# The Lothian Strategic Development Framework

Draft 5 – for consideration by the Board, December 21 meeting

**About this document**

This document is the Lothian Strategic Development Framework and lays out what will happen across Lothian's Health and Care system over the next 5 years, up to and including the financial year 2027-28. It is a collaboration between the bodies with responsibility for the planning, commissioning, and delivery of health and care services in the Lothians;

- East Lothian Integration Joint Board;
- Edinburgh Integration Joint Board;
- Midlothian Integration Joint Board;
- NHS Lothian;
- West Lothian Integration Joint Board.

Collectively, we refer to these five organisations as the Lothian Health and Care System (LHCS).

We call this document a Framework because it knits together the five interdependent approaches of the collaborating bodies and lays out a basis for us to collectively move forward. It represents our high-level thinking of what will happen and what we will do over the next five years, but it is important to note that it is impossible to guarantee that our aims and objectives will be met over that time period. Indeed, it may be that as we go forward, it will make more sense for us to change our plans than to stick with what is outlined herein.

We do need to be candid that as we are publishing this, public services are under enormous strain. The NHS and services which are crucial to promoting health, preventing disease, and providing treatment are no different. The ongoing challenges of the pandemic, combining the disease, the impact on our workforce, and "catching up" with other diseases, means that we are in a position where performance and outcomes are not what we would want them to be. However, we believe that the principles and assumptions we make support a general direction of travel in a post-COVID world, and that we will adhere to these.

As you read through this Framework, you will see some words and phrases are underlined. These are links to associated documents with much more detail on that particular word or phrase. These may be detailed plans, or they may be the glossary of terms we use to aid understanding.

The Framework describes;

- What we are trying to achieve;
- Where we are now and the impact of the COVID-19 pandemic on the services we provide;
- Our principles, assumptions, and fixed points;
- The needs of our population, and the longer-term demographic challenges we face;
- The parameters of our system in terms of our people, our financial resources, and our infrastructure;
- The actions we will take to deliver over the next five years across a range of settings;
    - Population health and anchor institution status;
    - Children and Young People;
    - Mental Health, Illness, and Wellbeing;
    - Primary Care;

- Unscheduled Care;
- Scheduled Care

We also present supporting assessment and evidence which outlines the parameters we work within;

- Our **workforce** context, where we have a population growing rapidly and aging simultaneously. We note that across the country we have a reducing number of people of working-age, which means there are fewer people to work in health and care services and settings;
- Our **financial** context, where we have an accumulated financial gap as a result of the national funding formulas as they have applied to the public sector in the Lothians, and growing financial challenges from new drugs and treatments;
- Our **capital** context, where, while we have significant Scottish Government investment pledged for large new clinical facilities such as a new Cancer Centre, a new Eye Pavilion, and a new short-stay scheduled treatment centre at St John's Hospital, we do not as yet have investment for improvements to the Royal Edinburgh Hospital and have a significant challenge to fund other community facilities;
- Our **digital** context, with technology more and more capable and supportive of clinical practice and practitioners;
- Our **environmental** context, where we have an obligation to ensure that we reduce our carbon footprint. 5% of all travel in the UK is healthcare-related.

**What are we trying to achieve?**

The health and care system is a key underpinning of the success and prosperity of Scottish society. To this end, it contributes directly to the National Outcomes which drive the national Programme for Government. At a more local level, our organisations seek to work together to improve the health and wellbeing of a population of nearly 1 million. Our population has grown by 12% since 2011 and we expect it to grow by 8% over the next ten years.

Our aims and objectives for the next five years are;

- An improvement to population health;
- Outcomes we aim for in how we will work with citizens and with patients;
- To deliver nationally-prevailing performance measures;

There are some broad themes about how we will work that are central to our approach;

- We want to move care closer to home where we can. The citizen's home will be the key fixed point for how services are designed and delivered. We believe that we should have very good clinical reasons to ask someone to come to one of our facilities;
- We see an ever-increasing role for self-care by citizens, and of their deeper engagement in the prevention of disease. We see this as particularly valuable in the provision of services for children and young people;
- We will seek to embed things we have learned from the covid-19 pandemic in everything we do;
- We will work ever-closer with all of our partners in the public square – local authorities, the third sector, the Scottish Government, educational institutions, and the private sector – to maximise and augment the positive impact each sector can have on citizen's lives. We see this as crucial to meet our aspirations to work as an anchor institution;
- We will work to improve our health and care facilities whenever and wherever we can, and remain committed to our campuses at the Royal Edinburgh Hospital, Royal Infirmary of Edinburgh, St John's Hospital, and the Western General. This will mean some new buildings, but also the closure of buildings which are no longer suitable for treatment and care;
- When we do need to build new facilities, we will work with our partners from across the public square to ensure that these are multi-use and bring together the services citizens access on a regular basis. It doesn't matter to the citizen what the nameplate on the building says – it matters that we make it easier for the citizen to get the right help;
- We will increasingly use technology and innovation to support our delivery of treatment and care. Citizens will see this in the increased use of digital communications technology to provide appointments where previously they had to travel to outpatient or general practice settings;
- Recovery from the impacts of the COVID-19 pandemic will take years, not months, and this will mean longer waits for scheduled care. We will work to prioritise treatment for cancer and life-threatening illness in this context.

**Where are we now? The impact of Covid-19**

We are all aware of the direct impact of COVID-19. It will be rare to not know someone who has been infected, and unusual to not know of someone who has been seriously ill, or died, as a result of the disease. Our people worked, and continue to work, to manage the spread of the disease and the impact of the illness where it appears. We continue to run the largest vaccination programme in history, and our hospitals continue to see high numbers of people admitted to wards and to critical care units.

What is less clear to many is the set of associated impacts, which include but are not limited to;

- A health debt built up in people who did not access our services during the most acute lockdowns, and who now have conditions which are more advanced than they would have been previously;
- A rapidly-increased series of waits for scheduled care – hip replacements, cancer treatments, outpatient appointments;
- Severe difficulties for many independent-sector care providers, who support people in their homes. Many of these organisations are struggling to sustain themselves;
- Impacts on the people who work in our services, ranging from exhaustion, through stress-related mental illness, to a desire to retire early or reduce their hours to protect their own wellbeing;

Changes in how society operates that previously may have taken years have happened in days and weeks and we have delivered some services in very different ways, with a much greater reliance on digital services, on self-management, on being remote from buildings, and on explicitly prioritising some forms of care above others. LHCS has also shown an ability to re-engineer and re-provide at a pace that hasn't existed previously. This work has also shown the importance of working effectively and at speed with our partners in the rest of the public sector, the third sector, and the private sector.

Before the pandemic we did find it increasingly difficult to meet national targets due to the nature of our funding settlement. This funding settlement sees us receive less revenue than we should according to the national resource allocation framework set by the Scottish Government. This has, over time, widened the gap between the money we should have, and the money we do have. Similar challenges apply for our local public sector partners and this, in particular, has contributed to widening inequalities.

We also have the same problems as before the pandemic in terms of finance and the fabric of our buildings, and the pressure put upon us by the changing demographics within the Lothians. We also need to step up our efforts to improve quality and play our part in tackling climate change.

Perhaps our biggest concern in sustaining and improving our services is ensuring we can recruit and retain an appropriately-skilled workforce. The demographic challenges we face in caring for and treating an expanding and aging population also apply to our workforce. Some key services are facing particularly acute challenges, where the workforce is unbalanced and where not enough young people are joining the workforce. These pressures mean that we need to radically redesign some of our services in order to sustain them.

**How we built the LSDF**

The extant NHSL strategy – *Our Health, Our Care, Our Future* – was intended to cover the years 2014-2024, which would have coincided with the end-point for the next iteration of IJB Strategic Plans. However, the impact of first wave of the pandemic was such that during the late summer of 2020, we began working with the Royal Society of the Arts, using their Future Change Framework, to see what we had learned. We were also open to the idea that, as well as the vast range of problems and difficulties that the pandemic had wrought, we had also learned a lot about ways we could positively change how our system works and the services we provide.

Based on this work the NHSL Board adopted a series of principles and assumptions, and agreed fixed points to give us a skeleton to work within.

We have also worked with our finance, workforce, and other teams to identify the parameters of what can be done over the next five years. We have worked on the basis of the best currently-available information on these areas and have drawn our conclusions in good faith, and are keen to be as transparent with citizens as we can be.

We are keen to be seen as an anchor institution in the community. Across the LHCS we have a combined purchasing power of close on £2 billion. We are the largest employer in the South-East of Scotland, and have extensive land holdings. We therefore aim to leverage these more effectively and document 4 shows more detail on this.

Over the last 3 years, we have established a series of programme boards which bring together the leadership teams from our IJBs and from NHSL to map out our actions to improve services. These programme boards – for scheduled care, unscheduled care, and mental health, illness, and wellbeing – have worked over the last year to build plans for the next five years to deliver on our aims and objectives. These are summarised in documents six, eight, and nine.

In addition, we have worked with partners to develop plans for primary care and children's services and these are shown in documents five and seven.

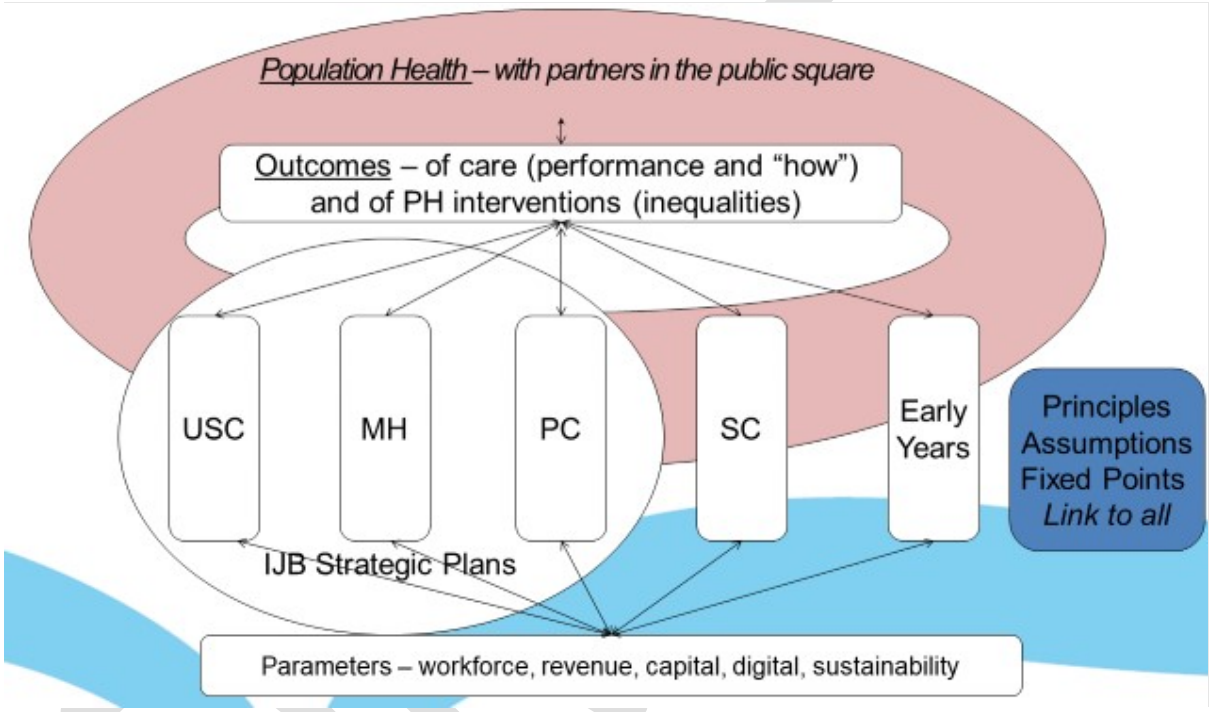
We have worked to ensure that we take account of citizens views. The consultation exercise we will undertake is crucial in seeking the broader view of a larger number of people but our engagement work, which seeks to inform our thinking, is outlined below:

*Figure x: Engagement*

| | |
|---|---|
| **Purpose** | It is important that we don't do what we think is right without seeking the views of the people we work for. Engaging our communities in this work will help us to understand what is important to people who live in Lothian, and help to inform the choices we make. |
| **Expectations** | By sharing with residents what we and our partners have learned during the pandemic, we hope to build understanding about how we might tackle the challenges we face to deliver efficient and effective services to support good health and wellbeing in future.<br><br>By seeking views on what is important to our residents, we hope to shape our ideas to ensure they meet the needs and wants of our communities.<br><br>By engaging in dialogue with our communities, we hope to envisage new models of wellbeing and care, and to begin to discuss what we might let go of in order to make way for new innovations and models.<br>By working with partners across the public and third sector, we hope to improve understanding of our shared challenges, and tease out synergies and opportunities for collaboration to address these challenges.<br><br>Some elements of our future direction are fixed by policy directives, and will be out of scope of this work. We will be open about what these elements are. |
| **Anticipated Outcomes** | **For Lothian residents:**<br>Able to influence choices within a harsh reality, informed by relevant data and information.<br>**For NHS Lothian:**<br>Confidence that our future direction is cognisant of the priorities of our communities, and focussed on delivering the outcomes they value. |
| **Actions** | **Inform:**<br>We will share information about the LSDF via our website, social media and by engaging with the media, and invite local networks to participate in engagement opportunities.<br>**Engage:**<br>We will may existing local and national engagement activity, and distribute an online survey to seek a broad understanding of what is important to people in Lothian, in terms of health and care.<br>Working with the RSA, we will bring together partners from across the public and third sector to understand our shared challenges and tease out synergies and opportunities for collaboration.<br>Working with the RSA, we will convene a reference group to engage in a dialogue with residents, to envisage new models of care and consider what we might let go of to make way for new innovations. |

Taken altogether, the work we have done builds into a strategic framework where the outcomes we aim to achieve are delivered by our 5-year plans for scheduled care and children's services - where NHSL is the planner and commissioner – and for unscheduled care, primary care, and mental health, illness, and wellbeing – where our IJBs are the planners and commissioners. These plans are sensitive to and supported by our parameters – workforce, revenue, capital, technology, and sustainability. Figure xxx below shows how this all fits together.

*Figure xxx – how the Lothian Strategic Development Framework fits together*



**Our principles, our assumptions, and our fixed points**

We have agreed a series of principles and assumptions to guide our work in developing this strategy and delivering it over the next 5 years. These will help us deliver on the outcomes of care we are committed to delivering. These are shown in Figure 1, below.

We also have a series of fixed points that we will work with over the next five years. The most important of these fixed points is the citizen's home. We believe that we will continue to work to enhance our four major hospital campuses as the backbone of our acute hospital system.

1. We will retain the four campus sites – The Royal Edinburgh Hospital, the Royal Infirmary of Edinburgh, St John's Hospital at Howden, and the Western General Hospital.
2. Per *the Lothian Hospitals Plan*, we will use the sites as;
    a. The Royal Edinburgh Hospital will be the specialist acute mental health facility with specialist learning disabilities and rehabilitation services;
    b. The Royal Infirmary of Edinburgh will be South-East Scotland's major unscheduled care centre, incorporating the Major Trauma Centre, and specialist neurosciences and children's services;
    c. St John's Hospital will be West Lothian's district general hospital, with specialist regional surgical services and a short-stay elective centre;
    d. The Western General will be South-East Scotland's Cancer Centre, with breast, urology, colorectal surgical services on-site
3. We will have community inpatient facilities in East Lothian (ELCH) and Midlothian (MCH);
4. We will only provide general anaesthetics at RIE, SJH, and WGH, with provision at REH to support treatments such as electro-convulsive therapies;
5. We are clear that the Western General will be the home for the new Edinburgh Cancer Centre, which will be the Cancer Centre for the South-East of Scotland
6. Sexual Health Services within Edinburgh are provided at the Chalmers Centre
7. We will <u>not</u> provide high-secure forensic mental health accommodation
8. The strategic planning and commissioning of unscheduled care, primary care, general practice, rehabilitation, and mental health services are delegated to the four IJBs – East Lothian, Edinburgh, Midlothian, and West Lothian
9. All other services are the strategic planning and commissioning responsibility of NHS Lothian.

*Figure 1: Challenges & Principles*

| Assumptions | Principles |
| --- | --- |
| We will honour legally committed investment to date.<br><br>We will test fully approved investment (not yet legally committed) against the principles to the right before legally committing.<br><br>We accept that there will be significant financial constraints<br><br>We will start with large waiting lists and work through these according to clinical prioritisation<br><br>Workforce availability will be a key consideration, and all models will need to reflect this.<br><br>The pandemic has and will continue to change our models of care (how significantly is uncertain)<br><br>There will be a requirement for redesign capacity to support change<br><br>There will be an evolving context and narrative. | All cases and actions need to be clear on the question they seek to answer<br><br>All cases and actions need to be able to demonstrate that they advance the organisational strategy<br><br>All facilities will be flexible and multi-use<br><br>We will work to reduce "on-site" attendances wherever we can<br><br>We will separate emergency and elective activity where possible and maximise the use of "single-day" pathways<br><br>We will align actions and facilities with our public and third-sector partners<br><br>Non-clinical space will be minimised<br><br>Our actions and facilities will align with the Climate Change (Scotland) Act which outlines a requirement for the public sector to achieve net-zero by 2045 at the latest. |

**Specific proposals for change**

We have a system serving a million people, employing over 35,000, and with budgets totalling over £2billion, would have a broad range of actions it intends to take forward. There is a lot of detail provided in the supporting documents, but key highlights are;

- We expect to increasingly emphasise prevention and self-management of disease, supporting this with community services and new technologies like closed-loop insulin pumps;
- We will work to develop our ways of accessing our services and this will mean an increasing use of digital communication technologies for outpatient and primary care services, in particular;
- Where we need to replace buildings that we deliver community services in, we will look to bring as many services together from across public services together in community centres and use these as flexibly as we can;
- We will continue to change the model of care in primary care generally and general practice in particular, emphasising the role of the GP as the "expert medical generalist" and developing alternatives delivered through pharmacy, nursing, mental health, physiotherapy, and other services;
- We will work to strengthen communications and links between the different parts of our system to deliver streamlined pathways for citizens;
- We will continue with our work to provide more services for people with mental health needs or learning disabilities in the community. This includes increasing the number of community placements and reducing the size of the Royal Edinburgh Hospital;
- We will look to move from buildings that are no longer fit for purpose and utilise land to create modern, flexible, multi-use, accommodation to replace them. This affects the Royal Edinburgh Hospital, St Michael's Hospital in Linlithgow, and the Eddington Hospital in North Berwick, as well as a number of facilities inside the City of Edinburgh. It will also see us develop business cases for REH, for a new West Lothian Community Hospital, and for the development of East Lothian Community Hospital, as well as community treatment centres;
- We will continue to implement systems to schedule urgent care, with citizens given same or next-day appointments to attend, and will work with NHS24 and the Scottish Ambulance Service to deliver this;
- We will develop a new Cancer Centre on the Western General Hospital campus;
- We will deliver surgical treatments where the patient will stay less than 48 hours in hospital in the new National Treatment Centre at St John's Hospital in Livingston. This will include procedures in gynaecology, general surgery, colorectal surgery, urology, and orthopaedics;
- We will develop a new specialist eye hospital in Edinburgh to replace the Princess Alexandra Eye Pavilion;
- We will work to improve the efficiency and productivity of our elective services, but our recovery from the impact of COVID-19 will take years, and not months or weeks, to reach the levels we would want;
- We will explicitly consider the sustainability impacts of our services and commit to deliver the commitments made by the Scottish Government on carbon zero service provision.

**Working to become an Anchor Institution**

LHCS has a combined spending power of £2 billion, employs roughly 35,000 people, and serves a population of nearly a million people. The actions we take are fundamentally focussed on improving the health and wellbeing of our population, as we have described in the rest of this document. We will continue to undertake our work in preventing ill-health through our services, but we also recognise that prevention needs to work beyond service provision. Engaging with and influencing the wider social determinants of health such as housing, employment, income, sustainable placemaking and sustainable transport systems is crucial to population health improvement.

A key element of this is recognising the LCHS can have a direct impact through our spending power, our providing jobs, and how we work with partners to maximise our economic "weight" for social good. The LCHS should seek to be a good neighbour, a good consumer, and a good employer by deploying its influence in purchasing and procurement, its assets and facilities, its significance as a regional employment hub to impact positively the health and wellbeing of the local population. The Sustainable Development Framework is a key component of this approach.

This work comes under the banner of seeing LHCS as anchor institutions for our communities, where we impact on lives not just through the way we provide care and treatment but through our engagement with health in all policies at local partnership, regional and national level to shape and influence a health promoting environment across Lothian.

Our analysis is that several key actions are fundamental to how we can deliver on this aspiration;

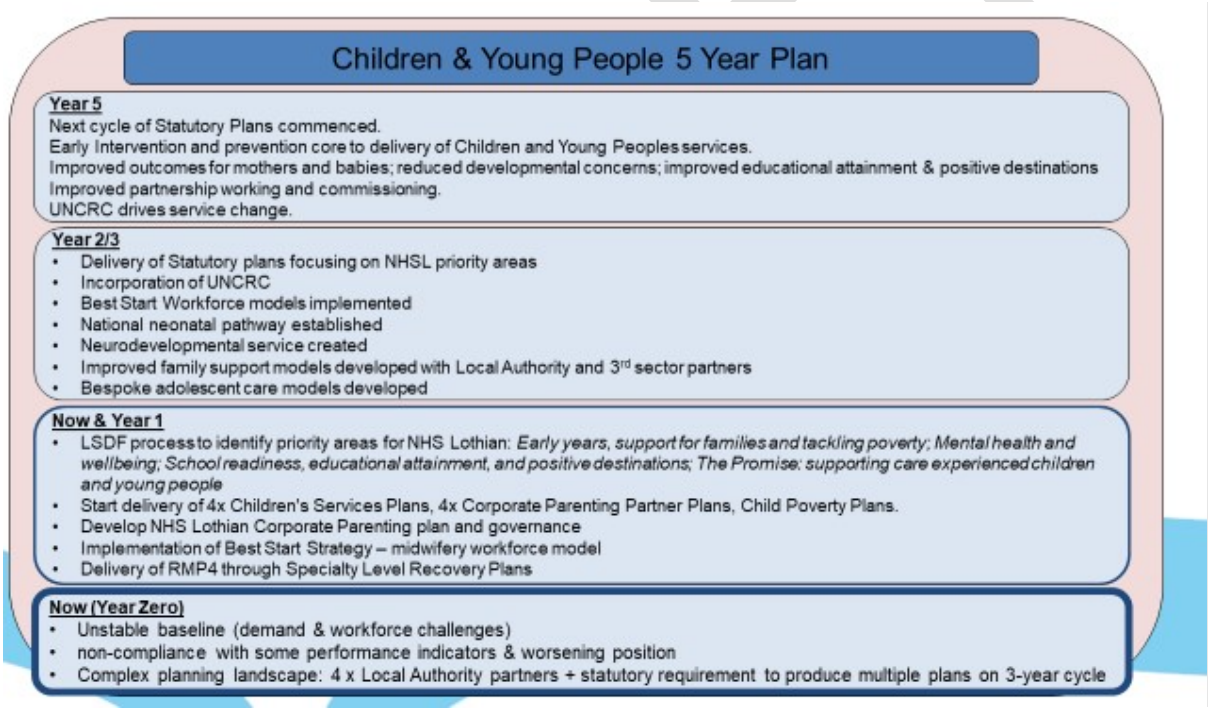
- Focussing on providing the best possible start to life, as outlined in the Children and Young People's section of this LSDF;
- Focussing on supporting people in their own homes and neighbourhoods, as described in our Mental Health, Illness, and Wellbeing, Primary Care, Unscheduled Care, and Scheduled Care sections;
- Maximising income for the low-paid, some of whom are within our own workforce;
- Becoming accredited Living Wage employers, and working to ensure that our suppliers and contractors are also Living Wage employers;
- Ensuring that our community benefits clauses really provide benefit for our population;
- Ensuring that NHS Lothian contributes actively to emerging community planning partnership discussions about community wealth building by utilising its influence as an anchor institution
- Considering whether and how our buildings can bring together a broader range of public services to deliver on shared aims;
- Considering whether and how our land disposal and redevelopment can support a larger series of broader public goals including population health improvement and reduction of health inequalities.

**Children's Services**

We see the provision of appropriate support, care, and treatment when required for children as the major investment we can make in the health of the Lothians. To this end, we will continue to work closely with our partners in education, the third sector, social care, and with parents and families, to ensure that we provide the best possible support for our young people.

Foremost in this area is the radical redesign of mental health services for children and young people. It is well-known that our performance in providing treatment for children waiting for psychological support has not been at the level we would have wanted for some time. Our analysis shows that this is at least in part because the other layers of care have weakened, and in turn that our highly specialised services are unable to cope. We have therefore set out to strengthen the less specialised levels, and will work to provide support closer to where young people are – in communities, in schools, in youth clubs, and by remote means where appropriate.

We will design and implement a new pathway for children and young people with neurodevelopmental challenges.



**Mental Health, Illness, and Wellbeing**

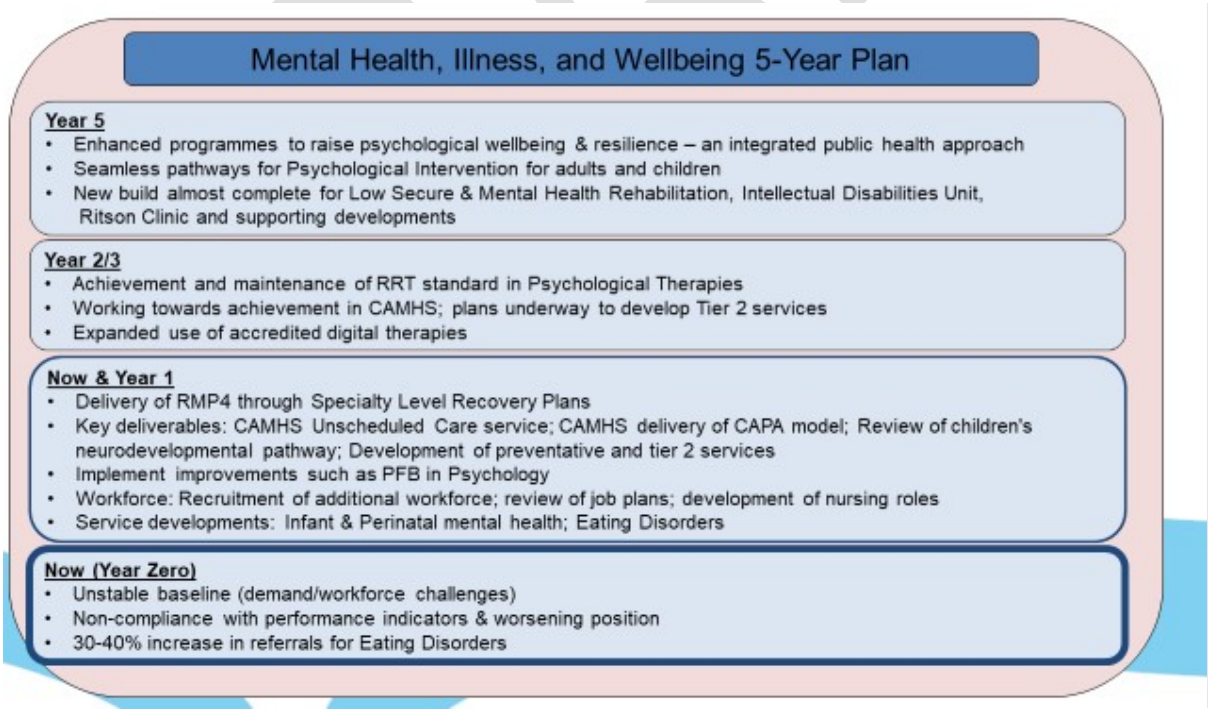
All four of our IJB areas are committed to developing programmes focussed on sustaining people's wellbeing. These programmes are tailored to the particular circumstances of each community, but bring together NHS services, volunteering, lived experience, the third sector, local authorities, and the private sector to expand access for support at a less acute level.

We will invest to expand our capacity in respect of psychological therapies, with a focus on meeting the Scottish Government's target that no one should wait longer than 18 weeks for this key form of treatment.

All five partners in the Lothian system are committed to improving the standard of facilities provided for inpatient treatment at the Royal Edinburgh Hospital, which looks after patients diagnosed with serious mental illness. We aim to commence construction of new facilities for mental illness rehabilitation, and of a new national unit for young people with learning disabilities and mental illness, by 2024.

The changes to the Royal Edinburgh Hospital will see us implement a radical redesign of care. For people with learning disabilities, care will increasingly be provided away from hospital, in homes with support provided by care workers, as opposed to doctors and nurses.

Similarly, our 4 IJBs will invest heavily in providing non-medicalised care and support outside of hospital for those recovering from long-term mental illness, with people settled into new homes and supportive environments designed around them.



**Primary care services**

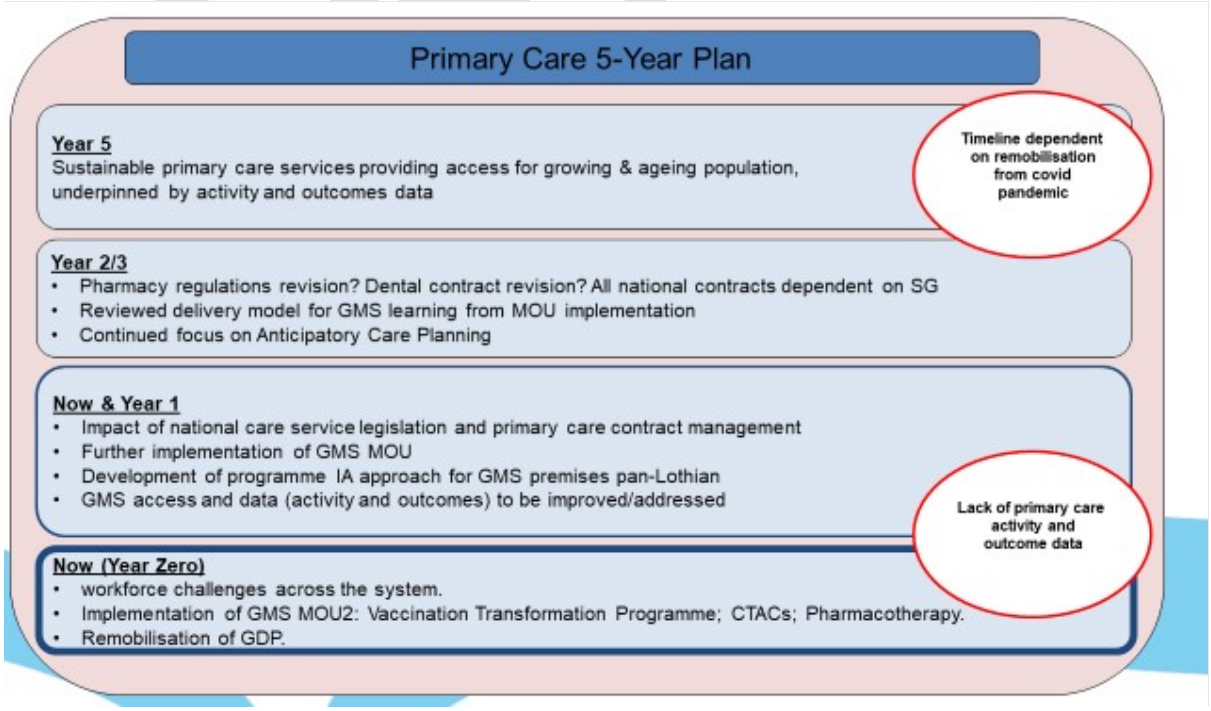
We will implement the next stage of the GP contract. We are conscious that GP contracting arrangements are negotiated nationally and not locally, and that as we complete this document, the Scottish Government's proposals for general practice would see these contracts managed in new Community Health and Social Care Boards. What we propose as a direction of travel, however, is one that we believe stands as the right direction to ensure a sustainable and high-quality service. The way in which we deliver general practice services will continue to evolve. As with the model for hospital outpatients, we will seek to ensure that people only travel to their general practice if they absolutely have to, with alternatives via digital technologies – and the telephone – increasingly offered. This will also mean that we continue to use telephone triage to stream citizens to the most appropriate professional, which will not always be the general practitioner.

We also recognise that general practice is one of the key elements of any community, and we also recognise that many of our general practice buildings are in need of replacement. When we require to replace a facility of this type, we will seek to do so in conjunction with our partners and create new buildings which bring together education, social care, other primary care services, the third sector and other services. Experience of the pandemic has been that citizens seek one place for support.

We have collectively sought to move from buildings which are not suitable for the delivery of modern care and treatment, and this affects general practices and hospitals both large and small.

We will look to further develop the services that are provided through pharmacies and opticians across the Lothians, recognising that these are a vital part of communities.

We will also work to help the recovery of our dental services. Currently our estimate is our services are running at 40% of pre-pandemic levels, with a Scottish Government expectation of at least 20% .



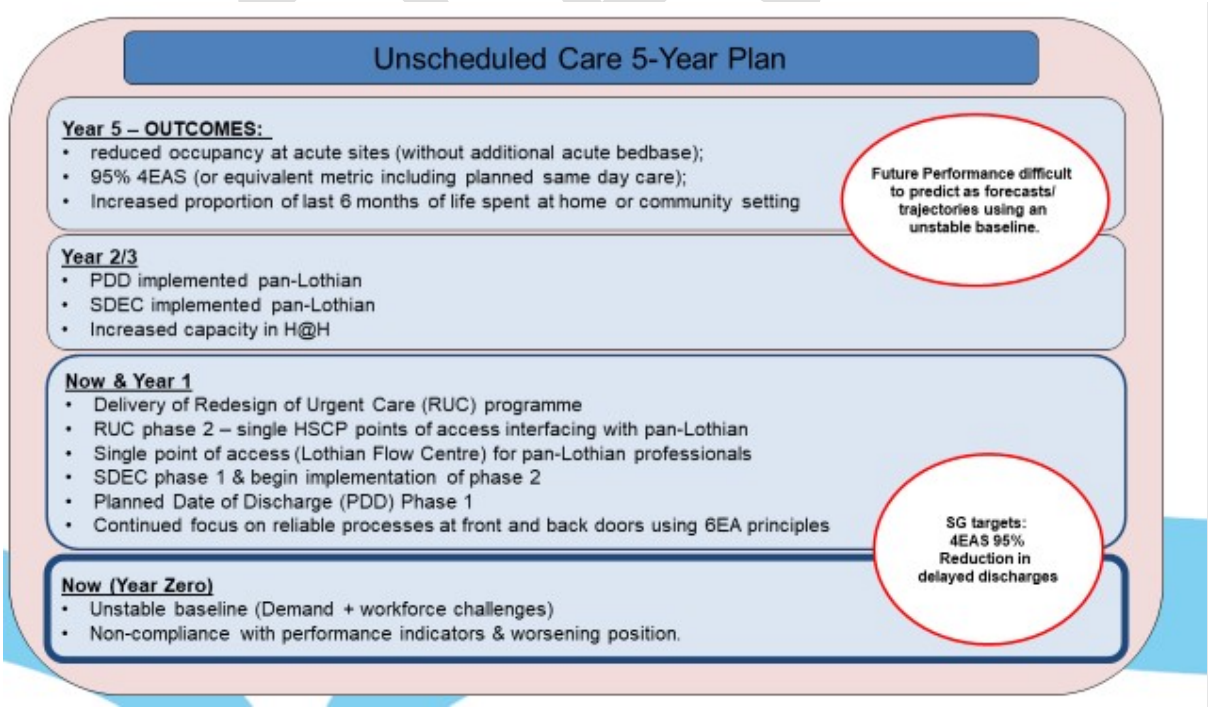
**Supporting access to unscheduled care**

We will continue to aim to deliver improved patient experience and safety as measured against the 4-hour emergency access standard.

Our system is consistent in its belief that people should only come to a hospital if they absolutely have to, and should not stay in hospital any longer than absolutely necessary. We will therefore continue to develop the approach to redesign urgent care we introduced during the pandemic, with citizens asked to use the 111 phone number to be assessed and directed appropriately, with as many attendances as possible scheduled according to clinical priority and patient convenience.

To support this change, we will also roll out the Same-Day Emergency Care programme that has been very effective at the Western General Hospital. We will introduce the service at the Royal Infirmary of Edinburgh and St John's Hospital, and look to deliver as much as possible of this work at East Lothian Community Hospital and Midlothian Community Hospital. We will develop a business case for a new West Lothian Community Hospital and seek to develop further the services delivered at the East Lothian Community Hospital. We believe that this will improve the quality of care we can offer in these areas and allow us to replace buildings which are no longer fit for purpose.

We will continue to develop the approaches introduced successfully in each of the four IJB areas to get people home quickly after they have been in hospital. This means we will expand our Hospital to Home, HomeFirst, and Discharge to Assess approaches, allowing elements of acute hospital care and social care assessment to take home in the patient's own home.



**Scheduled Care**

We will

Begin the construction of a new regional Cancer Centre on the Western General campus, which will include specialist diagnostics, breast care, and chemotherapy and radiotherapy services;

Build and commence operating a new National Treatment Centre at St John's Hospital, which will see the vast majority of elective treatment for patients we expect to stay less than two days. We expect this centre to see the bulk of people receiving treatment in general surgery, orthopaedics, urology, colorectal surgery, and gynaecology;

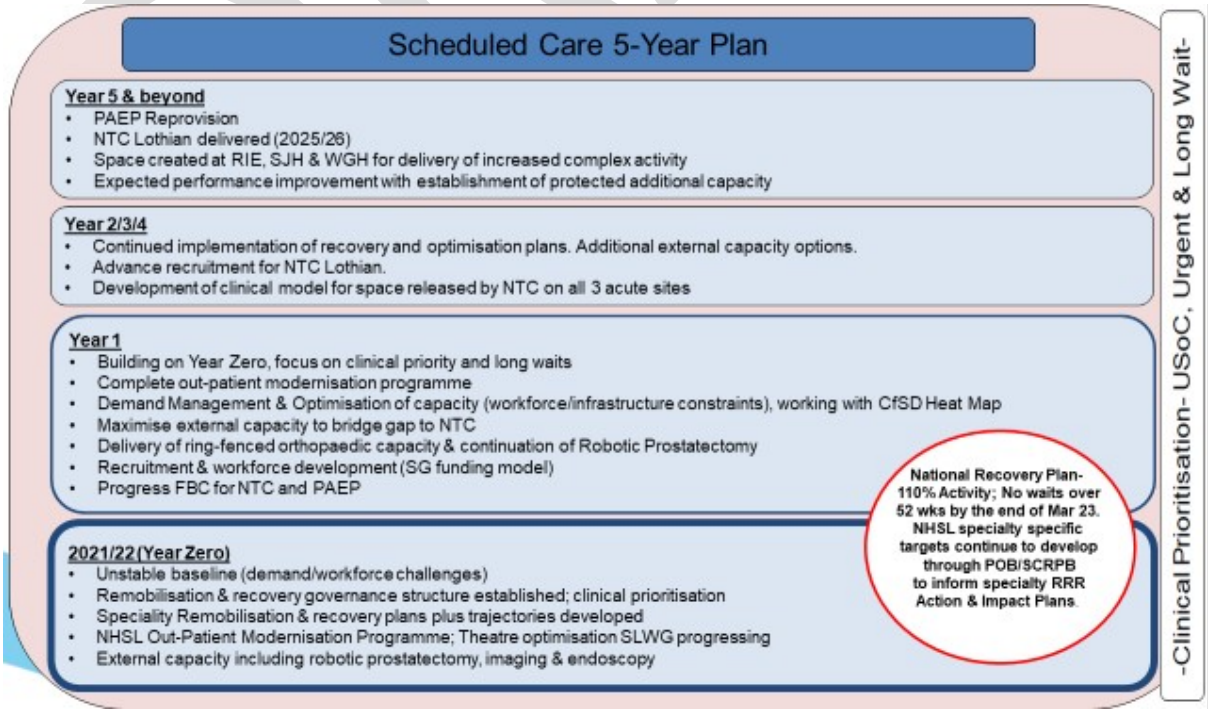
Work to recruit an additional xxx staff to operate this NTC;

Build and commence operating a new Princess Alexandra Eye Pavilion on the Royal Infirmary of Edinburgh campus, to bring together all aspects of specialist eye treatment for the people of Lothian;

Work to achieve prevailing national targets for diagnostics and treatment, prioritising those with life- and limb-threatening conditions, and supporting those who wait longer than we would want;

Use the physical space freed up in the Royal Infirmary, St John's Hospital, and the Western General to increase our capacity for the most complex conditions, thereby accelerating treatment for those with cancer or complex orthopaedic needs;

As part of our move to improve the waiting time for outpatient assessment, we will look to build on learning from the pandemic and use digital communications technologies such as NearMe to replace appointments in person, when this is appropriate to do so.



**What next?**

This summary lays out the framework as we see it. We are keen to work with our citizenry, our partners, and our staff, to refine this and make sure we have captured all the elements required for a credible strategy that we would all endorse.

To this end, we are undertaking a formal consultation exercise in Spring 2022. We have therefore prepared a suite of documents which provide further detail on the concepts and initiatives explained here. The entire suite is linked to in the following list;

- Summary
- Assessment of where we are and what people have told us
- Where we want to be - Outcomes/population health/performance
- Anchor Institutions
- Children and Young People
- Mental Health, Illness, Wellbeing
- Primary Care
- Unscheduled Care
- Scheduled Care
- Overall 5-year plan
- Finance - revenue
- Capital - capital plan
- Workforce planning
- Workforce wellbeing
- Digital
- Environmental and sustainability
- Engagement process
- Questions

We would particularly direct readers to the section titled “Questions”, as we have specific questions we want to discuss with you and need your views so we can progress our system. You do not have to read all of the documents we have identified, but you are very welcome to do so.