



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 26 March 2026
BY: Chief Officer
SUBJECT: Update on Unscheduled Care Monies

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1 PURPOSE

- 1.1 This report updates the Integration Joint Board (IJB) on the investment by Scottish Government into NHS Lothian to improve unscheduled care (USC) performance in partnership with Lothian IJBs.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Note the NHS Lothian performance as a result of the Scottish Government Investment, particularly in the Royal infirmary of Edinburgh (RIE).
- 2.2 Note East Lothian's contribution to improved unscheduled care performance through the delivery of a 'Home First' approach and the associated activities described in the report.
- 2.3 Note the additional non-recurring and recurring investment to support sustained improvement in unscheduled care performance.

3 BACKGROUND

Context and Development

- 3.1 The Unscheduled Care (USC) Framework is a core component of the NHS Lothian-led Lothian Strategic Development Framework (LSDF)¹. Delivery and performance are overseen by the whole-system USC Programme Board, chaired by Fiona Wilson, Chief Officer for East Lothian.
- 3.2 In 2025, NHS Lothian received £14.5 million from the Scottish Government to support improvements in Unscheduled Care performance

¹ Lothian Health and Care System (LHSC) comprises of NHS Lothian, the four Lothian IJBs and four Lothian Local Authorities (East Lothian, Edinburgh City, Midlothian, and West Lothian)

at the Royal Infirmary of Edinburgh (RIE). A report was presented to East Lothian IJB in December 2024 outlining the Lothian-wide activity and the proposed approach for delivery in East Lothian.

3.3 Partners agreed that USC improvement plans would focus on:

- Expediting the roll out of Discharge without Delay (DwD²) including 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 LHCS for frail citizens requiring medical and social care support.
- Strengthening the Flow Navigation Centre and those services it interfaces with.
- Enabling a shift in the balance of care, particularly around assessment and provision of rehabilitation support, from acute hospital settings to the patients' homes.
- Strengthening Health and Social Care Partnerships' (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

3.4 East Lothian's approach to supporting the implementation of the USC improvement plan focuses on the delivery of a 'Home First' approach with the following associated service development and delivery:

- Establishing a Single Point of Access (SPOA) to ensure timely access to the East Lothian multi-disciplinary team.
- Creation of additional capacity within Discharge to Assess (D2A) and Enhanced Discharge to Assess to support safe, timely discharge and assessment at home.
- Increasing capacity within Adult Social Work to facilitate earlier assessment and decision making.
- Increasing care at home capacity to reduce waits for packages of care.

East Lothian 2025-26 Activity Update

3.5 East Lothian's activity to support the wider USC improvement plan during 2025/26 has focused on the development and delivery of a 'Home First'

² [Discharge without Delay : best practice discussion paper | Turas | Learn](#)

approach; a reduction on waits for packages of care; and improved patient assessment and support. Key developments have included:

- **Single Point of Access (SPOA)** – a hospital-facing SPOA became operational in spring 2025, replacing multiple access routes with a single, streamlined point of contact. A community-facing SPOA pathway was subsequently introduced in December 2025. Together, these pathways provide professionals with direct access to services and support a multi-disciplinary approach focused on early intervention and the prevention of avoidable hospital admissions.
- **Discharge to Assess (D2A)** – we have delivered growth in both the standard D2A service and the enhanced service. These services support early discharge by enabling rehabilitation to be delivered in a person's home as opposed to hospital. Increased confidence and wider acceptance of D2A pathways have driven higher demand, and additional investment may now be required to ensure this demand can be effectively managed.
- **Social Work** – recruitment of additional posts to support earlier decision making in relation to patients' hospital pathway, with social work colleagues working closely with the East Lothian Inreach Team and Ward staff.
- **Care at Home** – additional posts have been recruited, increasing the capacity of the internal Hospital at Home service. Additional hours have also been purchased from external providers, contributing to an overall increase in the total care-at-home hours delivered.

Performance – East Lothian HSCP

3.6 Analysis of East Lothian data in relation to current performance shows the following:

- Steady improvement across a range of related indicators over the last year.
- Bed occupancy in acute has averaged between 79% and 82% (Scottish Government target is 85% or below). East Lothian's target is 112 beds.
- Delayed discharges have sat below 10% (meeting the target set).
- Improvements in relation to delays for those waiting for transfer to downstream beds in East Lothian Community Hospital (ELCH), including a reduction in number and length of delays.
- An improvement in length of stay across both acute and community beds, resulting in greater patient flow.
- An increase in the number of hours of care delivered by the Hospital to Home (H2H) service.
- An increase in the number of unscheduled care patients receiving

East Lothian Rehabilitation Service (ELRS) clinical interventions via the Discharge to Assess and Enhanced Discharge to Assess service.

- A reduction in delays for care at home, social work assessment and care home places.
- An increase in people going home from hospital with care than directly to care home placements.

3.7 Recruitment to additional posts proved to be challenging in the early stages of delivery, and the protracted timescales from advertising to the point where new staff were in place hindered progress with planned implementation.

3.8 Meeting the 112-bed occupancy target set for East Lothian has continued to be challenging. This is in part due to the target requiring a more significant reduction for East Lothian than required for other HSCPs (based on the previous year's performance).

Performance – Lothian System Wide

3.9 Analysis of the impact of the USC improvement work across the Lothian system to date demonstrates the following:

- Improvements against the RIE A&E 4-hour target³ from 48% to 73% (January – July 2025), resulting in reductions in 8- and 12-hour breaches. However, maintaining consistency in meeting the 4-hour standard has proven challenging, with some deterioration from July 2025.
- Increased bed capacity through HSCPs reducing delayed discharges and overall bed occupancy rates. Midlothian and Edinburgh showed initial improvements ahead of East Lothian as they were able to operationalise plans more rapidly. However, East Lothian is now meeting targets as described above.
- An improvement in most system indicators, including:
 - Length of Stay for delays reduced by 9%
 - Length of Stay for non-delayed patients reduced by 18%
 - New delays added per day reduced by 12%
 - Occupied Bed Days for delays reduced by 38%
 - Overall Occupied Bed Days reduced by 8%
- An increase in new in-patients continues to be a pressure point, with an increase of 8% in new inpatients per day.

3.10 A number of factors have affected delivery at a Lothian-wide level. These

³ NHS Scotland's Emergency Access Standard states that 95% of people attending Accident and Emergency Departments should be admitted, discharged, or transferred within 4 hours of arrive.

include the sudden loss of 60 care home beds in Edinburgh, which significantly reduced step-down capacity for patients who are ready to leave hospital. Workforce shortages within the Respiratory Acute Care Unit (RACU) have further constrained system capacity, reducing the unit's operational capability by 40%. In addition, the system has experienced higher A&E attendances compared to the previous year, with the underlying drivers for this increase not yet fully understood.

- 3.11 Work has focused both on back door and front door processes and is now being extended to include the Western General and St John's Hospital within the improvement plan, recognising that sustained system improvement requires an approach spanning all acute hospital sites.

4 ENGAGEMENT

- 4.1 Engagement of stakeholders is facilitated through partners meetings at a senior level, and operationally via daily flow and care at home huddles. A Short Life Working Group continues to meet weekly to oversee progress across the Lothian system. Bi-monthly meetings also take place with the Scottish Government.

5 POLICY IMPLICATIONS

- 5.1 Delivery of unscheduled care improvement activity reflects the IJB's strategic objectives laid out in its Strategic Plan for 2025-30.

6 INTEGRATED IMPACT ASSESSMENT

- 6.1 No Integrated Impact Assessments (IIAs) have been completed to date for this work, as the majority of activity has focused on extending existing service provision that had previously been impact-assessed. However, an IIA is planned for the Single Point of Access, as this development represents a more significant change to service delivery. Completing an IIA at this stage will provide valuable insight to inform ongoing development, as well as ensuring that no adverse equality impacts arise.

7 DIRECTIONS

- 7.1 East Lothian IJB approved the issuing of a Direction in December 2024 in relation to the planned East Lothian unscheduled care improvement activity.

8 RESOURCE IMPLICATIONS

Financial

- 8.1 Of the £14.5 million of Scottish Government funding agreed to support the Lothian wide USC improvement work in 2025/26, £2,614k was

allocated for the delivery of the East Lothian activity described above. It is anticipated that the same level of funding will be available in 2026/27.

- 8.2 Over the past year East Lothian has benefited from additional non-recurring funding from local and national slippage totaling £819k. This has been focused on sustaining care at home demand in the commissioned providers and discharge to assess demand. There has been additional recurring money of £100k associated with the creation of additional capacity in hospital at home which is being directed into a hospital at home specialty doctor.
- 8.3 In total, East Lothian IJB received £3,553k of funding in 2025/26 to directly support USC activity. Any unspent funding will be carried forward by the IJB as Earmarked Reserves to be utilised in 2026/27.
- 8.4 **Other** – None.
- 8.5 **Personnel** – East Lothian’s allocation will support an additional 53.8 WTE staff across a number of teams.

9 BACKGROUND PAPERS

- 9.1 [Planned Improvements to Unscheduled Care – East Lothian IJB, December 2024.](#)

AUTHORS' NAME	Fiona Wilson
DESIGNATION	Chief Officer, East Lothian IJB
CONTACT INFO	Fiona.wilson@nhs.scot
DATE	17/03/2026