

Preventing Ill  
Health

Delivering Better  
Outcomes

Reducing  
Inequalities

# Population Health and Care Strategy



2025 - 2035

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NHS Forth Valley is committed to improving the health and wellbeing of our population. Our vision is to become a population health organisation - helping people live longer, healthier lives, reducing inequalities, and delivering high-quality, sustainable services within available resources.

We know that health and wellbeing is shaped by more than healthcare services. Factors like where you live, your employment and income, housing, transport, and health behaviours and lifestyle choices such as smoking, alcohol, diet and exercise are all important.

Scotland faces major health challenges. Life expectancy has stalled, and inequalities are widening. Demand for healthcare is expected to rise by 20% over the next decade, but resources will not grow at the same pace. To meet these challenges, we must change how we work.

This strategy marks a shift from treating illness to preventing it. We will focus on early intervention, reducing inequalities, and delivering care closer to home. We will invest in services that prevent ill health and deliver better outcomes, helping us respond to future pressures such as rising demand, financial constraints, workforce challenges, and advances in technology and medicine.

Supporting our workforce is central to our plans. We value our staff and contractors and we will aim to attract and retain a diverse workforce. We are committed to creating a culture that empowers staff to lead and shape the changes ahead.

We need to make a big change in how we work. Together, we will design services that meet local needs and focus our efforts where they make the biggest difference. This will help to reduce health inequalities, improve lives across Forth Valley, whilst making the best use of our available resources.

We are grateful to everyone who contributed to this Strategy. Your feedback shows strong support for a population health approach—especially around prevention, supporting carers, working with partners, and strengthening primary care. We also recognise the challenges involved in delivering reform and renewal. This Strategy aligns with national frameworks for population health and service renewal.

As we move forward, we will continue to engage with service users, communities, staff and partners on key service developments and changes. This Strategy outlines our vision, aims and ambitions. It will be supported by detailed implementation plans and annual delivery plans, with regular monitoring and updates to ensure we remain responsive to local and national priorities. We will regularly monitor progress and adjust these implementation plans to meet changing needs.

By working together, we can build a healthier, more equitable future for everyone in Forth Valley. We hope you will be part of it.



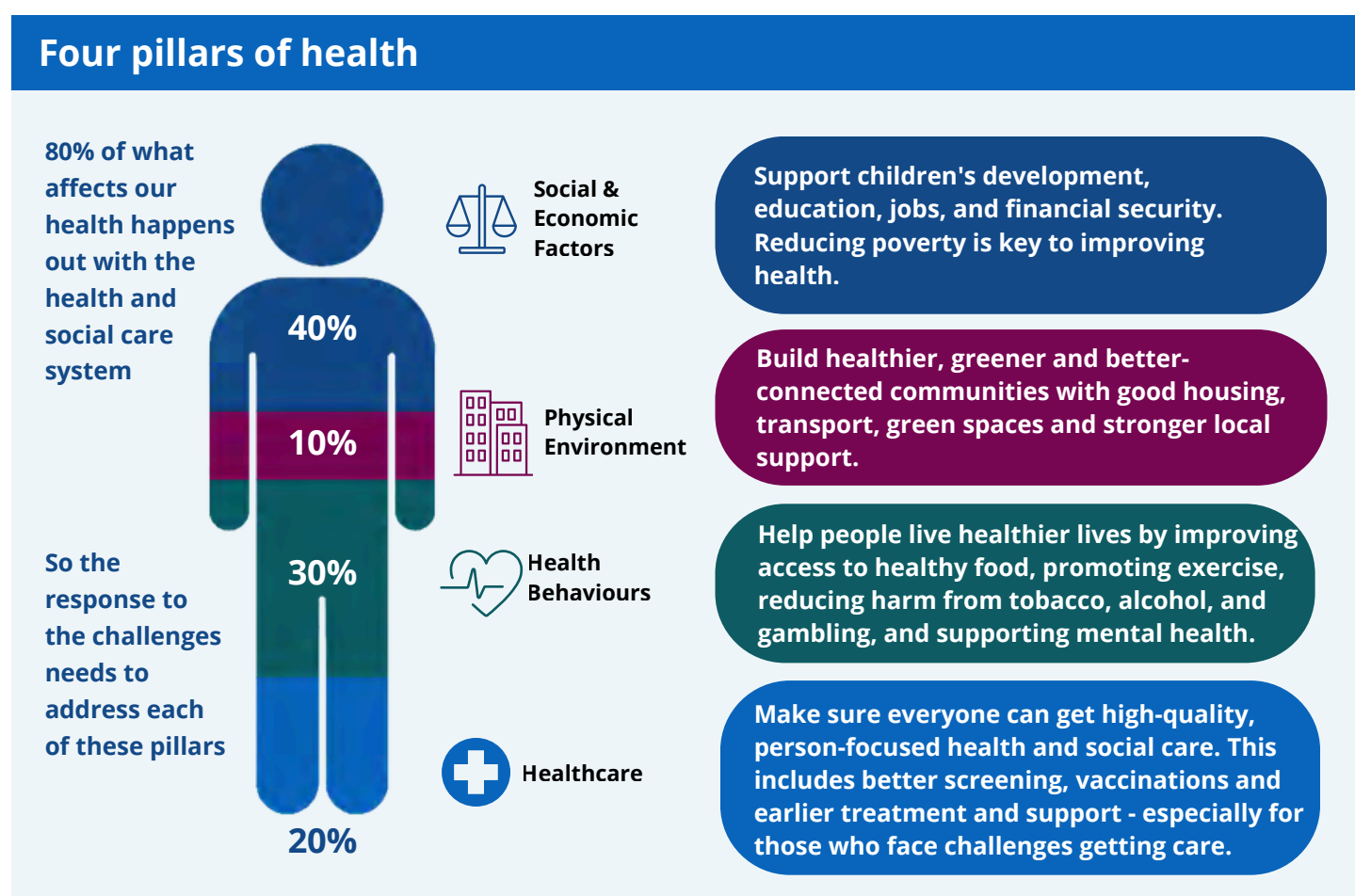
**Ross McGuffie**  
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**NHS Forth Valley**

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**Chair**  
**NHS Forth Valley**



# Taking a Population Health Approach to Improve Health and Wellbeing

Population health is an approach aimed at improving the health of the 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 choices such as smoking, alcohol, diet and exercise are all important. The 'four pillars of health' show how these factors shape health inequalities. NHS Forth Valley wants to eliminate these unfair and avoidable differences in health across the area.



To eliminate health inequalities, it is our vision to become a population health organisation. 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.

As a population health organisation, NHS Forth Valley will work with our partners to:

- 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.

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 will free 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.

The key elements in becoming a population health organisation are outlined in the diagram below. These points are developed further within the rest of this Strategy document.





# 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 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.



# 1 Knowing our Population

## 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:

From 2018 to 2043, the Forth Valley population is projected to increase by 5.9% (from 306,070 to 324,159 people).



People aged over 75 are expected to increase by around 80% (from 25,262 to 45,211 people)



From 2018 to 2043, the number of children aged under 18 in Falkirk and Clackmannanshire is expected to reduce by 5.8% (from 57,300 to 54,000)



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

People are dying younger and the number of people dying early is increasing

People are spending more of their life living with ill health

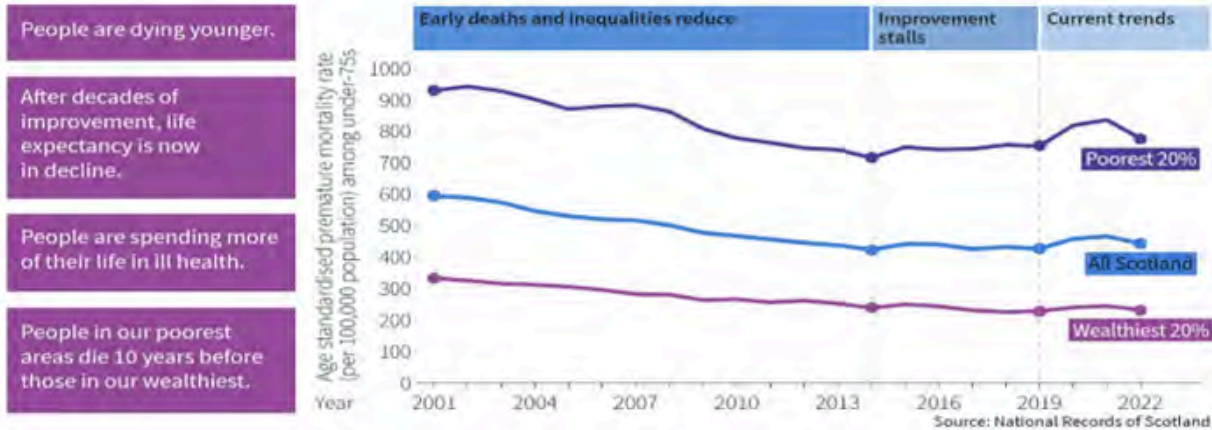
The gap in life expectancy between the poorest and wealthiest people is growing

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

## Where are we now and where are we heading if nothing changes?

Improvements in population health have stalled and Scotland's health is worsening.



Burden of disease is forecast to increase by 21% over next 20 years

Two thirds of this increase will be due to increases in:



Cancers



Cardiovascular disease



Neurological conditions



### There are health inequalities across Forth Valley which impact on life expectancy and healthy life expectancy. Examples include:



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.



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.



## 1 Knowing our Population

We are creating detailed community profiles to better understand local needs and plan future services. These profiles will include data on:



Long-term  
health  
conditions



Age  
Profiles



Access to  
personal  
transport



Disabilities



Proximity to  
health and  
care services



wider factors like  
income, education,  
and employment.

Combined with health projections, this information will help us design sustainable services tailored to local communities.



## Equality and Inclusion

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. 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. While our role as a population health organisation is to improve the health of our entire population, we recognise the need to reach out to those who face the greatest barriers to good health, ensuring they receive the additional support they need.

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.

We have carried out an Equality Impact Assessment (EQIA) to shape this Strategy to ensure that equality has been considered at every step. It has also been informed by the national EQIA carried out on Scotland's Population Health Framework. This means our future plans and actions will be designed to deliver meaningful change, supporting those most affected by inequalities and making our services more inclusive.

In addition, we are committed to meeting relevant legal obligations, including those set out in Fairer Scotland Duty (which considers socioeconomic inequalities) and the United Nations Convention on the Rights of the Child United (Scotland) Act 2024.

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. We will continue to involve and engage our diverse communities, working closely with a wide range of partners to help ensure that services are more accessible and equitable for everyone to use. 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.

### Our Ambitions – we will

- 1 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.
- 2 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.
- 3 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.
- 4 Work with partners to set shared goals for improving community health, using data and research to guide planning and track progress
- 5 Check that future service delivery plans include and support all groups, especially those with protected characteristics (age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion of belief; sex; sexual orientation).
- 6 Plan healthcare services based on what the population needs, not just on administrative boundaries, to make care fair and efficient.
- 7 Help to support better coordination in planning healthcare at national, regional, and local levels.

## 2 Preventing Ill Health

Preventing ill health is important for improving the health and wellbeing of the Forth Valley population. 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. This will help to create a healthier population with fewer people requiring avoidable medical treatments or periods in hospital. This approach not only improves quality of life but also reduces the costs of health and social care significantly.

### What you shared with us

- ✓ You highlighted the challenges you face in improving your health and wellbeing.
- ✓ You want to be fully involved in decisions around your treatment and care.
- ✓ You want to have the right information to manage your own health.
- ✓ You told us that early access to screening and early diagnosis is important.
- ✓ You recognised the health inequalities linked to where you live, your income, your age or your ethnicity.
- ✓ You emphasised the opportunities to promote wellbeing and healthier lifestyles in everything that we do, through more prevention and self-help activities.



### Why is this important?

Prevention is one of the most effective ways to create value in health and care, improving quality of life 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.



## 2 Preventing Ill Health

Health and social care services are only one part of what affects your health and wellbeing, which is why it is so important that we work closely with our communities and our partners.

Only 5% of healthcare spend is currently 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 healthcare 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.



Only 5% of healthcare spend is focused on prevention



Coronary heart disease, diabetes and stroke are among the biggest contributors to health inequalities





## 2 Preventing Ill Health

### Child Poverty

Local Child Poverty Action Reports are developed jointly between NHS and local councils to outline the steps we are taking to meet national child poverty targets. In 2024, 18,663 children in Forth Valley were living in low-income families. This highlights the urgent need for coordinated action. To address this, we are working closely with our partners to make reducing child poverty a core priority. Our efforts include improving financial wellbeing for pregnant women and their families, ensuring they have access to the support they need from the earliest stages. We are also increasing awareness and understanding among frontline health and social care staff, equipping them with the knowledge and tools to identify and respond to child poverty in their daily roles. In addition, we are supporting community wealth building activities that help retain and circulate resources locally.

### Best Start Maternity and Neonatal Care

We are implementing Best Start - the national improvement plan for maternity and neonatal services. This aims to provide family-centred care, building strong family relationships to support confident and capable parenting. This will help to reduce 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

The national Women's Health 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 health outcomes are poorer for women than those for men for some conditions. NHS Forth Valley will continue to take action and make changes 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.

### Examples of preventative activity already underway

#### Type 2 diabetes prevention and early intervention - Healthier Future Team

Since 2015, the number of people with type 2 diabetes in Forth Valley has increased by 27%, (rising from 14,314 to 19,533 people). Type 2 diabetes is more common in people who are overweight or obese, people living in deprived areas, and is increasingly common as people get older. Type 2 diabetes can lead to poorer health and shorter life expectancy but is often preventable. Around 6.4% of the people in Forth Valley now have type 2 diabetes, and hospital admissions are rising. The type 2 diabetes Healthier Future Team promotes person-led care, helping people take control of their health through prevention, self-management, improved glucose control and support for disease remission. They work with partners to reach those people who are most at risk.

#### Hip fracture prevention

Hip fractures in older adults often lead to poor outcomes, with 27% dying, 16% admitted to hospital and 5% suffering another fracture within 12 months. Many individuals are unable to return to living independently and require additional social care support at home or a place in a local care home. A Forth Valley study reviewed current falls and fracture prevention activities and explored future options for improvement. With £11.5m spent annually on hip fractures, some funding could be redirected to prevention, including community exercise classes, home hazard assessments, frailty and bone health screening and self-management tools for those at risk. A Falls and Fracture Prevention Plan will be developed to support a further shift towards prevention activities.



### Our Ambitions – we will

- 1 Embed ill health prevention in all health and care services and Community Planning Partnership work.
- 2 Prioritise areas for ill-health prevention activity.
- 3 Target the causes of inequalities within the Forth Valley area together with our local partners.
- 4 Ensure fair access to healthcare, screening and vaccinations.
- 5 Work with our communities to tackle common risk factors such as high blood pressure; high cholesterol; high blood sugar; obesity; smoking; and alcohol.
- 6 Develop social prescribing to further connect people to activities, groups, and services in their communities.
- 7 Increase the percentage of our collective resources spent on ill health prevention activities each year.

### 3 Working Collaboratively

We know that a range of factors contribute to health inequalities and poor health. As a Population Health Organisation, NHS Forth Valley must work closely with our communities, our staff and our partners to agree population health priorities, describe the outcomes we want to see, measure outcomes to help monitor change and deliver improvements in health and wellbeing.



#### What you shared with us

- ✓ You want stronger collaboration across all partners and sectors to improve population health together.
- ✓ You told us that services should communicate better and share data to reduce duplication and improve coordination.
- ✓ You value the involvement of people with lived experience in designing services.
- ✓ You want more locally available and community-led services.
- ✓ You want transport to be available when you need to travel to appointments.
- ✓ 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 a statutory framework that brings together public sector organisations to work together with local communities to improve health, wellbeing, and reduce inequalities. These include NHS Boards, Health and Social Care Partnerships, councils, police, fire and rescue services, colleges and universities.

We will ensure that we provide the strongest possible contribution to the three local Community Planning Partnerships in Forth Valley and work in new ways to develop a Forth Valley wide approach to priority areas such a mental health and wellbeing, children and young people, healthy weight and cardiovascular disease prevention.

Our whole system approach will focus on preventing ill health and decreasing inequalities together, supported by prevention focused licensing and planning decisions.

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.

#### 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 communities to tackle health inequalities and support health and wellbeing. 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 to help you 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, NHS Forth Valley is committed to working to create fair and inclusive employment opportunities by recruiting more people from across Forth Valley and ensuring all staff are paid a living wage. Wherever possible, we will purchase goods and services locally to help support local businesses and the economy. In addition, we will make better use of our land and buildings to benefit local communities, providing spaces that support public services, community initiatives, and wellbeing.



## 3 Working Collaboratively

### Health and Social Care Partnerships

In Forth Valley, there are two Health and Social Care Partnerships, one covering the Falkirk council area and the other covering the Clackmannanshire and Stirling council areas. These 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.

We will ensure that we provide the right care in the right place at the right time, across a variety of primary care, community and hospital settings.

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.

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 improving and safeguarding the wellbeing of children and young people.

### Participation and Engagement

In 2025, we published our Participation and Engagement Strategic Framework. This confirms our commitment to listen to and work with staff, primary care colleagues, carers, partner organisations and communities to improve local health services. Effective engagement helps identify potential issues and opportunities, improve outcomes, and enhance service user experience. The Strategic Framework outlines our approach, based on national standards and legislative requirements, to support best practice in participation and engagement to ensure a stronger voice for our communities.



### Examples where we are building healthier communities together

#### Innovation, Workforce Development and Inclusion

NHS Forth Valley works with the University of Stirling and Forth Valley College to support research, innovation, and career development for health and care staff. Our goal is to grow the future workforce locally, ensuring staff have the skills and experience to meet evolving needs. We are expanding opportunities through a wider range of modern apprenticeships in areas such as administration, estates, and finance. To support parents returning to work, we offer targeted training and placements to help them re-enter the workforce confidently. We also run career sessions and volunteering opportunities for young people, giving them insight into health and care roles and preparing them for future careers in the sector. Recognising the importance of work-life balance, we continue to promote flexible working arrangements that support staff wellbeing and help people thrive both professionally and personally.

#### Working together to support healthy weight in children

NHS Forth Valley's Child Healthy Weight Team is working with a community group in Clackmannanshire, to help children and young people who are at risk of or living with obesity. The Team trained and supported volunteers to run family cooking sessions that help young people learn new skills, build confidence, try healthy foods. It also supports families to learn how to make healthier food choices together and work towards a healthier weight. This collaboration has now grown to include local schools.



### Our Ambitions – we will

- 1 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 Play a full role in the regional Anchor Board to provide greater employment opportunities and support the local economy.
- 3 Take forward work across local health and social care services to deliver improvements in urgent and emergency care.
- 4 Continue to work with our two Health and Social Care Partnerships to further integrate local health and social care services and support.
- 5 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.
- 6 Support the continued development of the three local Community Planning Partnerships to improve the health of local people across Forth Valley.





## 4 Delivering Care Closer to Home

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 to get the care and support you need, especially if you are more vulnerable.

It is our ambition to move more care and services into your local communities, supported by community-based health and care staff. As we develop more services in your local communities, there is an opportunity to expand the skilled workforce available 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 that it is important to redesign and strengthen primary care and community-based services.
- ✓ You told us about the importance of different types of appointments offered e.g. face to face, telephone and online consultations.
- ✓ You want quicker and more local access to health and care services.
- ✓ 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.



## 4 Delivering Care Closer to Home

### Why is this important?

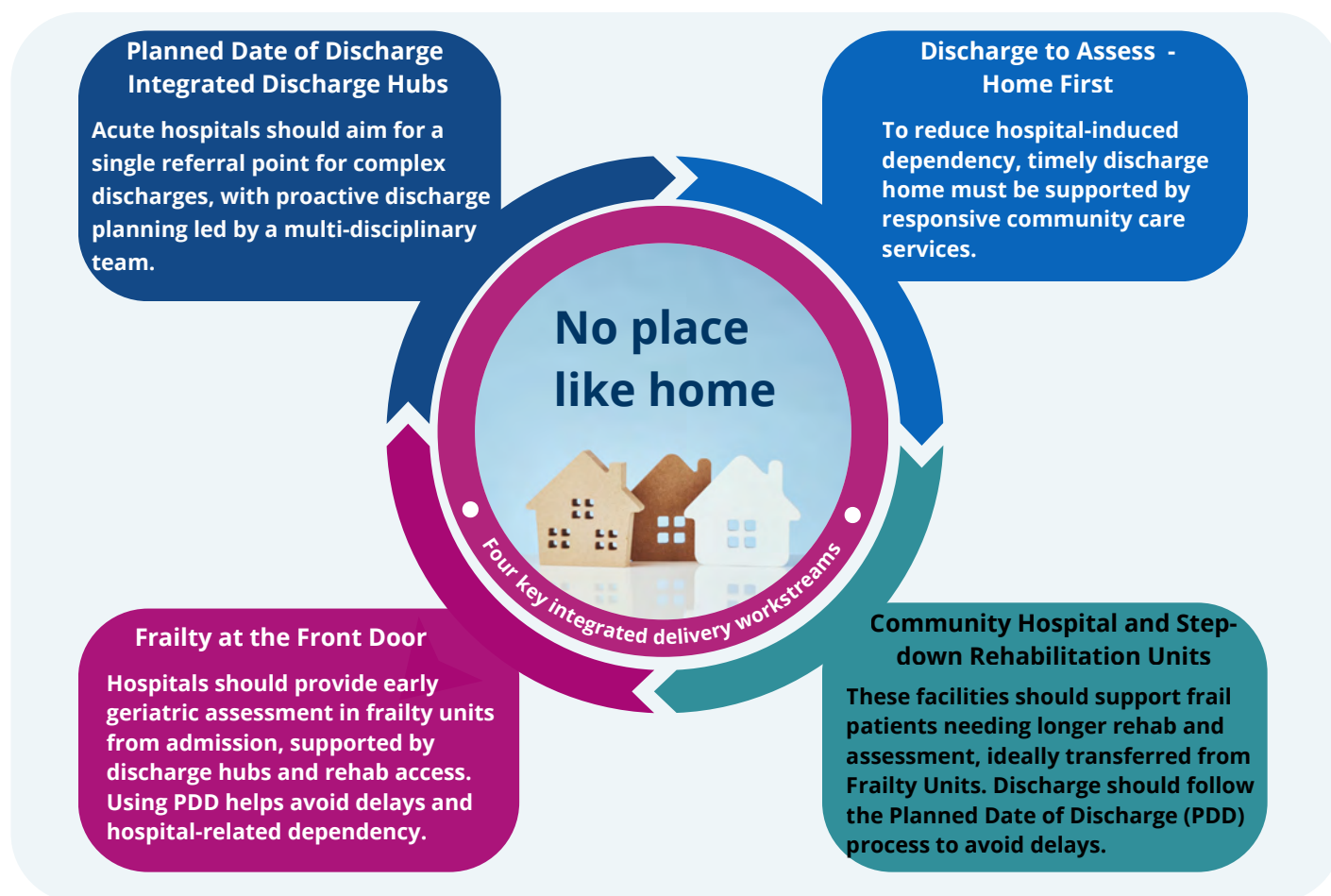
Providing you with the right care, in the right place and at the right time, gives the best outcomes. This means that more health services need to be delivered in or nearer to local communities where people live. Providing care closer to home makes services easier to access and helps people stay active and independent in their own homes and local communities. Much of this care is provided by a range of healthcare professionals working in primary care settings, including GP practices, dental surgeries, pharmacies and opticians. These primary care teams work closely with a range of community-based healthcare professionals, including community nurses, community mental health nurses and Allied Health Professionals (AHPs) working in local health centres and GP practices or in people's homes. 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.

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. If you do need to stay in hospital, we want to ensure that you can return home as soon as you're well enough, with the right support in place. This 'Home First' approach aims to reduce the length of time patients stay in hospital, avoid any delays in being discharged and support people to continue their recovery at home.





## 4 Delivering Care Closer to Home



The number of people aged over 65 years, particularly those people who are frail, will continue to rise over the next 20 years. 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. The Hospital at Home service provides short term hospital-level care in people's own homes, enabling individuals to live at home whilst receiving specialist care. In the Frailty Unit at Forth Valley Royal Hospital, health and social care professionals can provide comprehensive assessments and develop a treatment and care, enabling many older people to return home without having to be admitted to hospital.

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. This includes the development of joined up assessment and treatment pathways for people with neurodevelopmental conditions.

## 4 Delivering Care Closer to Home

### Examples of services that will be provided closer to home

#### Community Glaucoma Service

The Community Glaucoma Service is being established to support patients with stable glaucoma to receive care at local optometry practices instead of hospital. This shift, which will be supported by additional training and equipment, aims to reduce hospital visits, improve access to care and shorten waiting times as the number of people with glaucoma and other eye conditions increases.

#### 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 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.



### Our Ambitions – we will

- 1 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 Embed a “Home First” approach across our services, building on the work of the national Discharge Without Delay Collaborative.
- 3 Reduce the amount of time people spend in hospital by working with our partners to ensure that when people are ready, they can return home with the right support in place.
- 4 Further develop our community spaces to support more collaborative working and integration across primary care, community care, secondary care, third sector and partner organisations.
- 5 Use our community spaces to support more prevention and early intervention activities including a range of health assessments, along with tailored advice and support.
- 6 Work with partners to further develop mental health and wellbeing services which provide the best outcomes for people.
- 7 Further develop urgent care services which provide timely access to specialists.
- 8 Ensure that Forth Valley Royal Hospital focuses on the most complex and acute care.

## 5 Ensuring 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 that aims to ensure best use of the resources available to improve the health and wellbeing of all local people and to achieve better outcomes for everyone.

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. Research shows that for every £1 spent, the average return is £14, driven by better health and wellbeing, fewer cases of poor health, and reduced demand for clinical treatment services.

We also need to deliver health services that are sustainable. Work is being taken forward across NHS Forth Valley to help local teams look at how they can use their resources to deliver maximum value for patients. This involves reviewing existing pathways, approaches and services to identify what delivers the biggest impact and best outcomes for patients and any activities that do not add value. It also 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.
- ✓ You want to see more focus on delivering service which meet the needs, preferences and goals of individual patients and their families.



### Why is this important?

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. The expected impact and benefits are outlined below.

**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.

**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.

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

**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.

**Demand optimisation:** Support healthcare 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.

**Activities 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. Reducing the use of medicines with limited clinical value helps reduce the use of unnecessary medications and polypharmacy.



## 5 Ensuring Value Based Health and Care

NHS Forth Valley has a good track record of improving access to outpatient clinics, day case treatments, surgical operations and diagnostic tests. For example, by taking a Value Based Health and Care approach, staff have been able to improve productivity in our operating theatres to help increase capacity and reduce waiting times for surgery, while reducing overall costs. Our theatres have also embraced greener ways of working, including reducing clinical and domestic waste and replacing single use items with reusable alternatives.

We also recognise the importance of being able to offer advice, information and support to help you to keep as well as possible whilst you are waiting for an appointment or an operation.



## 5 Ensuring Value Based Health and Care

### Delivering Speech and Language Therapy Support in Schools & Nurseries

NHS Forth Valley's Speech and Language Therapy service now delivers specialist support directly in schools and nurseries, enabling earlier help without formal referrals. This empowers teachers, support staff, and parents with the skills and confidence to



support children's speech and language needs. The approach has reduced demand, improved access, and helped maintain some of Scotland's lowest waiting times. Families report high satisfaction, greater confidence, and better outcomes - including improved attendance, fewer exclusions, better literacy attainment, and an improvement in the percentage of young people progressing to positive destinations after leaving school. It shows how changing service delivery can improve outcomes without requiring extra resources.

### Rapid Cancer Diagnostic Centre

More than a third of people diagnosed with cancer experience non-specific symptoms, which can delay their diagnosis. To address this, the Forth Valley Rapid Cancer Diagnostic Centre opened in May 2025, offering faster, more direct investigations and assessments. The service enables earlier detection and referral for those with cancer, while providing reassurance and appropriate care pathways for those without cancer. It takes a person-centred approach, giving patients a single point of contact during the diagnostic part of the pathway. Feedback has been positive, highlighting the centre's role in improving access, reducing delays, and supporting better outcomes for people across Forth Valley.

### Adult Weight Management

The Adult Weight Management Service faced a significant challenge with lots of people waiting, often for long periods, to access the service. This negatively affected patient motivation and satisfaction. Access to the service was difficult, and people wanted more choice and better outcomes. Recognising the need for change, the team introduced a series of service improvements. A key innovation was the introduction of group information sessions, supported by a surge in patient-facing activity. These changes made a real impact. People could now attend an information session within just six weeks and start a programme two weeks later. Around 40% of attendees managed their weight independently afterward. The percentage of people who stayed engaged with and completed the weight management programme improved from 53% to 83%. There were fewer missed appointments and there was no negative impact on people from areas of deprivation. Patients felt better informed, and the service gained capacity to deliver more targeted support to those with the greatest need. Staff wellbeing also improved, with reduced stress and improved wellbeing - a positive outcome for everyone involved.

### Our Ambitions – we will

- 1 Implement a value based health and care approach across local health and care services, making the best use of available resources to deliver better health outcomes for local patients.
- 2 Continue to listen and learn from local patients and their families to improve their experience.
- 3 Further improve access to care and treatment through ongoing work to reducing waiting times for outpatient, inpatient and day treatment.
- 4 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.
- 5 Continue to improve and streamline services and support for people with cancer to speed up diagnosis and treatment.
- 6 Adopt the use of new technologies, treatment and medicines in line with national best practice and guidance.





## 6 Supporting and Developing our Workforce

We look after and value all our staff and the contractors who work with us. People are at the heart of our strategy, which aims to attract and retain diverse staff, and improve staff experience and wellbeing. We strive to have a culture which enables and empower our staff 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.
- ✓ You told us that culture change and strong leadership are key to the future.
- ✓ You reinforced the importance of healthcare professionals actively delivering person-centred care.
- ✓ You recognised the need to build workforce capacity and ensure long term sustainability.





### Why is this important?

The most significant challenges facing us in 2025 and beyond are related to finance and our workforce. The ongoing difficulties in recruiting staff for certain services where there are national shortages and the need to plan ahead in areas with an older workforce profile, where we know staff are likely to retire in the next few years, require us to think and work differently. Increasing demand for health and care services and a growing local population also poses many challenges across hospital, community and primary care services. We need to ensure that our staff and primary care colleagues are able to respond to current and future demands in healthcare.

Work has taken place to better understand gaps in recruitment and the challenges of recruitment and retention across health and social care services. This has helped us to understand the future needs of our workforce and we will continue to work collaboratively with the key partners to grow our future workforce and ensure they have access to the training, support and career opportunities they require to meet current and future healthcare needs.

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.



### Examples of workforce development

#### Developing new roles

NHS Forth Valley is developing new roles such as Medical Associate Professions and Clinical Support Workers. We have appointed Physician Associates to work in anaesthetics and Surgical Care Practitioners provide aspects of urology and breast care. 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. Work continues with our university and college partners to explore new and innovative roles to help meet future demand.

#### Culture and Leadership

Our Culture Change and Compassionate Leadership Programme is an ongoing priority to help improve the experience of local staff at work. Extensive engagement with staff across the organisation has identified key themes and work continues to implement ideas and solutions which staff believe have the potential to make the greatest positive impact. NHS Forth Valley Board has adopted the NHS Scotland values, and work is underway to help embed these across the organisation recognising that living and upholding these values is key for successful culture change.



### Our Ambitions – we will

- 1 Continue to develop as an organisation with compassionate leadership, fostering a culture that supports wellbeing, inclusion, and respect for diversity.
- 2 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.
- 3 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.
- 4 Develop our workforce to reflect changing clinical services and our strategic priorities, as a population health organisation.
- 5 Promote a wide range of career pathways and create accessible opportunities for work experience and employment across local health and social care services.
- 6 Set objectives for staff recruitment and retention to address identified workforce challenges and support the development of a sustainable, representative workforce.

# Delivering the Strategy Together

This Strategy sets out our high-level vision, aims and ambitions for the next 10 years. We are changing how we work so we can better support people to live well and stay well. We will focus on preventing illness, reducing inequalities, making sure care is available where and when people need it most and making the most of our available resources. This will not be simple, but we are ready to make the necessary changes.

This transformation will be supported by detailed implementation and annual delivery plans. Progress will be monitored closely, and we will adapt our plans and resources to respond to changing local needs and priorities.

This Strategy has been shaped by feedback from our service users, staff, partners and communities. We thank everyone who contributed. Your input has helped us focus on what matters most. As we move forward, we will continue to listen carefully, learn from experience, and adapt our plans to meet changing needs.

We invite our partners, our staff, and the people of Forth Valley to work with us to help deliver this Strategy. We all have a role to play in shaping our healthcare system so that it continues to meet our local needs and supports the people of Forth Valley to live longer, healthier lives.





<b>Allied Health Professionals</b>	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.
<b>Anchor Institution</b>	Anchor Institutions is a term used to describe large organisations, such as NHS Boards, colleges, universities the police and local councils that have the potential to support their local economy and communities through the creation of jobs, training opportunities and the purchase of goods and services.
<b>Benchmarking</b>	Benchmarking is the practice of comparing processes and performance with national best standards and practices in other organisations. Capacity means the number of hospital beds, staff or facilities which are available.
<b>Building Blocks of Health</b>	A source of information on unfair differences in income, wealth and power, which are important drivers of health and health inequalities in Scotland.
<b>Burden of Disease</b>	This describes the total impact of illness on the lives of people, including poor health, disability and premature death. It helps the NHS understand where services and support are most needed.
<b>Capacity</b>	Capacity means the number of hospital beds, staff or facilities which are available.
<b>Carer</b>	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.
<b>Community Nursing</b>	Describes staff who provide nursing care to people in the community, for example in their own homes. They aim to enable them to remain at home, where possible and assist individuals to improve, maintain or recover their health and provide support and care to those with life limiting illnesses.
<b>Community Planning Partnerships</b>	Community Planning Partnerships bring together public sector organisations like councils, NHS boards, enterprise agencies and colleges to work together.
<b>Community Wealth Building</b>	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.

<b>Consultations</b>	Meeting with an expert or professional, such as a medical doctor or physiotherapist, in order to seek advice.
<b>Day case</b>	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.
<b>Deprivation</b>	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.
<b>Discharge Without Delay</b>	Discharge without delay refers to the process of releasing a patient from a hospital as soon as they are medically stable and ready, minimising any unnecessary delays in their discharge. This initiative aims to improve the patient experience, reduce hospital bed occupancy, and free up resources for other patients
<b>Early intervention</b>	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.
<b>Elective admission</b>	This is an admission to hospital which is planned in advance and is also sometimes referred to as planned or scheduled admission
<b>Emergency Department</b>	The Emergency Department 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.
<b>Engagement</b>	Engagement is a term used to describe the involvement of stakeholders in any project to seek views and sharing of information.
<b>Equality Impact Assessment (EQIA)</b>	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.
<b>Family Nurse Partnership</b>	The 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.
<b>Forth Valley University College NHS Partnership</b>	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 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)**

A GP is a doctor who is a consultant in general practice. GPs have distinct expertise and experience in providing whole person medical care whilst managing the complexity, uncertainty and risk associated with the continuous care they provide. GPs work at the heart of their communities, striving to provide comprehensive and equitable care for everyone, taking into account their healthcare needs, stage of life and background. GPs work in, connect with and lead multidisciplinary teams that care for people and their families, respecting the context in which they live, aiming to ensure all of their physical and mental health needs are met.

## **Health and Social Care Partnerships**

Health and Social Care Partnerships (HSCPs) are the organisations formed as part of the integration of services provided by NHS Boards and local councils.

## **Health inequalities**

Health inequalities are 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.

## **Home First**

Is an approach to support the delivery of care closer to home; avoid unnecessary hospital stays and support early planning for discharge for those who do need to be admitted to hospital through joined-up working between local health and social care teams.

## **Inpatient services**

Inpatient services refer to medical care and treatment provided within a hospital setting where the patient stays overnight or for a longer period.

## **Integration Joint Boards**

Integration Joint Boards oversee the health and social care partnerships 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 while they are training and gain an industry-recognised qualification.

<b>Multidisciplinary Team</b>	A multidisciplinary team is a group of healthcare workers who are members of different disciplines (professions) e.g. psychiatrists, nurses or social workers. The team members work together to assess and agree a care and treatment plan for individual patients.
<b>Optometry</b>	Optometry is a healthcare profession focused on the diagnosis, treatment and management of eye conditions, as well as the prescription and fitting of glasses and contact lenses.
<b>Outpatient clinics</b>	A hospital outpatient department or clinic provides treatment for people with health problems who visit for a consultation, diagnosis or treatment, but do not require to stay overnight in hospital.
<b>Partner Organisations (Overview)</b>	Our partners cover the public sector & government, education & research, third sector & community organisations, healthcare providers and other health-related organisations, and economic & social stakeholders.
<b>Partners - Economic and Social Stakeholders</b>	Organisations including local businesses, employers and training providers
<b>Partners - Education and Research</b>	Includes University of Stirling, Forth Valley College, local schools and nurseries.
<b>Partners - Healthcare</b>	Includes primary care providers, such as GPs, dentists, pharmacists, optometrists, and other NHS Boards.
<b>Partners - Public Sector and Government</b>	Includes local councils (Falkirk, Clackmannanshire, Stirling); Health and Social Care Partnerships (Falkirk HSCP and Clackmannanshire & Stirling HSCP); Scottish Government; Police Scotland; Scottish Fire and Rescue Services; Public Health Scotland.
<b>Third Sector and Community Partners</b>	Third sector organisations are non-governmental, not-for-profit organisations that are not part of the public and private sectors. They encompass a wide range of groups like charities, social enterprises, community organisations, voluntary organisations and cooperatives, all of which are driven by social or environmental values rather than profit.



<b>Pharmacist</b>	A pharmacist is a healthcare professional specialising in medications and providing expert advice to patients and other healthcare professionals. They play a crucial role in ensuring the safe and effective use of drugs, offering guidance on dosage, storage, and potential risks. Pharmacists may also manage drug stocks, see patients in clinics and the community and prescribe medications.
<b>Physiotherapy / Physiotherapist</b>	A 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.
<b>Podiatry / Podiatrist</b>	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.
<b>Polypharmacy</b>	Polypharmacy refers to the use of multiple medications by a single individual, often five or more. While it can be beneficial and necessary for certain health conditions, it also carries risks related to drug interactions and side effects, especially in older adults. Polypharmacy can also result in people not taking their prescribed medication correctly.
<b>Population Health Organisation</b>	A population health organisation is dedicated to improving the health of entire populations, focusing on preventative measures, addressing health inequalities, and promoting overall wellbeing.
<b>Prevention</b>	Prevention refers to actions taken to prevent illness. It includes primary prevention (reducing the risk of disease), secondary prevention (early detection and intervention), and tertiary prevention (managing ongoing illness).
<b>Primary Care</b>	Primary care refers to the first point of contact for individuals seeking healthcare advice or treatment. It includes services provided by GP Practices, pharmacies, dental services and optometry. It focuses on providing accessible, general health and wellbeing advice and treatment, as well as managing long term conditions and promoting preventative care.
<b>Psychological Trauma</b>	Psychological trauma can occur when an individual experiences or witnesses seriously distressing events such as violence or abuse. This can cause intense emotional distress and a range of physical and emotional symptoms.

# Glossary

<b>Resources</b>	Resources is a term used to describe money, materials, staff, and other assets available to an organisation.
<b>Social Prescribing</b>	A way to help people improve their wellbeing by connecting them to non-medical support or activities in their local community. This includes local exercise or walking group, art or gardening classes, support with housing, debt, or loneliness, volunteering opportunities, mental health or peer support groups.
<b>Speciality</b>	Specialty is a specific area of healthcare and treatment. For example, Psychiatry, Cardiology, Orthopaedics and Learning Disabilities are all specialties.
<b>Speech and Language Therapy</b>	Speech and language therapy helps individuals of all ages who have difficulties with communication, including speech, language, and swallowing.
<b>Third sector organisation</b>	Third sector organisations are non-governmental, not-for-profit organisations that are not part 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.
<b>Unscheduled Care</b>	Unscheduled care cannot reasonably be foreseen or planned in advance and is sometimes referred to as emergency care.
<b>Value Based Health &amp; Care</b>	Value based health and care is about achieving the best possible outcomes for patients using the resources available in the most effective and fair way.

