to reflect feedback from diverse groups to inform the final strategy

Our approach to engagement on the Strategy is informed by the NHS Forth Valley Participation & Engagement Framework 2025-28 which was approved by the Board in March 2025.

A Task and Finish Group is supporting the development of the strategy and the engagement plan. Members: Allan Rennie, Gordon Johnstone, Steven , Neena Mahal, Andrew Murray, Jennifer Champion, Kerry McKenzie, Janette Fraser.

All draft strategy documents and engagement plans have been and will continue to be discussed by the Strategic Planning Performance and Resources (SSPRC) Board Committees and all documents and engagement plans have been and will continue to be approved by the NHS Board.

(iv) Please include any evidence or relevant information that has influenced the decisions contained in this SIA; (this could include demographic profiles; audits; research; published evidence; health needs assessment; work based on national guidance or legislative requirements etc)

Comments:

Draft Strategy Engagement Plan – identifies stakeholders, aim of engagement and engagement methods to be used.

Draft Population Health and Care Strategy and associated assessment of needs

Equality and Inclusion Strategic Framework 2025-2028

Participation and Engagement Strategic Framework 2025-2028

Further detail to be inserted

Q9: When looking at the impact on the equality groups, you must consider the following points in accordance with General Duty of the Equality Act 2010 see below:

In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Has your assessment been able to demonstrate the following: Positive Impact, Negative / Adverse Impact or Neutral Impact?

What impact has your review had on the following 'protected characteristics':	Positive	Adverse/ Negative	Neutral	Comments Provide any evidence that supports your conclusion/answer for evaluating the impact as being positive, negative or neutral (do not leave this area blank)
Age	x			We anticipate a positive impact on people of different ages as our Population Health Strategy aims to develop our services to

				<p>best meet the varying needs and experiences of people of all age groups from children to elderly, recognising the expected demographic changes. The underpinning principles of the Strategy will aim to support appropriate access for all ages, taking into account different barriers. Through development of our Equality & Inclusion Strategic Framework we know from engagement and evidence that different age groups can experience barriers to inclusion and discrimination and the aims of this Strategy would seek to reduce such experiences through tailored services, preventative programmes and education & awareness.</p>
<p>Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)</p>	x			<p>We anticipate a positive impact on people with a disability as our Equality and Inclusion Strategy takes into consideration the varying needs and experiences of disabled people. This includes promoting and striving for better access, better understanding and increased awareness. We appreciate the different needs and accommodations required and will build this into the actions and workstreams of the Strategy. The Strategy will consider how we strengthen policies in relation to accessibility, inclusive communication and specialised services ensuring we meet legal requirements with the aim to embedding an inclusive environment, which is fair and inclusive for all.</p>
<p>Trans and Non-Binary</p>	x			<p>We anticipate a positive impact on trans and non-binary people as our Strategy will be informed by our Equality and Inclusion Strategic Framework to account for varying needs</p>

				and experiences of trans and non-binary people. A more inclusive NHS will ensure trans and non-binary individuals feel safe and support includes respectful and inclusive care packages.
Marriage and Civil partnership	x			We anticipate a positive impact on people who are married or in a civil partnership as our Strategy will be informed by our Equality and Inclusion Strategic Framework to account for their varying needs and experiences. Examples include a commitment to equal workplace benefits and protections for all marital statuses by ensuring equal treatment particularly in family related healthcare services.
Pregnancy and Maternity	x			We anticipate a positive impact on people who are pregnant or on maternity leave as our Strategy will be informed by our Equality and Inclusion Strategic Framework to account for their varying needs and experiences. This will include support for pregnant individuals and new mothers accessing healthcare services.
Race/Ethnicity	x			We anticipate a positive impact on people from different ethnic backgrounds as our Strategy will be informed by our Equality and Inclusion Strategic Framework to account for their varying needs and experiences. This will include addressing racial disparities and systemic barriers to improve racial equity in healthcare and employment. Development of our Anti-Racism plan will inform the focus on our strategy in meeting these goals.
Religion/Faith	x			We anticipate a positive impact on people with religious or protected beliefs as our Strategy will be informed by our Equality and Inclusion

				Strategic Framework to account for their varying needs and experiences. The strategy will direct linkage to relevant supporting policies to assess equity of access to services for those from different religions or faiths and accommodating religious beliefs in healthcare settings.
Sex/Gender (male/female)	x			We anticipate a positive impact on men and women as our Strategy will be informed by our Equality and Inclusion Strategic Framework to account for their varying needs and experiences. The Strategy will encourage gender equality allowing everyone's voice to be heard to ensure they feel safe and experience validity of concerns and support. It will also include delivery and evaluation of specialised Women's and Men's Health Services.
Sexual orientation	x			We anticipate a positive impact relating to sexual orientation as our Strategy will be informed by our Equality and Inclusion Strategic Framework to account for their varying needs and experiences of different sexual orientations. The Strategy's outcomes will direct actions and workstreams that aim to eliminate discrimination and promote LGBT+ inclusion in patient care and the workplace, with training support to achieve these aims.
Staff (This could include details of staff training completed or required in relation to service delivery)	x			We anticipate a positive impact on our workforce as our Strategy will be informed by our Equality and Inclusion Strategic Framework to account for their varying needs and experiences. Inclusive workplaces ensure staff feel valued, supported, and empowered to progress in their careers. The development of our culture is a key enabler of

				our strategy creating the conditions for staff to fully engage in our strategic ambitions. We will raise awareness and train our staff in a range of related themes such as cultural competence neurodiversity and anti-racism informed by lived experience input.
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Cross cutting issues: Included are some areas for consideration. Please **delete or **add** fields as appropriate. Further areas to consider in Appendix B**

Unpaid Carers				
Homeless				
Language/ Social Origins				
Literacy				
Low income/poverty				
Mental Health Problems				
Rural Areas				
Armed Services Veterans, Reservists and former Members of the Reserve Forces				
Third Sector				
Independent Sector				

Q10: If actions are required to address changes, please attach your action plan to this document. Action plan attached?

Yes ☐

No ☐

Date EQIA Completed

DD / MM / YYYY

Date of next EQIA Review

DD / MM / YYYY

Signature

Print Name

JANETTE FRASER

Department or Service

Please keep a completed copy of this template for your own records and attach to any appropriate tools as a record of SIA or EQIA completed. Send copy to:

Equality & Diversity Impact Assessment Action Plan

Name of document being EQIA'd:

NHS Forth Valley Population Health and Care Strategy

Date	Issue	Action Required	Lead (Name, title, and contact details)	Timescale	Resource Implications	Comments
	Vision: Develop an inclusive vision for the strategy from key stakeholder feedback	The vision will be developed to include commitments to equality and diversity & inclusion highlighting the importance of addressing health disparities among different demographic groups				
	Diverse Partnerships: Ensure strategic partnerships include organisations representing minority groups.	Our strategy engagement phase will ensure that we build on the feedback already received from strategic partners to inform our final strategy for approval.				
	Inclusive Engagement: Use diverse engagement methods to gather	Working in collaboration with the team,				

	feedback from all demographic groups.	consider further methods to elicit feedback where we have identified any gaps to ensure we have a complete				
	Equitable Resource Allocation: Ensure stewardship includes equitable distribution of resources.	As we develop our strategy, we will use our Values Based Healthcare approach to develop our Stewardship arrangements to inform and direct appropriate distribution of resources				
	Targeted Health Improvement/Prevention: Develop strategies that address specific needs of vulnerable populations.	As we implement the Strategy, we will assess and develop targeted strategies to meet the needs of specific groups within our population.				
	Performance Metrics: Include measures of equality in performance targets.	The Performance Metrics which we use to assess the effectiveness of our strategy				

		delivery will include specific measures of equality				
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Further
Notes:

Signed:

Date: