

# **NHSScotland Local Delivery Plan Guidance 2015-16**

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# **1. Local Delivery Plan 2015-16**

## **1.1 Increasing healthy life expectancy purpose target**

The Scottish Government has a key purpose target to increase healthy life expectancy. Increasing healthy life expectancy will mean that people live longer in good health, increasing their capacity for productive activity and reducing the burden of ill health and long term conditions on people, their families and communities, public services and the economy generally.

## **1.2 2020 Vision**

The Scottish Government's 2020 Vision for health and social care is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting and, that we will have a healthcare system where:

- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions
- We have integrated health and social care
- There is a focus on prevention, anticipation and supported self-management
- Where hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm
- 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

## **1.3 New approach to health and social care planning**

During 2015/16 as we transition towards integrated health and social care, the Local Delivery Plan will continue to be the contract between Scottish Government and NHS Boards. Separate guidance is being produced for Integrated Joint Boards on their strategic commissioning plans and these two sets of guidance should be read together. More on this is set out below.

Last year's LDP saw an increased focus on delivering outcomes for the people of Scotland, and this year will build on that. The Scottish Government has reaffirmed its commitment to the 2020 vision and will refresh the strategy for achieving its 2020 vision for health and social care to ensure that it reflects the changing needs and expectations of the people of Scotland and the new way services will be delivered under health and social care integration. NHS Board Chairs and Chief Executives are fully engaged in designing the refresh of the strategy, and reviewing the national, regional and local planning arrangements. Wider public and service engagement will take place in the new year on the refreshed strategy and delivery arrangements.

The LDP will be updated next year to reflect the refreshed strategy. This year's LDP builds on last year and requires NHS Boards to develop plans focused on new actions planned in a small number of strategic priority areas - prevention and health inequalities, antenatal and early years, person centredness, safety, primary care and integration.

The LDP has to be considered alongside the new strategic commissioning planning arrangements for Integrated Joint Boards. The LDP will be mutually supportive of the Integration Schemes that will establish local integrated health and social care arrangements, the strategic commissioning plans that the new integrated partnerships will develop, the statutory outcomes for health and wellbeing, and the indicators that underpin the outcomes. **The LDP should include an 'at a glance' mapping of key local plans for health and social care.** The new integration indicators are being developed in partnership and include person centred experience measures including views on how well people were supported to live as independently as possible and the extent to which health and care services seemed to be well co-ordinated. They also include system measures including delayed discharge and emergency bed day rates.

In order to ensure high quality, continuously improving health and social care in Scotland it is important that we strike the right balance between improvement, performance management and scrutiny. In light of maturing quality improvement activity in Scotland, and many HEAT targets being successfully delivered this year, the Scottish Government has reviewed both the Improvement Priorities for Scotland in 2015/16 and the suite of Hospital Efficiency and Access Targets (HEAT) targets and standards. The intention is to provide a focused set of priorities and standards to sustain improvement and performance and provide transparency in key areas.

In using this guidance, Health Boards and their partners in local government must take account of the effect of their plans on the outcomes for health and wellbeing set out in legislation as part of integration of health and social care, and on the indicators that underpin them. These outcomes apply to Health Boards, Local Authorities and Integration Authorities; once established during 2015/16, Integration Authorities will lead on their delivery, with the support of Health Boards and Local Authorities.

**Progress against the improvement priorities, LDP standards and the integration indicators will together inform progress being made on health and social care.**

Special Health Boards are expected to develop their LDPs so that they support territorial Health Boards and Integrated Joint Boards deliver the improved outcomes for the people of Scotland.

## 2. Improvement Priorities

### 2.1 Six Strategic Priorities

NHS Scotland is recognised as a global leader in the application of improvement science to improve outcomes for people. As outlined above, Local Delivery Plans should focus on improvement activity around six key strategic priorities:

#### **NHS Scotland Improvement Priorities 2015/16**

- **Health Inequalities and Prevention**
- **Antenatal and Early Years**
- **Person-centred care**
- **Safe care**
- **Primary Care**
- **Integration**

### 2.2 Health Inequalities and Prevention

The Scottish Government is committed to enabling those more at risk of health inequalities to make better choices and positive steps toward better health and wellbeing. Four areas have been identified for specific NHS action:

- NHS procurement policies should support employment and income for people and communities with fewer economic levers;
- actions relating to employment policies that support people to gain employment or ensure fair terms and conditions for all staff;
- actions to support staff to support the most vulnerable people and communities have been identified as specific areas for NHS action; and
- health improvement actions to promote healthy living and should include, preventing obesity, promoting a healthy diet, tobacco related health inequalities, uptake of smoking amongst young people, protecting children from second-hand smoke, supporting smokers to quit, targeting alcohol brief interventions on harder to reach communities including those in deprived areas, access to alcohol and drug misuse, and promoting physical activity. This activity should be focussed through workforce and the Health Promoting, Health Service as well as the wider community.

**The LDP should set out local priorities for addressing health inequalities and improving prevention work based on the needs of the local population. Plans should focus on those communities where deprivation is greatest. The plan should outline how these will be achieved setting out improvement aims, levels of activity, and demonstrating how the activity is embedded in to routine practice. The plan will also include**

**information about how the NHS Board and its partners prioritise action and monitor progress.**

### **2.3 Antenatal and Early Years**

It has long been recognised that there are significant benefits to children's wellbeing - not least their health - as well as to the vibrancy of communities and the sustainability of services from a systematic approach to early intervention and primary prevention. The focus on primary prevention and early intervention has also increased the importance of antenatal and early years support. Early antenatal access will help ensure a foundation for the future health of the baby and mother, and health boards should continue improving antenatal access to strengthen that foundation. Early years care will be substantially affected by the new duties to be placed on health boards through the Children and Young People (Scotland) Act 2014. Specifically, under the Act, health boards will be responsible for providing a Named Person service for every child up to 5 and a single statutory Child's Plan for every under-5 who requires one. **The LDP should set out the local actions to be taken to ensure that the relevant parts of the workforce will have the capacity, training and relevant protocols to carry out these duties under the Act by 1 August 2016.**

### **2.4 Person centred care**

In person-centred care, health and social care professionals work collaboratively with people who use services. Person-centred care supports people to develop the knowledge, skills and confidence they need to more effectively manage and make informed decisions about their own health and health care. It is coordinated and tailored to the needs of the individual. And, crucially, it ensures that people are always treated with dignity, compassion and respect. The NHS in Scotland is committed to developing a culture of openness and transparency in NHS Scotland that actively welcomes feedback as a tool for continuous improvement. **The LDP should set out how services will support a positive care experience delivered in accordance with the "five must do's with me". It should also outline the key local action being taken to transform the culture to support staff and the public to be open and confident in giving and receiving feedback; widely publicise the information people need to give feedback and make complaints, and the support available for them to do so; and with a focus on learning from feedback, implementing the changes, and telling people what improvements were made as a result of their feedback. The plan will include information on how progress will be measured locally.**

### **2.5 Safe care**

NHS Boards have made significant progress in providing safe care within their hospitals. Along with a range of Hospital Associated Infection (HAI) improvement activity, the Scottish Patient Safety (SPS) Programme continues to drive improvement in clinical care and has been extended beyond the acute programme into primary care, maternity, neonates and paediatrics and mental

health services. **The LDP should set out the priority actions the NHS Board is taking across these programmes of work, the plans for spread and sustainability and the impact they are having on patient care and should include an example from each SPS programme of how safety of care has improved in the last 12 months. This should include plans to ensure that governance and leadership across managerial and clinical staff is in place for each programme and that robust data collection methods are in place to demonstrate improvement. Boards will work towards implementing the recommendations set out in the Vale of Leven Inquiry Report.**

## 2.6 Primary Care

Successful primary care is integral to the 2020 vision and integrated health and social care. The overwhelming majority of healthcare interactions are at primary care level, both in-hours and out-of-hours. In the context of an aging population with more people living with two or more long term conditions the number of interactions will increase as they are supported to manage their own conditions and live at home. Last year NHS Boards developed strategic assessments of primary care. These identified four key themes: leadership & workforce, planning & interfaces, technology & data, contracts & resources. **The LDP should set out the prioritised local actions that are being pursued to increase capacity in primary care and the resources identified to achieve this. The plan should also identify where national action would help local delivery.**

## 2.7 Integration

The Scottish Government has set out nine national health and wellbeing outcomes in secondary legislation supporting the Public Bodies (Joint Working) (Scotland) Act 2014. In the planning and delivery of health and social care services, the new integrated partnerships for health and social care are aiming to ensure successful delivery of these outcomes. A suite of integration indicators, to underpin the national health and wellbeing outcomes has also been developed to demonstrate progress. Integrated partnerships will be required to report on the national health and wellbeing outcomes and the underpinning indicators annually. Quality and safety for people who use our services must remain at the forefront during 2015-16 while the system transitions towards integration.

It is through the strategic commissioning process that the national health and well-being outcomes will be delivered and the required shift in the balance of care achieved. Integrated partnerships will be responsible for strategic planning, in partnership with the hospital sector, of those hospital services most commonly associated with the emergency care pathway, alongside primary and community health care and social care. The role of clinicians and care professionals, along with the full involvement of the third and independent sectors, service users and carers, will be embedded as a mandatory feature of the commissioning and planning process through the clinical and care governance framework now agreed, and through locality



arrangements. Integrated partnerships will be required to establish a strategic planning group to prepare the strategic plan - this group will include representation of these key stakeholders.

**The LDP should set out the key local actions that are being pursued to ensure effective involvement of clinical and care professionals in the strategic planning group. The LDP should also set out the redesign priorities emerging for the integrated care pathways delivered in the community.**

### 3. LDP Standards

Through the Local Delivery Planning approach, the NHS in Scotland has transformed unscheduled, elective and cancer waiting times; and we now see healthcare associated infections among the lowest on record delivered within the planned financial resources. The delivery of unscheduled and elective waiting times focussed on redesign of elective pathways and strengthening capacity both of which are fundamental to the delivery of quality services. Local improvement science capacity has been transformed over the last 10 years - since the introduction of HEAT - including the use of local stretch aims to drive improvement.

The LDP Standards are intended to provide assurance on sustaining delivery which will only be achieved by evolving services in line with the 2020 vision. As part of the LDP process, NHS Boards produce their own local capacity plans showing how they will deliver elective and unscheduled waiting time guarantees and standards. We expect the vast majority of elective patients to be treated locally or within NHSScotland facilities such as the Golden Jubilee or Stracathro. NHS Boards also develop Local Unscheduled Care Action Plans which in their third year will include a focus on site specific management; and unscheduled and elective capacity planning.

The Scottish Government has an established set of performance management principles to promote a culture in which targets and standards are delivered within the spirit they were intended, recognising that clinical decision making is more important than absolute delivery of targets and standards.

The A&E 4 hour standard follows clinical advice to sustain at least 95% of A&E patients being treated within four hours, as a step towards achieving 98%, which is among the toughest A&E standard anywhere in the world.

NHS Boards are expected to improve the 12 week outpatient waiting times performance during 2015/16 to achieve a 95% standard with a stretch aim to 100%, which applies to all source first outpatient referrals – not just those from GPs. Each and every NHS Board is expected to achieve the 12 week outpatient standard and the LDP should include a delivery trajectory. Long waits for outpatient appointments are unacceptable and NHS Boards must also eradicate waits over 16 weeks which is the longstop. This standard is intended to support clinicians ensure that urgent referrals continue to be prioritised and help NHS Boards to reduce costs associated with managing short-term disruptions to capacity and demand. The improvement work to transform outpatient services will support NHS Boards.

NHS Boards should deliver the 12 weeks outpatient standard in line with the 18 weeks RTT which remains in place with its 10% tolerance. As part of the RTT pathway, it is important that the 8 key diagnostic tests remain as short as possible - long waits are unacceptable. NHS Boards' local capacity plans must include diagnostics. NHS Boards will need to ensure that they are

compliant with the 12 weeks legal TTG. This package of elective waiting times standards is among the most comprehensive anywhere in the world. The Scottish Government will continue to closely monitor elective waiting times across Scotland.

The Scottish Government expect that NHS Boards will improve SAB infection rates during 2015/16 - close monitoring of SAB will continue. Research is underway to develop a new SAB standard for inclusion in LDP next year.

The Scottish Government will continue to review the LDP Standards to ensure that their definitions are consistent with changes in service delivery through the 2020 vision.

## **NHS LDP Standards**

**People diagnosed and treated in 1<sup>st</sup> stage of breast, colorectal and lung cancer (25% increase)**

**31 days from decision to treat (95%)**

**62 days from urgent referral with suspicion of cancer (95%)**

*Early diagnosis and treatment improves outcomes.*

**People newly diagnosed with dementia will have a minimum of 1 years post-diagnostic support**

*Enable people to understand and adjust to a diagnosis, connect better and plan for future care*

**12 weeks Treatment Time Guarantee (TTG 100%)**

**18 weeks Referral to Treatment (RTT 90%)**

**12 weeks for first outpatient appointment (95% with stretch 100%)**

*Shorter waits can lead to earlier diagnosis and better outcomes for many patients as well as reducing unnecessary worry and uncertainty for patients and their relatives.*

**At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation**

*Antenatal access supports improvements in breast feeding rates and other important health behaviours.*

**Eligible patients commence IVF treatment within 12 months (90%)**

*Shorter waiting times across Scotland will lead to improved outcomes for patients.*

**18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (90%)**

*Early action is more likely to result in full recovery and improve wider social development outcomes.*

**18 weeks referral to treatment for Psychological Therapies (90%)**

*Timely access to healthcare is a key measure of quality and that applies equally to mental health services.*

**Clostridium difficile infections per 1000 occupied bed days (0.32)**

**SAB infections per 1000 acute occupied bed days (0.24)**

*NHS Boards area expected to improve SAB infection rates during 2015/16. Research is underway to develop a new SAB standard for inclusion in LDP for 2016/17.*

**Clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery (90%)**

*Services for people are recovery focused, good quality and can be accessed when and where they are needed.*

**Sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings**

**Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas**

*Enabling people at risk of health inequalities to make better choices and positive steps toward better health.*

**48 hour access or advance booking to an appropriate member of the GP team (90%)**

*Often a patient's first contact with the NHS is through their GP practice. It is vital, therefore, that every member of the public has fast and convenient access to their local primary medical services to ensure better outcomes and experiences for patients.*

**Sickness absence (4%)**

*A refreshed Promoting Attendance Partnership Information Network Policy will be published in 2015.*

**4 hours from arrival to admission, discharge or transfer for A&E treatment (95% with stretch 98%)**

*High correlation between emergency departments with 4 hour wait performance between 95 and 98% and elimination of long waits in A&E which result in poorer outcomes for patients*

**Operate within agreed revenue resource limit; capital resource limit; and meet cash requirement**

*Sound financial planning and management are fundamental to effective delivery of services.*

## 4. Financial planning

It is recognised that there are specific cost pressures that will need to be managed within the context of Boards' achieving financial balance in 2015/16. The Draft Budget 2015/16 sets out NHS Board allocations. Final NHS Board allocations will be agreed through the Scottish Budget. Financial planning is an integral component of LDPs. **To ensure that Boards plan over the longer term, financial plans are generally required for a three year period. However, a five year plan is required where any of the following apply: major infrastructure development, brokerage arrangements are in place, underlying deficit of over 1% of baseline resource funding or major service redesign.** In terms of capital, a five year plan is required from all Boards. Boards are notified individually regarding the period of their financial plan. NHS Boards must include draft financial plans as part of their LDP submission, in line with the timetable presented. In particular, NHS Boards are asked to complete the financial templates and provide a supporting narrative. Particular emphasis should be placed on workforce planning and NHS Boards should provide assurances that their proposed workforce requirements are driven by and reflect service change and are affordable. The detailed financial information included in the templates will be used to assess each Board's financial projections, including key risks/assumptions, to ensure achievement of financial targets. Financial templates will also include plans for efficiency savings. All savings are retained locally by territorial Boards to reinvest in front-line services which directly benefit patients.

## 5. Workforce

Everyone Matters: 2020 Workforce Vision Implementation Plan 2015-16 builds on the actions from 2014-15. Boards are required to provide information on 2 key workforce areas in the LDP this year.

**NHS Boards should provide a short outline of their local implementation plans for 2015-16 to deliver the 5 priorities in the Everyone Matters: 2020 Workforce Vision Implementation Plan 2015-16. The 5 priorities are: Healthy Organisational Culture, Sustainable Workforce, Capable Workforce, Integrated Workforce and Effective Leadership and Management.**

**NHS Boards should indicate any workforce areas where there is a risk to delivering service.** Specifically Boards are asked to make clear reference to:

- the use of Nursing and Midwifery Workload and Workforce Planning tools; recruitment issues, vacancy rates or concerns – professions or groups of professions affected, services affected – steps being taken or national approach required;
- areas in which services are being developed which may have specific implications for the NHS workforce, or for individual professions as appropriate, and steps taken to manage these locally e.g. Health

Visitors, School Nurses, Advance Nurse Practitioners, Health Care Support Workers;

- demographic information i.e. age of workforce impacting on service delivery, local pressures, staff numbers, other workforce factors influencing the sustainability or otherwise of services;
- how workforce factors are being dealt with as part of action being taken to address services which are under stress e.g. A&E, Oncology, Radiology.

NHS Boards will continue to be required to publish their wider workforce plan during 2015 and further guidance on the timings and process for submitting these, and workforce projections to the Scottish Government, will follow in due course. NHS Boards are reminded that the application of the Nursing and Midwifery Workload and Workforce Planning Tools are mandatory and should be used and documented in the development of Workforce Plans and workforce projections.

## 6. Community Planning Partnership Contribution

The Community Empowerment (Scotland) Bill, introduced to Parliament in June 2014, strengthens community planning by: giving Community Planning Partnerships (CPPs) a statutory footing; explicitly stating public bodies, including NHS Boards, will work together with communities to improve outcomes for a local area; and placing new duties on a CPP and public sector partners to resource and improve local priority outcomes. The Bill will be enacted during 2015, subject to Parliamentary approval. But NHS Boards and partners should anticipate its provisions, both through their own contribution to community planning, and by monitoring and if necessary testing the contributions of other partners as part of effective performance management within the CPP. In light of the integration of health and social care (see above), NHS Boards will of course also need to work in partnership with the new Integration Authorities to ensure correlation between plans and consistency across the planning landscape.

**In this LDP we are asking NHS Boards to indicate how they will continue to strengthen their approach to community planning during 2015/16, through both their direct contributions and how they demonstrate leadership within the CPP. This should focus on how the CPPs act to improve local priority outcomes which relate to health and wellbeing, and how they shift activity and spend towards tackling inequalities, prevention and community empowerment. The Scottish Government will discuss progress against these commitments with NHS Boards.**

## 7. LDP Submission

Final LDPs should be submitted on 20 March 2015.



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