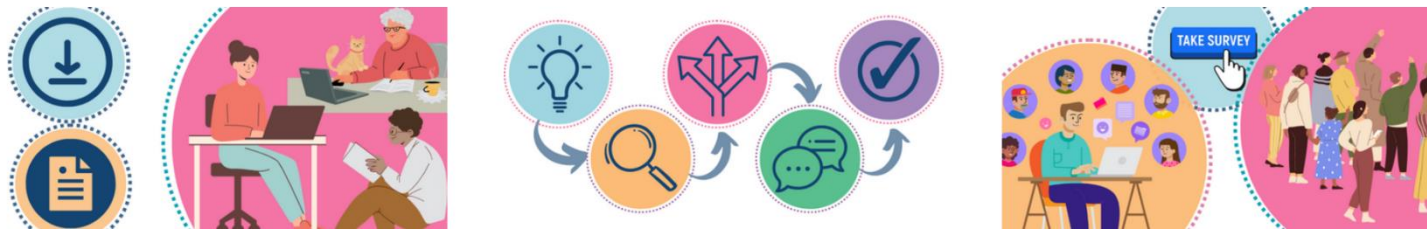


Planning Older People's Services

# Engagement and Consultation Feedback Report

Engagement period: 16 September- 8 December 2024



Approved by the POPS Project Team 7 January 2025

Version 1.0

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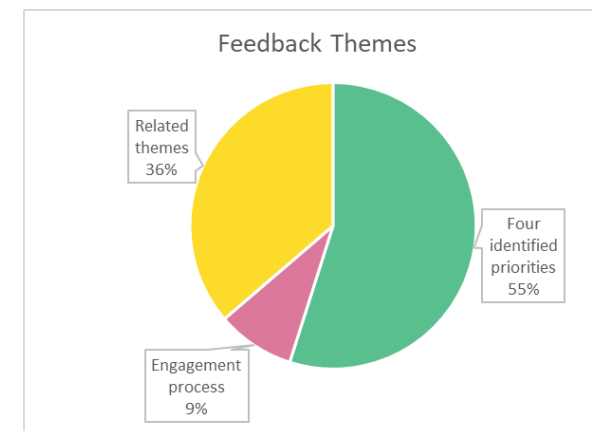
## Executive Summary

Only by engaging with local communities and the people who use or will use services can East Lothian Health and Social Care Partnership (ELHSCP) develop services for older people, which reflects and meets the local needs of the people of East Lothian.

In compliance with national standards for community engagement as outlined by the Scottish Government, ELHSCP developed and conducted a 12-week period of engagement and consultation between 16 September to 8 December 2024 to gather community opinions on the findings and priorities of the Planning Older People's Services (POPS) project<sup>1</sup>.

Over the 12-week period, opportunities for engagement were available through a range of mediums including pop-up public events, in-person focus groups, online surveys, paper surveys and correspondence via email and social media.

In total **416 qualitative responses** were received; 55% related to the four identified priorities (Palliative and End-of-life Care, Polypharmacy, Intermediate Care and Use of Technology); 9% of comments focused on the engagement process itself; and the remaining comments referred to supplementary themes related to planning and delivering older people's services.



Respondents, which incorporated people with lived experience, wider communities, providers, and staff were supportive of the identified priorities, agreeing they are all important issues to support the future delivery of older people's services. It was also reflected that these priorities were not limited by age and are each services that could be required and/or accessed across a person's life span.

Some respondents were surprised that there was not a larger focus on community services, reflecting the perception that the four priorities were primarily statutory services. Community delivered services and activities were a topic for discussion and accounted for 20% of the overall 'related themes' responses. Community delivered services also directly featured and were woven into feedback regarding the Intermediate Care priority.

Comments were also made regarding the outcomes of the Integration Joint Board's 2024-25 financial recovery measures, which included the closures of the in-patient wards at Belhaven and Edington Hospital, and Blossom House and the Abbey Care Homes. Concerns were raised about the impact this would have on future bed provision, as well as current and ongoing opportunities for end-of-life, palliative and respite care.

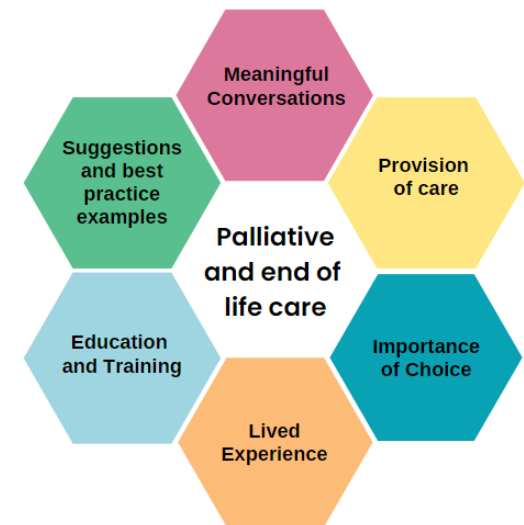
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<sup>1</sup> [www.gov.scot/publications/planning-people-community-engagement-participation-guidance-updated-2024/](http://www.gov.scot/publications/planning-people-community-engagement-participation-guidance-updated-2024/)

## Palliative and end-of-life care

Responses to this priority focused on six areas:

- The importance of having meaningful conversations with loved ones about their preferred views and wishes for end-of-life care, and having plans in place to support, not just medically, but holistically, legally and financially.
- The provision of palliative and end-of-life care. How and where services are allocated, located, delivered and the staffing provision to support ongoing and future demand.
- The importance of choice; understanding what options are available to people when it comes to end-of-life care, so that they can plan, discuss, and consider the options before they need it.
- Reflections of people with lived experience and the support that was / was not available to them and the impact this had.
- A request for more education on the difference between palliative and end-of-life care; how individuals can live well during palliative care; and support to help guide people how to have conversations about death and dying.
- Suggestions and best practice experiences from across the UK, Europe and beyond.



## Polypharmacy

Responses to the recommendation of polypharmacy review were very supportive, with people commenting on the perceived benefits of reviews, and some individuals providing experience where a medicine review had supported their overall health and wellbeing.

There was concern about the amount of medication that is being prescribed, and calls for people to feel more empowered to question whether or not medication was needed, and feel confident to request a medicine review. Further requests were made for better communication links between acute hospitals, GP Practices and Pharmacies so reviews of medication could be undertaken, especially following stays in hospital. Feedback also called for enhanced labelling of medication, so individuals would know what each medication was for, so they could understand why they were taking it.

## Intermediate Care

Due to the wide scope of Intermediate Care services, themes related to this priority ranged from the provision of care, to the quality of care, prevention measures, day centres, community support, bed provision, respite, as well as the need for choice and independence.

While feedback referred to existing provisions of care services, the largest concern was about sustainability of Intermediate Care Services in the future, and having the adequate resources, in particular the staffing provision, to meet the growing needs of an increasing ageing population.

### **Use of Technology**

The responses to the priority to explore better use of technology, fell into three distinct categories: positive, 45%, negative 23%, and cautionary 32%. The technological benefits of integrated information processing and communication were noted, as were the technological advances that can support people to live more independently at home. However, there was caution regarding the overuse and reliance on technology. Emphasis was made that technology should not replace the importance of human contact, and personalised service delivery. Concern was raised over the increasing focus on sharing information online, creating barriers to access, especially for older people who can be digitally discriminated against as they may not have access to the internet, or be as knowledgeable compared to younger generations.

### **Engagement Process**

Overall responses regarding the engagement process for the POPS project were positive, with many remarking on how open and honest it felt. Respondents were grateful for the range and depth of information shared, and how the numerous ways that they had been able to get involved in the process.

Concern was raised that some of the language used was technical, and therefore not as accessible to a wider audience. Additionally, it was noted that some people were disengaged from the outset, as they did not believe 'older people's services' was something that would be relevant or of interest to them.

The largest concern regarding the engagement process was with regards to what will happen next. With one respondent articulating: *"There are many good things in this consultation, but my great fear is when the decisions are made the finances aren't available."*

This report provides further detail of the approach, methods and responses collected during the 12-week engagement and consultation process. These findings will be incorporated into a final report providing recommendations for planning older people's services, which will be presented to the East Lothian Integration Joint Board (IJB) for final consideration in February 2025.

## Background

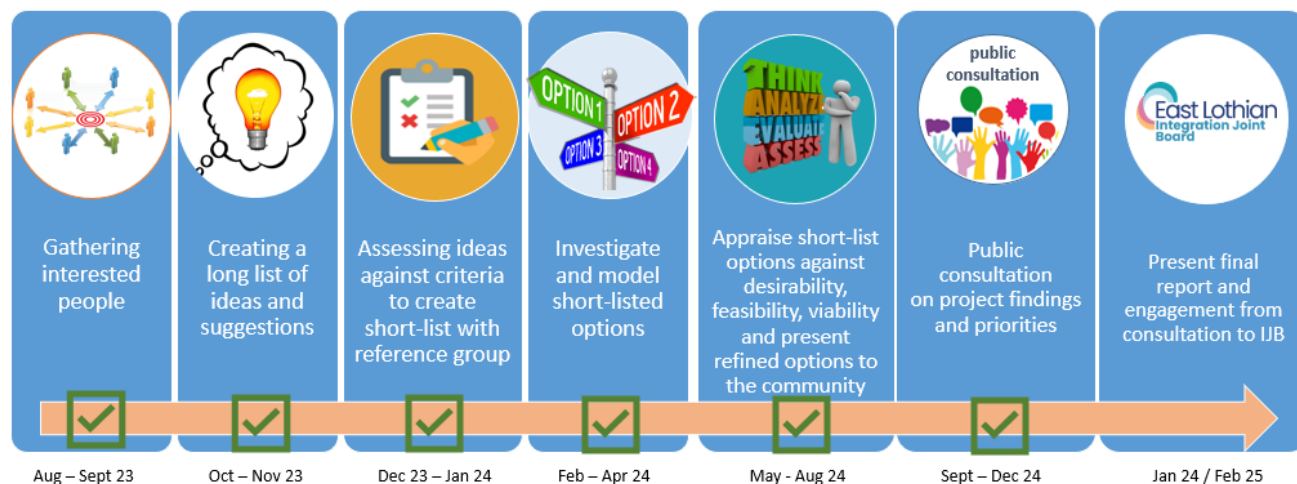
East Lothian’s population is changing. People are living longer, and previous research has informed East Lothian Health and Social Care Partnership (ELHSCP) that many older people want to stay in their own homes for as long as possible.

In 2022, ELHSCP engaged with the public, staff, and partners about what they are looking for in later life, from both a community and care perspective (‘Planning for an Ageing Population Consultation’)<sup>2</sup>.

Based on these findings ELHSCP commenced further rounds of engagement as part of the “Planning Older People’s Services” project (POPS) from August to December 2023. This activity formed the first part of a co-design process to develop the future provision of health and social care services for older people in East Lothian.

Over the past nine months, the 2,458 pieces of feedback, which were received from the first round of engagement have been long listed, assessed against set ‘hurdle’ criteria, short-listed, modelled, and appraised against their desirability, feasibility, and viability<sup>3</sup>.

## Timeline



Updated December 2024. Timeline may be subject to further change.

<sup>2</sup> [www.eastlothian.gov.uk/pfap](http://www.eastlothian.gov.uk/pfap)

<sup>3</sup> Please visit [www.eastlothian.gov.uk/elhscp/pops](http://www.eastlothian.gov.uk/elhscp/pops) to view each project stage and progress reports.

This culminated in the identification of four key priorities, which were presented to the public for further comment as part of a 12-week engagement and consultation exercise which took place between 16 September to 8 December 2024.



### 1. Palliative and end-of-life care

To review palliative and end-of-life care services throughout East Lothian including the development of an end-of-life care sheet. (Option 11 and 14)

Palliative care is defined as an approach that improves the quality of life of patients and their families who are facing problems associated with life-limiting illness, usually progressive.



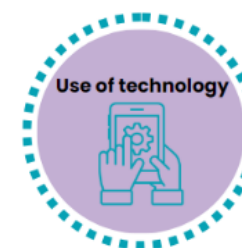
**2. Polypharmacy** Introduction of wider scale polypharmacy reviews (not exclusive to care home settings) to ensure patients are taking the medicines they need. (Option 95)

In its simplest form the term polypharmacy means “many medications”.



**3. Intermediate Care** Investment in existing intermediate care services, including step-down, and development of new care approaches to support independent living at home. (Option 77, 79 and 80)

Intermediate care services are provided to patients after leaving hospital or when they are at risk of being admitted to hospital.



**4. Use of technology** To explore better use of technology and associated services to allow people to remain independent and within their own homes for longer. (Option 85)

While this project has focused on older people’s services, it has been evident, and important to acknowledge, that the health and social care services that support people’s independence can be required at any stage in life. The priorities identified following the engagement stages of this project reflect this and are relevant across a person’s life span.

# Public Engagement and Consultation

## Communication Aims

- Drive awareness and interest in the provisioning engagement project with key stakeholders.
- Effectively communicate the different stages, and outcomes of each stage of the engagement process.
- Promote opportunities and actively encourage participation from stakeholder groups within the engagement and consultation periods.
- Provide transparent reporting and feedback on each stage of the development.

## Engagement Aims

- To ensure that all citizens and stakeholders are offered an opportunity to express their views and opinions on the provision and development of older people's services in an open and transparent manner.
- To provide a commitment to consider and review all responses and concerns throughout the engagement and consultation process ahead of any final recommendations that may be taken forward for approval.
- To provide timely updates to identified stakeholders and wider communities, staff, and carers across East Lothian on the project's progress.

## Target Audience

The POPS project was specifically interested in working with and incorporating the views of a wide range of people across East Lothian's communities. Specifically, the target audience included people who have an interest in or may be directly affected by the delivery of older people's services in the future.

This included people making current use of our services, their family members and/or carers, health and social care staff, community groups, third sector organisations, providers, partner organisations and the public who live and work in East Lothian and may require access to older people's services in the future.

## Engagement Activity

When planning the engagement activity for the 12-week consultation, the project team was committed to reaching as wide an audience as possible.

Within the initial round of engagement, the POPS team met with community groups, area partnerships, councillors, people with lived experience, professional leads, carers, volunteers, medical professionals, ELHSCP staff, minority groups, the third sector and independent advocacy organisations.

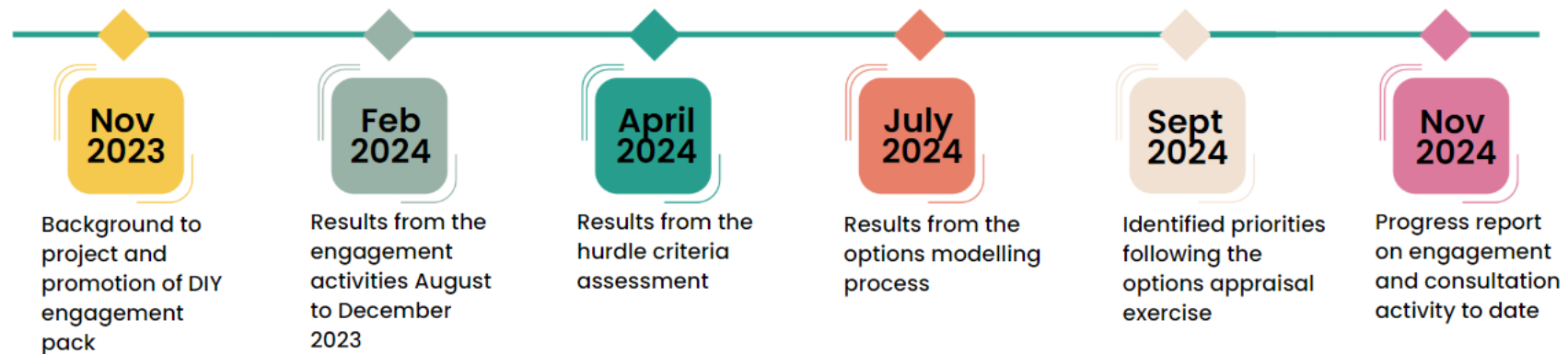




## Community Involvement

Throughout the POPS project, it has been vitally important to keep these community stakeholders informed, engaged, and very much involved in the project's development process. The aim being, to enable these stakeholders to become ambassadors for the project and engage their own community networks in the POPS project and actively contribute to its development.

On a regular basis, the stakeholder database, consisting of over 500 representatives, received e-newsletter updates with direct access to the progress reports regarding each stage of the project's development.



## Independent Community Panel

At the outset of the POPS project, an extensive stakeholder mapping exercise led to the decision to form an *Independent Community Panel*<sup>4</sup> (ICP) containing a representative group of stakeholders and chaired by the Chief Executive of the local third sector interface ([Volunteer Centre East Lothian](#)).

The main role of the Panel was to oversee and shape the project's engagement, acting as a critical friend to ensure that all engagement activities were carried out effectively, and inclusively. The people on the panel represented a wide range of views and experience, representing target stakeholder groups within the community.

As well as contributing and participating in the shortlisting and options appraisal process, the Panel were consulted in advance of the publication of the community update newsletters and progress reports, to ensure the project and process was being conducted openly, fairly and actions and results were accountable.

Throughout the POPS project, the ICP stimulated lots of healthy debate and discussion surrounding the challenges being faced. They also provided a vitally important means of two-way engagement to share and converse with a wider audience through each representatives' network of contacts.

<sup>4</sup> [https://www.eastlothian.gov.uk/downloads/file/34184/independent\\_community\\_panel\\_handbook](https://www.eastlothian.gov.uk/downloads/file/34184/independent_community_panel_handbook)

The ICP have played an instrumental part of this engagement process, and there is a keen interest from all representatives to continue to the work of the ICP going forward to support the IJB, and the wider ELHSCP is its strategic and planning processes.

#### Staff Feedback Representation

As well as the ICP, an HSCP staff representative feedback group was also informed to support the POPS engagement project. This was to ensure that the views and suggestions of front-line members of staff, who deliver care services daily were given the opportunity to directly engage with this project, and add their voice, views and opinions on how the services they deliver, could be improved to support their clients, patients and/or service-users.

#### Engagement Opportunities

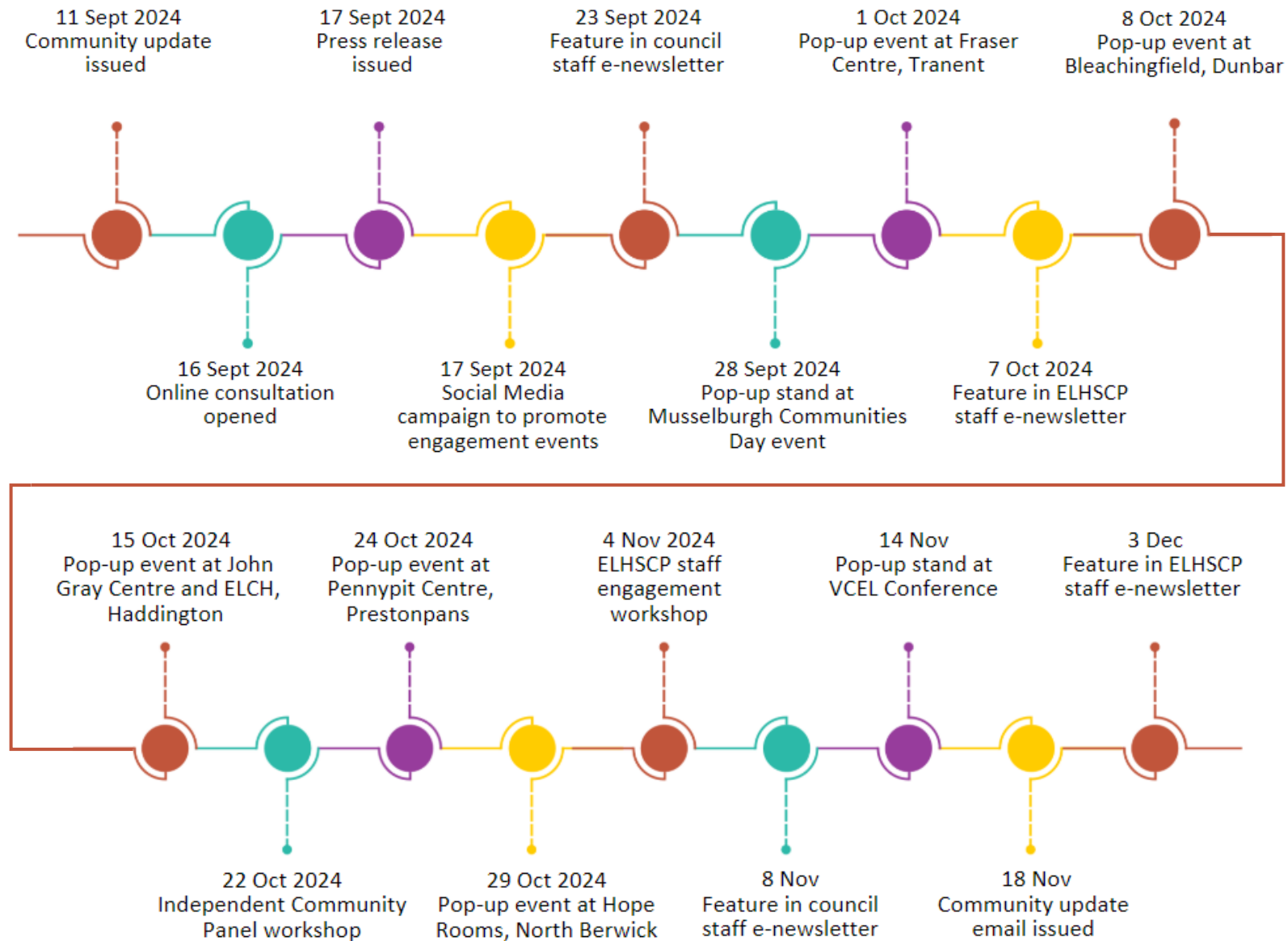
As well as using the wider community network, the project team were keen to provide as many 'in-person' opportunities as possible, to meet and discuss the priorities with stakeholders in an informative manner that encouraged active participation and conversation.

Subsequently, as well as providing opportunities to feedback via an online engagement platform and via email, the project team set up six public-facing engagement events at community venues within each of the major towns in East Lothian.

The 12-week engagement period provide opportunities for stakeholders to get involved via:



## Engagement Timeline



## Pop-up Events

The venue which delivered the highest engagement was Fisherrow, Musselburgh, where the project team presented the pop-up POPS display as part of an Area Partnership organised Musselburgh Communities Day event.

Venues where the pop-up stand was able to be located within public spaces; Bleachingfield Community Centre foyer, the Fraser Centre, Tranent, and within the library at the John Gray Centre, Haddington benefitted from 'passing' interest from members of the public who otherwise were using the community venues for alternative purposes.

Dunbar and North Berwick returned the highest numbers of active participants who attended the pop-up event with the sole purpose of engaging with the project team and providing their feedback.



Some community venues provided a designed room for the pop-up engagement session. However, it was reflected by the project team, and when the stand was in more publicly accessible spaces (e.g. café, foyer or reception area) they were able to generate more 'passing' interest and engage with more people.

**6** pop-up  
events  
Engaged  
attendees **118**  
**227** qualitative  
comments

The quality and quantity of feedback that was provided by those that came and spoke to officers at the pop-up events was considerable and of high value.

Across the six events, the POPS engagement team met with 118 members of the public, who collectively fed back 227 qualitative comments. These covered the four identified priorities, the engagement process, and other issues relating to older people's services that they wanted to highlight as part of the consultation opportunity.

## In-person Meetings

Specific 'focus group' style events were held with the Independent Community Panel and ELHSCP staff working across older people's services. These events supported extended discussion around each of the four priorities and the engagement process. Representatives included key stakeholders with lived experience, special interest or focus on older people's services, and the staffing teams who deliver older people's services daily.

## Online Survey

A relatively new East Lothian 'Community Choices' platform was used to facilitate the online 'survey' component of the POPS engagement and consultation exercise. This platform was specifically chosen for this exercise, as it provided enhanced engagement opportunities, not offered through the traditional online survey methods. Specifically, this platform offered the ability to:

- Visually replicate the engagement and consultation document including the images, infographics, and layout on screen, in the same way as the printed documents available at the in-person events.
- Enable participants to highlight text within the document and provide direct feedback relating to specific points of the document, as they reviewed it, as if they were writing notes on a document.
- To capture direct responses to the questions and allow respondents to engage with other people's comments as part of a 'debate' function.

However, following the pop-up events it became evident that engagement within the Community Choices web platform was limited. The Independent Community Panel also feedback that while accessing the platform was straight forward, adding comments and feedback was more difficult, as the site required people to sign-up and register with the site in advance.

To ensure ease of access, the project team subsequently took the decision to additionally host the engagement and consultation document and survey questions on the Community Engagement Hub website, as well as the Community Choices platform to provide a more accessible online option to provide feedback.

## Alternative Engagement Methods

As well as the more focused methods of engagement, the project team felt it was important that members of the public also had more flexible options to respond and provide their opinions in an informal manner, either by email or by engaging with the social media posts – which some chose to do.

In addition, paper copies of the Engagement and Consultation Document, along with the survey questions were available for people to review and take home from the pop-up events. Copies were also left at the venues, should there be further interest after the event. A number of community groups also requested paper copies so they could complete the survey collectively at their next session.

## Social Media Activity

Facebook was used as the primary platform to promote the in-person pop-events that were taking place throughout October 2024. Facebook was specifically chosen due to the availability of its “Event” function, which allows for more details about the event to be published and remain ‘live’ and visible for considerably longer than a single post. It also has the largest audience base of ELHSCP’s social media platforms, and was able to target a wide audience of East Lothian residents.

In advance of each of the pop-up events, targeted promotional posts were issued onto the dedicated town and village community groups to encourage local residents to attend their nearest event.

In addition to the 6 feature Facebook Event listings, a further 30 posts were issued in advance of the events. Each of the venues hosting the events were tagged (where possible), further enhancing the reach of the post. The social media campaign achieved a reach in excess of 11,500 post views.



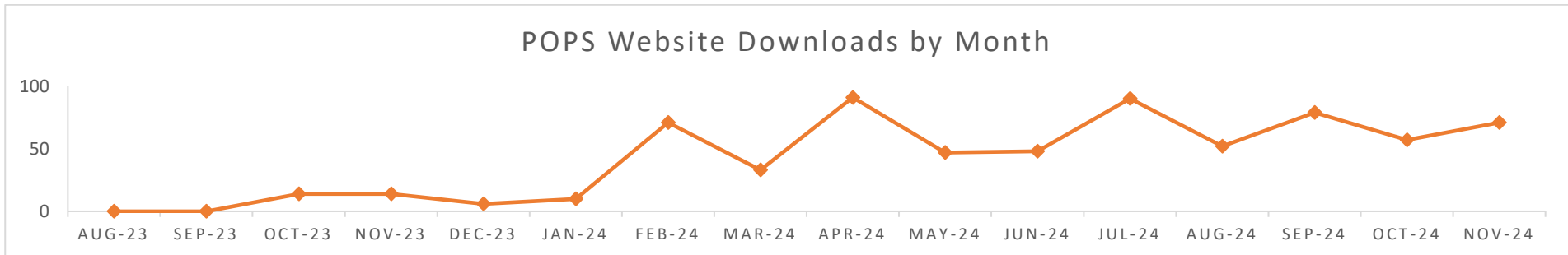
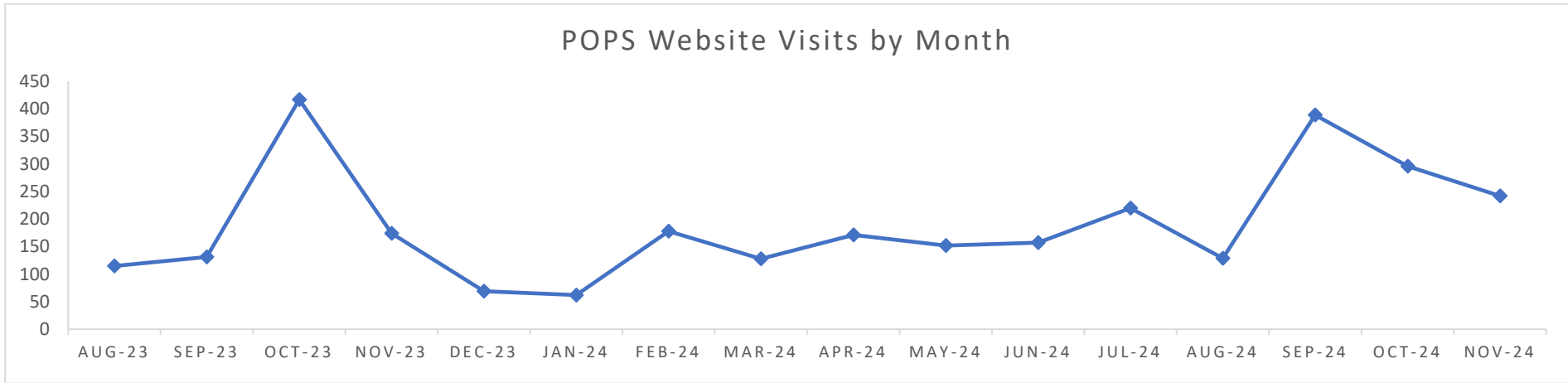
## POPS Website Engagement

Since its launch in August 2023, the dedicated “Planning Older People’s Services” section of the ELHSCP website received over 3,000 webpage views / visits.

As identified in the graphs below, there were two distinctive peaks in web traffic to the pages, both of which align with the public engagement periods. The first peak is in October 2023, when the project first launched its public engagement period requesting ideas and suggestions on how to improve older people’s services. The second was in September 2024, at the start of the public engagement and consultation period to review the four identified priorities.

Further analysis of the website statistics shows specific peaks in the traffic to the downloads section of the POPS pages. Each of these spikes in interest, align with the distribution of the community update e-newsletters that were issued, which provided direct links to the project status reports at each key milestone in the project timeline.

	SEP-23	OCT-23	NOV-23	DEC-23	JAN-24	FEB-24	MAR-24	APR-24	MAY-24	JUN-24	JUL-24	AUG-24	SEP-24	OCT-24	NOV-24
<b>Engagement Activity</b>															

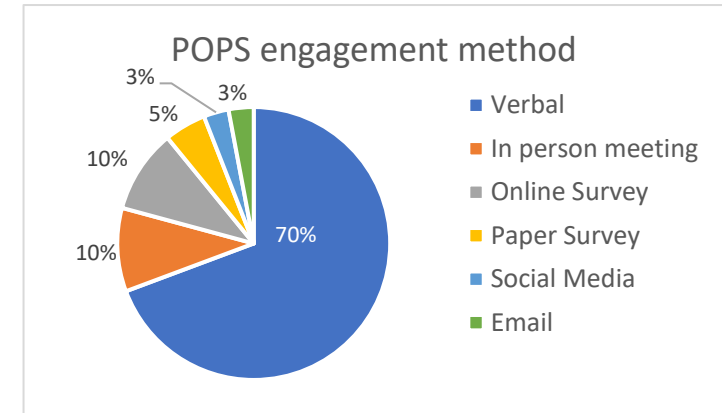


## Feedback on the Four Priorities

In total, the engagement and consultation activity generated **416** qualitative comments.

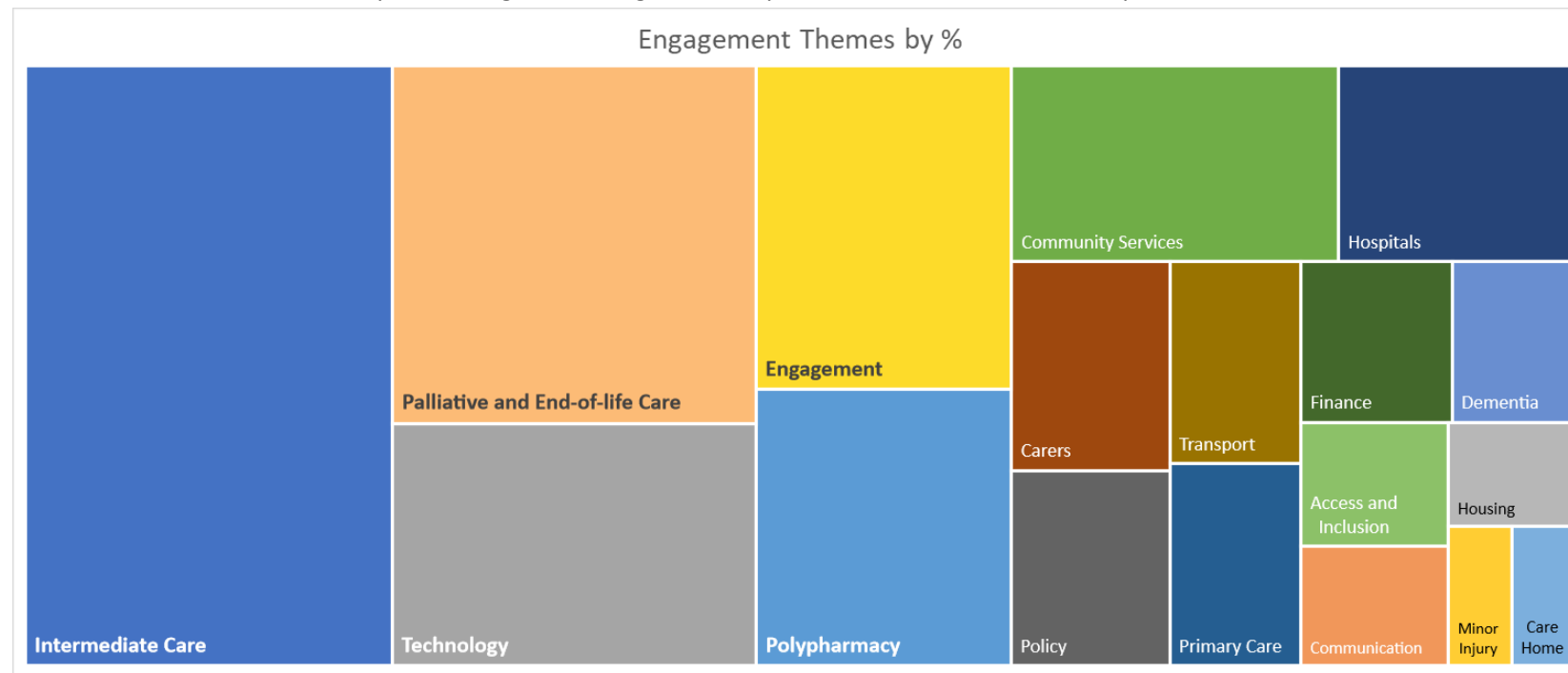
The feedback methods used were:

- 70% verbal
- 10% in person meeting
- 10% paper survey
- 5% online survey
- 3% email
- 3% social media



With regards to the themes 64% of the feedback related to the four priorities and the engagement process, intermediate care 24%, palliative and end-of-life care, 14%, technology 10%, polypharmacy 8% and engagement 9%.

The other comments covered topics relating to Planning Older People's Services out with the four priorities.







*Review of palliative and end-of-life care throughout East Lothian including development of an end-of-life care sheet (option 11 and 14).*

The feedback received regarding Palliative and end of life care, focused on six areas:

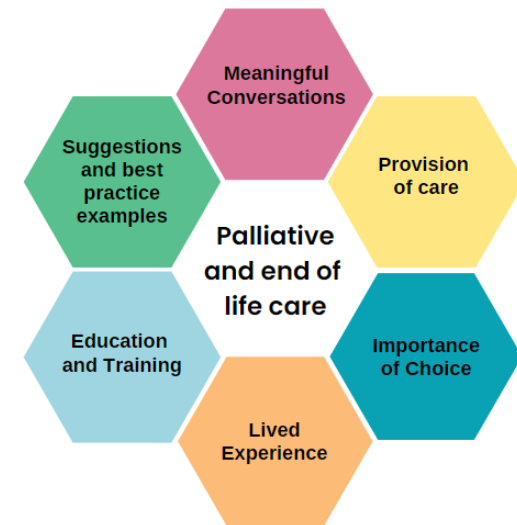
**1. The importance of meaningful conversations**

People commented that it is often difficult to have open conversations with loved ones about death and dying. Some reflected this is about fear, discomfort, or simply not knowing how to broach the subject.

Others reflected that it was not just about having the conversation, but also putting plans in place. The importance of legal documentation, having power of attorney in place, putting finances in order, and knowing how to put these things in place.

There were several references to the importance of recording and sharing people’s wishes. Suggestions were made about keeping a centralised reference point, so that family members, medical professionals, emergency services, charities, or any care provider who may be on contact with the person, can be advised, without contradiction, of a person’s wishes, so they can be followed and respected.

It was also noted that people can become vulnerable at any time, and therefore conversations about death and dying should not only take place with older people. Conversations about death and dying should happen across all ages, and preferences recorded and updated should someone’s views or preferences change.



References to a suggested 'care-sheet' or guide were welcomed. It was indicated there are lots of agencies and support available, but it is not always known how to access them.

## 2. Provision of palliative and end of life care in East Lothian

The second most common feedback theme related to the provision of palliative and end of life care in East Lothian. Reflections were made about the recent closures of the Belhaven in-patients ward, and previous palliative care beds offered within The Abbey Care Home. Another comment reflected on the difficulty to admit patients into ward 1 at East Lothian Community Hospital, and a need for palliative care, and/or respite beds within the county.

Positive comments were made about the provision of care provided by Macmillan, Marie Curie nurses and the support they provide. East Lothian's District Nursing Team were also applauded. However, concern was raised about 'out-of-hours' palliative care, where there are limited resources available and an inability to provide a 'continuity of care'.

Responding directly to Option 11, the review and mapping of palliative and end of life care; respondents reflected that while this is beneficial, the infrastructure and staffing resource must be in place to 'fill the gap'.

A further comment, reflected on the need for the chief nurse to have '*a strong mandate and sufficient resources*' to oversee the delivery of service to '*prevent cherry picking or discarding of duties to suit budget considerations.*'

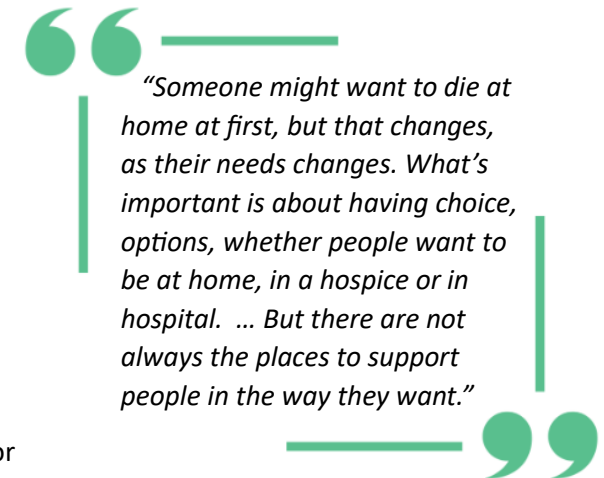
## 3. Importance of choice

A commonly repeated phrase was 'choice'. The importance of understanding what options are available to people when it comes to end-of-life care, so that they can plan, discuss, and consider the options before they need it.

Another reflection was that "*one size doesn't fit all*", that the needs of each of individual should be considered. There were requests to set expectation at the outset, to explain the range of options that could be offered, but also emphasis, that not all options may be available at time progresses.

## 4. Lived Experience

Throughout the engagement process, many respondents used the opportunity to share their own experiences for caring for a loved one receiving palliative and/or end of life care.



*"Someone might want to die at home at first, but that changes, as their needs changes. What's important is about having choice, options, whether people want to be at home, in a hospice or in hospital. ... But there are not always the places to support people in the way they want."*

These were often heartfelt and powerful and brought a sense of reality to the discussions:

*“The District Nurses and Macmillan Nurses were fantastic. However, it was the family members who were providing the support and performed all the personal care.”*

*“Having someone at home requiring palliative care can be exhausting on care givers. Its relentless, boring, and mind numbingly exhausting. You don't know what it's like until you are doing it.”*

Some staff members reflected they felt there had been a change in care, which a noticeable shift towards a medical focus, rather than allowing people to ‘go as they please’.

Staff members also commented on how difficult it can be to be placed in a position when family members and loved ones are expecting more medical interventions to be undertaken, when professionally and ethically there are fewer interventions that can be delivered. This fed into the comments regarding expectations and knowing what can and cannot be offered at different stages of end-of-life care.

## **5. Education and Training**

There were requests from both staff representatives and members of the public for more education and training to be offered to support people receiving palliative and end-of-life care.

A critical focus was the understanding and difference between palliative care and end-of-life care, put simply: *‘Palliative care is not about dying ... it's about living well with prognosis.’*

Comments were made that many people can live for years receiving palliative care, helping, and supporting them to live well with their long-term or life limiting conditions. It was acknowledged that there is significant awareness of cancer support services, but that often people with other illnesses don't always seek support, because they don't know it exists. The respiratory service available in East Lothian was identified as an example of this.

There was a further request for health professionals, carers and the public to know how to have conversations with people about death and dying. The mental health team commented that they often have people referred to their service, but it is not that they are mentally unwell, it is that they are anxious and concerned about the later stages of life, and what is required is an open conversation about their options and choices available to them.

## **6. Suggestions and Best Practice**

The remaining comments featured recommendations and suggestions for how the provision of palliative and end-of-life care could be delivered. The ideas included:

- The provision of a 'hospice at home' service, or a 'death doula'.
- The introduction of a locality approach to palliative care, with a dedicated specialist to provide information, advice, and support.
- A suggestion was made that, like birth plans, individuals may wish to make a 'death plan', with the understanding that things might not go to plan.
- Along a similar theme, there was a suggestion to develop a 'what to expect' guide for individuals and care givers who were living with and/or supporting someone through palliative and/or end-of-life care, to have a better understand of the changes, and progressions someone might go through.
- There was also the comment that conversations about end-of-life care / palliative care options does not necessarily have to be with a health and social care and/or medical professional. It could be someone that the person feels comfortable with, someone who knows them.

Some comments included references to existing service delivery options which could be used as best practice references including:

- The Liverpool Care Plan / Pathway.
- Day hospice services available in West Lothian at St Johns which are supported by Macmillan.
- The 12-month support plan offered to individuals with a dementia diagnosis.



*Introduction of wider scale polypharmacy reviews (not exclusive to care home settings) to ensure patients are taking the medicines they need. (Option 95)*

There was overwhelming support for the introduction of wider scale medicine reviews. Many comments focused on the benefits of providing medication reviews, supporting individuals to only continue taking the medication that they require, when they require them.

Some individuals provided comments on their own personal experiences, where a medicine review had supported their overall health and wellbeing.

There was praise for role of the community pharmacy and the support they offer the general public. Likewise individual GPs and GP Practices were recognised for carrying out regular medication reviews with patients.

Some questioned, who's responsibility medicine reviews should fall to. If this was a GP responsibility, or if individuals should take an element of personal responsibility? Some felt that polypharmacy reviews should be a 'systematic process' that was 'engrained into every GP Practice on a regular basis'. Others suggested that patients should feel more empowered to ask, 'do I really need this medication'.

Others reflected that this could be a generational issue, in that 'older people are taking far too many medications, but as a generation they believe if they have been prescribed it, they must take it'. Staff members visiting patients at home commented that they often found lots of unused medication. They advised, older patients often say they did not want to 'dissappoint' their doctor or 'annoy' them by telling them they weren't taking certain medications anymore, either because they did not like the way the medication made them feel, or were not sure what it was for.

This was reiterated by comments asking for additional labels to be added to medication bottles / boxes to explain what each medicine was for. With comments indicating the packaging can be confusing, and the names of the medicine did not explain what they were necessarily for. There were further requests for more advertising and promotion of 'only ordering what you need' in order to reduce medicine waste.

“ Agree this is an area of concern, and the more we can do to support people to have the right medication to support them, and avoid unnecessary prescriptions is important. ”

“ After I received a medication review, I was told I no longer needed one of my regular medications. Since then, I've felt so much better, and I've got more energy. ”

Further comments were made about the need for better communication links between hospital consultants, GPs and community pharmacies, especially if a pharmacy wishes to raise a concern about an individual. There was an acknowledgement that a hospital stay could incur the dispensing of additional medication by consultants. However a concern was raised that this medication can go unchecked, and often stays on a repeat prescription without being reviewed. The suggestion was made that there should be an easy means of enquiring, updating and reviewing an individual's medication needs, especially following a stay in hospital when additional medication has been prescribed.

While agreeing that medication reviews are a good idea, one respondent's comments suggested a need for caution when undertaking medicine reviews. Reflecting that some patients may be reluctant to come off certain medications if they still felt unwell. Their comment also suggested a need for investment in time and resources to support people to come off certain medications, such as codeine.

## Intermediate Care

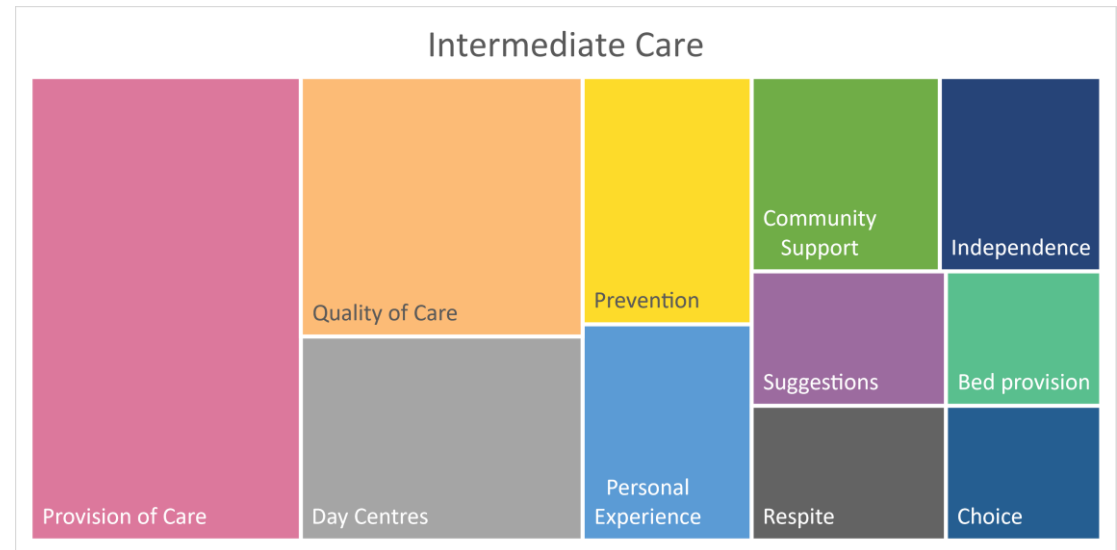


*Investment in existing intermediate care services, including step-down, and development of new care approaches to support independent living at home. (Option 77, 79 and 80)*

Given the extensive range of care support that comes under the heading of 'Intermediate Care' the feedback that was received under this priority heading was wide ranging and covered a number of areas.

### Provision of care

This area generated the most feedback. Comments were made regarding the inconsistency of provision of care across East Lothian, regarding day centres, care homes, care at home, and the allocation of care services, with some areas having more services than others. Comments suggested that the geographic nature and rurality of East Lothian means each area has different needs, pressures and priorities for intermediate care services.



There was a call for more investment, enhanced provision to meet the future needs of the different areas of the local authority, as well as putting in place the transportation and access to be able to utilise services.

Questions were asked about staffing, recruitment, training and the ability to deliver social care services sustainably into the future. There was a call for care staff to be classified as skilled workers, with higher wages to make the role more attractive to meet future demand.

Some comments questioned if the care at home model was efficient, indicating often people receive home visits from 2-4 different professionals in the same day, but not all at the same time. Others commented that if more investment is not made to support care within the community, there will not be enough beds to cope with increased demand.

### Quality of Care and Personal Experiences

Some respondents took the opportunity to make comments about their personal experiences of loved ones being looked after in care homes. A few noted a difference in the quality of service, saying some facilities are *'excellent'* and others are *'very poor'*. There was a request for further training, better transitions between hospital stays and care homes, and improved partnership working to promote a feeling of *'we're in this together'* rather than feeling disjointed.

Some comments reflected on the transition from hospital to care in the community. One comment suggested that while *'Discharge to Assess'* was very good at getting people out of hospital early, there wasn't the follow up care afterwards. Another suggested that discharge seemed *'generic, not personalised'* and it was a *'big shock to the family when [the individual] came home'* as there wasn't enough care available to fully support them. Others reflected on the need and reliance on family to help care for others, and the subsequent impact this has, providing examples of people having to leave jobs in order to care for family members.

For those that had experienced care at home support, there were requests for the structure and scheduling of care visits to be reviewed, commenting, *'15 min allocations aren't enough time to support people'*. Staff too commented, *'you no longer have the time to really get to know someone'*. The *'personal touch to health care has been removed,'* meaning care can feel *'very impersonal'*.

### Choice, Prevention and Community Support

Feedback regarding the provision of Intermediate Care also highlighted a need for more early intervention support. Numerous references were made in particular to the need for, and valued support of community services that can help older adults to engage in physical activity, social interactions to prevent isolation and immobility.

Suggestions were made that investment in the local community and independent providers could help prevent the need for intermediate care, and relieve some of the pressure on statutory services. Others reflected that the biggest issue is isolation and loneliness, and a way to combat that is to offer social interactions. Further suggestions included the reintroduction of *'home help'*, suggesting that volunteers could come and do some jobs around the house and have a chat and a cup of tea.

Some respondents called for more information to be readily available about what community support and/or intermediate care was on offer, to know what options are available. For example, advising carers that they may be able to receive respite care.

*Repeat prescriptions of medication does not cause the root problem, there has to be a greater focus on improved diet, exercise and focus on avoiding social isolation.*



### Day Centres, Respite and Bed Provision

Very much linked to community support are day centres, which received high praise for their services. There were requests for more day services to be available, and if there was scope to expand on their service offering.

A further comment reflected on the importance of day centres as a means of 'checking-in' on the wellbeing of individuals, because of the regular interactions that take place. *'If someone stops attending, their absence is noted, and therefore there is more chance of noticing if someone is unwell or needs further support'*.

Praise was also provided to day centres for their opportunity to provide volunteering opportunities for new retirees to keep engaged with their community. Additionally, for health professionals to deliver awareness sessions on falls prevention, and conduct open conversational sessions about palliative care, organising power of attorney and directing individuals to wider support services.

*"Day centres are vital for carers to provide a break from caring – if only for a few hours"*. There were comments requesting more respite support, not just within day services but also overnight care. Others reflected that there is not enough respite provision in East Lothian. Another made reference to the fact there used to be respite beds in some care homes, but since these are no longer available, individuals receiving respite are now *'taking up hospital beds.'*

Further comments referred to the lack of care home bed provision in East Lothian, and that care at home services appear to be at capacity. There were further calls for consideration as to how care home beds and spaces were allocated, and that there should be a statutory ratio allocation of local authority funded placements within private care homes.

### Independence and Suggestions

There was additionally a call for *'balance'*. To support people to stay independent at home, but not force them to feel obliged to stay at home. Other suggestions requested that as well as occupational and physiotherapy services there is a need for holistic care too. Another comment focused on Self-Directed Support option 1, which *'is meant to offer independence, but often causes more pressure on the individual or their family members'*.

Further suggestions included exploring a 24-hour live-in care provision from the Local Authority, to support people in their own home, rather than a care facility. Another recommendation was to introduce a key link worker service who can support individuals requiring care that do not have family support to help organise it with /for them. Care models provided in other parts of Britain, Europe (particularly Norway) and Canada were also suggested as good examples of assisted living for elderly.

*Day Centres are an absolute lifeline. They provide social interaction, meals, entertainment. It is a hugely missed opportunity not to provide more day services within early intervention and prevention activities.*

*It is a huge step for someone to ask for help and request social care services. People like to stand on their own two feet. They don't want to be a burden. They want their independence, and don't want to be an inconvenience.*

## Use of Technology



To explore better use of technology and associated services to allow people to remain independent and within their own homes for longer. (Option 85)

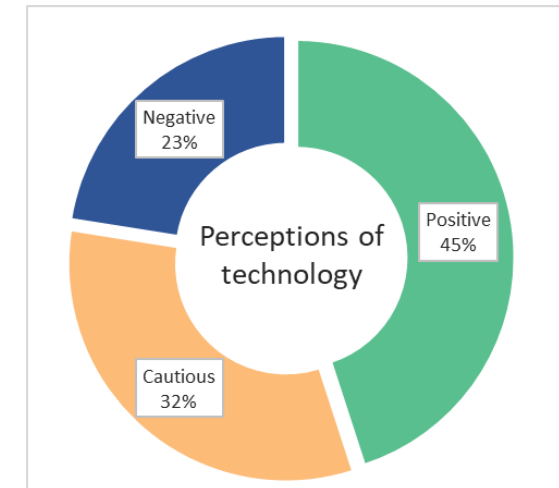
The responses to the priority to explore better use of technology, fell into three distinct categories: positive, 45%, negative 23%, and cautionary 32%.

### Positive

The comments that responded positively focused to technology's benefits and ease of access. Its ability to record and share information seamlessly and support many individuals to live independently through voice-activated and smart-technology.

“  
Technology underpins all other services, so it's very important to move forward in the future.  
”

Comments suggested that technology should be seen as a tool that could be part of the solution to develop older people's services but should not be considered in isolation. *'Technology should be used to integrate wider working practices across the health and social care network'.*



### Negative

The comments that reflected a more negative position focused on technology barriers. For example, the number of older people who don't have access to the internet or broadband. This causes setbacks in being able to access information or requesting support. Comments were made about knowledge gaps, a fear and distrust of technology, and in some cases, its unsuitability for individuals with specific mental health or care needs.

There were also concerns about the reliance and overuse of technology, which can cause isolation for people who are unable to access information only available online. Comments were made that some services have moved too far along the digital pathway, and therefore have removed access for non-digitally minded individuals. Other reflected that some people have every-day hurdles to overcome, such as attending appointments with glasses, hearing aids, medication before they have to deal with technology.

## Cautious

The remaining feedback offered a more balanced, but cautionary approach to expanded use of technology. These comments reflected the understanding of a need for technology development but expressed a desire not to rely on it solely, highlighting that it should not be used to replace human interactions, or replace care service jobs. *“People want to be able to talk to people.”*

There were also calls for the expansion of education around technology. To ensure that it is accessible, can be adaptive, and adoptive by individuals of all ages, abilities, and those with disabilities. One comment reflected, *“niche markets are evolving - e.g. diabetes monitoring which is linked to mobile phones. But there is a reliance on technology, and then they can't manage their condition manually.”*

## Other Engagement Themes

### Community Services – 7%

A number of the comments that were listed under Community Services stressed the importance of community social groups, activities and opportunities for engagement to prevent social isolation and subsequent health deterioration.

Positive feedback was given on the range of activities available for older people. Reference was made to the Council Ageing Well's programme of activity, as well as the day centres and lunch clubs. Libraries were praised for acting as a *'social hub'* and providing drop-in groups, outreach support, health, and wellbeing social connection activities. One respondent commented they were delighted they could get their hearing aid battery changed at the library. There was support for the local Sports Centres too, suggesting more activities could be available for older people.

*“Compared to 20 years ago, there are much more activities available for older people. It used to just be the day centre. Now there are so many things we 'oldies' can do. And there are more activities for men too.”*

Suggestions were made that community facilities could act as outreach venues, to support statutory services. There were also calls for more promotion of community services so individuals could know what is available to them locally.

### Hospitals – 5%

Most of these comments directly referenced the recent closures of the Belhaven Hospital and Edington in-patient beds. Some respondents voiced this disappointment in this decision, and indicated their concern about the impact these closures would have on the longer-term provision of hospital beds. However, other respondents indicated they were happy that the Edington Hospital was not closed in its entirety, and was still being utilised, and accessed by the local community for primary care services.

One comment questioned the data provided in the background report information regarding hospital bed provision, asking if this continued to be relevant given the recent closures, suggesting a revised assessment should be carried out.

#### **Carers – 4%**

Several comments were made requesting an urgent need for more support for carers. Highlighting that carers often only receive support when they are in crisis. There were requests for more early intervention measures to support carers to prevent them having their own health emergencies.

There were further calls for carers to be offered training on how to support family members through their rehabilitation, to regain their independence, to prevent them *'wrapping [family members] up in cotton wool'*. It was suggested further training should be offered regarding manual handling, as often family members need to do this activity, when health professionals are not around.

Further comments reflected on the lack of respite opportunities, especially at ad-hoc times to allow carers to attend their own health / wellbeing appointments. It was also commented that the time required to arrange respite support is exhausting.

#### **Policy – 3%**

The comments that could be categorised as relating to policy focused on the partnership links (or the perceived lack thereof) between health and social care services, government strategies and wider local authority council services. Strategic planning, development, housing strategies, funding allocations, active travel and the National Care Service all featured within this theme heading.

#### **Transport – 3%**

Lack of access to or public transport options to support county residents, especially in Eastern areas to get to activities featured throughout the commentary. One respondent said, *"it's great to have so many activities available for older people – but getting to them is a problem."* There was criticism of the infrequency of services from Dunbar and North Berwick, especially to enable older and more frailer individuals be able to attend appointments at East Lothian Community Hospital in Haddington.

Praise however, was offered to the Royal Voluntary Service (RVS) and the North Berwick volunteer car scheme to support individuals to get out and about.

#### **Primary Care – 3%**

Under this theme, respondents voiced their frustration at being unable to get access to GP appointments. That they felt communication between GP Practices and patients was lacking, and that it could be difficult to know where to go to, to get the right advice. Questions were asked about the Care When It Counts (CWIC) service, what it was and how it could be accessed. One comment suggested GP Practices could do more proactive engagement with their patient registers,

informing them of community activities that could support their overall health and wellbeing.

### **Finance- 3%**

Many concerns were raised about the financial position of local authorities and the provision of health and social care services. There was recognition that difficult decisions are required, but concern about how priorities are decided. There was a fear that money would be the determining factor rather than the needs of local residents.

Questions were asked about Scottish Government funding, and the local authority's ability to raise council tax to fund services. There was an acknowledgement that community facilities' rental prices are increasing which is having an impact on the delivery of community services. One comment indicated a growing distrust in the council, especially around its finances and spending.

### **Dementia – 2%**

There were positive comments regarding the provision of the Musselburgh Meeting Centre and services. However, there were calls for more services like this to be available. Concerns were raised about the lack of a support for early onset dementia, or a community dementia pathway that would support people as their dementia progresses.

Suggestions were made to consider the Dutch and South African dementia villages, which take an entirely different approach to social care, where residents undertake all of their daily tasks themselves.

### **Communication – 1%**

There were requests for further information to be made publicly available (both online and in a paper format) to enable a greater awareness of the availability of community and statutory services that are available. Other comments made reference to the importance of setting up services for future generations, cross-promotion of services, so that people can find help, and be signposted to existing resources, when they need it, no matter what age they require it.

### **Housing – 1%**

Comments referencing housing, focused on the need for sufficient accessible housing, with downstairs toilets and bedrooms to people with mobility issues. There were requests for housing builders and planners to consider more bungalow homes in their developments. Another comment stressed the importance of having the *'right size of home for your time in life'*. Positive feedback was provided on the provision of housing adaptations, handrails, shower seat etc, which has supported independent living, without the need for social care interventions.

**Minor Injuries – 1%**

Respondents referencing Minor Injuries were surprised that this option did not appear higher on the priority list, suggesting that there is a need for a minor injuries unit in East Lothian.

**Care Homes – 1%**

Comments were made regarding the closure of The Abbey Care Home, which were taken as part of the 2024-25 Financial Recovery Plans. Further questions were asked about care home placements, and respondents provided anecdotes of their personal experiences of care homes.

One responded asked whether Private Financial Initiatives were considered in relation to regarding the options 31/32.

**Access – 1%**

A comment regarding option 15, agreed that the suggestion of a single point of contact would be a good idea.

There were two comments about equality and access of services, suggesting that this should be based on the number of elderly people within an area, and subsequently levels of multi-morbidity. The comments suggested that SIMD, while important, is not as relevant with regards to the planning of older people's services, and consideration should be focused on the geographical location of older people and their need to access to services.

**Inclusion – 1%**

These comments focused on the availability and provision of information for people with sight or hearing loss. Requests were also made on the consideration of more consideration to be made for the hard of hearing communities, such as reducing background noise in restaurants, or outreach services providing clinics or information sessions in community settings.

## Feedback on the Engagement Process

As part of the consultation and engagement survey, respondents were asked to provide their opinions on the POPS project's engagement process. Overall comments were positive.

*The [POPS project] has been refreshing. It's been open and honest. The quantity of information that has been shared has been really beneficial.*

*I get the feeling East Lothian Health and Social Care Partnership is focused on making and delivering change and speaking to people.*

*It is very important to be asked about what we want, and to have the opportunity to have a say, because these services will impact and affect me.*

There were positive comments regarding the quality and quantity of information provided and how beneficial the regular community updates had been to know what was happening. A community council representative also indicated their gratitude to senior ELHSCP team members from meeting people in person to go through the information slides at the project's outset. Saying *"it felt like we were being involved and were really getting to know what was going on."*

Some respondents commented they felt, *"the engagement process has been done right"* however they were not sure if the engagement activities had reached a wide enough audience. With others suggesting, *"more people across the sectors need to take responsibility for sharing the message and getting wider distribution."*

There was a feeling that some disengagement may have been occurred because the project made specific reference to *"older people's services"*. *"People don't like to be considered as old, and therefore switch off."*

There was an acknowledgement that the priority outcomes are relevant for much wider age range than just 'older people', and perhaps more people might have got involved if they felt it was relevant for them – especially those under 40.

Constructive criticism was received on the use of language; that the project used a lot of *'jargon'* terms such as *'polypharmacy'*, *'intermediate care'*. Some felt that the project was not as inclusive as it could be because the language was too complicated. There was further criticism that the online consultation platform was not very user friendly, and required registration before people could make comments.

Regarding the four identified priorities, respondents agreed that all four are important issues. Some felt that other options, such as hospital beds, access to GP appointments and care home places would have placed higher in the priority outcome assessments. Others felt that there was not enough focus on community services and how these could be developed to support older people's services.

Some respondents felt the four identified priorities were very, 'statutory' focused, and there was a belief that there was 'not enough focus on community services'.

One respondent reflected:

*The initial POPS engagement with the community has been good but as the priorities narrowed community engagement dropped off and I think we are left predominantly with the priorities from the IJB and HSCP, and not those necessarily from the community.*

In terms of future recommendations, there was a request for more of an "involvement process" rather than an "engagement process" for communities to take more of an active role in planning or supporting the development of initiatives. There were also suggestions as to how public consultations could be more widely advertised through public leaflet drops to every household.

In summary, one respondent was able to articulate the concerns that many respondents voiced:

*There are many good things in this consultation, but my great fear is when the decisions are made the finances aren't available.*



## Conclusion

Since the Planning Older People's Services project commenced in August 2023, over 850 people directly engaged, resulting in the collation of 2,874 individual pieces of feedback.

The project team is incredibly grateful to everyone who has taken an interest in this project, reviewed the background materials, attended an engagement event (in person or online), and/or shared their views, personal experiences, or ideas regarding how older people's services could be improved and delivered in East Lothian.

This invaluable feedback has been of significant benefit for the POPS project. However, its legacy will go much further and will be used to support future direction and priority setting for the Integration Joint Board, and will provide valuable insight for our partner organisations, East Lothian Council and NHS Lothian.

The positive feedback received regarding the POPS engagement process, especially the comments relating to the openness, transparency, and quality of information provided, were much appreciated. These comments have enabled the project team to identify best practice, which will be harnessed and incorporated into the planning and delivery of further engagement projects.

The project team would also like to specifically mention and show their appreciation to the members of the Independent Community Panel (ICP), particularly the volunteer community representatives, who willingly devoted their time and commitment to this project. The ICP truly fulfilled their role as a valuable critical friend, supporting the distribution of community updates, engaging with their local communities, and providing the all-important citizen-voice throughout each development stage of the POPS project.

It is the opinion of both the project team and the representative members, that the ICP's contribution throughout this engagement exercise has been instrumental. As such, ELHSCP are now in discussions to continue the ICP beyond the POPS project, to ensure future engagement with local communities, reflect and meet the needs of the people of East Lothian.