IJB STRATEGIC PLAN ENGAGEMENT SUMMARY REPORT

East Lothian
Health & Social Care Partnership

Contents

Introduction

This is a summary report which seeks to give an overview of the feedback contained in the main report. If at all possible, please read the main report as it will give you a much deeper understanding of the issues that confront service-users, carers, communities and staff. The overwhelming burden of what has been shared is that we are facing extremely difficult times, with services, and more importantly, staff, service-users and carers stretched to breaking point. The key theme emerging from all the feedback is the need for open and honest conversations, and a different approach, based of working with communities to talk about how community resources and statutory services can work together in new ways to intervene earlier and move to outcomes-focused community solutions.

Strategic Planning Group

Most participants agreed that there had been some progress with delivering the current strategic objectives before Covid and that all the activities described by the objectives were still relevant and should be carried forward in some form. However, participants weren't always clear about the difference between objectives and priorities. Many felt that there were currently too many strategic objectives.

It was also felt that a lot of the narrative in the IJB Strategy doesn't relate back to the objectives defined at the start – the Strategic Plan should be structured by the objectives – i.e., this is the objective, this is why we have this objective, this is how we will deliver it, and this is how we will know we have delivered it.

There was also concern that we were unable to measure success with the current objectives and we should focus on what achieving the objectives would actually mean for individuals/communities in East Lothian and that we should introduce a 'service user' or 'citizen' perspective

Future Strategic Objectives

There was a general consensus across groups that it would be useful to look at the actual strategic objectives again. They should also try to take account of contextual change, for example, refugees, financial limitations, net zero targets and our ability to deliver services in the current economic and recruitment climate. They also highlighted the tension between local, regional and national policies.

[We should focus on] resilience going forward.
We are so close to not managing.
We need to focus on confidence and stability

Some felt that it would be good to think about whether Change Boards and Directions were delivering in the way they should. Similarly, people were not clear about how much account Change Boards took of the Golden Threads. Performance measures should be in the Strategic Plan as a priority together with commitment to providing regular, good quality performance information.

All agreed that there should be a greater focus on early intervention and prevention, sustainability and resilience (particularly in regard to workforce recruitment and retention), and recovery planning post-Covid.

There was a call for the Strategic Plan to be more outcomes-focused – looking at maximising independence and achieving the best outcomes for people. There should be a move away from including time-limited pieces of work in the Strategic Objectives as these should be in the delivery plan. The Strategic Objectives should be developed at a macro level, taking account of the impact of poverty and health inequalities.

People felt that the Strategic Objectives and Strategic Plan should be phrased in a more positive way and that we should shift our thinking from 'delivery' to 'coproduction with the community'. We should use clearer language and rephrase terms such as 'Shifting the Balance of Care'.

Future Challenges

National Care Service (NCS)

People were concerned that the advent of the National Care Service had the potential to dominate the new Strategic Plan and that the NCS might disempower current work. There were similar concerns about the Scottish Government's 20 Minute Neighbourhood agenda conflicting with what we do at a local level. The shift to digital services means that we should check for unintended exclusion and seek to address this, for example, through Community Hubs.

Funding

There was considerable concern about future funding and how we would manage to do more with less. It was felt that the IJB needed to fully understand capital funding, funding streams and financial challenges. Challenges included being reliant on the council and the NHS for funding, limiting the impact of Covid on finance and resources in the longer term, and the problems caused by direct intervention from the Scottish Government. A further challenge was that additional funds or budgets were often linked to Scottish Government priorities that didn't necessarily reflect local priorities.

Barriers to Integrated Working

Having two separate employers with two different sets of terms and conditions is still problematic, and although we had integrated teams, professional bodies didn't agree on standards, training etc

Recruitment and Workforce

We had recruitment challenges – now and in the future so what could we do differently, for example, how do you make East Lothian attractive to workforce? We don't have the workforce to deliver at the moment, and have to be realistic about what we can deliver in the future. It will take time, investment, and planning.

Mandatory training was regular and available, though, but it would take a lot of planning to develop training for the workforce.

Everything has been affected by the impact of Covid.

Demographics

The challenges here were our rapidly expanding population, infrastructure not keeping pace and additional challenges with rurality and public transport.

Poverty

Nutrition and access to food were seen to be real challenges as was fuel poverty, especially if we were expecting people to drive to services.

Other

The Partnership's task was very complex, there were competing demands and we needed to find commonality between competing service directions and pressure areas. We needed whole-system resources that are interdependent and we needed IT systems that speak to each other.

Opportunities

Post Covid, building on the huge tech opportunities for service delivery was an opportunity and there were good opportunities for building on joint-working arrangements established during Covid. National policies were beginning to align, for example, health, housing and planning. Perhaps we should look at 'anchor' organisations – public service employers as 'anchors' in their communities, demonstrating good practice in everything from procurement to recruitment and retention. We needed to maximise independence and encourage people not to rely on services. We needed to be honest with the public about challenges and work with communities to support themselves. New homes brought in workforce and support –there was an opportunity to include key worker housing provision as Local Housing Strategy priority. Colocation of services offered opportunities as did more joint working with GP practices and practice nurses. There was the potential to standardise processes.

Staff Retention/Workforce

We needed to professionalise careers in social care and reconfigure the skills set of those working in a community setting to better align these skills with the needs of people supported in the community. We needed to move from 'specialist' to 'generic' roles and we needed to make ELHSCP 'an employer of choice'. We could persuade higher education facilities to grow cohorts. We could have more primary care practitioner staff with the ability to move between services for flexibility of provision.

Communications

There could be more communication with the public to explain challenges and opportunities, including explaining integration and benefits.

Access to Services

Access to GPs and Dentists

This issue was raised in most workshops. Professionals and patients were often frustrated by the difficulty in getting an appointment quickly or getting a face-to-face appointment rather than a telephone consultation. Many older respondents actively disliked triage by receptionists on the grounds that they didn't like sharing personal information with anyone other than a GP. Professionals related issues experienced by their vulnerable clients, particularly those who had to move around because they were homeless or fleeing domestic abuse. In rural areas, these problems were exacerbated by poor transport. People were also deeply concerned about the perceived failure of GP and Dental Services to keep up with the rising demand for their services placed on them by East Lothian's growing population.

Hospital Appointments

People reported difficulties in getting appointments, long waiting times and many expressed the hope that more hospital services could be brought to East Lothian. In rural areas, there were again additional issues around transport for getting to Haddington to access ELCH and into Edinburgh.

Access to Other Health Services

Issues with accessing secondary mental health support remained a problem.

Waiting Lists for Assessment and Care Services

There was a growing demand for a wide range of social work and social care services but at the same time there were fewer workers and limited finances to meet those needs.

Underlying a lot of our issues is the bottleneck that is within social care – and there's no getting round it – there's a staffing crisis that just seems to be going on forever – it's really wearying for everybody – it means there's no care when you need it, there's no mental health support workers, there's no carers – if that's not right, nothing else is going to be right – so I just feel that that's where all the focus needs to be, sort that out and a lot of these problems up the chain will just disappear …

Adult Wellbeing, Mental Health and Care at Home

Online and Telephone Services versus Face-to-Face

Professionals involved in healthcare delivery on the whole liked online and telephone services, and felt that it had engaged with new groups of people although they admitted that this way of working had also identified more unmet need and there were now long waiting lists and bottlenecks for people trying to access secondary services. Lack of face-to-face contact had been difficult for service-users, carers, social workers (across the social work disciplines) and social care workers.

Accommodation

Substance Misuse

Some of the most vulnerable service-users reported that their accommodation was noisy, mouldy and could exacerbate their problems because of proximity to others with substance misuse problems. They also reported feelings of loneliness and isolation.

Working from Home, Working in the Office and the Potential Impact of the East Lothian Council Asset Management Review

The majority of staff would like to take a blended approach so that there they were able to work from home sometimes but also had dedicated office space for team time and integrated working. NHS staff in the sessions did not express any preference, possibly because they were already building based and in teams. Staff were worried about the impact of the Asset Review on office space and reported that the solutions offered by the council were likely to be noisy and not conducive. Midlothian Council's arrangements in this area were cited as an example and criticised on the grounds of noise and lack of privacy.

Co-location

Co-location was seen as a positive thing, enabling more joined-up working, mutual support and creative thinking, leading to better outcomes for service-users.

Asset Review

This was seen as problematic as it would remove staff and training spaces, and community spaces that were key to the community transformation model.

East Lothian Community Hospital

Staff Survey

While the patient focused areas of the hospital were good, a number of staff found the open-plan office space to be poorly laid out with inequity of use of space and very noisy. The lack of privacy made it difficult to have confidential conversations with other staff in person and confidential phone conversations with patients and other professionals. There were also issues with the mobile network and Wi-Fi connectivity.

Carers

New ways of working during Covid seemed to have had a negative impact on carers.

Gaps

There was a lack of packages of care for people with mental health problems, lack of respite for people caring for those with mental health problems, and lack of respite more generally, including sitter services to cover health appointments for carers.

Issues

These included a lack of services, the cost of services, the length of time waiting for packages to be set, lack of available workers, issues with recruitment including recruiting for Personal Assistants. There were also issues with the time taken to be allocated to MHO, CAMHS and other mental health services and support. Again, difficulties with getting GP appointments were raised. Carers were also unsure of follow-up from Adult Care and Support Plans and often waited a long time before anything was put in place following the plan being completed.

Some felt that carers needed a more out-of-hours type service that is more flexible - something that could deal with less organised (but not crisis) events.

Unpaid family carers needed to get a break. This could be a backfill buddy or just a visit or phone call. Carers who were working also said they can feel forgotten and that co-workers felt that it was not appropriate for them to mention their difficulties, and that it was good to be able to socialise with other people in a similar position. They also mentioned having to really push for an assessment, that they would like a simple structure for referrals and that having to manage paid carers took a toll.

One carer for a BSL user said that it was very difficult for them having to interpret for their partner and differentiating between being their carer and their partner.

Communities

Covid and After

Across sessions, people recognised that communities had shown great resilience and cohesion, and that they had been creative is using and developing local community resources. Many wanted to build on this but some recognised that this has also resulted in fatigue amongst volunteers.

Community Resources

For some groups, community resources were thin on the ground, but the overwhelming theme was that communities were rich in resources, creativity and commitment. The issues lay in access to (longer-term) funding, availability of community spaces, changing the culture in relation to provision

of services and the need for a fundamental change in the way that both the Partnership and Council interacted with communities.

The IJB also needs to understand the need to involve communities more in support, service design and delivery and to buy in to it – delivering community solutions

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Local Area Co-ordination and Key Workers

Many of the groups touched on the need for local area co-ordination or key workers, where one person knew the service-user really well, had strong links with other professionals, had a good overview of resources and could pull the relevant support together to achieve the best outcomes for the service-user.

Coproduction and Collaborative Working

There is an appetite for coproduction and collaborative working – from communities, from the Third Sector and from staff. It was felt that the necessary conversations were definitely beginning to happen in the community and that it was about empowering and educating people. It was felt that we needed a shift in mindset about how people can help themselves without being reliant on statutory services. Covid presented that as a challenge initially but now we should look at how we can turn it into an opportunity. As long as we were transparent and the information was shared with them, we would see a definite shift in being able to support our communities and how they would like to see services delivered. It is about all services working together to make communities friendlier communities to live in and work in

Information, Information Sharing, Reporting and Recording

Public Information

There was consensus across groups that better and consistent public information about services and resources should be available. This could be web-based but there was also a need for printed information to avoid digital exclusion.

Information Sharing, Recording and Reporting

People felt that information sharing, IT systems, recording and reporting could be improved to support service-users, increase transparency and strategic planning, and enhance integrated working.

Early Intervention and Prevention

There was a huge appetite across all respondents for early intervention and prevention as being key to relieving pressure on statutory/health services but also an acknowledgement that the resources (including funding) needed to deliver it were at the moment lacking.

Inclusive assets-rich communities and accessible generic services are critical to this. They are also critical to achieving strategic objectives including self-management, managing carer stress, prevention and early intervention and would help us feel more ownership of the strategy.

Dementia Professionals Workshop

…but ultimately, the resources behind it are imperative – and there's lots in that once you get into the sort of social care landscape around terms and conditions for staff, particularly in the third sector – none of it is simple and there's not one silver bullet but I think we can certainly do our part in East Lothian by being clear about what our challenges are and what objectives are over the coming years.

Adult Wellbeing, Mental Health and Care at Home

Equalities, Inequalities and People with Protected Characteristics

Several groups raised issues about equalities – almost all underlined that there was a great deal of work to be done in terms of tackling attitudes, increasing understanding and improving support to access services. The fact that it was raised in relatively few professional sessions is in itself worrying. Although there were cross-council and partnership working groups for Ukrainian refugees, it was felt insufficient and that much more partnership involvement was needed. Services were also not prepared for the influx of Ukrainian refugees (or other refugees and asylum seekers) in terms of having services to deal with PTSD.

Funding

Not all groups considered funding but those that did were worried about short-termism, the way the public purse was shared (and had to be returned if not used), the impact on charities, a desire to revisit funding formulas, the tension between national and local imperatives affecting eligibility for government funding, and an overwhelming concern in the online survey about shortage of funds and the impact of this on local services.

Health and Wellbeing of Vulnerable People

Conversations with some of the most vulnerable people in our communities revealed issues with getting hospital appointments and issues with affording to get to hospital; not understanding they were carers and not getting benefits advice or respite; loneliness; poor mental health; social isolation, and not being able to understand the system.

Impact of Cost of Living/Poverty

Concerns about the impact of the increasing cost of living was raised in a number of groups. There was a feeling that this was becoming a crisis and impacting on the most vulnerable in the community. Increased use of foodbanks was noted. It was suggested that closer working with the ELC Anti-Poverty strategy work would be beneficial and also that a cross-partnership/council working group be established to address problems that might arise in winter when fuel bills rise.

Impact of Covid

Covid was mentioned in most groups and people reported impacts of Covid including problems with staffing; impact on staff, the third sector and volunteers; impact on service-users and carers, and impact on people's physical and mental health. Some liked the way that Covid had driven some services to evolve. Almost all, though, agreed that the forced pace of development under Covid was unsustainable.

Mental Health

There were varying experiences, with workers for the most vulnerable groups having real difficulty in accessing mental health support for their clients. The new online and telephone services supported lots of people, including some in the harder to reach groups, but their very success added to the pressures on secondary mental health services, meaning that they were struggling and dealing with very long waiting times.

National Care Service (NCS)

Most groups hadn't had time to think about the advent and impact of the National Care Service. For those that had, although some could see potential, most were concerned about its lack of local nature, inability to address the actualities of delivering health and social care at a local level, and a couple of respondents were adamant that it should not happen at all because the process of setting it up would divert funding from front-line services.

Older People

"I don't think about the future, it scares me so much"

"If I can't afford private care then I'm totally abandoned"

Respondents to North Berwick Placemaking Event

There was great concern across all groups about the pressures on care at home and care home places, shortage of care staff, short visits by care at home staff leading to social isolation of those cared for, training shortfalls amongst agency care staff, issues around appropriate housing, the impact of new housing and the rising number of people needing services, and pay and terms and conditions for independent sector care staff.

Outcomes and Joined-up Working

The feedback in the Communities section has already talked about the desire in communities to see joined-up, person-centred, community-based support. People also emphasised the benefits of joined up working for staff and service-users, the difficulties of interdisciplinary working, social workers being unable to refer into health services, the need to review current structures and to continue building on working relationships between health, social work and social care staff.

Pharmacies

In a couple of workshops, people raised concerns that not all pharmacies who dispensed methadone to service-users did so in a way that preserved service-users' dignity and respect and wondered if there was an appropriate code of practice. There was also concern that not all pharmacies dispensed medicines in blister packs. Paid carers are barred from giving medicines which are not in blister packs.

Recovery Model (Substance Misuse Services)

Professionals across several of the groups and peer support workers saw the recovery model and recovery cafes as being beneficial, but said that there were issues with the equitable spread of recovery outlets across the county. They were also very supportive of peer support and would like to see more peer support workers located in GP surgeries. They also wanted something to be done about some community groups reacting negatively to the stigma of substance misuse and not offering their premises for AA/NA meetings and other recovery groups.

Referral Processes

There were issues with vulnerable people losing their place during the referral process and being sent back to the beginning, which was a disincentive for young people, homeless people and substance misusers. Referrals to mental health services and drug and alcohol services were tortuous and took too long, meaning that people relapsed long before they could be seen. There were issues for homeless people and those fleeing abuse in getting registered with a new GP (because they were at a temporary address). Without registration, prescriptions for methadone and anti-psychotics were not available to people at their new address after a first emergency prescription.

People wanted better self-referral routes, for example, to community pantries and foodbanks, and a better mapping of community resources that could help with this. People with adult services found the referral cycle tiring, having referrals opened, closed and then reopened. People wanted a streamlined and common route for referral.

Services People Want/Would Like to See in the Future

Many of the responses were about access to GPs, the need for more surgeries and more care at home and care home places. Not all of them are included in the list below. However, if you look at the main report, you will get a better idea of incidence.

- A voluntary program for perpetrators of domestic abuse
- A complex trauma group for male perpetrators like the Connect Group (which is women only)
- Engagement with Healthy Respect and its pregnancy/STD programme for staff working directly with vulnerable young people and give them the resources to provide free pregnancy testing kits
  Food security is an issue which can lead to ill-health – if people's benefit is impacted by sanctions, diet suffers and this is happening to a lot of people – we should be investing in Third Sector organisations to help people with the wherewithal to feed themselves
- With veterans, it's very important that anyone delivering a health and social care service has trauma-informed training
- A mobile dental outreach service would be useful (for homeless young people)
- Ensuring that screening (breast cancer, bowel cancer) services could be flexible for homeless people

- Getting young people into a GP as soon as they registered and giving them a health 'MOT'
- A befriending or mentoring services for homeless people
- Homeless Young person's nurse for all vulnerable young people, not just care experienced
- Quicker engagement with homeless young people by GP practices
- Prioritising homeless people's access to GP
- Medical outreach homeless young people from someone like an Outreach Nurse offering a visiting service, which includes offering contraceptive advice
- Support with grief and loss (where the person is homeless due to death in family)
- Trauma-informed training for all workers coming in contact with homeless people
- A Homelessness Community Psychiatric Nurse – like in Fife
- More infrastructure covering areas such as green spaces, access to GPs, CAHMS
- Issues around the impending arrival of Ukrainian refugees – who will be suffering PTSD – maybe we should really be doing something Lothian-wide
- Provision for access to housing and mental health services for refugees
- Housing Support worker based in GPs
- Another GP surgery in Musselburgh/Wallyford
- People who needed BSL interpretation should have this flagged on their medical files. There should be a red label which means that the patient needed BSL interpretation
- It would be great to have a Deaf Club for people in East Lothian
- Information about things that are coming up for Deaf people
- Need to monitor and gather information to identify levels of need for children and young people.
- We need a Strategic Needs Assessment to identify current position and future needs for children and young people. It's often difficult to quantify needs
- Provide people with dementia with more opportunities
- Day centre outreach workers
- Day centre bikes – different ways of making there life better for people with dementia
- Upgrading medical services and accessing social care provision
- Health and Wellbeing – This has been a big topic over the last 1-2 years and it is really important that staff and residents of East Lothian have access to the right support and help
- Don't close hospital beds until you have other capacity in the community. Worried about capacity for recruiting paid carers
- Infrastructure. This was particularly raised in connection with ELCH with some participants very worried that it does not have the capacity to meet the needs of the growing population. Participants did comment that the building was a big improvement on the Roodlands site and that having diagnostic treatment facilities there was better for patient care than having to travel to Edinburgh. Many extended this further by commenting on the need to deliver services (including certain diagnostic tests) locally in what many called a local "hub"/building. Participants suggested there should be hubs in Haddington, Dunbar, Musselburgh, Prestonpans and North Berwick
- The difficulty for those reliant on public transport in accessing ELCH and ERI/WGH was also raised by many alongside calls for making other services such as midwifery, podiatry, physio, district nurse, and support for mental health etc more locally accessible.
- NHS has not rolled out the original planned mental health and substance service to expressed as part as the Routine Enquiry (for women experiencing domestic abuse) within the SEL. We really need primary care services to be involved because they are the place where people could be helped most
- More primary care practitioner staff with the ability to move between services – flexibility of provision
- More joint working with GP practices and practice nurses

- Potential to standardise processes
- A new GP surgery for all those in Pinkie/Wallyford (including current Riverside patients who stay in that catchment)
- Stop Riverside taking more patients
- More GPs in Riverside now to sort the short-term problem
- [Riverside] Honest display of their accounts, pay and number of patients seen daily. More transparency. Patients should not be called abusive or sent warning letters for just wanting access in a GP in their time of need
- Patients should be able to move to Inveresk surgery if they want to
- We'd just really like support and access [Riverside]. We know the doctors and nurses work so hard but we just can't access them when we need to.
- More surgeries with sufficient doctors, easier access and not physical access
- Being able to ask for a particular doctor so that there is some continuity
- North Berwick where I stay needs a bigger health centre.
- Easy and prompt access to my GP and dentist. Easy and prompt access to other health professionals
- To have direct access to timely and quality Primary Health Care and Social Work support when needed. This should be close to home and minimise the need to travel by public transport or own transport.
- Have timely referral to specialist consultations and treatment closer to home (Community Hospital) rather than having to travel to ERI or WG.
- Minor Injury Services at ELCH +/- Musselburgh Primary Care Centre
- NHS dentistry is a real issue with very few surgeries offering any NHS provision. More local cottage hospitals.
- That there is enough funding for NHS to provide good services for all locally, including GPs and specialist services at the Community hospital.
- [Services that end] bed blocking in hospitals due to lack of care at home
- Public transport to the hospitals.
- Reduction in waiting list times for hospital procedures
- Doctors' appointments and hospital appointments need to be increased
- Improving support and access to mental health services, especially for young people
- Increase GP surgeries in Haddington, town has grown but not the GPs
- Dunbar has always been seen as inferior to Haddington. The new housing scheme in Haddington has got its own school and doctors - and nearby a new Aldi, Costa, Starbucks, other stores and a petrol station. Hundreds of houses have or are being built in Dunbar and we get nothing!!! There is no direct transport to the infirmary so it's assumed everyone has access to a car. The community hospital in Haddington is easier to access so why couldn't they have a small A and E? Two surgeries in Dunbar are in the top five busiest surgeries in the Lothians - something has to be done before the next phase of housing starts
- Local access to A&E for initial evaluation
- Need for quality care at home services - provision is poor in the Lammermuir villages as Private agencies see them as not cost effective and there is limited/no public transport
- More care at home as a priority to assist those who need it
- Care at Home companies and suitable robust packages available are in very short supply causing long waits when referrals are made and also when people are in hospital they cannot be released home because of difficulty in getting a suitable package.
- Care for the elderly.
- Specialist housing for the elderly needs to be reviewed and proper Sheltered Housing provided with a resident Warden to look after the residents. There needs to be fixed

conditions attached to these development which cannot be changed by residents who either do not reside there or do not need the services at that moment in time

- There needs to be joined up planning to ensure that Primary Care is compatible with Social Care and any other contingent services and vice versa. Social Housing to cater for all Key Workers regardless of occupation need to be provided for local staffing needs to reduce travelling costs and damage to the environment
- More and more pressure is being placed on the District Nursing team to provide care in the home and also provide critical Hospital to Home Services and they are becoming overwhelmed. People are released into the Community without proper care being in place for them which puts pressure on local services, volunteers and the third sector organisations. There needs to be a more robust local provision including on call 24 hour nursing care where appropriate. Follow up consultations and results of investigations need to be communicated to the patient timeously and not left to the patient to follow up
- Reopen the Eddington Hospital including the minor injuries service
- There needs to be a facility to allow people having end of life care to be catered for locally where family and friends can have access to them at any time and give the support that people in this category need as well as helping with close family support and grieving
- A total overhaul of the whole system [is needed] as it is quite clearly broken
- Start really listening to people and stop telling them what you think they need
- Effective listening to communities and responding to their views. Co-production is essential as plans are developed. This was promised on the reprovisioning of the community hospitals/care homes in December 2018 and has not happened. This leads to disengagement with consultations by people in the communities.
- We need to plan well into the future (20 yrs) and not be firefighting from one year to the next.
- The schools and communities working together on these issues coming up with strategies and programmes to tackle them. The Community Council representation is woefully unrepresentative of the community in which we live. Middle aged men discussing issues of interest to them rather than debating the issues that affect us all
- Scottish Government need to invest in quality health services to meet local needs.

Social Work/Social Care Matters

People's individual experience of social work/social care services was often positive. However, various groups raised the need for trauma-informed services. There was also discussion about the erosion of the social work role. However, the biggest take away from the feedback under this theme is that social work is under incredible pressure, due to rising demand for services which currently has no prospect of being met due to pressures on provision. This constant pressure places social workers and social care workers under almost unbearable strain.

Constantly saying to people 'Sorry, we can't meet that at the moment, sorry we can't do that, sorry we can't do that' has an impact on the actual persons delivering that information day after day and I think as a service, and I hate this word, we're pretty resilient, but I think that has got to be one of the most wearing experiences on us. Not only to our clients, but also to our health colleagues and to others …

We've got is a crisis in social care which feels like it's been going on for so long it almost feels like old news – but it exists and it's real and that's what it is – and then we've got a need to engage the public with that and let them know that this is what's happening that we need shift from the good old days which I don't ever think really existed to this new world where that level of care doesn't exist – I don't want to get to a point where we just accept that we cannot do that so we're not going to do that, we're going to do this – maybe we need something a bit more than that, and some kinda vision of what we're moving towards and what we actually do want – I appreciate that we live in the real world and we've got this situation and there doesn't seem to be a lot that we can do about it right now, so yes we need to let people know about that but I equally feel is that enough?… if all we are doing is responding to the greatest risk we're just constantly just going to be getting people in crisis – we're constantly not going to have enough needs to meet that service – maybe what I'm saying is that there is a whole lot of unmet need – how are we recording that and what are we doing about that? – is it enough to just say, we know we've got this unmet need, we know there's a social care crisis, let's just … are we not going to look at that at all then? – just going to accept that that's what it is now?

Adult Wellbeing, Mental Health and Care at Home

Stigma

People felt that there should be greater understanding of addiction and the stigma attached, although they praised the council for advocating against that stigma. VAWG had concerns about social workers sometimes viewed victims of abuse as the authors of their own problems and that needed to be addressed.

People with dementia and their families were often put off by the stigma of dementia from accessing help early on.

Substance Misuse

One group felt that substance misuse services should be involved in all cases in situations where the perpetrator of abuse or the victim is misusing as a coping mechanism. Another group felt that we should move to a Zero Deaths approach and equip taxi drivers with Naloxone kits, as in Glasgow. Substance Misuse nurses were helping to improve access to health care for a hard-to-reach group. While recovery work was key and links with mental health and substance misuse services were very positive, it should be noted that mental health and substance misuse shouldn't be lumped together – they are not in a 1 to 1 relationship. It was also raised that veterans may have drug and alcohol

issues due to their experiences and were often at high risk of suicide, but this was not always recognised.

Transparency and Communication

Across the board, there were calls for better and more frequent communication between departments, senior management and staff, the partnership and partners, and more honesty and transparency in communication with both the public and staff. It was also noted that elected members might not be supportive about the level of transparency that most respondents would like to see because some of those messages might be unpopular. Several groups cited the need for a communications strategy.

Communication, more involvement with people in East Lothian, before decisions are made. Doing what is right for everyone in East Lothian, not just what is easier and simpler, e.g., mass vaccination site in Haddington when this is not accessible to a large number of residents due to poor public transport.

Business Admin Team

If the information is shared with people and is really transparent, I think they are on board and I think we can see a definite shift in being really able to support our communities and involve them in what they need and how they would like to see service delivered - it's that true collaboration - really working together, all services working together, but really everyone coming together and making communities dementia-friendly, carer friendly but just in general friendlier communities to live and work in - it's giving people that information and bringing them with you

Planning and Performance Team

DFEL also submitted guidance on what would make an accessible Strategic Plan.

This is a formal document but the language and layout suggests a linear and hierarchical approach to values and objectives which is probably not meant. As you know, joining up and innovation require a move away from that type of approach. Here maybe even bullets would work better than numbers and letters, but you may have to use a template that doesn't allow this.

Transport

Transport was raised as an issue by a number of groups, key amongst them being poor transport links for some parts of the county (especially rural communities), poor transport links with ELCH and Edinburgh and Livingston hospitals, lack of transport in new housing estates preventing service-uses in linking with community assets, and the impact of parking charges on people with a low income trying to access services.

Workforce Retention, Recruitment and Training

Workforce recruitment and retention was identified as a key issue by many groups and respondents. Staff shortages are affecting mental health nursing and hospital nursing job appointments, care at home, care homes, children and young people's workers and GPs. There were discussions around paid carers being undervalued, and in the commissioned sector, having poorer terms and conditions than ELHSCP staff. Someone pointed out that you could earn more an hour in Aldi. This is currently an intractable problem as the local authority employed staff have pay, terms and conditions set by national agreement and those in the independent sector do not. Some of the workforce have taken early retirement and much of our workforce is older. Many staff employed by the NHS and the council were working under great pressure, were tired, found that their work impacted adversely on their home life, and felt frustration in their job.

Many suggested early intervention, greater use of community- resources and coproduction as good ways forwards. However, the TSI is having problems with recruiting volunteers and in some quarters, volunteers also expressed that volunteering was not as attractive as it could be in terms of training, support and constantly having to struggle for funds to keep community resources going.

There were issues with training to do with have suitable building-based training facilities, sourcing mandatory training units and the length of time required to train and promote from within. There were also issues with the small size of the workforce development team. The ELHSCP team has a staff complement of two, whereas Midlothian HSCP has 15, and its own dedicated training centres. It was felt that a lot of planning was required to develop training for the workforce, but that we should plan and manage rather than react, and strive to make East Lothian an attractive place in which to work.

One area that was going well was the Modern Apprentice Scheme.

Conclusion

As stated at the beginning of this summary report, we are in a very difficult position due to staff and funding shortages and rising demand for services due to the population expanding and people (fortunately) living longer (but not necessarily that well). It also reveals that the most vulnerable are heard less and have a much poorer experience of services and support. This will be compounded by the cost of living crisis, which will impact on them, providers, other service-users and carers and staff.

The way forward appears to be a change in mindset for all of us – the partnership, politicians, managers, communities and service-users and carers. Our future planning should be funded on honest conversations, transparency, good communication, and a move to outcomes-focused community solutions with the concomitant willingness to truly embrace and resource coproduction.