



## **POLICY FRAMEWORK STATEMENTS 2013-16**

## Policy Framework Statement 2013-16

### Unpaid Care

#### 1. National Context

The role of unpaid carers is increasingly recognised at Scottish Government level. There are an estimated 657,000 carers in Scotland caring for children, adults and older people with care needs. As carers get older, they take on more caring responsibility. With the ageing population, the number of carers in Scotland is expected to grow to an estimated million by 2037.

Specific outcomes and commitments to supporting carers are set out in Caring Together: the Carers Strategy for Scotland 2010-15 and Getting it Right for Young Carers which promote the following vision:

- Carers are recognised and valued as equal partners in care;
- Carers are supported and empowered to manage their caring responsibilities with confidence and in good health and to have a life of their own outside of caring;
- Carers are fully engaged as participants in the planning and development of their own personalised, high-quality, flexible support; and
- Carers are not disadvantaged, or discriminated against, by virtue of being a carer.

The role of carers and requirements for support are also a core part of other major national policy priorities, most significantly Reshaping Care for Older People and the Change Fund.

These increasingly reflect the shared responsibility of Local Authorities and Health Boards to support carers in a joined up way, and to recognise and plan for the contribution of carers and support required as part of major change programmes.

#### 2. Local Context

NHSGGC recognises the fundamental importance of unpaid care to our whole range of services and objectives, and the impact which caring can have on carers' own health, wellbeing and economic status.

The focus for this policy framework for 2013-16 is to ensure that, across all our services, we:

- Treat carers as partners;
- Identify who has caring responsibilities, understand their needs, and support and involve them as individuals and in their caring role; and
- Understand our current and likely future reliance on unpaid care and plan accordingly.

NHSGGC continues to receive an annual allocation of Carers Information Strategy funding which is expected to continue until 2013-14 at least. This is intended to support carer identification, training and information, and improved awareness amongst staff, as well as strong carer engagement in service planning and delivery.

Responsibility for planning and support for carers lies with each of the six CH(C)Ps and the Acute Division. The past few years has seen greater joint planning with Local Authorities for carers including the development of joint carers' strategies, particularly in the integrated CHCPs. This has reflected a more joined up approach to support for carers and the great alignment of Carers Information Strategies, Carers Strategies and support for specific groups including older people. The six Change Fund plans all include support for carers, particularly focused on ensuring successful discharge and/or avoiding crisis and breakdown of carers' arrangements.

### **3. Key Issues for Planning Frameworks**

In developing outcomes, each planning framework should consider the following issues. The term 'carers' includes young carers who may have specific additional requirements:

- How carers of people accessing the relevant services are identified and have access to assessment;
- How carers can be involved in decisions about care and treatment, where appropriate;
- The impact of proposed service changes on carers, specifically in relation to the development of supported self care and self management, supporting care at home, and personalisation/self directed support;
- How training can be provided to carers on specific conditions to increase their confidence in caring;
- The capacity, availability and flexibility of respite and short breaks;
- How the health needs of carers will be addressed, and how access arrangements will be flexible enough to accommodate caring responsibilities;
- Financial inclusion support for carers; and
- How timely advice and information can be provided to carers.

Specific actions for individual frameworks include:

- Older people: Understanding of the implications and unpaid care requirements of reshaping care for older people, and a clear assessment of how carers will be identified and supported. Engagement of carers in the development of plans. Support for carers of those with dementia. Consideration of how overall service improvements and joined up care will enable carers to continue in their caring role. The impact of support in relation to the change fund performance measures needs to be explicit;
- Primary Care: Identification of carers in primary care and referral on for assessment and support;
- Long term conditions and Disability: Include the impact on and contribution of carers to shifting the balance of care and the further development of support self care and self management;
- Acute: Identification of carers and provision of support, particularly in discharge planning;

- Children and maternity: Support for carers of children and young adults with significant health needs or disability. Identification and support for young carers, including children affected by parental substance misuse;
- Cancer: Condition specific information and support for carers; and
- Mental health: Identification and support, including engagement in care planning.

#### **4. Additional Direction for Development Plans**

Development plans should clearly set out action to:

- Identify which staff are most critical in identifying and supporting carers and young carers, and provide them with training and information to identify carers and carers' needs and to signpost to appropriate services;
- Improve understanding of 'who our carers are' to ensure that the needs of different equalities groups are recognised and responded to. For example, the burden of care may fall disproportionately onto women, and often onto older people; caring is often associated with poverty because it may restrict ability to work or take part in education;
- Work in partnership with Local Authority partners to provide joined up support for carers through the delivery of local carers' strategies;
- Engage with carers and carers organisations on the development, delivery and monitoring of plans, including continuing to meet the (2011)17 requirement that carers are represented on Community Health (and Care) Partnerships;
- Use Carers Information Strategy funding in a robust and joined up way to improve the identification and support of carers; and
- Support carers to be economically and socially active – maintaining or supporting access to work, education, volunteering. This may involve signposting to non NHS services or sources of advice.

## **Policy Framework Statement 2013-16**

### **Employability, Financial Inclusion and Responding to the Recession**

#### **1. National Context**

Despite a range of national policies which address poverty and inequality there are a set of current concerns such as the impact of welfare reform, austerity, the recession and budget pressures which are likely to make things worse for many people living in NHS GGC.

#### **2. Local Context**

The Employability, Financial Inclusion and Recession Framework complements the Tackling Inequality Policy Framework and the Health Improvement Framework. Outcomes in the planning frameworks support the delivery of two Corporate Plan strategic priorities:

- Early intervention and preventing ill-health; and
- Tackling inequality.

#### **3. Key Issues for Planning Frameworks**

##### **General considerations for each planning framework**

All planning frameworks should consider the impact of the current economic climate and welfare reform on patients in their services. For example is an increase in poverty going to widen the gap in health outcomes for your patients and if so how will your outcomes mitigate the impact on health?

##### **Additional issues for specific frameworks**

Where appropriate, planning frameworks should include outcomes to address the employability aspirations, money worries and impacts of the recession of people using their services under the following priorities.

##### **Early Intervention and preventing ill-health**

We have improved employability outcomes for people who have barriers to work caused by disability or long term ill-health.

We have identified patients at risk of poverty and referred them for financial inclusion advice.

##### **Tackling inequality**

People with barriers to accessing services caused by poverty will be supported so that their health needs are addressed.

We have narrowed the health gap by mitigating the impact of welfare reform on patients.

#### **4. Additional Direction for Development Plans**

As in previous years, Development Plans will be required to demonstrate actions to meet the employability and financial inclusion aspirations of the organisation. This will include evidence of implementing the following:

- Modern apprenticeships;
- Social benefits clauses in NHS contracts;
- Active involvement in employability and financial inclusion partnerships;
- Staff routinely asking patients questions on employment, money worries and other social circumstances affecting their health;
- Clear pathways between health services and employability and financial inclusion support organisations;
- Rehabilitation for people to help them return to work to fulfil the requirements of the Scottish Offer;
- Action to improve staff health; and
- Action to ameliorate the impact of welfare reform and the recession.

A report on the recession indicators developed by NHSGGC will be made available in October 2012.

The Understanding Glasgow website can be used to understand the current economic situation for people in Glasgow.

Updates on the impact of welfare reform will be made available on the Planning intranet site.

## Policy Framework Statement 2013/16

### Health Improvement

#### 1. National Context

Health Improvement is strongly associated with a number of the 15 national outcomes, both in relation to the health service's delivery role as well as the NHS' public health influencing role.

This includes lifestyle interventions to reduce individual risk as outlined within Health Improvement HEAT targets, in addition to the development and delivery of local health policies to reduce the impact of key risk factors at a population level including:

- National Obesity Route Map (2010);
- Changing Scotland's Relationship with Alcohol framework (2009/2012);
- The Road to Recovery (2008); and
- Forthcoming National Tobacco Strategy (autumn 2012).

The outcome of the national review of Community Planning (Cosla/Scottish Government 2012) will establish additional expectations on Boards in 2013 to address causal factors in poor healthy life expectancy and health inequalities as well as public service improvements across Community Planning Partners.

A focus on Early Years intervention (2008) establishes a clear policy directive on antenatal care, parenting, young people and service redesign and community based interventions as part of Getting it Right for Every Child.

The impact of community infrastructure and capacity to enable people to live at home longer, along with the benefits of healthy living at all ages, is central to Reshaping Older People's Care (2011) and the Scottish Government's 20:20 Vision

#### 2. Local Context

Health Improvement and early intervention are defined priorities within the Corporate Plan and responsibilities of the whole organisation. This policy framework outlines the direction of travel required in the short to medium term for all NHSGGC service areas and entities reflecting the wider workforce's role, our specialist health improvement/public health workforce's contribution and the combined effect of our influencing role with partners.

The focus required to deliver on this corporate plan priority for 2013-16 is to ensure that, across all our services, we develop and deliver a health improvement agenda that incorporates the following:

- Children have the best start in life;
- Everyone leads a more active and healthy lifestyle;
- Improved life circumstances; and
- People are supported to live independently.

Health improvement overlaps significantly with activity to tackle health inequalities and narrow the health inequalities gap and should influence the wider social determinants of health as well as differentials in access to services.

### 3. Key Issues for Planning Frameworks

Within the planning cycle 2013-16 we need to integrate health improvement actions within mainstream services and models of care to promote early intervention and prevent ill health:

- Maximise anticipatory care and opportunistic interventions ('teachable moments') within routine care;
- Facilitate & enable access to services which improve health and wellbeing and reduce key risk factors;
- Promote enhanced and targeted access by disadvantaged groups in relation to early detection, anticipatory care interventions and health wellbeing services;
- Improve identification and support to vulnerable children and families and achieve greater impact with child focused health improvement programmes including; breastfeeding, parenting and maternal tobacco and alcohol issues;
- Develop and implement a robust strategy to address mental health promotion; and
- Support independent living for disabled, vulnerable and older people.

Planning frameworks should identify as part of our public health role outcomes that relate to both the NHS and as a partner organisation:

- Areas of local (GGC or CHP) public health policy development;
- Environments that support health improvement for individuals, communities and populations;
- Reduce the demand for health services through the engagement of communities within community settings and out with the context of health care provision; and
- Strengthening community capacity focussing on vulnerable individuals, families, older people and other groups at key transitional life stages.

Specific actions for individual frameworks include:

**Children and Maternity:** Improve identification and support to vulnerable children and families to reduce key risk factors in relation to Healthy Pregnancy/(maternal smoking/nutrition/poverty); Healthy Early Years (infant nutrition/oral health/smoke free/immunisation/poverty); Parenting (Parenting Framework/Triple P); Children and Youth Education Programmes (mental health/child healthy weight) and immunisation programmes.

**Drugs and Alcohol:** Increase identification of and reduce key risk factors through prevention and education programme and brief intervention (alcohol and drugs).

**Mental Health:** Increase identification of and reduce key risk factors through prevention and education programmes (mental health/youth Health) and brief intervention to support Healthy lifestyles (tobacco/alcohol/ healthy weight). Plan and deliver services to address preventative mental health influencing meaningful social and economic engagement and social and emotional resilience in partnership with key agencies. (anti -poverty and 'employability' programmes (SOA)' Community

Assets and capacity building (volunteering) and resilience and coping (physical activity/harm reduction / suicide prevention / access to services).

**Sexual Health:** Sexual Health prevention and education programmes (HIV prevention/teenage pregnancy).

**Cancer:** Increase early detection and increase the use of anticipatory care including; brief intervention (tobacco/alcohol/ healthy weight) and screening (Early Detection), immunisation and reducing impact and risk (poverty /life circumstances) and reduce key risk factors through prevention and education programme.

**Long Term Conditions:** Strengthen supported self care in the ongoing management of long term conditions (Information/education/peer support) recognising and including the contribution of the voluntary sector and wider community partners. Increase the use of anticipatory care including brief intervention to support healthy lifestyles (tobacco/alcohol/ healthy weight).

**Disability:** Enable disadvantaged groups to use services in a way which reflects their needs and support healthy lifestyles and wellbeing (tobacco/alcohol/ healthy weight/poverty/education/literacy/ financial Inclusion/health advocacy/ employability).

**Older People:** Enable more older people to stay healthy through intervention on health and mental wellbeing (social isolation/physical activity/nutrition) and access to Health and Wellbeing Services (poverty/education/literacy/financial Inclusion/health advocacy).

**Acute Services/Primary Care:** Increase identification of and reduce key risk factors through use of anticipatory care, screening and brief intervention to support Healthy lifestyles (tobacco/alcohol/ healthy weight); improve access to Health and Wellbeing Services (poverty/ education/literacy/financial inclusion/health advocacy/ employability) and implementation of Health Promoting Health Service within care setting.

#### 4. **Additional Direction for Development Plans**

Development plans should clearly set out Health Improvement actions which demonstrate:

- A proven effectiveness, evidence based design or an ability to contribute to the evidence base and defined organisational learning ;
- The ability to scale up and sustain successful interventions at a population level;
- Workforce implications and skill mix within all professions required to deliver Health Improvement as part of routine care; and
- Engagement with a range of community planning partners and third sector agencies to deliver health improvement and reduce health inequalities.

On a cross system basis the Health Improvement and Inequalities group will undertake work to develop:

- A strategic framework for Health Improvement to support delivery across the system;

## Health Improvement

- A refined set of Health Improvement performance indicators based on outcome focused planning linked to planning frameworks;
- Defined 'health' outcomes for Community Planning which will be developed collaboratively to inform and support future local Single Outcome Agreements; and
- A system-wide approach to wider health practitioner and health improvement specialist workforce development.

## Policy Framework Statement 2013-16

### Tackling Inequalities

#### 1. National Context

Within the context of the 15 National Outcomes set by the Scottish Government, we are required to contribute to tackling the significant inequalities in Scottish society.

In addition, we are bound by the general duties contained within the Equality Act 2010 as well as the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 which became law in May 2012. The Specific Duties for the Equality Act 2010 require us to continue to report on how we integrate inequalities into all our work and this duty will be met by the production of an Equality Scheme for 2013 -16.

#### 2. Local Context

NHSGGC is committed to becoming an Inequalities Sensitive Health Service (ISHS) with a focus on tackling discrimination, closing the health gap and meeting the needs of marginalised groups. This work overlaps significantly with the delivery of the Quality Policy.

We have recently reviewed our progress towards an ISHS and have identified where we still need to make significant improvements which are reflected below.

#### 3. Key Issues for Planning Frameworks

##### General

As part of the Specific Duties for the Equality Act we are required to identify a set of published equality outcomes by April 2013 which cover the next four years. This specific duty aims to bring practical improvements for those who experience discrimination and disadvantage. In practice, equality outcomes are intended to achieve specific and identifiable improvements in people's life chances.

In order to address our local requirements and to ensure that we produce a set of equality outcomes, each planning framework should:

- Consider data and other evidence which shows persistent differentials in health outcomes, uptake of health care and patient experience between people with protected characteristics<sup>1</sup> or in relation to social class; and
- Set equality outcomes to address these differentials.

An example of an equality outcome would be closing the gap in the uptake of bowel screening between for men in SIMD 1 and 5, based on the evidence that there is an increase risk of bowel cancer for men experiencing deprivation and that there are lower rates of uptake for men than women.

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<sup>1</sup> The personal characteristics covered in the Equality Act 2010 are- ethnicity, disability, sex, sexual orientation, gender reassignment, religion and belief, maternity and pregnancy, marriage and civil partnership

## **Outcome on Inequalities Sensitive Practice for planning frameworks**

In order to build on the Inequalities Sensitive Practice (ISP) programme and link to the Corporate Outcome: each planning framework should also identify an equality outcome that would be achieved through ISP.

An example of an inequalities sensitive practice outcome would be improving the support for pregnant women by increased disclosure of their experience of gender based violence based on the evidence that there is an increased risk of domestic abuse in pregnancy (Maternal and Child Planning Framework).

### **4. Additional Direction for Development Plans**

As in previous years, Development Plans will be required to demonstrate how mainstreaming will be driven forward. This will include evidence of implementation of the following:

- Innovative ways of collecting disaggregated patient information;
- What EQIAs will be carried out;
- Improvement in the availability and use by staff of accessible information and interpreting in BME languages and British Sign Language;
- Improvement trajectories for staff training in equality and diversity and ISP; and
- Improvement plans which show that mainstream services are meeting the needs of marginalised groups.

## Policy Framework Statement 2013-16

### Quality

#### 1. National Context

The main national driver continues to be the NHS Scotland Healthcare Quality Strategy which was published in May 2010, and the subsequent NHS Scotland 2020 vision which sets out the national commitment to care which is safe, effective and person centred.

The key theme is the continued ambition that quality should provide an overarching framework and measure for all that we do. Specifically, six quality outcomes provide the framework for NHS performance arrangements and HEAT targets:

- Everyone gets the best start in life, and is able to live a longer, healthier life;
- People are able to live at home or in the community;
- Healthcare is safe for every person, every time;
- Everyone has a positive experience of healthcare;
- Staff feel supported and engaged; and
- The best use is made of available resources.

*The Patient Rights (Scotland) Act 2011* is also a key driver, along with the *Charter of Patient Rights and Responsibilities* agreed in September 2012. This sets out rights and responsibilities on Access, Communication and participation, Confidentiality, Respect, Safety and Feedback and complaints.

#### 2. Local Context

NHSGGC's Corporate Plan identifies the national quality strategy and our own local quality improvement programmes as a key organisational priority.

Our focus will be on ensuring that care is person centred, safe and clinically and cost effective. There is a huge range of activity which could come under the banner of 'quality', and a consequent need to focus on a clear set of commitments and priorities. We need to continue our shift towards defining clear quality outcomes and to embed this in our performance management systems; focusing on caring and experience of care as well as treatment.

The Board's Quality and Performance committee ensures that quality of care is given equal weighting in scrutiny of the Board's activity and performance. The Quality Policy Development Group provides oversight and direction across the Board, and its key challenge is to understand how a range of existing and new activities contribute to demonstrable improvements in quality of care.

#### 3. Key Issues for Planning Frameworks

All frameworks should demonstrate that investments in current and new services are rigorously scrutinised for effectiveness and efficiency, our decisions are informed by that scrutiny and resources shift accordingly.

Outcomes should demonstrate how service changes will sustain or improve quality and reduce cost.

Outcomes in all planning frameworks should focus on the issues highlighted in the corporate plan and demonstrate specific targeted improvements for the following:

- Making further reductions in avoidable harm and in hospital acquired infection;
- Patient engagement across the quality, effectiveness and efficiency programmes;
- Improving appropriate access on a range of measures including waiting times, access to specialist care; physical access and needs responsive access;
- Improving patient centred care, within the context of the Board's emerging framework. Specifically, frameworks should consider actions to improve the care and care experience of older people, building on the Board wide work to understand and improve the experience of older people in all parts of NHSGGC;
- Inequalities, linked to the direction provided in the inequalities policy statement;
- Patient experience measures including the Better Together patient survey responses; and
- Engagement with staff on system wide redesign programmes.

Issues for specific frameworks:

- Older People: Outcomes to reflect the priority of improving care for older people, including care in appropriate settings, and with a particular focus on dementia;
- Mental health: Continued development of exemplar models of practice, particularly in relation to understanding the patient experience and improving the patient- professional relationship;
- Primary care: Ensure that independent contractors are fully involved in quality programmes and that disparate strands of work are brought together; and
- Children and Maternity: Early intervention, Rights of the Child and robust Child Protection arrangements.

#### **4. Additional Direction for Development Plans**

In addition to deliver the planning framework outcomes, development plans should demonstrate:

- Robust arrangements for patient and public involvement in service change, to meet the requirements of the Participation Standard and Informing, Engaging, Consulting guidance;
- Local arrangements for gathering and using patient experience information for all services, specifically engaging with older people to identify local areas for improvement;
- How the role of volunteering will be developed; and
- How local FTFT and staff engagement processes will support the involvement of staff to improve quality.

## Policy Framework Statement 2013-16

### Sustainability

#### 1. National Context

The Climate Change Act (2009) continues to drive sustainability measures across Scotland including annual targets for Co2 reduction, duties to maintain and protect biodiversity and the requirement to actively consider climate change adaptation. The challenging national commitments are reflected in public sector duties and targets and specific requirements for NHS Boards. These are set out in the Policy on Sustainable Development for the NHS in Scotland and the Revised Sustainable Development Strategy (January 2012) and link to the national outcomes including:

- We reduce the local and global environmental impact of our consumption and production;
- We value and enjoy our built and natural environment and protect it and enhance it for future generations; and
- We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.

NHS Boards are required to have clear governance and leadership arrangements in place to ensure that all legislative and mandatory requirements relating to sustainability are met. This includes the development of an annual Sustainable Development Action Plan, and regular assessment and reporting using the Good Corporate Citizenship Assessment Model (GCCAM). GCCAM sets out a framework for sustainable development focusing on:

- Travel;
- Procurement;
- Facilities;
- Community Engagement;
- Workforce; and
- Buildings.

#### 2. Local Context

NHSGGC is committed to a comprehensive approach to Sustainability focused on demonstrable improvement across the six themes of GCCAM.

The Board's Sustainable Development Action Plan is led by the Sustainability Planning and Implementation Group. Progress has been made across all the six themes and in meeting legislative and mandatory requirements. However, energy costs are a significant and growing cost pressure for the Board due to increases in gas and electricity tariffs, carbon charges and changes to supply arrangements. Further increases in gas and electricity tariffs are expected in future years. Achieving sustained reductions in energy use is a core part of cost savings plans and a key aim of this framework.

To achieve reductions in use requires a combination of better capital planning, improved 'housekeeping' and individual behaviour and management of buildings,

introduction of more energy efficient equipment and an increase in energy and environmental awareness. Site specific energy reporting is now available to support local action.

### **3. Key Issues for Planning Frameworks**

In developing outcomes, planning frameworks should consider:

- The potential for service redesign to include reduction in costs due to energy use and carbon emission, by considering accommodation, use of buildings and travel arrangements for staff and patients;
- How communities will be engaged in service developments;
- How programmes of work to shift the balance of care will enable a shift away from high cost and high intensity areas, and support self management and development of local communities; and
- Effective use of greenspace in the Board and its contribution to therapeutic outcomes.

Specifically, the Primary Care planning framework should consider how accommodation strategies for independent contractors will include sustainability and environmental concerns.

### **4. Additional Direction for Development Plans**

A large number of actions in the Board's Sustainable Development Action Plan will be led by the relevant Board wide leads, including for Procurement, Waste, Capital Planning and Facilities, under the direction of the Sustainability Planning and Implementation Group. Development plans (primarily the acute development plan) should include the actions which those Board wide leads will take for their area of responsibility.

All development plans should demonstrate how they will support this with local action in the following areas:

- Reducing energy use, using site energy consumption information as a baseline and measure of progress. This should include:
  - Supporting local implementation of the Ecosmart campaign, ensuring that key messages are communicated to staff, supporting local champions and enabling staff in high impact roles to attend environmental training.
  - Taking a more active role in understanding and addressing the use of facilities, including conducting local environmental audits and taking action to address the issues raised.
  - Ensuring local building managers (e.g. health centre managers) take a more explicit and central role in reducing energy consumption.
- Ensuring that arrangements for joint planning with Community Planning partners support progress on:
  - Transport and travel, including the development of infrastructure for walking, cycling and public transport.
  - Use of green space and biodiversity.

- Development of local suppliers.
- Community engagement and cohesion.
- Promoting active travel through:
  - Supporting alternatives, e.g. good cycle facilities, cycle/walking access routes, information on alternatives.
  - Supporting car sharing or pooling.
  - Carrying out a travel plan for major sites.
- Ensuring staff are aware of and able to access local recycling facilities, and support staff to segregate clinical and waste appropriately.
- Support staff and workplace health through:
  - Health at work initiatives. Achieve at least silver Healthy Working Lives award and commence plans for Gold.
  - Flexible working practices.
  - Increasing options for active travel and healthy food choices.
- Including sustainability issues in individual objective setting and performance review, and in local induction.

The overall targets we aim to meet through these approaches are:

- HEAT E8-1: Reduce Co2 emissions for fossil fuel related usage by 3% year on year till 2014-15;
- HEAT E8-2: Continue to reduce energy consumption based on a national average year-on-year energy efficiency target of 1% by 2014-15;
- Good Corporate Citizenship Toolkit: continued improvement in self assessment scores for each of the six themes;
- Compliance with Corporate GREENCODE;
- Reduction in domestic waste to landfill – 100% landfill avoidance;
- Excellent BREEAM Healthcare rating in new buildings, and a Very Good rating in refurbishments;
- Reduction in water consumption in our buildings; and
- Reduction in Co2 emissions from road vehicles used for administrative purposes.