



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 19 December 2024

BY: Chief Officer

SUBJECT: Planned Improvements to Unscheduled Care Performance

1 PURPOSE

- 1.1 This report informs the Integration Joint Board (IJB) of plans by NHS Lothian to improve unscheduled care (USC) performance in partnership with Lothian IJBs, HSCPs and local authorities, with financial support from Scottish Government. It further seeks agreement from the IJB to develop local and collaborative actions in support of improving USC performance.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Note the Lothian-wide population and budgetary pressures faced by health and social care services and the effect of these on current and projected performance of Lothian's USC services, particularly in the Royal infirmary of Edinburgh (RIE).
- 2.2 Note the Unscheduled Care Short Life Working Group proposals and objectives to deliver performance improvement across unscheduled care (summarised in section 3.14 and 3.15 below) and the East Lothian HSCP role in delivery of these.
- 2.3 Agree the specific actions and associated costings for East Lothian as outlined in pages 10, 11 and 12 of the attached document: '*Unscheduled Care System Improvement: RIE Final Proposal*' (Appendix 1) and in section 8.5 and note that the Scottish Government has agreed to provide funding to deliver the service transformations.
- 2.4 Agree to issue the direction at section 7 to partners to support delivery of improved USC performance.

3 BACKGROUND

3.1 The Unscheduled Care (USC) Framework is an integral part of the NHS Lothian led Lothian Strategic Development Framework (LSDF). Performance is overseen by the 'whole system' USC Programme Board, Chaired by the East Lothian Chief Officer, Fiona Wilson, with support from the USC Tactical Committee. Both groups have senior service-wide representation, including from HSCPs.

3.2 NHS Lothian has discussed with the Scottish Government options to improve Unscheduled Care performance in the Royal Infirmary of Edinburgh. Local discussion on how best to deliver improvements has involved leaders from NHS Lothian, the Health and Social Care Partnerships (HSCPs) and Local Authorities (LAs). Partners have agreed to:

1. Accelerate *"...existing plans to improve USC performance, with a particular focus on actions that will deliver improved performance along with patient safety over the winter months."*
2. Develop *"...a comprehensive proposal that seeks to address the deficits in demand and capacity borne out over the Lothian Health & Care System whilst simultaneously enabling radical transformation of models of care to ensure long term sustainability and improved patient safety and experience."*

3.3 Unscheduled Care performance improvements will focus on:

- *Expediting roll out of Discharge without Delay (DwD¹) including rapid adoption of Planned date of Discharge (PDD) with a focus on reducing length of stay.*
- *Improving the experience for those presenting to the Emergency Department with mental health conditions.*
- *Transforming the services available through the Rapid Assessment Care Unit.*
- *Transforming models of care across the LHCS² for frail citizens who require medical and social care support.*
- *Strengthening the offer of the Flow Navigation Centre and those services it interfaces with.*

3.4 Demand and capacity work will focus on:

- *Enabling a shift in the balance of care, particularly around assessment and provision of rehabilitation support, from the acute hospital setting to the patient's home.*

¹ <https://learn.nes.nhs.scot/63511>

² LHCS – Lothian Health and System – comprises NHS Lothian, the Lothian Health and Social Care Partnerships, and Local Authorities.

- *Strengthening the HSCPs' capacity to provide patients with care at home to meet current demand.*
- *Strengthening Primary Care's capacity to provide enhanced care for frail citizens, reducing reliance on hospital bed-based care*
- *Reducing the reliance on the RIE Emergency Department as the "place of safety" for those with acute mental health requirements.*

3.5 The USC proposals were modelled with input from the national Centre for Sustainable Delivery (CfSD) and assumed investment of £14.5 million to deliver the desired impacts in the RIE (as shown in table 1 below).

Table 1 – Impact of Proposed USC Actions

	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25 onwards	Q2 25/26	Q3 25/26
RIE Performance if proposal not approved	40 - 43%				50-55%		
RIE Long Waits (>8hrs) percentage point reduction	34%	91%	Most long waits at RIE should be eradicated.				
RIE Estimated Performance	53%	67%	79%	85%	86%	86%	93%
RIE Estimated Bed Occupancy	98%	92%	87%	85%	<85%	<85%	<85%
Estimated National Performance Uplift	2%	4%	7%	8%	8%	8%	10%

3.6 The planned unscheduled care improvement work is designed to address the pressures on the RIE Emergency Department, which is the busiest in Scotland, serving 40% more patients than its designed capacity and covering Edinburgh, Midlothian and East Lothian, while functioning as a Major Trauma Centre for the South East of Scotland. The department will soon reach an estimated 120,000 patient attendances per annum, in facilities which were designed for 80,000 patient attendances.

3.7 As service demand increases, arising from population growth and population ageing, the NHS and its local authority partners are experiencing severe budget pressures, requiring action to deliver efficiencies, including making changes to services.

3.8 NHS Lothian has identified a £140 million Financial Plan gap for 2024/25, with action underway to address.

3.9 Integration Joint Boards have shortfalls in their funding. The USC report notes that at quarter 2 of 2024/25 the four NHS Lothian IJBs' total forecast gap was £48 million (East Lothian's gap has been reported on in detail to the IJB). Action by the IJBs is seeking to close the financial gap in this financial year, through service changes, some of which risk reducing system wide capacity and flow and increasing waits.

3.10 NHS Lothian's own whole system bed modelling (conducted by an external consulting firm in 2024) describes "...significant gaps in capacity to meet current and projected demand..." This suggests that across the NHS Lothian area the health and care system requires:

- 720 additional acute beds by 2033.
 - If NHS Lothian is successful in delivering significant mitigations this would reduce to requiring an additional 80 beds (the modelled mitigations are extremely ambitious and assume the removal of all delayed discharges from acute hospitals).
 - Projected need for acute beds by 2043 (even if all mitigations are implemented) is still an additional 300 acute beds.
 - An additional 288 community beds and an additional 1,900 care home beds across the Lothian region by 2043.
- 3.11 A short life working group (SLWG) comprising stakeholders and leaders from USC planning and operational services and chaired by the NHS Lothian Deputy Chief Executive, is driving action-focussed, system-wide improvement, while regularly consulting with and briefing IJB Chief Officers.
- 3.12 The NHS Lothian Chief Executive Officer (CEO) has also led discussions with the four Lothian Local Authority CEOs to reach consensus on joint action. A new whole-system monthly meeting is being established to bring together leaders of the Lothian Health and Care System and Local Authorities.
- 3.13 The SLWG proposals for performance improvement are as follows:
- Component 1: - Aimed at the immediate decompression of the system with impact delivered by 31 December 2024.
 - Component 2: - Aimed at the acceleration of strategic actions that will deliver impact by 31 March 2025.
 - Component 3: - Aimed at further acceleration of larger strategic actions that will be commenced in 2024/25 deliver impact by Q2 2025/26 and ensure sustainability of delivery.
- 3.14 The following SLWG key objectives were agreed:
- Reducing attendances.
 - Reducing bed occupancy.
 - Reducing admissions.
 - Reducing length of stay.
- 3.15 The SLWG proposals have been signed off by IJB Chief Officers and now require approval by each IJBs, including the allocation of £14.5 million of investment which has been approved by Scottish Government, as announced in the 4th December funding letter (Appendix 2). As the funding was only approved at this date, the delivery of Component 1 above by 31st December will be challenging.
- 3.16 East Lothian HSCP's actions in support of USC will focus on home first approaches, reduced waits on packages of care and improved patient assessment and support, rather than beds provision. The estimated costs of these actions are shown in section 8.5.

- 3.17 East Lothian Rehabilitation Service (ELRS) currently delivers an enhanced D2A (discharge to assess) service, tapping into care capacity through the Emergency Care Service (ECS) for people with potential to improve and those with anticipated short-term care needs. The intention is to:
- Create front door D2A/Enhanced D2A capacity to support all East Lothian residents who could be discharged directly from the RIE Emergency Department/Acute Medical Unit, with where necessary urgent additional short-term care provision.
 - Augment existing ELRS therapy pathways (alongside corresponding care capacity) to create a robust response to prevent attendance at the ED through urgent care provision enabling patients to be maintained safely at home.
- 3.18 Consistent delivery of these interventions across the week requires development of a 7-day unscheduled care staffing model within ELRS and a flexible response to demand, potentially requiring later working hours by team members to provide same-day assessment.
- 3.19 Additional Social Work staff will be employed to support the 7-day unscheduled care model, comprising of a combination of Social Worker and Community Care Worker posts.
- 3.20 The funding will also support the recruitment of additional staff to enable delivery of an additional 350 hours of care at home per week.

4 ENGAGEMENT

- 4.1 The proposals in the attached unscheduled care report were developed in consultation between NHS Lothian, Scottish Government, the Lothian IJBs, and Lothian local authorities.

5 POLICY IMPLICATIONS

- 5.1 Potential changes to policy are still to be assessed and are dependent on the specific changes that are agreed to deliver the actions and outcomes described in the Unscheduled Care System Improvement report and planned at a local level.

6 INTEGRATED IMPACT ASSESSMENT

- 6.1 The service developments in East Lothian in support of USC will be considered for Integrated Impact Assessments.

7 DIRECTIONS

- 7.1 A draft direction to NHS Lothian and East Lothian Council is included at appendix 3.

- 7.2 There is an existing IJB direction in place regarding delivery of set-aside which has direct relevance to the USC Programme delivery (DC.3 – ‘NHS delivery of set-aside services’).

8 RESOURCE IMPLICATIONS

- 8.1 Financial - Table 2 below from the Unscheduled Care System Improvement report shows that £14.5 million of investment is required to deliver the intended USC actions and outcomes across the RIE, Lothian HSCPs and Primary Care. The Scottish Government, in its funding letter of 4th December 2024 (appendix 2) has agreed to provide the investment, with conditions.
- 8.2 The letter commits to provide NHS Lothian with funding of up to £3.4 million to cover the period up to March 2025, to support implementation of USC tests of change and associated system improvements.
- 8.3 Further funding of up to £14.5 million will be provided in 2025-26 to expand system change and to establish revised community pathways. This sum will be made recurrent in 2026-27 once actual spend has been confirmed and assuming agreed outcomes are delivered.
- 8.4 NHS Lothian has agreed to underwrite financial risk for non-recurrent elements of the 2025/26 funding.
- 8.5 The assessed costs of East Lothian HSCP’s actions focussed on home first rather than beds provision are set out below in table 3 (for hospital and community packages of care) table 4 (for social care) and table 5 and 6 (for East Lothian Rehabilitation Service). The total costs of £2,659,125 do not factor in administrative or management support costs.

Table 2 – Proposed Funding Allocations, Key Objectives and Planned Outcomes

			End of Month Estimated Impact Timeline							
		Required Funding	Key Objective	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25 onwards	Q2 24/25	Q3 24/25
Component 1	RIE - Open all limited unfunded bed capacity	£406,000	Reduce Occupancy					closed		
	RIE - Enhanced ED Frailty Model	£420,000	Reduce Occupancy							
			Reduce Admissions							
	Edin HSCP - Care @ Home	£4,100,000	Reduce Occupancy							
	Edin HSCP - End of Life Beds	£151,200	Reduce Occupancy							
	East HSCP - Care @ Home	£1,700,000	Reduce Occupancy							
	East HSCP - Enhanced HSCP capacity	£914,000	Reduce Admissions							
	Mid HSCP - Care @ Home	£1,650,000	Reduce Occupancy							
	Mid HSCP - Enhanced HSCP capacity	£734,000	Reduce Admissions							
REH – Open 12 unfunded beds	£576,420	Reduce Occupancy						Closed		
Component 2	REACH Model within Flow Nav Centre	£240,000	Reduce Admissions							
	RIE - Mental Health Chaired assessment area	-	Reduce Long Waits							
	RIE - Criteria to reside and criteria to admit.	-	Reduce Occupancy							
	RIE - AHP risk-stratification work	-	Reduce Occupancy							
			Reduce Admissions							
RIE - Expedite roll out of PDD	-	Reduce Occupancy								
Component 3	Edin HSCP- Enhanced community rehabilitation	£2,400,000	Reduce Occupancy							
	Primary Care - Frailty LES with GPs	£1,190,000	Reduce Admissions							

Total funding Required: £14,481,620

Table 3 - Reducing Hospital and Community Waits for Packages of Care

Reducing Current Hospital Waits for Packages of Care		
4 Single runs	2.7 WTE Band 3 x 4 = 10.8 WTE	4 additional vehicles + phones
1 Double Up run	2.7 WTE Band 3 x 2 = 5.4 WTE	1 additional vehicle + phones
Staffing	£720,000	
Transport	£35,000	
Sub total	£755,000	
Establishing a ELCH Front Door/Wrap-around Service		
4 single runs	2.7WTE Band 3 x 4 = 10.8 WTE	4 additional vehicles + phones
Staffing	£480,000	
Transport	£28,000	
Sub total	£508,000	
Total hospital costs	£1,263,000	
Reducing Current Community Waits for Packages of Care		
6 single runs (or 4 single & 1 double)	2.7 WTE Band 3 x 4 = 10.8 WTE	
Staffing	£486,000	
Transport	£15,000	
Total community costs	£501,000	
Combined Hospital and Community Costs		
Staffing	£1,686,000	
Transport	£68,000	
Total - All Costs	£1,764,000	

Table 4 - Additional Social Work and Community Care Staffing

Post	Hrs	Grade	Annual cost per post (based on top of grade)	Number of posts	Total per annum
Social worker	35	09-5	£55,236	3	£165,708
Community care worker	35	08-5	£48,876	1	£48,876
Total - All Posts			£104,112		£214,584

Table 5 - Costs of Expansion of Existing Mon-Fri Discharge to Assess (D2A) Model

Staffing	Cost*
2.0 WTE Band 6 Occupational Therapist	£123,618
2.0 WTE Band 6 Physiotherapist	£123,618
2.0 WTE Band 4 Assistant Practitioner (OT/PT)	£79,620
TOTAL	£326,856

*In addition, an additional 3 cars would be required (1 per cluster) totalling £21,000.

Table 6 - Cost of Further Increasing Existing Discharge to Assess (D2A) to 7-day provision

Staffing	Cost*
1.5 WTE Band 7 Team Lead	£108, 542
1.5 WTE Band 6 Physiotherapists	£92,714
1.5 WTE Band 6 Occupational Therapists	£92,714
1.5 WTE Band 4 Assistant Practitioner (OT/PT)	£59,715
TOTAL	£353,685

*Does not include cost of weekend enhanced rates

8.6 Personnel – East Lothian’s allocation will support an additional 53.8 WTE staff across a number of teams.

8.7 Other - None.

9 BACKGROUND PAPERS

9.1 None.

Appendices 1-3 attached.

AUTHORS’ NAME	Paul Currie
DESIGNATION	Interim General Manager, Strategic Integration
CONTACT INFO	paul.currie@nhslothian.scot.nhs.uk
DATE	11 th December 2024



Unscheduled Care System Improvement: RIE

Week 2: Final Proposal

12 November 2024

Executive Summary: Statement of Intent

NHS Lothian was approached by Scottish Government to explore options to improve Unscheduled Care (USC) performance, with particular focus on the Royal Infirmary of Edinburgh. Over the last 14 days significant work has commenced in response to this ask drawing input from leaders across the Lothian Health & Care System (LHCS) that comprises NHS Lothian, the Health & Social care Partnerships (HSCPs) and Local Authorities.

The output from this work includes;

- (1) **Accelerating existing plans** to improve USC performance, with a particular focus on actions that will deliver improved performance along with patient safety over the winter months.
- (2) Developing a comprehensive proposal that seeks to address the deficits in demand and capacity borne out over the Lothian Health & Care System whilst simultaneously enabling **radical transformation of models of care to ensure long term sustainability** and improved patient safety and experience.

The proposals under category (1) include;

- Expediting roll out of **DwD** including rapid adoption of PDD, with a focus on **reducing Length of Stay**
- Improving the experience for those presenting to the Emergency Department with **Mental Health conditions**.
- Transforming the services available through the **Rapid Assessment Care Unit**
- Transforming models of care across the LHCS for **frail citizens** who require medical and social support
- Strengthening the offer of the **Flow Navigation Centre** and the interface services accessible through this

The proposals under category (2) include;

- Enabling a shift in the balance of care, particularly around **assessment and provision of rehabilitation support**, from the acute hospital setting to the patient's home.
- Strengthening the HSCPs capacity to provide patients with **care at home to meet current demand**.
- Strengthening **Primary Care's capacity** to provide enhanced care for frail citizens, **reducing reliance on hospital bed based care**
- Reducing the reliance on the RIE Emergency Department as the "place of safety" for those with **acute mental health requirements**.

These proposals have been modelled with input from CfSD colleagues to deliver the following impact, predicated on securing investment of £14.5m. Allocation of **recurring funding** is essential to deliver actions identified.

	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25 onwards	Q2 25/26	Q3 25/26
RIE Performance if proposal not approved	40 - 43%				50-55%		
RIE Long Waits (>8hrs) percentage point reduction	34%	91%	Most long waits at RIE should be eradicated.				
RIE Estimated Performance	53%	67%	79%	85%	86%	86%	93%
RIE Estimated Bed Occupancy	98%	92%	87%	85%	<85%	<85%	<85%
Estimated National Performance Uplift	2%	4%	7%	8%	8%	8%	10%

Introduction: Edinburgh and the South East - The Fastest Growing Region in Scotland

The Edinburgh and South East of Scotland region **is the fastest-growing in Scotland and one of the fastest-growing in the UK**. The forecasted change in population is 9.1% between 2018 and 2043 (compared with 2.5% in Scotland), and the number of households is projected to increase by 18% over the same period compared with 10% in Scotland). Within the region Midlothian is the fastest growing at 16.1% and East Lothian at 12.7%. This is putting unprecedented pressure on our infrastructure and services, and there are significant consequences of accommodating this growth for all public sector organisations including local authorities and health.

The city of Edinburgh is an economically vibrant city that continues to attract high internal migration, from around the rest of the UK and carries the legacy of significant European immigration from the pre-Brexit period.

As the nation's capital, a global centre for tourism and the biggest European centre for the Finance industry outside of London, Edinburgh also plays host to a significant number of visitors, year-round, many of them high profile. In 2023, the city welcomed 2.3 million international visitors, which was a 4% increase from 2019. In the same year there were a total of 5.34 million overnight tourism visits to Edinburgh and the Lothian and places a significant extra pressure on urgent care services during the Festivals' season.

Edinburgh also has a significant student population, many of them foreign students unfamiliar with primary care access routes to health care.

The RIE Emergency Department serves a wide geographical area that takes in East Lothian and Midlothian and is a Major Trauma Centre for the South East of Scotland. The extensive housebuilding that is visible across Lothian testifies to its status as the fastest growing region in Scotland. Lothian's population has grown by 24% in 25 years and by 1% every year since 2008. There is no sign of this slowing down. In fact, 80% of the population increase in Scotland between 2021 and 2033 is projected to happen in Lothian.

Recent analysis undertaken by CfSD indicated that **NHS Lothian has proportionately the lowest number of Clinical Care Spaces within its Emergency Departments footprint**. Glasgow has roughly 40% more physical space within its ED per population, and Grampian 30%.

The RIE ED is the busiest in the country. Population growth and significant visitor numbers have resulted in steadily increasing demand on services. The Department was originally designed during the 1990s to manage 80,000 patient attendances per annum and opened in 2003. It is on track to receive over 120,000 attendances this year, **a 40% growth on the original designed capacity**.

Introduction: NHS Lothian and Partners Existing USC Strategic Framework

The SLWG reviewed the existing USC strategic programme structure (LSDF) and ensured that actions aligned where possible to the existing workstreams and approach. The existing LSDF is driven through a whole-system USC Programme Board and supported by a USC Tactical Committee. Both of these groups are led by leaders within HSCPs in Lothian and have wide whole system representation.

Note, the LSDF was shared earlier this year with CfSD and the following feedback was received;

“You have shared a copy of your Strategic Delivery Framework (LSDF) which evidences a thorough analysis of the challenges facing the health board and effective identification of opportunities for improvement, underpinned by a clearly articulated theory of change and impact forecasting. The LSDF incorporates all of the leverage points we identified for NHS Lothian as well as many of the recommendations we have made over the past two years whilst providing bespoke support and also includes recommendations made by independent consulting firm Buchan + Associates. The content of the LSDF is robust and is well-supported by the existing evidence base... It is evident that there is a large volume of quality improvement work already underway, with good collaboration between the health board and health and social care partnerships as well as good engagement with the national team, and some of this work is showing signs of significant impact.”

The LSDF targets 3x key areas for improvement

- **Reducing Attendances**
- **Reducing Length of Stay**
- **Bed Occupancy**
- **Reducing Admissions**

From the recent review and refresh of the strategic framework, specific programmes of work were initiated to accelerate the delivery of performance and patient safety improvements. These revisions included;

- Development of a Pan-Lothian whole system **Frailty Programme Board** with a focus on redesigning models of care for frail patients
- Development of a **Navigation Programme Board** that brings together the Flow Navigation Centre, acute hospital teams, and importantly HSCP colleagues to ensure patients can be referred to appropriate support be it in community or an acute hospital.
- Development of an **Interface Programme Board** that is reviewing H@H delivery and variation across the teams in Lothian, and additionally reviewing the other interface services (OPAT/CRT/RACU) with a view to maximise and standardise models of care and routes into these services.
- Development of a **Acute Length of Stay Programme** led by each acute hospital site that complements the existing **DwD programme**, but also challenges and supports clinicians to review current clinical pathways with a view to improving patient experience through reducing their hospital length of stay.

This proposal seeks to accelerate components that feature within this recently refreshed strategic framework.

Context: Financial and Capacity

Following the announcement of the Scottish Budget in December 2023, NHS Lothian identified a £140m Financial Plan gap in 2024/25. In addition to the 3% cash releasing efficiency savings required by the Scottish Government, further savings of c. £80m have been necessary to bridge this gap, partially achieved through significant non-recurring interventions.

Integrated Joint Boards (IJBs) face a dual challenge from both Health and Social Care funding. As at Q2 24/25 the four NHS Lothian IJBs are forecasting a total £48m gap, including Social Care pressures that equate to 6% of the budget. IJBs are currently exploring cost reduction measures to further close this £48m pressure in this financial year, which may further deteriorate system wide capacity and flow. The position for the four IJBs is part of a forecast financial plan overspend of £120m for NHS Lothian, with significant budget pressures also identified by the four Local Authorities.

In this context, the Health Board and Councils have driven decisions on significant expenditure reductions to support the financial position. The majority of these decisions have impacted capacity and patient waits to some extent.

Through the Unscheduled Care Programme Board, since January 2024 NHS Lothian has collated and reported bed capacity across the NHS Lothian Health and Care System. Between January and August 2024 there was a reduction of 92 beds, predominantly within Edinburgh HSCP. This is in addition to reductions across community and social care capacity in the preceding years.

The following potential impacts resulting from cost control measures were noted:

HSCP/Unit	Measure	Potential Impacts Identified
Edinburgh HSCP	Budget Control Measures; Social Worker Reprioritisation; Combined Measures	<ul style="list-style-type: none"> • 235 people added to care at home waitlist (excluding Mental Health patients) • 500 people added to assessment waitlist (excluding Mental Health patients) • ~Increase of 35 delays
Midlothian HSCP	Budget Control Measures; Social Worker Reprioritisation; Combined Measures	<ul style="list-style-type: none"> • 1300 hours per week added to care waitlist • 8 people per week added to assessment waitlist • ~Increase of 10 delays
East Lothian HSCP	Care Home Closures Capping care at Home	<ul style="list-style-type: none"> • Variable impact on care home bed availability • Increase in delays largely due to care @ home capacity available to the HSCP
West Lothian HSCP	Redesign of Social Work Teams; Redesign of Internal Support at Home; Review of Internal Care Homes	<ul style="list-style-type: none"> • Potential increase in assessment wait times • Possible increase in delayed discharges • Increased risk of delayed discharges

In addition to the above, the following actions are planned which will further reduce capacity:

- Liberton Hospital closure, by 31st March 2025 - currently modelled to increase demand on acute beds by the equivalent of 21 beds.
- Ward 74 WGH to facilitate safe closure of RIDU. Mitigations planned to support MoE pathway, but full mitigation may take time to realise.
- Winter funding. Reduction by c. £1m in available funding to support non-recurring support against winter pressures.
- MDT funding. Impact of national reduction in MDT funding is an additional £1.4m funding pressure across NHS Lothian, equating to reduction of c. 20 wte to support delivery of home first offerings across the four IJBs.
- Historically around £1.5m is invested by NHS Lothian into whole-system winter mitigations focused on ensuring patient safety and maintaining performance. The NHS Lothian approved proposals for winter 24/25 include:
 - Strengthening the RIE Emergency Departments ability to manage patients in the department when it is over capacity
 - Strengthening SJHs out-of-hours service provision
 - Testing a new approach to the clinical triaging of emergency patients at the WGH
 - Delivering increased access to Gynaecology Hot-Clinics
 - Increasing opening hours for community Pharmacies
 - Strengthening Community-respiratory pathways in Edinburgh

Given the financial planning pressures across Health and Social Care, any additional actions to support winter pressures will require additional resources before they can be agreed and implemented. However, even with funding, there is a significant risk to performance improvements that rely on maintaining or increasing capacity, particularly when allocated to Integrated Joint Boards.

The financial pressures on IJBs, described above, are driving a requirement for further reductions in expenditure to achieve financial balance. As such, while it may be possible to ringfence any additional allocations for additional capacity, this will not apply to existing underfunded services.

Further reductions in service provision will undermine the ambition of whole system performance improvement from the actions described in this briefing. Continued close engagement across the system, as well as a joint communications plan, will be required to mitigate this risk.

Some Acute hospital actions can be delivered non recurrently to achieve a benefit within Component 1 timescales, however generating additional community and social care capacity **will require commitment through recurring funding**.

While the financial constraints under which the Scottish Government is operating are recognised, it should be noted that use of non-recurring funding is extremely restrictive on the solutions services can put in place, and generally delivers limited outcomes at greater cost – both in terms of value for money and effort to implement.

Context: Data & Demand

Public Health Scotland have developed in recent months a [whole system modelling](#) product that enables boards to review predicted demand over the winter months, particularly in relation to bed occupancy – the main measure positively correlated with the emergency access standard performance.

This tool, whilst unable to drill down to a hospital-site level, is still helpful in articulating the increased demand for beds within Lothian over the coming 24/25 winter months. This tool suggests that **NHS Lothian requires an additional 187 beds (or equivalent) to meet peak winter demand this financial year.**

In 2024 NHS Lothian commissioned an external consulting firm to undertake a whole-system bed-modelling exercise. The stark outputs of this exercise illustrated the **significant gaps in capacity to meet current and projected demand based on population modelling.** The exercise concluded that NHS Lothian would require;

- **720 additional acute beds by 2033.**
- If NHS Lothian was successful in delivering significant mitigations this would reduce to requiring an **additional 80 beds.**
 - Note - the modelled mitigations are *extremely ambitious* and include the likes of removing all delayed discharges from acute hospitals.
- However - projected need for acute beds by **2043** (assuming all mitigations implemented) was still an **additional 300 acute beds.**
- By **2043** there would be a requirement for an additional **288 (55%) community beds** across the Lothian region.
- By **2043** there would be a requirement for an additional **1900 (55%) care home beds** across the Lothian region.

Note NHS Lothian does not have additional surge capacity. Therefore, the current position of bed occupancy routinely operating in the region of 99 - >100% is within the context of the Board utilising all the core capacity available.

It must be acknowledged that the proposals found within this document are likely to be deployed at a period in the year where the system is under pressure and therefore there is an expected decline in performance. This has been set out below to a) frame the anticipated seasonal performance deterioration in line with seasonal variation if no further action taken and b) contextualise the scale of the ask in relation to the options being explored to improve performance and safety with immediate effect.

	4hr %	8hr breaches	12hr breaches
Previous Winter Averages	47.4	2045	1145
Previous Non-Winter Averages	49.5	1906	978
Expected Seasonal Winter Variation	-4.2%	7.3%	17.0%

NHS Lothian has recently developed a measurement framework that captures the key measures influencing unscheduled care performance and builds upon the measures that were developed by CfSD. **It is proposed that the data within this framework that is refreshed weekly is the cornerstone of how improvement is measured.**



USC Measurement
Framework Nov.pdf

CfSD commented in their feedback on NHS Lothians LSDF of which the measurement framework has been built around.

“Your return included specific aims related to eleven of the twelve leverage points identified and you also included an additional target that you have set for yourselves to improve non-admitted performance to 85% by March 2025. The only leverage point that you did not provide a specific aim against in the template you returned to CfSD outlining your priority areas of focus was for the number of standard delays (although it remains listed as an area for improvement within Lothian’s Strategic Delivery Framework which you appended to your submission)....

In the context of NHS Lothian already performing above average compared to other mainland boards for the number of hospital beds occupied by delayed discharges per head of population, your longer-term trend of improvement in this area over the last couple of years and the emerging evidence of further improvements materialising as a consequence of preventative actions elsewhere in the pathway, your decision to prioritise other change interventions appears justified.”

Approach: Key Principles and Collaborative Working

The scope and focus of this work is on RIE and its Health & Social Care infrastructure.

A short life working group (SLWG) has been developed comprised of the key stakeholders and leaders within the USC planning and operational delivery landscape and worked towards the following principles and approach.

This SLWG has come together at pace and developed a shared vision that spans community and acute and have had >5 meetings within the last week, evidencing the commitment to drive system-wide improvement. This group has System Wide authorisation to rapidly explore options and make recommendations within this agreed timeline and is chaired by NHS Lothian's Deputy Chief Executive.

Integrated Joint Board Chief Officers have been regularly consulted/briefed throughout this action focused process. NHS Lothian CEO led discussions with our four Local Authority CEOs and consensus for this approach was agreed last week. In addition, a new whole-system monthly meeting that brings together the leaders of the Lothian Health and Care System and Local Authorities within the Lothian region has been agreed.

The SLWG developed a proposal for performance improvement within the following parameters,

Component 1: Aimed at the immediate decompression of the system with impact delivered by 31 December 2024.

Component 2: Aimed at the acceleration of strategic actions that will deliver impact by 31 March 2025

Component 3: Aimed at further acceleration of larger strategic actions that will be commenced in 2024/25 deliver impact by Q2 2025/26 and ensure sustainability of delivery.

The following key objectives were identified.

- **Reducing Attendances**
- **Reducing Bed Occupancy**
- **Reducing Admissions**
- **Reducing Length of Stay**

This proposal has been signed off by our system Chief Officers and will now be subject to approval by each IJBs. Chief Officers have been briefing their respective IJB Chairs on our progress to and including this submission to support evident oversight from each organisation.

Component 1: Key Actions

The SLWG has developed a comprehensive list of the options available to decompress the system and the RIE, primarily through reducing occupancy with immediate effect thus enabling flow as well as safe patient care. The following proposals are the result of whole system prioritisation facilitated through the SLWG and are aimed at;

- Delivering an immediate step change over the winter months that will decompress the system and improve patient safety and system performance, whilst enabling transformational redesign that reduce reliance (where appropriate) on institutional beds.

Component 1	Beds Released (up to)	Required Funding	Key Objective	End of Month Estimated Impact Timeline						
				Dec-24	Jan-25	Feb-25	Mar-25	Apr-25 onwards	Q2 24/25	Q3 24/25
RIE - Open all limited unfunded bed capacity	14	£406,000	Reduce Occupancy						closed	
RIE - Enhanced ED Frailty Model	15	£420,000	Reduce Occupancy Reduce Admissions							
Edin HSCP - Care @ Home	84	£4,100,000	Reduce Occupancy							
Edin HSCP - End of Life Beds	2	£151,200	Reduce Occupancy							
East HSCP - Care @ Home	31	£1,700,000	Reduce Occupancy							
East HSCP - Enhanced HSCP capacity		£914,000	Reduce Admissions							
Mid HSCP - Care @ Home	28	£1,650,000	Reduce Occupancy							
Mid HSCP - Enhanced HSCP capacity		£734,000	Reduce Admissions							
REH – Open 12 unfunded beds	12	£576,420	Reduce Occupancy						closed	

The SLWG has acknowledged that the short-term *non-recurring* purchase of higher rate care home beds may undermine negotiations with providers in the future, and therefore the view taken by the SLWG was that this option held significant medium-long term risks. Additionally, the SLWG took the view that the use of agency staff to open HSCP / Local Authority beds would not deliver value for money in relation to the non-bed-based options that are available.

Commitment to proposed actions through recurring funding is therefore considered essential, particularly within the context of the financial challenge for IJBs and the Health Board. Without recurring funding against recurring costs, it will not be possible for organisations to increase financial risk, or to build the proposed actions into longer term financial plans.

Component 2: Key Actions

The following proposals are intended to accelerate existing strategic actions with measurable impact by 31 March 2025. These actions focus on embedding and sustaining performance improvements achieved in “component 1” by challenging the current care delivery model. However, they should be considered within the context of an ongoing, extremely challenging financial landscape, anticipated to persist into and throughout 2025/26.

Component 2	Beds Released (up to)	Funding Required	Key Objective	IMPACT TIMELINE - BY CLOSE OF PLAY.....						
				Dec-24	Jan-25	Feb-25	Mar-25	Apr-25 onwards	Q2 24/25	Q3 24/25
REACH Model within Flow Nav Centre enabling physician/consultant prof-prof calls with referrers.	8	£240,000	Reduce Admissions Reduce Attendances	Red	Red	Yellow	Green	Green	Green	Green
RIE - Develop Mental Health Chaired assessment area out-with ED on RIE site	Decompress ED	-	Reduce Long Waits	Red	Red	Yellow	Green	Green	Green	Green
RIE - Fast-track implementation of criteria to reside and criteria to admit.	Level of Success Linked to component 1 actions	-	Reduce Occupancy	Yellow	Green	Green	Green	Green	Green	Green
RIE - Accelerate deployment and practice of AHP risk-stratification work	Level of Success Linked to component 1 actions	-	Reduce Occupancy Reduce Admissions	Red	Yellow	Yellow	Green	Green	Green	Green
RIE - Expedite roll out of PDD	Level of Success Linked to component 1 actions	-	Reduce Occupancy	Yellow	Green	Green	Green	Green	Green	Green

Component 3: Key Actions

The SLWG explored what broader strategic actions could be accelerated to maximise the sustainability of improved safety and performance delivered through the implementation of Components 1 & 2 of this proposal.

Component 3	Beds Released (up to)	Funding Required	Key Objective	IMPACT TIMELINE - BY CLOSE OF PLAY.....						
				Dec-24	Jan-25	Feb-25	Mar-25	Apr-25 onwards	Q2 25/26	Q3 25/26
Edin HSCP- Enhanced community rehabilitation service (moving acute rehab to community)	50	£2,400,000	Reduce Occupancy							
Primary Care - Frailty LES with GPs, reducing admissions and improving patient experience and safety	20	£1,190,000	Reduce Admissions Reduce Occupancy							

This component proposes to invest in Primary Care through an enhanced Frailty local enhanced service that has been evidenced through collaborative work with Edinburgh university to reduce admissions by 12% in the moderately or severely frail population, who of which are the patients that require and consume the most intensive resource. **This has been modelled to yield a >200% return on investment.** This proposal fits with the strategic direction to focus on prevention by shifting the balance of care into community and away from outdated bed-based models of care. There is potential to commence this approach earlier in “component 2” in a targeted manner focusing on the GP practices with the highest “frailty” admissions to the RIE.

The development of an enhanced community rehabilitation service aims to support individuals who are medically ready to leave the hospital but require an intensity of rehabilitation that cannot currently be met within community settings. **This service would allow these patients, who have a suitable home environment, to transition out of hospital while continuing to receive the necessary support.** The initiative is projected to release 50 hospital beds daily, reducing occupancy and easing pressure on hospital resources. With full-year costs estimated at £2.4 million, this service would require new recruitment efforts, introducing a lag in implementation as staffing is established to meet these rehabilitation needs.

Ask of Scottish Government colleagues: Communications

The proposals are partly predicated on the successful development and deployment of a **public facing communications strategy** aimed at supporting patients, carers, and families in receiving care in community or their own home, that historically would have taken place in an acute hospital setting. **Collaboration with Scottish Government to maximise this messaging would be welcomed and seen as a key enabler to successful deployment of these measures.**

All Components: Summary & Trajectories

				End of Month Estimated Impact Timeline						
		Required Funding	Key Objective	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25 onwards	Q2 24/25	Q3 24/25
Component 1	RIE - Open all limited unfunded bed capacity	£406,000	Reduce Occupancy						closed	
	RIE - Enhanced ED Frailty Model	£420,000	Reduce Occupancy							
			Reduce Admissions							
	Edin HSCP - Care @ Home	£4,100,000	Reduce Occupancy							
	Edin HSCP - End of Life Beds	£151,200	Reduce Occupancy							
	East HSCP - Care @ Home	£1,700,000	Reduce Occupancy							
	East HSCP - Enhanced HSCP capacity	£914,000	Reduce Admissions							
	Mid HSCP - Care @ Home	£1,650,000	Reduce Occupancy							
	Mid HSCP - Enhanced HSCP capacity	£734,000	Reduce Admissions							
REH - Open 12 unfunded beds	£576,420	Reduce Occupancy						Closed		
Component 2	REACH Model within Flow Nav Centre	£240,000	Reduce Admissions							
	RIE - Mental Health Chaired assessment area	-	Reduce Long Waits							
	RIE - Criteria to reside and criteria to admit.	-	Reduce Occupancy							
	RIE - AHP risk-stratification work	-	Reduce Occupancy							
			Reduce Admissions							
RIE - Expedite roll out of PDD	-	Reduce Occupancy								
Component 3	Edin HSCP- Enhanced community rehabilitation	£2,400,000	Reduce Occupancy							
	Primary Care - Frailty LES with GPs	£1,190,000	Reduce Admissions							
Reduce Occupancy										

Total Funding Required: **£14,481,620**

								End of Month Estimated Impact Timeline						
		Dec-24	Jan-25	Feb-25	Mar-25	Apr-25 onwards	Q2 25/26	Q3 25/26						
Anticipated Beds released		27	73	113	132	135	135	158						
RIE Long Waits (>8hrs) percentage point reduction		34%	91%	Most long waits at RIE should be eradicated.										
RIE Performance		53%	67%	79%	85%	86%	86%	93%						
RIE Bed Occupancy		98%	92%	87%	85%	<85%	<85%	<85%						
Estimated National Performance Uplift		2%	4%	7%	8%	8%	8%	10%						

Appendix 2

Social Care and National Care Service Development
Directorate
Angie Wood, Co-Director



Scottish Government
Riaghaltas na h-Alba
gov.scot

NHSScotland Chief Operating Officer
John Burns

E: angie.wood@gov.scot
E: john.burns@gov.scot

To: Caroline Hiscox
Jim Crombie
Fiona Wilson
Morag Barrow
Pat Togher
Alison White

Via email

04/12/2024

Dear Colleagues

Following the recent discussion with the Cabinet Secretary and Scottish Government officials, it has been agreed that funding of up to £3.4 million will be made available to NHS Lothian in 2024-25. This will allow the Board and partnerships to implement the tests of change and progress immediate work to make system improvements ahead and over the winter to March 2025.

Moving into 2025-26 funding will be made available to cover the costs of this change up to the total of £14.5 million. This will be made recurrent moving into 2026-27 based on actual spend incurred and evidence of delivery of outcomes required.

It supports the First Minister's mission to address delayed discharge levels and improve unscheduled care performance across Scotland through a targeted whole-system improvement initiative, improving the admitted inpatient flow in NHS Lothian.

This funding will be allocated to the set out in the table at Annex A. We understand that the £406,000 for acute beds is to be used to support a model that will transition into a community pathway. On that basis we are content this is included, with the clear expectation that this be achieved from March 2025 onwards.

The expected outcomes of this spend are to:

- Support immediate decompression of the system by discharging patients from the acute system by end of December 2024.



- Accelerate plans to improve unscheduled care performance in NHS Lothian, particularly RIE, with a particular focus on actions to deliver tangible improved performance and patient safety during winter.
- Address the deficits in demand and capacity across the Lothian Health and Care System, ensuring models of care are sustainable in the longer term.

It is proposed that the additional funding is conditional on the delivery of these outcomes. Robust reporting and monitoring processes will also be put in place to track progress and identify slippage. Lothian have projected that this work will achieve:

- Significant reduction in admissions and occupancy creating additional capacity to support flow - reducing long waits and improved performance against the four-hour target by end of March 2025.

Ministers have been clear that this investment must lead to demonstrable improvements in performance and outcomes for patients and for this improvement to be sustained beyond April 2025.

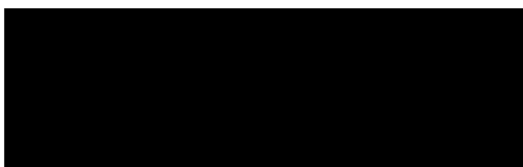
A meeting will be held with the Board and partners in the next few days to discuss and agree the reporting cycle based on the timeline set out the Action Plan.

The trajectories you have provided will be delivered through increasing capacity by delivering care in the right place. The pan Lothian whole system plan shows this will be delivered by increasing Mental Health Capacity, Care at Home, End of Life and Enhanced Community Capacity across Edinburgh, Mid and East Lothian partnerships. The Board will also enhance its frail elderly and Flow Navigation services, which will release around 184 beds by March 2025 and a further 78 beds released by December 2025.

Yours sincerely



John Burns
Chief Operating Officer NHS Scotland



Angie Wood
**Co-Director of Social Care and National Care Service Development
Scottish Government**



Annex A

RIE - Open all limited unfunded bed capacity	£406,000	March 2025
RIE - Enhanced ED Frailty Model	£420,000	January 2025
Edin HSCP - Care @ Home	£4,100,000	February 2025
Edin HSCP - End of Life Beds	£151,200	January 2025
East HSCP - Care @ Home	£1,700,000	March 2025
East HSCP - Enhanced HSCP capacity	£914,000	February 2025
Mid HSCP - Care @ Home	£1,650,000	February 2025
Mid HSCP - Enhanced HSCP capacity	£734,000	February 2025
REH – Open 12 unfunded beds	£576,420	February 2025
REACH Model within Flow Nav Centre	£240,000	March 2025
Edin HSCP- Enhanced community rehabilitation	£2,400,000	Q4 24/25
Primary Care - Frailty LES with GPs	£1,190,000	Q4 24/25

Title of direction / reference number	Activity to Support Improvements to Unscheduled Care Performance.
Date direction issued by IJB	19 th December 2024.
Direction to	East Lothian Council and NHS Lothian.
Does this supersede, amend, or cancel a previous direction?	This is a new direction as of December 2024.
Services / functions covered	IJB delegated services / functions covered by this direction are: <ul style="list-style-type: none"> • East Lothian Community Hospital • Hospital to Home • Adult Social Work • East Lothian Rehabilitation Service (ELRS) • Discharge to Assess
Full text of direction	NHS Lothian and East Lothian Council are directed to carry out the activity required to transform services as detailed in the ‘Unscheduled Care System Improvement RIE Final Proposal’ as funded by the Scottish Government as part of its budget announcement in December 2024. East Lothian deliverables supported by this funding are as follows: <ul style="list-style-type: none"> • Increased care capacity for Hospital to Home. • Creation of a Single Point of Contact targeting prevention of attendance and admissions at RIE. • Increased Social Worker and Community Care Worker capacity to support assessment over 7 days at the RIE front door. • Increased Allied Health Professional (AHP) capacity to support 7-day service at the RIE front door.
Link to relevant IJB report and background papers	Hyperlink to IJB report and appendices to be added once available.
Budget allocation from IJB to carry out direction	£2.7 million allocated to East Lothian in 2024/25 for 2025/26. See linked report (above) for details of agreed funding allocation by service / function.

	The Scottish Government has indicated that funding will be recurring beyond 2025/26. This direction will be updated once details of further funding are available.
Which IJB Strategic Objectives / Delivery Priorities does the direction contribute to?	Strategic Objective 1 – Develop services that are sustainable and proportionate to need. Strategic Objective 4 – Enable people to have more choice and provide care closer to home. Strategic Objective 5 – Further develop and embed integrated approaches and services.
Progress measures and timescales	<p>Planned timescale and performance reporting are to be agreed with partners and documented accordingly. Progress reporting should include activity data related to the services detailed above, along with data showing progress in relation to the following programme objectives:</p> <ul style="list-style-type: none"> • Reducing Attendances • Reducing Admissions • Managing Bed Occupancy • Reducing Length of Stay <p>This should include reporting against the key performance measures contained in the Unscheduled Care Measurement Framework.</p>