



**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 25 May 2023  
**BY:** Chief Officer  
**SUBJECT:** Changes to the IJB Membership and Chair/Vice Chair

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1

## **1 PURPOSE**

- 1.1 To inform, and where required, seek approval from the Integration Joint Board (IJB) regarding changes to its membership and the appointment of a new Chair and Vice Chair.

## **2 RECOMMENDATIONS**

- 2.1 The IJB is asked to:
- (i) agree the appointment of Councillor Shamin Akhtar as the Chair of the IJB until 31 March 2025;
  - (ii) agree the appointment of Peter Murray as Vice Chair of the IJB until the end of his term of office on 31 January 2024;
  - (iii) agree the appointment of Marilyn McNeill and David Aston as service user representatives and non-voting members of the IJB for a period of three years;
  - (iv) agree the appointment of Claire McDonald as independent sector representative and non-voting member of the IJB for a period of three years;
  - (v) note the appointment of Lyndsey Byrne as a non-voting member of the IJB, replacing Judith Tait in the role of Chief Social Work Officer and Head of Children's Services; and
  - (vi) note the appointment of Andrew Cogan, replacing Val de Souza as a voting member of the IJB representing NHS Lothian.

### **3 BACKGROUND**

- 3.1 The Scheme of Integration for the IJB states that the Chair will alternate between an East Lothian Council voting member and an NHS Lothian voting member every two years. The Chair is due to be held by a Council voting member for two years from 1 April 2023 to 31 March 2025.
- 3.2 At its meeting on 9 February 2022, NHS Lothian's Board reappointed Peter Murray as its Lead Voting Member on the IJB for the period 3 April 2022 to 31 January 2024, coinciding with his remaining term on the NHS Lothian Board. At its meeting on 25 April 2023, East Lothian Council agreed the appointment of Councillor Shamin Akhtar as Chair of the IJB for two years to 31 March 2025.
- 3.3 Following a competitive process to identify the service user representative of the IJB, two applicants were identified as the preferred candidates. The decision to recommend two stemmed from the high quality of the candidates interviewed and the desire of the IJB to bolster the influence of service users within its membership. Should the IJB approve the appointment this will further strengthen the input from those members who have direct experience of using health and social care services. These appointments are proposed for the maximum term of office of three years.
- 3.4 Following receipt of an expression of interest and interview by the IJB's outgoing Chair, Peter Murray, Claire McDonald was recommended for appointment as the independent sector representative on the IJB. Ms McDonald is Chief Executive of ELCAP and her appointment would fill a long-standing vacancy on the IJB. This appointment is proposed for the maximum period of three years.
- 3.5 Lindsey Byrne was recently appointed by East Lothian Council as Chief Social Work Officer (CSWO) and Head of Children's Services, following the departure of Judith Tait. As a result of her appointment to these roles, Ms Byrne will also replace Ms Tait as a non-voting member of the IJB.
- 3.6 On 5 April 2023, NHS Lothian Board agreed to nominate Andrew Cogan for appointment as a voting member of the East Lothian IJB to replace Val de Souza. Mr Cogan's term of office will be for the period 6 April 2023 to 5 April 2026.
- 3.7 Unless otherwise stated, these appointments to the IJB will take effect from the date of this meeting; 25 May 2023.

### **4 ENGAGEMENT**

- 4.1 The appointments in this report have been discussed with the appropriate nominating body or, where appropriate, have been advertised publicly. The arrangements for rotation of the Chair and Vice Chair roles are set out in the Scheme of Integration for the IJB.

## **5 POLICY IMPLICATIONS**

- 5.1 The recommendations in this report implement national legislation and regulations on the establishment of IJBs.

## **6 INTEGRATED IMPACT ASSESSMENT**

- 6.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy.

## **7 DIRECTIONS**

- 7.1 The subject of this report does not affect the IJB's current Directions or require an additional Direction to be put in place.

## **8 RESOURCE IMPLICATIONS**

- 8.1 Financial – None.  
8.2 Personnel – None.  
8.3 Other – None.

## **9 BACKGROUND PAPERS**

- 9.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (SSI 2014 No.285).  
9.2 The Scheme of Integration of the IJB.

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<b>DATE</b>	15 May 2023





## MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 23 FEBRUARY 2023  
VIA DIGITAL MEETINGS SYSTEM

2

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### **Voting Members Present:**

Councillor S Akhtar  
Councillor L Bruce  
Ms E Gordon  
Ms F Ireland  
**Councillor L Jardine**  
Councillor C McFarlane  
Mr P Murray (Chair)  
Ms V de Souza

### **Non-voting Members Present:**

Ms M Allan	Dr P Conaglen
Ms L Cowan	Ms C Flanagan
Mr I Gorman	Dr C Mackintosh
Ms M McNeill	Ms J Tait
Dr J Hardman (s)	Ms F Wilson (Item 5 – 9)

### **Officers Present from NHS Lothian/East Lothian Council:**

Ms L Berry	Ms N Donald
Ms J Jarvis	Ms L Kerr
Mr A Main	

### **Clerk:**

Ms F Currie

### **Apologies:**

Dr J Turvill

### **Declarations of Interest:**

None

Following a request from the Chair, members agreed to delay considering Item 4 until Fiona Wilson had joined the meeting.

## **1. MINUTES OF THE MEETING OF THE EAST LoTHIAN IJB ON 8 DECEMBER 2022 (FOR APPROVAL)**

The minutes of the meeting on 8<sup>th</sup> December 2022 were approved.

## **2. MATTERS ARISING FROM THE MEETING ON 8<sup>TH</sup> DECEMBER**

The following matters arising were discussed:

**Item 2 (Chair's report)** – the Chair referred to a query raised by Marilyn McNeill about how the IJB might assist in the promotion of actions by other organisations to help mitigate the cost of living crisis. He confirmed that he had discussed with Fiona Wilson the possibility of meeting with the Area Partnerships and hoped to provide a further update to Ms McNeill within the week.

Councillor Shamin Akhtar also confirmed that she had circulated to IJB members the latest update on the implementation of the Council's poverty action plan.

**Item 3 ((Q2 2022/23 Financial Update)** – the Chair referred to a point raised by Fiona Ireland on the Set Aside budget. He had discussed the issue with Craig Marriott and Claire Flanagan and Mr Marriott had indicated that the work towards allocating the budget on a usage basis had been paused due to the proposed introduction of the National Care Service (NCS). However, should progress on the NCS be delayed, the work on the Set Aside budget allocation calculations would be resumed.

Val de Souza asked if it would be possible to get some idea of timing for a review of the current 'pause' on this work. The Chair agreed to contact Mr Marriott in 3 months' time to ask whether the Set Aside budget work should resume.

**Item 7 (CSWO Annual report)** - the Chair said he and Ms Wilson had agreed to the proposed development session to consider the role of social work and discuss Performance Indicator measures. A date for this session was still to be confirmed. Judith Tait agreed that this should be progressed. She also informed members that she would be moving on from her current role in April and an Interim Chief Social Work Officer (CSWO) would be appointed shortly.

## **3. CHAIR'S REPORT**

The Chair encouraged members to read a report by Audit Scotland entitled 'NHS in Scotland 2022' which had been published on 23 February. It provided a useful summary of the current position and the challenges facing NHS services across the country.

He reported on a recent meeting of the IJB Chairs and Vice Chairs which had received an update from the Scottish Government lead on the NCS. He offered to share with members a summary of the update and issues discussed. As part of that discussion, the Scottish Government had been asked to consider to what extent IJB Chairs/Vice Chairs could be involved in developing the NCS.

The meeting also discussed mental health services for veterans and had a presentation from Oxfam on their efforts to secure agreement from Scottish Government for a separate national objective on 'care'.

Councillor Akhtar advised members that the issue of the NCS and children's social work services was also raised at the meeting and asked Ms Tait to provide an update. Ms Tait said that a Steering Group had been set up to gather evidence from a range of sources, including families and young people. The Group was not expected to make recommendations but the evidence gathering would be thorough. The Group would present its findings to the Scottish Government's Cabinet in October 2023, with a view to a final decision being taken by the Scottish Parliament in April or May 2024.

## **5. FINAL REPORT OF THE COMMUNITY HOSPITAL AND CARE HOME PROVISION CHANGE BOARD**

A report was submitted by the Chief Officer presenting the final report of the work from the Community Hospitals and Care Homes Provision Change Board.

Iain Gorman presented the report. He summarised the findings and recommendations, drawing members' attention to the work on public engagement, the results of the Integrated Impact Assessment (IIA) and the next steps for implementation.

Responding to a question from Councillor Akhtar, Mr Gorman agreed to consider appropriate timing for a development session for IJB members.

Ms de Souza thanked Mr Gorman and all involved in the work for a clear and well laid out report. She welcomed the engagement work and evidence based approach to planning and developing capacity. She said she looked forward to reviewing the IIA in detail.

The Chair also welcomed the report, stating that it set a high benchmark for public engagement work.

### **Decision**

The IJB agreed, by roll call vote, to:

- i. Support the conclusions of the report and the 4 recommendations set out in the Community Hospitals and Care Homes Provision Change Board – Final Report 2021/22.
- ii. Direct the Chief Officer and Senior Management Team to develop the range of capacity options for inpatient community hospital and care homes beds and Intermediate Care. This would include the financial assessment across all options being considered.
- iii. Request the Chief Officer and Senior Management Team report back to the Strategic Planning Group with clear proposals and final actions.
- iv. Note that the Provision Change Board had been formally stood down at its last meeting on 18th January 2022.

*Sederunt: Fiona Wilson jointed the meeting.*

#### 4. 2022/23 Q3 FINANCIAL UPDATE

The Chief Finance Officer submitted a report laying out the results of the partner's (East Lothian Council and NHS Lothian) quarter three financial reviews. The report also considered how these results would impact on the projected financial position of the IJB for 2022/23.

Claire Flanagan presented the report. She advised members that following the quarter three review, the financial position had changed and the projected year end position was now an overspend of between £718,000 and £1.2M. While there continued to be pressures within the delegated health budgets, particularly the Set Aside and prescribing budgets, the main reason for the overspend was the notification from East Lothian Council that they may decide not to pass on to the IJB the additional funding from the Scottish Government to cover the social care staff pay uplift.

Ms Flanagan explained that this additional funding had previously been included in the IJB's budget calculations for the year and its removal could result in the higher overspend figure of £1.2M. The decision by the Council would be part of its budget discussions which would take place at its meeting on 28 February. Ms Flanagan proposed, in line with the Integration Scheme, to arrange a meeting with both partners to discuss the IJB's budget position and how best to manage it. She reminded members that the IJB was required to deliver a balanced budget.

Ms Flanagan concluded her presentation by advising that, as previously reported, the Scottish Government had begun to reclaim uncommitted COVID funding from IJBs. She also referred members to correspondence from the Scottish Government, attached to her report, and said she expected to receive indicative 2023/24 budget offers from both partners shortly.

The Chair noted the worsening financial position for 2022/23, partially due to the Council's decision to withdraw previously committed funding. He stated that when any change in funding was brought about so late in the financial year its effect was exacerbated by the fact that there was very little time for officers to identify additional savings to mitigate any shortfall.

Ms Ireland supported the suggestion of a meeting with the partners to discuss the implications of the quarter three position and how these could best be managed. She also questioned whether this funding had formed part of the Council's budget offer for 2022/23 and, if so, whether such earmarked funds could now be withdrawn.

Responding to this point, and other questions from members, Ms Flanagan explained that the pay uplift had not been part of the budget at the beginning of 2022/23; the pay settlement had been reached during the year. While the funding to support the pay uplift had always been an assumption that was included in the figures, no money had been transferred. She also confirmed that as well as the consequences for the 2022/23 budget, this decision would impact on the baseline budget for 2023/24. She said that this was an unprecedented situation which had never before happened in her time as Chief Finance Officer.

Ms Flanagan explained the process for dealing with a projected overspend, as set out in the Integration Scheme. This first involved identifying any recovery actions which might be taken and, failing that, considering whether the IJB had sufficient reserves. It was her view that the IJB did not have sufficient reserves at this time. Its earmarked reserves had been utilised during 2022/23 or were fully committed for 2023/24. The general reserve was currently sitting at £1M over the minimum recommended figure of 2%. However, given the financial pressures expected in the coming years, which had been set out in the medium term financial plan presented to the IJB in December 2022,



Ms Flanagan said she would not recommend using the reserves at this time. In addition, there was likely to be a call on some of these funds in the next financial year to meet the cost of a legislative requirement to change community alarms from analogue to digital.

Ms de Souza noted the additional pressure caused by the non-transfer of the pay uplift for social care staff. She said she could see the risk for the IJB but also a risk in the way the Council is perceived, if it decided to go ahead with this decision. She supported the proposal of a meeting, should this be the case. She added that in taking such a decision, the Council risked it being perceived as another example of local authorities not adequately supporting social care in difficult times.

The Chair welcomed Ms Flanagan's explanation of the reserves position and supported her recommendations. He noted that having a 2% reserve was a good safety net given the fragility of the position going forward. He also pointed out that using the additional money for the change in alarms would result in an improvement to that service.

Responding to a question, the Chair said it was his understanding that some other local authorities were considering adopting a similar approach to that being taken by East Lothian Council, but not all. He agreed with the point made earlier regarding funding of social care and, while there was a need to appreciate the pressures on local authority budgets, he said it was important to ensure that good quality services were not diminished.

Mr Gorman reinforced the argument for holding onto reserves, observing that there would be recurring pressures in 2023/24 and until the partners' budget offers were known, it was difficult to understand the level of risk facing the IJB.

Ms Flanagan replied to a question from Councillor Akhtar on additional funding of £7m received by NHS Lothian. She confirmed that this money was from the 'new medicine fund' and it wasn't yet known if this would be allocated to IJBs' prescribing budgets. She also expected a further small improvement as a result of stabilisation in price and supply.

Councillor Lyn Jardine commented that the Council's budget discussions had been exceptionally difficult and the situation for all public bodies was unprecedented. Nevertheless, the Council and the IJB had a responsibility to make it work. She said that collaboration and conversations between the IJB and both partners was the way forward, and not just at budget time.

Ms Wilson noted the views of members and added that messaging and reassurance to staff was also important. Looking to the future, she was keen to produce options which would allow the IJB to continue to make good progress and do the right thing for the people of East Lothian.

The Chair drew the discussion to a close observing that finding ways of delivering services as efficiently as possible had never been more important. In the meantime he, along with other members, supported the proposal for Ms Flanagan to arrange an early meeting with the partners to discuss the financial position.

## **Decision**

The IJB agreed to note the quarter three financial reviews undertaken by partners.

## **6. ELHSCP COMMISSIONING STRATEGY 2023-25**

The Chief Officer had submitted a report to the IJB seeking approval of the draft ELHSCP Commissioning Strategy 2023-2025. The draft had been previously submitted to, and signed off by, the IJB Commissioning Board on 15<sup>th</sup> December 2022 and the Strategic Planning Group on 2<sup>nd</sup> February 2023.

Andrew Main presented the report. He advised that the strategy was designed to support the objectives set out in the IJB's Strategic Plan and that it had been signed off by the Strategic Planning Group with one minor amendment. He drew attention to the IIA which would be published shortly and invited members to approve the strategy and note the commissioning intentions and key market messages.

The Chair welcomed the strategy which he said fitted well with work on the NCS.

Councillor Akhtar welcomed the discussions that had taken place at the Strategic Planning Group, adding that it was good to highlight good practice. Commenting on the strategy itself, she noted the light touch approach where community organisations may not have the capacity to manage big projects. She said it would be important to keep a measured approach when working in partnership.

Ms de Souza thanked officers for a very clear report. She observed that it was often very difficult to shift spend towards early intervention and prevention. She suggested that the IJB might look at the pros and cons of early intervention and prevention and what that might look like, particularly in relation to resource and activity transfer.

The Chair agreed and said he would be happy to discuss with Ms Wilson and the Depute Chair when the IJB might have a conversation on that issue and how it related to transformation more widely.

As an example of this, Ms Tait highlighted the work underway on the Council's transformation programme for children's services and the potential impact this could have on reducing future demand for adult services.

### **Decision**

The IJB agreed, by roll call vote, to sign off the draft ELHSCP Commissioning Strategy 2023-2025 and note the included commissioning intentions and key market messages.

## **7. STRATEGIC WORKFORCE PLAN 2022-25**

The Chief Officer submitted a report to the IJB setting out the ELHSCP Strategic Workforce Plan 2022-2025.

Nikki Donald presented the report. She informed members that preparation of the plan had been delayed by the pandemic, however, the Scottish Government had now commented on the draft plan. She confirmed that all general managers within the partnership, the partners and third sector had been consulted in the preparation of the plan and that it had been considered by the Strategic Planning Group and the NHS Lothian workforce planning team. It was being presented to the IJB for approval prior to publication.

The Chair said that this was an important piece of work in respect of the demands being placed on staff within the HSCP.

Members raised a number of questions around recruitment and retention of staff and whether the reasons for staff leaving health and social care were fully understood. Ms Donald referred to limited reporting and the fact that staff were not currently required to give a reason. Ms Wilson said that they were focused on learning from the information gained during on exit interviews.

In response to further questions on advertising of posts, Ms Donald confirmed that all NHS posts were advertised on the NHS website and could be highlighted on social media. Lorraine Cowan provided details of videos which had been compiled to promote specific roles and which were used by the communications team to showcase different vacancies as required. Ms Cowan said that these videos had been well received and more were planned in the future. Jennifer Jarvis provided a link to the website where members could view the videos.

Ms Donald also advised that she had attended several careers events at high schools in East Lothian over the last few months. She acknowledged the importance of making young people aware that there were routes into a career other than through university, such as modern apprenticeships, and on working with schools to get this message across.

Replying to a final question about reporting progress on the action plan within the workforce plan, she confirmed that the steering group would receive updates every six weeks and a report would be brought forward to the IJB every six months.

Laura Kerr confirmed that these reports would be included in the wider performance reporting timetable being prepared for the IJB.

### **Decision**

The IJB agreed, by roll call vote, to endorse the workforce plan to allow it to be published.

## **8. IJB MEMBERSHIP – NHS Lothian REAPPOINTMENTS**

A report was submitted by the Chief Officer informing the IJB of NHS Lothian's decision to reappoint Fiona Ireland and Lorraine Cowan, as voting and non-voting members respectively, for a further term of office.

The Chair invited members to note the recommendations as set out in the report. He thanked Ms Ireland and Ms Cowan for their service and welcomed their ongoing commitment to the IJB.

### **Decision**

The IJB agreed to:

- i. note the reappointment of Fiona Ireland as a voting member of the IJB; and
- ii. note the reappointment of Lorraine Cowan as a non-voting member of the IJB, in the specified role of Registered Nurse.

## 9. IJB AND AUDIT & RISK COMMITTEE MEETING DATES 2023/24

A report was submitted by the Chief Officer setting the dates of East Lothian Integration Joint Board (IJB) business meetings and development sessions, and meeting dates for the Audit & Risk Committee during session 2023/24.

The Clerk advised the members of one change to the report: in Appendix 1, the meeting time for the IJB on 21 September 2023 was to be changed to 1.00pm to avoid a clash with the Midlothian IJB meeting on the same date.

The Chair invited members to approve the dates set out in Appendices 1 – 3 of the report.

### **Decision:**

The IJB agreed, by roll call vote, to:

- i. approve the dates for IJB business meetings during session 2023/24;
- ii. approve the dates for IJB development sessions during session 2023/24;  
and
- iii. approve the dates for the Audit & Risk Committee meetings during session 2023/24.

Signed

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Mr Peter Murray  
Chair of the East Lothian Integration Joint Board



## MINUTES OF THE MEETING OF THE EAST LOTHIAN INTEGRATION JOINT BOARD

THURSDAY 23 MARCH 2023  
VIA DIGITAL MEETINGS SYSTEM

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### **Voting Members Present:**

Mr P Murray (Chair)  
Councillor S Akhtar  
Ms E Gordon  
Councillor L Jardine  
Councillor C McFarlane  
Mr P Knight (\*substitute)  
Mr A McCann (\*substitute)

### **Non-voting Members Present:**

Mr D Binnie	Dr P Conaglen
Ms C Flanagan	Mr I Gorman
Dr C Mackintosh	Ms M McNeill
Mr T Miller	Ms J Tait
Dr J Hardman (*substitute)	Ms F Wilson

### **Officers Present from NHS Lothian/East Lothian Council:**

Ms L Berry	Mr P Currie
Mr J Jarvis	Mr M Kennedy
Ms L Kerr	Ms G Neil
Ms L Byrne	Mr G Whitehead

### **Clerk:**

Ms F Currie

### **Apologies:**

Councillor L Bruce  
Ms F Ireland\*  
Ms V de Souza\*  
Ms L Cowan  
Dr J Turvill\*

### **Declarations of Interest:**

None

## **1. MINUTES OF THE MEETING OF THE EAST LoTHIAN IJB ON 23 FEBRUARY 2023 (FOR APPROVAL)**

Councillor Jardine advised that her name had been omitted from the Sederunt.

Councillor Akhtar queried Item 4, asking if details of her question on the prescribing budget and money from the 'new medicine fund' could be included in the summary of this Item.

It was agreed that the Clerk would make amendments to the draft minutes and bring them back to the next meeting for approval.

## **2. MATTERS ARISING FROM THE MEETING ON 23<sup>RD</sup> FEBRUARY 2023**

There were no matters arising.

## **3. CHAIR'S REPORT**

Fiona Wilson updated members on an incident which had taken place in the port of Leith on the previous day. East Lothian Health & Social Care Partnership (HSCP) had been asked to be part of the wider NHS Lothian partnership response managing patient flow from acute sites to allow treatment of a number of casualties involved in the incident. She offered her thanks to all partner organisations involved in supporting the HSCP's response.

The Chair congratulated Iain Gorman on his new role as Director of DATCC which he would take up in the summer.

The Chair advised that, in line with the Integration Scheme, the Chairmanship of the IJB would shortly rotate and that Councillor Shamin Akhtar would be installed as the new Chair following approval at the Council's next meeting in April. This appointment would be confirmed with a report to the IJB's meeting in May.

## **4. BUDGET OFFERS FROM THE PARTNERS – 2023/24**

A report was submitted by the Chief Finance Officer presenting the IJB with confirmation on the formal budget offer from East Lothian Council and the current indicative proposed budget offer from and principles for 2023/24 from NHS Lothian.

The report also set out the IJB's updated medium term financial plan projections and the financial recovery plans and assumptions to support the IJB balancing its budget in 2023/24. A position of the IJB reserves was included covering both general and earmarked reserves.

The report asked the IJB to agree that further financial recovery actions were required to balance the budget and should be brought back to the IJB for agreement.

Claire Flanagan presented the report. She outlined the budget offer from the Council pointing out that it not in line with the parameters set by Scottish Government as it did not include additionality. This coupled with the significant financial challenges facing the IJB, as reported in December 2022, meant that she was recommending that the IJB reject the Council's budget offer. She went on to advise members that NHS Lothian would meet in April to agree its offer to the IJB but that indicative figures had been

provided and were included in the report. This included a share of a 2% uplift in funding.

Ms Flanagan then outlined the amended medium term financial plans, based on the figures provided by the partners, and the anticipated funding gaps. She also outlined the reserves position confirming that, moving into 2023/24, the IJB would no longer hold any COVID funding. She explained the planned utilisation of the earmarked reserves and specific programmes of work set against the general reserves. She reminded members that, currently, the general reserves were sitting at the minimum recommended 2% target. She concluded by confirming that further actions would be required on recovery plans to balance the budget in 2023/24.

The Chair provided some additional context. He noted that many local authorities across Scotland were facing significant financial pressures and that East Lothian was not funded as well as some other local authorities which put them in an even more difficult position. He said it was important that members were appreciative of the broader picture and challenges facing local authorities. However, he emphasised the position outlined by Ms Flanagan and the significant challenges facing the IJB as a result of this funding gap, and which was exacerbated by the Council failing to pass on additionality from the Scottish Government.

Ms Flanagan responded to questions from Councillor Akhtar and Angus McCann. She advised that while she couldn't comment on the legalities, Scottish Government officials had been quite clear on the parameters within which budget offers should work. These parameters had been the same for the last 3 years had never not been followed. She was also aware that other local authorities were continuing to follow the guidance this year. She confirmed that the reduction in funding would be recurring and that this would be in addition to the Council's previous withdrawal of pay uplift monies at Q3 of the current financial year.

Councillor Akhtar commented on her own and her predecessors' history of advocating for communities in East Lothian and supporting projects such as the community hospital. She stated that East Lothian was one of the fastest growing local authority areas in the country, particularly in over 75 age group. She and her predecessors understood that housing and health were intertwined and this was reflected in the Council's Local Development Plan. She observed that when times were tough for the IJB and it was facing an overspend in 2016/17, the Council had provided additional support at a time when it was also struggling. This support was a constant during a period when Council budgets were being eroded and East Lothian was seeing reductions in funding across areas such as homelessness, early years and school grants; all vitally important areas relevant to the HSCP. She pointed out that in a recent Scottish parliament report East Lothian Council was identified as one of the worst funded local authorities in the country. She advised that the budget discussions this year had been the most challenging yet with the Council facing a funding gap of £18m. She urged members to see the bigger picture and not to lose sight of all the services needed to support the IJB's work. She asked members to take cognisance of all of these factors and accept the Council's budget offer.

The Chair recognised the support received from the Council over the years and that funding decisions had perhaps been easier in previous years than today. However, the IJB had delegated responsibilities and must do its best to deliver on these. While he appreciated the difficulties facing the Council, the IJB members were required to make decisions in relation to their responsibilities to the Board and taking into account the advice given by the Chief Finance Officer. Members needed to consider very carefully how best to support Ms Wilson and her team.

Councillor Jardine said that while she echoed the tenor of Councillor Akhtar's comments she did not support all of her remarks. She recognised that in the budget the Council had set there was pain across the board. However, she had concerns about the IJB refusing to accept the Council's offer when the offer from NHS Lothian was yet to be made and what impact this might have on the IJB's ongoing relationship with its partners. She said that there was a lot of shared purpose and understanding around the services for which the IJB had responsibility and any decision today may have implications for future requests for assistance, such as the one outlined in the paper later in the agenda.

The Chair said he was proud of the working relationship between the IJB and East Lothian Council. He did not think that having to take such a decision would dilute the ongoing partnership working ethos that the IJB relied upon.

Ms Flanagan responded to further questions from Elizabeth Gordon, John Hardman and Mr McCann on the implications of voting to reject the Council's budget offer. She advised that, in that event, she would make both partners aware and would then be guided by the steps set out in the Integration Scheme to seek further discussion with partners and consider if there was scope to do anything differently. She added that the Scottish Government set out clear guidance and budget parameters and she felt it was important to make the point, as a matter of principle, and then move into further discussions.

The Chair said it was important to consider the implications of any reduction in funding and its impact on recovery plans. Also, if there was a need to make greater savings, it would be important to convey to communities the impact of these reductions.

Councillor Akhtar added to her earlier statements saying that the Council continued to lobby the Scottish Government directly and through CoSLA regarding the impacts of population growth and underfunding on the Council's capital and revenue programmes. Councillors had invited Ministers to visit East Lothian but, to date, had received no response. She concluded that while there was a strong partnership and collaborative approach in East Lothian it was important to acknowledge the challenges being faced in all areas.

The Chair commented that NHS Lothian also had a funding gap and had been contesting the application of the NRAC formula with the Scottish Government for a decade.

A roll call vote was taken on recommendations 1 and 6. Recommendation 1 was approved by majority, 4:3. Recommendation 6 was approved unanimously.

## **Decision**

The IJB agreed:

- i. The recommendation not to accept the IJB budget offer from East Lothian Council for 2023/24;
- ii. To note the principles in the indicative NHS Lothian budget with a formal offer following in due course;
- iii. To note the updated medium term financial plan projections;
- iv. To note the financial recovery plans and assumptions to support the IJB's financial balance for 2023/24;
- v. To note the IJB's provisional reserves position; and
- vi. The requirement for further financial recovery actions to mitigate the remaining £0.250m financial gap.



## **5. MEDICATION ASSISTED TREATMENT STANDARDS**

The General Manager submitted a report updating the IJB regarding progress made to meet the target of full implementation of Medication Assisted Treatment (MAT) Standards 1-5 by April 2023.

Gillian Neil presented the report. She referred to the previous report presented to the IJB and updated members on progress made since last year on implementing the standards 1-5. She also provided some detail on progress towards implementation of standards 6-10. She advised that following an assessment by the Scottish Government team in February 2023 they had been assessed as 'green' for standards 1-5, on the understanding that data and experiential information collated up to April 2023 evidences that all standards are being achieved.

Ms Neil responded to a question from Councillor Akhtar on the sustainability of the work and the ability to get people on board. Ms Neil outlined the services in place from MELD and other partner organisations to encourage self-presentation, followed by triage and signposting to appropriate services and/or treatment as early as possible. She acknowledged that retention is an issue given the challenges faced by that particular client base and she outlined some examples of work undertaken to support clients through the process.

Mr McCann welcomed the report which demonstrated the success in implementing standards 1-5, as well as the positive assessment results on standards 6-10. He acknowledged the connections between the two groups of standards and that implementation of the later standards would support continued progress with the earlier standards.

The Chair recognised the achievements made, over and above what was required, and said he looked forward to further updates.

### **Decision**

The IJB agreed to note progress to date and that ELHSCP had been assessed as on track to fully implement standards 1-5 by April 2023.

## **6. PROVISIONING FOR OLDER PEOPLE – COMMUNITY CAPACITY DEVELOPMENT OPTIONS**

The Chief Officer had submitted a report requesting support to begin consultation on the options for developing community capacity.

Iain Gorman presented the report. He summarised the background and advised that a new round of community consultation was required to focus on the issues brought to light by the provisioning work to date. He outlined the areas for public discussion and the proposals for community engagement over a minimum period of 12 weeks. He concluded that a further report would be presented to the IJB after the summer outlining the options developed with communities.

Mr Gorman responded to a question from the Chair on the content of the consultation. He said that the consultation would present issues, rather than just solutions, and would use the work of the Change Board to frame these conversations. He outlined the process for developing options but said it would not be appropriate to discuss the detail of potential solutions until the community consultations had concluded a further report on proposed options was brought to the IJB.

In response to a question from Thomas Miller, Mr Gorman advised that a recent decision on Ward 5 had been taken to ensure service provision following COVID but he agreed to the need to consult further on future options.

Replying to further questions from Councillor Jardine and Councillor Akhtar on the community consultation, Mr Gorman set out the proposed timeframe as well as actions to ensure that this was a meaningful engagement process which would allow the communities to reach a view on the most appropriate local solutions. He accepted that the timeframe outlined was ambitious and he agreed to provide a brief update to the IJB's May meeting with further details on the consultation approach and content.

Laura Kerr responded to a question from Marilyn McNeill on engagement with Area Partnerships, confirming that they had been involved in previous conversations and that officers were working with stakeholder groups in each area, as well as the health & wellbeing subgroups of each Area Partnership.

Mr Gorman acknowledged the comments made by members and the need to ensure a balance between the risk of over-consultation and the need to fully engage communities on such important issues. He said that the process would be kept under review and that what might work for one ward area, may not work for another.

## **Decision**

The IJB agreed, by roll call vote:

- i. To support the decision to begin consultation with all ward areas on their local challenges with regards to community provision and how these can be brought together to support all residents in East Lothian; and
- ii. To note this continues on the work of the Provision Change Board and the consultation which resulted in the recommendations to further develop intermediate care services.

## **7. ANALOGUE TO DIGITAL TRANSITION**

The Chief Officer submitted a report presenting the IJB with an update on the context and background to the proposed analogue to digital transition. The report will detail local progress, resources required and potential risks for the IJB.

Guy Whitehead presented the report. He outlined the background to the change from analogue to digital services and advised members on the work undertake to date to switch clients to digital alarms. He advised that 1 January 2025 was the date set for analogue switch off and to ensure that all remaining clients were moved to digital by the end of 2024, would incur additional one-off capital costs, for equipment and installation, and some recurring costs related to an additional staff member to support the roll out. Mr Whitehead concluded that the consequences for clients were potentially grave if the switch-over work was not completed by the end of 2024.

Mr Flanagan advised members that, given the urgency of the work, the Strategic Planning Group had agreed a dual approach: a paper to the IJB; and an approach to East Lothian Council to see if this request could be included in their capital budget. Ms Flanagan advised that she would be discussing the request with the Council's Head of Finance and would keep members updated.

Councillor Akhtar asked if approaches had been made to other organisations, including a further approach to the Digital Office, for possible funding. She suggested that this be included as an additional recommendation in the report.

Ms Flanagan agreed that approaches could be made but cautioned that, based on previous experience, the answers were unlikely to be positive.

Councillor Jardine asked if the work on the switch-over had been left a little late given that the HSCP had known since 2017 that the change was coming. Lesley Berry explained that there had been an early agreement with Scottish Borders and then with Midlothian but failure to recruit to a shared project manager post had led to delays. East Lothian were now moving forward with an internal project manager. Also the purchase of equipment had been delayed as availability was limited and demand was high. These issues notwithstanding, East Lothian was further ahead than many other areas.

Mr McCann acknowledged that the work needed to be done and asked about the use of SIM enabled landlines. Mr Whitehead confirmed that SIM enabled devices would be used in the first instance but the team would consider using digital, where SIMs were not effective, e.g. rural areas.

Mr Binnie said this was a critical service and asked if consideration had been given to outsourcing the work or recovery of costs through charging. Mr Whitehead explained that they had looked at outsourcing but that it was more expensive and the HSCP already had an in-house team. This approach constituted the best value for money. Ms Kerr added that charging for services had to be agreed by East Lothian Council and she was not aware that they had considered charging for replacement alarms, although this may be an option in future.

The Chair moved to the recommendations in the report. He seconded the proposed amendment, put forward by Councillor Akhtar, to add an additional recommendation: "To identify other possible sources of funding, including writing to the Digital Office."

## **Decision**

The IJB agreed, by roll call vote:

- i. Note the requirement to fully transition devices from analogue to digital by 2025;
- ii. Note the Chief Finance Officer formally approached East Lothian Council, to ascertain if any capital funding was available;
- iii. Support the principle and endorse the proposal to request utilisation of the general reserve to fund the initial one-off costs of transition; and
- iv. To try to identify other possible sources of funding, including writing to the Digital Office.

## **8. DISTRIBUTION OF EAST LOTHIAN STRATEGIC PLANNING GROUP MINUTES**

A SBAR report was submitted inviting the IJB to consider whether Strategic Planning Group (SPG) minutes should be publicly available or distributed to SPG and IJB members only.

Paul Currie presented the report. He highlighted the background to the SPG and the outcome of a recent review of its Terms of Reference. He advised that the proceedings of SPG covered a range of strategic matters including developing and monitoring of the

Strategic Plan and associated Directions, and the production of the annual delivery plan and annual performance report. It was also a forum for first consideration of service review and transformation projects. Unlike the IJB, the SPG was not held in public and this reflected the sometimes confidential nature of its business. The SPG minutes were not routinely distributed to IJB members but were available on the website. However, the revision of the HSCP website had offered the opportunity to streamline procedures and it was proposed to cease publishing the SPG minutes on the website and instead, to circulate these minutes to IJB members. The SPG minutes would continue to be available to the public, if requested under Freedom of Information.

Mr Binnie agreed with circulating the minutes to IJB members but had concerns about the recommendation that SPG minutes would no longer be publicly available without an FOI request. He pointed out that one of the principles of devolution had been increased transparency and accessibility, in addition he was not aware of their ever having been an issue with the SPG minutes being published on the website. He felt it would be a retrograde step to remove the minutes from public view.

Councillor Akhtar said that the SPG was involved in really positive work which was of public interest and it was important to have openness and transparency. She suggested that officers should give further consideration to this recommendation.

Mr McCann said he was a member of the SPGs in Edinburgh and Midlothian. He questioned whether business confidentiality was sufficient justification and suggested that such items could be dealt with separately, in private session.

Ms Kerr reassured members that they were not trying to hide information but that the change related mainly to the ability to distribute minutes in a timely fashion. At present, the minutes were not being properly uploaded and made available through the website. She acknowledged that private items of business could be dealt with separately with public and private minutes. She agreed that officers could review this recommendation.

Mr McCann accepted the need for efficiency but noted that this was a different problems with a potentially different solution. Pointing to the arrangements in Edinburgh, he suggested that draft SPG minutes could be included in the IJB papers – where they would be noted as being in draft and subject to approval in due course - and could be made publicly available through this process.

Mr Binnie said he remained concerned about the ceasing the publication of SPG minutes on the website.

Councillor Akhtar suggested that officers come back with an alternative proposal for making the minutes publicly accessible.

The IJB considered the recommendations individually, by roll call vote. **Recommendation 1 of the report was not approved.** Following the vote, the Chair asked Ms Kerr to give further consideration to the issue of publication of the SPG minutes and bring back an alternative proposal to the IJB.

## **Decision**

The IJB agreed, by roll call vote:

- ii. That IJB members should receive SPG minutes, with effect from the next SPG meeting.

*Ms McNeill declared an interest in the next item, as the current Service User representative on the IJB. The Clerk advised her that, as the report recommendations were for noting, she did not need to leave the meeting.*

## **9. PROCESS FOR APPOINTMENT OF IJB SERVICE USER REPRESENTATIVE**

A SBAR report was submitted updating the IJB on arrangements for the appointment of a new Service User representative.

Mr Currie presented the report. He advised members that the term of office for the current Service User representative was ending and outlined progress with the appointment of a new representative. He drew attention to the closing date for applications and the planned date for interviews.

Jennifer Jarvis clarified that an advert had not been placed in the Courier but a press release had been issued.

The Chair thanked Ms McNeill for her unstinting loyalty and contributions to the IJB over her time as a non-voting member. He said she had offered helpful contributions and had diligently served those she was here to represent.

Ms McNeill said it had been a very rewarding experience.

### **Decision:**

The IJB agreed to:

- i. Note the process underway to appoint to the soon to be vacant Service User Representative position; and
- ii. Note the intention to appoint to the independent sector representative and carer representative positions.

The Chair offer his thanks to Judith Tait and to Jon Turvill for their contributions to the IJB and he acknowledged the work of both to champion progress in their areas of social work and primary care. He wished them both well for the future.

Signed .....

Mr Peter Murray  
Chair of the East Lothian Integration Joint Board



**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 25 May 2023  
**BY:** Chief Finance Officer  
**SUBJECT:** Budget Offers from Partners – 2023/24

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5

## 1 PURPOSE

- 1.1 This report presents the IJB with confirmation on the formal budget offer to the IJB from NHS Lothian for 2023/24.
- 1.2 The reports also asks the IJB, following the March meeting, to note the further financial recovery action required to balance the budget.

## 2 RECOMMENDATIONS

- 2.1 As a result of this report, the IJB is asked to:
  - Agree the recommendation to accept the IJB budget offer from NHS Lothian for 2023/24; and
  - Note the further financial recovery action to mitigate the remaining £0.250m financial gap for the IJB for 2023/24.

## 3 BACKGROUND

### **Budget Offers for 2023/24**

- 3.1 At the Board meeting in March 2023 the IJB considered the budget offer from East Lothian Council. Given the offer was not in line with the parameters set by Scottish Government, this being there is not the additionality in the overall budget expected by Scottish Government the IJB voted to not accept this budget offer from the Council.
- 3.2 This position has been fed back to East Lothian Council and details of the budget offer are noted in the table below:

	£m
Recurring Delegated AWB budget	66.294
Plus, Other Delegated budgets	
Non-HRA Private Sector Housing Grant	0.256
HRA - Disabled Adaptations (Capital)	1.000
HRA - Garden Aid	0.238
	<b>67.788</b>
New National Investment	
RLW National Uplift	1.951
FPNC Uplift	0.344
Less Non-recurring funding (interim care)	(0.386)
	<b>1.909</b>
<b>Total</b>	<b>69.697</b>
Less	(0.250)
<b>Total</b>	<b>69.447</b>

Fig 1: East Lothian Council budget offer to the IJB

- 3.3 NHS Lothians Board met on the 5<sup>th</sup> April 2023 and the IJB now has the formal budget offer to the IJB from NHS Lothian. This letter is attached at Appendix 1 and the table below shows this position. The formal offer is in line with the indicative offer reported in March 2023 and follows the Scottish Governments parameters, including a passed through share of the 2% funding uplift for NHS Lothian to East Lothian IJB.

	£m
Health Delegated Recurring Budget	110.5
Plus	
Uplift	1.8
Other	0.7
<b>Total</b>	<b>113.1</b>

Fig 2: NHS Lothian indicative budget offer to the IJB

- 3.4 Overall, this would make the IJB total budget for 2023/24 £183m.

	£m
Social Care	69.5
Health	113.1
<b>Total</b>	<b>182.6</b>

Fig 3: Combined IJB budget



## **Financial Recovery Plans**

- 3.5 As reported in March, the IJB currently has financial recovery plans in place for £5.9m, across core, hosted and set aside budgets with a further £0.250m requiring to be identified.
- 3.6 At the March Board meeting, officers were asked to bring back further financial recovery actions to mitigate the reduced offer from East Lothian Council and as there has been no change in the budget offer from East Lothian Council the required mitigating action to balance the budget is shared below.
- 3.7 During January 2023 to ensure providing the best level of long-term care, a decision was taken to decommission Eskgreen as a care home facility and therefore to permanently relocate residents to existing care home facilities and redeploy staff.
- 3.8 This has meant a realignment of financial resources and any surplus was originally due to be reinvested to enhance other services and support service pressures with a small amount (£70k) to support the financial recovery plans. Officers have now assessed this position and the remaining funding of £310k will now be required to support the remaining financial gap to ensure the IJBs budget is in balance for 2023/24.

## **4 ENGAGEMENT**

- 4.1 The IJB makes its papers and reports available on the internet.
- 4.2 The issues in this report have been discussed with the IJB's partners but do not require wider engagement

## **5 POLICY IMPLICATIONS**

- 5.1 There are no new policies arising from this paper.
- 5.2 The recommendations in this report implement national legislation and regulations on the establishment of IJBs.

## **6 INTEGRATED IMPACT ASSESSMENT**

- 6.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy.
- 6.2 The issues in this report do not require an integrated impact assessment.

## **7 DIRECTIONS**

- 7.1 There are no implications for Direction at this stage.

## **8 RESOURCE IMPLICATIONS**

- 8.1 Financial – There are no immediate resource implications from this report. Any resource implications from the outcome of the process will be highlighted in a future report if required.
- 8.2 Personnel – None
- 8.3 Other – None

## **9 BACKGROUND PAPERS**

- 9.1 Budget Offers from partners – 2023/24 – March 2023

<b>AUTHOR'S NAME</b>	Claire Flanagan
<b>DESIGNATION</b>	Chief Finance Officer
<b>CONTACT INFO</b>	claire.flanagan@nhslothian.scot.nhs.uk
<b>DATE</b>	May 2023

### **Appendix 1 – East Lothian IJB Budget Letter 2023/24 from NHS Lothian**

By Email Only  
Letter to Chief Officer & Chief Finance  
Officer of East Lothian IJB

Date 11 May 2023  
Your Ref  
Our Ref

Enquiries to Craig Marriott  
Extension 35543  
Direct Line 0131 465 5543  
Email [Craig.Marriott@nhslothian.scot.nhs.uk](mailto:Craig.Marriott@nhslothian.scot.nhs.uk)

Dear Colleagues,

### EAST LOTHIAN IJB – UPLIFT FOR 2023/24

I write further to my letter of the 28<sup>th</sup> February and the subsequent approval of the NHS Lothian Financial Plan by the Board of NHS Lothian on the 5<sup>th</sup> of April. At this stage, NHS Lothian cannot provide assurance on the achievement of a breakeven outturn for the health board next year.

The underlying gap of £52m reported in the Financial Plan assumes that each of the IJBs will agree the application of additional resource against cost pressures which feature across NHS Lothian delegated functions.

This letter sets out the current position relating to uplift to be allocated to East Lothian IJB by NHS Lothian in 2023/24. The figures shared with you are now based on the final Plan that has been agreed, however an outstanding element is the final SG uplift settlement in relation to the recurring pay uplift for 22/23.

Based on the 2% uplift communicated to Boards from the Scottish Government in its letter of December 15<sup>th</sup>, NHS Lothian's uplift allocation against baseline for 2023/24 equates to £33.9m. As agreed and per previous years, we will pass through the full share of this settlement to each IJB, based on budget shares.

East Lothian IJB recurring budget is £110.5m. The total proportionate share of the uplift to be passed through to East Lothian IJB has been calculated at £1.8m based on 2%.

The Financial Plan for East Lothian IJB shows the following share of resource requirements

Pay Uplift (@2%)	£1.1m
Balance of Uplift	<u>£0.7m</u>
Total Uplift	£1.8m

In addition to the above uplift, there is £0.7m of resources made recurring in 23/24 and £0.1m of non recurring resource bringing the total IJB budget for 23/24 to £113.1m.

We will continue to update you on any further changes to your budget offer, relating to additional funding expected into your base as a result of the 2022/23 pay agreement and the 2023/24 pay offer.

Given that our financial planning indicates that the level of uplift is insufficient to meet all cost pressures in the system, I am keen to understand from East Lothian IJB as early as possible how its Directions will shape the delivery of efficiency savings in 2023/24 and the application of resources in support of financial balance.

I would be happy to have further discussion with your IJB on the application of health resources in 2023/24.

Yours sincerely



CRAIG MARRIOTT  
Director of Finance



**REPORT TO:** East Lothian Integration Joint Board

**MEETING DATE:** 25 May 2023

**BY:** Chief Officer

**SUBJECT:** East Lothian IJB Participation and Engagement Strategy 2023-25

6

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## 1 PURPOSE

- 1.1 The East Lothian IJB Participation and Engagement Strategy demonstrates the IJB's commitment to participation and engagement and sets out the actions and areas of activity required to deliver this commitment.

## 2 RECOMMENDATIONS

- 2.1 The IJB is asked to approve the East Lothian IJB Participation and Engagement Strategy.

## 3 BACKGROUND

- 3.1 The Public Bodies Joint Working (Scotland) Act 2014 requires Integration Joint Boards to have an Engagement Strategy, to be updated every three years. This strategy covers the years 2023, 2024 and 2025 and sets out the aims of the Partnership in relation to participation and engagement, and the standards and definitions that we will work to.
- 3.2 East Lothian Health and Social Care Partnership has, over the last seven years, built up robust networks to support participation and engagement that inform the strategic planning and service delivery of health and social care in East Lothian. These include:
- the Change Board structures
  - the establishment of three new health and wellbeing subgroups to ensure that we have strong links with all six Local Area Partnerships to understand local needs
  - supporting the development of new Patient Participation Groups
  - linking regularly with the 20 Community Councils in East Lothian.

We also receive invaluable support from VCEL, third sector and community groups in East Lothian.

- 3.3 The engagement carried out to inform the IJB Strategic Plan and Planning for an Ageing Population demonstrated that there was strong appetite in communities and amongst Partnership staff for much greater focus on co-production and this Participation and Engagement Strategy sets out our commitment to this and the framework for achieving it.
- 3.4 It also takes account of feedback from a wide range of sources that much greater effort should be focused on securing input from people whose voices are less often heard. This strategy sets out a commitment to and mechanisms for hearing from people who are not represented on mainstream local democracy bodies, and to learning from lived experience wherever possible.
- 3.5 It outlines how we wish to develop, in partnership with ELC Equalities Officers, East Lothian forums for older people, LGBTI+ people, people from minority ethnic and ethnic minority groups, people from more remote geographical areas and people in other vulnerable groups. This activity will provide robust evidence for strategy and policy development and service development and change. It will also improve evidence available to the Integrated Impact Assessment (IIA) process.
- 3.6 It commits to a six-monthly feedback report for IJB members and staff to make it easier for them to be aware of:
  - emerging themes from engagement activities
  - customer feedback and patient experience data
  - current and planned engagement activities
  - good practice.
- 3.7 It introduces a travel expenses policy and small rewards in specific circumstances to support engagement from people in more vulnerable groups.
- 3.8 The strategy was submitted to the Strategic Planning Group and was approved with no amendments.

## **4 ENGAGEMENT**

- 4.1 Feedback from a wide range of engagements informed the development of this report, together with feedback from engagement feedback forms.

## **5 POLICY IMPLICATIONS**

- 5.1 Good participation and engagement is a key element in delivering all of our strategic objectives.

## **6 INTEGRATED IMPACT ASSESSMENT**

- 6.1 The subject of this report has been through the Integrated Impact Assessment process and no negative impacts have been identified. [ELIJB Participation and Engagement Strategy 2023-25](#)

## **7 DIRECTIONS**

- 7.1 N/A

## **8 RESOURCE IMPLICATIONS**

- 8.1 Financial – £2000 per annum for travel expenses and rewards.

## **9 BACKGROUND PAPERS**

- 9.1 None

Appendix - East Lothian Integration Joint Board Participation and Engagement Strategy 2023-25

<b>AUTHOR'S NAME</b>	Jane Ogden-Smith
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<b>DATE</b>	18.05.2023







# CONTENTS

- 1 **Foreword**
- 2 **Introduction**
- 3 **Who we engage with**
- 4 **Networks and Stakeholder Groups**
- 5 **Integrated structure and networks**
- 8 **Standards for engagement**
- 9 **Engagement Methods**
- 10 **Co-production**
- 11 **Equality and human rights**
- 15 **Conclusion**



# FOREWORD

Over the past 10 years, East Lothian Integration Joint Board (IJB), and before it, the East Lothian Shadow Integration Joint Board, have been engaging with people, communities and partners in East Lothian about all aspects of health and social care. In that time there have been two Engagement Strategies, and this, third, seeks to build on the networks we have built and the knowledge that we have gained to continue that journey.

We review and evaluate our engagement activities regularly to let us see what is working well and areas that need improvement. We can see that we already have robust networks in place in communities across East Lothian and with partners in East Lothian Council, NHS Lothian, providers and the Third Sector. This strategy aims to continue to support and grow these partnerships.

It has also allowed us to see where there is still a need for more development. It has encouraged us to refocus some of our work in this strategy to look at ways that we can encourage people who are less heard from in our communities to participate and be heard. One of our main areas of work, therefore, will be look at how we can remove the barriers to participation for people with protected characteristics. Promoting equalities will be a major focus of our work throughout this strategy.

Covid impacted on engagement both in terms of decisions about services and plans having to be made at speed and communities rightly being focused on how to support people in their local area.

Engagement still continued but not on the scale that it had done previously. Now that we are emerging from that period, the time is right to re-energise our engagement.

Effective engagement is key to empowering people and working together to develop innovative and creative approaches to service planning and design that will meet the challenges that we all face in the 2020s.



**Fiona Wilson**

*Chief Officer, East Lothian Health  
and Social Care Partnership*



**Peter Murray**

*East Lothian IJB Chair*

# INTRODUCTION

## Our Vision

To support all people in East Lothian to live health lives, to achieve their potential to live independently and exercise choice over the services they use. We aim to do this by delivering our strategic objectives, which are:

- Develop services that are sustainable
- and proportionate to need
- Deliver new models of community provision, working collaboratively with communities
- Focus on prevention and early intervention
- Enable people to have more choice and control and provide care closer to home
- Further develop/embed integrated approaches and services
- Keep people safe from harm
- Address health inequalities

## Building on what we have done so far

East Lothian Integration Joint Board (ELIJB) and East Lothian Health and Social Care Partnership (ELHSCP) have been in existence since 2015. Over the last seven years, we have built up robust networks to support participation and engagement that inform the strategic planning and service delivery of health and social care in East Lothian.



# WHO WE ENGAGE WITH

## Stakeholders

Stakeholder engagement is a key element in informing the development of our Strategic Plan and the services and supports that stem from it. Our aim is to hear as many voices as possible to ensure that their experiences and views inform the development of services. This includes:

- Local democracy groups - Local Area Partnerships (LAPs), LAP Health and Wellbeing Subgroups/Associations, Community Councils
- Patient Participation Groups
- Tenants and Residents' Associations
- Third Sector Organisations
- Service-users and carers
- Providers
- Staff
- Unions
- Relevant East Lothian Council teams, including Connected Communities and Housing
- East Lothian Council and NHS Lothian Committees, Boards and Management Teams
- Change Boards
- Wider East Lothian Community who wish to be involved



# NETWORKS AND STAKEHOLDER GROUPS

Since 2015 when East Lothian Integration Joint Board was founded we have built an engagement network that enables service-users, patient, staff and third sector representatives to play an active role in informing and shaping policy and strategy.

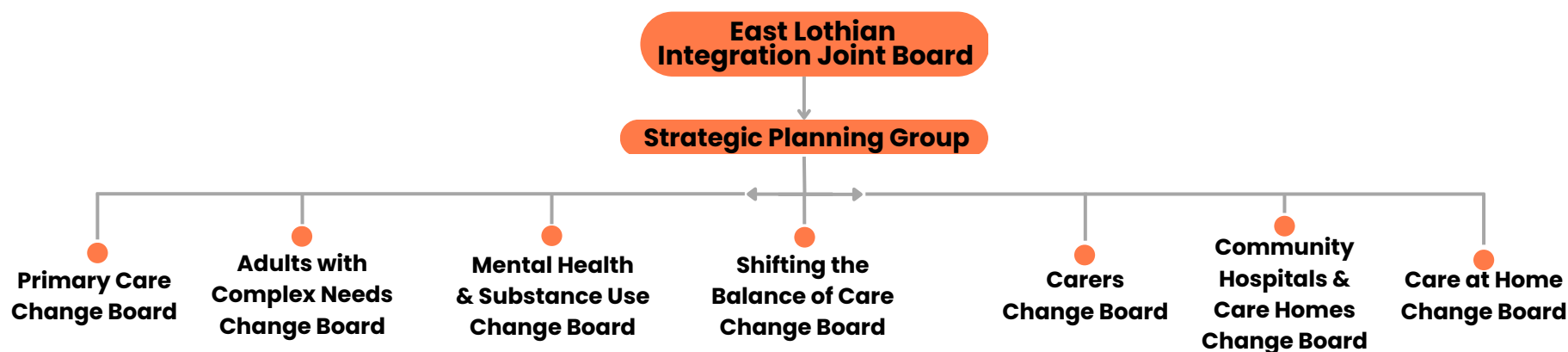
## Integration Joint Board

The Integration Joint Board's membership includes representatives for service-users, carers, staff, unions and the third sector. Although they are non-executive members, they play a key role in influencing the decisions made by the IJB.

## Change Boards

Change Boards consist of ELHSCP officers, partners (local authority, NHS and Third Sector) and people representing service-user and carer experience who work together in progressing strategic aims and objectives. The current (2023) Change Boards are:

- The Primary Care Change Board
- Adults with Complex Needs Change Board
- Mental Health and Substance Misuse Change Board
- Complex Care Change Board
- Carers Change Board
- Community Hospitals and Care Homes Change Board
- Care at Home Change Board.



# INTEGRATED STRUCTURE AND NETWORKS

We also have a robust network of community groups who engage with us regularly on issues that affect their locality, for example:

## Health and Wellbeing subgroups

There are Health and Wellbeing Subgroups for each of the six East Lothian Community Planning Area Partnerships, which focus on issues in their local area. Most meet monthly and each has an ELHSCP Strategy Officer linked to them who can feedback information from ELHSCP as well as provide requested information to the group regarding HSC services. These groups engage with ELHSCP about local priorities and issues, ensuring ongoing conversations and co-production of local initiatives. This local input feeds into strategic planning and priorities.

## Patient Participation Groups

East Lothian has nine Patient Participation Groups (PPGs) representing 11 GP practices (Dunbar PPG represents three Dunbar practices). These groups work mainly with their associated practice to improve patient experience but they also feed into wider strategic planning, for example, for primary care.

## Area Partnerships and Community Councils

We regularly invite Area Partnerships and Community Councils to feed into strategic planning processes, for example, engaging on setting East Lothian Integration Joint Board's strategic objectives and the Planning for an Ageing Population work.

## Tenants and Residents Associations

East Lothian Tenants and Residents Panel has spent the last 20 years growing a network of tenants and residents associations across East Lothian.

## Third Sector Interface (TSI), partners and providers

We work closely with Volunteer Centre East Lothian, who help us to engage with the communities they represent. We also engage with Third Sector partners and providers in all areas of work relevant to them.

## Service-users and carers

At a micro level, the ELHSCP assessment and review process involves service-users, families and carers in ongoing engagement about outcomes and how these are being met. We are in the process of introducing customer satisfaction surveys for a wide range of service-users and exit interviews for service-users, families and unpaid carers involved in the Adult Support and Protection process. At a macro level, patient, service-user and carer views are represented by people with lived experience on the IJB and on Change Boards.

We also support Carers of East Lothian (COEL), and they engage with carers through a range of methods, including COEL's Carer Panel. We have also engaged directly with service-users and carers for the Community Transformation Project, the IJB Strategic Objectives and Planning for an Ageing Population. As we are responsible under the Carers' Strategy for Young Carers, we will ensure routine feedback from the East Lothian Council Young Carer Team. We will explore with COEL a forum for parent-carers, whose views are currently less well represented.

## General Public

We also seek to engage regularly with the general public on a wide range of topics, through paper questionnaires and questionnaires on the East Lothian Consultation Hub, for example, on Planning for an Ageing Population and Public Sector Equalities Duty.

## Staff

East Lothian Council and NHS Lothian carry out annual staff surveys and the feedback from this informs our strategic work. ELHSCP has initiated staff satisfaction surveys for all its staff and this information will underpin many areas of our work, including workforce retention and development. We also engage directly with staff on areas of work that directly affect them, for example, the Community Transformation Project, the IJB Strategic Objectives and Planning for an Ageing Population.

## Service-user and patient experience

We receive complaints, comments and compliments from both East Lothian Council's Customer Feedback Team and NHS Lothian's patient experience team, and these drive service improvement.





## Partnership working

We are committed to working with partners on joint consultation and engagement wherever possible because we recognise that a joint approach:

- avoids engagement fatigue and makes better use of resources
- provides us with the opportunity to take account of a wider range of factors such as environment, housing, planning and transport
- provides better outcomes for communities because we are taking a joined-up approach to strategic thinking and delivery with partners. Recent examples of this include Community Transformation, the IJB Strategic engagement Objectives (with East Lothian Council Housing and Planning Departments) and Public Sector Equalities Duty (Pan-Lothian NHS and Local Authorities Group).



## Independent advocacy

We will endeavour to give the people who use Health and Social Care Services a stronger voice and as much control over their own lives as possible by working with commissioned independent advocacy providers and other key stakeholders to develop a strategic plan for advocacy in East Lothian.

# STANDARDS FOR ENGAGEMENT

It is now widely accepted that public services that involve their users are likely to be of higher quality and more relevant to the communities they serve. The Scottish Government has built the principle of community engagement into policy and guidance to public services. This is most notable for Community Planning through which the Local Government Scotland Act requires all public services to work together. The guidance on the act states:

"Community planning is essentially a process to secure greater engagement from communities in the planning and delivery of services"

This is also clear in recent publications like the Scottish Government's Planning with People, which has informed the development of our strategy.

Our engagements will adhere to the **National Standards for Community Engagement** and be informed and supported by:

- Planning with People (Scottish Government)
- The Scottish Approach to Service Design (Scottish Government)
- HIS Engage Toolkit (Health Improvement Scotland)
- Quality Framework for Community Engagement and Participation (Health Improvement Scotland)
- Public Engagement A New Framework (NHS Lothian).



# ENGAGEMENT METHODS

Engagements will use a range of methods to increase their accessibility and encourage as many people as possible to take part. These methods include:

- Engagement sessions and workshops
- Focus groups (including in BSL and community languages)
- Pop-up engagements (as part of the rolling engagement programme)
- Surveys and questionnaires on the East Lothian Citizen Space Consultation Hub
- Consul open democracy, supported by COSLA and being adopted by East Lothian Council
- Feedback from Health and Wellbeing Subgroups and Patient Participation Groups
- Feedback from Change Boards
- Staff surveys
- Customer Satisfaction surveys
- Exit interviews
- Evaluation
- Engagement and polls on social media.

It will also include desk research into data from our case management systems, national and regional research, IIAs, other engagements that have been undertaken by ELHSCP and our partners and patient experience and customer service feedback.

## Expenses and acknowledgment

It is important that members of the public who attend events and focus groups are not discouraged by the cost of travel to a particular venue. We propose to pay expenses in line with those paid by East Lothian Council, where appropriate. In certain instances, for example, where people have been involved in intensive focus groups, we will offer vouchers in recognition of their participation. We will develop a policy and process to ensure expenses are accessible to those who need them.



# CO-PRODUCTION



The recent IJB Strategic Plan engagement shows that there is an appetite for co-production and collaborative working – from communities, from the Third Sector and from staff. It was acknowledged that to place greater emphasis on the role of community resources in helping people to maintain their health and wellbeing and prevent social isolation. Communities are rich in resources, creativity and commitment and we recognise the worth of approaches that focus on working together to get the best out of local resources and developing new resources that ensure equality of access and which communities value and meet local needs.

We commit to being transparent and sharing clear and comprehensive information about health and social care SERVICES with communities so that we can work together to improve and develop community-based approaches that support early intervention and prevention, tackle social isolation and promote better health and wellbeing for all. Co-production is at the heart of this and we are committed to placing much more emphasis on co-production during the life of this plan – a move away from ‘doing to’ to one of ‘doing with’.

## Defining community engagement

- Community refers to a group of people who share a common place, a common interest, or a common identity. There are also individuals and groups with common needs. It is important to recognise that communities are diverse and that people can belong to several at one time
- Engagement covers a range of activities that encourage and enable people to be involved in decisions that affect them. This can range from encouraging communities to share their views on how their needs are best met and influence how services should be delivered, to giving communities the power to inform decisions and even provide services
- Co-production is key to successful community engagement. It has been described as the process of active dialogue and engagement between people who use services, and those who provide them.

**Scottish Government Planning with People**

# EQUALITY AND HUMAN RIGHTS

The IJB is determined to place much greater emphasis on being proactive in promoting equality and diversity and addressing health inequalities.

We already have community networks in place and while continuing work closely with these groups, we also want to do more to include people who find it more difficult to be heard. This includes:

- people with multiple protected characteristics ·
- people with lived experience of the Justice System, poor mental health, substance misuse, domestic abuse, homelessness and the adult support and protection procedure
- people living on low incomes
- people in rural areas (research shows that rural communities have continue to have specific issues around low income, poverty, transport and access to services)
- people who do not have English as a first language (for example, BSL users and minority ethnic and ethnic minority communities)
- Gypsy Travellers and Roma.

Certain groups of people with protected characteristics are better represented in our engagement at the moment than others (for example, older people, people with physical and learning disabilities), so we commit to doing as much as we can to seek the views and experiences of LGBT people, faith groups, ethnic minority and minority ethnic groups whose views are not as well represented at present. We also want to build a range of lived experience representatives and work in this area will also support our agenda to tackle health inequalities.

This work will complement our work on continuing to improve the way we assess the equalities impact of our policies and practices. How will we do this?



## Rolling engagement programme

"Engagement should not be a one-off event or only used for high-profile projects. High-quality and ongoing community engagement builds relationships and trust."

**Scottish Government, Planning for People Guidance**

To deliver the aim of engaging with harder-to-reach groups, we will establish regular engagement with a wide range of groups to find out what is going well for them in terms of health and social care, what could be better and what they would like to see in the future.

In some cases, there are established groups that we can work with (for example, people with lived experience of the Justice system, people in recovery from substance misuse, people with living on a low income, BSL users) but in other areas there is work to be done. We may seek to do this by finding established groups and asking to engage with them regularly, or by establishing new groups or forums. If we choose to set up new forum (for example, for rural areas or LGBT people) we may try to do this as joint work with council and NHS colleagues and representative organisations so that feedback can also inform the Local Housing Strategy, the East Lothian Local Plan, and planning for secondary health services.

This will help us to establish the impact we have on the wider community and how aware and confident people are about accessing the services we provide, in line with HIS and Planning for People guidance.

## Service Charge

We will continue to engage for individual projects related to service change, but the rolling engagement feedback will also inform this process and provide a basis of new networks that can provide the views and experiences of harder-to-reach groups.

## Integrated Impact Assessments (IIAs)

The IIA is the toolkit used by the Lothian Councils, Health and Social Care Partnerships and NHS Lothian which enables us to consider the potential impacts (negative and positive) on people, the environment and the economy when developing policies and making service decisions, and ensures that we meet our legal responsibilities. These must be undertaken at the outset of any new service, change to existing service or development of new strategy or policy. IIAs sit side by side with engagement. We are committed to carrying out IIAs as required by law and publishing the results of IIAs on a dedicated section of the ELHSCP pages on East Lothian Council's website.

## Engagement plans

Every new strategy, service development and policy will have an engagement plan that includes:

- Timing and delivery of IIA toolkit
- Logic modelling where appropriate
- Engagement activities, for example, surveys, meetings, focus groups, events
- Evidence to be used
- Arrangements for evaluation.

## Communications

ELHSCP Communications Team will play an active role in promoting engagement and participation opportunities and will develop communication plans for major engagements to ensure maximum reach.

## Exit interviews

Some services (for example, adult protection) are developing exit interviews for service-users as they leave the service). This data will be reported on in an anonymised format to drive service improvement. Also staff exit interviews.

## Customer satisfaction surveys/exit interviews

We would like to undertake customer satisfaction surveys for people using ELHSCP services to understand people's experience of the services they receive, for example, what is working well for them, what could be better. This data will be used to drive service improvement.

## Making better use of data we collect

ELHSCP collects feedback from service-users and patients across services. It receives data from Customer Feedback and Patient Experience Teams and IIAs. This data will be shared routinely with the Engagement Lead and reported on to managers and the IJB. We will also seek to make better use of information from reviews about how well outcomes are being met and see how anonymised data about needs and outcomes from Mosaic and Trak can be shared in a form that is useful for strategic planners.

## Reporting

The Equalities and Engagement Officer will produce two reports each year for the IJB and senior managers, capturing the key themes emerging from engagement to keep them informed about the views and needs of the communities they serve. It will also be promoted to staff and will include information on current and recent engagement and where to source feedback from engagements that may be useful in their work. This will be a public document, available to all, as part of the East Lothian IJB meeting papers.

## Sharing our results

At any one time, there are quite a few consultations and engagements under way in East Lothian. This can sometimes result in 'consultation fatigue'. We want to try to avoid this by:

- Working jointly with partners in the council, NHS Lothian and other partners, whenever possible
- Sharing the results of our engagement widely amongst colleagues by storing all our research findings and engagement reports on a shared drive which can be accessed by colleagues. Although our engagements are around health and social care, we also often get feedback that is useful for colleagues in Housing, Planning, Community Planning and other areas of work. By sharing this information, we hope to help to stop asking people the same questions over and over again, leaving all of us more scope to focus on areas that require greater understanding.





# CONCLUSION

This strategy aims to build on the foundations we already have in place and it places more emphasis on building relationships with groups who have currently have less representation. This will help us to better address health in equalities and equalities in general. It will also enable us to better understand the needs of a much wider constituency and produce robust evidence for future strategies, policies and services. It is very much focused on providing frameworks for working with people and developing partnerships that will work with us to improve health and wellbeing in East Lothian.



**We thank you for your ongoing support of engagement in East Lothian.**

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and  
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**REPORT TO:** East Lothian Integration Joint Board

**MEETING DATE:** 25 May 2023

**BY:** Chief Officer

**SUBJECT:** Provisioning for Older People – update on community engagement and consultation

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## 1 PURPOSE

- 1.1 To update on the plans for developing community capacity.

## 2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Note the decision to plan engagement and consultation in partnership with the Consultation Institute<sup>1</sup> in order to ensure the best possible process.
- 2.2 Note the decision to engage with all Partnership Areas within East Lothian at the same time.

## 3 BACKGROUND

- 3.1 The Community Hospitals and Care Homes Provision Change Board final report was agreed by the IJB on the 23<sup>rd</sup> February 2023. As part of that report, the ELHSCP Chief Officer was asked to bring back options for the development of older peoples services with a continued focus on community capacity.
- 3.2 In order to develop these options ELHSCP must begin a new round of community consultation focussed on issues in our communities brought to light by the provisioning work to date.
- 3.3 The work of the provisioning strategy project team to date has identified the two main issues that need to be addressed. Firstly, that intermediate

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<sup>1</sup> <https://www.consultationinstitute.org/>

care provision (including Care at home) is not sufficient and secondly that there is inequity of access to care across East Lothian.

3.4 A paper outlining an engagement approach was agreed by the IJB on the 23<sup>rd</sup> of March with a request to provide updates on the progress of the engagement work.

**4 ENGAGEMENT** ELHSCP have procured the Consultation Institute to support the engagement process and to ensure we effectively consult with all communities throughout East Lothian regarding the design of older people services.

4.2 While it may be appropriate to conduct consultations within Local Areas, or other geographies, where the impact is likely to be localised. For instance, the opening times or the name of a local facility in Dunbar are unlikely to be of interest to citizens in Musselburgh. Where this is the case it is appropriate to limit a consultation to a particular geography. However, this project has substantial impacts across the whole Local Authority area. Therefore, it makes sense for the consultation to consider all the Local Areas at once, rather than considering them one-by-one or in a phased approach. While any citizen can participate in any of the stages of a phased consultation, people will have a natural tendency to focus on their own area.

4.3 With this whole area approach, the period of consultation is likely to start in July and run until approximately December 2023.

4.4 During May 2023, the Consultation Institute is working with us on 'consultation readiness' covering pre-consultative activities as well as the preparation, project planning, and materials development stages of delivering a public consultation. The requirements for completion of this phase of work are structured around the four phases of activity: (0) pre-consultation; (i) consultation scoping and governance; (ii) project planning and (iii) documentation development. These are based on the principles outlined in the Consultation Institute's Consultation Charter, the UK Government's guidance on Consultation Principles and UK case law.

4.5 The meetings and events will mainly be face-to-face meetings, except where virtual meetings are preferred by those we are engaging with.

## **5 POLICY IMPLICATIONS**

5.1 This work will respond to the local and national strategic plans and guidance including the East Lothian IJB Strategic plan 2022 – 2025 whose commitment is to support people closer to home, in their own home or in a homely setting. Other relevant strategy and policy is described within this report at section 7 – Directions. This work is related to strategic Delivery Priority (1.1) of the IJB strategic plan.

5.2 The work will respond to several Strategic Outcomes (S01, S02, S03).

## **6 INTEGRATED IMPACT ASSESSMENT**

- 6.1 The Provisioning Strategy Project will be subject to a number of IIA's as part of the consultation and engagement work.
- 6.2 Copies of the IIA's associated with the Community Hospitals and Care Homes Provision Change Board work are available online<sup>2</sup>.

## **7 DIRECTIONS**

- 7.1 A previous report to East Lothian IJB related to Direction 12d in December 2018 reported on the Re-provision of Community Hospital and Care Homes and was presented to the IJB for discussion and agreement with recommendations proposed. These were supported with an amendment to include the addition of a consideration of equivalent alternatives.
- 7.2 The East Lothian IJB Direction (12d) was revised in February 2022 to 12I – Transforming Care for Older People:

*NHS Lothian and East Lothian Council to transform the service delivery to older people for the provision of Community Hospitals, Care Homes and the development of intermediate care services, involving full engagement and consultation with appropriate parties. This should take into account demographic factors, current use of services, the impacts of COVID-19, funding pressures, service remobilisation and redesign. It must also take note of the emerging outputs from the Independent Review of Adult Social Care and development of a National Care Service.*

## **8 RESOURCE IMPLICATIONS**

- 8.1 Financial – at this stage of work only indicative financial estimates have been developed and have a wide variability. They should not, at this stage, be seen as final or draft, they have been provided as indicative. These are Capital (nil to £50m) and Revenue (nil to £2.5m) and this excludes any disposal of assets (if relevant).
- 8.2 Personnel – it is too early to state the impact on staffing other than highlighting the staff shortages and pressures that there are currently within the system. However, as part of option development there will be full engagement with the HSCP Joint Partnership Forum.

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<sup>2</sup>

[https://www.eastlothian.gov.uk/info/210558/social\\_care\\_and\\_health/12776/east\\_lothian\\_health\\_and\\_social\\_care\\_partnership\\_integrated\\_impact\\_assessments](https://www.eastlothian.gov.uk/info/210558/social_care_and_health/12776/east_lothian_health_and_social_care_partnership_integrated_impact_assessments)

## 9 BACKGROUND PAPERS

9.1 N/A

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