**Lothian Strategic Development Framework**

**Engagement Outputs: October 2020 – June 2022**

**Introduction**

Engaging with patients, carers and members of the public so that they can genuinely influence service improvement and development is a fundamental aim of the five organisations that together make up the Lothian Health and Care System.

As a health board, NHS Lothian has a legal responsibility *to engage meaningfully with the public over service changes and developments* under the NHS Reform (Scotland) Act 2004.

We are also mindful of the requirements of the Charter of Patients Rights and Responsibilities, and the guidance set out in the draft Quality Framework for Community Engagement and Participation:

***Charter of******Patients Right & Responsibilities***

*Taking part in designing & providing local services*

*I have a right to be meaningfully involved in designing and developing health services in my area and in how they are delivered, and in decisions that significantly affect how services are run in the health board area I live in*

*My local health board is responsible for assessing the local community’s health needs and deciding how best to use their resources to meet those needs. They must provide opportunities for communities, the public, service users and NHS staff to influence decision making*

***Quality Framework for***

***Community Engagement & Participation***

*Domain 2: Community Engagement in*

*Service Planning and Design*

*There is supported and effective involvement of people in service planning, strategy, design and improvement*

*People representing communities are involved throughout the development, planning and decision-making process for service change and strategy development*

Engaging people allows us to consider more perspectives, and make more informed decisions, leading to better quality services and increased understanding and buy-in from those who use our services. Through better relationships, we can deliver positive change.

In developing the Lothian Strategic Development Framework, we have sought to engage with a wide range of stakeholders, including those who work for and with us, our partners across the public, private and third sectors and people who live in Lothian. We know that many stakeholders will fall into more than one of those groups.

A timeline of all engagement activities to date is shown in Figure 1 below:

Figure 1: LSDF Engagement Activities



This report outlines our engagement activity to date in several stages:

|  |  |
| --- | --- |
| Autumn 2020 | Initial engagement of staff and senior leaders across the Lothian Health and Care System, to learn from our experiences during the pandemic, and shape our future strategic direction. This activity informed the aims, objectives, principles and assumptions of the LSDF. |
| March – November 2021 | Development of the LSDF draft, including high level plans under each of the “pillars”, building on learning from staff engagement and existing public engagement activity |
| Sharing our challenges with a wider cohort of officers and staff from across the Lothian Health & Care System |
| Work with the RSA to gather intelligence via a “City Summit” with colleagues from the Third Sector, and via a Public Discussion Group |
| Incorporating thinking from the above activities within the LSDF |
| November 2021- February 2022 | Ongoing internal engagement with stakeholders across the Lothian Health & Care System, sharing the LSDF summary and individual Pillar sections for review, and incorporating comments and feedback |
| April – June 2022 | Ongoing internal engagement with stakeholders across the Lothian Health & Care System (as above)  Initial period of public engagement activity, sharing the LSDF with a wider audience and seeking comments and feedback.  Initial Integrated Impact Assessment |

A thematic summary of feedback received and proposed next steps concludes the report.

1. **Initial Engagement of Staff and Senior Leaders**

In 2020, NHS Lothian formed a strategic partnership with the RSA (Royal Society for Arts, Manufactures and Commerce) to work with senior leaders to apply the RSA Future Change Framework to our activities and shape our strategic direction going forward.

## *Figure 2: RSA Future Change Framework*

## *Source: Pandemic Possibilities, RSA, November 2020*



The RSA facilitated a series of strategy development workshops with over 100 senior leaders from across the organisation in October and November 2020 to explore what we know about crisis and change, learn from our pandemic experiences to date, identify where we need to develop new approaches, accelerate change or move on from approaches that are no longer fit for purpose, and clarify our aspirations and expected future challenges.

The active engagement of staff in these sessions was a testament to our workforce at a time when there were so many competing priorities, and there was a sense of genuine desire to seize and act on the opportunity for change. The tension between desire for change and the capacity for change was clear across all of the workshops, with ‘the capacity of staff and teams to innovate and spread new practice compromised by fiscal, operational and time constraints and compounded by individual cognitive overload’[[1]](#footnote-1)

*I feel as though I am in a fast moving river - the current momentum is behind me but there are rocks in the way - hopefully the rocks will be pulled along in the current but if they mass together they provide a dam and we form a reservoir of inaction instead*

The sessions rightly demonstrated pride in the efforts of staff in response to the pandemic, and our achievements in terms of teamwork and staff adaptability, resilience and rising to the challenge. Following the conclusion of the strategy development workshops, the Future Change Framework below provides a summary of suggestions from staff of things that we may wish to start, stop or continue as we move forward.

*Figure 3: RSA Future Change Framework Output*

*Source: Pandemic Possibilities, RSA, November 2020*



The output of the strategy development workshops informed the aims and objectives of the LSDF, and the Principles we have set out, with the Assumptions also influenced by an exploration of our parameters going forward.

For example:

* Our aim to improve population health is linked to the aspiration to focus on community and neighbourhood (prevention) services, and to focus on the whole person, as well as sustainability in its broadest sense.
* Our aim to improve the way in which we work with citizens and patients is linked to the aspirations for more streamlined patient pathways, to involve the public in service design, to ensure families are present and to focus on the whole person.
* Our aim to improve performance is linked to the aspiration to continue to improve quality and restart elective, or scheduled, procedures
* Through the Assumptions and Principles outlined within the LSDF, we aim to support consistent and effective strategic decision-making and whole system planning, and support efficient and effective decision-making.

A copy of the full *Pandemic Possibilities* report is attached at Appendix I

1. **Development of the LSDF Draft**

In March 2021, the concept for the Lothian Strategic Development Framework was shared with NHS Lothian’s Planning, Performance and Development Committee. The discussion considered the current problems faced by the Lothian Health & Care System in terms of performance, finance, workforce and inequalities, and what we had learned from the strategy development workshops facilitated by the RSA.

It was proposed that the LSDF would include strategic headlines for key services and workstreams – presented within the LSDF as the six Pillars – taking into account parameters including digital opportunity, workforce & wellbeing and capital availability.

Subsequently, in April 2021, a paper was presented to the NHS Lothian Board to outline how the LSDF would be developed collaboratively by the five organisations that make up the Lothian Health & Care System where the workstreams cut across our organisational boundaries. Developing our plans through the existing Programme Board structure supported alignment with IJB Strategic Plans and Directions.

During the remainder of 2021, plans were developed under each of the Pillars, taking into account the output of pre-existing or ongoing engagement activity. For example:

**Remote Outpatients (May 2020)**

In May 2020, NHS Lothian undertook some initial engagement activity, to gather patient feedback on remote outpatient appointments. A copy of the feedback from this activity is available at Appendix II. Those who took part were reasonably confident about telephone and video appointments and the benefits of reduced ravel and increased safety during Covid were noted. Respondents acknowledged that some appointments may not be appropriate via video or telephone, including the delivery of sad news, or physical examinations and tests that would be best carried out in person. Respondents also noted that some people, living with sensory impairment, may find remote appointments less accessible. A significant proportion of respondents pointed to the potential for a “digital divide” and that some people may not have access to the required equipment or kit to attend appointments remotely.

These themes have been echoed in other work, including the Public Discussion Group convened by the RSA to inform the LSDF, the initial Integrated Impact Assessment that was carried out, and by the Alliance Report: *Health, Wellbeing and the Covid-19 Pandemic[[2]](#footnote-2)*, which noted the potential benefits of Digital but recommended that Digital access is not offered by default.

This suggests that, while there are significant benefits in seeking increase our digital offer going forward, we must ensure that the needs of different people and groups, including those with protected characteristics are considered in the design of digital services, and that we are able to offer a degree of choice of access for outpatient services, to ensure that no-one is disadvantaged unintentionally.

**National Treatment centre (2019-2020)**

Following approval of the Initial Agreement for the National Treatment Centre (NTC, formerly known as the Short Stay Elective Centre (SSEC)) at the end of 2018, the Project Team sought to involve people who live in Lothian in the development of the service model and design of the NTC facility. This was achieved through a series of engagement events and activities including a public survey, social media campaign, integrated impact assessment and the establishment of a collaborative working group with representatives from the 3rd sector, carers, community councillors, St John’s Hospital stakeholders, lone parents, people with protected characteristic and people who had previously had elective surgery.

In terms of outputs:

* It was clear from the integrated impact assessment that transportation and parking was a concern, both in terms of accessing St John’s Hospital on public transport early in the morning from rural areas of Lothian, and parking facilities on site.
* The collaborative working group worked with the then Short Stay Elective Centre Programme Board, in order to provide patient/public input on a range of issues and primarily transport and access. A series of three meetings were held prior to the Covid-19 pandemic, and feedback incorporated to developing plans
* The public survey generated 243 responses, which were incorporated into the developing design concept for the NTC. The survey focussed on the experience of receiving treatment at the NTC, seeking information on what would be important to patients prior to admission, during admission and on discharge from the NTC.

A refreshed NTC communications & engagement plan, reflecting changes since the pandemic and building on lesson learned to date has been commissioned by the NTC Programme Board. This work is ongoing.

**Alliance: Health, Wellbeing & the Covid-19 Pandemic (February 2021)**

In February 2021, Alliance published a report into the lived health and wellbeing experiences of people in Scotland during the pandemic, and their priorities for the future.

Amongst a wealth of other intelligence, Alliance captured respondents priorities for the future, to inform decision-making for remobilisation, recovery and renewal of health and care services:

1. Holistic person centred care as the foundation of healthcare services

2. People as empowered partners in decision making

3. Resourcing thriving, vibrant, asset based communities

4. Access to equitable and consistent care

5. Clear, inclusive communication

6. Digital, but not by default

7. Prioritising mental health

8. Investment in the NHS

These priorities served as a valuable guide as we developed the LSDF, and we believe they are reflected in our plans for the future. The full report can be accessed here:

<https://www.alliance-scotland.org.uk/wp-content/uploads/2021/02/Health-Wellbeing-and-the-COVID-19-Pandemic-Final-Report.pdf>

**Healthcare Improvement Scotland: Seventh Citizen’s Panel Report (March 2021)[[3]](#footnote-3)**

The Citizen’s Panel for health and social care was established in 2016 to be nationally representative. In 2020, there were 1,163 panel members from across all 32 local authority areas in Scotland. The seventh panel survey, conducted in December 2020-January 2021, sought views on: health and social care experience since the start of the pandemic; the experience of virtual visiting; community support during the pandemic and priorities for health and social care in future.

Some of the relevant outputs from the survey, drawn from the report’s Executive Summary, are included below. The full report can be accessed here:

<https://www.hisengage.scot/informing-policy/citizens-panel/seventh-panel-report/>

* Routine appointments opening back up (73%) was the top priority for respondents when asked about their priorities for support from health and social care organisations to improve their wellbeing over the next 6 months. This was followed by better access to GP services (65%) and shorter waiting times to access services (53%).
* One third of survey respondents (33%) had avoided accessing health and social care services and support during the pandemic when normally they would have accessed them. The most common reason for avoiding services was a reluctance to burden or put stress on the NHS (27%), followed by experiencing difficulties in getting an appointment (20%).
* Just under 7 in 10 respondents (69%) had contact with a health care professional and 8% with social care services since the pandemic was declared in March 2020. Respondents were most likely in both instances to have made contact via a telephone consultation.
* The majority of respondents would be willing to see a health or social care professional via online tools such as video consultations (64%) and via telephone consultations (58%) if it meant health services could resume. Over half of respondents (55%) said they would be willing to update information on their condition or wellbeing through an app, text or website if it meant health services could resume. Those in the 65+ age group were less likely to say they would use video or telephone consultations or an app, text or website.
* The survey included three open ended questions asking respondents to describe their priorities for their own health and wellbeing, for health services and for social care and support services over the next 12 months. The responses were coded into common themes for analysis purposes. The key findings were:
  + Priorities for individual health and wellbeing: Being healthy, safe and well was the top priority for respondents (30%). This was followed by access to health services or for services to resume (25%), a COVID-19 vaccine or other COVID-19 concerns (17%) and being able to see family and friends again (17%).
  + Priorities for health services: Over half (52%) cited access to or availability of health services or for services to be reinstated. This was followed by getting back to normal (9%), getting the treatment or support required (8%), face to face appointments (8%) and timely access or better waiting times (7%).
  + Priorities for social care and support services: The top response was access to these services if required (27%), followed by continuation of support or seeing services back up and running (8%) and care for the elderly/ vulnerable or those in care homes (6%).

**Healthcare Improvement Scotland: The Redesign of Urgent Care: Gathering Views**

**(September 2021)**

The redesign of urgent care is a new Scotland-wide approach to support the public to access the right care in the right place.

Health Improvement Scotland (HIS) undertook a Gathering Views exercise in 2021, to support the development of the Redesign of Urgent Care across Scotland. In particular, HIS sought to hear from people who are more likely to experience barriers or disadvantage when accessing urgent care through 111. A number of themes arise from the responses to this exercise:

* Some people said they had difficulty understanding the automated 111 service
* Some people said they were not confident that their needs would be understood and accommodated when using the service, particularly those who did not speak English as their first language.
* Technology may be a barrier to access if no/limited access to services or limited knowledge and understanding around how to use devices.

The report makes a series of recommendations for NHS Boards, including a recommendation that we engage and involve people and communities in the design and delivery of redesigned urgent care services to ensure that they mitigate against creating further inequalities.

The full report is available here:

<https://www.hisengage.scot/informing-policy/gathering-views/redesign-of-urgent-care/>

In Lothian, the Unscheduled Care Programme team have engaged with the public to undertake an integrated impact assessment on the Redesign of Urgent Care, and have also obtained feedback from patients who have used the new urgent care pathway. A mechanism to obtain feedback on a more regular basis is under consideration.

**“The New Normal” (May – September 2021)**

During this period, we began to share the challenges we were facing with the wider public, initially through an article that appeared in the Sunday Post in May 2021 as part of the “New Normal” series, exploring how health services might be delivered differently in future. The article can be accessed here: <https://www.sundaypost.com/fp/new-normal-health-service/>

In August 2021, we developed the Strategies section of the NHS Lothian website, to share our intent to refresh our strategy in light of the Covid-19 pandemic. The refreshed web page included:

* A copy of The Lothian Story (attached at Appendix III), which set out the questions we were trying to answer through the emerging LSDF, and what we thought would change in future.
* A set of presentation slides, containing more information on the challenges we were facing, and what we had learned so far during the pandemic

**Continuing Internal Engagement (May – November 2021)**

We continued to brief relevant internal groups on the emerging Strategic Development Framework, and to seek their views and input to the content, throughout 2021.

For example, in June 2021, members of the strategic planning team joined Daring to be Great, a development event for nursing and midwifery colleagues across the Lothian Health & Care system. A presentation on the emerging LSDF was shared, and four questions posed to delegates, seeking both their views as clinicians, and as a service user:

* In your clinical role as a service provider, what are the principles that matter most to you?
* As someone who uses NHS services, what are the principles that matter most to you?
* Following this presentation, what are the key messages that you would like the public to hear?
* What are you most worried about for the next five years?

An analysis of the feedback received informed the development of the “Improving the way we work with people” section of the LSDF.

A full list of all the internal staff groups the LSDF was shared with, and feedback sought, is available at Appendix III

**Health & Social Justice in the Lothians (September 2021)**

In September 2021, the RSA invited key organisations to an event hosted by the Lord Provost of Edinburgh. This event intended to explore how organisations in Lothian, together with the public, could better promote health and social justice as we transition from Covid-19 crisis.

Discussions at the event explored how organisations across Lothian had responded to the Covid-19 pandemic and noted:

* That we had seen community power in action early in the pandemic, as people stepped in to support one-another
* The agility and responsiveness of organisations, and particularly the third sector in supporting the move to Digital through delivery of essential tech and services
* The potential for “digital poverty” and exclusion, and the need to understand the limitations of online service delivery.
* The need to develop relationships between organisations to respond most effectively to the needs of our communities

Going forward, the group suggested that:

* We ensure that frontline staff are involved in helping to create the answers
* We recognise the need to introduce far better preventative measures, to address issues before they come to CAMHS or frontline services, and the critical role of the voluntary sector in that approach
* We note that value of youth work as an early intervention and prevention tool
* We look to invest differently, leaving behind pre-Covid success measures and looking to service users and young people to identify what success looks like
* We consider the potential to build on the Thrive Edinburgh model, which has been trying to bring together a cohesive approach across sectors in Edinburgh.

Many of these suggestions are reflected in the LSDF:

* The NHS Lothian Entrepreneur programme launched in September 2021, to explore big ideas for transformational change brought forward by frontline members of staff. At the time of writing, we are working to continue to progress those ideas, and develop our future thinking around public entrepreneurship
* Our Mental Health, Illness and Wellbeing plan sets out an intention to develop our Child and Adolescent Mental Health offering, to provide earlier support in the community with third sector colleagues
* Our plans for Children and Young People seek to build on the views and opinions of young people, and consider their wellbeing in a broad sense
* We recognise the strengths of the Thrive Edinburgh model, and we are seeking to take a similar approach across the Lothian Health & Care System.

**Public Discussion Group (October 2021)**

In 2021, NHS Lothian commissioned the RSA to run a series of public and stakeholder engagement sessions to inform the direction of NHS Lothian’s Strategic Development Framework. These engagement sessions were intended to inform the policy and practice of NHS Lothian and wider stakeholders.

The NHS Lothian Discussion Group comprised of three public discussion sessions hosted in October 2021 with 19 residents from across Lothian. The overarching question for all three sessions was *“how can we make Lothian a healthier + happier place, now and in the future?”* To avoid unduly 1

steering the content of discussion, we chose a broad and open question that would allow participants to apply their own interpretation and understanding of the key concepts (‘we’, ‘healthiness’ and ‘happiness’) and to prioritise themes that fell within this expansive remit.

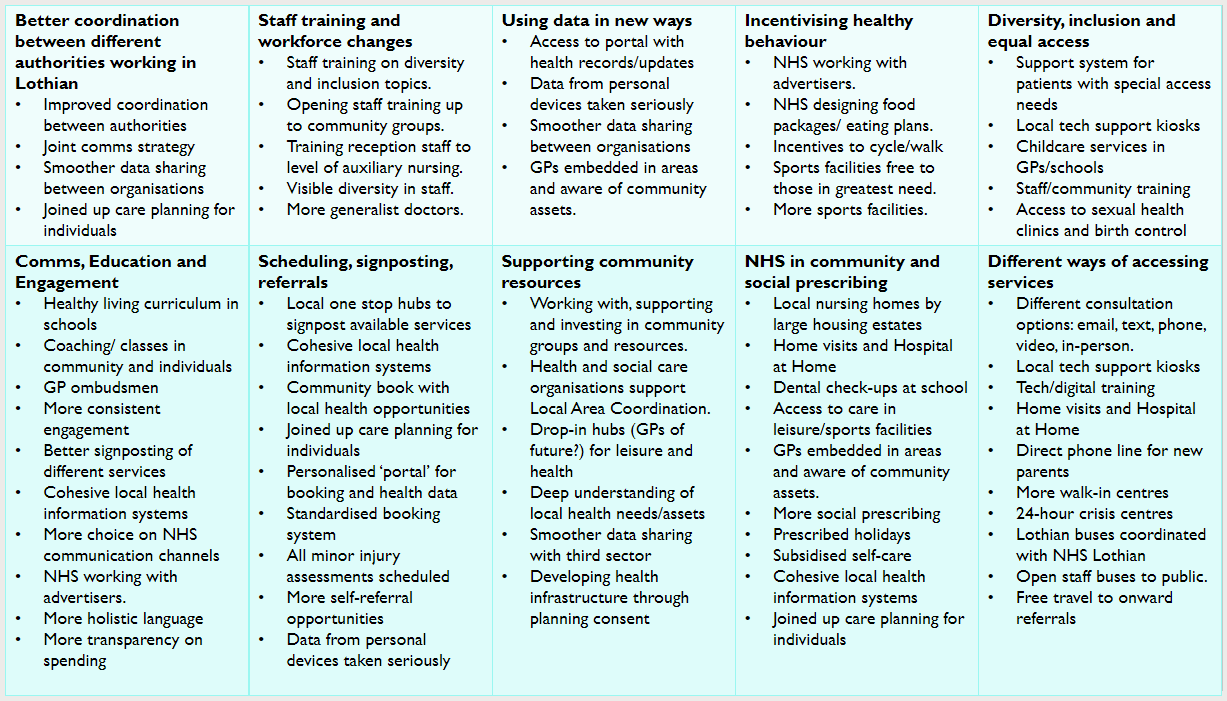
The group approached this question by first reflecting on the past, then casting their ideas towards the future, before considering what could be done in the present to move towards a healthier and happier future.

We also shared with the group some specific ideas that the Lothian Health and Care System might seek to develop further in future, including the way we access services including General practice, the redesign of Urgent Care and Hospital at Home.

Between the second and third workshops, the RSA sorted through all of the public input from the first two sessions and related homework activities, to identify all of the ideas for change and group them into themes. Figure 3 below provides a summary of the ten themes identified and the ideas that sat underneath each:

Figure 4: Themes and Ideas collated from NHS Lothian Discussion Group

Souce: *Citizens Views of Health and Wellbeing (Autumn 2021)*



From these ideas, the group prioritised seven particular actions that they would support:

1. ***Personalised NHS Portal*** *- All appointments can be booked on a personalised NHS portal which has some health data for yourself and dependents and shows past appointments and what appointments are available*
2. ***More joined up care plans for individuals*** *which span different services, clinics and third sector support – i.e. when a patient leaves hospital, care is filtered down to clinics and services in the community for aftercare. This stops being patient’s responsibility*
3. ***Self-referral*** *– ability to self-refer and apply directly for physio and low-level mental health services without going through a GP*
4. ***Health infrastructure*** *- developers to take into consideration the inclusion of health provision in their planning with support from NHS to ensure provision of essential services and transport links*
5. ***Hospital at home scaled up*** *- to give people a comfortable and supported way to access healthcare from the comfort of their own home*
6. ***Increase Walk in Centres*** *- to provide triage system for access to further services, urgent care for minor issues and most importantly, a more human element at a point of stress and emergency*
7. ***Community hub support and signposting -*** *Creation of community hubs as one of a centralised system to discover the range of services available to you, support with social prescribing and facilitate better communication between services*

The majority of these ideas are reflected within the Lothian Strategic Development Framework and associated plans.

* Our Digital Directorate are exploring the potential for **a portal** through which appointments can be booked, and an online booking pilot is already underway.
* We have set out our intention to improve **communication across the Lothian Health and Care system**, to ensure care can be more effectively “joined up”
* We intend to **redesign the model of care within Primary Care services**, to support our citizens to access appropriate services directly
* We are currently working to consider how **hospital at home** services might be expanded, through our Unscheduled Care Prorgamme
* We have set out our plans to deliver services in future from **community hubs**, in which citizens can access a variety of services to support their health and wellbeing, and which may be provided by a range of public and third sector providers.

While it is not within the remit of the Lothian Health & Care System to ensure developers to take into consideration the inclusion of health provision in their planning, many of our Health & Social Care Partnership colleagues have been working with Local Authority planning departments to support this, and NHS Lothian recently provided a formal response to the Edinburgh City Plan 2030 to raise the profile of requirements for health provision. Going forward, we will seek to continue to influence planning decisions through our Partnerships and through our role as an Anchor Institution.

It is not currently our intention to increase the number of walk-in centres available across Lothian. This is largely because we do not believe we will have the staff available to provide this service consistently across the system. We hope our plans to develop both unscheduled care and primary care services will deliver the intended benefits of these centres as listed above, and will continue to work with our communities to ensure this is the case.

A copy of the full report: Citizens Views of Health & Wellbeing, is available at Appendix V.

1. **Internal Engagement (November 2021-February 2022)**

Throughout the development of the LSDF, we have sought to engage with a variety of stakeholders within and outside the organisation to inform the developing content. Feedback and ideas generated between April 2021 and February 2022 were considered and, where appropriate, incorporated into the draft Framework. In February 2022, the content of the LSDF was frozen. All subsequent engagement work considered the Final Draft of the LSDF, as presented to the NHS Lothian Board in April 2022.

We have continued to share and present the LSDF at meetings with internal and external stakeholders, and to seek feedback on the content. As previously mentioned, a full list of all the meetings where the LSDF has been presented and discussed is available at Appendix IV. The input of our 28,000 staff, many of whom may also live within the Lothians, should not be underestimated.

At all meetings to date, the LSDF has been welcomed as a helpful signpost and guide to our direction of travel, and as a point of reference as site and service plans are developed.

As might be expected, the role of digital and technologies has been discussed frequently. It has been reported that evidence suggests participation in computerised interventions, for example, is not influenced by age or socio-economics, and noted that going forward both acceptance and effectiveness of digital tools should be measured. The potential risks associated with the use of technology and digital tools have also been discussed, with some stakeholders noting that “technology is great if it works”. In a similar vein, some stakeholders have raised the need for investment in training to ensure that the workforce is confident and capable in using technologies and digital tools.

The experience of those who use our services has been a key topic, with discussion about how we might routinely engage our populations about how they feel when they access our services. It has been suggested that investment may be required to make sure we are able to link gathering information and using that information to inform, plan and deliver improvements. Further, it has been suggested that we consider giving greater focus to how we deliver care, rather than, for example the number of tests or procedures we deliver. Aligning tests and appointments to avoid multiple appointments and waits may be of greater value to our citizens.

Engagement has also arisen as a significant theme. There has been broad support for the concept of continuous engagement in the LSDF and its implementation, alongside a plea that we are respectful of the time of those volunteering to share their feedback, given that many community groups have recently been asked to share their views on multiple documents and ideas. The importance of engaging with our communities around what they can do to support good health and enhance capacity for self-management has been highlighted. Stakeholders were keen to see communities empowered to develop their own priorities and to collaborate on and co-design solutions, noting that investment in resource to support both outreach and the engagement of communities may be required.

In recent weeks, the rising cost of living has been highlighted, and a query raised about the potential impact of people choosing not to heat their homes, or not to eat. The Chief Executive of Energy Advice Scotland recently predicted that rising energy prices could lead to a catastrophic loss of life, as more people fall into fuel poverty.

The following specific additions to the text of the LSDF have been suggested:

1. **Pharmacy and Medicines**

Colleagues within Pharmacy and Medicines have suggested that it would be helpful to reference ***Achieving Excellence in Pharmaceutical Care: A strategy for* Scotland** within the LSDF, aligned to NHS Lothian developments. In particular it has been noted that the national strategy makes commitments relevant to Primary Care, specifically:

Commitment 1: To increase access to community pharmacy as the first port of call for managing self-limiting illness and support self-management of stable long term conditions, in-hours and out of hours.

Commitment 2: Integrating pharmacists with advanced clinical skills and pharmacy technicians in GP practices to improve pharmaceutical care and contribute to the multidisciplinary team.

The role of Pharmacy and Medicines within the more detailed plans under each of the pillars could also be clarified, including the community pharmacy workstream within the Redesign of Urgent Care programme; the establishment of Advanced Therapeutic Medicinal Products infrastructure within Scheduled Care; the potential for enhanced contribution of Advanced Pharmacists with clinical, assessment skills in Scheduled Care areas to increase clinic capacity, reduce waiting times and ensure patients get the best from their medicines; Implementation of Hospital Electronic Prescribing and Medicines Administration (HEPMA) systems, and; the role of pharmacists and pharmacy technicians within the Mental Health, Illness and Wellbeing pillar.

It would also be helpful to reference the NHS Lothian Pharmacy and Medicines Service Strategic Plan 2021-26.

1. **Quality**

It has been suggested that we make explicit the role of Quality Management as we move forward with implementation of the LSDF, and reference the NHS Lothian Quality Strategy 2018-2023. Quality Management is a systematic approach to service planning and change focused on the patient/client and staff experience and outcome of care.

1. **The Person at the Centre and Patient Experience**

Concurrent to the development of the LSDF, NHS Lothian’s Patient Outcomes Programme Board has been developing our “Person-Centred Statement”. It is recommended that this Statement, once finalised, is incorporated into the LSDF

Alongside the statement, a Patient Experience strategy is in development, to support our commitment to improving the experience of our patients, families and carers so that it is the best it can be. Once complete, incorporating the strategy into the LSDF would be of value.

1. **“Midway”**

It has been suggested that we consider the potential to roll out the “Midway” model developed within Midlothian Health & Social Care Partnership across the Lothian Health & Care System. The aim of “Midway” is that, wherever someone makes contact with services, they will be welcomed by a 'what matters to you' response and an understanding of the social circumstances of someone's life. This supports self management through a shared agenda that mobilises a person's internal motivation to make change that can improve wellbeing.

The implementation of Midway within Midlothian H&SCP has had positive outcomes, and it is felt that there may be value to sharing this further. Building this approach would require an investment in time and training workshops to practice skills, build knowledge and confidence in the approach.

1. **Other suggestions**

As we seek to implement the LSDF, and further develop our plans, we have also been urged to consider:

* Including more detailed plans around Rehabilitation
* Seeking to increase the emphasis within the LSDF on children with life-limiting conditions
* Developing our plans around Primary Care to demonstrate the entirety of primary care services including, for example, community dietetics and phlebotomy
* The role of the unpaid carer

1. **Initial period of Public Engagement, April-June 2022**

Following the NHS Lothian Board meeting on April 6th 2022, we commenced an initial period of public engagement activity on the LSDF. The purpose of this activity was to:

* Explain the issues and challenges facing the Lothian Health & Care System
* Outline the work undertaken so far to engage stakeholders in developing our thinking
* Outline what we have heard from the public to date
* Explain our thinking, and the direction of travel that we think the Lothian Health & Care System should take
* Seek feedback from the public on our proposed direction, identify any potential problem areas, and seek to understand how these might be resolved
* Seek to build support for the proposed direction
* Establish a basis for ongoing and continuous engagement in the LSDF

It was our expectation that this period of engagement activity would:

* Build a shared understanding of the challenges that we face
* Support those who live and work in the Lothians to provide feedback on our proposed direction of travel, as set out in the LSDF
* Identify potential problem areas in our proposals, and seek to understand how those problems might be resolved

**We anticipated that the outcomes of this initial period of engagement would be that:**

* Lothian residents are able to influence the future strategic direction of the Lothian Health & Care System, informed by relevant data and information
* Lothian residents are supportive of the finalised direction of travel within the LSDF
* The Lothian Health & Care System has confidence that our future direction is cognisant of the priorities of our communities, and focussed on delivering the outcomes they value.
* A basis for ongoing and continuous engagement is established, to support the development of LSDF implementation plans.

To facilitate this initial period of engagement, we produced a suite of engagement materials:

* A finalised LSDF Summary
* LSDF Summary in Easy Read Format (Appendix VI)
* A full suite of LSDF documents, consistently presented
* An infographic, to summarise the content of the LSDF (Appendix VII)
* A standard slide deck, for use at Engagement events (Appendix VIII)
* A series of engagement prompts, to support stakeholders in their response

The LSDF page on the NHS Lothian website was updated at the beginning of April to include the materials above, including a narrated version of the slide deck. Banners were placed on both the front page of the NHS Lothian website, and on the staff intranet page to direct stakeholders to the LSDF.

Figure 5: Internet/Intranet Banner to direct stakeholders to LSDF webpage.



Articles promoting the LSDF and this period of engagement were placed in the Staff Weekly brief, along with a Director’s Cut video from our Chairman.

A letter was drafted to external stakeholders including Local Authorities, partner NHS organisations and Chambers of Commerce, inviting them to comment on the LSDF (Appendix IX).

A media release and social media campaign alerted the public to the LSDF, alongside communication with Third Sector Interface groups and community planning colleagues across Lothian.

Comments were invited via our dedicated email address: [loth.lsdf@nhslothian.scot.nhs.uk](mailto:loth.lsdf@nhslothian.scot.nhs.uk)

**Synthesis of emails received, and response**

A total of 113 emails were received in response to the Lothian Strategic Development Framework. In addition to responses from members of the public, we also received responses from members of NHS Lothian staff, staff within stakeholder organisations and from partner organisations.

On the whole, respondents welcomed the opportunity to respond to the ideas and proposals outlined within the Lothian Strategic Development Framework, describing the framework as ‘welcome and interesting’, ‘comprehensive’, ‘aspirational’, ‘far-reaching and impressive’ with ‘many good ideas and commitments’, balancing ‘ current plans with the need for a wide re-think about how and where we deliver services’.

A number of respondents noted ideas that they felt were particularly positive within the framework, including the focus on environmental sustainability, increasing the use of technology and innovation, work to prevent ill health and support self management and plans to provide more support for people at home, including end of life care. One respondent commended ‘the many references to digital first and the putting of the citizen at the centre’.

It was suggested that we make more reference to current and forthcoming digital developments across the system, including the development of a Paperlite solution for Mental Health services, as this will comprise ‘a significant change to the way mental health services work and also provide the baseline for more innovative developments’ and to reflect the digital plans of Health & Social Care Partnerships and IJBs. More detail on how we will take forward “Digital First” across each pillar of the LSDF was also sought, with one respondent wondering whether: ‘we might seek to consider how we can make work easier for our own staff who may be working between more than one system or desktop’.

While the benefits of digital tools to support remote appointments and interactions between citizens and clinicians were noted, there were also concerns that some people may find these digital tools difficult to use: ‘many older people are less confident in the use of technology than younger people’ and that promotion of alternatives to face-to-face contact might ‘discourage certain patients from seeking an ‘in-person’ consultation when this would be important for them’. On the other hand, one respondent noted that digital tools could help to improve the accessibility of our services for those who are unable to communicate by telephone: If I message my bank on messenger for facebook they are able to send me a link to a secure chat window. There is no reason the NHS can't do the same. These challenges and opportunities were also noted by the citizen reference group and during the integrated impact assessment workshop undertaken regarding the LSDF.

The wider accessibility of physical services currently provided also emerged as a theme, with respondents noting that they are often sent appointments for an inconvenient time or at an inconvenient location. This might be due to work commitments, because the appointment is difficult to access via public transport or road: not directly accessible by public transport which means a car journey of over an hour along narrow country roads or personal circumstances: having to get out there is not only expensive (I need a taxi as there are bus changes and walking involved on public transport - neither of which I can do well) but wholly unacceptable. On a similar theme, one respondent expressed the view that the location of the proposed National Treatment Centre at the St John’s Hospital site in Livingstone was: a relatively inaccessible site for the majority of Lothian residents and staff not served by such extensive bus services as the RIE and WGH and which will presumably result in increased car traffic impacting on the sustainability goals

One respondent noted a concern that moving to provide more care in the community for those with mental ill health may risk people with acute mental ill health being cared for in inappropriate settings: even now, there are pressures in achieving immediate appropriate care for those with acute serious mental health needs

Challenges in General Practice provision were also noted, including the risk of current challenges being exacerbated with the extensive volume of housebuilding in future years.

A number of respondents commented on the scale of the task in seeking to implement all of the ideas and proposals outlined within the LSDF, especially in light of the existing challenges described including financial challenges and those surrounding our workforce: I appreciate that the NHS is short of staff and all staff have been severely tested recently. Respondents suggested building a supportive culture within the Lothian Health and Care System, increasing the focus on prevention, and working to continue to innovate could help us to manage these challenges and to implement the LSDF. One respondent particularly sought a more central focus on innovation within the LSDF, and on bringing together: ‘the various ‘innovation’ programs we have in Lothian...and co-locate them in some way’

Some respondents sought more detail about plans in specific areas, including our future plans for cancer services. Several respondents wondered whether we might consider an additional pillar for “Older People”, reflecting the challenges of an ageing population and mirroring the pillar for Children & Young People. It was also suggested that our plans around maternity services should be developed, particularly in the context of several reports into safety in maternity services (most recently Ockenden).

We have received a number of suggestions about how good health and wellbeing could be supported for the citizens of Lothian. Many of these suggestions pointed to ‘the importance of green space for health and wellbeing’ and some felt the LSDF should go further in acknowledging ‘the value of open space for convalescence, public wellbeing, and the potential avoidance of certain healthcare and treatment costs’. Respondents pointed to ideas including green prescribing, ‘small groups in nature for grief management’ and ‘more space for children with additional needs in nature’. These suggestions reflected the discussions of the Citizen Reference Group, where the value of open spaces and green spaces in supporting people’s well being was strongly acknowledged. Another respondent suggested we seek to bring skills around nutrition and financial budgeting for children back into schools, to support development of a healthy and happy culture: during my school career, I had to create a monthly budget for a family of four. Nutritious, balanced meals with minimal waste had to be created on the funds left over after paying for the necessities - rent, power, travel etc... It taught us the value of money and how to live on a budget

One respondent suggested that the LSDF should include a greater focus on palliative and end of life care access and provision, noting that a huge proportion of the costs of healthcare are spent in the last year of someone’s life. This reflected feedback from members of our own Palliative Care team.

Following our statement within the LSDF that we would seek to influence the ultimate use of the Astley Ainslie site, the significant affection that the local community feels for the site was clear from responses seeking more information on our plans for the site. Many were supportive of the suggestion that we might consider the need for affordable housing that many of our health ad care staff need access to, noting that this was ‘a good idea’ or ‘a great idea’ and that they were ‘very sympathetic to the need for affordable housing for NHS workers’ and ‘would thoroughly endorse using part of the site for affordable housing, prioritising health and care staff’. Others queried whether the Astley Ainslie site should really be considered for this, commenting: ‘I find it naive of you to suggest that health care staff would wish to live rather than work here’ or wondering: ‘Is there any point in zoning Astley Ainslie for affordable housing if health and care staff are not working “on site”?’

Respondents submitted a variety of ideas for how the site might be used or existing buildings adapted, as shown in figure 6, below:

Figure 6: Suggestions for the future of the Astley Ainslie site

Could there be a mixed use, with some of the old buildings turned into small hotels and community workshops? Could there be an urban farm and allotments?

...scope for sympathetically-planned conversions of iconic buildings to residential, cultural and some commercial use with the less attractive annexes being rebuilt as accessible housing

There are 3 GP Practices within walking distance of the Astley Ainslie site...All are experiencing strains in capacity...There is an opportunity to re-site these practices within 2 or 3 acres of the 44 acre site of the Astley Ainslie.

...potential to further develop the site as a medical hub with little impact on the existing adjoining buildings.

...expanding services currently based here such as the Chronic Fatigue clinics, pain management, neurological rehab, physio and OT services.

...small injuries facility

...kept for community use

...a centre for health promotion and for chronic disease management and rehabilitation

Centre of Excellence for the rehabilitation and convalescence of patients

...opportunities to link up with social enterprise organisations

Many respondents supported further engagement in the LSDF, requesting that the Lothian Health & Care System engage ‘transparently and meaningfully with community groups, charities and local residents’ as well as frontline staff, and seeking ‘substantial opportunity for community partnership in the development of plans for the future’. Some suggested that we do more to increase awareness of the LSDF and the opportunity to comment.

Responses from statutory partner organisations indicated their view that the LSDF ‘addresses local and national priorities’, ‘based on a clear assessment of the current demands and challenges within the system’, and signalled their agreement with the direction of travel outlined within the framework. One respondent suggested that consideration be given as to whether the Lothian assumptions and principles...are consistent with those of Fife and Borders, and whether whether we could / should develop a similar set of assumptions from a more East Region perspective and what the implications of this might be

Public Health Scotland suggested that population health ‘could be better positioned and integrated across the document’ and to align the five year plans with the intent to improve population health ‘by integrating clear actions linked to the service design/re-design elements of these focused on addressing or mitigating for inequalities of access and outcomes’. Public Health Scotland also suggested that: more could be said on the differing needs of communities and how these will inform the design, delivery and evaluation of services provided. This reflects the output of the initial integrated impact assessment of the Framework.

Public Health Scotland also made some specific suggestions to enhance the mental health aspects of the Framework.

A clear desire to work together and collaborate as we move forward was clear in responses from our statutory partners.

**Public Meetings**

NHS Lothian commissioned the RSA (Royal Society for the encouragement of the Arts, Manufactures and Commerce) to facilitate a series of online engagement events with a range of audiences as an “honest broker”. Five online sessions were planned and delivered:

* One session was held with the pre-established Public Discussion Group (cross ref page xx), and focused on updating them on progress and the impact their input had made; and exploring next steps. A further session will be held with the group at a future date following the Board’s consideration of the findings, to allow the group to reflect on the process/outcomes.
* Three sessions were held as open public sessions for Lothian residents, advertised through several NHS Lothian and local channels. These sessions consisted of outling the context, progress and ambitions of the LSDF; and then opening up the space for facilitated discussion and reflection. Participants came from across the Lothian region, and from backgrounds including community activism, advocacy, business and academia.
* One session was held with RSA Fellows, who participated from across Scotland. Although the majority of the participants were not resident in NHS Lothian’s geographic catchment area, this session was intended to tap into the diversity of expertise and experience that the RSA Fellowship contains. Participants came from a variety of backgrounds and sectors, including heritage, civic society, health, consultancy and business.

In total 65 people registered to attend the events with 47 participating, with each session running for roughly 90 minutes. The feedback below is drawn directly from the synthesis provided by the RSA. A copy of the full feedback provided by the RSA is available at Appendix X.

**Positive findings:**

Participants were generally impressed with the structure and ambition of the LSDF.

The way that the LSDF was presented and written made it clear to participants that it was intended to be a top-level overview and vision – this did mean that there was a reflection that the “devil will be in the detail – how do we translate top level thinking into real action?”, but the clarity meant that the LSDF was understood to not be trying to solve every problem or demonstrate every idea.

The layout of the report, particularly the graphic model demonstrating the overall approach, was praised as being a “great way of presenting very complex ideas”.

Participants were pleased, and indicated trust, that the Lothian Health & Care System was actively and openly seeking input from the public and stakeholders, and that this was not just a tick box exercise.

The focus on, and commitment to, social justice and improving the lives of the residents of the Lothians was welcomed, with a recognition of the LSDF’s ambition for NHS Lothian to truly utilise role and responsibility as an anchor institution.

Appreciation for the work which NHS staff have undertaken during the COVID-19 pandemic, and the significant strain they have been and continue to be under, was clear amongst participants. This helped shape awareness of the challenges that change will bring in an exhausted workforce, and positive feedback that the LSDF clearly articulates the role and importance of staff, and staff wellbeing. The clear identification by the LSDF of looming staffing challenges due to demographic/labour market changes was also highlighted as a strength of the document, helping to underpin the reasoning around why change is necessary: “We need to help educate the public to better understand how the system works and the pressure it is under – we need the public to help us create change”

**Areas for clarification/inclusion:**

Overall, the language/priorities of the LSDF were praised, however in some cases it became clear from participants that it would be beneficial to have further detail on certain areas. Examples included the consistent highlighting of mental health support, particularly for children and young people, throughout the sessions; and the reflection that certain voices/communities did not come across as strongly in the LSDF as they should (e.g., carers, the third sector).

As mentioned above, several participants commented on the success of the LSDF in making complex ideas accessible and avoiding jargon. One linguistic issue that was challenged by a few participants was around the use of the word ‘citizen’ in referring to the people the LSDF was seeking to serve. For some participants this raised a concern about potential exclusion, due to citizen carrying a different legal connotation than resident or person.

As explored above, participants were positive about NHS Lothian’s approach to engagement, but there was a consistent plea for this to be an ongoing and evolving process. Moreover, several participants asked for the approach to be “co-creation rather than consultation”, to truly allow participation and impact.

The challenges faced by NHS Lothian were noted as being rooted in both financial/infrastructure challenges but also systemic challenges. As noted above it was recognised by the participants that the LSDF is a top-level framework, rather than a step-by-step outline of actions; however, it was also requested that it contain clarity on how constraints and challenges around staff capacity and the difficulty of developing leadership/challenging existing culture can be addressed.

New digital technologies and approaches were broadly welcomed; however, concerns were raised across all five sessions about the challenges/dangers of excluding those without access to technology/confidence in using it. The risk of digital increasing rather than decreasing social and health inequity was highlighted as a very real one.

Generally, participants focused on pan-NHS Lothian ideas and responses, however some local issues around infrastructure and access were raised. Transport was highlighted as a consistent challenge, particularly for certain areas, and highlighted a theme where NHS Lothian is not in a position to solve the problem on its own.

The idea of the reduction of non-clinical space was highlighted as an ideal chance to encourage other organisations to provide help in a non-clinical setting, such as museums and galleries. This offers a space for creative thinking about new approaches and methods of utilising resources outside the NHS. In addition, the idea of better utilising existing NHS Lothian staff and infrastructure in new ways was highlighted by several participants.

The LSDF’s commitment to a whole system approach, collaborating with the wider public, other sectors and stakeholders, and its own staff was very popular. However, some concerns were raised as to whether the use of terms such as ‘Pillars’ in the Framework could run the risk of creating new silos.

One participant raised a concern that human rights, particularly in terms of people with disabilities, was not prominent enough in the Framework.

**Integrated Impact Assessment**

As part of our engagement activity around the LSDF, an Integrated Impact Assessment workshop was held in May 2022, with participants drawn from NHS Lothian, the public and the third sector.

The challenges of undertaking impact assessment on a strategic document were noted, and a variety of potential positive and negative impacts were identified. A follow-up session was subsequently held to review the output of the initial workshop, and additional comments were noted. It was agreed that the IIA should be considered “interim” as many of the proposals wihin te LSDF will require further assessment.

While the final IIA report is not yet available for circulation, some draft recommendations have been discussed:

* Ensure relevant legislation is acknowledged as plans develop. In particular the group noted the proposed Disabled Children & Young People (Transitions to Adulthood) (Scotland) Bill
* Ensure broad, diverse user engagement as services and systems are designed and developed. In particular, ensure technologies are developed based on need and with service user experience in mind, considering the potential negative impacts identified in this IIA
* Work with partners to reduce lack of access to digital technologies, kit and broadband required to access digital services
* Ensure that, with the introduction of new technologies and access methods to services, that those who use our services continue to have a choice wherever possible
* Continue to undertake integrated impact assessment at relevant points as plans develop

Once complete, the IIA report will be appended at Appendix IX.

1. **Summary of themes and proposed next steps**

Throughout all of the engagement activity we have undertaken to date, the LSDF has been broadly welcomed as a useful guide and signpost, in outlining our plans for the future at a high level. We are delighted that respondents have received the LSDF positively, and **support our proposed direction** of travel.

We note the **potential for our plans for the future to be affected by changes** in the wider environment, including the outcome of the National Care Service consultation, the potential for new pandemics and variants and the availability of resources. Setting out our plans within a framework allows us to be flexible in response to future events, and update our plans.

We welcome the suggestions that we make the role of **Quality Management** explicit within the LSDF as we seek to implement our plans for the future; that we make reference to the national **pharmacy strategy: Achieving Excellence in Pharmaceutical Care**, and; that we update references to the refreshed national **Digital Health & Care strategy.** We will seek to make these amendments.

We recognise that the **Primary Care** pillar of the LSDF would benefit from further development, including more detail about our plans for Primary Care services beyond General Practice, and around Primary Care infrastructure. We will take this forward.

We note the suggestion that **Population Health** could be better positioned within the LSDF summary, and that each pillar should make clear their plans in relation to both population health, and digital opportunity. We will seek to develop this in the next iteration of the LSDF, as we develop our plans.

We note the view that **Palliative and End of Life Care** should have a greater presence within the LSDF. While we have touched on end of life care in Chapter 3 (Where We Want to Be) and Chapter 9 (Scheduled Care) of the LSDF, we recognise that the importance of both a good life and a good death could be highlighted in the LSDF summary, and that our plans in this area could be developed as we implement the LSDF.

A significant volume of responses sought more detail about our plans in specific areas, in particular around **Cancer**, **Older People**, **Maternity Services**, **Rehabilitation** and the **constraints and challenges** faced by the Lothian Health & Care System. We recognise that these areas do not fit neatly within any single pillar of the six that make up the LSDF. It is our intention to specifically develop our plans around Women’s Health, Long Term Conditions, Ageing and Cancer over the coming year. More detailed information regarding our challenges in terms of workforce and finance is currently being developed, through workforce planning and the development of a Medium Term Financial Framework.

We have received a number of suggestions about pieces of work that should be mentioned explicitly within our plans including the **role of medicines and pharmacy** and the intention to implement **paperlite across mental health services**. We will seek to ensure that these suggestions are included as we develop and implement more detailed plans under each of the pillars.

We are aware of a number of concerns for the future that have been raised, including current **pressures on General Practice** services and the potential risk that our proposals to **shift the balance of care for mental health services** might create pressures elsewhere. We will take these concerns into consideration as we develop our plans in these areas.

**“Digital”** has been one of the most prominent themes discussed throughout the development of the LSDF. In general, the opportunity to increase access and offer choice to citizens through digital developments has been welcomed across all groups. However, the potential for unintended negative impacts as a result of digital developments has been raised regularly, including the risk of **digital exclusion** for some citizens, and the risk of limiting access to services for people with sensory impairment or whose language is not English. It has been recommended that we seek to engage communities in developing and co-designing digital solutions, to ensure they are fit for purpose.

The need to measure both the acceptance of digital tools, and their effectiveness has been raised, alongside the potential to explore ways to improve our systems and knowledge and “make life easier for staff”. A need to invest in workforce training has also been identified.

**Continuing engagement** as we implement the ideas outlined in the LSDF has been a key theme throughout LSDF discussions to date. There has been broad support for the concept of “continuous engagement” and a plea for **effective engagement at a variety of levels**, including working with communities around maintaining good health and to support self-management, and seeking to co-design solutions to issues with communities.

Given the concerns that engagement to date may have had limited reach, and that we should strive to reach all households across Lothian, we will continue with our plan to distribute a postcard to every household, inviting people to review and comment on the LSDF, and our dedicated email address will continue to operate.

To effectively achieve a continuing dialogue with our communities, and **support collaboration and co-design** as we seek to transform our services, we need to think carefully about our approach. There will be multiple strands and areas where we would benefit from seeking to work with our communities to understand the problems we need to solve in more depth and seek to co-design effective solutions. We have started conversations with a number of partners, who have expressed an interest in helping the Lothian Health & Care System to creatively reach and engage people across the Lothians, including those whose voices would benefit from amplification. This approach may require **investment in undertaking engagement, coordinating our efforts and recording and sharing the outputs** of our work.

The particular affection with which the **Astley Ainslie Hospital** site is regarded was clear in the responses of those who wrote to us specifically about the site.The decision that NHS Lothian would be exiting the site and would be offering it for sale in line with public sector guidance was made some time ago. We do not expect that the site will be required for service delivery in future, and so that decision remains. We would like to reassure respondents that, in line with the Community Empowerment Act, the disposal of the site will be subject to a specific engagement process with interested parties.

There were a number of areas in which respondents raised particular concerns, which are outside the remit of the Lothian Health & Care System. Many respondents mentioned the **value of green space** to support health and wellbeing, the role of **physical access and transportation** in reaching health and care services and the value of education around **food and nutrition in schools**. We will continue to seek to work with our partners to support these issues.

Some respondents objected to the use of the term **“citizen”** within the LSDF as it was felt that it might exclude some people. We intend to continue to use the word citizen within the LSDF to mean any person who lives within Lothian.

One respondent was concerned that not specifically mentioning the **United Nations Convention of the Rights of Persons with Disabilities** might signal that the Lothian Health & Care System does not take seriously its responsibilities to disabled people. As we implement the LSDF we will work to ensure that the guiding principles of the convention are considered.

Understanding the experience of those who use our services, ensuring that the citizen **is at the centre** of our planning has also been a theme. The proposal to **expand the “Midway” model** builds on “patient experience” by focussing on what matters to the citizen in every interaction with public services.

As previously mentioned, NHS Lothian’s Patient Outcomes Programme Board is currently seeking to develop a person-centred statement, and a Patient Experience strategy to describe how staff and care givers understand their responsibility in ensuring each patient not only receives excellent clinical care, but that it is delivered in a manner that treats them as an individual, recognises their needs and cares for them with empathy and compassion. Going forward the person-centred statement and Patient Experience strategy may influence the content of Chapter 3 of the Framework (“Where do we want to be”).

As we seek to implement the LSDF, we will seek to consider the proposal to expand the “Midway” model across the System.

**Appendices:**

|  |  |
| --- | --- |
| I | Pandemic Possibilities |
| II | Outpatients |
| III | The Lothian Story |
| IV | Internal engagement record |
| V | Citizens’ Views of Health & Wellbeing |
| VI | LSDF Easy Read Summary |
| VII | Infographic |
| VIIII | Standard Slide Deck |
| IX | Stakeholder Letter |
| X | RSA Feedback on Public Meetings |
| XI | IIA Report – to follow |

1. Pandemic Possibilities: Applying the RSA Future Change Framework to support NHS Lothian’s strategic review and improve population health outcomes. RSA. November 2020 [↑](#footnote-ref-1)
2. Alliance: Health, Wellbeing & the Covid-19 Pandemic [↑](#footnote-ref-2)
3. Health Improvement Scotland: Seventh Citizen’s Panel Report. March 2021 [↑](#footnote-ref-3)