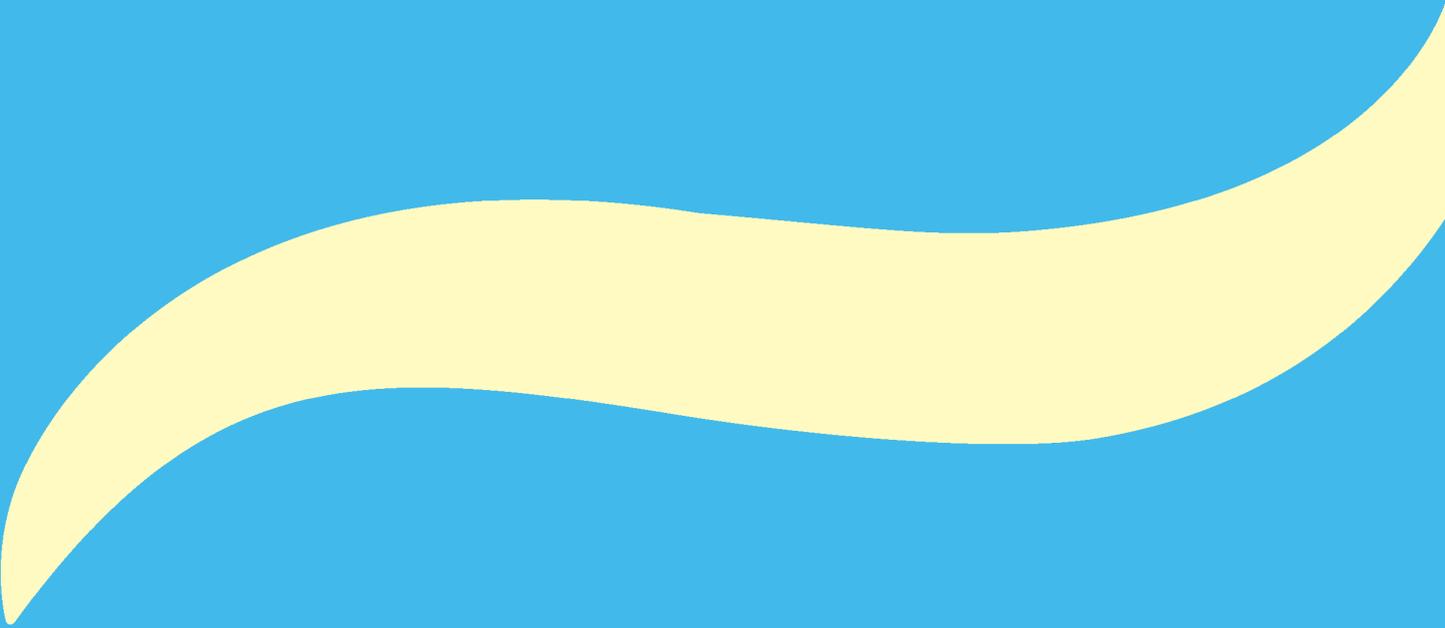


A Healthier Future

A Framework for NHS Lanarkshire
Strategic Health Planning

2012 to 2020



Contact us

Copies of this document,
and supporting information,
is available from

The Board Secretary

NHS Lanarkshire Headquarters

Fallside Road

Bothwell

G71 8BB

01698 855500

neil.agnew@lanarkshire.scot.nhs.uk

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1. Background and purpose

1.1 | Chairman's foreword



“NHS Lanarkshire aims to continuously improve the quality of its care. To do this, as with the rest of Scotland, we need to plan to ensure health and social services can meet the challenges being faced now and in the future.

“To meet the needs of the increasing ageing population and Lanarkshire challenges around health inequalities we will shift the focus of healthcare towards prevention and supported self-management, which will help to improve people’s health and ensure quality healthcare services can be sustained now and in the future.

“The Scottish Government recognised the need for this change in the way health services are provided through the launch of its 2020 Vision.

“Through this Framework document we have set out our approach to implementing the Scottish Government’s 2020 Vision. This encompasses the Board’s strategic aims and values and will be used to test all future service developments and changes. This Framework identifies key areas that will be addressed within the next couple of years. It is not exhaustive and will be developed to take account of policy developments, innovations and local issues.

“Achieving these aims in a period of limited public finances will be a significant challenge. Our services will have to become more efficient and sustainable, as well as achieve the ambitions of the NHSScotland Quality Strategy of delivering care that is person-centred, safe and effective.

“We will use NHS Lanarkshire’s values to underpin these ambitions, to provide local focus and context to our development activity.”

Ken Corsar, NHS Lanarkshire Board Chairman
March 2012

Tribute to Ken Corsar, who died 7 May 2012

Ken Corsar was passionate about improving the quality of care provided by NHS Lanarkshire and was a driving force to implement change in a measured and managed way that delivered real benefits. His untimely and unexpected death is a real loss to all in NHS Lanarkshire. We will continue to champion his quest for quality improvements.

The Board of NHS Lanarkshire

1.2 | Scottish Government's vision for health

The Scottish Government published its 2020 Vision in September 2011. This set out the actions required to achieve sustainable quality in Scotland's Healthcare system.

This strategic narrative, which was set out by the Cabinet Secretary for Health, Wellbeing and Cities Strategy, provided the context for taking forward the implementation of the NHSScotland Quality Strategy, published in May 2010, and the actions required to improve efficiency and achieve financial sustainability.

Our "2020 Vision"

Our vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting.

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

Scottish Government, September 2011

1.3 | NHS Lanarkshire's strategic health planning framework

NHS Lanarkshire has developed this framework to support future strategic health planning and to gain a shared understanding of the actions required to achieve the Scottish Government's 2020 Vision.

We have identified four strategic aims to achieve this vision, which are set in the context of delivering a healthier future for all from cradle to grave.

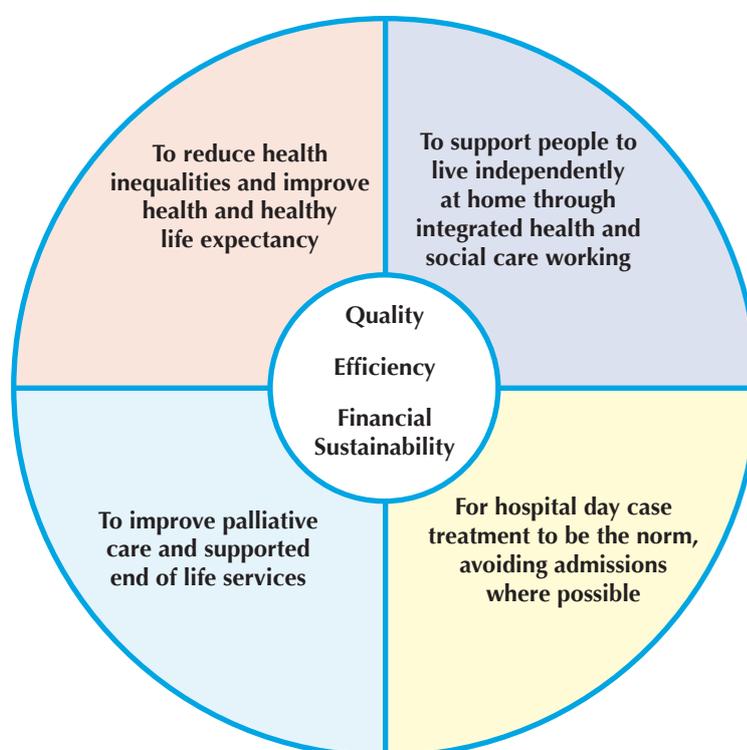
Of equal importance is the need to establish a quality driven organisation that delivers these aims. This will enable the quality ambitions of providing healthcare that is person centred, safe and effective to be embedded throughout the organisation from decision making, planning and policy processes, as well as in our day to day behaviours. Details on how we will achieve a quality driven organisation are set out in Section 2.

The four strategic aims and three quality ambitions, along with the need for improved efficiency and financial sustainability, will be used to test any future service developments or changes in the services provided by NHS Lanarkshire.

Four strategic aims:

The four strategic aims all have the NHSScotland Quality Strategy ambitions – person-centred, safe and effective – as prerequisite criteria, along with the requirement to improve efficiency and to achieve financial sustainability: doing the right thing, on time and within budget.

- 1. To reduce health inequalities and improve health and healthy life expectancy**
Focusing on anticipatory care and health promotion in, for example, supporting parenting and early years.
- 2. To support people to live independently at home through integrated health and social care working**
Shift towards more care in the community setting, with admission to hospital only when it is not possible to treat at home or in the community. Supported timely discharges for those patients requiring hospital admission and minimising the risk of readmission.
- 3. For hospital day case treatment to be the norm, avoiding admissions where possible**
More use of planned care through outpatients and day case services, reducing the number of people requiring admission as an inpatient. Focus on unplanned and emergency health care services to ensure patients are cared for by the appropriate healthcare professional.
- 4. To improve palliative care and supported end of life services**
Providing patients with access to improved palliative care services and the opportunity to die at home or their place of choice.



How these aims will be used to inform future healthcare planning in Lanarkshire is detailed in Section 3.

2. Achieving a quality-driven Organisation

Quality Culture

This Framework for Strategic Health Planning reflects the ambitions set out in the NHSScotland Quality Strategy. As well as describing what we aspire to achieve in terms of services, the Framework reflects our ambition to be a quality-driven organisation that cares about people (patients, their relatives and our staff) and is focused on achieving a healthier life for all. Through our commitment to a culture of quality we aim to deliver the highest quality healthcare services, as encapsulated in our core purpose statement:

“Working with You for a Healthier Future”

The NHSScotland Quality Strategy sets out three quality ambitions: to deliver **person-centred, safe and effective care**.

Quality ambitions

Person-centred

Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making.

Safe

There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times.

Effective

The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.

These national ambitions support the NHS Lanarkshire values of *Fairness, Respect, Working Together* and *Quality*. To ensure clarity in our communications and development work NHS Lanarkshire will adopt the national quality ambitions as our overriding focus. The values will be used to underpin these ambitions, providing local focus and context for the improvement of our services.

Where do we want to be?

We aim to provide assurance to the public, the Board and Ministers that as a quality organisation we demonstrate:

- ◆ A caring and person-centred ethos that embeds high quality, safe and effective care
- ◆ That we continually strive to do the best individually and collectively
- ◆ That we accept individual accountability for delivering a service to the best of our ability
- ◆ That we are responsive to changing culture, expectations and needs

NHS Lanarkshire recognises that the delivery of the above will require leadership, strategic direction and drive for improvement. We are committed to introducing an organisational model of leadership in which everyone plays a part in decision making, fully participates and collaborates in team working and exercises a high degree of self-responsibility.

Responsibility for participating in decision making extends to patients and clients, who will be encouraged to take part in decisions about their health and wellbeing and given the information and support they need to do so.

How will we get there?

To drive cultural change, we are committed to embedding the quality ambitions through our decision making, planning and policy processes as well as in our day to day behaviours. Supported by the NHS Lanarkshire Quality Hub, an organisational development plan will be produced that will encompass:

Communications and Engagement

To support our approach we will implement a comprehensive communication and engagement plan in order to:

- ◆ Promote our organisational purpose and the quality ambitions
- ◆ Develop even further our partnership with patients, the public, staff, professional advisory committees, local authorities, general practitioners, general dental practitioners, third and independent sector and carer organisations.

Processes

We will embed the quality culture we want to see through our decision making, planning and policy processes by:

- ◆ Using the quality ambitions as part of decision making criteria when planning service change or improvement and setting priorities
- ◆ Ensuring the quality ambitions underpin our organisational policies when these are being reviewed

Leadership and Behaviours

To bring the culture to life the quality ambitions must be demonstrated in day to day behaviours “from board room to the patient”. To this end we will:

- ◆ Require executive and non-executive board members, senior and middle managers and clinical leaders to act as role models in demonstrating the quality ambitions in practice
- ◆ Redesign leadership, management and development programmes to focus on the quality ambitions and what they mean in practice
- ◆ Use the quality ambitions as a focus within personal development and review processes
- ◆ Embed the quality ambitions as a fundamental focus in attracting, recruiting, retaining, promoting, managing and supporting staff
- ◆ Use the feedback from local and national staff surveys to continue to deliver the aims of the staff governance standard

Improvement

We will strive to continuously improve the quality of care we provide across a range of initiatives aligned to the quality ambitions:

Person-centred

- ◆ Using the Patient Experience Indicator and the Better Together national surveys to provide feedback and inform continuous improvement, quality and demonstration of the quality ambitions.
- ◆ Working with people to ensure shared responsibility for prevention, anticipating an individual’s future health needs and individuals being enabled to manage their own conditions.
- ◆ Implementing the Patient Rights (Scotland) Act, 2011 and the NHS Lanarkshire Patient Focus and Public Involvement Strategy 2012 – 2016, encouraging shared decision-making
- ◆ Supporting people to direct their care by providing quality assured health information
- ◆ Recognising carers as equal partners in providing care.
- ◆ Enabling healthcare staff to make person-centred care a priority through development and continuous professional development.

Safe

- ◆ Setting ambitious goals for reducing mortality and adverse events and delivering these through the continued implementation of the Scottish Patient Safety Programme.
- ◆ Ensuring that the eradication of preventable Healthcare Associated Infections continues as a high priority in the provision of health services.
- ◆ Playing a full part with other organisations in protecting all vulnerable people.

Effective

- ◆ Continuing to implement national standards and quality indicators.
- ◆ Utilising an appropriate range of quality improvement methodologies including Lean, Leading Better Care, Collaboratives and Managed Clinical Networks.
- ◆ Providing the right care, and only the right care, through evidence based activities that yield maximum health benefit and eliminate unjustified variation.

Our staff

We want our staff to be the most caring, knowledgeable and skilled workforce in Scotland. This is a joint responsibility between individual staff members and the organisation. Over the next 12 months, the implications for staff of 'A Healthier Future' will be fully identified and reflected in the NHS Lanarkshire workforce plan 2013; ensuring NHS Lanarkshire develops its staff to deliver the 2020 vision.

These themes are intended to illustrate areas of action that will enable us to achieve the cultural changes needed to sustain the organisation with quality at its heart. The organisational development plan will be developed in full and meaningful partnership, and engagement with others as part of the delivery of '**A Healthier Future**'.

3. What this means for the people of Lanarkshire

3.1 | To reduce inequalities and improve health and healthy life expectancy

A focus on health promotion, prevention of ill health and management of long term conditions will help the achievement of improved health and healthy life expectancy.

We have health promotion and ill health prevention strategies, which are used to keep people well for longer and prevent ill health from occurring. Such strategies include public awareness and education initiatives promoting: physical activity; improved nutrition; reduced use of tobacco, alcohol and drugs; increasing immunisation rates; falls prevention; healthy bones initiatives; blood pressure and cholesterol assessments; and screening for illnesses and underlying conditions.

Working with local authorities, general practitioners and other agencies, we tackle the health inequalities that exist in both North and South Lanarkshire.

Demonstrating a measurable effect of interventions to reduce health inequalities is often difficult: we will place particular emphasis on finding ways of measuring and reporting the effectiveness of this work.

Activity and focus in short to medium term

- ◆ **Addictions to drugs and alcohol** – Through a range of interventions and health promotion activity we aim to achieve a reduction in the incidence of adults exceeding weekly alcohol recommended limits to 22% by 2014; reverse the upward trend in drugs related deaths and reduce the total number by at least 25% by 2014.
- ◆ **Smoking cessation** – Lanarkshire’s Tobacco Control Strategy sets out an ambitious range of multi-agency driven actions, with a particular focus on reducing health inequalities.
- ◆ **Breastfeeding** – continue to promote breastfeeding initiatives and deliver the action plan for maternal and infant nutrition.
- ◆ **Screening** - earlier diagnosis and treatment for colorectal cancer, breast cancer, cervical cancer and aortic aneurisms (from 2013).
- ◆ **Vaccination** – further expansion of programmes to prevent Human papillomavirus and influenza.
- ◆ **Anticipatory care** – working with individuals with long term conditions to detect early any circumstances that could have a negative impact on their health and wellbeing.
- ◆ **Maternity framework** – identify and intervene early with mothers at risk e.g. smoking, alcohol, substance misuse, obesity, domestic violence.

- ◆ **Early years** – take forward the First Steps, the Family Nurse Partnership and other collaborative approaches to support disadvantaged parents during pregnancy and early years, utilising the Early Years Change Fund.
- ◆ **Promoting the wellbeing of young people** – continuing to develop strong interagency working through Getting It Right for Every Child to promote the safety and wellbeing of children and young people in Lanarkshire
- ◆ **Weight management** – working in partnership with both North and South Lanarkshire Leisure Trusts and Councils to deliver a range of interventions to address adult and child weight management in line with the national guidance, and further development of an evidenced-based approach to bariatric surgical procedures.
- ◆ **Bone health and falls** – reduce the number of older people falling, by identifying those at risk and training health and other staff in prevention plans

Example of existing activity – Keep Well initiative

Since the Keep Well initiative launched in 2006, NHS Lanarkshire has screened almost 36,000 patients in the age group of 45-64 years living in our most deprived localities. Keep Well checks have detected patients at risk of developing cardiovascular disease and diabetes, with around 40% having received further clinical follow up. Around 30% of patients have accepted referrals for services that support health behaviour change such as smoking cessation, weight management and exercise. Keep Well services are now being integrated with the delivery of mainstream primary care, through treatment room services. The service will target an expanded group of specific vulnerable populations including homeless people, black and ethnic minority populations, gypsy travellers, those affected by substance misuse and ex-offenders, and we are confident of further strong performance in this area.

New activity being implemented – aortic aneurysm screening

Lanarkshire will join the national aortic aneurysm screening programme in late 2013. This programme will invite the highest risk group - men aged 65 - to undergo a simple ultrasound scan aimed at detecting the presence, and size of, an aneurysm in the aorta. If an aneurysm is detected and its size exceeds a safe dimension, then referral will be made to the vascular service. It is estimated that this will prevent 23 men in Lanarkshire each year from suffering a ruptured aorta.

3.2 | To support people to live independently at home through integrated health and social care working

Joint working between Health, Local Authorities, general practitioners, third and independent sectors will support people to live at home or in the community, with admission to hospital only when home or community care is not possible or desirable.

Integrated health and social care working, and more effective working with third sector and independent providers, will achieve the aim of supporting patients out of hospital to their home or community without delay, as well as minimise the risk of their readmission.

Achieving this aim will require support and assistance arrangements to be further developed to sustain improvements to health as well as reducing lapses in physical and mental health.

Scottish Government investment through the Reshaping Care for Older People 'Change Fund' will enable partner agencies to implement local plans to focus on reducing unplanned emergency admissions to hospital and making more innovative use of care home placements, alongside improvements in care at home provision and housing related support, and supporting unpaid carers. Preventing re-admission requires active management of transitions, including timely and accurate information, good communication between hospital and primary care physicians, and a single point of co-ordination. The independent sector can bring specific skills to partnerships with the NHS, enabling innovation, investment and transformation in integrated care services.

A key element in this will be the progression towards the development of Health and Social Care Partnerships, which will ensure a better focus for resources, better signposting of services, and better outcomes for older patients and their carers.

Activity and focus in the short to medium term

- ◆ **Reshaping care for older people** - in conjunction with its two local Partnerships, NHS Lanarkshire has set out plans on how we intend to use the allocation of the Change Fund in 2012/13 in the North and South Lanarkshire Partnerships.
- ◆ **Health and Social Care Partnerships** – integration of health and social care services, replacing existing Community Health Partnerships, to be introduced in line with new legislation.
- ◆ **Long term conditions** – supporting people with diabetes, chronic obstructive pulmonary disease, depression, and dementia through anticipatory care plans, to reduce avoidable hospital admissions and length of stays.
- ◆ **Modernising mental health services** – Implement the NHS Lanarkshire Modernising Mental Health Strategy.
- ◆ **Out-of-hours primary care** – review out-of-hours services to maximise efficient use of clinical resources
- ◆ **Strengthening/improving performance in unscheduled care** – achieving and sustaining the four hour standard in Accident and Emergency target and exploring alternatives to attendance and admission.

- ◆ **Investment in primary care facilities** – progressing the redevelopment of the health centres at Wishaw, East Kilbride and Kilsyth through the Hub funding process.
- ◆ **Dementia** – roll out of the Dementia Strategy with better advice and support for patients and carers
- ◆ **Anticipatory care plans** – develop and evaluate the impact of the provision of anticipatory care planning for residents of care homes, preventing unnecessary admission to hospital.
- ◆ **Diagnostic services** – improved access to radiology to enable primary care teams to manage patients without admission to hospital.
- ◆ **Advocacy** – implementation of the actions described in the Lanarkshire Independent Advocacy Plan 2011-2015
- ◆ **Carers** - develop and implement a refreshed NHS Carer Information Action Plan, ensuring that this is complementary to, and congruent with, North and South Lanarkshire Councils' Carer Strategies.

Example of existing activity – improving mental health services

NHS Lanarkshire is continuing to develop ways of shifting the balance of mental health care from hospitals to the community, including some very successful partnership work with local authorities. The modernising of mental health services is being taken forward through a redesign of acute inpatient services and investment in child and adolescent mental health services. This is resulting in a continued reduction in the number of inpatient admission to hospital and more supported care in the community.

New activity being implemented – reshaping care for older people

There will be increased demand for support services within the community and at home as part of the work associated with Reshaping Care for Older People. To provide the ongoing revenue to ensure the long term sustainability of new services established as part of the Change Fund, a decommissioning plan will be established for the reduction of 220 inpatient beds across Lanarkshire. This will shift the balance of care away from hospitals and into communities.

3.3 | For hospital day case treatment to be the norm, avoiding admissions where possible

More patient treatments can be done on an outpatient or day case basis. Service reorganisation needs to take place to encourage more day case treatment, which should become the norm in line with national guidance. It will also result in a reduction in the number of people requiring admission to an inpatient bed.

This focus is as important for emergency patients as it is for those receiving planned care. Service reorganisation will ensure patients are being cared for by the appropriate health care professional and receiving the most effective and safe treatment. Patients should receive the right care, at the right time, at the right place and achieve the best possible outcome.

Activity and focus in the short to medium term

- ◆ **Daycases** – ensure best practice (e.g. British Association of Day Surgery basket of procedures) is adopted in the use of daycase and outpatient procedures as the alternative to admitting patients overnight for emergency and planned procedures.
- ◆ **Reducing lengths of stay** - redesigning care pathways and procedures to reduce the time spent in inpatient beds e.g. pre-admission assessment, same day admissions, developing ambulatory care alternatives to admission and planned discharge.
- ◆ **Efficiency and clinical effectiveness** – testing the effectiveness of current hospital services such as orthopaedics, breast surgery, homoeopathy and vascular surgery. Minimise wasteful variation and use national protocols to ensure evidence-based best practice and efficient use of resources.
- ◆ **Invest in facilities** - continued investment in healthcare facilities, making best use of limited capital funding. This will include funding for medical equipment; investing in refurbishing ward environments to support care for patients with dementia; and continued annual investment in the infrastructure of Monklands Hospital while the long term hospital redevelopment plan is developed.
- ◆ **Waiting times** – sustain the 18 week Referral to Treatment standard, sustain the Better Cancer Care access targets, improve access to Child and Adolescent Mental Health Service and sustain the four hour standard in Accident and Emergency.
- ◆ **Mental health acute inpatient services** – Implement the NHS Lanarkshire Modernising Mental Health Strategy, which includes the delivery of an intensive psychiatric care unit.
- ◆ **Healthcare associated infections** – continue to reduce infection rates, and reduce the time spent in hospital. Reduce unnecessary movement of patients from ward to ward.

Example of existing activity - reducing inpatient infection rates

In the priority area of infection control, NHS Lanarkshire has made considerable improvements in meeting national targets for reductions in infection rates. Between April 2010 and March 2011 there were 191 cases of c.difficile infections recorded, representing a fall of 29%. In the same period there were 138 cases of s.aureus bacterium infections recorded, representing a fall of 16%. For multi-resistant s.aureus infections, the fall was 61%. These results represent some of the best performances in NHSScotland.

New activity being implemented - heart disease and stroke

NHS Lanarkshire has had excellent performance against the national targets for reducing premature mortality from heart disease and stroke. Since 1998, Lanarkshire has seen a 56% drop in premature deaths from heart disease and a 63% drop in premature deaths from stroke. We will continue to build on this record of achievement, by focusing on the new HEAT target for accessing hospital stroke units.

3.4 | To improve palliative care and supported end of life services

Palliative and end of life care are integral aspects of the care delivered by any health or social care professional to those living with and dying from any advanced, progressive or incurable. It is not only about cancer. We aim to provide patients with access to improved palliative care services and the opportunity to die at home or the place of their choosing.

Palliative care is not just about care in the last months, days and hours of a person's life. It is also about ensuring quality of life for both patients and their families at every stage of the disease process following diagnosis.

A palliative care approach should be used as appropriate alongside active disease management from an early stage in the disease process. Palliative care focuses on the person, not the disease, and applies a holistic approach to meeting the physical, practical, functional, social, emotional and spiritual needs of patients and carers facing progressive illness and bereavement.

Activity and focus in the short to medium term

- ♦ **Implementation of *Living and Dying Well*** - the Palliative Care Managed Clinical Network is currently working on implementing Living and Dying Well, the national action plan for palliative and end of life care in Scotland, through the *NHS Lanarkshire Living and Dying Well Delivery Plan*.
- ♦ **Review palliative care provision** - to ensure the most effective use is made of this valuable resource, and taking account of developments to support people at home and in community settings, a review of services will be undertaken.

Example of existing activity: JiC boxes

NHS Lanarkshire began piloting 'Just in Case' boxes in June 2010 for patients that are near to death. This provides access to relief from the five commonest terminal symptoms i.e. nausea and vomiting, agitation, breathlessness or terminal secretions, and reduces admissions to hospital and calls on primary care out of hours services for those patients wishing to die at home. Evidence from audits has shown the effectiveness of this resource and it is expected that the pilot will be extended across Lanarkshire.

New activity being implemented: reshaping palliative care

Palliative care will be reshaped to ensure that specialist nursing will be available overnight and at weekends to prevent avoidable hospital admissions by visiting patients at home and providing advice to generalist staff. By extending current access into overnight and weekend cover, the palliative care specialists would also work with staff arranging discharge, as specialist input can make the difference between people going home or not.

4. Delivering the aims and evaluating outcomes

Prioritisation

The NHS Board has established a range of structures to develop ways of improving the services it provides. Proposals for investment (and disinvestment) are considered and inform decisions that involve different decision-makers. This includes: the Modernisation Board; three Operational Management Committees; Area Clinical Forum, (which includes the Professional Advisory Committees); Health and Social Care Partnerships; Area Partnership Forum; and Corporate Management Team.

The NHS Board itself will consider proposals for investment and disinvestment from all of these areas of activity, as well as directives from Government.

Within this planning framework NHS Lanarkshire is establishing the key questions to be answered in the process of decision-making and prioritisation:

How does the change or development contribute to NHS Lanarkshire's strategic aims?

How will the change or development affect the quality of our services?

What impact does this have in delivering more efficient services, and on NHS Lanarkshire's overall financial stability?

This assessment can be described in a variety of forms, such as:

- ◆ Standard template for providing the detail of proposals, including formal committee papers;
- ◆ Inclusion as specific elements of standard business cases;
- ◆ A checklist or cover sheet for discussion documents;
- ◆ Weighted criteria to be used in option appraisal exercises
- ◆ Headlines for the development of corporate, divisional, team and individual objectives.

As part of this, the NHS Lanarkshire process for agreeing service changes will be updated to ensure a clear and workable process is in place to ensure we prioritise such changes, and that they are in line with our strategic aims. In a period of fiscal constraint, it is recognised that such a system must not become overly bureaucratic and must allow changes to services to proceed at a reasonable pace, whilst ensuring a rigorous and open process.

We will work to refine this approach over the course of 2012/13.

Measuring progress and forward planning

The establishment of the concise strategic aims will provide focus for the future direction of the NHS Board's work. The Modernisation Board will take the strategic overview of the progression towards these aims, through a revised system of performance assessment and management.

The corporate objectives for the directors and senior managers of NHS Lanarkshire will be aligned to meeting the strategic aims from 2012/13 onwards.

The Modernisation Board will continuously assess the delivery of key elements of these aims, and will provide periodic assessment reports to the NHS Board.

The Modernisation Board, operating divisions and planning group as Service Improvement Boards will align future plans to the delivery of the strategic aims, quality ambitions and financial stability. All business cases and development proposals will be framed in that context, and evaluated on that basis.

5. NHS Lanarkshire strategies and plans to support the delivery of 'A Healthier Future'

This framework document can only give a brief summary of the actions and outcomes required to deliver the strategic aims, the quality strategy, and improve efficiency and cost effective services. A **selection** of supporting strategies and plans that contain this detail are listed below, as examples of the range of activity this will entail.

- ◆ ***The Annual Report of the Director of Public Health*** sets out each year the key challenges facing the NHS Board in responding to the health needs of the county's population.
- ◆ ***Five-Year Financial Plan*** that describes the investment strategy in new and existing services, efficiency programmes and CRES savings.
- ◆ ***Strengthening Quality in Lanarkshire: Clinical Governance Strategy 2011-2014*** covers all aspects of clinical governance within NHS Lanarkshire, including risk management
- ◆ ***Mental Health Strategy for Lanarkshire 2006-2011*** is about moving towards care models based in the community and away from institutional inpatient care settings.
- ◆ ***20:20 Vision for Primary Care in Lanarkshire*** is a major component of the planning framework currently under development. It will ensure the themes developed for healthcare across Lanarkshire are incorporated into primary care services. This includes service planning, interfaces, infrastructure, workforce and leadership.
- ◆ ***Workforce Modernisation Plan 2011/12*** is a one year plan that forecasts the NHS Lanarkshire workforce change for 2011/12. Subsequent plans will reflect how the workforce will be reshaped to deliver this framework.
- ◆ ***Maternity Strategy 2008–2013*** sets out the current service and how this needs to change and develop to reflect National Policy and contemporary service models.
- ◆ ***Children's Services Strategy 2012-2015*** is currently under development.
- ◆ ***Falls Prevention and Bone Health Strategy 2008*** was developed in partnership with local authorities to develop clinical interventions to protect the health of older people.
- ◆ ***Tobacco Control Strategy 2011-2014*** sets out an ambitious range of multi-agency driven actions, with a particular emphasis on reducing health inequalities.
- ◆ ***Learning Strategy 2012-2016*** is currently being developed, and will support the learning need of staff to deliver our strategic aims.
- ◆ ***Property Strategy 2009 to 2013*** is in two parts. The first part describes the overall estate condition and performance and sets out the way forward. The second part outlines the current planned estate rationalisation, the capital investment plan and the details of the current NHS Lanarkshire estate including the use of other premises.

- ♦ ***eHealth Delivery Plan*** 2011-2014 represents the NHS Lanarkshire response to the NHSScotland eHealth Strategy 2011-2017, delivering the infrastructure and technology to deliver the strategic aims of NHS Lanarkshire.
- ♦ ***Patient Focus and Public Involvement Strategy*** 2012-2016 will ensure public, the patients and their representatives are involved in setting the priorities for NHS Lanarkshire and participate in future service changes.
- ♦ ***Communication Strategy*** 2009-2012 sets out the organisation's strategic objectives for further improving how it communicates with the public, staff and other stakeholders
- ♦ ***Carer Information Action Plan*** 2012-2013 supports the needs of carers and complements the work of our local authority and voluntary sector partners.
- ♦ ***Independent Advocacy Plan*** 2011-2015 will support people who need assistance to express their views and to have their own stories heard and to safeguard people in situations where they are vulnerable