

Midlothian Integration Joint Board



Whole system Improvement Initiative: Improving Unscheduled Care Performance in Lothian.

Thursday, 19th December 2024, 14:00-16:00

Item number: 5.6

Executive summary

This report informs the IJB of the outcome of the decision to provide Scottish Government funding across the Lothian unscheduled care system (USC). This funding will allow the Board and Health and Social Care Partnerships to implement the tests of change and progress immediate work to make system improvements ahead and over the winter to March 2025.

Members are asked to note the contents of this report and specifically both appendices which relate to:

- the original proposal (12th November 2024) submitted jointly by NHS Lothian and Lothian Health & Care System (LHCS) that comprises NHS Lothian, the Health & Social care Partnerships (HSCPs) and Local Authorities.
 - Scottish Government response (4th December 2024) which sets out confirmation of funding.
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Whole system Improvement Initiative: Improving Unscheduled Care Performance in Lothian.

1 Purpose

- 1.1 This report sets out the actions taking place system-wide across NHS Lothian in partnership with the IJB's.
- 1.2 It sets out the funding received from the Scottish Government and specifically related to Midlothian HSCP and the expected outcomes for receipt of this funding linked in to the system-wide focus on unscheduled care performance across NHS Lothian.

2 Recommendations

The IJB is asked to:

- 2.1 Note the original proposal (appendix 1) 12th November 2024 submitted jointly by NHS Lothian and Lothian Health & Care System (LHCS) that comprises NHS Lothian, the Health & Social care Partnerships (HSCPs) and Local Authorities.
- 2.2 Note the Scottish Government response (appendix 2) 4th December 2024 which sets out confirmation of funding.
- 2.3 Note the Lothian-wide population and budgetary pressures (section 3.7: 3.11) 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).
- 2.4 Note the collaborative work initiated by the Lothian USC Programme Board to consider options to improve performance throughout the patient USC health and social care journey.
- 2.5 Agree the Unscheduled Care Short Life Working Group (USCSLWG) proposals (sections 3.16: 3.25 below) and objectives to deliver performance improvement across unscheduled care. Specifically noting section 3.18. and the requirement for IJB sign-off.
- 2.6 Agree the specific actions and associated costings set out in pages 10, 11 and 12 of appendix 1, '*Unscheduled Care System Improvement: RIE Final Proposal*' and note that the Scottish Government has agreed to provide funding to deliver the service transformations.
- 2.7 Note that this funding is ring-fenced to provide for new additional capacity and should not apply to existing underfunded services.

3 Background and main report

- 3.1 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. Significant work has commenced in response to this request, drawing input from leaders across the Lothian Health & Care System (LHCS) that comprises NHS Lothian, the Health & Social care Partnerships (HSCPs) and Local Authorities.
- 3.2 NHS Lothian led a joint submission: Unscheduled Care System Improvement: RIE 12th November 2024 (appendix 1).
- NHS Lothian and partners have used the existing USC strategic framework. The SLWG (short life working group) reviewed the existing USC strategic programme structure (Lothian Strategic Development Framework) and ensured that actions aligned where possible to the existing work streams and approach.
 - The existing Lothian Strategic Development Framework (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. Midlothian's Head of Service for Primary Care and Older People chairs the Discharge without Delay (DWD) sub-group.
- 3.3 The output from this submission was;
- 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.
- 3.4 Two categories of proposal were identified in the submission:
- Category 1: unscheduled care performance improvements**
1. Expediting roll out of Dwd including rapid adoption of PDD (Planned date of discharge), with a focus on reducing Length of Stay.
 2. Improving the experience for those presenting to the Emergency Department with Mental Health conditions.
 3. Transforming the services available through the Rapid Assessment Care Unit.
 4. Transforming models of care across the LHCS for frail citizens who require medical and social support.
 5. Strengthening the offer of the Flow Navigation Centre and the interface services accessible through this.
- Category 2: Demand and capacity actions**
1. 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.
 2. Strengthening the HSCPs' capacity to provide patients with care at home to meet current demand.

3. Strengthening Primary Care capacity to provide enhanced care for frail citizens, reducing reliance on hospital bed based care
4. Reducing the reliance on the RIE Emergency Department as the “place of safety” for those with acute mental health requirements.

3.5 The proposals have been modelled with input from Centre for Sustainable Delivery colleagues to deliver the following impacts (table below). These were predicated on securing investment of £14.5m (full year). 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%

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 This growth in demand is driven by Lothian’s growing population (*having increased by 24% in 25 years - which is the fastest in Scotland*) and by high numbers of students and seasonal visitors (there were 2.3 million visitors in 2023 up 4% from 2019). Estimates suggest a further population growth of 9.1% between 2018 and 2043 (*compared with 2.5% in Scotland*). Within the region, Midlothian and East Lothian have the fastest growth at 16.1% and 12.7%, respectively.

3.8 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.

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

3.10 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. 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. This is happening as reported bed capacity has reduced by 92 beds between January and August 2024 across Lothian, mostly within Edinburgh HSCP. Some planned changes across the region will reduce bed numbers further.

- 3.11 A Public Health Scotland whole system modelling tool allows health boards to review predicted demand and bed occupancy for the winter months. This tool suggests that NHS Lothian requires an additional 187 beds (or equivalent) to meet peak winter demand this financial year.
- 3.12 NHS Lothian's, 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:
1. 720 additional acute beds by 2033.
 2. If NHS Lothian is successful in delivering significant mitigations this would reduce to requiring an additional 80 beds (*note: the modelled mitigations are extremely ambitious and assume the removal of all delayed discharges from acute hospitals*).
 3. Projected need for acute beds by 2043 (even if all mitigations are implemented) is still an additional 300 acute beds.
 4. An additional 288 community beds and an additional 1,900 care home beds across the Lothian region by 2043.
- 3.13 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.
- 3.14 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.
- 3.15 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.
- 3.16 The following SLWG key objectives were agreed:
- Reducing attendances.
 - Reducing bed occupancy.
 - Reducing admissions.
 - Reducing length of stay.
- 3.17 The SLWG proposals have been signed off by IJB Chief Officers (who have kept IJB Chairs updated on progress with the group and 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.

4 Policy Implications

- 4.1 These may be identified in due course following the outputs on the changes and actions that will be required to deliver the actions in relation to the Lothian wide USC improvement initiatives.

5 Directions

- 5.1 The subject of this report requires development of directions for NHS Lothian acute service and its Emergency Department, in line with Midlothian IJB and linking to the other Lothian IJBS.

6 Equalities Implications

- 6.1 This report does not have implication for groups of people with protected characteristics and at this stage does not result in the requirement to revise or develop a new strategy, policy, plan, provision, practice, or activity.

7 Resource Implications

- 7.1 The Unscheduled Care System Improvement report (appendix 1) 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.
- 7.2 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.
- 7.3 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.
- 7.4 NHS Lothian has agreed to underwrite financial risk for non-recurrent elements of the 2025/26 funding.
- 7.5 Midlothian HSCP have been given two funding streams:
 1. £1.65m to reduce occupancy in the USC system.
 2. £734k to reduce admissions. It should be noted that this funding is ring-fenced to provide for new additional capacity and should not apply to existing underfunded services.

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	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

8 Risk

- 8.1 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.
- 8.2 NHS Lothian has agreed to underwrite financial risk for non-recurrent elements of the 2025/26 funding.

9 Involving people

- 9.1 NHS Lothian and partners have used the existing USC strategic framework. The SLWG (short life working group) reviewed the existing USC strategic programme structure (Lothian Strategic Development Framework) and ensured that actions aligned where possible to the existing work streams 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.

10 Background Papers

10.1 see appendices attached.

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Appendices:

Midlothian Integration Joint Board

Appendix 1: USC System Improvement Milestone
Appendix 2: Lothian Communication December 2024