

Forth Valley Population Health & Care Strategy (2025 - 2035)

Engagement Summary

1. Engagement Process

1.1. Phase 1

Over the past three years, NHS Forth Valley and the two local Health and Social Care Partnerships (Falkirk, and Clackmannanshire and Stirling) have engaged widely with communities, staff, and partners to understand what matters most to people when using health services and what is important to help improve people's own health and wellbeing. This work was also informed by national engagement led by the Scottish Government.

1.1.1. Health and Social Care Partnership

The two Health and Social Care Partnerships (HSCPs) undertook considerable public, partnership, patient, carer and staff engagement when preparing the HSCP Commissioning Plans, published in 2022. The HSCPs have continued to build on this engagement and collaboration, with the development of approaches to locality and community engagement generally, and on specific topics including mental health and palliative care.

1.1.2. 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.
- Mental Health Strategic Plan engagement.

1.1.3. Staff Feedback and Engagement

Staff feedback and engagement include 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, quarter 4, 2024.

1.2. Phase 2

In May and June 2025, we shared the draft Forth Valley Population Health and Care Strategy with people across Forth Valley and gathered detailed feedback. This included:

- Patient and staff surveys.
- Awareness and engagement events.
- Feedback from care opinion and complaints.

- Meetings and workshops.

Feedback reinforced earlier themes, highlighting the importance of ill health prevention, timely access to services, clear communication, patient-centred care, strong partnerships and well co-ordinated services.

A number of themes emerged from the engagement. These main themes included:

- **Taking a population health approach and focussing on prevention:** there was strong support for a population health approach focused on prevention, early intervention, and reducing health inequalities. Key themes included understanding local health needs, promoting self-management and encouraging healthy lifestyle choices. Prevention accounted for 24% of all feedback.
- **Strategy document:** 17% of feedback focused on the strategy document itself, highlighting suggestions around format, clarity, use of infographics, level of detail, feasibility, timescales, funding, and service sustainability.
- **Partnership working:** 10% of feedback focused on partnership working, with calls for improved integration, joint working across services and sectors and better coordination of care.
- **Mental Health:** Feedback highlighted the need for reform in mental health services, with emphasis on addressing psychological trauma and supporting neurodiversity.
- **Primary and community care:** The response included strengthening primary and community care, recognising the vital role of GPs and multi-disciplinary teams, promoting prevention and social prescribing and adopting a “home first” approach.
- **Access:** Improving access to services was important, including quicker, easier and more local access to emergency, planned, primary care, and imaging services, leading to faster treatment and better outcomes.
- **Suggested areas for focus:** These included long waiting times, reform of mental health services, infrastructure challenges, opportunities to improve digital systems and specific service-level challenges not covered in this high-level strategy.
- **Communication:** Clearer communication and greater involvement in care decisions, along with improved co-ordination across services were seen as important.
- **Infrastructure:** Feedback included better use of data and digital systems to understand population needs, expand access to digital systems (e.g. online booking), use digital solutions to support self-help and improve system integration. Physical infrastructure concerns such as transport, parking and developing service capacity in line with population growth and increasing demand were also highlighted, along with making use of green spaces.
- **Equality & inclusion:** Key issues included tackling inequalities related to deprivation, child poverty and ensuring services meet the needs of people with protected characteristics.
- **Workforce:** Themes included fostering a positive organisational culture, ensuring workforce sustainability, strengthening primary and community

care workforce, supporting health education and prevention, promoting respect for everyone and practicing person-centred care.

- **Person-centred care:** Emphasis was placed on treating people as individuals, with respect and compassion at the heart of care delivery.
- **National issues:** Broader societal challenges were recognised, with calls for national co-ordination, NHS reform and expansion of national screening programmes.

1.3. National Frameworks – national direction of travel for the next 10 years

The SG published two key documents on 17 June 2025:

- Scotland's Population Health Framework 2025-2035
- Health & Social Care Service Renewal Framework 2025-2035

These two key national documents outline future care improvements. These have been reviewed and used to inform the draft Forth Valley Population Health and Care Strategy. Amendments were made to reflect the essential elements from these documents.

2. Updates to the draft Forth Valley Population Health and Care Strategy

We have listened to the feedback from the engagement and used it to shape our Population Health and Care Strategy for 2025–2035. It is important that the Strategy reflects the expressed needs of people living in Forth Valley. As a population health organisation, we will keep listening and working with local people, staff and partners as we plan and make improvements. The tables below show the key themes and comments and how these have helped to shape the Strategy or will be used to guide future implementation plans.

1. Strategy Document		(general comments)
	Feedback	Our response
1	<ul style="list-style-type: none"> Current model is unsustainable due to workforce shortages, long waits, and poor service access. 	<ul style="list-style-type: none"> This acknowledged throughout the Strategy. Page 5: 'As a population health organisation, NHS Forth Valley will work with our partners to: <ul style="list-style-type: none"> Improve and protect the health and wellbeing of the whole population. Tackle health inequalities. Improve the way services and supports are developed and delivered. Deliver high value and sustainable health and care.' Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services. Combined with health projections, this information will help us design sustainable services tailored to local communities.' (see infographic) Page 27: 'We also need to deliver health services that are sustainable.' '...enhance patient outcomes and ensure healthcare services are sustainable in order to meet current and future demand.' Page 28 Page 31: We will 'Work with other NHS Boards to provide support, where required, improve access to specialist services and explore opportunities for greater collaboration to help deliver more stable and sustainable services.' Page 35: We will 'Set objectives for staff recruitment and retention to address identified workforce challenges and support the development of a sustainable, representative workforce.'
2	<ul style="list-style-type: none"> Strong feedback that without proper funding—especially for community, prevention, and primary care—the strategy will fail. 	<ul style="list-style-type: none"> Page 23: 'We will continue to develop our multidisciplinary community teams so we can offer a wider range of health services and support that meets the changing needs of local communities.' Page 26: We will 'Move more care from hospitals into local communities

		<p>by developing and expanding community-based services, with funding and workforce redirected to these community-based services.'</p> <ul style="list-style-type: none"> • Page 26: We will 'Further develop our community spaces to support more collaborative working and integration across primary care, community care, secondary care, third sector and partner organisations.' • Page 26: We will "Use our community spaces to support more prevention and early intervention activities including a range of health assessments, along with tailored advice and support."
3	<ul style="list-style-type: none"> • Comments that the Strategy is seen as too vague, more like a framework than a plan. Needs: <ul style="list-style-type: none"> ○ Specific actions ○ Timelines ○ Measurable outcomes • Without a clear delivery plan, there's a risk the strategy remains aspirational only. 	<ul style="list-style-type: none"> • The Strategy document is written to give an overview of the key priorities and direction, rather than going into detailed information. • Page 10 'This Strategy will be supported by more detailed implementation plans, and as we move from vision to delivery, we will continue to review and assess how our actions support fairer outcomes, especially for the most vulnerable individuals in our communities and those most affected by health inequalities.'
4	<ul style="list-style-type: none"> • Too many managers, not enough frontline staff—calls for redirecting resources to service delivery. 	<ul style="list-style-type: none"> • Page 26: We will 'Move more care from hospitals into local communities by developing and expanding community-based services, with funding and workforce redirected to these community-based services.' • Page 28: The 'Value Based Health and Care' section notes our aim to "use our resources more effectively to help to further improve the health of local people, enhance patient outcomes and ensure healthcare services are sustainable in order to meet current and future demand.'

5	<ul style="list-style-type: none"> Title "Population Health & Care Strategy" seen as unclear. Noted some preference for simpler language like "Healthcare Strategy". 	<ul style="list-style-type: none"> This suggestion was carefully considered, but the title of the document remains unchanged.
6	<ul style="list-style-type: none"> Many respondents found the strategy comprehensive and aligned with their values. 	<ul style="list-style-type: none"> We appreciate that many people felt the strategy was thorough and reflected what matters to them. This feedback has been taken on board.
7	<ul style="list-style-type: none"> Housing's impact on health noted, though perhaps not fully reflected in priorities. 	<ul style="list-style-type: none"> We recognise that housing plays an important role in people's health. The Strategy does refer to housing in several sections.
8	<ul style="list-style-type: none"> Positive personal experiences shared, with encouragement to keep improving. 	<ul style="list-style-type: none"> People shared positive experiences and encouraged us to keep making things better. We've listened to this feedback.

2. Suggested areas for focus		
	Feedback	Our response
1	<ul style="list-style-type: none"> No mention of services for hearing and sight-impaired residents, particularly in Falkirk. 	<ul style="list-style-type: none"> The Strategy document is written to give an overview of the key priorities and direction, rather than going into detailed information.
2	<ul style="list-style-type: none"> No reference to adult access to neurodevelopmental assessments and services. 	<ul style="list-style-type: none"> Page 24: Added 'The Plan aims to tackle the wider social and economic factors which can 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. This includes the development of joined up assessment and treatment pathways for people with neurodevelopmental conditions.'
3	<ul style="list-style-type: none"> Difficulties accessing GP appointments and issue about restricted access to preventative medication. 	<ul style="list-style-type: none"> Page 31: We will: 'Adopt the use of new technologies, treatment and medicines in line with national best practice and guidance.' Page 26: We will 'Move more care from hospitals into local communities by developing and expanding community-based services, with funding and workforce redirected to these community-based services.'
4	<ul style="list-style-type: none"> No mention of A&E waiting times (challenge/improvement). 	<ul style="list-style-type: none"> Page 21: We will: 'Take forward work across local health and social care services to deliver improvements in urgent and emergency care.' Page 23: 'If you need urgent or specialist care that can't be provided in the community, you may still need to go to hospital for tests or treatment. It's important that this happens quickly and safely.' Page 26: We will: "Further develop urgent care services which provide timely access to specialists."
5	<ul style="list-style-type: none"> Specialist Services Coordination: Unclear how local links to centralised specialist services will be improved, including training and support. 	<ul style="list-style-type: none"> Page 34: 'We continue to develop roles for Advanced Nurse Practitioners (ANPs) who have undergone specialist training and gained additional qualifications. The work of ANPs across primary care, hospital and community settings, mental health services and prisoner

		healthcare services has helped increase capacity and reduce waiting times. It has also freed up GPs and Consultants to focus on patients with more complex healthcare needs.'
6	<ul style="list-style-type: none"> No detail on infrastructure plans (e.g. new hospitals or new GP Practices/ GP services) - especially to support areas of population growth linked to housing developments. 	<ul style="list-style-type: none"> Page 23: 'We will continue to develop our multidisciplinary community teams so we can offer a wider range of health services and support that meets the changing needs of local communities.' Page 27: '...change the way many local services are designed and delivered in response to increasing demand.'
7	<ul style="list-style-type: none"> Principles are broadly supported, but the strategy lacks specific detail e.g. child poverty is mentioned but needs more detail. 	<ul style="list-style-type: none"> Page 8: '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.' Page 14: Significant 'Child Poverty' included, which highlights our collaboration with local councils to tackle child poverty, by improving support for families, raising awareness among staff, and helping communities build local wealth.
8	<ul style="list-style-type: none"> Concerns raised about the adequacy of current mental health services. 	<ul style="list-style-type: none"> Page 18: '...work in new ways to develop a Forth Valley wide approach to priority areas such a mental health and wellbeing, ...' Page 24: 'Alongside the Population Health and Care Strategy, a Mental Health and Wellbeing Strategic Plan has been developed. This has been informed by national, regional and local information as well as the experiences of people with mental health conditions. The Plan aims to tackle the wider social and economic factors which can 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.'

		<ul style="list-style-type: none"> • Page 23: We reference that care is 'provided by a range of healthcare professionals working in primary care settings.' We note that 'primary care teams work closely with a range of community-based healthcare professionals, including community nurses, community mental health nurses.' • Page 23: 'We will continue to develop our multidisciplinary community teams so we can offer a wider range of health services and support that meets the changing needs of local communities.'
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3. Prevention		
	Feedback	Our response
1	<ul style="list-style-type: none"> There is a need for accessible, understandable data to design effective, prevention services. 	<ul style="list-style-type: none"> Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services. Combined with health projections, this information will help us design sustainable services tailored to local communities.' (see infographic) Page 21: We will 'Maximise the use of data, digital technologies and innovation to support improved access to health and care services and help people monitor and manage their own health.'
2	<ul style="list-style-type: none"> Strategy lacks detail on how prevention will be addressed. Key areas needing attention: child poverty, vaccination, oral health, obesity. 	<ul style="list-style-type: none"> The Strategy document is written to give an overview of the key priorities and direction, rather than going into detailed information. Page 14: See "Child Poverty" section. Page 16: We will "Work with our communities to tackle common risk factors such as high blood pressure; high cholesterol; high blood sugar; obesity; smoking; and alcohol."
3	<ul style="list-style-type: none"> Housing impacts health but needs stronger emphasis. Housing is acknowledged as a health factor but not viewed as a priority. 	<ul style="list-style-type: none"> We recognise that housing plays an important role in people's health. The Strategy does refer to housing in several sections.
4	<ul style="list-style-type: none"> There was support for self-help approaches and better access to health-related information. 	<ul style="list-style-type: none"> Themes of prevention, self-help, and self-management are prominent throughout the Strategy document.
5	<ul style="list-style-type: none"> 24% of the engagement feedback was about Prevention. There was appreciation for inclusion of physical activity and long-term, population-focused thinking. 	<ul style="list-style-type: none"> Page 12: 'You emphasised the opportunities to promote wellbeing and healthier lifestyles in everything that we do, through more prevention and self-help activities.' Page 12: The "Preventing Ill Health" section states that 'We want to empower and support people to take more control of their health and wellbeing, to avoid illness and manage health conditions more effectively.'

	<ul style="list-style-type: none"> • Emphasis on encouraging individuals to take more responsibility for their health, especially regarding lifestyle choices. • Suggestions for healthier food options in hospitals (for staff, visitors and patients) and local partnerships to promote staff physical activity. 	<ul style="list-style-type: none"> • The Strategy highlights how lifestyle choices - like smoking, drinking alcohol, eating well and staying active - can affect our health. • Page 20: The 'Healthy Weight in Children' example emphasises the importance of trying healthy foods and supporting families to learn how to make healthier food choices together and working towards a healthier weight.
6	<ul style="list-style-type: none"> • Support for more joined-up care, especially from people who are unpaid carers. • Informal carers are vital to home care and need more focus. • Aging carers (often in their 70s) are under-supported. 	<ul style="list-style-type: none"> • Page 4: 'A population health approach involves working with our communities, our staff and healthcare providers, and a range of partners across the public sector and government, education and research, voluntary, charitable and community organisations, and those that influence or support the broader social and economic conditions affecting health and wellbeing.' • Page 19: 'We recognise and value the essential role that carers play in our health and care system. Whether they are family members, friends, or neighbours, carers offer support, compassion, and care to those who need it most.' • Page 19: "HSCPs... were created to improve outcomes for people, their families and carers by creating more integration and seamless health and social care services, reduce duplication and increase efficiency." • Page 19: "...our Participation and Engagement Strategic Framework... confirms our commitment to listen to and work with staff, primary care colleagues, carers, partner organisations and communities to improve local health services.' • Page 21: We will 'Work with carers and carers' organisations - listening to their experiences, learning from their insights, and ensuring they have the support needed to continue their vital role.'

7	<ul style="list-style-type: none"> • There was a call for proper funding of prevention and screening. 	<ul style="list-style-type: none"> • Page 12: “You told us that early access to screening and early diagnosis is important.” • Page 16: We will ‘Ensure fair access to healthcare, screening and vaccinations.’ • Page 27: ‘Investing in prevention - whether it’s stopping illness before it starts, detecting it early, or managing long-term conditions better - is widely recognised as offering best value.’
8	<ul style="list-style-type: none"> • Concern over centralisation of services (e.g. immunisations) suggestion that this leads to poorer outcomes and higher costs. 	<ul style="list-style-type: none"> • Page 31: We will ‘Work with other NHS Boards to provide support, where required, improve access to specialist services and explore opportunities for greater collaboration to help deliver more stable and sustainable services.’
9	<ul style="list-style-type: none"> • Strong support for further investment in schools and charities to promote healthier lifestyles among children. 	<ul style="list-style-type: none"> • We have included 2 examples of where we are working with schools: <ul style="list-style-type: none"> • Page 20: Working Together to Support Healthy Weight in Children. • Page 30: Delivering Speech and Language Therapy Support in Schools & Nurseries. • Page 14: The ‘Preventing Ill Health’ section includes focus on “Child Poverty” and ‘Best Start Maternity and Neonatal Care’ • Page 19: The “Working Collaboratively” section emphasises our joint working with Community Planning and Anchor Partners; GIRFE/ GIRFEC to ensure the wellbeing of children.
10	<ul style="list-style-type: none"> • Suggestion for wellness clinics (e.g. Well Man/ Woman) for the 50+ age group to support early intervention and prevention. 	<ul style="list-style-type: none"> • Page 26: We will “Use our community spaces to support more prevention and early intervention activities including a range of health assessments, along with tailored advice and support.” • Page 25: New example added: ‘Preventing the development of heart disease - GP practices will offer a new service to identify people most at risk of heart disease to help prevent it. It will focus on spotting risk factors early - especially in people who may not

		<p>realise they're at risk - and offer early treatment, advice and support to help reduce those risks. New ways to reach people who don't often use healthcare, such as group sessions and community outreach in community locations closer to home, will also be explored.'</p>
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4. Workforce		
	Feedback	Our response
1	<ul style="list-style-type: none"> Strong call for a clearer commitment to culture change across NHS Forth Valley and the two HSCPs. Culture change should be a central priority, not a minor point. Call for leaders to model the culture they want to see and ensure their teams are included in the delivery planning process. 	<ul style="list-style-type: none"> Pages 34 and 35: Culture change is a key element of the 'Supporting and Developing our Workforce' section. Page 32: We added 'You told us that culture change and strong leadership are key to the future.' Page 34: Additional example provided 'Culture Change and Compassionate Leadership programme' emphasises the importance of successful culture change.
2	<ul style="list-style-type: none"> Emphasis on building a workforce to deliver on health education and health promotion activities - especially for young people. Proposal for a "Health Improvement & Prevention Academy" to <u>build workforce capacity</u> and support culture change, including: <ul style="list-style-type: none"> Tiered training Mentoring and coaching Leadership development for radical thinking 	<ul style="list-style-type: none"> Page 35: We will 'Actively engage and support our staff as services evolve, helping them develop new skills and embrace innovative ways of working that improve outcomes for patients and communities.' Page 35: We will "Develop our workforce to reflect changing clinical services and our strategic priorities, as a population health organisation."
3	<ul style="list-style-type: none"> While staff commitment remains invaluable, there is growing recognition that sustainable service delivery requires appropriate funding. 	<ul style="list-style-type: none"> Page 26: We will 'Move more care from hospitals into local communities by developing and expanding community-based services, with funding and workforce redirected to these community-based services.' Page 32: "You recognised the need to build workforce capacity and ensure long term sustainability." Page 34: "Work continues with our university and college partners to explore new and innovative roles to help meet future demand."
4	<ul style="list-style-type: none"> Primary care contractors and prevention/ screening strategies need adequate investment. 	<ul style="list-style-type: none"> Page 26: We will 'Further develop our community spaces to support more collaborative working and integration across primary care, community care, secondary care, third sector and partner organisations.' Page 26: We will "Use our community spaces to support more prevention

		<p>and early intervention activities including a range of health assessments, along with tailored advice and support.”</p> <ul style="list-style-type: none"> • Page 27: ‘Investing in prevention - whether it’s stopping illness before it starts, detecting it early, or managing long-term conditions better - is widely recognised as offering best value.’
5	<ul style="list-style-type: none"> • Strategy must go beyond addressing issues in theory—health professionals need to actively practice person-centred care. 	<ul style="list-style-type: none"> • Page 27: ‘You want to see more focus on delivering service which meet the needs, preferences and goals of individual patients and their families.’ • Page 28: ‘Focus on advancing person-centred care by supporting services to deliver kind and careful care with outcomes which matter to individuals.’ • Page 32: ‘You reinforced the importance of health care professionals actively delivering person-centred care.’ • Page 35: We will ‘Actively engage and support our staff as services evolve, helping them develop new skills and embrace innovative ways of working that improve outcomes for patients and communities.’
6	<ul style="list-style-type: none"> • Investment in Occupational Health is essential to support a motivated, healthy workforce and ensure service sustainability 	<ul style="list-style-type: none"> • Page 35: We will ‘Continue to provide practical health and wellbeing support tailored to the varied needs of our workforce, ensuring everyone has a positive experience of working in Forth Valley.’

5. Communication		
	Feedback	Our response
1	<ul style="list-style-type: none"> • A complete overhaul of communication with patients is needed including more accessible information on current health issues. • Care should be patient-led, with communities actively involved in service design and delivery—not just consulted. 	<ul style="list-style-type: none"> • Page 11: We will ‘Work closely with our local communities - listening to their experiences, understanding their needs, and using community profile data to develop targeted solutions that help reduce inequalities.’ • Page 11: We will ‘Involve local people in the design of healthcare services, to ensure that care is shaped around what matters most to them, helping them take charge of their health and make informed choices.’ • Page 17: ‘You want more locally available and community-led services.’ • Page 17: ‘You value the involvement of people with lived experience in designing services.’
2	<ul style="list-style-type: none"> • Communication must be integrated across all contacts, both digital and in-person. • Current system is still fragmented, often with poor communication between specialities. • Need for better coordination between primary and secondary care and with community pharmacies. 	<ul style="list-style-type: none"> • Page 17: ‘You want stronger collaboration across all partners and sectors to improve population health together.’ • Page 18: ‘Our whole system approach will focus on preventing ill health and decreasing inequalities together, supported by prevention focused licensing and planning decisions.’ • Page 17: ‘You told us that services should communicate better and share data to reduce duplication and improve coordination.’ • Page 26: We will ‘Further develop our community spaces to support more collaborative working and integration across primary care, community care, secondary care, third sector and partner organisations.’
3	<ul style="list-style-type: none"> • Clackmannanshire Council could contribute housing data to align strategies and improve health outcomes. 	<ul style="list-style-type: none"> • We recognise that housing plays an important role in people’s health. The Strategy does refer to housing in several sections.

6. Infrastructure & Digital		
	Feedback	Our response
1	<ul style="list-style-type: none"> Digital teams should be involved early in planning across all six strategy strands to: <ul style="list-style-type: none"> Align digital goals with strategic priorities. Avoid duplication or implementation of conflicting systems. Ensure timely scheduling of digital projects. 	<ul style="list-style-type: none"> Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services. Combined with health projections, this information will help us design sustainable services tailored to local communities.' (see infographic) Page 11: We will 'Work with partners to set shared goals for improving community health, using data and research to guide planning and track progress' Page 17: 'You told us that services should communicate better and share data to reduce duplication and improve coordination.' Page 21: We will 'Maximise the use of data, digital technologies and innovation to support improved access to health and care services and help people monitor and manage their own health.'
2	<ul style="list-style-type: none"> Need for shared access to data and systems across sectors to enable more effective, joined-up care. Communication must be integrated across all contacts, both digital and in-person. 	<ul style="list-style-type: none"> Page 17: 'You told us that services should communicate better and share data to reduce duplication and improve coordination.'
3	<ul style="list-style-type: none"> Strong demand for user-friendly digital tools: <ul style="list-style-type: none"> View appointments and test results via an app. Book appointments as easily as ordering groceries. A single, clear point of access for navigating care pathways. 	<ul style="list-style-type: none"> Page 21: We will 'Maximise the use of data, digital technologies and innovation to support improved access to health and care services and help people monitor and manage their own health.'
4	<ul style="list-style-type: none"> Proposal for a free NHS self-help app: <ul style="list-style-type: none"> Tailored activity programmes. Self-help videos and tips. 	<ul style="list-style-type: none"> The suggestions were noted. Page 21: We will 'Maximise the use of data, digital technologies and innovation to support improved access to health and care services and help people monitor and manage their own health.'

	<ul style="list-style-type: none"> • Integration with smartwatches and smartphones. • NHS self-help app could be cost-effective alternative to paid fitness apps. 	
5	<ul style="list-style-type: none"> • Concerns about parking stress at appointments. 	<ul style="list-style-type: none"> • The feedback was noted. • Page 23: 'Providing care closer to home makes services easier to access and helps people stay active and independent in their own homes and local communities.' • Page 22: 'You want strong support for offering more health and care within the community, particularly in outlying areas where transport can be challenging.'
6	<ul style="list-style-type: none"> • Need for additional GP services in areas with rapid housing growth (e.g. Bo'ness). 	<ul style="list-style-type: none"> • Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services. Combined with health projections, this information will help us design sustainable services tailored to local communities.' (see infographic) • Page 26: We will 'Further develop our community spaces to support more collaborative working and integration across primary care, community care, secondary care, third sector and partner organisations.'
7	<ul style="list-style-type: none"> • Suggestion for early consultation between councils and health boards before approving new developments. 	<ul style="list-style-type: none"> • Page 18: 'Together with Community Planning partners, we will use the national Place Standard Tool to help better understand what matters to local communities. The tool helps people to think about the physical and social aspects of places and the important relationship between them, to assess and identify areas for improvement.'
8	<ul style="list-style-type: none"> • Recommissioning of green spaces and community clubs is important for wellbeing and retention. 	<ul style="list-style-type: none"> • Page 4: The importance 'green spaces' is acknowledged. • Page 25: 'New ways to reach people who don't often use healthcare, such as group sessions and community outreach in community locations closer to home, will also be explored.'

7. Primary & Community Care		
	Feedback	Our response
1	<ul style="list-style-type: none"> • General Practice is central to achieving better health outcomes in Forth Valley. • Funding should prioritise GPs rather than shifting responsibilities to other roles, which may be cheaper but less effective long-term. 	<ul style="list-style-type: none"> • Page 22: 'You told us that it is important to redesign and strengthen primary care and community-based services.' • Page 23: 'We will continue to develop our multidisciplinary community teams so we can offer a wider range of health services and support that meets the changing needs of local communities.' • Page 26: We will 'Move more care from hospitals into local communities by developing and expanding community-based services, with funding and workforce redirected to these community-based services.'
2	<ul style="list-style-type: none"> • Declining GP numbers and funding. • Limited accessibility in rural areas. • Only 6.5% of NHS budget allocated to General Practice. 	<ul style="list-style-type: none"> • Feedback noted. • Page 26: We will 'Move more care from hospitals into local communities by developing and expanding community-based services, with funding and workforce redirected to these community-based services.' • Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services. Combined with health projections, this information will help us design sustainable services tailored to local communities.' (see infographic)
3	<ul style="list-style-type: none"> • GPs deliver lifestyle advice and early detection. → More funding for preventive care via GPs. • GPs work in local communities and are a first contact for healthcare. → Expand multidisciplinary teams within practices. • General Practice is cost-effective. → Reverse funding decline and invest in infrastructure. Infrastructure (phone systems, premises, 	<ul style="list-style-type: none"> • Page 22: 'You told us that it is important to redesign and strengthen primary care and community-based services.' • Page 26: We will 'Move more care from hospitals into local communities by developing and expanding community-based services, with funding and workforce redirected to these community-based services.'

	check-in/ booking systems) needs investment.	
4	<ul style="list-style-type: none"> • GPs reach under-served populations. → Support outreach programmes, data analytics, and social prescribing. • GPs connect patients to social care and services. → Fund care navigators/ link workers in all GP practices. 	<ul style="list-style-type: none"> • Page 16: We will 'Develop social prescribing to further connect people to activities, groups, and services in their communities.' • Page 26: We will 'Move more care from hospitals into local communities by developing and expanding community-based services, with funding and workforce redirected to these community-based services.' • Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services. Combined with health projections, this information will help us design sustainable services tailored to local communities.' (see infographic)
5	<ul style="list-style-type: none"> • Education is important • Gender inequality is an issue. • Concern for frail elderly without carers (role for wider community to support?) • Support for devolving care to local specialist nurses in the community to ease hospital pressures. • Emphasis on using community pharmacies appropriately. 	<ul style="list-style-type: none"> • Feedback noted. • Page 10: 'Equality and Inclusion' section redrafted. This section covers all groups, especially those with protected characteristics.' • Page 10: 'This Strategy will be supported by more detailed implementation plans, and as we move from vision to delivery, we will continue to review and assess how our actions support fairer outcomes, especially for the most vulnerable individuals in our communities and those most affected by health inequalities.' • Page 24: 'It is essential that frail older people are assessed at an early stage, so that services can be put in place to support them, prevent their health from deteriorating and enable them to continue to live safely at home for as long as possible.' • Page 23: 'We will continue to develop our multidisciplinary community teams so we can offer a wider range of health services and support that meets the changing needs of local communities.'

8. Mental Health		
	Feedback	Our response
1	<ul style="list-style-type: none"> Mental health services have been identified as requiring improvement, with calls for transformation that includes evolving professional attitudes to better meet current needs. 	<ul style="list-style-type: none"> Page 18: ‘...work in new ways to develop a Forth Valley wide approach to priority areas such a mental health and wellbeing ...’ Page 24: ‘Alongside the Population Health and Care Strategy, a Mental Health and Wellbeing Strategic Plan has been developed. This has been informed by national, regional and local information as well as the experiences of people with mental health conditions. The Plan aims to tackle the wider social and economic factors which can 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.’
2	<ul style="list-style-type: none"> Suicide and drug-related death rates are higher than the national average in Clackmannanshire and Falkirk. Specific mention of suicide prevention and drug death prevention is recommended. 	<ul style="list-style-type: none"> Feedback noted. Page 24: ‘Alongside the Population Health and Care Strategy, a Mental Health and Wellbeing Strategic Plan has been developed. This has been informed by national, regional and local information as well as the experiences of people with mental health conditions. The Plan aims to tackle the wider social and economic factors which can 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.’
3	<ul style="list-style-type: none"> No reference to trauma-informed care, despite its importance in national policy. No mention of the impact of adverse childhood experiences (ACEs), intergenerational trauma, or complex trauma on health outcomes. 	<ul style="list-style-type: none"> Page 7: Added ‘Approximately 6 in 10 people experience psychological trauma at some point in their lives. It is important we understand how this can affect people and make sure support is easy to find when it’s needed. We will work to reduce barriers to care, support recovery and improve outcomes for people affected by psychological trauma.’
4	<ul style="list-style-type: none"> Lack of inclusion of neurodiverse individuals, 	<ul style="list-style-type: none"> Page 24: ‘This includes the development of joined up assessment

	especially children and young people referred to paediatric services.	and treatment pathways for people with neurodevelopmental conditions.'
5	<ul style="list-style-type: none"> Falkirk Alcohol and Drug Partnership (ADP) can lead trauma-informed practice in substance use services. 	<ul style="list-style-type: none"> Page 24: 'Alongside the Population Health and Care Strategy, a Mental Health and Wellbeing Strategic Plan has been developed. This has been informed by national, regional and local information as well as the experiences of people with mental health conditions. The Plan aims to tackle the wider social and economic factors which can 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.'
6	<ul style="list-style-type: none"> Expand education and outreach on mental health and substance use in schools and communities. 	<ul style="list-style-type: none"> Feedback noted. Page 24: 'Alongside the Population Health and Care Strategy, a Mental Health and Wellbeing Strategic Plan has been developed. This has been informed by national, regional and local information as well as the experiences of people with mental health conditions. The Plan aims to tackle the wider social and economic factors which can 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.'
7	<ul style="list-style-type: none"> Involve people with lived experience in service design to align with community-focused ambitions. 	<ul style="list-style-type: none"> Page 11: We will 'Involve local people in the design of healthcare services, to ensure that care is shaped around what matters most to them, helping them take charge of their health and make informed choices.' Page 17: 'You value the involvement of people with lived experience in designing services.'

9. Equality & inclusion		
	Feedback	Our response
1	<ul style="list-style-type: none"> • Trans Healthcare Concerns: <ul style="list-style-type: none"> • Potential withdrawal of GP-led blood test monitoring for hormone treatment is a serious risk. • Long wait times (5–6+ years) for NHS Gender Services already harm mental health. • Further service erosion could increase suicide risk in the Trans community. • Emphasis on ensuring equality, inclusion, dignity, and respect - especially for Trans people in light of legal rulings. • Healthcare settings must treat Trans people with dignity and respect, without unnecessary barriers or forced disclosure. 	<ul style="list-style-type: none"> • Feedback noted. • Page 10: ‘Equality and Inclusion’ section redrafted. This section covers all groups, especially those with protected characteristics.’ • Page 10 ‘This Strategy will be supported by more detailed implementation plans, and as we move from vision to delivery, we will continue to review and assess how our actions support fairer outcomes, especially for the most vulnerable individuals in our communities and those most affected by health inequalities.’ • Page 10: ‘We are committed to continuing our work to build an inclusive organisation where everyone is treated with dignity and respect and feels welcome, safe and supported, regardless of background or circumstance.’ • Page 10: ‘We will take action to tackle inequalities, discrimination and stigma to ensure that NHS Forth Valley is a place where everyone feels included and valued.’ • Page 10: ‘To do this, we will continue to work closely with our communities, our staff and our partners. By listening to the people we serve and work with, we can better understand their needs and make meaningful, lasting improvements.’ • Page 10: ‘We have carried out an Equality Impact Assessment (EQIA) to shape this Strategy to ensure that equality has been considered at every step.’ • Page 10: ‘Individual EQIAs will also be carried out on specific plans to support and inform decision-making, identify potential gaps, influence how resources are allocated and ensure equality and fairness is embedded into service design from the outset.’

		<ul style="list-style-type: none"> Page 31: General ambition to: 'Adopt the use of new technologies, treatment and medicines in line with national best practice and guidance.'
2	<ul style="list-style-type: none"> Overlapping Disadvantages: Strategy should better reflect how poverty, trauma, and ethnicity intersect to affect health. 	<ul style="list-style-type: none"> Feedback noted. Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services.'. These developing community profiles will help us design sustainable services tailored to each community.
3	<ul style="list-style-type: none"> Call to focus on deprived areas and vulnerable groups, including: <ul style="list-style-type: none"> Children and young people (CYP) with postnatal depression (PND) Older adults with dementia Ethnic minorities and those with drug dependence 	<ul style="list-style-type: none"> The Strategy document is written to give an overview of the key priorities and direction, rather than going into detailed information. Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services.'. These developing community profiles will help us design sustainable services tailored to each community.
4	<ul style="list-style-type: none"> Lack of detail on how universal proportionalism and wider determinants of health will be addressed. 	<ul style="list-style-type: none"> The Strategy document is written to give an overview of the key priorities and direction, rather than going into detailed information. Page 10 'This Strategy will be supported by more detailed implementation plans, and as we move from vision to delivery, we will continue to review and assess how our actions support fairer outcomes, especially for the most vulnerable individuals in our communities and those most affected by health inequalities.' Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services.'. These developing community profiles will help us design sustainable services tailored to each community.
5	<ul style="list-style-type: none"> Need for clearer action on preventative care (e.g. vaccination, oral health, obesity). 	<ul style="list-style-type: none"> The Strategy document is written to give an overview of the key priorities and direction, rather than going into detailed information.

		<ul style="list-style-type: none"> • Page 10 'This Strategy will be supported by more detailed implementation plans, and as we move from vision to delivery, we will continue to review and assess how our actions support fairer outcomes, especially for the most vulnerable individuals in our communities and those most affected by health inequalities.' • Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services.' These developing community profiles will help us design sustainable services tailored to each community.
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10. Person-Centred		
	Feedback	Our response
1	<ul style="list-style-type: none"> Patients feel treated like numbers; a shift toward empathy, compassion, and respect is essential. Staff require intensive training in person-centred approaches. 	<ul style="list-style-type: none"> Page 17: 'You value the involvement of people with lived experience in designing services.' Page 28: 'Focus on advancing person-centred care by supporting services to deliver kind and careful care with outcomes which matter to individuals.' Page 31: We will "Continue to listen and learn from local patients and their families to improve their experience."
2	<ul style="list-style-type: none"> Access and Experience: <ul style="list-style-type: none"> Suggestions for walk-in GP clinics to improve access. Desire to get quicker GP appointments Would like longer appointments for older adults who need more time and clear explanations. 	<ul style="list-style-type: none"> The Strategy document is written to give an overview of the key priorities and direction, rather than going into detailed information. Page 31: We will "Continue to listen and learn from local patients and their families to improve their experience." Page 31: We will: 'Adopt the use of new technologies, treatment and medicines in line with national best practice and guidance.' Page 26: We will 'Move more care from hospitals into local communities by developing and expanding community-based services, with funding and workforce redirected to these community-based services.'
3	<ul style="list-style-type: none"> Concerns were expressed about avoidable overnight hospital stays, which may be linked to limited access to diagnostic scans such as CT and MRI during nighttime hours. 	<ul style="list-style-type: none"> The Strategy document is written to give an overview of the key priorities and direction, rather than going into detailed information. Page 31: We will "Continue to listen and learn from local patients and their families to improve their experience." Page 26: We will 'Ensure that Forth Valley Royal Hospital focuses on the most complex and acute care.'
4	<ul style="list-style-type: none"> AHPs contribute to nutrition, cardiovascular disease prevention, and employability support, highlighting their key role in holistic care. 	<ul style="list-style-type: none"> Page 23: We note the importance of allied health professionals as part of our multidisciplinary healthcare teams.

11. National Issues		
	Feedback	Our response
1	<ul style="list-style-type: none"> Influences Beyond NHS Control: Many well-being issues stem from broader societal factors (e.g. online safety, car use), requiring action from Scottish and UK Governments to support prevention efforts. 	<ul style="list-style-type: none"> Feedback noted. Page 11: We will 'Help to support better coordination in planning healthcare at national, regional, and local levels.'
2	<ul style="list-style-type: none"> Public Health Screening Suggestions: Proposals for universal prostate cancer screening for men and osteoporosis screening. 	<ul style="list-style-type: none"> Feedback noted. Page 12: You told us that early access to screening and early diagnosis is important. Page 16: We will 'Ensure fair access to healthcare, screening and vaccinations.' Page 11: We will 'Help to support better coordination in planning healthcare at national, regional, and local levels.'
3	<ul style="list-style-type: none"> Call for System-Wide Action: Emphasis that change must occur at all levels, not just within statutory services. 	<ul style="list-style-type: none"> Page 4: 'A population health approach involves working with our communities, our staff and healthcare providers, and a range of partners across the public sector and government, education and research, voluntary, charitable and community organisations, and those that influence or support the broader social and economic conditions affecting health and wellbeing.' Page 11: We will 'Help to support better coordination in planning healthcare at national, regional, and local levels.'
4	<ul style="list-style-type: none"> Strong sentiment that "the NHS is broken", indicating a need for deep systemic reform. 	<ul style="list-style-type: none"> Page 11: We will 'Help to support better coordination in planning healthcare at national, regional, and local levels.' Page 28: 'Our Value Based Health and Care Programme aims to use our resources more effectively to help to further improve the health of local people, enhance patient outcomes and ensure healthcare services are sustainable in order to meet current and future demand. The programme aims to support all services to review and reform the care they deliver, to ensure they deliver the best possible value.'

12. Access		
	Feedback	Our response
1	<ul style="list-style-type: none"> Long delays for GP appointments (up to 4 weeks), mental health assessments (4 months), surgery (12+ months), and emergency services (12+ hours in A&E). Easier access to GPs as well as hospital staff. These delays are seen as unacceptable and harmful to patient outcomes. 	<ul style="list-style-type: none"> Page 26: We will 'Move more care from hospitals into local communities by developing and expanding community-based services, with funding and workforce redirected to these community-based services.' Page 31: We will: 'Adopt the use of new technologies, treatment and medicines in line with national best practice and guidance.'
2	<ul style="list-style-type: none"> A&E should be reserved for true emergencies; others should be redirected to appropriate services (e.g. pharmacists, minor injuries units). Stronger triage and public education needed to reduce inappropriate A&E use. 	<ul style="list-style-type: none"> Page 21: We will: 'Take forward work across local health and social care services to deliver improvements in urgent and emergency care.' Page 23: 'If you need urgent or specialist care that can't be provided in the community, you may still need to go to hospital for tests or treatment. It's important that this happens quickly and safely.' Page 26: We will: "Further develop urgent care services which provide timely access to specialists."
3	<ul style="list-style-type: none"> Overwhelmed services due to population growth from new housing developments, with poor communication between health services and local authorities. 	<ul style="list-style-type: none"> Page 23: 'We will continue to develop our multidisciplinary community teams so we can offer a wider range of health services and support that meets the changing needs of local communities.' Page 27: '...change the way many local services are designed and delivered in response to increasing demand.'
4	<ul style="list-style-type: none"> Comments regarding resource allocation, with suggestions to reduce management roles and redirect funds to frontline service provision. 	<ul style="list-style-type: none"> Page 28: 'Our Value Based Health and Care Programme aims to use our resources more effectively to help to further improve the health of local people, enhance patient outcomes and ensure healthcare services are sustainable in order to meet current and future demand.'

5	<ul style="list-style-type: none"> Better IT systems for communication between medical professionals. 	<ul style="list-style-type: none"> Page 21: We will 'Maximise the use of data, digital technologies and innovation to support improved access to health and care services and help people monitor and manage their own health.'
6	<ul style="list-style-type: none"> Reduce gatekeeping of preventative medications (e.g. weight loss treatments like Mounjaro). 	<ul style="list-style-type: none"> Feedback noted. Page 28: 'Our Value Based Health and Care Programme aims to use our resources more effectively to help to further improve the health of local people, enhance patient outcomes and ensure healthcare services are sustainable in order to meet current and future demand.' Page 30: Adult Weight Management example added, which demonstrates the impact that this type of approach has on wellbeing.

13. Partners		
	Feedback	Our response
1	<ul style="list-style-type: none"> Strong support for collaborative working between NHS Forth Valley, local authorities, and third sector organisations to improve health and wellbeing. 	<ul style="list-style-type: none"> Page 17: 'You want stronger collaboration across all partners and sectors to improve population health together.'
2	<ul style="list-style-type: none"> Emphasis on aligning housing priorities and council policies with health strategies (especially around prevention agenda). 	<ul style="list-style-type: none"> We recognise that housing plays an important role in people's health. The Strategy does refer to housing in several sections.
3	<ul style="list-style-type: none"> Interest in rolling out community activity programmes like "Park Play" and "WildStrong's Nature Moves" to promote physical activity and social connection. 	<ul style="list-style-type: none"> Feedback noted. Page 4: The importance 'green spaces' is acknowledged. Page 4: We acknowledge "Where you live; your employment and income; housing and transport; and health behaviours and lifestyle choices such as smoking, alcohol, diet and exercise are all important."
4	<ul style="list-style-type: none"> Allied Health Professionals (AHPs), such as physiotherapists, are eager to support these efforts. 	<ul style="list-style-type: none"> Page 23: We note the importance of allied health professionals as part of our multidisciplinary healthcare teams.
5	<ul style="list-style-type: none"> Support for closer ties with the DWP, especially Disability Employment Advisers in GP surgeries. 	<ul style="list-style-type: none"> Throughout the Strategy document, there's a strong focus on how employment and income maximisation can positively impact people's health and wellbeing. Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services.'. These developing community profiles will help us design sustainable services tailored to each community.
6	<ul style="list-style-type: none"> Highlighting the role of services like Falkirk Council's Sensory Services Team in supporting independence and employability for people with sensory impairments. 	<ul style="list-style-type: none"> Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services.'. These developing community profiles will help us design sustainable services tailored to each community.
7	<ul style="list-style-type: none"> Need for shared access to data and systems across 	<ul style="list-style-type: none"> Page 21: We will 'Maximise the use of data, digital technologies and innovation to support improved

	sectors to enable more effective, joined-up care.	access to health and care services and help people monitor and manage their own health.'
8	<ul style="list-style-type: none"> • Concern over the high number of hospital patients with dementia. • Call for more support in preventing dementia, with recognition that organisations like Alzheimer Scotland cannot address this alone. 	<ul style="list-style-type: none"> • Page 9: 'We are creating detailed community profiles to better understand local needs and plan future services. Combined with health projections, this information will help us design sustainable services tailored to local communities.' (see infographic) • Page 4: 'A population health approach involves working with our communities, our staff and healthcare providers, and a range of partners across the public sector and government, education and research, voluntary, charitable and community organisations, and those that influence or support the broader social and economic conditions affecting health and wellbeing.'

14. Service Renewal Framework & Public Health Framework		
	Feedback	Our response
1	<ul style="list-style-type: none">• Empowering people to be more in in charge of the care they receive (SRF page 3)• “They will also be more in charge of how this care is delivered, participating in shared decision-making to make informed choices about the treatment and care that is right for them.” (SRF page 14)• “People Principle: Care designed around people rather than the ‘system’ or ‘services’” (SRF page 24)	<ul style="list-style-type: none">• Page 11: We will ‘Involve local people in the design of healthcare services, to ensure that care is shaped around what matters most to them, helping them take charge of their health and make informed choices.’
2	<ul style="list-style-type: none">• “Population Principle: Population planning, rather than along boundaries.” (SRF page 6)	<ul style="list-style-type: none">• Page 11: We will ‘Plan healthcare services based on what the population needs, not just on administrative boundaries, to make care fair and efficient.’
3	<ul style="list-style-type: none">• “Our planning of services will be based on evidence-based, strategic assessments of population needs across Scotland, at national, sub-national and local level” (SRF page 34)	<ul style="list-style-type: none">• Page 11: We will ‘Help to support better coordination in planning healthcare at national, regional, and local levels.’
4	<ul style="list-style-type: none">• Reference to “care closer to home”. (SRF page 27)	<ul style="list-style-type: none">• “Community First” section changed to “Delivering Care Closer to Home” section. Page 22
5	<ul style="list-style-type: none">• “We are shifting funding and workforce capacity into primary and community care.” (SRF page 23, page 27)	<ul style="list-style-type: none">• Page 26: We will ‘Move more care from hospitals into local communities by developing and expanding community-based services, with funding and workforce redirected to these community-based services.’
6	<ul style="list-style-type: none">• “Hospitals will focus on the most complex and acute areas of care and treatment that cannot be delivered at home or in the community.” (SRF page 30)	<ul style="list-style-type: none">• Page 26: We will ‘Ensure that Forth Valley Royal Hospital focuses on the most complex and acute care.’
7	<ul style="list-style-type: none">• “First, strengthen integration across the system, and second, to improve access to services and a wider range of treatments in the community.” (SRF page 28)	<ul style="list-style-type: none">• Page 26: We will ‘Further develop our community spaces to support more collaborative working and integration across primary care, community care, secondary care, third sector and partner organisations.’

8	<ul style="list-style-type: none"> • “Value Based Health and Care delivers better outcomes through the equitable, sustainable, appropriate and transparent use of available resources. Value Based Health and Care in Scotland is based on the primary principle of person centred care that is not only high in quality but also delivers the outcomes and experiences that really matter to people, defined by and reported by them.” (SRF page 6) 	<ul style="list-style-type: none"> • Page 28: ‘Our Value Based Health and Care Programme aims to use our resources more effectively to help to further improve the health of local people, enhance patient outcomes and ensure healthcare services are sustainable in order to meet current and future demand.’
9	<ul style="list-style-type: none"> • “People’s experience and priorities will be key in shaping the future of our health and care services. Over recent years there has been extensive engagement with the public about their experiences of health and care, and they have already told us what matters most to them. We have listened, and we are taking bold steps in this Framework to deliver.” (SRF page 12) • “...understand what matters most to the patient... learn and evolve the model building on user experience.” (SRF page 23) 	<ul style="list-style-type: none"> • Page 31: We will “Continue to listen and learn from local patients and their families to improve their experience.”
10	<ul style="list-style-type: none"> • “...we must address the causes of low engagement in healthcare, including ‘missingness’” (PHF page 33 and page 34) 	<ul style="list-style-type: none"> • Page 11: ‘Work with local communities to better understand the reasons why some people do not use certain healthcare services and take action to remove any barriers, making care more inclusive and accessible for all.’
11	<ul style="list-style-type: none"> • “...supporting the generation, circulation and retention of more wealth in local economies.” (PHF page 5) 	<ul style="list-style-type: none"> • Page 14: ‘In addition, we are supporting community wealth building activities that help retain and circulate resources locally.’
12	<ul style="list-style-type: none"> • “...healthcare inequalities”; “We will continue to address the barriers and inequalities that exist in vaccination and screening” (PHF page 33) 	<ul style="list-style-type: none"> • Page 16: We will ‘Ensure fair access to healthcare, screening and vaccinations.’

13	<ul style="list-style-type: none"> • References to “Social Prescribing” (PHF pages 6, 25 & 26) 	<ul style="list-style-type: none"> • Page 16: We will ‘Develop social prescribing to further connect people to activities, groups, and services in their communities.’
14	<ul style="list-style-type: none"> • Reference to “digitally enabled access to information, resources, treatment and services” (PHF page 19) • Reference to “maximise opportunities to improve system and outcomes” (PHF pages 17 and 19) 	<ul style="list-style-type: none"> • Page 21: We will ‘Maximise the use of data, digital technologies and innovation to support improved access to health and care services and help people monitor and manage their own health.’