

Dear Colleague

## Local Delivery Plan Guidance 2016/17

### Summary

The LDP Guidance 2016-17 sets out the performance contract between the Scottish Government and NHS Boards.

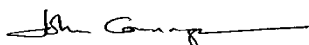
### Background

Significant policy developments underway include the national clinical strategy, integration of Health & Social care, national conversation and a range of service reviews. The scale of the challenges that NHSScotland faces means that we need to deliver fundamental reform and change to the way that the NHS delivers care.

### Action

The LDP Guidance should be considered alongside the guidance for Health & Social Care Partnerships on strategic commissioning and Scotland's spending plans and draft budget for 2016-17. It should also be considered within the context of wider health & social care policy developments outlined above. NHS Boards should submit a draft LDP by 4 March 2016. Health & Social Care Partnerships are established from 1 April 2016 and it is important that they are involved in the preparation of LDPs with a relationship based on collaboration and alignment. The Scottish Government will provide feedback on drafts during March. NHS Boards should submit their final LDP by 31 May 2016. All Plans should be submitted to [NHSLocalDeliveryPlans@gov.scot](mailto:NHSLocalDeliveryPlans@gov.scot)

Yours sincerely



**JOHN CONNAGHAN CBE**  
NHSScotland Chief Operating Officer

**DL (2016) 1**

13 January 2016

---

### Addresses

#### For action

NHS Board:

1. Chief Executives
2. NHS Directors of Planning

Other

1. Directors of Social Work
2. Health & Social Care Partnership Chief Officers

#### For information

1. NHS Board Chairs
2. COSLA

### Enquiries to:

Stuart Low  
NHSScotland Resilience &  
Business Mgt Division

Tel: 0131 244 3458

E-mail:

[stuart.low@scotland.gsi.gov.uk](mailto:stuart.low@scotland.gsi.gov.uk)

---

# 1. Local Delivery Plan Guidance 2016/17

## 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 Delivering Outcomes: New approach to health and social care planning

During 2016/17 as we continue the transition towards integrated health and social care, the Local Delivery Plan (LDP) will continue to be the contract between Scottish Government and NHS Boards. This year's LDP Guidance should be considered alongside guidance for Health and Social Care Partnerships on their strategic commissioning plans. It should also be considered alongside Scotland's Spending Plans and Draft Budget 2016-17. (Note that this guidance refers to "Health & Social Care Partnerships" (i.e.) Integration Authorities, whether an Integration Joint Board or Lead Agency is in place.)

The nature and scale of the challenges that our NHS faces, in particular the challenge of an ageing population, means that we need to deliver fundamental reform and change to the way that our NHS delivers care. The Scottish Government is prioritising investment in transforming healthcare services to meet the needs of the future and to ensure delivery of our 2020 Vision. The fundamental realignment of resources announced in the draft Budget will build the capacity of community-based services. It will mean that fewer people need to go to hospital, but it will also ensure that where hospital is necessary, people will return home more quickly. New investment will support the transformation of primary care to develop new and improved models of care, with multidisciplinary teams working together to meet the needs of their communities. Additional elective capacity to meet the growing needs of an older population is planned for the next five years in six new treatment centres, which will equip the NHS to carry out increased numbers of hip and knee replacements and cataract operations in a way that does not add pressure to our emergency services.

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 – including delayed discharge. There is a legal duty for Health and Social Care Partnerships to produce a Strategic Plan (which must be reviewed and revised every three years) and a duty for the delegating parties to be fully involved throughout that process. Health and Social Care Partnerships are established from 1 April 2016 and it is important that they are involved in the preparation of LDPs with a relationship based on collaboration and alignment. For this year, this will mean that draft LDPs will be submitted to Scottish Government by the end of February and final LDPs by end of May – this will support managed and orderly planning.

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. This work is being taken forward in the context of the national conversation, national clinical strategy and reviews of services including out of hours primary care services. The Local Delivery Plan and its underpinning framework will also be reviewed over the coming 12 months.

This year's LDP builds on last year and requires NHS Boards to develop concise plans focused on new actions planned in a small number of strategic improvement priority areas to improve outcomes for patients and the people of Scotland.

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. The LDP also sets out standards that NHS Boards should pursue to improve services for patients. LDPs should address these with a focus on demand and capacity planning.

Progress against the LDP 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 Health and Social Care Partnerships to deliver the improved outcomes for the people of Scotland.

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.

## 2. Local Delivery Plan

In developing the plans NHS Boards should consider:

- What are the improvement aims that have been agreed locally?
- What actions will be taken to move towards that aim?
- What measures will be used to assess improvements made?

The material included in the LDP should be concise and NHS Boards are encouraged to reference local plans where appropriate.

### 2.1 Health Inequalities and Prevention

The Scottish Government is committed to enabling those more at risk of health inequalities – physical, mental or both – 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; and
- health improvement actions to promote healthy living and better mental health.

This activity should also be focussed through the NHS workforce and the Health Promoting, Health Service as well as with the wider community.

The LDP should set out local priorities for how they will address health inequalities and improving prevention work based on the needs of their local population and own workforce. 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. Plans in particular should set out what is being done to tackle the preventable causes of the costs to the NHS and society of preventable disease. Alongside the public health themes addressed by the existing LDP standards, Boards should provide details of their priorities for actions to address the unsustainability of the burdens arising from poor diet and weight management.

### 2.2 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 August 2016. The LDP should also set out plans for health visitors including baselines and additional numbers being recruited through to 2018.

### 2.3 Safe Care

NHS Boards continue to make significant progress in providing safe care within their hospitals. Along with a range of Hospital Associated Infection (HAI) improvement activity, the Scottish Patient Safety Programme (SPSP) 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. Healthcare Improvement Scotland wrote to Boards in August 2015 to advise them that data submission on the SPSP 9 Points of Care would now be divided into '6 core' and '3 supplementary' measures. Although submission of supplementary measures data to SPSP would be on a discretionary basis, Boards were advised that sustained progress against all of the 9 Points of Care should continue.

The LDP should set out how Boards are taking forward one of the 3 Points of care where data submission is supplementary. These are

- Venous Thromboembolism (VTE)
- Heart Failure
- Surgical Site Infection (SSI)

Detail should include plans for spread and sustainability, the impact this area is having, and will have on patient care and how Boards are collecting data to drive local improvement. This should include an example from each SPSP of how safety of care has improved in the last 12 months.

In recognition of the contribution which NHS Boards can make to wider quality improvement across the integrated health and social care landscape, Boards should provide detail on how they are engaging with Local Authorities and care providers to achieve the aim of achieving a 50% reduction in grade 2-4 pressure ulcers acquired in hospital or care home by end of 2017.

The Scottish Government expect that NHS Boards will improve SAB infection rates during 2016/17 - close monitoring of SAB will continue. Research is underway to develop a new SAB standard for inclusion in the LDP.

### 2.4 Person-Centred

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 deliver person-centred care. This may be done with reference *either* to:

- How Boards will deliver a positive care experience in accordance with the five “must do with me” principles of care: *What matters to you? Who matters to you? What information do you need? Nothing about me without me, and service flexibility; or*
- The Strategic Framework for Action on Palliative and End of Life Care.

The LDP should also outline the action that will be taken locally to support staff and the public to be open and confident in giving and receiving feedback, comments, concerns and complaints, with a particular focus on how the Board will involve people meaningfully in reviewing how themes emerging from feedback and complaints can be used to improve healthcare services, and how it will demonstrate the improvements made as a result of feedback.

## 2.5 Primary Care

Successful primary care is integral to the 2020 vision and integrated health and social care; the overwhelming majority of healthcare interactions start, and finish, in primary care, both in-hours and out-of-hours. In the context of an ageing population with more people living with two or more long term conditions the number of interactions will increase as they are supported to self-manage their conditions and live at home for as long as possible.

Last year NHS Boards set out their prioritised actions being pursued to increase capacity in primary care, covering General Practice, Dentistry, Optometry, Pharmacy and Out of Hours. This focused on four key themes: leadership & workforce, planning & interfaces, technology & data, contracts & resources.

The LDP should provide progress on those already identified prioritised actions and any new actions being pursued to manage as much care ‘out of hospital’ as possible, including the resources identified to achieve this aim. This should include action taken to support the introduction of the post QOF (Transitional Quality Arrangements) revisions to the GMS contract in 2016-17 and the implementation of Sir Lewis Ritchie's review of out of hours primary care services. The plan should also identify where national action would help local delivery.

## 2.6 Integration

All Health and Social Care partnerships will be fully functional by April 2016, having published Strategic Commissioning Plans. These plans are for all the functions and budgets under their control. NHS Boards will have been fully involved in the development of the Strategic Commissioning Plans and will ensure that these are aligned with the LDP.

The commissioning process is an on-going and evolving process. There is a duty for each Strategic Commissioning Plan to be reviewed and revised at least every three years, and this review must consider the national health and wellbeing outcomes, performance against the national indicators, and the delivery principles. The review also needs to take account of the views of the Strategic Planning Group, of which the NHS Board is a key member.

NHS Boards and Local Authorities delegate appropriate national and local standards / targets to their Health and Social Care Partnerships, along with the relevant functions and budgets. Whichever functions and standards / targets are integrated, it will be important that robust planning operates to reflect interdependencies so that, for instance, where non-elective care is integrated and elective is not, then these two must operate in a mutually supportive way. Delivery of many of the integration indicators will fall, in the main, to the NHS Boards, so Boards will want to consider, in conjunction with their Health and Social Care Partnership, an annual Operational or Delivery Plan outlining how they will jointly deliver the priorities of the Strategic Commissioning Plan and the LDP.

The LDP should set out a summary of how the delivery of national and local standards / targets will be aligned between the local planning and operational structures.

## 2.7 Scheduled care

We expect the vast majority of elective patients to be treated locally or within NHSScotland facilities such as the Golden Jubilee.

The new National Scheduled Care Programme (sustainability) will focus on assessing activity requirements to ensure the best possible performance against outpatient and inpatient / daycase waiting times during 2016/17. It will also focus on the longer term objective of ensuring the optimal design, configuration and availability of scheduled care services over the next three, five and ten years in the context of an ageing and growing population.

The LDP should set out a summary of the local work that will be carried out during 2016/17 under the National Scheduled Care Programme (sustainability).

## 2.8 Unscheduled Care

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

The Scottish Government introduced the 6 Essential Actions programme for unscheduled care in June 2015/16 which included a focus on optimising the admission and discharge balance in hospitals each day and appropriately avoiding admission wherever possible. During 2016/17 the programme will continue with a focus on improving discharge processes including collation of ward level admission and discharge information and review against operating models on a daily, weekly and monthly basis.

The LDP will provide a clear summary of actions being taken forward through the local 6 Essential Actions programme in 2016/17. This will include references to local plans including 6 Essential Actions, Winter and Joint Strategic Commissioning plans.

## 2.9 Mental Health

Performance on the mental health access standards continues to show a considerable rise in the number of people starting treatment. A Mental Health Improvement Programme to support NHS Boards to improve access to services and meet the waiting times standard sustainably has been announced. The programme will be delivered by Healthcare Improvement Scotland which will establish a Mental Health Access Improvement Support Team (MHAIST). MHAIST will work in partnership with NHS Boards to identify enablers and barriers to the Board being able to deliver improved access and meet the waiting times standard, and support Boards to review their mental health access improvement plans in light of that joint consideration of local enablers and barriers to delivery. It will take a phased approach working intensively with a small number of Boards at a time.

NHS Education for Scotland will continue to deliver a programme of education, training and support to increase workforce capacity in CAMHS and psychological therapies, and to improve the quality of supervision.

In advance of the MHAIST starting its work in 2016-17, the LDP should provide information focusing on reducing waiting times and on improving access to mental health services in line with local need. The plans should include an assessment of the level of access currently provided by the Board and with the anticipated level of need locally – including benchmarking with other boards in Scotland. We expect the plans to include a workforce development plan with evidence of the current workforce capacity in CAMHS and psychological therapies and how that will be developed.



## NHS LDP Standards

**People diagnosed and treated in 1st 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 2016/17. Research is underway to develop a new SAB standard.*

**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.*

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. 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.

### **3. Financial Planning**

There is recognition that Financial Local Delivery Planning must run in parallel with the commissioning plans for the Health and Social Care Partnerships now, as well as workforce plans. In order to enable this alignment to include planning and budgeting for the Health and Social Care Partnerships and the associated service change, the financial LDPs will consist of two distinct stages this year. At the first stage, initial Draft Finance LDPs will require confirmation from the Boards that the required financial targets for 2016-17 will be met with regards revenue outturn, capital outturn and savings requirements, based on the planning assumptions already provided to NHS Boards. This is to establish sufficient governance for the start of the financial year.

At the second stage, NHS Boards will be asked to submit Final Finance LDP templates updated to incorporate the plans by then agreed with Health and Social Care Partnerships and workforce. At this stage, to ensure that Boards plan over the longer term, more detailed financial plans are 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; an underlying deficit greater than 1% of baseline resource funding; or major service redesign. All Boards are required to submit a five year plan in relation to capital.

The financial templates must be accompanied by a supporting narrative. Particular emphasis should be placed on workforce planning and NHS Boards should provide assurances that, for each year of the specified period, 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 and assumptions, to ensure achievement of financial targets. Financial templates will also include plans for efficiency savings. Delivery of efficiency savings is necessary not only to enable Boards to meet their financial targets, but for the NHS to continually improve the quality of its services, ensure sustainability and deliver best value through reducing waste, duplication and variation. All savings are retained locally by territorial Boards for reinvestment in front-line services which benefit patients directly.

Further guidance will be issued on the in-year allocations that are to be bundled and their associated outcomes.

#### **4. Community Planning Partnerships**

NHS Boards should play a key role in developing effective performance management within the CPP and in engaging with the users of health and social care services in doing so. In light of the integration of health and social care (see above), NHS Boards will of course also need to play a pivotal role with the new Integration Authorities, with Local Authorities and with the third and independent sectors to ensure correlation between plans and consistency across the planning landscape.

In this LDP NHS Boards should indicate how they will continue to strengthen their approach to community planning during 2016/17, through both their contribution to Integration and how they demonstrate leadership within the broader CPP. This should focus on playing a strong and leading contribution within the CPPs 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.

## 5. Workforce

Boards are required to provide information on 2 key workforce areas in the LDP this year.

1) Delivering Everyone Matters: 2020 Workforce Vision: NHS Boards should provide a short outline of their local implementation plans for 2016-17 to deliver the 5 priorities in the Everyone Matters: 2020 Workforce Vision Implementation Plan 2016/17. The 5 priorities are: Healthy Organisational Culture, Sustainable Workforce, Capable Workforce, Workforce to Deliver Integrated Services and Effective Leadership and Management.

2) 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 2016 and 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. LDP Submission

Plans should be submitted to [NHSLocalDeliveryPlans@gov.scot](mailto:NHSLocalDeliveryPlans@gov.scot) in accordance with the following timeframe.

- Draft LDPs by 4 March 2016
- Final LDPs by 31 May 2016

## 7. Contacts

- **Queries relating to the Local Delivery Plan Process :**  
Robert Williams  
0131 244 3568  
[Robert.williams@scotland.gsi.gov.uk](mailto:Robert.williams@scotland.gsi.gov.uk)
- **Queries relating to financial plans:**  
Robert Peterson  
0131 244 3569  
[Robert.peterson@scotland.gsi.gov.uk](mailto:Robert.peterson@scotland.gsi.gov.uk)
- **Queries relating to workforce:**  
Kerry Chalmers  
0131 244 3434  
[kerry.chalmers@scotland.gsi.gov.uk](mailto:kerry.chalmers@scotland.gsi.gov.uk)
- **Queries relating to Community Planning Partnerships:**  
David Milne  
0131 244 5028  
[david.milne2@gov.scot](mailto:david.milne2@gov.scot)
- **Queries relating to Health & Social Care Partnerships:**  
Alison Taylor  
0131 244 5453  
[alison.taylor@gov.scot](mailto:alison.taylor@gov.scot)