



# NO LIFE HALF LIVED

**THIS STRATEGY IS A  
MATTER OF LIFE  
AND HEALTH**



**NO LIFE HALF LIVED**



**Our Vision:** welcome to a Scotland where people with our conditions can live their lives well. Full lives, with the right support, at the right time and in the right place. A place where you can shape your future and live the life you want to lead.

**Our Mission:** welcome to a community where people can support each other, secure the expert help they need and collectively advocate for the care that matters to them. Welcome to the charity that never underestimates the power of a cup of tea, a conversation started, a recovery begun.

## Why Us?

Chest Heart & Stroke Scotland understands and respects the views and experiences of people with some of Scotland's most prevalent long-term health conditions. We know that the true power of living the life you want to lead is in people and communities coming together. We are in the business of ensuring people with our conditions have that space and support as anything else is unacceptable to us. Our history and experience provides an evidenced and solid backdrop to face the current challenges of living with our conditions in Scotland in the 21st century.

As we have evolved, from our beginning as an organisation focused on eradicating tuberculosis, to our current form, so too have the hopes and fears of people living with our conditions. We have a 'power of three' effect emanating from the three condition areas we work in – and that power comes from the voice and experience of our people living with chest, heart and stroke conditions.

We want to help people breathe better. We want people's hearts to work as well as they can. We want to make sure that everyone has the best recovery possible after a stroke.

Throughout this strategy document we set out the reasons why we exist. Someday, we hope we won't need to exist.

Welcome to working with us to create a Scotland where No Life Half Lived is achieved through being led by people with chest, heart and stroke conditions and informed by their families & carers, friends, colleagues and healthcare professionals.

# No Life Half Lived means we need to listen to people with our conditions and deliver well for them. We have identified four goals to get us there.

We will place our focus on **addressing the unmet needs** of people with our conditions - social, emotional, and physical - across all Scotland's communities.

We will be **led by our people**: people with lived experience of our conditions, their families & carers, friends, colleagues and healthcare professionals.

We will secure the funding required to deliver via a diverse income portfolio that is consistent with our **values and ethical approach**.

We will be **effective and accountable** in all that we do.

## We have developed six values to guide us in delivering against our goals:

**Agile:** we will be able to adapt to the needs of our people and the environment we work in.

**Innovative:** we will look for improvement in what we currently do and be creative in developing new services.

**Inclusive:** we will adopt a human rights based approach to our work and ensure we are accessible.

**Accountable:** we will take ownership for our work and hold decision makers to their responsibilities.

**Collective:** we can only achieve our goals by working together and learning from each other.

**Courageous:** we will say what needs to be said and do what needs to be done to meet our goals.





**“Before I would have said I was dying from COPD. Now I feel like I’m living with it.”**



## Reasons Why? - The Number Of People With Our Conditions

Around **488,000** people are living in Scotland with asthma and COPD.

Around **230,000** people in Scotland are living with coronary heart disease.

Around **124,000** people in Scotland are living with the impact of a stroke.

Around **48,000** people in Scotland are living with heart failure.

Up to **two thirds** of people in Scotland living with COPD are either undiagnosed or have an incorrect diagnosis.

An estimated one-third of people - **some 50,000** - remain undiagnosed with Atrial Fibrillation, a leading cause of stroke and one of the most common forms of abnormal heart rhythm.

Almost **one-third of people** in Scotland have hypertension – high blood pressure – increasing their risk of heart attack, stroke, and heart failure.



# We will place our focus on addressing the unmet needs of people with our conditions - **social, emotional, and physical** - across all Scotland's communities.

We want to help people breathe better. We want people's hearts to work as well as they can. We want to make sure that everyone has the best recovery they can after a stroke.

We will **improve overall care** for our conditions in Scotland.

Not everyone with our conditions gets high quality care and support and that makes living day to day much harder. It means **an opportunity missed** for the fullest recovery. **It means your life is adversely, and avoidably, affected.** Services will differ because of where you live. **Not because they are designed to meet local need but because we have a lack of consistency and delivery against agreed health outcomes.**

It means more unnecessary pressure on and cost to the NHS, through re-admission and the need for more complex and continued support from public sector services. It means more pressure for individuals, families & carers, both in support and, as a result of impact on employment, through financial stresses.

To improve overall care for our conditions in Scotland, we will work with the NHS system at a national and local level to ensure improvement plans are in place and are delivered across chest, heart and stroke.

We will scrutinise the delivery of Scottish Intercollegiate Guidelines [SIGN] and feedback on their front line delivery. Informing this work will be the lived experience of people with chest, heart and stroke conditions.

We will produce accessible information for people with our conditions, and for frontline healthcare professionals, on the standard of care to expect, and what is received, in each Health Board area.





We will work with and support healthcare professionals to drive the change they want to see within their services.

With our 'power of three' people-led approach, we will be experts in navigating, influencing and partnering with health and social care integration colleagues.

Over the next three years we will produce a people-driven call for care improvement in each area of chest, heart and stroke.

Each year we will produce a people-led statement on the lived experience of care across our conditions.

Within three years we will have developed an engagement strategy to work better and more closely with health care professionals across health and social care. We will listen to their needs and ambitions to deliver excellent care.

There will be **no life half lived** because we will make it **a matter of life and health** that our health and social care services are supported to respond to the needs of our people.

## Reasons Why? - Hospital Admission

An estimated **three million people have COPD** in the UK. It is the most common cause of presentation to Emergency Departments with a respiratory emergency.

In Scotland **COPD** accounts **for 122,000 emergency bed days** annually, with an average inpatient stay lasting four to eight days and costing £3000.

Forecasts for the years ahead indicate **a rise in hospital admissions from chest conditions** of almost **29% by 2034**. If the current average length of stay remains the same, bed days due to chest conditions will increase from 519,898 in 2014 to 669,920 by 2034.

People living with a long-term condition are **twice as likely to be admitted to hospital** as those without and will stay disproportionately longer.



# A MATTER OF LIFE AND HEALTH

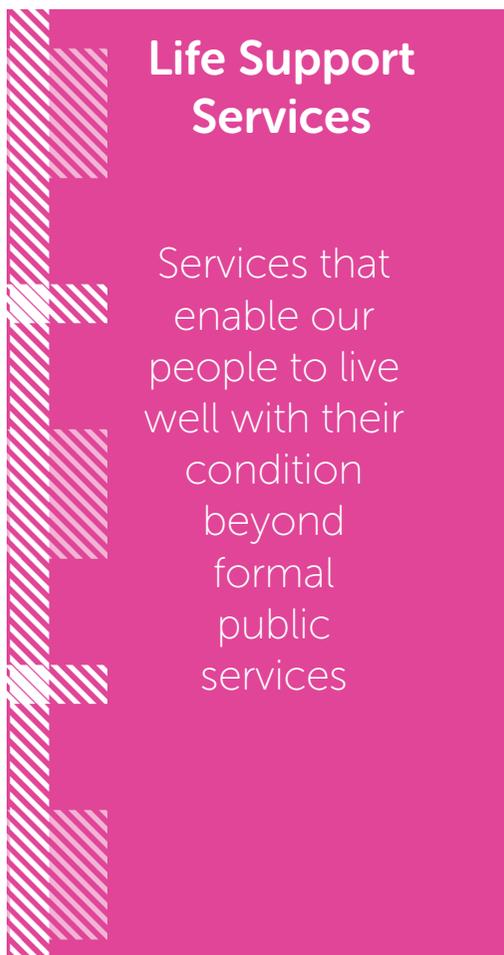


# We will deliver the three pillars of Chest Heart & Stroke frontline services

We want to support people to breathe better, their hearts to work as well as they can and make sure they get the support to recover from their stroke as best they can. Our three pillars, services, community and our voice, are at the core of what we do.

**Our Services:** in partnership with NHS colleagues and people with lived experience, we will build on and redevelop existing services and deliver new ones. These services will provide immediate post-diagnosis support and be a bridge between acute services within the NHS and longer term community support. We will ensure that every person with chest, heart and stroke conditions has access to post-diagnosis support, whether in the form of NHS or CHSS-led rehabilitation support or other types of activity.

To do this, we will arrange our services work into three areas, with a focus on delivering locally in communities and influencing quality and improvement nationally:



**Life Support Services**

Services that enable our people to live well with their condition beyond formal public services

The graphic features a pink background with a vertical column of white and pink diagonal stripes on the left side.



**Health & Social Care Partnership Services**

Services that ensure medical and clinical services are delivered well

The graphic features a dark blue background with a vertical column of white and blue diagonal stripes on the left side.



**Innovation & Consultancy Services**

One to three year demonstrator projects and programmes plus marketing our expertise in engaging the service user voice, redesigning services and understanding what matters to people

The graphic features a teal background with a vertical column of white and teal diagonal stripes on the left side.

And we will work to the following targets of how many people we reach:



<b>Advice line</b>	– 5,000
<b>Health Information</b>	– 200,000
<b>Face to face services</b>	- 30,000
<b>Health Defence</b>	- 5,000
<b>New work via innovation programme</b>	- 10,000

## **In the next five years we will develop and deliver the No Life Half Lived Rehabilitation Support Service.**

The service will deliver across Scotland to people with our conditions. It is ambitious because we must be ambitious for people with chest, heart and stroke. We will work with our public and third sector partners to realise this and ensure there is No Life Half Lived in Scotland.

## **We will reach over a quarter of a million people with our conditions by 2021.**

To do this we will develop a strategic framework for service development in 2018/19 and produce a rolling schedule of review for all of our services. This will ensure our partners in the NHS and people with our conditions can engage in improving services through in co-production for better outcomes.

## Reasons Why? - Mortality

In Scotland, **40%** of deaths are due to chest, heart and stroke conditions.

Within **2.5 years** of their first hospitalisation, **50%** of people with heart failure will be dead.

In the most deprived areas of Scotland, **39.5%** more people will die after a stroke than in the least deprived.

Survival rates in Scotland after out-of-hospital cardiac arrest are low at just **7.7%**, compared with the highest international survival rate of **25%**.





**Through our engagement work towards this strategy we have identified new services that will be developed over the next three years. These include:**

- The No Life Half Lived Rehabilitation Support Service delivering across Scotland to all our people
- Providing mental health support throughout our services in partnership with See Me
- Expand our nurse service provision across Scotland
- Support carers, with a particular focus on young carers
- Support young people who have asthma in partnership with Young Scot

**We have also identified improvements to our existing services. These include:**

- Reviewing our health information service, ensuring our high quality of content is maintained while delivering accessible and multi-channel products
- Extend the opening hours of our Adviceline and develop the offer to include advice on employment, welfare and mental health
- Renew our commitment to education and e-learning and developing a digital approach fit for delivering our mission
- Renew and redevelop our Voices work to support our own people-led work and ensure that health and social care services at every level hear and respond to our voice and the voices of people with our conditions

We will not be shy about working with other organisations who have experience and expertise we don't have or where their input can enhance our work, and will seek to create strong links and partnerships to achieve our goals.



There will be **no life half lived** because we will make it **a matter of life and health** that support in the community is developed and delivered by CHSS or the relevant and appropriate organisation/s.



**See Me** is Scotland's programme to end mental health stigma and discrimination. Many people with long-term physical health conditions also have mental health problems. These can lead to significantly poorer health outcomes and reduced quality of life. We will work together to provide training for our staff, review the mental health support our frontline service staff provide, review the language we use and **develop a joint campaign to support people with our conditions to address/raise their mental health needs with all health and social care professionals.**

**Young Scot** is the national youth information and citizenship charity. We are concerned at a lack of resource for young people with asthma in Scotland. We will work together to gather insight on current levels of awareness, understanding and experience of chest conditions such as asthma and contributory factors such as air pollution and poor air quality and the information and support available, to help inform a project (campaign/resource) for young people. **We will support the co-production of resources developed by young people that will empower, build resilience and contribute to improved health and lifestyle now and in the future.**

## Reasons Why? - Isolation and Mental Health

People with a heart condition are **two to three more times** likely to have depression.

People with COPD are up to **ten times more likely** to have panic attacks than the general population.

**One third of stroke survivors** will develop **depression**.

**One fifth** of stroke survivors will experience **cognitive impairment**.

50% of Health Boards have **no dedicated stroke psychologists**.

Most Health Boards have **no clinical psychologist services** for cardiac patients.

People with long-term conditions are **two to three times more likely to experience mental health problems**.





# NEVER UNDERESTIMATE THE POWER OF A CUP OF TEA



**Our Communities:** we will build on, grow and develop our network of peer support groups and other volunteer-led support work. To do this, we will begin a conversation with our highly experienced peer support groups and engage with and learn from them on how best to deliver this.

We will also break down the barriers to support that exist in our communities. Through our **Community Hubs**, we will pull together the assets and services people within a community decide they want to support their self-management.

We will invest in Scotland's communities with the guidance and direction of people living there. **In 2018 we will open our fourth community hub. We have chosen Drumchapel because of the strength of the amazing local community** and on the basis of feedback received on how chest, heart and stroke conditions particularly affect the Drumchapel community.

The differences in health and wellbeing between communities remain a challenge for Scotland. **In Drumchapel, male life expectancy is 69 years, where the Scottish average is 77. Female life expectancy is 74, against a Scottish average of 81.**

**15% of the local community either have a disability or are living with a long-term condition, compared to 9% in Glasgow as a whole.** Many of these differences are preventable and the Hub is our way of helping to combat these inequalities. We want people to have the opportunity to be healthy and engaged in their local community.

Our Community Hub programme, which also has sites in Hawick, Dumbarton, and Grangemouth, aims to bring CHSS's services on to local high streets. We listen to what people want in their community and design our hubs informed by that.

Based on what the Drumchapel community have told us, the work will focus around five key areas: Financial Health; Mental Health; Physical Health; Nutritional Health; Social Health. We will work by engaging with and working alongside local people and groups and supporting initiatives that promote a healthier Drumchapel.

The Hub itself includes a 'drop-in' area where local residents can meet for a coffee and a chat and have access to up-to-date information about living with chest, heart and stroke conditions. There is also a large community room that is available to local groups and organisations in exchange for stock donations to the shop.

We have built relationships with the Drumchapel foodbank to act as a drop-off point, with a local charity who will be using the community room to deliver cooking classes, the Citizens Advice Bureau will be making use of the 'drop-in' area and shop noticeboards, and we are embarking on some exciting work with the local Community Planning Partnership. All these initiatives, and the many more that we are looking forward to getting involved with, will help improve access to services that will reduce the impact of chest, heart and stroke conditions on a daily basis in the community.

We aim to live and breathe the principle of human-rights based approaches to health.

We won't just be there when you receive a diagnosis. We will be there before, during and after and we will deliver the work that matters to you. This may be directly linked to our chest, heart and stroke services; it will also include the activities local people want, whether that's local groups meeting in our spaces, young mums finding a comfortable space to breastfeed or services like financial advice and support. We are committed for the long haul and we will be here for you when you want us.



There will be **no life half lived** because we will make it **a matter of life and health** that everyone with our conditions who wants to talk to someone who is a peer and understands their condition can find that someone in their local community.

**Our Voice:** we will **support people with our conditions** to voice their concerns and views in the decisions that affect them. To do this, led by people with lived experience, we will develop an approach to advocacy that is human-rights based and enables people with chest, heart and stroke conditions to campaign and influence on the issues that matter to them.

We will ensure **our voice** and those of people with our conditions is heard within the NHS, to better design and deliver services, and on issues such as isolation, clean air, mental health, employment, social security and the right to a dignified death.

We will ensure that **our people are heard** as part of the independent living movement and their rights under disability and human-rights legislation are respected. Most importantly, we will ensure that our people are heard when their right to life and health is infringed.

To do this we will refresh our **campaigning** and influencing work. We will work with our people to develop people-led campaigns.

We will campaign to **reduce the amount of time people have to wait** for critical post diagnosis support. For example, access to a speech and language therapist falls under the 18 week waiting time target. We believe that is too long to wait. And we know that this target is breached.

We will campaign to ensure that people who are undiagnosed with COPD and Atrial Fibrillation are identified and can have the support and treatment they need to live well.

We will campaign to ensure that people who experience a stroke will have access to the 45 minutes of therapy support seven days a week for as long as it shows measureable benefit that we and healthcare professionals know is critical to a successful recovery.

We will campaign on broader issues that affect our people, including **clean air, isolation and mental health**.

We will continue to support parliamentary activity including our invaluable cross party group involvement via the Cross-Party Group on Heart Disease & Stroke, the Cross-Party Group on Lung Health and the Cross-Party Group on Volunteering. We will engage in Scottish Parliament and Scottish Government consultations and ensure decision-makers have the right information at the right time to make informed decisions.

We will **begin a revolution** in how chest, heart and stroke conditions are debated, discussed and understood in Scotland.

**It is a matter of life and health.**



**“One of the key things that we are concerned about is children in schools and children who have asthma; we need to manage the air quality in those areas, and we need to have the data to be able to look at that and monitor it.”**

Jane-Claire Judson, CEO, Chest Heart & Stroke Scotland, Health and Sport Committee evidence session, Tuesday 17<sup>th</sup> April, 2018



A photograph of two women standing outdoors. The woman on the left is seen from the back, wearing a red jacket and using a silver walker. She is facing a woman on the right who is smiling. The woman on the right has short blonde hair and is wearing a blue and white plaid jacket over a yellow top. She is holding a brochure titled "Lothian Information Pack" which also features the text "Chest Heart & Stroke Scotland" and a logo. The background shows green foliage and a red building. On the left side of the image, there is a vertical decorative border with a black and white geometric pattern.

**NO LIFE  
HALF LIVED**

In 2018 we signed up to the Scottish Declaration on Human Rights:

**“Human Rights matter because they remind us that we all have basic rights and freedoms that belong to every person in the world, from birth until death. They apply regardless of where you are from, what you believe or how you choose to live your life. They can never be taken away, although they can be restricted and violated.**

**They remind us at Chest Heart & Stroke Scotland that when we carry out the work we do we are working with people and their lives - not just a condition, not a policy, not a statistic, not just a problem to be solved. They matter because they protect us from the worst that we can do to one another - and highlight the joy and positive impact we can have. Human Rights illuminate the respect and humanity we can show each other.”**

Jane-Claire Judson, CEO Chest Heart & Stroke Scotland



We will unabashedly call for a **human rights based approach** to engaging people with our conditions in the design, delivery and improvement of chest, heart & stroke services.

We will **increase our profile** and reach by producing high quality content for media and communication work.

We will hold engagement events with our people and key decision makers to **bridge the gap** between what people want their services to be and the processes and leaders who can make that happen.

We will start Scotland's first aphasia cafe to support people with their communication. Losing your communication skills can be isolating; gaining them back will be a core part of what we do.

All of the pillars will be grounded in an asset-based approach, recognising the individual, social, organisational, cultural and physical resources available to people as members of a local and national community.

Within this, we will need to balance our resources across three areas of intervention: primary prevention; diagnosis and acute services; community support and secondary prevention. To do this we will need to make tough decisions on resources and priorities. Our guiding map will be as follows:



**There will be no life half lived** because we will make it **a matter of life and health** that the voices of our people are informed, heard and supported in decisions that matter to them.

## Prevention

**15%** of our effort will be focused here

Health Defence: our work to raise awareness of risk factors, condition symptoms

Policy: Influencing and informing policy on public health, issues such as food, exercise, smoking, alcohol and deprivation

## Survival

**25%** of our effort will be focused here

FAST Campaign

Out of Hospital Cardiac Arrest

Ensure SIGN guidelines and national improvement plans for chest, heart & stroke are in place and delivered

Scrutiny of data and health outcomes for our conditions

Engaging Health & Social Care partnerships in the planning and delivery of services

Accessible information of what chest, heart and stroke care people can expect from us and from the NHS

## Support

**60%** of our effort will be focused here

Delivering our post-diagnosis support services:

No Life Half Lived Rehabilitation Support Service development and delivery

Advice Line

Peer Support Groups

Specialist Stroke Nurses

Education and E-learning

Financial Advice & Support

Health Information

Community Hubs

Young Asthma Programme

Accessible information of what chest, heart and stroke care people can expect from us

# We will be led by our people: people affected by and who have lived experience of our conditions, their families & carers, friends, colleagues and healthcare professionals.

**We will develop and improve our relationship with our people.** To do this we will undertake a review of our engagement work at every level within the charity. We will undertake research to understand the views and opinions of our people and develop a participation plan, co-produced by our people, that will inform all of our work.

**We will ensure we can respond to what our people tell us.** To do this we will build on our current abilities and identify where we need to develop further our engagement and co-production capacity and skills. We will be agile and able to respond to the changing needs, wants and views of our people and will design our processes and policies to do just that.

**We will keep our progress under close scrutiny.** To do this we will ask ourselves the following questions as part of our day to day work:

- How do we know that this work is people-driven?
- What have our people told us – and are we responding to that?
- Is the work focused on ‘what matters to you’ and not ‘what’s the matter with you?’
- Does it employ a human-rights based approach?
- Is the work focused on meeting the social, emotional and practical support our people have told us they need and want?

We will develop a new set of people-driven, outcome-focused, long-term performance measures in 2018 and begin full reporting in 2019.

**We will report with reflection and honesty.** We will report to each Board of Trustees meeting on our progress and embed this approach into our wider governance structures.



There will be **no life half lived** because we will make it a **matter of life and health** that our people are front and centre in all that we do.

## Reasons Why?- The Size Of The Impact

We estimate that at least **60,000** people in Scotland aren't getting the pulmonary rehabilitation they would benefit from.

Those living in disadvantaged areas are more than twice as likely to have a long-term condition as those in affluent areas and develop it an earlier age (up to ten years earlier).

Around half (47%) of adults aged sixteen and over in Scotland were living with at least one long-term condition in 2016.

People living in the most deprived areas can expect only 44 years of good health, 26 years less than people in the most affluent areas.

**“The best thing I did during my recovery was pulmonary rehabilitation. It helped give me confidence, cope with my condition and stay well.”**

Ian - Forfar

# We will secure the funding required to deliver via a diverse income portfolio that is consistent with our values and ethical approach.

We will **double the reach** and balance of our services across our three conditions over the next five years.

To deliver this, we need to be equally ambitious for our income and **double the funds** we raise over the same period.

To do this we will produce the charity's first integrated income generation strategy by Autumn 2018. It will take account of our current portfolio and consider new avenues for us to ensure we are financially placed to deliver our strategy.

We will develop a balanced portfolio between grant income, fundraising, legacies, retail and trading.

To do this we will address how best to arrange our infrastructure to be efficient and effective, and manage interdependencies between income streams, for example, between retail, community fundraising and services activity.

We have a strong retail presence that provides us with opportunities. We have a high quality presence in a number of Scotland's communities, expertise in product development and placement, and in measurement and impact influenced by our retail experience. Our Community Hubs span our whole offer as a charity and were driven initially by innovation in retail. We will ensure our Retail function serves our income goals – and we will learn from it and not restrict the knowledge and expertise to our stores and trading activity.

We know that our legacy income is delivered as a result of several factors.

The first is the commitment and generosity of those who leave a legacy towards the work we do. This always has an impact on our volunteers and staff and is highly respected and valued.

The second is that we take our service and care of families who are grieving and experiencing the loss of a loved one extremely seriously. We will build on this approach in our legacy work and learn from it across all of our work.



There will be **no life half lived** because we will make it **a matter of life and health** to secure the funding for CHSS, or through partners, to ensure that people with our conditions have in place the services and support they tell us they need.

## Reasons Why?: Impact On Carers

The majority of care for those living with long-term conditions is provided by family and other unpaid carers. It is estimated that around **788,000** people are caring for a relative, friend or neighbour in Scotland, including **44,000** people under the age of eighteen.

Only **37%** of carers feel supported to continue caring.

**46%** of carers had a say in the services provided for the person(s) they look after.

**“One minute you are fit and healthy and the next everything changes, not just for me but the whole family. It’s changed how we live. It wasn’t only me that needed help and support but my husband and children too.”**

Janet - Ellon

# We will be effective and accountable in all that we do.

All organisations should be live to changing governance standards and requirements. We are committed to achieving governance good practice and, as a charity that is over one hundred years old, we have a wealth of history and experience in running our organisation well. We will ensure our governance is strong and able to support our strategy. To do this, we will carry out a full governance review, led by external experts, to inform our Board and assure our governance approach.

Keeping our people safe and well is not only a statutory obligation, it is central to our ethos and values as a charity. The understanding and knowledge of the importance of safeguarding is growing and the trust and confidence that the public and our stakeholders have in us is something we value and respect.

To ensure we keep our people safe and well, we will carry out a full safeguarding review and develop iterative and systematic processes in line with expert advice.

We also want our volunteers and staff to be well supported in their roles. **Volunteers are vital** to the success of No Life Half Lived strategy. We will **double the number of volunteers** that we have to reach everybody who needs us and help us to raise funds.

Our Volunteer Steering Group will make sure that every volunteer is supported so they have the best experience and become ambassadors for CHSS in their local communities

Our financial responsibilities include our budgetary and audit processes and accountabilities. There is also a further responsibility. Our people donate their hard earned money and trust us to invest it wisely in support of people with chest, heart and stroke conditions. To ensure we honour this, we will take forward an efficiency and effectiveness review of our infrastructure and overhead costs, and analyse our ability to maximise full cost recovery in our grant and contract relationships.



There will be **no life half lived** because we will make it **a matter of life and health** to ensure the charity is well run, well resourced, with robust decision making, and a strong staff and volunteering family.



## We will be focused and specific in our research investment.

We will invest in relatable research – and be clear about the link to our aims and objectives.

In the last five years we have spent £1.8 million on research and currently have fourteen active projects. In the next three years we will invest £1.5m.

To leverage the best from this investment we will adhere to three key principles:

**Respecting Lived Experience:** It is important to us that the research we fund matters to the people in Scotland who live with our conditions. We recognise that their experience of living with the conditions every day means they have unique and powerful insights.

**Building Relationships:** We want to work with high quality researchers who (1) share our vision of a Scotland where fewer people have chest, heart and stroke conditions and those that do receive the very best possible care and support and (2) are willing to join with us to achieve this.

**Demonstrating Impact:** We are only able to fund research because of the generous donations given to us by donors and fundraisers. We need to be able to explain how the money we spend on research makes a difference to health and wellbeing in Scotland.

To deliver this we will publish a new research strategy in 2018.



There will be **no life half lived** because we will make it **a matter of life and health** that our conditions receive the focus and insight required via research to improve care, make the continued case for rehabilitation support, and demonstrate the value of the lived experience.

**“In real life, strategy is actually very straightforward.  
You pick a general direction and implement like hell.”**

Jack Welch

It is an old adage that a strategy needs to be a living document and not left on a shelf to gather dust. Our strategy is not just a document. It is our manual to check that what we are doing is in fact what needs to be done. It is a route map to achieving our goals.

We will need to work hard at ensuring each action we take is truly aligned to what we set out to do. This doesn't mean that along the way we can't make changes. On the contrary, strategy is as much about adapting to circumstances in an informed way as it is about setting clear objectives. Strategy enables us to respond to opportunities, to challenges, but keep our eye on the overarching goal.

This document is over twenty pages long, an attempt to provide context, detail and a sense of the actions we will take. But ultimately our strategy can be summed up in four words.

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# A MATTER OF LIFE AND HEALTH



[www.chss.org.uk](http://www.chss.org.uk)

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Chest  
Heart &  
Stroke  
Scotland 