



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

THURSDAY 25 MAY 2023  
VIA DIGITAL MEETINGS SYSTEM

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### **Voting Members Present:**

Councillor S Akhtar (Chair)  
Councillor L Bruce  
Mr A Cogan  
Ms E Gordon  
Ms F Ireland  
Councillor L Jardine  
Councillor C McFarlane  
Mr P Murray

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

Mr D Aston	Mr D Binnie
Dr P Conaglen	Ms L Cowan
Ms C Flanagan	Mr I Gorman
Ms C MacDonald	Ms M McNeill
Mr T Miller	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 J Ogden-Smith

### **Clerk:**

Ms F Currie

### **Apologies:**

Ms L Byrne

### **Declarations of Interest:**

None

*Sederunt: Shamin Akhtar, Peter Murray, Andrew Cogan, Marilyn McNeill, David Aston and Claire MacDonald left the meeting.*

As both the Chair and Vice Chair were absent from the meeting for Item 1 of the business, the members were asked to elect a temporary Chair for this item. Lachlan Bruce and Fiona Ireland proposed and seconded Lyn Jardine for the role and this was agreed unanimously.

## **1. CHANGES TO THE IJB MEMBERSHIP AND CHAIR/VICE CHAIR**

A report was submitted by the Chief Officer informing, and where required, seeking approval from the IJB regarding changes to its membership and the appointment of a new Chair and Vice Chair.

The Clerk outlined the background and contents of the report. The Chair invited questions or comments from members but there were none.

The Chair moved to the vote on the recommendations, which was taken by roll call and approved unanimously.

### **Decision**

The IJB agreed:

- i. the appointment of Councillor Shamin Akhtar as the Chair of the IJB until 31 March 2025;
- ii. the appointment of Peter Murray as Vice Chair of the IJB until the end of his term of office on 31 January 2024;
- iii. 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. the appointment of Claire McDonald as independent sector representative and non-voting member of the IJB for a period of three years;
- v. to 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. to note the appointment of Andrew Cogan, replacing Val de Souza as a voting member of the IJB representing NHS Lothian.

*Sederunt: Councillor Akhtar, Mr Murray, Mr Cogan, Ms McNeill, Mr Aston and Ms MacDonald re-joined the meeting.*

*Councillor Akhtar was now in the Chair.*

## **2. MINUTES OF THE MEETINGS OF THE EAST LoTHIAN IJB ON 23 FEBRUARY and 23 MARCH 2023 (FOR APPROVAL)**

The minutes of the IJB meetings on 23<sup>rd</sup> February and 23<sup>rd</sup> March were approved.

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

The following matters arising were discussed:

**Item 6 (Provisioning For Older People)** – in response to a question from Councillor Jardine, Iain Gorman confirmed that Item 7 on today's agenda would provide an update on the engagement process.

### **4. CHAIR'S REPORT**

The Chair and Vice Chair (Mr Murray) provided a summary of the issues discussed at a recent meeting with Michael Matheson MSP, Cabinet Secretary for NHS Recovery, Health & Social Care. A paper had been presented on IJB finances across Scotland and Mr Murray had spoken of the challenges facing IJBs more broadly but including financial assurance and budget forecasting/planning. There was also discussion on primary care improvement plans, whole system planning with the example of the Lothian Strategic Development Framework. The Chair had highlighted the good work taking place in East Lothian, as well as the challenges from demographic growth and taking cognisance of this in forward planning.

The Chair and Mr Murray reported that the Cabinet Secretary had taken the view that staff absence and ineffective planning for absences had led to an upturn in Delayed Discharges across Scotland. He also wished to involve IJBs in shaping winter planning. Fiona Wilson confirmed that the Scottish Government has asked IJBs for feedback and that discussions were ongoing.

The Chair also informed members of a forthcoming meeting, likely to be September, between IJB Chairs/Vice Chairs and those involved in preparation for the new National Care Service.

She concluded references to events relating to Carers' Week and Dementia Friendly Week and a community conversation event in North Berwick.

Following a question from Fiona Ireland, Claire Flanagan agreed to circulate a copy of the national finance paper, referred to by Mr Murray, to IJB members.

### **5. 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 NHS Lothian for 2023/24. The report also asked the IJB, following the March meeting, to note the further financial recovery action required to balance the budget.

Claire Flanagan presented the report. She advised members that NHS Lothian's Board met on 5<sup>th</sup> April and had thereafter submitted their formal budget offer for 2023/24 to the IJB. This formal budget offer was in line with the indicative offer reported in March 2023 and within the parameters set by Scottish Government, including a share of a 2% uplift in funding for NHS Lothian. She reminded members that at the March meeting the IJB voted not to accept East Lothian Council's offer as it was not in line with those parameters and did not include additionality. She reported that there had been no change in the Council's position since that meeting and, as a result, further mitigating actions had been identified to balance the IJB's budget.

Responding to a question from Ms McNeill, Ms Flanagan confirmed that the reduction in funding from East Lothian Council would be recurring. Ms McNeill urged that the impact of this reduction be considered as part of provisioning work.

Ms Flanagan also replied to questions from Ms Ireland and Elizabeth Gordon. She informed members that she had written to the Council's Executive Director for Council Resources but as there had been no movement in the Council's position, she had to progress with further mitigation measures. She said that the next steps would be to set up a meeting with the IJB's partners, including the Chief Executives and Chief Finance Officer.

Ms Ireland emphasised the importance of recording, within the minutes, that the Council's budget offer remained out with the parameters set down by the Scottish Government despite further discussions between officers. She also considered it important to record that, at present, the Council could not guarantee being in a position to provide financial reporting information for each IJB meeting.

Ms Flanagan confirmed that the Council's Finance Team remained in business continuity measures and that this had been recorded on the IJB's risk register. She added that she was working with colleagues to ensure this could be resolved and that she would receive financial information as quickly as possible.

Mr Murray urged close monitoring of this situation. While he noted the recording within the risk register, he was concerned about the potential for the IJB to be negatively affected by an inability to receive timely and accurate information on how budgets were being spent.

Councillor Jardine said it would be useful to have a better understanding of the IJB's finances. She had received some information in response to a prior query but would appreciate more detail. Referring to the financial challenges, she said it was important to get the information needed to make decisions but also to be focussed on areas, such as prevention, which could have an impact on available budgets.

Ms Flanagan agreed to provide further background information to Councillor Jardine. In reply to a question from the Chair, she advised that it would be for the IJB's partners to manage individual services within agreed budgets as these were operational matters. However, the IJB would continue to monitor the position through regular financial reporting.

The Chair suggested that it would be useful to all members to have a further development session on financial oversight. Ms Flanagan agreed noting that this should also include financial planning for 2024/25 and beyond.

Mr Murray agreed with the Chair and Ms Flanagan that members needed to have an understanding of the limitations of the budget. There would be difficult decisions ahead and financial challenges may limit opportunities and require the IJB to scale back some of its ambitions.

The Chair agreed to take forward the following action points: to follow up with the Council's Finance Team on the matter of timely financial reporting; and to progress arrangements for a development session for IJB members on finance matters.

The Chair moved to the vote on the recommendations, which was taken by roll call and approved unanimously.

## Decision

The IJB agreed:

- i. The recommendation to accept the IJB budget offer from NHS Lothian for 2023/24; and
- ii. To note the further financial recovery action to mitigate the remaining £0.25M financial gap for the IJB for 2023/24.

## 6. EAST Lothian IJB PARTICIPATION AND ENGAGEMENT STRATEGY 2023-25

The Chief Officer of the IJB submitted a report on the Participation and Engagement Strategy which demonstrated the IJB's commitment to participation and engagement and set out the actions and areas of activity required to deliver this commitment.

Laura Kerr presented the report. She outlined the background and content of the strategy which built on the HSCP's development of robust networks to support participation and engagement, and took account of feedback from a wide range of sources. This was reflected in the strategy's greater focus on co-production, which had come about through feedback from recent engagement exercises. Ms Kerr added that any comments from members could be incorporated before the document was finalised.

Mr Murray offered his appreciation to officers and his support for the strategy. He said it would give confidence to people in East Lothian that the IJB was serious about engaging with them to make services as effective as possible. He hoped that the strategy would help people to feel part of the process.

Councillor Jardine welcomed the focus on the 'easy to ignore' groups and on getting as wide a range of partners on board to reach as many people as possible. She believed that this approach would help the IJB to make better strategic decisions to meet as many needs as possible, rather than just responding to the loudest voices.

The Chair asked about the role of the Health and Wellbeing Sub Groups and Patient Participation Groups and how to improve engagement with young people. Ms Kerr agreed that the feedback loop for Health & Wellbeing Groups did need to be worked on and she agreed that it was important to work with these groups. She was aware that colleagues in Primary Care were keen to strengthen the role of GP Patient Participation Groups. She also acknowledged the need to include young people in existing groups.

Ms McNeill agreed that there was a need to raise the profile of Area Partnerships, and their sub groups, and for them to be seen as partners with the IJB. She suggested that it might be useful for the Strategic Planning Group or IJB to see the Area Plans, which were developed annually and included issues such as health inequalities.

Ms Kerr observed that being available to attend these group meetings was a challenge as there were so many. However, she agreed with Ms McNeill's point about keeping the links between the IJB and Area Partnerships and that this was a work in progress.

The Chair agreed that this was a very important piece of work that underlined the need for clear messaging and broad consultation to ensure the development of effective services. She thanked officers for their work on the strategy and moved to the vote on the recommendations, which was taken by roll call and approved unanimously.

## **Decision**

The IJB agreed to approve the East Lothian IJB Participation and Engagement Strategy.

### **7. PROVISIONING FOR OLDER PEOPLE – UPDATE ON COMMUNITY ENGAGEMENT AND CONSULTATION**

The Chief Officer had submitted a report updating the IJB on the plans for developing community capacity.

Mr Gorman presented the report. He summarised the progress since the IJB's last meeting and the revisions made to the engagement approach. He advised that, following work with the Consultation Institute, the team had been issued with a certificate of 'consultation readiness' in advance of the launch, which acknowledged that the process was fair and in line with national guidelines. It was their intention to engage with all stakeholders across East Lothian, rather than the previous more targeted approach, with the consultation taking place between July and December 2023. Engagement would be mainly via face-to-face meetings, unless any group had a preference for virtual meetings. Officers would then pull together feedback over a period of 3 months and work on a suite of solutions for areas across East Lothian. This work should conclude in early 2024. He added that although there was no Integrated Impact Assessment (IIA) for this report, IIAs would be conducted, as appropriate, at various points in the process.

Ms McNeill welcomed the progress but was concerned about the word 'consultation' as, at one stage, there had been talk of 'co-production' and that communities would be involved from an early stage. She asked about the possibility of community representatives being included in the planning group.

Mr Gorman explained that the purpose of this exercise was to present the information gleaned from earlier provisioning work and to ask communities across the county whether there were other relevant issues, and from there to mutually develop solutions. Ms Kerr added that the process would change and evolve as it progressed and there would be a short document available explaining the steps involved. She said that the team was already working to ensure that people were ready and well-informed to be able to engage effectively in the process.

Mr Murray referred to Councillor Jardine's point in the last item about 'quiet voices'. He said it was crucial that the IJB obtained credibility for the process it employed and the involvement of the Consultation Institute would provide this. It was important to assure people that the engagement exercise was being done on as wide a scale as possible.

Andrew Cogan commended the quality of the reports presented to the IJB by officers. He then asked about the involvement of clinicians in this project. Ms Kerr confirmed that general practice and HSCP staff had been involved and their feedback had been taken on board.

Councillor Jardine said that she had looked at the Consultation Institute website and noted that their understanding of co-production was demonstrated in the process outlined by Ms Kerr and Mr Gorman. She asked if the certificate of consultation readiness was transferable to other pieces of work.

Ms Kerr expected that it only applied to this specific project but they would take lessons from this exercise and incorporate them in any future work. Mr Gorman agreed that there were opportunities for learning from this exercise but the team may also decide to use the Institute again in the future.

Ms Wilson referred to a consultation process in another area which had not used the Consultation Institute. She advised that the involvement of the Institute had given this exercise an assurance level and she was keen for the process to be as transparent as possible.

The Chair observed that the Institute's involvement was building capacity and knowledge for future consultations and helping to develop skills in-house.

Mr Gorman agreed, pointing to the training that the Institute could provide and the real skill set required in co-production and engagement. He said it was sometimes beneficial to get outside support for a project of this size; not least because future decisions taken on the basis of this work may be open to legal challenge.

Mr Murray agreed that it would do no harm to get outside expertise and support to deal with the challenges of such a project.

The Chair fully supported the engagement process but said it was important that it was meaningful and that it included all groups. She welcomed the extension to the timescale and noted the resource implications for the project. The Chair moved to the vote on the recommendations, which were approved unanimously.

### **Decision**

The IJB agreed to:

- i. Note the decision to plan engagement and consultation in partnership with the Consultation Institute in order to ensure the best possible process; and
- ii. Note the decision to engage with all Partnership Areas within East Lothian at the same time.

The Chair noted that this was Mr Gorman's last meeting before moving onto his new role within NHS Lothian. She commended his diligence and hard work in his current role and his positive contribution to the IJB. She also recognised his involvement in supporting frontline HSCP staff during the pandemic. She thanked him on behalf of the IJB and wished him well in his new role.

The Chair also noted that Matthew Kennedy would shortly be moving onto a new role. She acknowledged his valuable contribution to the IJB and especially his work in Social Work and his efforts during the pandemic. She noted that he would be working with the Edinburgh IJB and she wished him well in his new role.

Signed .....

Councillor Shamin Akhtar  
Chair of the East Lothian Integration Joint Board







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

**MEETING DATE:** 22 June 2023

**BY:** Chief Officer

**SUBJECT:** East Lothian IJB Annual Performance Report 2022-23

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## **1 PURPOSE**

- 1.1 To present the East Lothian Integration Joint Board Annual Performance Report for 2022-23.

## **2 RECOMMENDATIONS**

The IJB is asked to:

- 2.1 Review this report, and in doing so, recognise the achievements of East Lothian Health and Social Care Partnership and individual services during 2022-23, and commend the contribution made by staff, volunteers, and partner organisations throughout the year.
- 2.2 Note that there may be changes to the National Integration Indicators data once the final data set is published by Public Health Scotland at the start of July, and that a final version of the APR, incorporating any changes, will be sent to IJB members for information prior to publication at the end of July.
- 2.3 Whilst there is no requirement within the statutory guidance for IJBs to formally sign-off APRs, it is requested that IJB members give approval for the publication of the 2022-23 APR as appended, subject to any minor changes as noted in recommendation 2.2 above.

## **3 BACKGROUND**

- 3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to publish an Annual Performance Report (APR) covering the period 1st April to 31st March. The Coronavirus Scotland Act 2020 extended the deadline for publication of the APR to the end of November. The extended deadline has now been revoked and IJBs are required to publish an APR by the end of July.

- 3.2 In line with Scottish Government guidance, the East Lothian IJB Annual Report for 2022-23 describes performance in planning and carrying out integrated functions from 1st April 2022 to 31st March 2023.
- 3.3 The report includes details of performance in relation to the Core Integration Indicators and additional Ministerial Steering Group indicators. The current, appended version of the report contains data released by Public Health Scotland for management purposes only and may change prior to publication of the final data in early July. The report will be updated once the data is finalised and shared with IJB members as per recommendation 2.2.
- 3.4 The content of the APR is structured according to the IJB strategic objectives and related strategic delivery priorities as identified in the 2022-25 IJB Strategic Plan. This means that the APR effectively provides a 6 month progress report on delivery of the IJB Strategic Plan since its publication in October 2022.
- 3.5 The report is written in a style intended to make it as accessible as possible to a non-expert audience. A summary report, including images and infographics, will also be produced and shared with key audiences including HSCP staff, partners, and communities.

## **4 ENGAGEMENT**

- 4.1 No specific engagement was carried out in relation to the development of the Annual Performance Report.

## **5 POLICY IMPLICATIONS**

- 5.1 Development and publication of an IJB Annual Performance Report reflects the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

## **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 Consideration of directions is not required in relation to the Annual Performance Report.

## **8 RESOURCE IMPLICATIONS**

This paper has no specific resource implications.

## 9 BACKGROUND PAPERS

9.1 None.

Appendix 1 – East Lothian Integration Joint Board Annual Performance Report  
2022-23 (Version 1, June 2023)

<b>AUTHOR'S NAME</b>	Claire Goodwin
<b>DESIGNATION</b>	Performance and Improvement Manager
<b>CONTACT INFO</b>	<a href="mailto:claire.goodwin@nhslothian.scot.nhs.uk">claire.goodwin@nhslothian.scot.nhs.uk</a>
<b>DATE</b>	14 <sup>th</sup> June 2023

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**East Lothian Integration Joint Board**  
**Annual Performance Report**  
**2022-23**

**(Version 1, June 2023)**

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# Introduction

## **East Lothian Integration Joint Board (IJB) Strategic Plan**

East Lothian Integration Joint Board agreed its new Strategic Plan in October 2022. The new Plan identifies the IJB's 7 strategic objectives for 2022-25, along with a range of strategic delivery priorities linked to each objective. The content of the Plan was based on extensive stakeholder engagement, along with an evaluation of IJB progress to date, and an assessment of current and future local need (based on the content of a Joint Strategic Needs Assessment that was completed).

An Annual Delivery Plan (ADP) has been developed outlining plans for delivery of the IJB's strategic objectives and delivery priorities over the coming year. Responsibility for delivery of activities detailed in the ADP is assigned to either Change Boards or to specific HSCP Officers / Teams. The East Lothian Strategic Planning Group maintains oversight and monitors progress in relation to the ADP.

This Annual Performance Report describes how East Lothian Health and Social Care Partnership (ELHSCP) services have contributed to the delivery of the East Lothian IJB Strategic Objectives during 2022/23. The report's structure is based on the 7 strategic objectives, with a section dedicated to each of these<sup>1</sup>.

### **IJB Strategic Objectives for 2022-25:**

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

**You can view the full East Lothian IJB Strategic Plan for 2022-2025 [here](#).**

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<sup>1</sup> It is recognised that many of the activities described contribute to more than one Strategic Objective. This is reflected in the HSCP's Annual Delivery Plan. However, for practical reasons the Annual Performance Report is structured so that each activity is matched to the Strategic Objective it is most relevant to.



# Strategic Objective 1 – Develop services that are sustainable and proportionate to need

## 1.1 - Planning for an ageing population

Meeting the health and social care needs of a growing and ageing population will continue to be a key challenge for East Lothian IJB over the coming years. East Lothian ‘Community Hospitals and Care Homes Change Board’ was set up in 2021 to develop a transformation programme to help respond to this challenge.

The Change Board’s remit was to review the provision within East Lothian community hospitals and HSCP managed care homes, and to make recommendations in relation to further development and investment in Intermediate Care (see 1.2 below).

As part of this work, an extensive engagement exercise took place during summer 2022 under the title of ‘Planning for an Ageing Population’. The purpose of this exercise was to gather public views on what health and social care should look like in later life. A report was produced summarising this feedback and identifying emergent themes for consideration by the Change Board.

The Change Board presented its [final report](#) to the IJB in early 2023. This included a number of recommendations which will inform the future development of inpatient community hospital provision, care home beds, and Intermediate Care in East Lothian.

## 1.2 - Developing Intermediate Care

Developing Intermediate Care services is a high priority for us going forward. As well as delivering better outcomes for our population, Intermediate Care services make better use of resources, ensuring that our services are more sustainable in the longer term.

Intermediate Care services help people to:

- Remain at home when they start to find everyday tasks more difficult
- Avoid going into hospital where possible
- Recover after a fall, an acute illness, or an operation
- Return home quickly after a hospital stay

ELHSCP continued to build on and develop a range of Intermediate Care services during 2022/23, these services include:

- Hospital to Home
- Hospital at Home
- Discharge to Assess
- Care at Home
- Falls Services
- Emergency Care Service
- Community Respiratory Pathway
- Musculoskeletal Physiotherapy

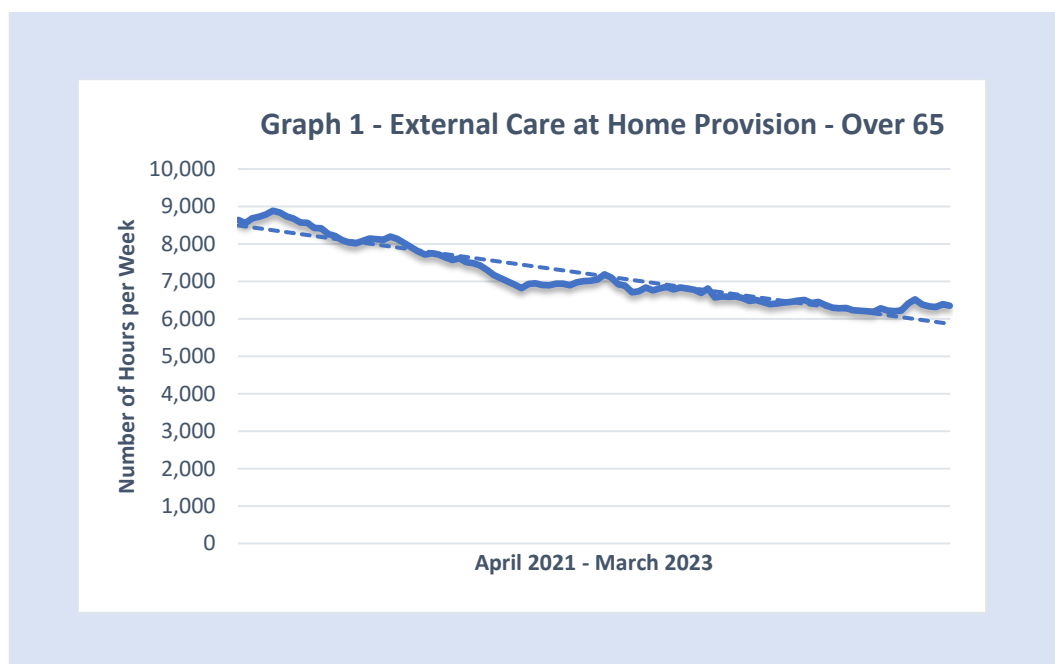
You can read more about developments in relation to some of these Intermediate Care services during 2022/23 below.

### 1.3 Care at Home services

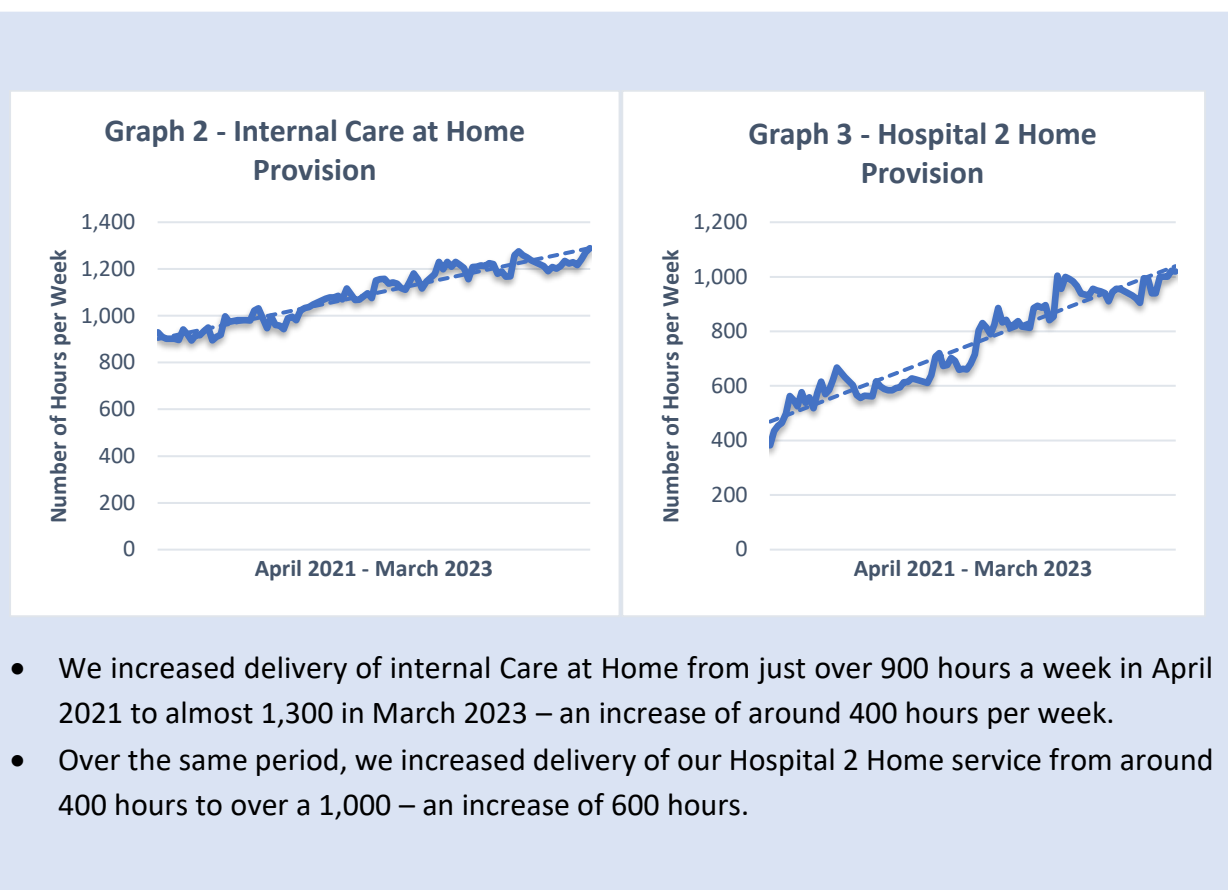
Health and Social Care Partnerships across the country have faced significant challenges in recent years in relation to the delivery of Care at Home (C@H) services. This has been partly due to changes in the type and complexity of care packages required, compounded by difficulties with the recruitment and retention of staff.

Care at Home services in East Lothian are delivered by a combination of HSCP managed services (Homecare and Hospital 2 Home) and services delivered by external providers (social care companies / organisations).

Graph 1 below shows the impact of the Care at Home crisis in terms of the reduction in the number of C@H hours delivered for adults over 65 by external providers in East Lothian from around 8,500 in April 2021 to under 6,500 in March 2023 – a reduction of around 2,000 hours per week.



In response to the decline in external provision and the ongoing fragility of external providers, East Lothian IJB made a strategic decision during 2021/22 to increase the capacity of HSCP managed Homecare and Hospital 2 Home services. Graphs 2 and 3 show the increase in care hours per week resulting from the expansion of both these services.



Although significant, this additional capacity has not fully offset the loss of external hours. Whilst internal services have increased the number of hours provided by over 1,000 per week, over 2,000 external hours have been lost – leaving a shortfall of around 1,000 hours per week. A number of other measures have been introduced to help ensure that the available provision is used as effectively as possible. These include:

- Carrying out risk assessments to identify those most at risk so they can be prioritised for service delivery.
- Establishing a dedicated team to manage and respond to situations where providers are unable to deliver contracted hours, including responding to instances when providers have to close or amalgamate.
- Expanding our Support Plan Broker team so that we have more staff to set up packages of care.
- Running a weekly / fortnightly Care at Home Huddle and quarterly Care at Home Oversight Group to monitor the Care at Home situation and respond as needed.

- Developing how we manage referrals so that people do not have to wait to be assessed for support (see page 32 below).

The most recent data available (November 2022) suggested that ‘unmet need’ for Care at Home is higher in East Lothian (1.93 per 1,000) than in Scotland as a whole (1.15 people per 1,000). However, our achievements in reducing our assessment waiting list means that there is no ‘hidden unmet need’ in East Lothian.

Planning the development of Care at Home services to ensure they are able to meet current and future needs is a priority for East Lothian IJB. A Care at Home Transformation Programme was launched in 2022/23, with a Change Board established to lead this work. Initial work undertaken has been to gather and analyse data on current and future Care at Home costs, supply, and demand across East Lothian. Findings from this were reported in April 2023 and will inform the future development of Care at Home service provision, including alternative models for Care at Home support that are more sustainable in the longer term.

## 1.4 Supporting the acute sector

East Lothian HSCP has a strong performance record in preventing hospital admissions and maintaining low delayed discharge rates. This has been achieved through services working closely together to prevent unnecessary admissions and to ensure that patients do not remain in hospital longer than medically necessary. Services contributing to this include the Intermediate Care services listed above, as well as the Capacity and Flow (Discharge) and Care Broker teams and the Integrated Care Allocation Team (ICAT).

### Integrated Care Allocation Team (ICAT)

The Integrated Care Allocation Team (ICAT) was introduced 2021 to support a collaborative approach to assessing people’s care and support needs and identifying options for meeting these needs. The work of the team has been vital in preventing unnecessary admissions and supporting timely discharge.

ICAT meetings bring together disciplines including Social Work, Nursing, Occupational Therapy and Care Brokers. Information is shared based on previous knowledge of the person requiring care, along with professional perspectives on the person’s support needs, level of risk, functional assessment<sup>2</sup>, rehabilitation potential and any medical conditions and their management.

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<sup>2</sup> ‘Functional assessment measures an individual’s level of function and ability to perform specific tasks on a safer and dependable basis over a defined period’ – [PM&R knowledge now](#)

Multi-disciplinary discussion enables a more comprehensive consideration of what an individual needs. This can often result in the care / support developed for the individual being more appropriate than what was originally requested. The team's collective knowledge of local services and community resources is also valuable and can allow a more creative approach to meeting needs.

The ICAT is also able to maintain a clear overview of care availability and care demand. This means that when care packages are closing, the care that becomes available can be quickly reallocated to where it is most needed.

### Daily Flow Huddle

A Daily Flow Huddle was introduced in July 2022 to help reduce the number of delays for people leaving hospital. The Huddle brought together staff from a range of HSCP services, along with HSCP managers, and colleagues from acute hospital sites. Meetings were held online and provided a daily opportunity to review East Lothian patients across Lothian hospitals. This helped to support a pro-active, multidisciplinary approach to tracking and monitoring patients and planning their discharge home. This helped contribute to a reduction in delays from a high of 39 delays in July 2022 to an average of 5 by the end of the year<sup>3</sup>. Despite a challenging winter, delays were maintained at around 7 for January, February, and March 2023.

### Inreach Project

The East Lothian Inreach pilot was developed as a means of helping to reduce pressure on acute hospital beds over Winter 2022/23.

The pilot ran from November 2022 to the end of March 2023 and involved East Lothian Allied Health Professionals (AHPs)<sup>4</sup> working with colleagues at the Royal Infirmary of Edinburgh (RIE) and the Western General Hospital (WGH).

The Inreach model aims to support patient journeys for East Lothian residents presenting at or admitted to acute hospitals. This involves the Inreach team identifying East Lothian patients at the earliest point in their journey, then focusing on optimising that journey by preventing admission or reducing length of stay as appropriate.

The Inreach approach benefits from the East Lothian team's knowledge of and links with local services and other resources (both formal and informal) that can potentially provide support

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<sup>3</sup> Based on figures reported at the monthly 'census point'.

<sup>4</sup> Allied Health Professionals are a group of clinicians who provide care to people across a range of care pathways and in a variety of settings – in this instance, the AHPs involved include Occupational Therapists and Physiotherapists.

to patients (this is reflected in the 'onward referral' figures below). Also beneficial is the previous knowledge or involvement that ELRS may have in relation to some of the East Lothian patients presenting.

Despite the Inreach project being a relatively small resource within a much larger system, it was anticipated that it would bring pathway and outcome improvements for patients, as well as having a positive impact on the 'whole system flow'.

An evaluation report produced at the end of March 2023 demonstrated that the pilot had delivered positive results and suggested that an extension of the project over a longer time period would enable fuller evaluation to take place, including providing more data on the impact on 'whole system flow'. Further funding was secured at the end of the pilot to support ongoing delivery of the Inreach project until the end of March 2024.

During the pilot, the Inreach team:

- Case-managed 347 patients and completed 2,300 interventions.
- Worked across 19 different specialities, 35 wards and supported 320 patient discharges.
- Made 296 onward referrals to 31 different East Lothian services for patients in acute wards.
- Caried out over 60 assessments for East Lothian residents presenting at A&E, resulting in 74% of them being discharged home (as well as making 36 referrals to 16 different East Lothian services for people seen at A&E).

In terms of impact:

- The average Length of Stay (LOS) improved from 16 days to 5 days for patients seen by the team.
- Patient admissions reduced from 51.3% to 48.8%.
- 1,320 bed days were saved over the lifetime of the pilot – equating to £518,760 savings (forecast annual saving of 3,168 bed days / £1,245,024 savings)

### **Mental Health Inpatient Beds**

Work took place during 2022/23 to reduce the number of East Lothian mental health inpatient bed days. Again, this focus helped to reduce pressure on acute hospital sites, but importantly, also achieved better outcomes for patients in terms of preventing hospital admission for some and enabling others to return home or to a community setting sooner. It

also meant that the number of inpatients bed days fell to within East Lothian's 'commissioned bed base.'<sup>5</sup>

The approach taken involved:

- HSCP staff attending Hermitage ward Daily Huddles to help monitor and review East Lothian inpatients (the Hermitage ward is the adult acute admission ward for East Lothian and Midlothian patients).
- Setting up a local Community Huddle involving staff from HSCP mental health teams to discuss cases (Intensive Home Treatment Team (IHTT), Community Mental Health Team (CMHT) and CWIC Mental Health service).
- Development and delivery of an Action Plan related to inpatient beds.
- Identification of an East Lothian Clinical Nurse Manager to oversee and coordinate this activity.

This approach resulted in fewer admissions and a reduction in length of stay for East Lothian patients from a high of 20 days in July 2022 to 9 days by the end of 2022. Whilst admissions began to increase at the start of 2023, we have continued to develop this work, and anticipate positive results will continue to be seen over the longer term.

### **Elder Street support and rehabilitation**

April 2022 saw the opening of the Elder Street recovery based supported accommodation / rehabilitation resource in Tranent, replacing existing provision at Cameron Cottage in Musselburgh. Elder Street offers a service for up to 10 people with complex mental health needs. The service is provided on a 24/7 basis by Carrgom, with in-reach support from a number of external providers.

The development of Elder Street responds to an identified need for a community rehabilitation resource for adults with mental health issues. The resource is well used, with a waiting list for placements. Provision at Elder Street is important in terms of helping to prevent hospital admissions and as a stepping stone to recovery and more independent living for people leaving hospital.

## **1.5 Commissioning**

Health and social care services delegated to East Lothian IJB are delivered in a number of ways. Whilst the majority of services are directly provided by the HSCP or via 'hosted' or 'set-

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<sup>5</sup> East Lothian IJB commissions NHS Lothian to deliver Mental Health inpatient services (beds).

aside' arrangements<sup>6</sup>, a significant proportion are delivered via commissioning arrangements with third and independent sector providers.

The approach we take to commissioning is important in terms of helping to ensure that commissioned services are provided in a way that reflects our vision and values and contribute to the delivery of our strategic objectives.

The IJB agreed the [East Lothian HSCP Commissioning Strategy](#) at its meeting in February 2023. The new Strategy includes a number of 'commissioning intentions and key market messages' that will guide activity in this area going forward. These reflect the IJB strategic objectives, as well as committing to an outcome focused approach, and to ethical commissioning that takes into account factors beyond price, including fair work, terms and conditions, trade union recognition, sustainability of services, and environmental impact.

## 1.6 - Supporting effective & sustainable Primary Care

We continues to witness significant pressure on general practice and other primary care services in East Lothian during 2022/23, reflecting a picture that is common across the UK. Demand on primary care services will continue to grow as the number of people living in East Lothian increases and older people make up a greater proportion of the overall population. This makes the development of effective and sustainable primary care a key delivery priority for the IJB.

The IJB has direct responsibility for the development and delivery of a range of primary care services. The approach to development of these services is detailed in the East Lothian Primary Care Improvement Plan (PCIP) – you can find out more about PCIP primary care services under Objective 4 below. As well as helping to reduce workload for GP practices, these 'PCIP services' have allowed new approaches to service delivery to be developed, with the aim of providing more accessible services for patients.

The HSCP also plays a number of other roles in relation to primary care, including strategic planning, infrastructure development and supporting GP practices in their key role as primary care service providers – some examples are given below.

### East Lothian GP Cluster Activity

The East Lothian General Practice Cluster provides a forum for general practices to work collaboratively to improve the quality of clinical services. Each general practice in East Lothian

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<sup>6</sup> 'Hosted' services are operationally managed by a HSCP or business unit within NHS Lothian on behalf of two or more of the Lothian IJBs. 'Set aside' services are acute, hospital based services operationally managed by NHS Lothian on behalf of all 4 IJBs.



is represented on the Cluster Group by a Practice Quality Lead. The Cluster has a workplan in place, identifying priorities for quality improvement activity.

One of the areas of work developed has been in relation to blood pressure monitoring. The HSCP provided funding to GP practices to support delivery of the Cluster's ambition to increase the use of blood pressure home monitoring using a system called 'Scale-Up BP'. The project has been successful, with almost 3,000 people in East Lothian using the blood pressure home monitoring system by the end of 2022/23.

Work is currently underway to develop a quality improvement project in relation to frailty, with several practice teams already developing information to help guide this work.

### **Primary Care Premises**

The IJB's 2020 Primary Care Premises Strategy identifies the communities and primary care buildings regarded as being the highest priority for capital investment. These priorities, along with priorities identified by the other Lothian IJBs, have been ranked by NHS Lothian to help determine future capital investment.

East Lothian has recently benefitted from a £4.1 million investment of capital funding for upgrading of the Cockenzie Health Centre. This has included a new 400m<sup>2</sup> extension providing 6 consulting rooms, 2 treatment rooms, 2 community consulting rooms and a health education room. The original practice building has also been refurbished to provide improved accommodation.

## Strategic Objective 1 - Our Performance in Numbers



Care at Home hours delivered by external providers fell from 8,500 in April 2021 to 6,500 in March 2023 – a reduction of around 2,000 hours a week.



Internally provided Care at Home were increased by around 1,000 hours a week (leaving a shortfall of around 1,000 Care at Home hours per week).



The emergency admission rate for East Lothian adults fell from 10,428 to 9,358 (per 100,000), the lowest rate in 6 years.



Emergency bed day rates fell from 115,048 in 2021/22 to 114,891 in 2022/23.



Our Inreach Pilot contributed to a reduction in Length of Stay from 16 days to 5 days for patients seen by the team and helped reduce admissions from 51.3% to 48.8%. 1,320 bed days were saved over the lifetime of the Pilot.



The introduction of a Daily Flow Huddle helped to reduce delayed discharge from a high of 39 days in July 2022 to an average of 5 days by the end of the year.



We were successful in reducing the number of East Lothian mental health inpatient bed days. This led to fewer admissions and a reduction in the Length of Stay from a high of 20 days (July 2022) to 9 days (December 2022).



The proportion of the last 6 months of life spent at home or in a community setting stayed at 88%.



An initiative led by the East Lothian GP Cluster has contributed to almost 3,000 people in East Lothian using the 'Scale-Up BP' blood pressure home monitoring system.

## Strategic Objective 2 – Delivery new models of community provision, working collaboratively with communities

### 2.1 Transforming Community Services

We continued to make significant progress in delivering our Community Transformation Programme during 2022/23. The Programme focuses on developing community capacity and support for older adults (65+), and adults under 65 with disabilities or mental health support needs.

Key developments during the year included:

- The launch of a new **East Lothian Community First Service** in October 2022.
- The expansion of our **Resource Coordinator Service**.
- The opening of a new **Meeting Centre** in Musselburgh for people with dementia.
- The development of **outreach support for carers** from Older People’s Day Centres.
- The introduction of additional **Neighbourhood Networks** – one in Dunbar and one in Musselburgh for young adults who are moving into adult services.
- Supporting the implementation of a new **employability support service** for people with complex mental health needs.
- Supporting the implementation of a **new day service in Musselburgh provided by Teens+** for young people with complex communication needs including autism and learning disabilities.

You can read more about some of these developments below.

#### Resource Coordinator Service

Our Resource Coordinator team supports people with learning disabilities to access community-based activities where they do not require a Resource Centre based service. There are currently 238 people accessing a range of community based sessions focusing on physical activity and skills development – these include life skills, college outreach, arts and crafts, cooking, mindfulness, yoga, gardening, bowling, swimming, and table tennis.

The service continued to develop and grow during 2022/23, both in the communities already covered, and expanding to cover the Dunbar and North Berwick areas.

Since their introduction, Resource Coordinators have supported the development of a wide range of day opportunities in communities across East Lothian. The team works closely with the third sector and East Lothian Council’s Connected Communities team. Feedback from an independent review completed by Outside the Box was very positive, with participants

suggesting that they would like to see further development of the service, including the offer of additional sessions.

### **Neighbourhood Networks**

Neighbourhood Networks provide peer support in people's local communities to help people establish a life in which they are safe and more independent. Members of Neighbourhood Networks are supported to develop skills such as independent travel, cooking, budgeting, employment skills, volunteering, and general life skills. Neighbourhood Networks can help people to feel less isolated and lonely by giving them a sense of belonging and involvement and helping to develop their confidence and self-esteem.

Over 2022/23, we continued to develop Neighbourhood Networks in East Lothian, including introducing a new network in Dunbar, and a network based in Musselburgh for young people moving to adult services. Over 50 people are now benefitting from support provided by Neighbourhood Networks. In addition, a number of people no longer requiring active support have remained involved as 'Associate Members'.

### **East Lothian Community First Service**

The East Lothian Community First Service was launched in October 2022. Community First is delivered by VCEL (Volunteer Centre East Lothian) with funding from East Lothian HSCP. The new service builds on a previous service and a pilot initiative that was delivered in 2021/22.

Community First provides support to people who are struggling with their health and wellbeing, helping them to access community services. It also provides support to people leaving hospital, as well as helping to prevent hospital admission / readmission.

The service is based on 'what matters to you' conversations, helping people to explore the opportunities available to them and carrying out 'goal setting' using a strengths based approach (focusing on what people can do rather than on what they cannot).

People using the service have identified needs related to social isolation, financial hardship, food poverty, benefits issues, carers stress, housing, relationship breakdown, mental health, physical health, hospital appointments, and substance use.

Over 170 people benefited from the Community First service from October 2022 to March 2023. Support is provided by a combination of staff and volunteers - eighteen volunteers were involved in the first 6 months of the service, providing around 360 hours of support.

## Meeting Centres

Meeting Centres provide an innovative, peer and carer led, community-based support for people with mild to moderate dementia and their families and friends (you can read more about the Meeting Centre model [here](#)).

East Lothian's first Meeting Centre opened in Musselburgh in March 2023. The Centre has been developed through a co-production approach and is delivered by DFEL (Dementia Friendly East Lothian), with grant funding from East Lothian HSCP.

As well as bringing a valuable new resource to Musselburgh, the Meeting Centre provides a strong base on which to develop 'satellite' Centres across East Lothian over the next two years.

This work has been led by people with lived experience and developed as part of a Dementia Friendly Community and via Peer Support Friendship Groups. It reflects a social model of dementia based on citizenship and on rights and opportunities for leadership and control.

## Employability Support

A new employability support service was introduced in 2022/23 to support people with complex mental health needs into employment (Individual Placement Support). The service is provided by Triage and is supported by East Lothian Works, the Local Employability Partnership the HSCP's Community Mental Health Team.

## 2.2 Working with communities

### Participation and Engagement

A new IJB Participation and Engagement Strategy was developed during 2022/23 and agreed at the May meeting of the IJB. The Strategy commits to the further development of existing participation and engagement arrangements, as well as strengthening the IJB's focus on engagement with people whose voices tend not to be heard via existing channels and on learning from 'lived experience'<sup>7</sup> wherever possible.

You can view find out more about the East Lothian IJB Participation and Engagement Strategy [here](#).

A range of engagement and participation activities were carried out over the year, examples of two of the larger scale exercises are described below.

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<sup>7</sup> The term 'lived experience' refers to first-hand experience of specific issues and / or of using related services.

## East Lothian IJB Strategic Plan Engagement – Health, Housing and Place

During 2022, the HSCP worked in partnership with East Lothian Council’s Housing and Planning Teams to carry out joint engagement to inform the development of:

- The East Lothian IJB Strategic Plan
- The East Lothian Council Local Housing Strategy
- The East Lothian Development Plan

This shared approach was based on the recognition that health, housing, and place are very much interrelated from participants’ points of view / experience. It was also hoped that carrying out joint engagement would help to prevent ‘engagement fatigue’.

During the course of the engagement exercise, workshop sessions were held with senior managers, staff, third sector organisations and community groups. Sessions also took place with people with lived experience of the justice system, people in recovery from substance use, people living on a low income, veterans, carers and BSL users. Two online surveys were carried out alongside the group sessions, one in English and one in Polish.

Around 1,000 people participated in the engagement exercise, some as individuals and others as representatives of organisations. Feedback gathered helped to inform the development of the strategic objectives and delivery priorities set out in the IJB Strategic Plan (see page 4 above). You can view a summary of the engagement feedback [here](#).

## Planning for an Ageing Population Engagement

The Planning for an Ageing Population<sup>8</sup> engagement programme took place over summer / autumn 2022.

Engagement activities included discussion with service-users, staff and carers at four East Lothian Day centres, as well as online engagement sessions with community representatives, service providers, third sector organisations and carers. An online survey was also set up to gather views from the general public. Feedback received through these various methods helped to inform the development of the East Lothian Carers Strategy and the East Lothian Dementia Strategy (supplementing other engagement carried out by lead officers and ‘Outside the Box’). The Planning for an Ageing Population feedback report is available [here](#).

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<sup>8</sup> See Strategic Objective 1 for more information on the Planning for an Ageing Population Programme

## Strategic Objective 2 - Our Performance in Numbers



Over 50 people currently benefit from the support provided through Neighbourhood Networks. In addition, a number of people no longer requiring active support have remained involved as 'Associate Members'.



Around 1,000 people participated in the Health, Housing and Place engagement which helped to inform the content of the IJB Strategic Plan.



Over 170 people benefitted in the first 6 months of the new Community First service. As well as support provided by Community First staff, 18 volunteers contributed around 360 hours of support during this period.

## Strategic Objective 3 – Focus on prevention & early intervention

### 3.1 East Lothian Rehabilitation Service (ELRS)

East Lothian Rehabilitation Service (ELRS) delivers a wide range of services in East Lothian. More information on these services and their performance during 2022/23 can be found in the ELRS Annual Report (available on the East Lothian IJB web pages). The information below provides a summary of activity related to Strategic Delivery Priorities detailed under Strategic Objective 3 in the HSCP's Annual Delivery Plan. ELRS services also contribute to a number of other IJB Strategic Objectives.

#### Smart TEC

The Smart TEC (Technology Enabled Care) service makes use of technology to enable people to remain as active, independent and safe as possible in their own homes and in the wider community. The team provides Occupational Therapy (OT) assessments and interventions at the Well Wynd Hub or via home visits or phone calls. A total of 110 interventions took place over the year. Patient comments included:

- 'This session has been so helpful, and we have lots of ideas to take forward.'
- 'I was to use technology to help me to do as much for myself as I can now and to plan for the future.'

The service also plays a key role in supporting colleagues from across HSCP services and the Council's Housing service to consider technology solutions to address people's needs. Over a 9 month period (July 2022 to March 2023), the service delivered 100 'professional support and consultation' interventions. TEC Awareness sessions were also delivered during 2022/23, taking a 'Show & Tell' approach. These were attended by third sector organisations, HSCP inpatient staff, cluster-based therapists, and members of the public.

The Active and Independent Living Clinic, 'Wellwynd Hub', is based within the Loch Square Sheltered Housing complex in Tranent. There are now plans to replicate the Well Wynd Hub in other parts of East Lothian, with the launch of the James Court Hub in Dunbar planned for 2023.

#### Physical Activity

The new East Lothian Exercise Pathway has been developed to engage people in physical activity, and to maintain this participation over the longer-term. It aims to provide support to people with long-term health conditions, as well as to patients completing rehabilitation.

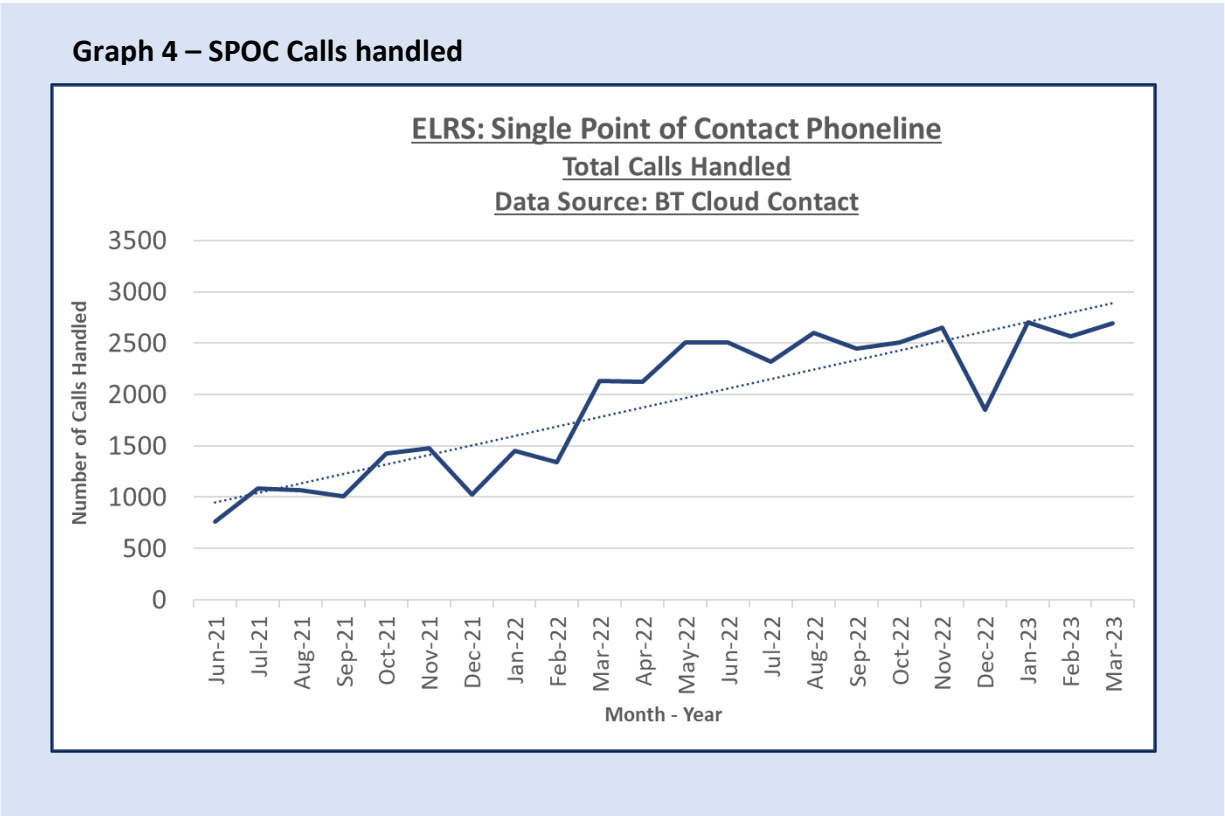


The Exercise Pathway initiative has been developed collaboratively by ELRS and Enjoy Leisure, informed by engagement with a range of community stakeholders. A Steering Group has been established to guide ongoing development, taking a ‘Experience-based Co-design’ approach. Membership of the Steering Group includes Haddington & Lammermuir Area Partnership, Ageing Well, Live Well, VSEL, and East Lothian Council. Wider consultation is also planned to help ensure the initiative reflects the needs and priorities of the wider community.

### ELRS Single Point of Contact

ELRS established a Single Point of Contact (SPOC) phonenumber system in June 2021. This allows people to contact the service directly through one central system, and then speak to the professional who is best placed to deal with their enquiry. The SPOC can be used for self-referral, professional referral, or enquiries from existing patients.

Use of the SPOC has increased gradually since its introduction. Almost 41,500 calls have been handled since the phonenumber was launched in June 2021, with around 29,500 of them taking place in 2022/23 – this is shown in graph 4 below.

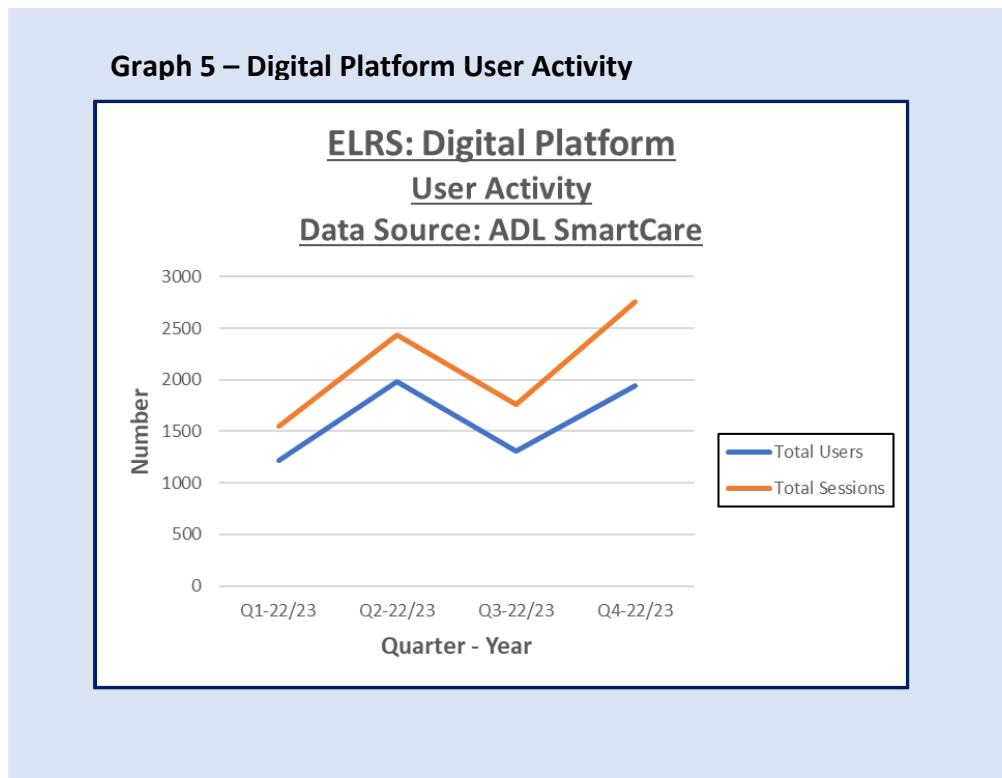


### Digital Platform

A new digital platform, ‘Access to a Better Life in East Lothian’ was launched in March 2022, providing information and tools to support people to manage their own health and wellbeing.

The platform includes information on the LifeCurve9, support on self-management, and details of how to contact and self-refer to ELRS services. Also included is an interactive Body Map and Smart House.

Use of the Digital Platform has grown steadily over the year (see graph 5 below) as the content has been developed and social media activity has increased. It is anticipated that use will rise significantly following the public launch in April 2023.



### East Lothian Carers Pathway

ELRS was allocated funding from the Carers Change Board in 2022 to create a new Occupational Therapy led Pathway for unpaid carers. The purpose of the Carers Pathway is to help to ensure that carers gain access to the support they need to maintain their physical, emotional, and mental wellbeing, and to help them achieve a balance between their caring role and other aspects of their lives.

As this was a new Pathway, there was a requirement to develop criteria, triage and target response times, referral routes and documentation, processes, and outcome measures. Referrals can be made by Adult Social Work teams, Carers of East Lothian or from other ELRS services. Referrals grew steadily from mid-December (when the team was in place), and 68

<sup>9</sup> Find out about LifeCurve [here](#).

interventions had been completed by the end of March 2023. Carer feedback has been extremely positive, comments include:

- ‘it was really good to feel understood’
- ‘this has been very beneficial, and I believe has reduced my stress levels’
- ‘she helped me to realise why I was having panic attacks’

## **3.2 Falls Prevention & Management**

Falls can have a significant impact on people’s health and wellbeing, making early intervention and prevention a priority for HSCP services. Falls are the most common cause of emergency hospital admission for adults in Scotland, resulting in significant financial costs and putting pressure on hospital beds, care packages and rehabilitation services.

Further development of the approach to the prevention and management of falls was identified as a strategic delivery priority for the IJB. A review of falls and falls services in East Lothian took place during 2021/22 and resulted in the creation of an East Lothian Falls Service and a Falls Project Manager post to lead on the development of a new, integrated Falls Pathway.

This work has also been supported by the introduction of an ELHSCP Community of Practice for Falls Prevention, which includes representation from a broad range of services and organisations from across health, social care and the third sector.

There have been over 1,000 referrals to the new Falls Service since the existing pathway was transferred from Duty Social Work in October 2022.

## **3.3 Mental Health & Wellbeing – Prevention & Early Intervention**

Many people will experience issues with their mental health at some stage in their lives. For some, mental health issues will be more complex and require a higher level of treatment and support from mental health services. For others, the issues experienced will be less complex, and will benefit from early, lower-level interventions to support individuals to cope and to improve their own mental wellbeing. This section describes a number of developments that took place during 2022/23 in relation to services providing a preventative / early intervention approach.

### **CWIC Mental Health**

Our CWIC (Care When it Counts) Mental Health service was redesigned in 2020 to provide easily accessible support for people with a range of mental health issues. Since its

introduction, the service has demonstrated the effectiveness of this early intervention approach and has been positively received by patients and medical staff.

Individuals can be referred to CWIC MH by their GP or other professional and people are also actively encouraged to access the service directly to get support when they need it. A growing number of people now 'self-refer' – with the proportion rising from 15% in 2021/22 to around 28% in 2023/24.

CWIC MH delivered over 6,000 appointments during 2022/23, averaging at around 512 appointments per month. Waiting times for an initial appointment with the service increased to around 4 weeks during 2022/23, suggesting that demand for the service was increasingly outstripping capacity. It is anticipated that a number of developments during 2023/24 will help to address this, including the introduction of a new DBI service (see below) and the delivery of group sessions through collaboration with third sector partners such as Changes.

### **Distress Brief Intervention (DBI)**

Development work around the introduction of a new Distress Brief Intervention (DBI)<sup>10</sup> service took place during 2022/23. DBI offers quick and accessible support to people in distress. People referred to the DBI service are seen quickly and provided with 'compassionate, problem solving support, wellness, and distress management planning, supported connections and signposting – reducing both immediate distress and empowering ability to manage future distress.'<sup>11</sup>

The HSCP is commissioning a third sector partner to deliver the DBI service in East Lothian. It is anticipated that the service will be operational from June 2023, initially taking referrals from our IHTT (Intensive Home Treatment Team) and CWIC MH services.

### **MELD Contact Service**

The MELD (Midlothian and East Lothian Drugs) Contact Service provides information and advice regarding substance use, and support with accessing Substance Use Services. The service was developed as a pilot in 2021/22 and continued into 2022/23 following positive evaluation.

The Contact Service helpline offers callers the opportunity to benefit from a confidential, trauma-informed, person-centred conversation, focused on addressing their concerns and needs. They are then directed to the most appropriate support service (or services). If

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<sup>10</sup> Distress in this context is defined as 'An emotional pain which led the person to seek help, and which does not require further emergency service involvement' ([www.dbi.scot/aim/](http://www.dbi.scot/aim/))

<sup>11</sup> [Aim - Distress Brief Intervention Scotland \(dbi.scot\)](http://www.dbi.scot/)

engagement with MELD or with the Substance Use Service is required, a triage appointment is arranged.

During 2022/23:

- There were 1,053 enquiries to the Contact Service from East Lothian residents.
- 108 people were directed to East Lothian Substance Use Service following a triage assessment.
- 207 people were directed to MELD following a triage assessment.

Other MELD activity during 2022/23 included:

- The continued running of the long established Starfish Recovery Café in Musselburgh and the introduction of two new Low Threshold Cafés<sup>12</sup> in Prestonpans and Tranent.
- An increase in the number of SMART Recovery Meetings (with a total of 4 a week now held).
- The launch of a Music Group at the Starfish Café.

### 3.4 Improving the management of long-term conditions

An increasing proportion of our population is now living with long-term conditions, and this is set to continue to increase over time as more people live longer. Promoting and supporting people with self-care of long-term conditions results in better outcomes and quality of life for them, as well as helping to reduce pressure on health and social care services.

This has led to the IJB identifying the development of a proactive approach to the management of long-term conditions as a strategic delivery priority. Examples of activity taking place in 2022/23 in relation to this priority include:

- The East Lothian Rehabilitation Service's development of 'A Better Life in East Lothian' digital platform to support education and patient self-management (see page 21 above). The content specifically related to the management of long-term conditions will be developed further during 2023/24.
- The expansion of outpatient services and clinics at East Lothian Community Hospital, including those related to the management of long-term conditions (see page 31).
- Activity to raise awareness of and improve public information on the range of primary care services that people can access directly to support their health needs (see page 30).

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<sup>12</sup> Whilst Recovery Cafés require someone to be in recovery / not under the influence of alcohol / other substances, Low Threshold Cafés are open to people whether they are under the influence or not.

- Delivery of an initiative led by the East Lothian GP Cluster and funded by the HSCP to increase the number of people using a blood pressure home monitoring system (see page 12).

## Strategic Objective 3 - Our Performance in Numbers



The Smart TEC service delivered 110 interventions over the year that involved providing information, advice and support to individuals. The service delivered 100 'professional support and consultation' interventions.



The 'Access to a Better Life in East Lothian' digital platform was visited almost 2,000 times in the last quarter of 2022/23.



The new East Lothian Carers Pathway delivered 68 interventions to support carers in its first 3 months.



The falls rate for people aged 65+ fell slightly to 21 people per 1,000 population – this is the lowest rate recorded since 2019/20.



There have been over 1,000 referrals to the Falls Service since the pathway was transferred from Duty Social Work in October 2022.



The CWIC Mental Health service delivered over 6,000 appointments during 2022/23, averaging at around 512 appointments per month.



There were over 1,000 enquiries to the MELD Contact Service from East Lothian residents during 2022/23.

## Strategic Objective 4 – Enable people to have more choice and control and provide care closer to home

### 4.1 Primary Care Services

The vast majority of patient contacts in the NHS occur in primary care. The 2018 General Medical Services Contract moved responsibility for some services previously provided by GP practices to Integration Joint Boards. Details of how these services are to be developed and delivered in East Lothian are contained in the East Lothian Primary Care Improvement Plan (PCIP). Primary care services covered in the PCIP currently include:

- Primary Care Vaccination Team.
- Community Treatment and Care (CTAC) service.
- Pharmacotherapy Service.
- Care When It Counts (CWIC) service.
- Musculoskeletal (MKS) direct access service.
- Link Worker Service.

Some of the developments taking place during 2022/23 in relation to these services are described below.

#### Care When It Counts (CWIC)

The CWIC service supports GP practices by offering same-day appointments with a team of medical professionals. The CWIC service can currently be accessed by patients registered at Riverside Medical Practice (Musselburgh), Inveresk Medical Practice (Musselburgh), Tranent Medical Practice, and the Harbours Medical Practice (Cockenzie and Port Seton).

The CWIC multidisciplinary team has a strong improvement culture and a clear focus on providing high quality care through a great training environment. This approach has been recognised nationally with the team shortlisted for the final of the Royal College of Nursing Learning in Practice Award.

The External Review into Access and Capacity of Riverside Medical Practice LLP & Associated Services was published in 2022. The Review report included a recommendation that the HSCP increase the level of provision by CWIC to Riverside Medical Practice. Through a combination of recruitment, training, and adjustment of processes within the CWIC service, the HSCP increased the CWIC provision available to patients registered with Riverside, whilst also improving the reliability of the service available to patients registered with one of the other three practices covered by CWIC.



During 2022/23:

- The number of weekly appointments provided by CWIC increased during 2022/23 from an average of 325 per week (May 2022 to January 2023) to 457 (January 2023 – June 2023)
- The goal of offering 300 appointments per week to Riverside Practice patients was achieved by April 20223.
- Since January 2023, three GP practices (Tranent, Inveresk and Harbours) have received between them a minimum of 40 appointments per day / 200 per week

### Pharmacotherapy Team

The East Lothian HSCP pharmacotherapy team consists of pharmacists and pharmacy technicians who work across all 15 East Lothian general practice. By March 2023 there was the equivalent of 8.2 pharmacists and 7 pharmacy technicians in the team.

The role of pharmacy technicians may be less familiar to people than the role of a pharmacist, but they now play a crucial role in providing primary care services. Pharmacy technicians are registered healthcare professionals who carry out specialised tasks in relation to the management of prescriptions.

The Pharmacotherapy Team have supported the transfer of some of the prescription related workload from GPs and have also contributed to improving patient outcomes and experience.

During 2022/23, the team:

- Carried out 16% more medicines reconciliation after discharge from hospital compared with the previous year.
- Responded to 84% more medicines related queries, mainly related to resolving issues where a medicine was unavailable / had gone out of stock.
- Increased the number of patients receiving serial prescriptions - it is now estimated that around 14% of patients across East Lothian who have a repeat prescriptions have serial prescriptions (see below).
- Delivered the Prescribing Plan which, achieving £648k of cost savings.

A serial prescription (SRx) allows for the supply of up to 56 weeks of medication. The use of serial prescriptions helps to reduce GP practice workload as staff are only required to issue and authorise SRx once or twice a year, as well as contributing to a reduction in the volume of calls related to repeat prescriptions. SRx are also easier and more convenient for patients.

## Primary Care Vaccination Programme

Responsibility for the planning and delivery of all vaccination programmes was fully transferred to the HSCP in May 2022 (elements of vaccination programmes were previously undertaken by or shared with GP practices). The Primary Care Vaccination Team manages all community based vaccinations outwith school settings from age five upwards, this includes:

- COVID vaccinations and boosters
- Flu inoculations
- Shingles and pneumococcal vaccines
- Vaccinations recommended by GPs or Consultants due to specific health needs.

The Team has operated across a number of community venues (Haddington Corn Exchange, Musselburgh Primary Care Centre, and Edington Hospital) during 2022/23, as well as in Care Homes and on an outreach basis using the Vaccination Bus and by visiting people at home when they have been unable to attend vaccination centres. This approach has contributed to the HSCP having the highest uptake of COVID and Flu Vaccinations across all Lothian HSCPs. During the Autumn / Winter of 2022/23:

- 112,000 COVID and Flu vaccinations were provided to East Lothian residents
- 72% of all eligible adults received a COVID vaccination (compared with an average of 67% across Lothian)
- 89% of East Lothian residents over 65 received a COVID vaccination (Lothian average – 87%)
- 88% of residents over 65 received a Flu vaccination (Lothian average – 85%)

## Right Care, Right Place

As described above, primary care services have changed significantly in recent years, with more services now being delivered outwith GP practices, and people being encouraged to access different primary care options without having to go via their GP.

As well as the HSCP delivered PCIP services listed above, individuals can go directly to NHS Inform, NHS 24, or their local pharmacy for support. Other primary care services include local dentists and opticians.

The HSCP has developed a Primary Care Communication Plan aimed at raising awareness of the range of services available, providing information on how to access them, and encouraging people to contact these services directly rather than going to their GP first.

The first part of this Communication Plan was delivered in early 2023, with the launch of a new [Primary Care Health Services](#) web page.

## 4.2 East Lothian Community Hospital Outpatient and Day Services

East Lothian Community Hospital (ELCH) provides local inpatient care, as well as an ever growing number of outpatient services and clinics, reflecting our Strategic Objective to provide care closer to home where possible. The number of outpatients seen at ELCH has grown from around 30,000 in the last years of Roodlands Hospital<sup>13</sup> to just over 55,000 in 2022/23 (a 60% increase).

During 2022/23, we added to the range of nurse-led patient monitoring clinics available at ELCH. This allows patients to have routine checks without the need for a Consultant appointment in a hospital out with East Lothian (unless test results require). We also changed our approach so that clinics became generic rather than speciality specific. This led to a more efficient use of appointment slots and reduced DNA (Did Not Attend) rates from 25% DNA in 2021/22 to 15% in 2022/23. We recognise that this is still a relatively high DNA rate and will continue to work on reducing it.

Key developments during the year included:

- Introducing nurse-led minor operations clinics at ELCH from autumn 2022.
- Doubling capacity for Dermatology Ultraviolet Phototherapy treatment at ELCH, reducing further the number of East Lothian residents having to travel into Edinburgh for twice weekly sessions (over 10-12 weeks). This will be in place by June 2023.
- Increasing the capacity and use of the Endoscopy and Day Services Unit at ELCH so that it now offers up to 30 sessions a week (from 17 sessions a week in 2021/22).
- The ongoing development of teaching / training by the Endoscopy and Day Service Unit at the hospital's state-of-the-art facilities and lecture theatre. This has included the Unit working towards JAG Accreditation<sup>14</sup>, which would make it the first NHS facility in Scotland to achieve this status.
- Increasing the length of Ultrasound clinics by 2 hours each day (from 8am to 6pm) and offering Endoscopy sessions on Saturdays throughout January, February, and March to address appointment backlogs and offer more patient choice.
- Working with the Haematology Unit at the Edinburgh Cancer Centre to provide Intravenous (IV) therapy at ELCH as an alternative to travelling to the Western General.

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<sup>13</sup> The transfer of Roodlands Outpatient Department to the new East Lothian Community Hospital began in March 2018, with all other services moving to ELCH by the end of 2019.

<sup>14</sup> This accreditation is awarded by the Royal College of Physicians Joint Advisory Group (JAG) on Gastrointestinal Endoscopy.

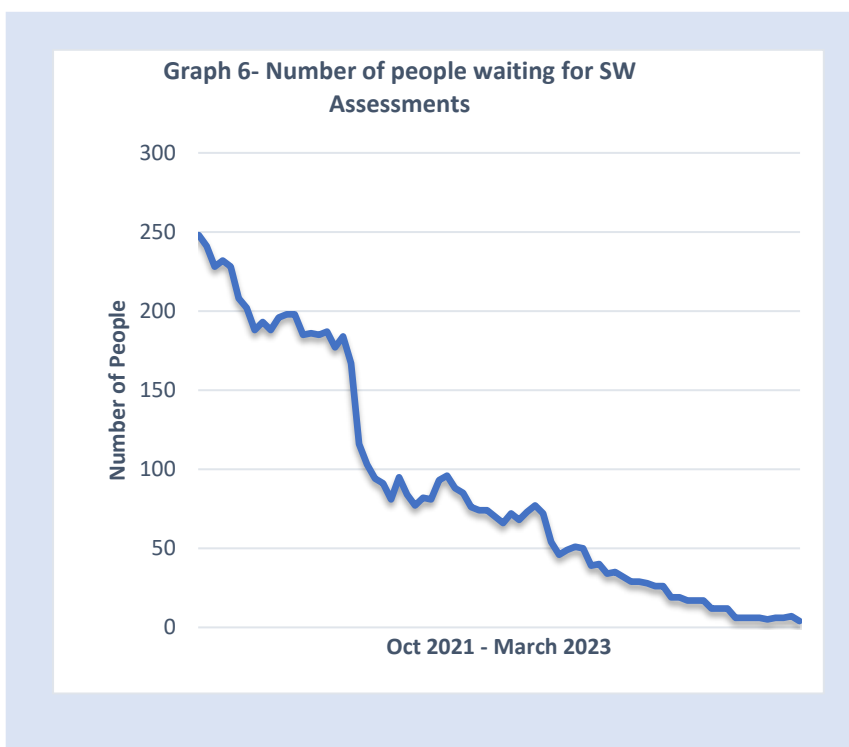
### 4.3 Re-imagining Adult Social Work

In last year's Annual Report, we described how our Adult Social Work Service was working with IRISS (Institute for Research and Innovation in Social Services) on a programme to re-imagine the approach to Social Work services for adults in East Lothian. This work has been developed in response to the need to ensure that social work services are effective, responsive, and fit for the future. Priorities have included:

- Reducing the time people are on our waiting lists for social work assessment
- Moving towards a more preventative and early intervention approach
- Taking a more 'outcome focussed' approach to meeting people's needs (by looking at what is important to them and considering how they can be supported to achieve this)

As part of this work, we introduced a new operating model and supporting structures in 2021. The new model is designed to ensure that as many cases as possible were dealt with by our Duty system at the 'first point of contact', rather than people being added to a waiting list. Importantly, this was underpinned by a shift in culture and approach within the service, with the ambition to eradicate waiting lists a key focus.

By the end of 2022/23, this approach had reduced the waiting list for assessment to zero, with assessments being carried out at the first point of contact or passed on for allocation if required in most instances (for both Adult Social Work and Learning Disability teams).



Graph 6 shows the reduction in the number of people waiting for a social work assessment from around 250 in October 2021 to zero from the start of 2023.

The strength of our performance is evident when compared to previous years, but also when seen in comparison to other HSCPs across Scotland. Although full year figures are not available as yet for 2022/23, the most recent comparative data demonstrates the following:

	<b>Number of people waiting for assessment for social care (per 10,000 population)</b>	
	<b>November 2022</b>	<b>March 2023</b>
<b>East Lothian</b>	3.2	0.4
<b>Scotland (estimated)</b>	17.5	Not available currently

A reduction in waiting time means that individuals are seen at an earlier stage, enabling the team to take a more preventative / early intervention approach. This results in better outcomes for the individual and can help prevent care needs becoming more significant or a crisis arising. Keeping waiting lists to a minimum also helps reduce ‘hidden risk’ in terms of people with a high, but unknown, level of need / risk waiting to be assessed.

Significant improvements have also been made in relation to the Mental Health Officer (MHO) waiting list. During 2022/23, the waiting list for Adult Guardianship Orders was reduced to a point where there are no longer any outstanding MHO reports – previously, a waiting time of 18 months was not uncommon as shown in table x below.

	<b>Number of people waiting assessment for Adult Guardianship Orders</b>	<b>% waiting 18 months or more</b>
<b>May 2021</b>	34	41%
<b>March 2023</b>	0	n/a

## 4.4 Dementia

### Post Diagnostic Support

Post Diagnostic Support is currently provided for one year following a diagnosis using the Alzheimer Scotland 5 Pillar Model of Post Diagnostic Support (PDS). This is in line with the Dementia Strategy for Scotland. The service offers advice and support to help people understand the condition and to signpost them to services they may find helpful. Post Diagnostic Support can also assist with the development of a person-centred plan, as well as providing support for carers.

The PDS service went out to tender during 2022, based on a longer term contract to help aid recruitment and reduce the waiting list for support. A three year contract was awarded to Alzheimer Scotland (with an option to extend by 2 further 2 year periods).

Going forward, the PDS service will develop a more asset-based approach to post diagnostic support and will also place greater emphasis on building community supports. This will include linking in with the new Musselburgh Meeting Centre model and its roll out across East Lothian. It is expected that once staff recruitment has been completed, the waiting list for the service will reduce significantly. It is also anticipated that this will have a positive impact on the current Community Psychiatric Nursing (CPN) caseload.

### Dementia Strategy

Work took place throughout 2022/23 to develop an East Lothian Dementia Strategy. Feedback gathered through the IJB Strategic Plan, and the Planning for an Ageing Population engagement exercises helped to inform the Strategy's development. Separate community engagement with people with lived experience was also completed by Outside the Box. In addition, 1:1 consultation was completed with East Lothian Care Home managers who support residents with more complex levels of dementia.

A Technical Report was also developed to inform the content of the Strategy. This contains a range of data, including data on the number of people with a formal diagnosis of dementia, the geographical spread of those with a diagnosis, and projections of future need.

Key elements of the Strategy include taking a more community focused approach and expanding the current offer of Post Diagnostic Support from 1 year to cover the lifetime that a person has dementia.

Consultation on the draft Strategy will take place from June 2023 and a final version is expected by the end of summer.

## 4.5 Supporting Carers

Work took place throughout 2022/23 to develop a new East Lothian Carers Strategy. Once complete, this will guide activity in this area over the next three years. Engagement with carers, carer organisations and carer representatives has helped to inform the content of the Strategy. It is anticipated that the new Strategy will be agreed in June 2023 and that it will be accompanied by an implementation plan that will be monitored and reviewed annually.

Other developments during 2022/23 included:

- Allocation of Carers Act funding to support a wide range of carer support services. These included information and advice services from Carers of East Lothian; East Lothian Young Carers Service; Older People's Day Service Outreach Work; carer identification and support via Community First (VCEL); Leuchie@home; Meeting Centre development; Alzheimer's Scotland D' cafes; PASDA engagement; and the introduction of Teens+ to East Lothian.
- Allocation of Carers Act funding to support Carers of East Lothian 'Time for me' fund, giving support and funding to carers enable them to arrange short breaks.
- The appointment of a Carers Strategy Officer to develop the new Carers Strategy and to take forward the carers' agenda across the HSCP.
- The short term appointment of a Mental Health Officer to help clear the backlog of private guardianship applications.
- The appointment of a Community Care Worker to provide support to carers.
- Allocation of personal budgets to 20 carers to help meet their personal outcomes.
- The appointment of an Occupational Therapist within East Lothian Rehabilitation Service (ELRS) to support an innovative Carers Pathway (focused on health and wellbeing outcomes for carers)
- Development work to secure a number of respite beds in local Care Homes to provide planned, bookable respite (with the first bed being available from March 2023).
- HSCP staff and CoEL forming a working group to review East Lothian's Adult Carer Support Plans and pilot a revised form with a small number of carers. Implementation of the new ACSP is due to take place during 2023/24.
- Development of a new Carers Pathway to improve carers access to support services (see p x).

- Ongoing development of the Hardgate Short Breaks Service (see below)

### **Hardgate Short Breaks Service**

Hardgate short breaks service offers regular flexible breaks for individuals with learning disabilities and complex health needs in the heart of Haddington. In addition, it can provide emergency accommodation and support. The service has grown over the last year to offer a service to 9 service users. Ongoing work will allow for new referrals to be accepted later in 2023.

The service provides parents and carers in East Lothian with frequent reliable respite from their caring duties, whilst their loved ones enjoy a break in a familiar setting with staff who have the specialist skills required to provide a safe and nurturing environment throughout their stay.

The Hardgate team works in partnership with the Community Learning Disability Team (CLDT) to ensure that each individual's needs are fully assessed prior to, and completely met during their stays. Staff working in the service have completed training and attended information sessions to enable them to support a range of health and social care needs safely and effectively (for example, training in epilepsy and emergency medication administration; oxygen administration; British Sign Language; and positive behavioural support).

Staff training and development has meant that the service is able to offer short breaks for people with clinical intervention requirements that have previously been supported by nursing staffed respite services rather than in social care settings.

## **4.6 Palliative and End-of-Life Care**

Our Strategic Plan highlights our commitment to delivering high-quality palliative and end-of-life care through a number of multidisciplinary teams in home, community, and hospital settings. Our aim is to provide patients with choice whilst reducing the reliance on acute hospital beds in favour of community-based care that takes care to the patient whilst also supporting families and carers.

During 2022/23:

- Our Hospital to Home and Care at Home services worked closely with Hospice at Home to provide care packages in the community. 117 people were supported in this way, with over 2,500 visits taking place.
- Following a successful pilot, we continued to offer palliative care beds at the Abbey Care Home, with around 4 people a month being admitted.



- District Nursing and East Lothian Palliative Care Team worked closely to support end of life care in people's homes where this was their wish.
- We continued to roll out a palliative care and end-of-life care education and training programme for staff.

## Strategic Objective 4 - Our Performance in Numbers



The number of outpatients seen at ELCH has grown from around 30,000 in 2019 to just over 55,000 in 2022/23 (a 60% increase).



DNA (Did Not Attend) rates for East Lothian Community Hospital Outpatient appointments fell from 25% DNA in 2021/22 to 15% in 2022/23



Capacity at East Lothian Community Hospital for Phototherapy and for the Endoscopy and Day Services Unit doubled from the previous year



The number of weekly appointments provided by CWIC increased during 2022/23 from an average of 325 per week to 457 per week.



The Pharmacy Team carried out 16% more medicines reconciliation after discharge from hospital and responded to 84% more medicine related enquiries (compared with the previous year).



112,000 COVID and Flu vaccinations were provided to East Lothian residents. 72% of all eligible adults received a COVID vaccination (compared with an average of 67% across Lothian).



89% of East Lothian residents over 65 received a COVID vaccination (Lothian average – 87%) and 88% received a Flu vaccination (Lothian average – 85%).



The number of people waiting for a social work assessment in East Lothian was reduced from around 250 in October 2021 to zero from the start of 2023.



The number of people waiting assessment for Adult Guardianship Orders was reduced from 34 in March 2021 to zero by March 2023.



Personal budgets were allocated to 20 carers to help meet their personal outcomes.



Our Hospital to Home and Care at Home services worked with Hospice at Home to provide support to 117 people in the community, with 2,500 visits taking place.

## Strategic Objective 5 – Develop and embed integrated approaches and services

### 5.1 Integrated Teams and Approaches

#### Enhanced Learning Disability Service

The development of an enhanced Learning Disability (LD) Service in East Lothian is proving to be successful in delivering better outcomes for local people. Learning Disability Social Work and other HSCP teams have been brought together to take an integrated, multidisciplinary approach to support more complex and high risk learning disability patients, especially those with significant health needs or mental health issues.

The enhanced service offers 24 hour support, providing continuity and delivering positive experiences and better outcomes in a safe environment. The service also contributes to the prevention of hospital admissions, timely discharge, and a reduction in carer stress. The approach also makes best use of resources which is particularly important given the workforce and social care provision issues currently faced by services.

Many of the cases seen by the enhanced LD service have been subject to Adult Protection measures and / or are frequent attenders at Accident and Emergency (A&E). We have been working collaboratively with A&E colleagues to help reduce presentations.

The enhanced LD Service's delivery is based on a care-coordination model, which ensures that the right people are involved with the individual at the right time, the first time.

### 5.2 Pathways

We identified reviewing patient pathways as one of our delivery priorities under Strategic Objective 5. The term 'patient pathways' refers to the journey from a person's initial contact with a service, through to their subsequent interaction with the service and related services, through to discharge if / when appropriate.

One example of patient pathway development activity that took place during 2022/23 was in relation to the 'Complex Care Assessment Pathway'. This pathway relates to the patients likely to need Hospital Based Complex Clinical Care (HBCCC) or a Care Home placement. Development of the pathway aims to ensure that the patient's journey is managed smoothly and efficiently; that actions and decisions are clearly recorded; and that patients, their carers, and families are provided with the information they need to make decisions at key points in the journey.

Other examples include the development of the ELRS Carers Pathway (see page 35), and work focused on promoting direct patient access to HSCP delivered primary care services (page 30).

## Review of access to Mental Health Services

The review of access to Mental Health services is another example of work being carried out to improve access to services and patient pathways. The review is ongoing but has already resulted in a number of service developments including:

- Bringing the CWIC Mental Health Service under the same directorate as other East Lothian mental health services (CWIC MH previously sat within the Primary Care directorate). This move has helped to facilitate closer working with the Community Mental Health Team (CMHT) and Intensive Home Treatment Team (IHTT).
- Commissioning a new DBI (Distress Brief Intervention) service for East Lothian, providing timely, accessible, short term support for people experiencing distress (see page 24 above).
- Development work around the introduction of a new 'first point of contact' for mental health services. Once implemented, this will make initial access easier / clearer. It will also ensure that people's needs are assessed and that a plan is agreed for meeting these needs at this first point of contact.
- Introduction of a senior clinical decision maker role across the CWIC Mental Health and Intensive Home Treatment Team.
- Development of a dedicated multidisciplinary Neurodevelopmental Pathway and clinics (responding to the increase in waiting lists and waiting times for neurodevelopmental assessment).
- Introduction of a specific ADHD (Attention Deficit Hyperactivity Disorder) Patient Pathway as the first phase of the broader neurodevelopmental pathway work, and recruitment of a dedicated Consultant to support this.
- Commissioning 'Autism Initiatives' to carry out neurodevelopment assessments over a fixed term period to help address the backlog with assessments.

Work in relation to each of these developments will continue throughout 2023/24. In addition, a programme will be agreed in relation to the review of Older Adult Mental Health (OAMH) services.

### 5.3 Meeting housing needs

The HSCP's Adult Social Work and East Lothian Council Housing Services have developed a Service Level Agreement to deliver 8 units per annum for priority housing groups. Adult Social Work assessors complete housing needs assessments for all service users and this is used to inform future housing demand by housing model and area. A total of 33 units have been delivered since 2019.

This process is managed through collaborative 8 weekly meetings with the Council's Housing Managers and Social Work Managers. Children's Services are also represented as this gives the opportunity to explore future housing options for young people with complex support needs who are transitioning to Adult Services.

Since 2019 Adult Social Work has been working towards providing tenancies in a Core and Cluster Model which allows care to be delivered by one provider on one site and ensures that there is individual support during the day to deliver outcomes and a robust overnight response which is shared by all individuals.

The close link between health, social care, housing, and place was reflected in the carrying out of a joint consultation exercise to inform the new IJB Strategic Plan, Local Housing Strategy and East Lothian Development Plan (you can read about this in page xx above). Housing colleagues also ran specialist works to enable HSCP to have a direct input into the Local Housing Strategy development.

The commencement of the Housing and HSCP Strategic Group in May 2023, will ensure continued joint working, including in relation to the development of a Housing Contribution Statement and supporting further HSCP input to the draft Local Housing Strategy.

### 5.4 Transitions

Planning for young people's transition from child to adult services is already well established in East Lothian, with transition referrals made at an early stage and contact and multidisciplinary meetings taking place on a regular basis. The young person is allocated an Adult Services Social Worker well in advance of them moving to Adult Services, and the young person and their family are involved and supported throughout.

Work continued during 2022/23 on the further development of this collaborative approach to transitions, including the development of a draft East Lothian Transitions framework. The framework reflects the 'Principles of Good Transitions'<sup>15</sup>, and places further emphasis on the young person being at the centre of the planning process. The final framework will further formalise the process to be followed, defining the responsibilities of those involved, and

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<sup>15</sup> ['Principles of Good Transitions 3' - Scottish Transitions Forum](#)

expected milestones and timescales. It is anticipated that the implementation of the new framework will begin in summer 2023.

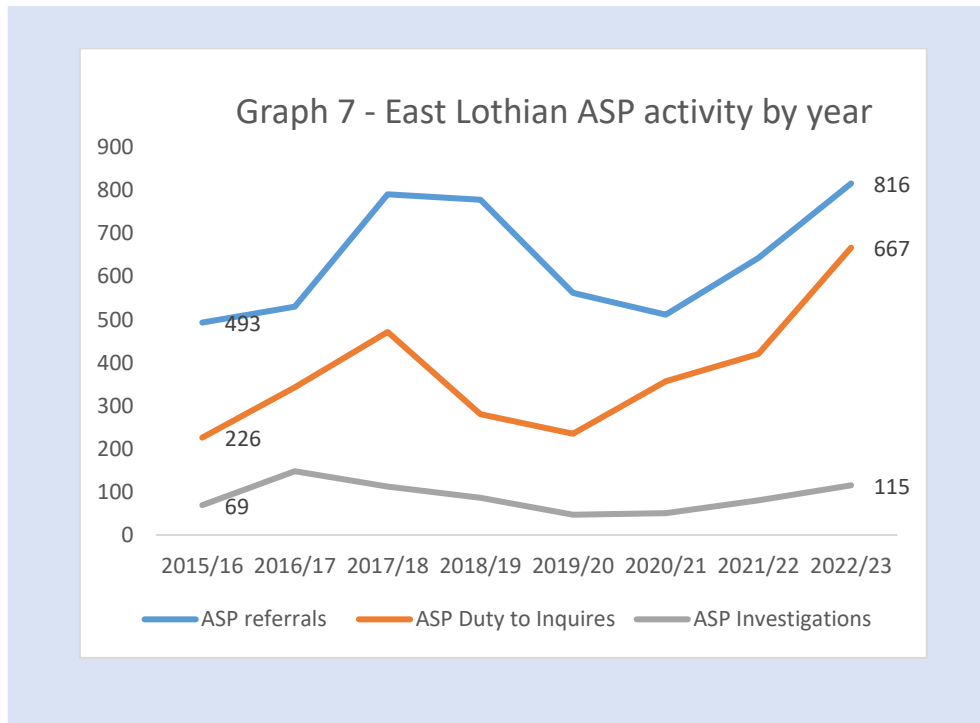
## Strategic Objective 6 – Keep people safe from harm

### 6.1 Adult Support and Protection

Detailed data in relation to the East Lothian Adult Support and Protection service performance is reported in the EMPPC<sup>16</sup> Annual Report. This will be available on the [EMPPC website](#) in the autumn once completed. Quarterly newsletters describing Public Protection activities and including articles on a range of related topics are also available on the website. This section highlights some elements of performance during 2022/23 and gives examples of service development activity during 2022/23.

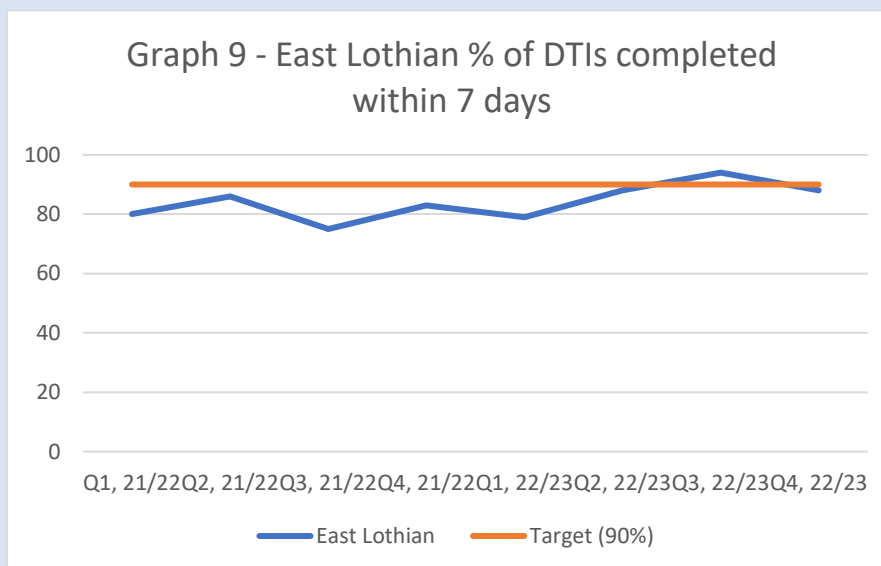
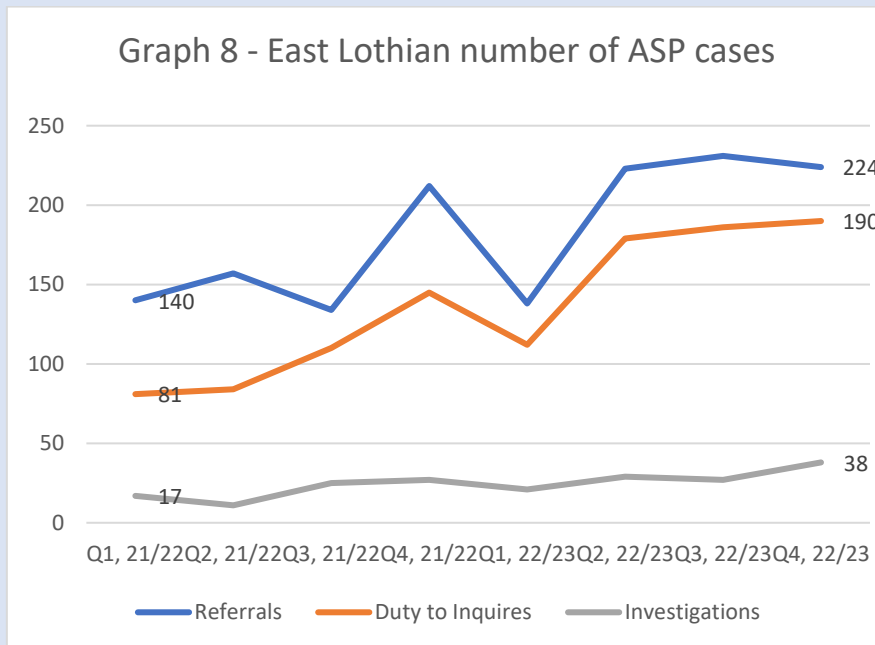
In terms of level of activity:

- There were 816 referrals categorised as Adult Protection in East Lothian during 2022/23 – an increase of 173 (27%) from the previous year and a 60% increase since 2020/21.
- There were 667 Duty to Inquire (DTIs) – a 59% increase from the previous year.
- The number of Adult Support Protection Investigations increased by 44% from 80 the previous year to 116 in 2022/23.
- Graph 7 below shows the upward trend in ASP activity from 2015/16.



<sup>16</sup> East Lothian and Midlothian Public Protection Committee (EMPPC) is the local strategic partnership responsible for the overview of local policy and practice in relation to Adult Protection, Child Protection, MAPPA and Violence Against Women and Girls.

Despite the ongoing increase in level of demand, compliance in relation to completing DTIs within 7 days of referral increased, demonstrating improved performance (see graphs 8 & 9 below).





We continued to develop our approach to performance management and improvement in relation to Adult Support and Protection (ASP) services during 2022/23. This included:

- Updating our Adult Support and Protection Procedures to ensure they align with the Scottish Government’s revised Code of Practice (with revised procedures due to be implemented during 2023).
- Introduction of a new analytical risk assessment framework and guidance for professionals involved in ASP.
- Revision of recording templates to ensure that the right information is captured to support evidence-based risk assessment.
- Implementation of an Escalating Concerns Procedure (from autumn 2022). This Procedure is used to support a multi-agency approach where there concerns about an adult’s safety, but they do not fit the criteria to allow them to be managed under ASP legislation.
- Preparation for and involvement in a Joint Inspection of East Lothian Adult Support and Protection in East Lothian.<sup>17</sup> The final inspection report is due to be published in June 2023. An Improvement Plan will then be developed in response to any recommendations made in the report.
- Hosting an online learning event on self-neglect and hoarding for over 300 staff from across the Lothians (in response to the growing number of ASP referrals related to self-neglect across the country).

## 6.2 Reducing harm from substance use

The introduction of Medication Assisted Treatment (MAT Standards) is a key element of the Scottish Government’s strategy to tackle the rise in drug related harm and deaths and to promote recovery. MAT Standards are described as ‘evidence based standards to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland’.

Responsibility for implementation of MAT Standards lies with health and social care service providers, including HSCPs. The MAT Standards framework has a number of elements, aimed at ensuring that MAT is accessible, safe, effective, and based on a person-centred approach to care.

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<sup>17</sup> The Joint Inspection was carried out by the Care Inspectorate, Healthcare Improvement Scotland and His Majesty’s Inspectorate of Constabulary in Scotland.

The Scottish Government set a target for the full implementation of MAT Standards 1 to 5 by April 2023 (there are 10 Standards in total). East Lothian HSCP worked closely with Alcohol and Drug Partnership (ADP) to achieve this in advance of the target date. This involved a considerable collective effort by all partners, some of the key activities delivered included:

- Full implementation of same day access for assessment and treatment, 5 days a week, with people either coming via the MELD contact service (see page 24), triage, external referral, or self-presentation. In the first 4 months, 25 people had accessed the same day service and the median time between first contact and starting a prescription was 2 days.
- Supporting people to make an informed choice about medication options and dosage in both primary and secondary care settings. This resulted in a steady uptake of Buprenorphine. Buprenorphine is prolonged release medication that can be administered weekly or monthly, making it easier for people to stick to their planned medication and also offering a more convenient option for people in work or education.
- Midlothian and East Lothian Drugs (MELD) developing a low threshold café model in targeted areas. Cafés began to operate in the Tranent and Prestonpans areas in early 2023.
- Carrying out engagement with People with Lived Experience to help inform the delivery of treatment and support options related to the implementation of MAT Standards. This is being led by MELD and involves peer support staff engaging with stakeholders.

### 6.3 Justice Social Work

East Lothian Justice Social Work Service's vision is to 'reduce the risk of harm caused by crime within our community' by contributing to the following outcomes:

- Promoting greater equality of opportunity, enabling our service users to lead more fulfilling lives.
- Making our communities safer places to be by addressing offending behaviour.
- Our interventions are proportionate and based on individual risk, need and responsibility.
- We reduce reoffending through fostering a sense of belonging and involvement in our community.

The service has a Business Plan in place (for 2021-24) and publishing an Annual Report each autumn, which includes a comprehensive Improvement Plan. The service also produced an Evaluation Timetable (2021-23) and reported on this in August 2022.

Activities during 2022/23 included:

- Increasing the use of the Caledonian System<sup>18</sup>, resulting in a threefold increase in Caledonian orders since September 2020. A dedicated member of staff has been identified to support uptake of Caledonian. We have also adjusted our screening process to encourage greater use (this approach has been adopted by neighbouring local authorities as best practice). Our success was reflected in the service being a finalist in the Scottish Social Services Awards.
- Building on our approach to early intervention and prevention through the development of Structured Deferred Sentences (with roll out beginning in March 2023). Structured Deferred Sentence is a way to 'provide social work support to individuals who may need a short term intervention to address needs by who do not require the level of supervision of a Community Payback Order'<sup>19</sup>. Where successful, SDS helps to reduce the frequency and seriousness of offending behaviour and lessen the need for intensive supervision in the community.
- The Community Payback Work Team developing new options for unpaid work for service users. This included getting authorisation to set up 'classroom' to enable the delivery of an extended range of options, including group work, learning opportunities and modules delivered by partner organisations (e.g., the Scottish Fire and Rescue Service and CHANGES).
- Involvement in work at a national level to pilot a new Justice Social Work Report (JSWR) template. The new template gives the service an opportunity to provide the Court with more information about an individual prior to them being sentenced.

In terms of level of activity over 2022/23:

- 162 Community Payback Orders (CPOs) were issued for East Lothian residents – this was an increase of 28% from the previous year (from 127 CPOs).
- 115 of the CPOs issued had a Supervision Requirement (61 included unpaid work) – this was an increase of 77% from the previous year (and a 74% increase in unpaid work requirements).

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<sup>18</sup> The Caledonian System is national programme described as 'an integrated approach to addressing domestic abuse. It combines a court-ordered programme for men, aimed at changing their behaviour, with support services for women and children' – more information is available [here](#).

<sup>19</sup> [Structured Deferred Sentence - Community Justice Scotland](#)

- 244 Justice Social Work Reports were requested – 93% were completed within the timescale of two working days prior to the return to court date.

More detailed information and data on the performance of the Justice Social Work Service will be reported in the annual Community Payback Order Report (due in October 2023) and the East Lothian Chief Social Worker Annual Report (available around the same time). Both reports will be published on the East Lothian IJB webpages (link to be added).

## 6.4 Supporting children, young people, and families

HSCP services play an important role in relation to children and young people’s health and wellbeing, both through the services we deliver to them directly<sup>20</sup> and through the support we provide to parents and other adults as part of the wider family unit.

As articulated in The Promise<sup>21</sup>, we need to ensure that our services are guided by the principles of ‘Whole Family Support’. This includes our staff working closely with other services involved in supporting families to identify and respond the needs of the whole family. Although we already work closely with colleagues from Children’s Services and other organisations, we are committed to further development of collaborative working.

Examples of how we will do this include:

- Training and awareness raising for HSCP staff in relation to ‘whole family approach’.
- HSCP representation in the East Lothian Trauma Informed Working Group and identification of an HSCP Trauma Informed Champion.
- Participation of HSCP staff in ‘Safer and Together’ training and in the East Lothian ‘Equally Safe’ group.
- Providing support to young carers as outlined in the East Lothian Carers Strategy (see page 35).
- Working with Children’s Services colleagues to ensure a positive transition for young people moving to adult services (see page 41).

## 6.5 Suicide prevention

The HSCP will work with a range of partner organisations during 2023/24 to develop and deliver an updated East Lothian Suicide Prevention Action Plan based on the national strategy - ‘Creating Hope Together – Scotland’s Suicide Prevention Strategy 2022-23’. This will build on the previous work of the East Lothian Suicide Prevention Steering Group.

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<sup>20</sup> These include children’s community health services (district nursing, health visitors and school nursing) and support for Young Carers

<sup>21</sup> [Home - The Promise](#)

## Strategic Objective 6 - Our Performance in Numbers



There were 816 referrals categorised as Adult Protection in East Lothian during 2022/23 – an increase of 173 (27%) from the previous year and a 60% increase since 2020/21.



There were 667 Duty to Inquires (DTIs) during 2022/23 – a 59% increase from the previous year.



The number of Adult Support Protection Investigations increased by 44% from 80 the previous year to 116 in 2022/23.



In the first 4 months of MAT same day access, 25 people had used the service and the median time between first contact and starting a prescription was 2 days.



162 Community Payback Orders (CPOs) were issued for East Lothian residents – this was an increase of 28% from the previous year (from 127 CPOs).



115 of the CPOs issued had a Supervision Requirement (61 included unpaid work) – an increase of 77% from the previous year (and a 74% increase in unpaid work requirements).



244 Justice Social Work Reports were requested – 93% were completed within the timescale of two working days prior to the return to court date.

## Strategic Objective 7 – Reducing health inequalities

### 7.1 / 7.2 Understanding health inequalities / Taking action to address health inequalities

The inclusion of Strategic Objective 7 in the IJB Strategic Plan reflects the IJB's recognition of the key role it plays in relation to reducing health inequalities<sup>22</sup> in East Lothian.

Many of the activities described in this report contribute to reducing health inequalities. However, a number of specific activities also took place during 2022/23 to further develop our approach to reducing health inequalities, some of these are described below.

#### Developing an understanding of health inequalities

We completed a Joint Strategic Needs Assessment<sup>23</sup> (JSNA) during 2022-23 - you can view our JSNA [here](#). As well as helping to inform the development of our IJB Strategic Plan, this added to our knowledge of East Lothian communities in terms of demography, as well as in relation to health and other outcomes. We will continue to develop the JSNA during 2023/24, particularly in terms of content that contributes to our understanding of health inequalities.

Work will also take place over coming year to look at how we can further develop our understanding of local health inequalities by gathering data and other information through the services we deliver.

#### Our approach to health inequalities

Integrated Impact Assessments (IIAs) are carried out by public bodies to consider the available evidence in order to determine whether proposals are likely to have an unfair or negative impact on particular groups of people within the community or on the environment.

Our use of IIAs was identified as an area for improvement during 2022/23, leading to the development of an IIA Improvement Plan. Actions from the Plan delivered during the year included:

- Making all current IIAs available on the East Lothian Council website and introducing a consistent approach to ensure that any new IIAs are also published there.
- IJB members attending a development session which highlighted their duty to ensure that IIAs have been considered and carried out where necessary in relation to proposals

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<sup>22</sup> Health inequalities can be defined as systematic, unfair differences in the health of the population that occur across social classes or population groups. Find out more about health inequalities [here](#)

<sup>23</sup> You can learn more about the Joint Strategic Needs Assessment process [here](#).

requiring an IJB decision. Ongoing information and training for IJB members to ensure continuing awareness of equalities issues.

- Encouraging HSCP staff to take part in Lothian IIA group training (delivered regularly throughout the year). Uptake of this was positive, and this will continue to be monitored.
- Preparation for the introduction Equalities Champions in HSCP teams / services to promote awareness and understanding of inequalities. Champions will also lead on screening activities in their service area, carrying out IIAs when needed (Equalities Champions will be identified during 2023/24).

## Our Financial Performance

### Spend in 2022/23

As in previous years, East Lothian Integration Joint Board (IJB) received a financial allocation from its partners – East Lothian Council and NHS Lothian – for the functions delegated to it.

East Lothian IJB had a budget of just over £204m and ended the year with a deficit of £10.1m – this means that the charges from partners for services delivered on behalf of the IJB were more than the income available to the IJB. However, this deficit is due to the IJB receiving income last year 2021/22 from Scottish Government for use in this financial year 2022/23 with the ‘operational’ underspend being c. £0.2m.

A significant element of the funds received last year for use during 2022/23 relates to Covid-19 funding. The IJB started the year with £9.1m to meet the additional costs of the pandemic and spent £5.5m. The remaining balance of Covid-19 funding of £3.6m has been reclaimed by Scottish Government, therefore the IJB has a Covid-19 reserve balance of nil.

The operational underspend will be taken to the IJBs general reserve which was £5m at 31 March 2023.

Further details of our total reserves balance are shown below. The financial position of the IJB at the end of 2022/23 is explained in more detail in the annual accounts.

#### Budget Summary

	2022/23 Budget	2022/23 Expenditure	2022/23 Variance
	£k	£k	£k
Health	£142,908	£153,357	-£10,449
Social Care	£61,644	£61,362	£282
Total	£204,552	£214,719	-£10,167

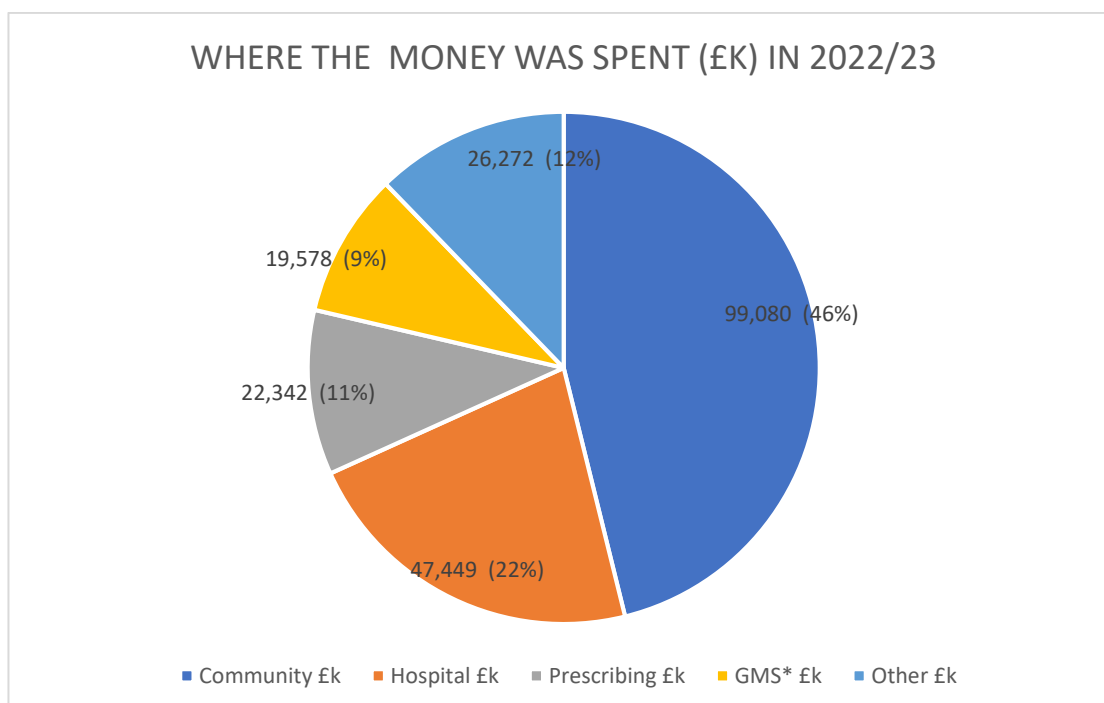


The graph and table below show our budget spend according to category of activity

**Where the money was spent in 2022/23**

	<b>Community £k</b>	<b>Hospital £k</b>	<b>Prescribing £k</b>	<b>GMS* £k</b>	<b>Other £k</b>	<b>Total £k</b>
<b>Expenditure</b>	99,080	47,449	22,342	19,578	26,272	214,720
<b>% of total</b>	46%	22%	10%	9%	12%	100%

\* GMS (General Medical Services) expenditure is the cost of running the GP service in East Lothian. Prescribing expenditure is the costs of prescriptions for the 15 East Lothian GP practices.



Breakdown of the budget and expenditure by service for 2022/23 is shown in the table below:

**Budget and expenditure by service in 2022/23**

	<b>Budget £k</b>	<b>Expenditure £k</b>	<b>Variance £k</b>
<b>Direct East Lothian Services</b>			
Community AHPS	6,176	5,868	308
Community Hospitals	14,560	14,038	521
District Nursing	3,127	2,964	163
General Medical Services	19,229	19,578	-349
Health Visiting	2,207	2,106	101

Mental Health	6,160	6,302	-142
Other	7,630	16,733	-9,103
Prescribing	21,279	22,342	-1,062
Resource Transfer	4,969	4,969	1
Older People	34,008	33,693	315
Mental Health	2,226	2,550	-324
Physical Disabilities	2,755	2,894	-139
Learning Disabilities	17,923	18,756	-833
Statutory	215	180	35
Planning and Performance	3,159	3,140	19
Other	1,358	150	1,208
<b>Pan Lothian Services</b>			
Set Aside	24,764	25,960	-1,196
Mental Health	2,871	3,122	-251
Learning Disabilities	1,606	1,624	-18
GP Out of Hours	1,593	1,676	-83
Rehabilitation	1,137	940	198
Sexual Health	911	928	-18
Psychology	1,580	1,584	-4
Substance Misuse	592	567	25
Allied Health Professions	1,888	1,765	123
Oral Health	1,626	1,565	61
Other	4,697	4,420	277
Dental	7,617	7,617	0
Ophthalmology	2,093	2,093	0
Pharmacy	4,596	4,596	0
<b>Totals</b>	<b>204,552</b>	<b>214,720</b>	<b>-10,167</b>

## Reserves

The IJB does hold reserves and more detail on these reserves can be found in the IJB annual accounts for 2022/23.

## Future financial pressures

Key financial challenges in 2023/24 for the IJB will be NHS Lothians forecasts significant financial pressure in the health part of the IJB, particularly within our prescribing, GMS and set aside budgets. Within the social care budget, inflation, and demand increases (through population growth) will continue to create financial pressures. This will be examined further in the IJB's multi-year financial plan.

## National Integration Indicators - How We Performed

**\*\*\* MANAGEMENT INFORMATION ONLY \*\*\*** - This information has been released for management information purposes only and is not for onward distribution. An updated version of this report will be completed following the publication of the latest MSG and Core Suite Indicator figures in July.

The Scottish Government published a Core Suite of 23 National Integration Indicators in 2015. The Ministerial Strategic Group for Health and Social Care later developed a set of additional indicators. Between them, these indicators provide a means for Health and Social Care Partnerships to measure progress in delivering the National Health and Wellbeing Outcomes.

The tables below provide the more recent available data for each of these indicators, along with the figure for Scotland and trend information where available / appropriate. Data for the Core Suite of Indicators is published on the Public Health Scotland website.

### Core Suite of National Indicators

#### (i) Scottish Health and Care Experience Survey (2021/22)

Nine of the national integration indicators are based on data from the biennial Scottish Health and Care Experience (HACE) survey (table 1). The most recent survey was in 2021/22, so reflects data from the year before this annual report covers. You can view the 2021/22 data in [last year's annual report](#).

#### (ii) Operational Performance Indicators

The Core Suite of indicators includes a number of indicators based on hospital and other health and social care service activity, along with data from National Records of Scotland's death records. Performance against each of these indicators is shown below.

It should be noted that, where indicated (indicators 12, 13, 14, 15, 16, and 20), the figures given are for calendar year 2022. Calendar year 2022 is used as a proxy for 2022-23 due to the national data for 2022-23 being incomplete. We have done this following guidance from Public Health Scotland and to improve consistency between our report and other Health and Social Care Partnerships.

All proxy data shown in the tables below should be considered management information. An updated version of this section will be completed when the latest MSG figures are released on the 4th July. Due to this, the latest Scottish data has only been included for indicators 17, 18, 19, and 20.

Performance Symbols Key					
Improvement trend	✓	Performance similar to previous years / only slight change	—	Downward trend	↓
Performance above the Scottish level	✓	Performance around the same as Scottish level	—	Performance below the Scottish level	✗

11. Premature mortality rate for people aged under 75 per 100,000 persons (by calendar year)									
	2016	2017	2018	2019	2020	2021	Trend	6-year Trend	
<b>East Lothian</b>	375	372	333	313	342	375	↓	—	<p>The premature mortality rate for people aged under 75 has increased since 2019. The rate also increased at a national level.</p> <p>East Lothian's premature mortality rate is still significantly lower than the Scottish rate.</p>
<b>Scotland</b>	440	425	432	426	457	466	-	-	

12. Emergency admission rate for adults (per 100,000 population)									
	2017/18	2018/19	2019/20	2020/21	2021/22	2022	Trend	6-year Trend	Performance improved, with the lowest emergency admissions rate in 6 years.
<b>East Lothian</b>	10,095	10,071	10,964	10,073	10,428	<b>9,358</b>	✓	✓	
<b>Scotland</b>	11,942	12,283	12,529	10,957	11,629	-	-	-	

13. Emergency bed day rate for adults (per 100,000 population)									
	2017/18	2018/19	2019/20	2020/21	2021/22	2022	Trend	6-year Trend	Performance improved, with the East Lothian rate of emergency bed days decreasing slightly from the previous year.
<b>East Lothian</b>	122,688	103,451	100,497	105,628	115,048	<b>114,891</b>	✓	✓	
<b>Scotland</b>	124,118	121,126	119,667	101,837	112,637	-	-	-	

14. Readmission to hospital within 28 days of discharge (rate per 1,000 discharges)

	2017/18	2018/19	2019/20	2020/21	2021/22	2022	Trend	6-year Trend	East Lothian performance improved, with 2022 having the lowest readmission rate recorded since 2017/18.
<b>East Lothian</b>	106	99	102	117	104	<b>89</b>	✓	✓	
<b>Scotland</b>	103	103	105	120	107	-	-	-	

15. Proportion of last 6 months of life spent at home or in a community setting

	2017/18	2018/19	2019/20	2020/21	2021/22	2022	Trend	6-year Trend	East Lothian performance did not change from the previous year.  A 2% improvement can be seen in the East Lothian figure over the last 6 years.
<b>East Lothian</b>	86%	88%	87%	89%	88%	<b>88%</b>	—	✓	
<b>Scotland</b>	88%	88%	88%	90%	90%	-	-	-	

16. Falls rates per 1,000 population aged 65+									
	2017/18	2018/19	2019/20	2020/21	2021/22	2022	Trend	6-year Trend	East Lothian performance improved, with the falls rate at the lowest recorded since 2019/20.
<b>East Lothian</b>	19	19	23	23	22	21	✓	↓	
<b>Scotland</b>	22	23	23	22	23	-	-	-	

17. Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections									
	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	Trend	6-year Trend	77% of care services were graded 'good' or better in Care Inspectorate inspections – a decrease of 8 percentage points from the previous year.  A similar decrease was seen at a Scottish level.
<b>East Lothian</b>	77%	85%	84%	85%	85%	77%	↓	—	
<b>Scotland</b>	84%	85%	82%	82%	83%	76%	-	-	

18. Percentage of adults with intensive care needs receiving care at home									
	2017	2018	2019	2020	2021	2022	Trend	6-year Trend	The percentage fell to the lowest recorded since 2019. There was also a reduction at national level.
<b>East Lothian</b>	64.9%	61.0%	63.3%	62.7%	64.3%	61.6%	↓	↓	
<b>Scotland</b>	61.1%	62.1%	63.0%	63.0%	64.6%	63.5%	-	-	

19. Number of days people aged 75+ spend in hospital when they are ready to be discharged (per 1,000 population)									
	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	Trend	6-year Trend	2022/23 shows the first increase in rate since 2017/18. An increase can also be seen nationally.  East Lothian continued to perform well in relation to delayed discharge rates relative to other HSCPs.
<b>East Lothian</b>	775	641	327	258	153	206	↓	✓	
<b>Scotland</b>	762	793	774	484	784	919	-	-	






20. Percentage of health and care resources spent on hospital stays where the patient was admitted in an emergency								
	2015/16	2016/17	2017/18	2018/19	2019/20	Trend	6-year Trend	East Lothian performance improved. The percentage of resources spent on emergency hospital stays is the lowest recorded since 2017/18.
<b>East Lothian</b>	21.8%	22.0%	24.5%	23.1%	22.8%	✓	↓	
<b>Scotland</b>	23.2%	23.3%	24.1%	24.1%	24.0%	-	-	

There are a further four National Indicators which cannot be reported on currently as national data is not yet available or there is no nationally agreed definition for the indicator as yet. These indicators are:





- Indicator 10 - % of staff who say they would recommend their workplace as a good place to work.
- Indicator 21 - % of people admitted to hospital from home during the year, who are discharged to a care home.
- Indicator 22 - % of people who are discharged from hospital within 72 hours of being ready.
- Indicator 23 - Expenditure on end of life care costs in last 6 months per death.

## Ministerial Strategic Group (MSG) Indicators







The indicators shown below were developed by the Ministerial Strategic Group for Health and Social Care. Health and Social Care Partnerships have been required to set their own targets for each of these indicators – East Lothian’s are shown in the table below. These figures are based on reports released for management information only. Due to different configuration of services, figures for the hospital / hospice categories may not be comparable across partnership areas.

Performance Symbols Key					
Improvement trend		Performance similar to previous years / only slight change		Downward trend	

### East Lothian Health and Social Care Partnership

Indicator	2017/18	2018/19	2019/20	2020/19	2021/22	2022	Trend	6-year Trend
1. Number of Emergency Admissions (18+)	8,285	8,194	9,008	8,252	8,510	<b>7,677</b>		
2i. Number of Unscheduled Hospital Bed Days – Acute (18+)	80,826	66,269	66,144	66,399	70,887	<b>71,914</b>		
2ii. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay <sup>24</sup> (18+)	446	455	2,637	6,725	6,514	<b>5,911</b>	Issue with data	-

<sup>24</sup> Issue with data completeness for 2020

2ii. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay <sup>25</sup> (65+)	446	281	2,230	6,577	6,294	<b>5,672</b>	<b>Issue with data</b>	-
2iii. Number of Unscheduled Hospital Bed Days – Mental Health <sup>6</sup> (18+)	16,232	15,075	14,179	12,964	13,433	<b>13,823</b>	<b>Issue with data<sup>26</sup></b>	-
3. New Accident and Emergency attendances (18+)	20,125	21,176	21,305	17,923	21,218	<b>21,369</b>		
4. Total number of Bed Days lost to delays (all delays and all reasons 18+)	10,668	7,839	4,781	3,935	2,672	<b>3,637</b>		
5. Percentage of last six months of life spent in community setting	85.6%	87.8%	87.4%	88.8%	88.0%	-		
6. Percentage of the population at home – supported and unsupported (aged 65+)	96.3%	96.4%	96.6%	96.8%	96.6%	-		

<sup>25</sup> Issue with data completeness for 2020

<sup>26</sup> Issues with this data are like to be related to changes in coding so meaningful comparisons with previous years are not valid <sup>6</sup>  
Issue with data completeness for 2020

## East Lothian Localities

Indicator	Locality	2017/18	2018/19	2019/20	2020/21	2021/22	2022
1. Number of Emergency Admissions (18+)	<b>East</b>	2,870	3,001	3,247	2,925	3,157	<b>2,815</b>
1. Number of Emergency Admissions (18+)	<b>West</b>	5,414	5,190	5,765	5,328	5,317	<b>4,862</b>
2i. Number of Unscheduled Hospital Bed Days – Acute (18+)	<b>East</b>	30,468	26,436	26,129	24,746	29,562	<b>27,173</b>
2i. Number of Unscheduled Hospital Bed Days – Acute (18+)	<b>West</b>	50,382	40,948	40,564	42,023	42,537	<b>44,741</b>
2ii. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (18+)	<b>East</b>	258	-	534	2,153	2,880	<b>2,834</b>
2ii. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (18+)	<b>West</b>	188	455	2,204	4,572	4,016	<b>3,527</b>
2ii. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (65+)	<b>East</b>	258	-	481	2,131	2,819	<b>2,384</b>
2ii. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (65+)	<b>West</b>	188	281	1,850	4,446	3,857	<b>3,288</b>
2iii. Number of Unscheduled Hospital Bed Days – Mental Health6 (18+)	<b>East</b>	9,239	8,318	7,861	5,373	6,191	<b>5,668</b>
2iii. Number of Unscheduled Hospital Bed Days – Mental Health6 (18+)	<b>West</b>	7,338	7,167	5,766	7,019	7,109	<b>8,155</b>
3. New Accident and Emergency attendances (18+)	<b>East</b>	6,055	6,640	6,763	5,849	7,405	<b>7,287</b>
3. New Accident and Emergency attendances (18+)	<b>West</b>	14,070	14,536	14,542	12,074	13,821	<b>14,082</b>
4. Total number of Bed Days lost to delays (all delays and all reasons 18+)	<b>East</b>	5,388	3,293	2,469	1,615	1,040	<b>1,519</b>
4. Total number of Bed Days lost to delays (all delays and all reasons 18+)	<b>West</b>	4,642	4,259	2,241	2,294	1,601	<b>2,049</b>





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

**MEETING DATE:** 22 June 2023

**BY:** Chief Officer

**SUBJECT:** Carers Strategy

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**1. PURPOSE**

- 1.1. To present East Lothian HSCP Carers Strategy (2023-26), summarise work done over the previous financial year and give details of how funding will be utilised over 2023/24 to develop carer support.

**2. RECOMMENDATIONS**

- 2.1. The IJB is asked to:
- i. Approve the draft Carers Strategy for implementation; and
  - ii. Note the funding agreed for 2023/24.

**3. BACKGROUND**

- 3.1. The IJB receives funding, via East Lothian Council, from Scottish Government to support the implementation of the Carers Act. In 2022/23 this totalled £1.549 million. This budget is managed through the Carers Change Board and project monitoring is ongoing by the Carers Strategy Officer.

**DEVELOPMENT OF THE STRATEGY**

- 3.2. East Lothian's Carers Strategy (2023-26) has been drafted following consultation with Carers, carers groups and representatives. It sets out our plans for Carer support over the next 3 years and is accompanied by an implementation plan which will be monitored and reviewed annually.
- 3.3. The Carers Strategy supports the IJB Strategic Plan and IJB Directions in that it outlines how East Lothian HSCP aims to work with providers and communities to offer carer support services in order to:
- Develop services that are sustainable and proportionate to need.

- Deliver new models of community provision, working collaboratively with communities.
  - Enable people to have more choice and control and provide care closer to home
- 3.4. The strategy is for all Carers and Carer representatives and shows our commitment to:
- Focus on prevention and early intervention.
  - Increase access to community based services
  - Shift the balance of care from hospital to homely settings
- 3.5. East Lothian HSCP recognise that these aims cannot be achieved without the invaluable contribution of unpaid carers and this strategy sets out how support will be improved so carers can continue caring while maintaining their own health and well-being
- 3.6. The strategy outlines East Lothian Health and Social Care Partnerships priorities around Carer support under 7 outcomes:
- 1) Carers are identified and can access support.
  - 2) Carers are well informed and have access to tailored and age appropriate information and advice throughout their caring journey
  - 3) Carers are supported to maintain their own physical, emotional and mental wellbeing
  - 4) Breaks from caring are timely and regularly available
  - 5) Carers can achieve a balance between caring and other aspects of their lives and are supported to have a life outside their caring role
  - 6) Carers and Young Carers are respected by professionals as partners in care and are appropriately included in the planning and delivery of both the care and support for the people they care for and services locally
  - 7) Local Communities are supported to be carer friendly
- 3.7. Engagement with carers and their representatives, was key to informing the development of this strategy. A programme of engagement took place in the lead up to drafting of the strategy and the draft was widely consulted on through local events and an online survey. Engagement will be ongoing throughout the life of this strategy and as part of its evaluation.
- 3.8. The draft strategy has been approved at the Change Board and SPG.

#### **FUNDING AGREED FOR 2023/24**

- 3.9. Commitments continuing from 2022/23:



<b>Project</b>	<b>Funding proposed 2023/24</b>	<b>Comments</b>	<b>RAG monitoring and comment</b>
Adult Carer advice and information service – Carers of East Lothian	£480,000	Contract extension agreed for 1 year from June 2023	Successfully delivering on outcomes
Carers of East Lothian – Time for Me grants	£25,000	Contribution to support breaks from caring fund, all monies spent on variety of breaks, innovative use of funds	All monies spent on variety of breaks, innovative use of funds
Young Carers advice and information service – East Lothian Young Carers Service	£264,707 - £77,706 contribution from MELDAP	Internal service , fully recruited to in 22/23. Co-ordinator plus 3 staff work across school 'clusters'	Successfully delivering on Outcomes
Carers Strategy officer	£45,887	28 hour post giving dedicated resource to carers work	Update of strategy underway and action plan will inform future work
Community Care Worker (carers)	£45,461	35 hr post dedicated to ACSP's and carer personal budgets. Link worker with Carers of East Lothian	Backlog of ACSP's cleared, now supporting Social work with more complex cases
Individual Carer Budgets	£10,000	Pathway established 2022/23, full allocation to support carers	Budget available to support individual carers outcomes
Mental Health Officer	£50,000	Supporting private guardianship applications and therefore unpaid carers seeking formal authority to act on behalf of looked after adults	Backlog significantly reduced, final outstanding cases to be actioned and handover agreed. Continuation in 23/24 to provide sustainable foundation for future

Meeting development centre	£89,313	Grant funding agreed for 2 years 2022/23 and 2023/24  Establishment of initial centre in Musselburgh and development of 'satellites' in East Lothian	Support being offered to individuals limited in part due to suitability of current venue. Significant support from ELHSCP
Total	£932,662		

### Additional projects for 2023/24

3.10. Funding Agreed at Carers Change Board on 7<sup>th</sup> March 2023. Included here for noting:

Project	Funding 2022/23	Funding proposed 2023/24	Comments
East Lothian Rehabilitation Service	£37,500	£52,000	Carers pathway is now established and funding would provide a band6 OT to take this forward. Initial proposals included a band4 staff member to support the service and evidence will be presented to the board if the need for this is demonstrated and subsequent revision in funding.
Block booking of respite beds	£9,250	£96,200	Funding will allow bookable and planned respite to carers which has not been in place since the pandemic. The figure is based on one bed but if this is delivering for carers there is the potential to increase this to two beds which would require further funding
Transformation Project - Day Centre Outreach	£263,112	£308,000	This sum covers the 9 day centres for older people in East Lothian, all of which now offer Outreach support to Carers to complement their existing buildings based services. This figure includes an increase to 2 centres currently recruiting for support staff to offer further Outreach and 'sitter' services. It also includes an amount (22k) for Musselburgh where a day service is to be established.
VCEL Community Outreach	£37,000	£37,000	Funding to support the Community First project to continue with identified priority areas for carers and offer individualised advice and support

Leuchie @ Home	£56,000	£58,211	There is a small proposed increase in the funding request for this year. The service plan to reach more carers using volunteers to offer community support to more people with complex physical needs.
Total	402,862	551,411	

3.11 New initiatives and proposals to extend current projects will be considered over the course of the year by the Carers Change Board. Funds will be utilised to support the delivery of the updated Carers Strategy (2023-26); to increase provision of breaks from caring or in other ways to support the aims set out in the strategy.

#### **4. INTEGRATED IMPACT ASSESSMENT**

4.1 The subject of this report has been through the Integrated Impact Assessment process and no negative impacts have been identified.

[Carers Strategy 2023 Integrated Impact Assessment | East Lothian Council](#)

#### **5. DIRECTIONS**

5.1. The Carers Strategy is intended to support and assist in the delivery of the IJB Strategic Plan and its associated directions.

5.2. NHS Lothian and East Lothian Council to review existing outcomes in relation to the East Lothian Carers Strategy, 14b: to ensure carers in East Lothian continue to be identified, informed and supported to maintain their own health and wellbeing, taking into account the short and medium term impact of COVID on carers and prioritising actions to mitigate this.

5.3. Directions will be updated once ELHSCP directions policy is reviewed at IJB meeting 22/06/2023.

#### **6. RESOURCE IMPLICATIONS**

6.1. Financial – All funding is through Scottish Government Carers Act Funding stream and expenditure is monitored via the Carers Change Board

6.2. Personnel – N/A

6.3. Other – N/A

## 7. BACKGROUND PAPERS

7.1 None.

Appendix 1 - ELHSCP Carers Strategy 2023-2026

Appendix 2 - ELHSCP Carers Strategy Delivery plan

<b>AUTHOR'S NAME</b>	Maria Burton
<b>DESIGNATION</b>	Strategy Officer (Carers) Planning and Performance, ELHSCP
<b>CONTACT INFO</b>	<a href="mailto:mburton1@eastlothian.gov.uk">mburton1@eastlothian.gov.uk</a>
<b>DATE</b>	22/06/2023



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# FOREWORD

East Lothian Integration Joint Board (IJB) welcomed the Carers Act (Scotland) 2016[1] and fully supports its aims of making sure that young carers, young adult carers and adult carers are supported to manage their caring responsibilities with confidence and in good health, and that they are able to have a life of their own.

The East Lothian Carers' Strategy 2023 is our second local strategy and sets out how we want to continue to build on work done towards our aims. We hope the strategy will be accessible to more people and belongs to everyone involved. It is the result of consultation and engagement with carers, carers' representatives, partner organisations and communities, that will continue over the lifespan of this strategy to inform decision making and future directions.

The strategy focuses on seven outcomes but throughout these we will be recognising the backdrop of; continued recovery from the COVID-19 pandemic, the considerable cost of living crisis and the effect this is having on individuals and households, limited budgets and resources to meet growing demand. We will work together across partnerships and do things differently, with the goal of achieving what we have set out to do. It will be a community effort, as it should be.

Finally, we would like to thank everyone who has worked on this strategy – Carer's, carers' representatives, and partner organisations in the independent, third and statutory sectors for their wisdom, insight, care and commitment to improving the lives of carers of all ages in East Lothian.

**Maria Burton**

*Carers Strategy Officer, East Lothian  
Health and Social Care Partnership*



[1] Carers Act (Scotland) 2016



# INTRODUCTION

This strategy describes our intention for development of support services for carers across East Lothian. It sets out the way in which services will be developed over the lifetime of the strategy and how we intend to deliver the outcomes that carers say are important to them. We recognise that without the continued support of carers we cannot deliver our key priorities of:

- Delivering more care closer to home
- Developing stronger, more resilient, supportive and inclusive communities with a focus on prevention
- Supporting people to live healthier, more active and independent lives.

East Lothian Health and Social Care Partnership is acutely aware that the majority of care is provided not by doctors, nurses or care workers, but by family, friends and neighbours and that caring roles come from the family, social and community relationships that are important to us. Our goal of moving care away from institutional settings back into the community cannot be achieved without the incredible contribution of carers.

The strategy underlines our commitment to work collaboratively to ensure that the support carers receive is provided to a high standard. We will seek to build on existing resources and ensure that these services reach more of our carers through improvements in carer identification.

## Values Statement

We want to ensure carers are recognised by all in society for their fundamental role in supporting people and sustaining our communities. Our aim is for Carers of all ages across East Lothian to be able to access the help and support they need, when they need it and to maintain their quality of life and health and wellbeing, however they define it. They will be able to live their own life alongside caring, maintain relationships, physical, psychological and social health and continue caring while it is their choice to do so.



We also aim to improve systems to better signpost carers to information and advice services earlier, ensure that preventative support is prioritised, provide a range of options for carers to access short breaks and integrate carer support into assessment processes to allow carers to access individual budgets in their own right. We will continue to progress the agenda of enhancing the community support available to carers, making it clearer and easier for carers to access these services and work to facilitate relationships between our partners in the Third Sector. We will enhance the ability of carers to articulate their views and engage with planners and decision makers meaningfully.

The principles of equality, diversity and human rights are the underpinning rights for all carers. Carers reflect the diversity of Scotland's population. We will ensure that Carers are aware of their rights under this legislation and that no carer is disadvantaged due to age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity, race; religion or belief; or sex or sexual orientation, in line with the Equality Act 2010.

The strategy aims to empower and ensure a Human Rights based approach where the rights of people using Health and Social Care services are protected, promoted and supported in practice and embedded in the culture of all services. We want to empower Carers to know and claim these rights.

## 1.1 What is caring?

A carer is anyone who provides care, unpaid, for a friend or family member, who due to illness, disability, or a mental health problem cannot cope without their support. Their role ensures that cared for people can continue to remain as independent as possible, and as such, carers are often the most important person in the lives of the people who are given support. Carers are therefore often family members, friends and neighbours first and caring emerges and evolves as part of this existing relationship.

Carers are unique people of all ages, in employment, education, unemployed, retired or care full time. They may provide considerable levels of care, or may provide care a few times a week depending on what is needed and around other more formal support in place. Each carer will have their own specific set of circumstances.

While caring may involve providing a range of tasks including personal care, supporting a person their daily life and providing emotional support and reassurance, these tasks are often integrated into daily family life and many carers adapt and manage with their changing circumstances in providing this support and often don't realise that they are a carer.

## Did you know?

Estimates vary but there are at least 690,000 people in Scotland caring for a friend, relative or neighbour. Some estimates suggest this could have risen to over 1 million during the pandemic. There are an estimated 30,000 Young carers in Scotland.

132,000 carers care for 50 hours a week or more

8 in 10 carers say their health is worse because of caring

## 1.2 Impact of Caring on Adult Carers

Carers report that undertaking this role can have many positive rewards including strengthening the relationship between the carer and the cared for person and a sense of satisfaction in contributing to the life of the person they care for however it must be recognised that caring, especially when the role is more intensive, can have a huge impact on the life of the carer, their general health and well-being, their finances, their relationships and caring can increase social isolation.

Carers UK 'State of caring' (Scotland) survey 2021 [2], found that among adult carers:

- 33% of carers are struggling to make ends meet
- 32% said the biggest barrier to accessing support was that care and support services in their area did not meet their needs
- 72% said their mental health had deteriorated as a result of caring in the pandemic
- 72% said their physical health had deteriorated as a result of caring during the pandemic
- 30% described their physical health as bad or very bad
- 30% described their mental health as bad or very bad
- 38% stated they were often or always lonely

## 1.3 Impact of Caring on Young Carers

Young carers are children and young people first and foremost. Many have pride in the responsibilities that caring can bring. However, some young carers may experience more difficulty in accessing social, recreational and educational opportunities, may face barriers to performing well in their education and experience increased levels of stress, depression and anxiety. They may also be more likely to experience bullying than their peers and have greater levels of reported self-harm.

Anything that causes disruption to a child or young person's life at this early stage is likely to significantly impact their options in the future.

A Carers Trust Scotland<sup>[3]</sup> survey undertaken during the pandemic found that 59% of young carers and 67% of young adult carers who participated were taking on more caring hours every week. One in ten young and young adult carers surveyed have seen their caring role increase by 30 hours a week or more and 24% of young carers and 34% of young adult carers were caring for more people than they did before the pandemic. Additionally, 38% of young carers and 44% of young adult carers that participated felt less able to cope.

### Did you know?

Young adult carers aged between 16 and 18 years are twice as likely to be not in education, employment, or training.

## 1.4 When do carers look for support?

We know that adult carers initially use the resources they have around them, including family, wider community networks and support services to assist them to cope with their role and many carers only approach Health and Social Care services for assistance once they are feeling stretched. Young carers, however, are often not in a position to initially use the resources around them and need support early on to help them to access the networks of support available to them.

When carers seek support from services it is crucial that these build on and fit into existing arrangements that carers have already put in place.

Quality services are vital in relieving the stress of caring. Badly designed, or ill-fitting support creates rather than relieves stress, and carers do not benefit from additional support if they do not have confidence in the service they are receiving. Services must also consider the cultural needs of groups across the county and ensure that they meet the requirements of ethnic minority groups.

By helping carers to benefit from social support and to access resources in the community we can positively relieve the impact caring can have and help carers to maintain the vital relationships in their life. There is a great deal of community interest in supporting carers. Connection to the community helps to combat loneliness, isolation and the emotional stress of caring. There is much that we can do to help to capitalise on these existing resources and make these easier for carers to access and to know what is available to them in their local area.

[3] COVID-19 In Scotland: The impact on Unpaid Carers and Carer Service Support

The challenge to Health and Social Care services is to focus more resources on preventative work at an earlier stage to improve access to these community resources, strengthen relationships important to carers and thereby prevent crises and reduce stress. However, we must recognise that not all carers will wish to identify themselves for a variety of reasons.

As the impact of a caring role increases we must work to provide carers with timely support, help them to plan ahead to consider future needs, and put contingency plans in place to anticipate changes in their caring circumstances. As carers begin to use more formal services, we must be mindful to ensure that these services enhance and protect their relationships and reduce the potential for isolation from the things that matter to them.

This means the support we provide should be holistic, working with a wide range of services such as housing, transport, libraries, community resources, day centres, churches as well as the more traditional health, social work and third sector services to provide a range of resources that carers can use to support them.

## 1.5 Continuing recovery from COVID-19

As a result of COVID-19, many carers have taken on longer and more intense caring roles and there is strong evidence to suggest that the pandemic has, and continues to have, a disproportionate impact on unpaid carers.

Information from the Carers Trust survey on the impact of COVID on Young Carers and Young Adult Carers highlights:

- 40% of Young carers and 59% of Young Adult Carers reported their mental health was worse since Coronavirus
- 66% of Young Carers and 74% of Young adult carers reported feeling more stressed
- 11% of Young Carers and 19.7% of Young adult carers reported an increase of 30hrs or more in the amount of time they spend caring every week
- 58% of Young Carers, 63.6% of those caring for longer since Coronavirus spending on average 10 hours a week more on caring responsibilities.

The Scottish Government have recognised in their COVID recovery strategy[4] “It is clear that the impact of the pandemic has not been felt evenly. It has both highlighted the inequalities in our society and made them worse. Those who were already the most disadvantaged have suffered disproportionately. They have been more likely to get seriously ill, more likely to be hospitalised, and sadly more likely to die from COVID. They have also been the hardest hit socially, educationally and economically, by the restrictions that were brought in to control the spread of the virus”. Their strategy sets out measures that will be taken at a National level to address inequalities.

As we move into the new phase of living with COVID-19, some carers need support to rebuild confidence and feel safe to re-engage with wider communities and services. Communication with carers is a key element of that but there are also practical measures to consider in supporting our carers.

We must acknowledge that although the COVID pandemic had a huge and ongoing impact, for many the cost of living crisis will be felt even more harshly and has become the biggest issue for many carers.

## 1.6 Cost of living crisis

We are living through an unprecedented time, with increasing inflation and the cost of energy, food, fuel, and basic commodities all rising at the same time. Unpaid carers have been among the groups hardest hit by the cost of living crisis in Scotland. Many carers already faced higher essential costs because of their caring role. This includes, but is not limited to:

- higher energy costs so that their home is warm enough to ensure the person they care for stays well
- essential equipment that requires power such as hoists, oxygen and wheelchairs
- additional laundry costs as a consequence of incontinence
- extra transport costs to support a person to and from health appointments
- special diets to support the nutritional needs of the person they care for.

These issues are often exacerbated by carers having to give up paid work or reduce their working hours to provide care.

Lobbying groups have been calling for carers to be included in any extension of the Warm Home Discount scheme, additional support for carers with energy bills and action to help carers on Carer’s Allowance whose incomes are falling behind inflation. Carers can access social security benefits to help with the financial impact of caring, but the interaction between caring responsibilities, a person’s income and their ability to maintain connections and interests in addition to being a carer is complex. At a local level we need to ensure carers are supported to access all the help they are entitled to and support carers voices to be heard more widely in lobbying for change.

[4] Covid Recovery Strategy: for a fairer future

# CARERS OUTCOMES

Over the last few years we have continued to engage with Carers with a variety of experiences and have gathered this feedback here so the voice of Carers and their representatives are heard first in putting together this updated strategy and Action plan. See Appendix 1: Carer Consultation and feedback

The strategy focuses on seven outcomes that have been developed in consultation with carers but throughout these we will be recognising the backdrop of; continued recovery from the COVID-19 pandemic, the considerable cost of living crisis and the effect this is having on individuals and households. We also acknowledge the chronic lack of workforce available to meet the needs of individuals in our local community that will have an impact on our ability to deliver on all our aims.

- 1) Carers are identified and can access support.
- 2) Carers are well informed and have access to tailored and age appropriate information and advice throughout their caring journey
- 3) Carers are supported to maintain their own physical, emotional and mental wellbeing
- 4) Breaks from caring are timely and regularly available
- 5) Carers can achieve a balance between caring and other aspects of their lives and are supported to have a life outside their caring role
- 6) Carers and young carers are respected as Equal Partners, involved in planning and delivering care and support for those they care for, and their voices are heard and supported
- 7) Local Communities are supported to be carer friendly



## 2.1 Carers are identified and can access support

Carers often don't identify as such, seeing themselves as a partner, daughter/son, parent, friend or neighbour first. Some can take years to recognise their additional caring role, missing out on the financial, emotional and practical support during that time. Assisting carers to identify with their caring role unlocks access to vital information, advice and support. Other carers do not want to be identified as such and we have a responsibility to help them access the same advice and support through good conversations.

Many people who support family members with mental health problems, such as anxiety and depression, or drug or alcohol issues do not identify themselves as carers and there is still a lack of understanding from others surrounding this caring role. In addition, the person with care needs may deny that they need or are getting support from a family member or partner. This makes it difficult for people to self-identify as carers and for others to see them as such.

There are further challenges in identifying Young Carers as some fear the shame of appearing unable to cope, whilst others are wary of the intrusion in their lives/families lives if they highlight the difficulties they are facing. It is therefore likely that the figures reported nationally for young carers are an underestimate of the actual levels of children and young people providing care.

There is work to be done to showcase the positive role of social work in supporting carers, to gain the trust of those who are wary of engaging with services.

There is an awareness that many voices are not heard or are under-represented, 'hidden carers', might include people who live in deprivation or those with protected characteristics and thought needs to be given on how to engage meaningfully with these individuals.

There is a continuing conversation around the language used in relation to Carers. Just in our engagement we picked up on so many issues in relation to language. Some people find the term 'Carer' confusing as it makes them think of care workers, some find the term unpaid carers derogatory and would prefer to be known as family carers. We are sticking with the term 'carers' as this is what the Scottish government use and therefore how funding has been allocated but we fully recognise this issue and our responsibility to help carers access the same advice and support through good conversations, regardless of how they identify.

We all have a role in identifying carers and whether carers come into contact with NHS, council or third sector services we recognise that all these services need to do more in terms of identifying carers and increasing awareness of their role and rights to support.



## 2.2 Carers are well informed and have access to tailored, age appropriate information and advice throughout their roles

Carers often tell us they find it difficult to access the information they need at the time they need it, we appreciate people need a mixture of local and national resources but we need to improve navigation for Carer support as all too often Carers don't know where to go for information and advice.

Access to good quality and age appropriate information is crucial in enabling carers to benefit from the practical and emotional support available to them locally, helping them to maintain their role and allowing them to make the decisions that best fit their own personal circumstances.

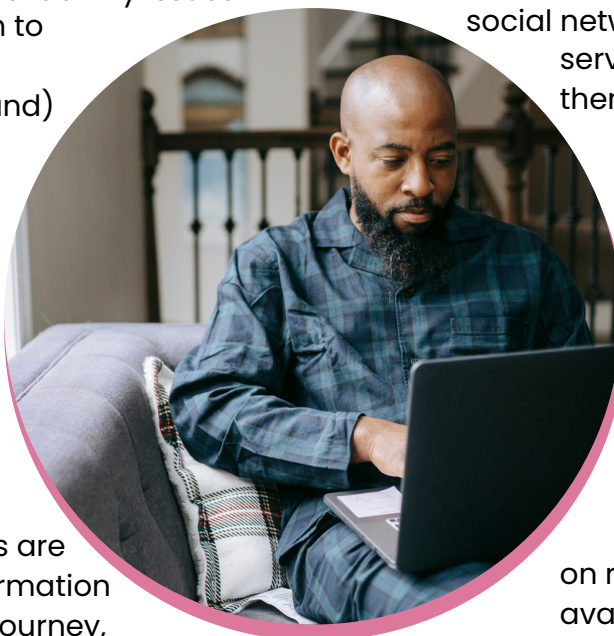
Timely, accurate and good quality information and advice is needed throughout all the stages of the caring role including:

- When someone is new to caring
- When an initial diagnosis is made
- When considering formal support or accessing other services
- When crisis situations occur
- At times when support needs increase or change
- Planning for future need
- When a carer or the cared for person experiences a change of service
- When someone is discharged from hospital
- When supporting someone at the end of life
- When someone dies
- When moving in/out of East Lothian
- When a carer decides they can't or don't want to continue caring

Carers often need information about both their own circumstances as a carer and about the health condition of the person they care for. This can mean that carers face a range of advice services which can be difficult and time consuming to navigate. Feedback from carers is that effective support most often begins with a quality conversation between them and a carer support worker to identify issues and concerns the carer has and allow them to access tailored information based on their requirements. In line with the Carers (Scotland) Act, East Lothian commissions services to specifically provide advice and information for carers locally.

However the State of Caring Survey (2022) [5] results show almost a third of carers don't know what is available in their area and this is even more prevalent in those struggling to make ends meet (47%).

Further work is needed to ensure that carers are provided and signposted with the right information and advice at each point along the caring journey, with information required from a range of sources including the NHS, welfare rights organisations, education services, housing and through online resources.



Raising awareness of carers needs across these organisations will ensure that these services support carers earlier to plan in advance, for example, for future housing needs, finances, how best to manage hospital admissions and support the cared for person in self-management of their illness for as long as possible. We must also bear in mind that Young carers may not have the experience or social networks in place to access the information services above and that additional guidance for them may be required.

Carers with protected characteristics and from minority ethnic backgrounds experience additional difficulty in accessing carer services with many reporting that they are unaware of the social work services available to them, or of their entitlement to assessments, much of which

can be attributed to language barriers in accessing this. All of East Lothian's written information is available in other languages

on request and translation services are also available.

Consideration needs to be given of how to ensure information and support is available to others with barriers to access, for example to those who do not have the skills, resources or choose not to access information online or for people with hearing or sight impairment which can make accessing information and services more difficult.

[5] State of Caring in Scotland 2022

## 2.3 Carers are supported to maintain their own physical, emotional and mental wellbeing

We know that caring can be incredibly physically and emotionally demanding, and that as carers age themselves they are more likely to experience health concerns of their own.

Scotland's National Health and Wellbeing Outcomes 6 [6], states "people who provide unpaid care are supported to look after their own health and wellbeing including to reduce any negative impact of their caring role on their own health and wellbeing". While this is a great aim many carers tell us that they care at the expense of their own health and wellbeing.

The recent Care Inspectorate report into Adult Carers experience of social work and social care services[7] found that "caring can have a negative impact on carers' physical and mental health and wellbeing, as a result of caring without all the support they needed."

Results of Scotland's 2022 Census are due to be published in 2023 but these figures from the 2011 Census[8] shows we have some way to go in achieving the goal of supporting Carers to maintain their own health and wellbeing:

- 40% of carers of all ages report experiencing one or more health conditions compared to 29% of non- carers
- One of the most commonly reported conditions cited by carers is the impact of caring on their mental health and that this affects those between the ages of 25 and 49 the most
- Older carers in our area are less likely to be able to rate their health as either good/very good
- Ill health affects those carers between the ages of 50 and 64 the most
- A greater number of carers who provide the largest number of hours of care rate their health as poor/very poor compared to those providing fewer hours (12% compared to 3%).

[6] Scotland National Health and Wellbeing Outcomes

[7] Inquiry into adult carers' experiences of social work and social care services (Dec 2022)

[8] National Records of Scotland – Census 2011

Caring at a young age can also have significant and long lasting impact upon a young person's mental and physical health. Much of the support we can offer includes supporting Young Carers in school.

More recognition is now given to 'sandwich' carers who may be caring for an older person and a child with additional needs. We also know that many of our older carers provide the greatest number of hours of care and are more likely to experience health concerns of their own and that our carers generally experience greater ill-health than our non-carers.

Caring for a friend or family member at the end of life can be very physically and emotionally demanding. When someone has a terminal illness and is living at home their GP has overall responsibility for their medical care. They will co-ordinate the involvement of other professionals and are the first point of contact if you have questions and need support or assistance.

Access to counselling and emotional support is valued by carers and essential in supporting them to maintain their own health and wellbeing, Carers report that knowing they are not alone assists them greatly in continuing to care.

Supporting carers to overcome barriers to breaks from caring and providing short-term, timely support from quality services to allow people time away from caring has a huge impact on Carers' ability to maintain their own health and wellbeing. Putting in place contingency plans for alternative or family support to enable carers to access health appointments will help those to manage health conditions of their own.

It is estimated that 270,000 or 1 in 7 adults in the workforce carers are juggling the demands of their employment with their caring responsibilities and may be experiencing a greater degree of stress and mental ill-health. Improving awareness among employers in the area and encouraging them to become 'Carer Positive' can help adult carers better balance their careers with caring. Support from HR and paid leave at critical times allow carers much needed flexibility as their caring situations change, or crises occur. Carers also identified a lack of childcare and wrap around services for children with additional needs that would enable parents who want to work. Increasing awareness of unpaid carers in employability services could help Carers maintain or return to work at different points of their caring journey.

Supporting carers to develop self-management strategies through Adult Carer Support Plans (ACSP) and Young Carer Statements (YCS) can increase support for carers without reliance on formal support services.



## 2.4 Breaks from caring are timely and regularly available

The term 'Breaks from Caring' can cover any form of support that enables a carer to have time away from their caring responsibilities. With a recognised shortage of formal care and support services, Carers and those who support them, have had to come up with more creative ways of accessing breaks.

Carers have told us that these breaks from caring are essential in allowing them to continue to care for longer and in better health, and a successful short break can provide a meaningful experience for both the carer and the person they are looking after, however responses to the State of caring survey 2022 show that 39% of carers have had no break at all in the last 12 months and when asked about the top needs of carers nearly half (46%) identified more breaks or time off from their caring role.

"Money is useless if there's nothing to spend it on. The same as hours, you can legislate entitlements, but entitlements are useless without actual service provision." Quote from the National Carer Organisations response to the Scottish Government's consultation on a National Care Service.[9]

Breaks can take place in a number of ways and for differing lengths of time. They can be done jointly with the cared-for person, or without them, depending on people's preferences. We recognise that time taken away together can do much to preserve the relationship between the carer and their loved one. Young carers particularly benefit from a break taken with their family. However, regardless of age, carers should be enabled to take their break in a way that fits the carer and their situation. Carers should be able to access breaks from their caring role by care being provided for the person they care for in a number of ways including:

- By another family member or friend
- Creative 'breaks from caring' such as leisure or relaxation opportunities, equipment or help with domestic tasks that add to the impact of the caring role.
- At the home of the cared for person by Community or Outreach services, care, or "sitter" services
- By the cared for person attending a day centre or a local interest or activity group
- Flexibly by using a personal budget through Self Directed Support
- In the home of another person through the Share the Care or Shared Lives Schemes
- In a care home or other residential respite service

[9] NCO response to consultation on a National Care Service

Where support is required to enable a break, Carers of people in East Lothian can access this via Carers of East Lothian who can provide flexible small grants and support in thinking about what kind of break will meet the carers needs. They have a dedicated short breaks and 'Building better breaks' service aimed at helping carers overcome some of the barriers to accessing breaks. The Health and Social Care Partnership is committed to continuing to ensure that such support remains available, especially at a time when what formal support services are able to offer in terms of respite is limited. The service is already receiving feedback that people really value the help in arranging breaks instead of just being given another form.

Short breaks are also available through East Lothian's Young Carers Service, who can support young carers to access a wide range of activities and groups that allow young carers time away from caring and the opportunity to be a 'child first'.

As the impact of caring increases support may be given through social work (following an assessment process) as part of a more formal support package.

Carers have told us there are a number of additional barriers to taking a break which can include; anxiety about the impact on their relationships with the cared for person, feelings of guilt at leaving the person they care for and concerns that the care won't be of a high quality to ensure the person is comfortable and safe. Responses to this strategy highlighted a lack of support for parents of children with additional needs with long waiting lists existing and breaks being difficult to manage depending on the needs of the person being cared for.

Information on local resources to support breaks from caring can be found in our Short Breaks services statements here: [Short Breaks Statements | East Lothian Council](#)

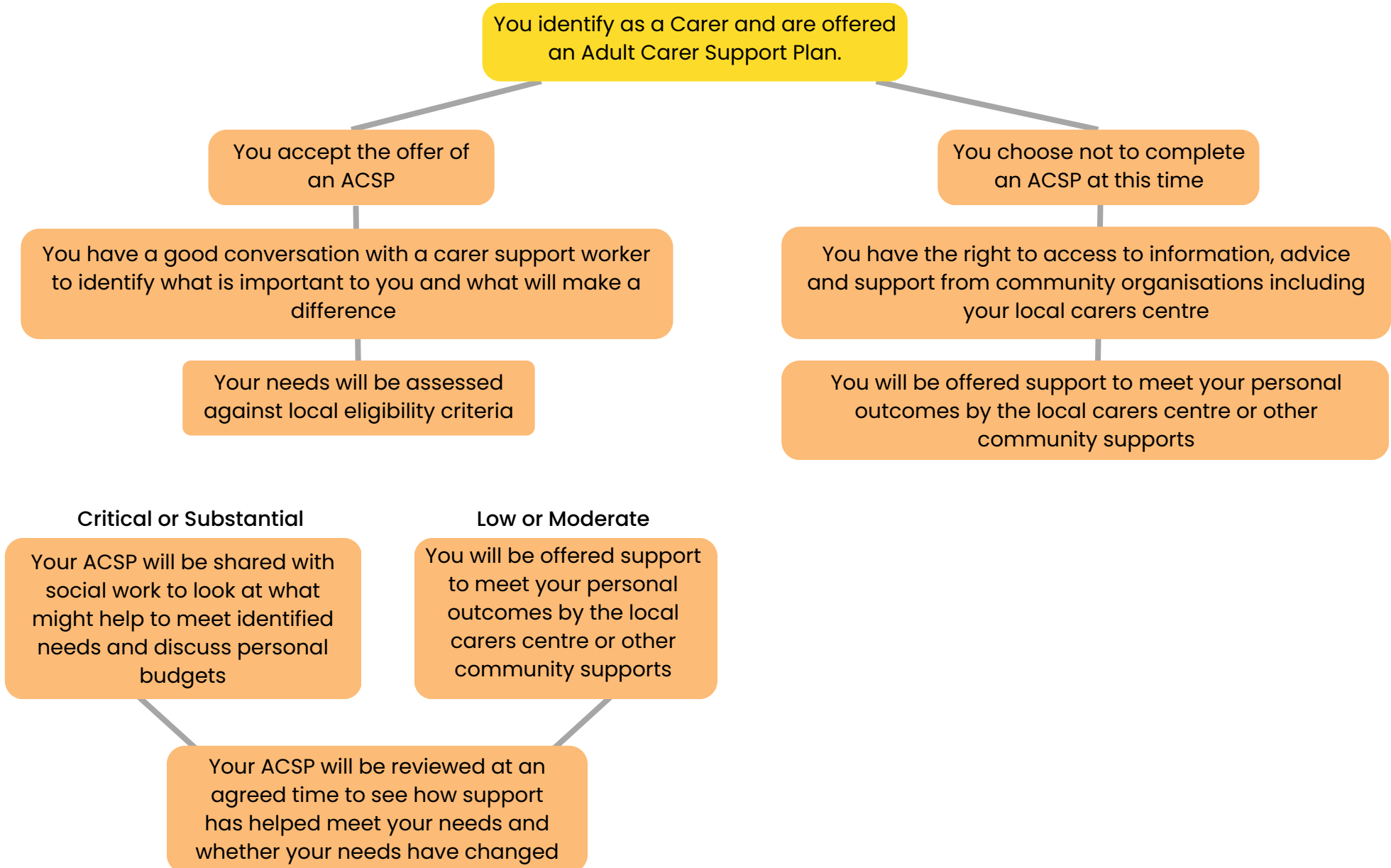


## 2.5 carers are supported to have a life outside of their caring role and can achieve a balance between caring and other aspects of their lives

From our consultation carers highlighted that in reality this balance is very hard to achieve as responsibilities can clash and with the lack of resources and adequate training to staff. Others said being able to achieve a balance can be very dependent on how the person is at that point in time.

Under the Carers (Scotland) Act 2016, carers have the right to their own Adult Carer Support Plan (ACSP), or Young Carer's Statement (YCS) which promotes their right to access advice, information and support. Below you can see a typical 'Carer pathway' for support.

# Carer Support Pathway



Support plans and statements help the individual to think about their situation and what support may make the caring role easier, they have been designed to allow carers to consider how caring is affecting each of the following areas of their life:

- Health and Wellbeing
- Relationships
- Life Balance
- Breaks from caring
- Living environment
- Employment and Training
- Finance
- Future planning

Helping carers to define what is important to them, and what will make a difference in their lives, will allow us to better signpost carers to the right information, advice and support to assist them. This may include supporting carers with the broader issues such as planning in advance for future needs, putting in place plans for when/if the cared for person's health needs may change and signposting carers to information about managing finances.

Carers will be able to access support to complete their plan through either their carer support centre, or with their social worker. These plans can be completed by carers themselves but feedback is that what really helps is the 'good conversation' that can support them to identify what will make a difference to them.

## Assessing Eligibility for Additional Support

While all carers will be able to access advice and information from Carer support organisations, some carers will be assessed as having additional "eligible needs" and the Local Authority have a duty to help meet those needs. Information held in the carer support plans and statements will be used to assess against Eligibility Criteria to help decide whether carers have eligible needs which the local authority has a duty to meet. In general support is moving away from looking at eligible need and instead considering impact on the individual more generally and personal outcomes. Significantly with the creation of the National Care Service, where there is an identified need for a break from caring the Local Authority will have a duty to meet that need whether they meet local eligibility criteria or not.

During the course of the consultation, our Carers told us that it was important for them to ensure that help was given earlier, before their situation became critical and that information provided at the right time does much to alleviate the stressors of the caring role. We have listened to the feedback and designed our criteria in such a way that recognises the importance of appropriate signposting at the lower levels of the criteria.



Carers needs and outcomes will be assessed against the following criteria:

- Low – no immediate impact from caring
- Moderate – some impact on your life from caring
- High/Substantial – a significant impact on your life from caring
- Critical – the caring role is seriously affecting many/all areas of your life

East Lothian's eligibility criteria for carer support can be viewed here [Carers Eligibility Criteria | East Lothian Council](#)

### **Choice and Control through Self Directed Support (SDS)**

Carers have told us that it is critical that any support that they receive is suited to their individual situation in order for it to be effective in reducing the negative impact that caring can have. Care that is ill-suited or does not fit around the carers daily life increases stress and can contribute to ill-health. With this in mind, those carers eligible for services will be able to design support that will best suit their own circumstances using the Self Directed Support options<sup>[10]</sup>.

Carers should be able to:

- Receive money to directly buy goods or services that will help them to meet their outcomes
- Direct the local authority to manage the funding available to them and choose how this is spent
- Have the local authority manage and purchase the support they require
- A mix of the above

It has been acknowledged that local authorities are at different points in implementing the principles of SDS and SDS guidance has been updated, making it clearer that SDS is for everyone in Scotland, including unpaid carers.

In East Lothian we have some carers accessing personal budgets through SDS, although the number of carers is currently low.

Some of the most common ways that carers choose to use their support includes:

- Support to attend college
- Support to access employment
- Leisure pursuits
- Short breaks
- Equipment

As more people are becoming familiar with SDS, we are finding that they are using the funding available to them in a variety of innovative ways. Under the new strategy we aim to increase the number of carers accessing personal budgets to support them to achieve a greater balance in their lives including accessing short breaks, peer support, replacement care or to maintain social relationships.

[10] A guide to the Self-directed Support (Scotland) Act 2013

## Timelines for completion of Adult Carer Support Plans/ Young Carer Statements

Many of our Adult Carer Support Plans are completed by Carers of East Lothian. With our updated form it will be clearly identified who will be responsible for meeting each outcome and when the carer would like the plan reviewed.

There may be different timescales for completion of individual ACSP's depending on which organisation is doing the plan and taking into account the urgency of needs for support and any fluctuation in those needs. We will focus on achieving the right outcomes for the carer rather than sticking rigidly to set timescales, we will keep carers informed throughout the assessment process.

Young Carers Statements are completed with support from East Lothian Councils Young Carers service.

As part of the Terminal Illness Regulations (2021), for carers of those diagnosed with a terminal illness there are specified timelines that workers must adhere to as follows:

- Carers should be offered an ACSP within 2 working days of a person being identified as a relevant carer
- Once the carer requests/accepts the offer of an ACSP the Local Authority must prepare one
- There are different timescales for steps in the process, to ensure that it is flexible enough to meet the needs of each carer.
- Step 1 – is a substantive conversation with the carer about urgent outcomes and needs for support. Authorities must offer this conversation with the carer within five working days of the carer accepting an offer or requesting an ACSP
- Step 2 – Completion of a light touch ACSP, based on the substantive conversation. If that conversation takes place within the five working days mentioned above then the authority must complete the ACSP within ten working days of the date when the carer originally requested or accepted the offer of an ACSP.

In East Lothian we also recognise that the carer can be diagnosed with a terminal illness and will apply the same timescales as above in this situation

## 2.6 Carers are respected as Equal Partners in care, included in planning and delivery of care, support and services locally. They are supported to have their voices and views heard

Feedback from our carer consultation highlighted the importance of carers feeling respected and recognised for their role, and that professionals listen to their views when planning services for the supported person, unfortunately this was not everyone's personal experience when coming into contact with services and individuals said that staff are still often not seeing the strain carers are under.

Feedback from Young Carers is that they can feel ignored at health appointments and that they can have difficulty picking up prescriptions for the person they care for. The United Nations Convention on the rights of the child<sup>[11]</sup> reported Young Carers often felt forgotten in decision making processes and were reluctant to engage with social work due to fear of child protection interventions and due to stigma and shame of being a Young Carer.

Although the Carers Act clearly states "Each health board must ensure that, before a cared-for person is discharged from hospital, it involves any carer of that person in the discharge." (section 28), The State of Caring survey 2022 responses showed 62% of carers were not involved in decisions about hospital discharge.

Ensuring all staff who come into contact with adult and young carers are trained to be more aware of carers, their needs, and to effectively support plan with them will lead to carers having the opportunity to consider the outcomes they want to achieve, protect important relationships in their lives and access more of the community supports available to them. It will also improve early identification of carers and allow support to be provided earlier. Cultural Competency training is also offered to Partnership staff to ensure that workers take into account the cultural needs of ethnic minority groups when completing assessments and planning care.

The Equal Partners in Care (EpiC) framework will be used to offer learning to the workforce that is consistent with their role and function. It also allow us to align our training with other skills and career development frameworks currently in use.

[11] UN convention on the rights of a child

NHS Education Scotland (NES) have developed a new website landing page and Turas Learn page for Caring for Unpaid Carers, facilitating easier identification and access to information, resources and learning can be found by following these links:

[Caring for unpaid carers | Turas | Learn \(nhs.scot\)](#)

[Caring for unpaid carers | NHS Education for Scotland](#)

All partnership staff will have access to this training but more work is needed to actively promote this to staff and increase awareness of carers throughout the workforce.

Carers of East Lothian provide 'Think Carer' sessions to teams within the Health and Social Care Partnership and third sector partners. This programme targets awareness raising to teams likely to come into regular contact with carers.

Training and information workshops for carers, on specific topics, will be available through Carers of East Lothian, for example; understanding dementia, power of attorney and Time for me. Access to training can also be supported through the support planning process.

### **Carers' voice**

Although we actively seek the views of carers, these are often heard through carers organisations or professionals and more consideration is required with regards to hearing and acting upon the lived experience of carers themselves. A programme for carers to make their voices and views stronger and clearer should be significantly enhanced. Carers should be empowered and confident to speak and engage at different levels with support and training provided to increase carers ability to articulate their views and engage with planners and decision makers in a meaningful way.



## **Equal Partners in Care**

Working together to achieve better  
outcomes for carers and young carers

## 2.7 Local Communities are supported to be carer friendly

We know the value of social relationships, and the strength and support that people derive from being connected to family and community. Without these connections carers can feel very isolated.

Groups such as day centres, church groups, libraries and third sector organisations are often a first port of call for people, including carers, when they realise they need additional help. By working to enhance community support, encouraging community contact and ensuring carers remain connected to local services via community groups we will positively impact the experience of carers, do much to increase their resilience and reduce feelings of social isolation.

Better signposting from community groups to support services will help improve carer identification and make it easier for carers to access support before they reach crisis point. Community organisations are a key resource in helping to provide the preventative support required during the early stages of caring. They are also vital in helping to achieve many of the other outcomes outlined above.

Increasing awareness within the local community will take time to embed but we will aim to support the work these organisations do by facilitating relationships between groups, highlighting their roles, providing information about their services and working to raise awareness of carers across communities.



# DELIVERING OUR VISION MONITORING AND EVALUATION

It is important that we can demonstrate that the strategy makes a positive difference for carers. The strategy is ambitious and sets out the support we want to see in place for carers of people in East Lothian. We hope that through the strategy we have set an optimistic tone in the face of real challenges and that while we cannot expect to fully deliver on all our aims within the term of this strategy we do aim to demonstrate progress towards them.

Work on the strategy is taken forward and reported on by the Carers Change Board and the Carers Change Board Reference Group which comprises a wide range of stakeholders, partners and agencies including Carers, their representatives, carers' organisations and representation among staff members in Adult Community Care, Acute Care, Children's services and the NHS.

Underpinning the strategy will be an annual Action Plan which will outline in more detail what actions will take place and by when. This will be taken forward across the Health and Social Care Partnership and in partnership with our Third Sector partners and community organisations.

The action plan will be monitored over the lifetime of the strategy to ensure we are accountable for doing what we have committed to do and what carers told us they wanted us to put in place. Progress on the Action Plan will be reported annually to the Strategic Planning Group and the Carers Voice panel. We will continue to seek feedback from carers and carer organisations through the Carers Strategic Group and through continued engagement.

The strategy will be reviewed within 3 years of the date of publication.



# APPENDIX 1

## CARER CONSULTATION AND FEEDBACK

How we have gathered the opinion of East Lothian's Carers:

- Planning for an ageing population summer consultation programme 2022
- Outside the box engagement events for adults with complex needs and their carers
- Carers of East Lothian (CoEL), breakdown of Carer Support
- CoEL use of microgrants
- CoEL Carers Voice Panel, ongoing feedback and dedicated strategy session (Nov '22)
- Feedback from Adult wellbeing.
- Monitoring of requests for support through Adult Carer Support Plan's
- Dementia friendly East Lothian events, QMU Sept 2022, meeting centre development sessions
- East Lothian Councils Carers Group
- Carers peer support events, Foxlake, Walking with alpacas
- Outcomes sessions Oct and Nov '22
- Integrated Impact Assessment initial session Nov '22
- Young Carers Service feedback and survey
- Young Carers Forum
- Young Carers festival 2022
- Outside the Box engagement on experience of those with dementia and their carers
- Care Inspectorate report into adult carers experience of social work and social care (Dec 2022)
- Further engagement required:
- PASDA are holding engagement events to hear from Carers or adults with Autism
- Engagement with parent carers
- Engagement more specific to Carers of people with Mental health problems

The draft strategy was put on our consultation hub between 16thth Jan 2023 and 26th Feb 2023 and we consulted on it in libraries and other public spaces with 64 responses being made.

We asked:

- Do you agree with our aims?
- What is most important to you as a carer?
- Is there anything we have missed?

The feedback was collated and used in producing the final version of the strategy.

# WHAT OUR CARERS TOLD US: EMERGING THEMES

Although our focus is on the Carers needs, the reason they need support is because of the caring role and people continue to tell us that not being able to get the right support for the person they are caring for increases the impact on them.

## What Carers told us about support for the cared for person

- Carers struggle to get appropriate support for the Cared for Person which increases the impact on them
- A modern resource centre/community hub where everyone went initially....this would ensure that people had more opportunities to be with their friends, have a routine and structure. Most of the carers agreed that this would help the people they are caring for, be more active and engaged.
- Good, consistent service from paid carers
- improve and invest in care work, starting with pay and conditions, training and support, job satisfaction, and pay for additional hours worked.
- Good carers were not rewarded and that the conversation should be changed to shift the focus away from negative stories about carers and focus on good news stories about them. She said that bad publicity deters people from accepting care.
- Those living with families couldn't access social care and some had been on the waiting list for assessment/care packages for over a year, placing real strain on families
- People felt that paid carers were not given enough time to do the job and said there was a chronic lack of carers. Even with four visits a day, people weren't getting the social interaction they needed which was where the new befriending service would come in. Befrienders could provide that interaction and also give unpaid carers a break.
- I'm not sure what we will do if 4 visits become not enough. 15 minutes can sometimes make Mum more anxious/upset.
- I've heard it might be very difficult to get a social work assessment and feel like we will just be waiting to get funding for her to go into care because nothing else is available.



## What carers told us about Advice, information and support

- Carers want a 'one stop shop' for access to information and advice, this needs huge and continuing promotion
- Much more focus needed on identifying carers by services they come into contact with
- Information should be much more visible, for example on navigating services, benefits, SDS, employing carers etc
- A carers handbook would be great, with example scenarios and where to go for help, information about navigating services/ informing carers of their rights/ information about Adult Carer Support Plan.
- List of support organisations given at point of diagnosis
- More information earlier could prevent carer breakdown
- Being able to talk to other carers helps people feel they are not alone
- Carers would like to see an Advisory group for carers to help them plan for the future and learn from/be mentored by carers who have already been there and done it
- Emotional support
- Emotional and practical support/training on different issues, .e.g. how to avoid or de-escalate violent behaviour, cope with refusal to eat or take medication, wandering - especially at night.
- Provide more accessible information about what's available – support, activities, events etc
- More information on social media, radio, schools, places of worship, hospitals and local supermarkets.

## What carers told us about the impact of caring

- Carers felt forgotten during COVID when any normal community supports were closed and they were left 'to fend for themselves'
- Early intervention, More information and focus needed on prevention & early intervention rather than at crisis point
- He said one of the things he struggled with was his wife's incontinence – he said incontinence was rarely talked about even though it affected many people. It was very difficult to keep her dry for any length of time, which led to wet carpets, furniture and beds on a regular basis and was incredibly wearing.
- Carers need support in managing incontinence as soon as it happens as this has such a big impact
- Many people's finances were dealt with by their families but carers were worried about the rising cost of living. The need to install new fire alarms earlier in the year was an additional pressure on tight budgets.
- I started coming through to give respite to my sister who was in tears on the phone. I'm able to come more since I stopped working
- Young carers are worried about their mental health
- Young carers don't feel they get enough time to themselves
- Young carers education is negatively impacted

## What Carers told us about Breaks from caring

- Being able to get a break from caring
- CoEL – “We have more carers than ever seeking support to access social care and respite, in particular looking for support to set up sitter services and other replacement care as people struggle to access this locally.”
- Carers who are able to shout the loudest and who are more informed about systems are more likely to be able to access respite and that a more fair, transparent and equal approach needs to be implemented to ensure that carers who are quietly struggling are supported.
- Who is furthest from the table/ conversation and how are their needs for respite being identified?
- Getting respite at the right time and avoiding crises
- AFFORDABLE, REGULAR RESPITE.
- AFFORDABLE SITTING SERVICE. Respite is often dependent on a sitting service or access to a day centre. A sitting service pool of staff/volunteers is available who are trained and can also help with toileting and if required change incontinence pads.
- To ensure that Doctors, Social Workers, HR depts. can be a part of this too. A break is the last thing you think about as a carer.
- Planned respite would help, for example if I could say to my sister that every 3 months that Mum had agreed to go in to somewhere so she could have a break.
- We need to know services are quality so not worrying about the person the whole time you're away or what situation you might have to deal with when you get back
- Lack of services available to accommodate breaks from caring
- Need more flexible and specific services to allow carers of those with mental health problems to get a break
- Better out of hours services, opportunities to do things at evenings and weekends (for cared for person and carer)
- Budgets are very good but not meaningful if there aren't the services to spend them on
- I thought maybe Marie Curie did an overnight service which I would be really interested in
- I would like us to have a holiday or just a change of scene
- It would be good if the care hotel made provision for carers, so they could have a holiday too, while their loved one was being looked after by care staff.

## What Carers told us about Communication

- Better Communication – don't know what is happening in the area, having a more joined up approach would help
- Creating better links with professionals
- A named person to contact – can carers have a named professional within Health Services and within Social Care who understands their role as a carer and the details of their situation
- Improved information sharing so I don't have to tell my story over and over to different organisations
- Unpaid carers are frequently not respected or acknowledged by health and social care professionals. One member described feeling as though they were lied to
- The following personal account was shared: As soon as health services were aware that there was an unpaid carer in the family, the case was no longer treated as a crisis and the book was passed to the unpaid carer rather than their identification encouraging collaboration
- More openness with carers when there is a lack of resources (eg. Current respite limitations). Carers do not want to be patronised or treated as though they are stupid.

## What Carers told us about Community

- More Carer awareness is needed – for carers themselves, professionals and the wider community
- Being involved in normal community activities is just as important as 'Carers' services, more integration into the local community.
- People with dementia & unpaid carers/supporters don't want to feel confined to 'dementia only spaces'
- Safe spaces for people to use as a base or starting point as they access community based services
- More access to affordable leisure opportunities for Carers
- Unpaid carers in East Lothian want to be part of the process of developing more community-based activities and supports for people with complex needs
- Young carers would like schools and other local services to be aware of their needs
- Discussion around free access to leisure and exercise facilities for carers
- Access to therapy/ yoga/ mindfulness.
- Carer friendly venues/ badges in windows to show carer friendly spaces.
- More carer positive work places.

## What Carers told us: Young Carers

- To be able to spend quality time with their family
- Have regular breaks from caring, particularly during school holidays
- Have regular opportunities to meet up with friends and other young carers both locally and authority wide
- Have someone in school who can offer information and advise
- To have emotional support when needed
- For school staff, other professionals and their peers to have a better understanding of their needs.

## What Carers told us: Older Young Carers

- Help to make important decisions when moving on from school
- Help to transition from being a young carer to an adult carer
- Support with independent living and wellbeing
- Accessing and trusting help from agencies.

## What Carers told us about Planning for the future

- Planning for the future – every carer who attended the sessions (with Outside the box) expressed a worry for the future, More information/planning/advice for when the carers are no longer able or well enough to provide the care – needs to be in place long before crisis point
- Many unpaid carers are struggling with uncertainty about their future service and what it may look like and mean for the family.

## East Lothian Carer Support services

### Adult Carers: Carers of East Lothian

- Information, advice and emotional support
- Advice and support around welfare and benefits
- Specialist support and small grants to support breaks from caring
- Workshops, events and monthly support groups
- Surgeries on Power of Attorney, dementia, financial planning etc
- Counselling service
- Carers Voice Panel, strengthening carers' collective voice

### East Lothian Councils Young Carers Service

- Information for carers
- Support and time out from caring
- Provision of short respite breaks
- Young carers forum
- Support with practical, emotional and financial elements of caring
- Family Support



Information and advice for carers can also be accessed from a variety of other sources including:

- GP and NHS Services: Often a first port of call for many carers. Access to condition specific information and advice. Signposting to carer and other support services.
- Specialist health services: Access to specialist condition specific information and advice that can help carers understand and deal with difficult or challenging symptoms. Sign posting to carer and other support services
- Post Diagnostic Support Services: Provides condition specific information, advice and support for carers usually for a time limited period following diagnosis. Currently in place for Dementia and Autism. Sign posting to carer and other support services
- Social Work and Social Care Services: Can help carers identify the rights, entitlements and support available to them locally and can work with carers to review support arrangements as needed
- Social Security Scotland
- SDS Scotland
- Carer specific information on East Lothian Health and Social Care Partnership website
- National Condition Specific Organisations: Often able to provide condition specific information, advice and support for carers usually via web information and phone helplines. Limited knowledge or signposting to local services.
- Care Information Scotland:  
[Home | Care Information Scotland \(careinfoscotland.scot\)](https://www.careinfoscotland.scot)
- Web and helpline based national information about care services
- National Carer Support Services (eg Carers Scotland and Carers UK): Often able to provide carer specific information, advice and support usually via web information and phone helplines. Limited knowledge or signposting to local services.
- ALISS a national digital programme enabling people and professionals to find and share information on resources, services, groups, and support in their local communities and online:  
<https://www.aliss.org>
- VCEL East Lothian's Third Sector Interface offer support, learning and development opportunities for individuals and organisations. They also maintain a local directory of services found here:  
[Community Directory – Volunteer Centre East Lothian \(volunteereastlothian.org.uk\)](https://www.volunteereastlothian.org.uk)

## Other services for carers available in East Lothian

**East Lothian Access to a Better Life:** Online information and tools to manage your health and well-being and a resource if you care for others

**CWIC, East Lothian Mental Health Support:** CWIC Mental Health is a primary care service for people in East Lothian aged over 17 years and 9 months. We work closely with GP practices, Adult Mental Health services and local third sector services to help you get the right support for your needs

**Changes:** Provides support with mental health issues and anxiety, including counselling, stress control techniques, information on mindfulness, and other courses

**Dementia Friendly East Lothian (DfEL):** Providing information, advice and support to those with dementia and their families. DfEL are developing East Lothian's first Meeting Centre in Musselburgh, a social club for those with mild to moderate dementia and their Carers

**PASDA:** Supporting families of Autistic Adults

**Citizens Advice Bureau:** Provides support with employment rights, money and debt advice and support with housing issues. Access to information on welfare benefits for carers in conjunction with Carers or East Lothian

**Tenancy Support:** Workers provide advice around maintaining tenancies, practical support with housing applications

**Day Centres and adult resource centres:** Local day centres can offer support to the Cared for person and respite to Carers

### **Advocacy Services – EARS, CAPS, Partners in Advocacy:**

In East Lothian EARS provide advocacy for Older People, Physical Disabilities, Acquired Brain Injury and Stroke. CAPS cover substance use and mental health (adults), PIA cover Learning Disabilities and Autism.

Independent advocacy is not offered to carers at present

CoEL Carer Support Workers can help advocate on your behalf, support you to explore your options and rights in certain circumstances, to attend meetings and to have your thoughts and concerns heard. However, they are not a specialist independent advocacy service. For more information on independent advocacy see: <http://www.siaa.org.uk/>



**MELDAP:** Signposts carers supporting people with substance and alcohol misuse to advice and support

**East Lothian Young Carers Charity** – a local charity established in 2002 to provide support to Young carers aged 0 to 24 living in East Lothian, they provide information, support and breaks from caring to Young Carers and their families

**Lothian Centre for Inclusive Living (LCIL)** – Independent advice and support to understand your SDS options, information and one-to-one support to manage your own self-directed package

**Sight Scotland** – offer support to people in Edinburgh and the Lothians to learn or re-gain essential living skills following a diagnosis of sight loss

**Deaf Action** – A deaf led charity, offer a range of services in East Lothian designed to make life easier and more fulfilling for deaf and hard or hearing people

**Marie Curie** – help people living with any terminal illness, and their families, make the most of the time they have left

### National Policy Context

There have been a number of key strategies and acts that support Carers right and have increased the focus on carers, putting them front and centre in the drive to move support for the cared for person back into the community rather than in institutional care.

The **Independent Review of Adult Social Care** or **Feeley Review** was published in February 2021, one of the key recommendations was implementation of a new **National Care Service** that would allow Scottish Ministers to transfer Social Care responsibility from Local Authorities to a new national service. The National Care Service Bill was submitted to parliament in Jun 2022. Among the stated aims are to:

- Support people in their own homes or among family, friends and community wherever possible, with seamless transitions between services;
- Introduce rights to breaks for unpaid carers
- Focus on prevention and early intervention before people's needs escalate.

Feedback from Carers organisations highlighted many participants found it difficult to engage with the NCS consultation questions, as they felt that the proposals lacked detail. They also found it challenging to relate to how structural changes can deliver real progress, ultimately improving their lives and the lives of the people they care for. Many unpaid carers struggled to imagine what tangible difference setting up a National Care Service would make to their lives and preferred to focus on changes that need to happen at a local level in relation to direct service provision.

The Scottish Government strongly encourage Local Authorities to act now in terms of the 'right to a break' rather than waiting for the legal statute to come into place.



## Key Policy Drivers

Independent review of Adult Social Care (2021)

The National Care Service Bill (2022)

Carers (Scotland) Act 2016

The National Carers Strategy – Caring Together

Human Rights Act (1998)

The Equalities Act (2010)

United Nations Convention on the Rights of the Child

Getting it Right for Every Child (GIRFEC)

Additional Support for Learning (Scotland) Act 2016 - Keeling Schedule (2017)

Children and Young People (Scotland) Act 2014

Public Bodies (Joint Working) Act 2014

Social Care (Self Directed Support) (Scotland) Act 2013

The introduction of the Carers (Scotland) Act 2016 is the most comprehensive piece of legislation in relation to carers yet. The update of the national Strategy was published in December 2022 and takes into account the continuing effect of the COVID-19 pandemic, the significant cost of living crisis, as well as the implications of the proposed National Care Service with its specific rights for carers. This strategy sets out the National approach to building a wider understanding and recognition of caring so that it is visible, understood and valued across society. Those who provide care to loved ones must be supported to do so in the most effective way and in a way that allows them to lead a balanced and varied life. The potential wellbeing, economic and social risks of caring need to be recognised and mitigated by formal and informal support in systems beyond health and social care. This will require systemic change over an extended period, as well as immediate action.

Building on Scotland's Reshaping Care for Older People: A Programme for Change 2011 – 2021, consultation closed in Jun 2022 on Scotland's Health and Social Care strategy for older people, acknowledging that health and social care needs to adapt now to the increasing ageing population and complex care needs that older people can have. It recognised that all involved have a role to play in providing support to older people, the government identified the need to shift resources to unpaid carers to allow older people to remain at home longer.

The Public Bodies (Joint Working) Act set out the framework for integrating Health and Social care services to ensure that provision of services remains consistent and sustainable in order to meet increasing demand.

Through Self-Directed Support (SDS) people now have more choice and control over how their services are delivered and the level at which they wish to be involved in managing their support. Under SDS, carers were, for the first time, able to access support for themselves in their own right. The Framework of Standards was published in March 2021 and aims to strengthen implementation of SDS and improve prevention and early intervention.

## Young carers

The agenda for children and young carers has likewise evolved and encourages a co-operative approach between all services involved in a child's care to create one plan through **Getting it Right for Every Child (GIRFEC)**, it has been used and tested across Scotland since 2006.

The **Additional Support for Learning (Scotland) Act** puts a duty on schools to identify, provide and review the ASN of their pupils, which can arise in the short or long term, as a result of the learning environment, family circumstances, health, wellbeing needs or a disability. We will help young carers secure the use of their own rights under additional support for learning legislation via the service My Rights, My Say.

In November 2017, the Scottish Government published updated anti-bullying guidance:

['Respect for All: The National Approach to Anti-bullying for Scotland's Children and Young People'](#)

Young carers are more likely to be bullied because of their caring role. The Bullying and Equalities Module on SEEMiS, the schools management information system, was updated to reflect the new approach. SEEMiS now allows schools to select 'young carer' as a perceived reason for bullying.

Education Maintenance Allowance (EMA) is available in Scotland to eligible people aged 16 to 19 who have reached school leaving age. Scottish Funding Council guidance [\[49\]](#) encourages local authorities and colleges to promote the uptake of EMA to young carers. The guidance also highlights that a degree of flexibility around attendance patterns should be afforded to young carers when administering EMA. To enable this to happen, young carers should highlight their caring responsibility on the EMA application form. A conversation to agree on a suitable flexible attendance pattern should take place with the school or college, and then written into the student's learning agreement.



## Equality diversity and Human Rights

The principles of Equality, Diversity and Human Rights are the basic rights for all carers. Carers and others should be aware of their rights under this legislation and no carer should be disadvantaged due to age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity, race; religion or belief; or sex or sexual orientation, in line with the Equality Act 2010

### Local Policy Context

In implementing the Carers (Scotland) Act 2016, East Lothian Health and Social Care Partnership have been tasked by the East Lothian Integration Joint Board to ensure that our partners work together to assess unpaid carers needs, deliver a range of support services to reduce the impact of the caring role and ensure that all unpaid carers receive an assessment of their needs, if they so wish.

As part of our ongoing work, a range of other strategies are under development within East Lothian and will incorporate planning for Dementia, Mental Health, Physical Disabilities, Palliative Care, Housing and more. There will be common themes among many of these and interlinking goals. Although the Carers Strategy has been produced to outline the overall support available and the outcomes we wish to achieve for carers, it is anticipated that each strategy will consider the needs of carers within their own right and outline any specialist support to carers required.

### Who are carers and why do they need support?

Carers play a vital role in the provision of care. Carers UK estimate the value of unpaid care in Scotland at 10.8 billion per year. The people they care for can be affected by disability, physical and mental ill health, frailty, substance misuse and other conditions or a combination of the above.

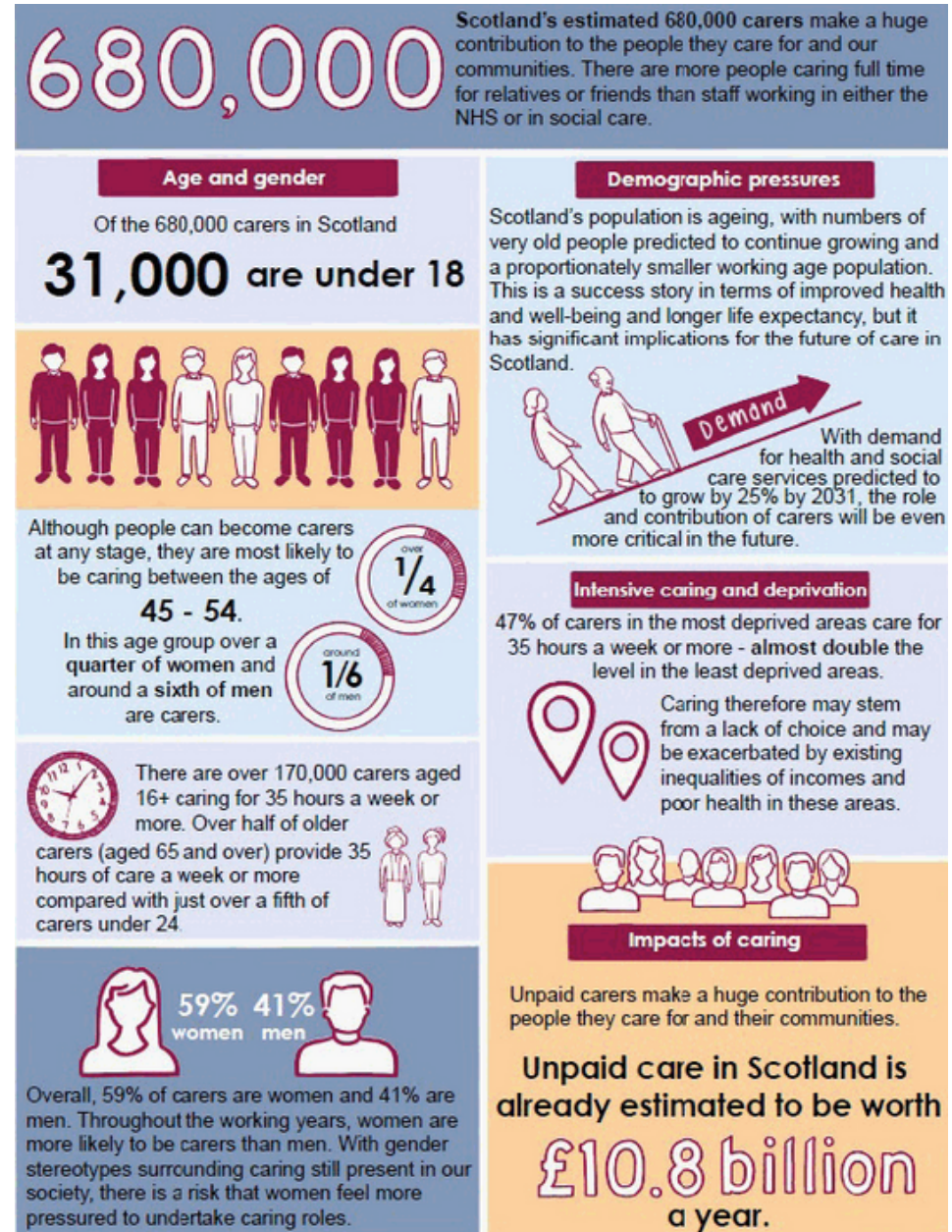


Diagram from: <https://www.gov.scot/publications/carers-strategic-policy-statement-draft-consultation/>





# EAST LoTHIAN'S CARERS WHO ARE THEY?

Estimates of the carer population across Scotland vary with the latest estimate from Scottish government lower than previous estimates at 680,000. We estimate there are around 20,000 carers in East Lothian (based in the 1 in 5 general population estimate).

East Lothian by numbers indicates that the % of population within East Lothian, providing regular help for any sick, disabled or frail person has remained consistent, but by sex, has decreased in males from 9-7% and increased in females from 18-22% (over 2012-'15 to 2016-'19)

Local Census data from the 2021 census will be published from 2023 onwards but figures from the 2011 Census tell us

- That the greatest number of carers are aged between 50 and 64
- In East Lothian it is people over the age of 65 who provide the greatest number of hours of care
- Those providing more than 35 hours of care per week were 20% less likely to be in employment than non-carers.

Across Scotland, the most common effect of caring on an adult carer's employment was to either to reduce their hours or to leave work altogether in order for them to cope with the demands of caring.

While we would not expect to identify all of the carers within East Lothian, we would aim to ensure that those carers who feel they would benefit from information, advice and support were known to either ourselves or our Local Carer Organisations.

The table below shows Carers of East Lothian's statistics around who is accessing support. We know there are many more Carers in East Lothian who are not accessing support, or are supported through other networks, but these figures give us an indication of the potential population of who our carers are locally.

<b>Carers of East Lothian analysis of support 2022</b>	<b>Q1 (%)</b>	<b>Q2(%)</b>
<b>By reason of accessing support</b>		
Carer wellbeing	41	48
Finance/benefits	27	26
Social Care	13	11
<b>By gender</b>		
Female	79	78
Male	21	22
<b>By age</b>		
24 and under	1	1
25 - 34	6	7
35 - 49	22	23
50 - 64	36	37
65 - 75	16	16
75 - 84	16	14
85+	3	3
<b>By service user group</b>		
Dementia	28	27
Physical disabilities/neuro	33	32
Mental Health	11	11
Child (under 16)	14	14
Frail/Older	6	6

East Lothian's population Demographics (from East Lothian by numbers, 2016)

- East Lothian's population has increased 20% in the 20 years from 2020 and this trend is predicted to continue, increasing by a further 12.8% between 2018 and 2043, therefore reaching 121,743 by 2043
- East Lothian life expectancy is estimated (2018-20) at 82.9 for females and 79.3 for males and expected to increase by 2.4% for males and 1.8% for females in the period until 2042/43. Significantly the estimates of healthy life expectation are 65.3 years for females and 63.7 for males meaning people may need more support in these later years
- Compared to the rest of Scotland East Lothian has a larger percentage of youth (10-15 years) and older adult to elderly (41-90+)
- Between 2016 and 2020 the percentage of people within East Lothian living in the most deprived 20% has increased from 3.7 to 5.2% and in the most deprived 20-40% from 26.1 to 29.8%
- Estimates on ethnic minorities residing in the county are difficult to establish, data from the 2021 census is due in 2023 but we estimate the Asian population to be the largest ethnic minority group (1%) in our area. The Polish community has also increased substantially in the area in recent years. Consideration must be given to the individual needs of these communities when delivering carer services.

## Young Carers in East Lothian

The National Carers Strategy estimates there are 28,000 young carers in Scotland, under the age of 18.

In East Lothian, the 2021/22 SEE Survey which is completed annually by pupils in P6, S2 and S4, 26% of pupils stated that they “regularly help to take care of someone...who is physically or mentally ill or has problems with drugs and/or alcohol. The table below illustrates the potential number of young carers attending East Lothian schools based on the various estimates. However, we must be mindful that we also have children and young people attending private schools and young carers under 18yrs who no longer attend school.

	East Lothian 2022	East Lothian 2025 (based on current annual increase of 3%)*
<b>ELC School pupil roll</b>	<b>15092</b>	<b>16,491</b>
4%	604	660
10%	1,509	1,649
26%	3,923	4,287

As of October 2022 ELC has formally registered 173 Young Carers. We also are aware of and correspond with 76 young carers (based on information provided by the charity East Lothian Young Carers when their contract ended in June 2021). Therefore, a total of 249 Young Carers are known to us.

The following table shows the number of Young Carers living in each of the 6 local areas compared with figures from previous strategy document.

Local Area	Known YC 2017	Known YC 2022	Registered YC 2022
Musselburgh	28	71	50
Tranent	28	52	32
Prestonpans	27	32	19
Haddington	12	25	16
North Berwick	12	27	16
Dunbar	11	42	40
<b>Total</b>	<b>118</b>	<b>249</b>	<b>173</b>



The majority of young carers known to services continue to reside in areas the west of the county. The significant increase in registration in the Dunbar Area is likely due to the fact that the local schools were among the first to accept offers of awareness raising sessions from the Young Carers Service.

The Young Carers Service reports a more even spread of young carers across all age groups rather than the previous reported concentration of 5-11year olds (from ELYC) and 15/16 year olds (from Bridges Project). There continue to be a higher proportion female young carers 57% to male 40% with 3% now identifying as non-binary. It is worth also noting that:

*47% report caring for a parent, 44% care for a sibling and 7% care for a grandparent, 27% are the main carer within the household.*

### **Assessment of unmet demand**

We have estimated the number of adult carers in East Lothian at around 20,000 and Young Carers at 600 (based on 4% figure above)

Considering Carers of East Lothian are in contact with around 5,000 and our Young Carers service around 200 that leaves a very significant number of Carers where we are not aware if their needs are being met through other community supports or whether they have significant unmet need.

We know that there are many excellent community support services in East Lothian and that Carers will usually seek support from friends and family before turning to services.

We would presume that the answer is a mixture of both but this highlights significant work still to be done in terms of identifying and supporting carers, especially at an earlier stage.

We know that we are not meeting carers needs in all areas, for example we still have a significant problem in accessing residential respite for older people within East Lothian, people can access budgets but services are simply not available meaning considerable unmet need in this area.

We will continue to identify where needs are not being met and use this information along with carers input to inform our planning.

# 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 inconsistencies and help deliver our services to those who need it. 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.



East Lothian Integration Board  
&  
East Lothian Health and Social  
Care Partnership

John Muir House  
Brewery Park  
Haddington, EH41 3HA  
01875 824 309  
elhscp@eastlothian.gov.uk  
[www.eastlothian.gov.uk/elhscp](http://www.eastlothian.gov.uk/elhscp)



# East Lothian Carers Strategy Delivery Plan 2023-'26

The East Lothian Carers Strategy was developed with the intention of supporting carers to manage their caring responsibilities with confidence and in good health, and so that they are able to have a life of their own.

While the strategy outlines our vision for carers and the seven outcomes we want to achieve, the Action Plan outlines the practicalities of how these will be delivered. Implementation of the actions within the plan will be led by the Carers Change Board, with support and feedback from the Carers Reference Group.

Work on these actions will take place over three years and will only be achieved by continuing to build on the joint working that is already taking place, not just with our local carers organisations but with departments across the council, the NHS, and also the wider community. Monitoring and evaluation will be shared annually with the Strategic Planning group and the Carers voice panel.

<b>Outcome 1: Carers are identified and can access support</b>		
<b>Action</b>	<b>When</b>	<b>Who/Co-ordinator</b>
Pilot our new Adult Carer Support Plan with carers and review based on feedback following first six months.	Apr-Sept 2023	ACSP review project team
Implement audit process for completed ACSP's including feedback mechanism for information on where Carers Outcomes cannot be met	6 monthly beginning Nov 2023	Carers Strategy Officer
Improve ELHSCP web content and make carers information more visible and easily accessible	Sept 2023	Carers Strategy Officer, Corporate Communications Team
Gather data on population profile and investment, look at resource allocation with aim of ensuring this reflects the communities we serve	Oct 2023	Carers Strategy Officer
Review workforce plan to raise workforce awareness of carers and carers issues to maximise opportunities for identification and referral to support services	Apr 2023	Workforce organisation and development
Develop a communications plan to publicise key messages	Apr 2023 and annually	Carers strategy officer, Corporate Communications Team
Work with our partners in primary care to encourage carer identification and increase signposting to sources of information and support	2024/25	ELHSCP

<b>Outcome 1: Carers are identified and can access support</b>		
<b>Action</b>	<b>When</b>	<b>Who/Co-ordinator</b>
Improve identification of carers in our community hospitals to identify carers, increase recognition of carers value throughout the persons stay and to support successful discharge planning	Ongoing	ELHSCP and CoEL
Increase awareness of duty to involve unpaid carers into Discharge without delay team planning	2024	ELHSCP with EHSCP
Work within communities to raise awareness of carers, referral pathways and their need for support	Ongoing	ELHSCP and partners
Work with our community partners to increase carer identification, including Day centres, sheltered housing, large employers and schools	Ongoing, different focus areas each year	ELHSCP and partner organisations
Our Young Carers service will develop their work in school 'clusters' and continue to identify Young Carers	Ongoing	East Lothian Councils Young Carers Service and Education
Work with childrens services to increase identification of Young and Parent Carers in the Childs Planning Process and the role of the named person in particular working closely with schools, health visitors etc	2024	ELHSCP and Children's services
Maximise use of social media/websites/Access to a Better Life East Lothian to raise awareness of carers support services and referral pathways	Ongoing	ELHSCP
Research models of implementation of Carer ID schemes, whether this should be done on local or national level	2024/25	ELHSCP and national organisations
Implement Carer ID scheme based on research	2025/26	ELHSCP and partner organisations
Develop Young Carer ID cards to help with identification and having views heard.	2023/24	Young Carers Service
Consider barriers to different groups identifying and accessing support, including men, different ethnic groups, LGBT people and those with other protected characteristics	Ongoing, different focus areas each year	ELHSCP and partner organisations
Research how other Local Authorities are supporting Carers with end of life care planning, for the cared for person and for themselves	2024/25	ELHSCP and partner organisations

<b>Outcome 2: Carers are well informed and have access to tailored and age appropriate information and advice throughout their caring role</b>		
<b>Action</b>	<b>When</b>	<b>Who/Co-ordinator</b>
Continue to commission services to enable all carers in East Lothian to have access to advice and support throughout their carers journey on wide range of issues	Ongoing	ELHSCP
Review these contracts to ensure delivery of quality services to carers	6 monthly contract monitoring	Carers Strategy Officer
Actively engage with current providers, potential providers and community representatives in assessment of needs and identification of gaps in service provision	Ongoing	ELHSCP commissioning strategy
Review numbers of Carers accessing advice and information services	Ongoing	Carers Strategy Officer
Monitor numbers of ACSP's and YCS being completed	6 monthly audit process	Carers Strategy Officer
Re-introduce post diagnostic group sessions for people with a recent diagnosis of dementia in East Lothian, offered in community spaces and include people with dementia and their carers in delivery.	2023/24	ELHSCP Community Mental Health Team, Alzheimers Scotland and community partners
Look at ways to offer support for carers to manage stress and distress behaviours while supporting people at home	2025/26	ELHSCP, Learning and development planning, ELCHASE team
Develop clear pathways for carers to access both direct support and help developing an Adult Carer Support Plan (ACSP) or Young Carers Statement (YCS)	2023/24	Carers Strategy Officer, CoEL
Develop range and availability of materials available to Carers	Ongoing	ELHSCP and partner organisations
Update East Lothian Health and Social Care partnership website to reflect current support and services	2023	ELHSCP and Corporate Communications team
Continue to provide advice, information and support to maximise incomes for carers (and the people they care for)	Ongoing	CoEL and ELC's Financial management service
Allow Carers direct access, through CoEL and social work services, to funding from SG aimed at reducing hardship associated with the cost of living increases	2022/23, ongoing if allocated from SG	ELHSCP, Service Improvement team

Monitor Carers access to benefits through CoEL support services	Ongoing	Carers Strategy Officer and CoEL
Continue to strengthen our support in line with the principles of Self Directed Support and direct Carers to advice on SDS and managing personal budgets through Lothian centre for Inclusive Living and our financial management service	Timescale tbc	ELHSCP, SDS improvement plan
Refresh our audit with MECCOP and implement findings and cultural competency training for partnership staff and partner agencies as a result	2023	ELHSCP, MECCOP
Consider options for ensuring smoother transitions between services for Young Carers becoming Young Adult Carers	2024/25	ELHSCP Young Carers Service, CoEL and ELHSCP Carer support
Consider options for increasing presence of Carers representatives and information at point of diagnosis for different conditions	2024/25	ELHSCP and partner organisations

<b>Outcome 3: Carers are supported to maintain their own physical, emotional and mental wellbeing</b>		
<b>Action</b>	<b>When</b>	<b>Who/Co-ordinator</b>
Improved promotion of ACSP's and YCS's, aim to make this the basis for the 'good conversation'	Ongoing	ELHSCP, CoEL, Young Carers Service
Support carers to promote their own health through ACSPs or YCSs and regular reviews	Reviews agreed at date of assessment, monitored as part of audit	Carers Strategy Officer
Complete assessment/mapping of local groups, peer/buddy support and activities to assess where there are gaps in terms of conditions/areas. Respond appropriately to address isolation amongst carers through more local groups, peer/buddy support and activities.	2024/25	Carers Strategy Officer
Consider ways to develop flexible replacement care options to ensure that carers who don't have access to other supports can attend their own health appointments	2025/26	ELHSCP and partner organisations

<b>Outcome 3: Carers are supported to maintain their own physical, emotional and mental wellbeing</b>		
<b>Action</b>	<b>When</b>	<b>Who/Co-ordinator</b>
Work with individuals to ensure that the level and nature of care provided by young carers remains appropriate for their age	Ongoing	Young Carers Service
Promote and review East Lothian Rehabilitation Service's new direct referral pathway for Carers to access an Occupational Therapy assessment in their own home	Quarterly meetings, May '23 ongoing	Carers Strategy Officer
Monitor demand for CoEL counselling services	Contract monitoring 6 monthly	Carers Strategy Officer
Promote carers issues within Local Employability Partnership	2023/24	Carers Strategy Officer, Local Employability Partnership
Continue to develop materials to support Young Carers in school	Ongoing	Young Carers Service
Help young carers secure the use of their own rights under additional support for learning legislation via the service My Rights, My Say.	Ongoing	Young Carers Service
Support Young Carers who could be eligible for Education Maintenance Allowance (EMA)	Ongoing	Young Carers Service and Education
More well-being events such as Segways, Fox Lake and Walking with alpaca's experiences.	April 2023	ELHSCP, Young Carers Service and CoEL
Review what is available to H&SCP managers to participate in training to better support staff who juggle paid and unpaid caring roles	2024/25	Workforce development

<b>Outcome 4: Breaks from caring are timely and regularly available</b>		
<b>Action</b>	<b>When</b>	<b>Who/Co-ordinator</b>



<b>Outcome 4: Breaks from caring are timely and regularly available</b>		
<b>Action</b>	<b>When</b>	<b>Who/Co-ordinator</b>
Review, with Carers and Carers Representatives, East Lothian's Short Breaks statements ensuring that they accurately reflect the range of local and national opportunities to support breaks from caring	Consultation May 2023	Carers Strategy Officer, Carers change board reference group, community partners
Consider how these statements can be used as a tool for workers and carers in supporting breaks from caring	2023	As above
Raise the profile of the importance of breaks from caring in supporting people to stay at home for longer	2024/25	ELHSCP, CoEL, Corporate Communications team
Review replacement care guidelines within social work to ensure these are applied consistently giving equity of service	Training to adult and LD teams Mar/Apr 2023	Carers Strategy Officer and adult wellbeing
Include an outcome on 'breaks from caring' in our revised Adult Carer Support Plan	June 2023	ELHSCP and CoEL
Monitor innovative solutions to 'breaks from caring' through participation in Shared Care Scotland's promoting variety programme and Health Improvement Scotland events	Ongoing	Carers Strategy Officer
Continue to fund specialist short breaks support for carers so that all carers have access to information and advice on breaks from caring	Annual review	Carers Strategy Officer/ Building better breaks advisory group
Increase access to personal budgets within the partnership to provide creative breaks from caring	6 monthly	Carers Strategy Officer
Continue our efforts to secure 2 respite beds in East Lothian for use in planned respite situations or confirm alternative provision	1 secured from March 2023	Care Home Link Officer
Commit to a firm plan regarding provision of flexible, high quality, planned respite for older people on a longer term basis	2025/26	ELHSCP
Continue to support the development of 'Meeting Centres' in Musselburgh and throughout East Lothian to offer support to people with dementia and their carers	2023/24	ELHSCP and DfEL
Keep working with our existing day services, for older people, to expand the range of services on offer to support breaks from caring	Ongoing	ELHSCP and East Lothian day centres for older people

<b>Outcome 4: Breaks from caring are timely and regularly available</b>		
<b>Action</b>	<b>When</b>	<b>Who/Co-ordinator</b>
Commission a day service in Musselburgh where there is now an acknowledged gap.	2023/24	ELHSCP
Expand resource co-ordinator service to offer support to more people in the community	2023/24	ELHSCP
Promote our Shared Lives scheme and continue to try and attract new paid Carers to this programme	Ongoing	ELHSCP Shared lives co-ordinator and team
Improve reporting systems so we can more accurately reflect on and build better services to accommodate breaks from caring	As part of MOSAIC review process	ELHSCP
Consider how we can increase access to breaks out with 'working hours', at evenings and weekends	2025/26	
Monitor numbers of Young Carers accessing breaks through opportunities such as active school and holiday activity opportunities, develop range of opportunities available in response to Young Carers feedback.	2023/24	Young Carers Service
Support young Carers to attend the Young Carers Festival	Annually	Young carers service

<b>Outcome 5: Carers are supported to have a life outside of their caring role and can achieve a balance between caring and other aspects of their lives</b>		
<b>Action</b>	<b>When</b>	<b>Who/Co-ordinator</b>
<b>What we will do for Adult Carers</b>		
As part of planning process have more open and honest conversations about what is possible and what will meet individual outcomes	Ongoing	ELHSCP and CoEL

<b>Outcome 5: Carers are supported to have a life outside of their caring role and can achieve a balance between caring and other aspects of their lives</b>		
<b>Action</b>	<b>When</b>	<b>Who/Co-ordinator</b>
Increase numbers of carers accessing personal budgets to meet their personal outcomes (Community Care Worker appointed July 2022 who will support carers in this)	Ongoing	ELHSCP
Review implications of updated SDS guidelines (published Nov 2022) to Carers budgets	Oct 2023	Carers Strategy Officer
Agree guidelines for keeping carers informed throughout the process of completing their ACSP through guidance document	2023	ACSP review team
Review application of eligibility criteria to carers needs with preventative support in mind	2024/25	ELHSCP and partners
Support carers in employment by increasing awareness of carer specific issues through the local employability network <ul style="list-style-type: none"> <li>o Access to advice and information</li> <li>o Promoting the achievement of Carer Positive Status across local employers</li> <li>o Promotion of flexible working policies that can support carers</li> </ul>	2022/23	ELHSCP and partners
Increase numbers of 'Carer positive' employers	Ongoing	
Develop carer positive checklist for small/medium employers	2024/25	
Look at policies in place to support students with caring responsibilities	2025/26	ELHSCP and higher education providers
<b>What we will do for Young Carers</b>		
Work with schools to improve identification of young carers and to ensure both a flexible and understanding approach towards young carers needs and the provision of appropriate and tailored support	Ongoing	Young Carers Service
Work with social work services to ensure that the cared-for person is in receipt of appropriate support (from either Adult or Children's services) to both protect young carers from age inappropriate caring roles and to enable them to have a life outside their caring role	Ongoing	Young Carers Service
Develop services to provide specific transitions support for older young carers as they enter adulthood and to achieve and sustain positive destinations outside of their caring role	2024/25	ELHSCP and partners, CoEL, bridges

**Outcome 5: Carers are supported to have a life outside of their caring role and can achieve a balance between caring and other aspects of their lives**

Action	When	Who/Co-ordinator
Develop clear pathways for young carers to access support and YCS and ensure that these are regularly reviewed	In place	Young carers service

**Outcome 6: Carers are respected by professionals as ‘Partners in Care’ and are appropriately included in the planning and delivery of both the care and support for the people they care for and services locally**

Action	When	Who/Co-ordinator
Through review of ACSP promote more open and honest conversations around what is possible and what will meet an individual’s outcomes	Ongoing	ELHSCP and CoEL
Take part in review of learning modules available on LearnPro, which are role mandatory for different staff and promote EPiC training as part of this review	2023	Workforce development
Increase number of health staff completing ‘Think carer’ education module	2024/25	ELHSCP and NHS Lothian
Raising awareness with professionals so every interaction in an opportunity to treat carers as partners in care	Ongoing	ELHSCP and partners
Developing and supporting the Triangle of Care Approach to Mental Health Services through review of services and future commissioning.	Elder St, 2023	ELHSCP Mental Health link officer and partners
Review the extent that carers are treated as partners in care within ACSP and YCS and feed back to services results from these	As part of 6 monthly audit	Carers Strategy Officer
Consult carers on the need for provision of independent advocacy support for carers through needs assessment and independent advocacy steering group	2022/23	ELHSCP and partners, Independent advocacy steering group
Identify key HSCP services and discuss appointment of Carer Champions	2024/25	ELHSCP
Identify training available for carers on the conditions affecting the people they support and how to offer appropriate support and any other identified areas	2024/25	ELHSCP and partners

**Outcome 6: Carers are respected by professionals as ‘Partners in Care’ and are appropriately included in the planning and delivery of both the care and support for the people they care for and services locally**

Action	When	Who/Co-ordinator
We will support carers to have a have a say in the development and delivery of services in East Lothian by: <ul style="list-style-type: none"> <li>○ Maintaining the standards for engagement set out in our Engagement policy</li> <li>○ Ensure that carers are both represented and supported to be involved in the HSCP strategic groups</li> <li>○ Engage with CoEL “Carers Voice” group on service planning and delivery:</li> <li>○ Increase avenues for Young carers feedback including the Young Carers Forum</li> </ul>	Ongoing	ELHSCP engagement officer  Carers strategy Officer  Carers Strategy Officer  Young Carers service
Ensure through Service Specifications that all registered and HSCP care services capture feedback from carers as well as from users of services and have forums to engage with key stake holders	Ongoing	Planning and Performance team
Plan awareness raising events for Carers week	June - annually	ELHSCP, Carers strategy Officer, Corporate Communications
Play an active role in local Health and wellbeing groups	Ongoing	ELHSCP, Planning and performance team
Work with community organisations to share information	Ongoing	ELHSCP
Facilitate relationships between 3 <sup>rd</sup> sector organisations and carers	Ongoing	ELHSCP
Play an active role in Health and wellbeing groups	Ongoing	ELHSCP Strategy Officers
Promote positive role of social work to promote understanding and engagement	2025/26	ELHSCP
Review findings of Care Inspectorate report ‘adult carers experience of social work and social care’ and implement improvement plan based on its recommendations	2023/24	ELHSCP adult well-being, planning and performance, equalities, corporate communications
Work with Community Learning and Development team to highlight carers needs within the learning and development plan for 2025- 28	2023/24	Community learning and development
Increase avenues for Young Carers feedback, including the young carers forum	Ongoing	Young Carers Service

<b>Outcome 7: Local communities are supported to be Carer friendly</b>		
<b>Action</b>	<b>When</b>	<b>Who/Co-ordinator</b>
Work within communities to raise awareness of carers, referral pathways and their need for support, identify areas to focus on each year	Ongoing	ELHSCP and carers organisations
Support Carers Week events and Life Changes Trust Carers Events	Annually	ELHSCP, Strategy officer and Corporate Communications
Develop and distribute information for carers in spaces carers spend time	Ongoing	
Encourage the development of local peer and buddy groups for carers	Ongoing	
Play an active role on local Health and Wellbeing groups	Ongoing	ELHSCP planning and performance team
We aim to make accessing information and support easier and more streamlined by: <ul style="list-style-type: none"> <li>• Joining the dots between community services</li> <li>• facilitating the relationships between third sector organisations and carers</li> <li>• Working with community organisations to share information</li> </ul>	Ongoing	Community transformation agenda
Identify large local businesses to encourage to work towards Carer Positive status.	2023/24	Carers Strategy Officer
Progress East Lothian Councils Carer positive status from engaged to established	2024/25	ELC
Promote the role of Volunteer Centre East Lothian as out Third sector interface and continue to support their 'Community First' community support model	Ongoing	ELHSCP and VCEL
Support Dementia Friendly East Lothian in their aim to make our communities great places for people with Dementia and their carers to live, visit and work in	Ongoing	ELHSCP and DfEL

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

**MEETING DATE:** 22 June 2023

**BY:** Chief Officer

**SUBJECT:** East Lothian Health and Social Care Partnership  
Commissioned Community Support 2023/24

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## 1 PURPOSE

- 1.1 To inform the Integration Joint Board (IJB) of the budget and proposed commissioning arrangements for 2023/24 in relation to commissioned community support.

## 2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Note the commissioned community support budget and agree uplifts for providers for 2023/24 within appendix 1.
- 2.2 Note the budget for 2023/24 for Older Peoples Day Centres within appendix 2. This now includes funding to commission a new day centre in Musselburgh.
- 2.3 Note the budget for 2023/24 for Housing Support within appendix 3 including the removal of funding from Abbeyfield and the transfer of the NCH Scotland and Blue Triangle budget to East Lothian Council Housing Department within 2023/24.
- 2.4 Note the short-term funding arrangements for the East Lothian Sexual Abuse Service delivered by Edinburgh Rape Crisis Centre.

## 3 BACKGROUND

### Commissioned Community Support

- 3.1 Commissioned Community Supports can be broadly divided into two categories: 1) Community Supports: these are commissioned in a number of ways, which include contracted services, grant funding and spot purchase through individual budgets; and 2), Housing Support Services.

3.2 Community Support providers have continued to face COVID related pressures throughout 2022/23 primarily in relation to staff sickness, recruitment pressures and workforce retention. Sustainability support, primarily in relation to the Social Care Staff Support Fund continued throughout 2022/23 and concluded on 31<sup>st</sup> March 2023.

3.3 The Community Transformation Programme is an ongoing change programme to deliver high quality community led support across East Lothian for adults with complex needs, based on engagement with people and carers and focusing on personal outcome models. Some services are commissioned from other budgets (e.g. Mental Health, Learning Disability or Carers budgets). The IJB approved the following approach to commissioning in terms of the programme:

- Commissioned to deliver local services that reflect the varying needs of the local communities.
- Flexibility of provision allowing for both centre and community based services, which address fluctuating COVID-19 restrictions ('blended model').
- Reduction in carer stress.
- Preventative in nature reducing social isolation and loneliness.
- Innovation in dementia care and support.
- Effective governance arrangements based on genuine partnership and collaboration with providers and communities

New services commissioned for 2023/24 include:

- Community First Service (VCEL): this new service launched in October 2022 has been commissioned until March 2026 to provide support to access community based services for people over 50 to:  
1) Support people to achieve their vision of a good life, use their personal strengths and make a contribution to their community; and  
2) Support hospital discharge and prevent readmission.
- Post Diagnostic Support Service (Dementia) (Alzheimer Scotland): commissioned for a further three years to March 2026. A key part of the commissioning approach is to ensure the service develops partnership working with other agencies to develop the PDS pathway and to shift to community based model of support.

3.4 Non-delegated Housing Support funding related to Blue Triangle and NCH Scotland is currently under review by East Lothian Council Housing department. The associated budget is likely to be transferred upon completion of the review, including the £250,000 budget short fall.

Decision taken to cease funding for Abbeyfield North Berwick Society Ltd., since it is small scale (£3.7k) and is now part of Blackwood Housing Association.



Women's Aid East and Midlothian funding in relation to their accommodation and support service is also under consideration as part of wider review of Violence Against Women and Girls services with next steps currently being considered by the Chief Social Work Officer.

- 3.5 The East Lothian Sexual Abuse Service delivered by Edinburgh Rape Crisis, currently funded by the One Council Partnership fund (£20,000 pa.), was also considered as part of the review of Violence Against Women and Girls services. The One Council Partnership has requested transfer of commissioning responsibility to the Health and Social Care Partnership. Short term funding for 2023/24 has been agreed with the One Council Partnership contributing £20,000 and MELDAP £15,000 with longer term funding arrangements and commissioning being considered as part of the ongoing review with new arrangements anticipated to be in place for 2024/25.
- 3.6 For many years, Older Peoples' Day Centres have had 'year on year' funding, limiting opportunities for service development. IJB Commissioning Board has agreed to implement a 'Light Touch' approach to commissioning from 2023 for a 7 year period (3+2+2) inviting the nine current providers to apply to be contracted to be the local provider in their area. A local service specification and contract will be put in place, underpinned by updated legal terms and conditions and ensuring a focus on meeting personal outcomes.

The proposed start date for the contract is October 2023 to allow approval of the budget and to finalise the contractual arrangements. There are two budget levels, depending on the numbers and complexity of need provided for. The budget set out in appendix 2 and totalling just under £1.147 million, is for costs associated with service delivery. Centres retain the opportunity to raise additional funds through other sources including charging for their services.

Planning and Performance staff will continue to support the centre staff and trustees/ directors in their service development and will address issues such as over or under capacity to ensure effective use of resources. Volunteer Centre East Lothian also have key role in building the capacity of the Trustees/ Directors and supporting effective governance and the development of good practice.

The needs assessment highlighted a significant gap in the provision of day services and outreach for older adults with complex needs in Musselburgh. IJB previously approved the commissioning of a new service and the budget is now set out in appendix 2 and on par with other centres. The design process for this service will commence in summer 2023, using a co-production approach with the community. The 2023/24 budget assumes the centre will be operational by January 2024 at the earliest. Funds are in place for 2024/25 and the contract length will align with the other centres.

The Association of Day Centres in East Lothian acts as a representative body and is a registered charity. Discussions have taken place to reduce their operating costs and as a result of this and the significant level of

their reserves, no funding is required for 2023/24. This will be reviewed for 2024/25.

- 3.7 The IJB Commissioning Board agreed uplifts for some organisations as noted below; the services are outwith the scope of the Scottish Government's Adult Social Care Pay Uplift process.

Provider	Sum of net £ 2022/23	Sum of net £ 2023/24
<b>Advocacy</b>		
CAPS	£117,065	£121,930.72
Partners in Advocacy	£52,800	£54,543.56
EARS	£45,625	£47,131.63
<b>Community Mental Health Services</b>		
CHANGES Community Health Project	£197,162	£203,672.68
Health in Mind (Equal Access)	£12,500	£12,912.78
Stepping Out	£62,615	£64,682.67
<b>Community Services</b>		
Anam Cara (formerly Pink Ladies 1 <sup>st</sup> )	£5,000	£5,165.11
<b>Total:</b>	<b>£492,767</b>	<b>£510,039.15*</b>

\* Total increase of £16,272.15 based on living wage uplift calculation (3.8% uplift applied to 86.9% of full contract value) with additional £1,000 agreed for CAPS by MELDAP.

## 4 ENGAGEMENT

- 4.1 The Planning and Performance Team continue to provide extensive support and advice to all Community Support providers. Each commissioned provider is allocated a link strategy officer who remains in regular contact to provide support about service development.
- 4.2 Communities, carers and providers are actively engaged in a variety of processes and forums, which ensures that their views, expertise and feedback are considered and incorporated throughout ELHSCP strategy and commissioning activity. Examples of provider involvement include: the Community Hospitals and Care Homes Provision Change Board, the Provisioning Strategy Project, the East Lothian Independent Advocacy Steering Group, the Community Transformation Programme, development of the East Lothian Dementia Strategy and regular Integrated Impact Assessment discussions.
- 4.3 In addition, specialist engagement support has been commissioned from Outside the Box to support the commissioning of Community and Home based Mental Health support and Post Diagnostic support for people with dementia.

## 5 POLICY IMPLICATIONS

- 5.1 Key associated policy areas include:

- Health and social care integration.
- Findings and recommendations from the Independent Review of Adult Social Care.
- National Care Service (Scotland) Bill.
- Shifting the Paradigm of Social Care.
- Shifting the balance of care / Care closer to home.
- The Promise.
- Equally Safe.
- Trauma informed services.
- Scotland's Digital Health and Care Strategy.
- ELHSCP Commissioning Strategy 2023 – 2025

## **6 INTEGRATED IMPACT ASSESSMENT**

- 6.1 The subject of this report has been through the Integrated Impact Assessment process as part of other work streams associated with ELHSCP's wider commissioning arrangements. All procurement activity is subject to IIA processes as is policy and strategy development.

## **7 DIRECTIONS**

- 7.1 Commissioned Community Support has clear links with the directions below:
- D02f – Health and Housing and Social Care Group.
  - D02j – Transitions for Young People into Adult Services.
  - D02k – Mental Health Officer.
  - D11b – Occupied Bed Days / Delayed Discharge.
  - D11d – Palliative Care
  - D12l – Transforming Care for Older People.
  - D12j – Extra Care Housing Implementation.
  - D14a – Carer's Strategy Implementation.
  - D18i – Community Transformation Programme – under 65's.
  - D18j – Community Transformation Programme – over 65's.

## 8 RESOURCE IMPLICATIONS

- 8.1 Financial – the above noted expenditure is within the voluntary organisations budget for 2023/24. There remains £25k of uncommitted funds however, it should be noted that opportunities for ‘in year’ uplifts are severely limited; neither is there scope to commission new or expand existing services.
- 8.2 Personnel – the Planning and Performance Team and service providers are committed to developing longer-term contracts and service level agreements in order to improve recruitment, retention, service development and consistency. This is in line with the ELHSCP Commissioning Strategy 2023-2025 commissioning intentions and key market messages.
- 8.3 Other – N/A.

## 9 BACKGROUND PAPERS

- 9.1 None.

Appendix 1 – Commissioned Community Support Financial Summary 2023/24.

Appendix 2 Community Support Older Peoples Day Centres Financial Summary 2023/24.

Appendix 3 – Housing Support Financial Summary 2023/24.

<b>AUTHOR'S NAME</b>	Andrew Main
<b>DESIGNATION</b>	Strategy Officer, Planning and Performance
<b>CONTACT INFO</b>	<a href="mailto:amain1@eastlothian.gov.uk">amain1@eastlothian.gov.uk</a>
<b>DATE</b>	08/06/23

## Appendix 1 – Commissioned Community Support Financial Summary 2023/24

Provider	Sum of net £ 2022/23	Sum of net £ 2023/24	Current contract / Service Level Agreement
<b>Advocacy</b>			
CAPS	£117,065	£121,930.72*	1/04/20 – 31/03/22. Funding extended for further year to accommodate work of the East Lothian Independent Advocacy Steering Group. Funding uplifted in line with living wage. * Total HSCP funding equals £121,930.72 when MELDAP funding included (annual internal recharge of £11,000).
Partners in Advocacy	£52,800	£54,543.56	
EARS	£45,625	£47,131.63	
<b>Community Link Workers</b>			
Penumbra	£157,675	£157,675	1/01/21 – 4/01/24. Funding received from Primary Care. Options for future commissioning arrangements to be developed with Primary Care colleagues.
We are with you	£64,800	£64,800	
Royal Voluntary Service	£48,107	£48,107	
<b>Community Mental Health Services</b>			
CHANGES Community Health Project	£197,162	£203,672.68	1/04/15 – 31/03/16. Funding extended for a further year with a service level agreement to be developed. There are also significant additional funds invested via NHS Action 15 funds. Options for future commissioning arrangements will be developed with Mental Health Colleagues.
Health in Mind (Equal Access)	£12,500	£12,912.78	Previous NHS contract in 2016. Currently agreed for 1/04/21 – 31/03/22. Funding extended for a further year on a grants basis.
Neighbourhood Networks	£79,000	£79,000	Direct Award in place until 31/03/24. Will be part of Community Support Framework from then on. Will receive an uplift as part of Scottish Government living wage funding (£81,608.74).
Stepping Out	£62,615	£64,682.67	1/04/15 – 31/03/16 with 1+1 additional years taking us to 31/03/18. Rolling funding since. Funding extended for a further year. Will be incorporated within Community Support Framework from April 2024 onwards.
<b>Community Older People Services</b>			
Anam Cara (formerly Pink Ladies 1 <sup>st</sup> )	£5,000	£5,165.11	1/04/15 – 31/03/16 and rolling funding since. Funding extended for a further year. Being reviewed as part of transformation programme and will be incorporated within Community Support Framework.
Macmerry and District Men's Shed (grant)	£2,000	£0	Grant funding has now ceased.
Pennypit Community Development Trust (grant)	£9,400	£0	
Sporting Memories Foundation Scotland (grant)	£10,000	£0	

Provider	Sum of net £ 2022/23	Sum of net £ 2023/24	Current contract / Service Level Agreement
<b>Community Support</b>			
VCEL (Community First)		£49,532	1/10/22 – 31/03/26 via NHS Lothian
<b>Dementia Services</b>			
Alzheimer Scotland - Action on Dementia (PDS link worker service)	£89,998	£89,998	1/04/23 – 31/03/26.
Dementia Friendly East Lothian CIC	£20,000	£20,000	1/04/21 – 31/03/22. Grant funding until 31/03/23. Longer term funding being explored as part of transformation programme and dementia strategy.
<b>Huntington's Services</b>			
Moving Ahead with Huntington's Disease	£8,960	£8,960	1/07/21 – 30/06/24 (Direct Award as funded across all Lothian HSCPs).
<b>Independent Living &amp; Financial Support</b>			
Lothian Centre for Inclusive Living	£32,076	£41,504	1/04/23 – 31/03/26 (with 1+1 extension option). Annual internal recharge of £10,376 (25%) from Children's Services (£41,504 - £10,376 = £31,128).
<b>Sensory Impairment</b>			
Deaf Action	£50,025	£50,025	1/04/21 – 31/03/24. Longer term funding being explored with potential for Direct Award.
Sight Scotland	£38,996.71	£38,996.71	1/04/21 – 31/03/24. Considering a 1 year extension in order to align with Edinburgh's contract. Likely that costs will increase from 1/04/24.
See Hear		£6,399	See Hear strategy annual implementation funding 2023-2024.
<b>Community Capacity Building</b>			
VCEL	£30,000	£30,000	1/04/22 – 31/03/23. Grant funding extended for a further year with longer-term plans being considered.
<b>Community Transport</b>			
Royal Voluntary Service	£86,519	£79,236	Funding for Good Neighbours Service now ceased (£14,676.83) and single year uplift agreed for the Transport Service. Work underway with Primary Care colleagues to review the service model and develop a service level agreement.
<b>Consultancy</b>			
Erskine consultancy (MOSAIC)		£21,000	1/04/23 – 30/09/23
<b>Internal recharges</b>			
MELDAP (CAPS advocacy)		- £11,000	
Children's Services (LCIL)		- £10,376	

Provider	Sum of net £ 2022/23	Sum of net £ 2023/24	Current contract / Service Level Agreement
<b>Budget transfers</b>			
Performance and Improvement Manager		£24,000	Moving to staffing budget as approved via Workforce Steering Group.
<b>Total spend</b>	<b>£1,220,323.71</b>	<b>£1,297,895.86</b>	
<b>Budget</b>	£1,244,130	£1,323,044	
<b>Uncommitted</b>	<b>£23,806.29</b>	<b>£25,148.14</b>	Earmarked for potential contribution towards Pre-paid Cards (£4,666).

## Appendix 2 – Community Support Older Peoples Day Centres Financial Summary 2023/24

N.B: This excludes Carers Act funding, which is spread across the centres, at different levels depending on the extent of their carer outreach services.

Provider	Sum of net £ 2022/23	Sum of net £ 2023/24
Association of East Lothian Day Centres	£20,000	0
Dunbar Day Centre	£113,425	£117,172
Gullane Day Centre	£113,425	£117,172
Haddington & District Day Centre	£127,603	£131,816
Harlawhill Day Care Centre	£116,051	£131,816
John Bellany Centre	£127,603	£131,816
North Berwick Day Care Association	£127,603	£131,816
Primrose Day Centre	£113,425	£117,172
The Lynton Centre	£113,425	£117,172
Tranent Day Centre	£113,425	£117,172
Utilities and maintenance	£597	£600
New Musselburgh Centre	0	£32,954 (full year costs for 2024/25 are in budget at £131,816)
<b>Total Expenditure</b>	<b>£1,091,643</b>	<b>£1,146,678</b>
<b>Uncommitted</b>	<b>£70,858*</b>	<b>TBC</b>

\* This uncommitted funding was approved for investment in commissioning a new Day Service in Musselburgh



### Appendix 3 – Housing Support Financial Summary 2023/24

Provider	Sum of net £ 2022/23	Sum of net £ 2023/24	Comments
Abbeyfield North Berwick Society Ltd (Sheltered Housing)	£3,690	£0	Funding ceased. Please refer to section 3.4.
Blue Triangle (Glasgow) Housing Association Ltd (Housing Support)	£480,198	£496,056	Commissioning / contract being reviewed by Housing and awaiting outcome.
East and Mid Lothian Women's Aid (Housing Support)	£158,013.50	£158,013.50	Review of Violence Against Women and Girls Services on behalf of East Lothian and Midlothian Critical Services Oversight Group now concluded with next steps being considered by CSWO.
NCH Scotland (Action for Children) (Housing Support)	£211,370	£218,350	Commissioning / contract being reviewed by Housing and awaiting outcome.
<b>Total</b>	<b>£853,271.50</b>	<b>£872,419.50</b>	



**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 22 June 2023  
**BY:** Chief Finance Officer  
**SUBJECT:** 2022/23 Draft Unaudited Annual Accounts

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## **1 PURPOSE**

- 1.1 This report presents to the IJB its draft (unaudited) Annual Accounts for 2022/23.

## **2 RECOMMENDATIONS**

- 2.1 The IJB is being asked to:-
- i. Note the draft audited annual accounts were considered at the IJBs Audit & Risk Committee on the 6 June 2023; and
  - ii. Agree that the draft annual accounts can be published and presented for audit.

## **3 BACKGROUND**

- 3.1 The IJB is constituted under section 106 of the local government (Scotland) Act and as such must prepare a set of annual accounts. These accounts must be presented in draft for approval to either the IJB or a committee of governance of the IJB by 30th June whereupon the accounts will be presented for audit by the IJB's auditors.
- 3.2 The annual accounts contain a range of sections but breakdown into three main areas :-
- The Management Commentary. This provides a statement of the IJB's purpose and its performance against that purpose in the financial year along with a reflection on the challenges facing the IJB in the next financial year.
  - The Annual Governance Statement – which reflect on the governance of the IJB and notes any governance improvements identified by the CIA's Internal Audit Annual Assurance Report

- A range of financial statements showing the financial position of the IJB.

#### **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 Directions 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 None

### **Appendix 1 – East Lothian IJB draft unaudited annual accounts 2022/23**

<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>	June 2023





# **East Lothian Integration Joint Board**

## **Unaudited Annual Accounts 2022/23**

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### Audit Arrangements

Under arrangements approved by the Accounts Commission of Scotland, the auditor with responsibility for the audit of the accounts of East Lothian Integration Joint Board for the period 1 April 2022 to 31 March 2023 is Audit Scotland, 102 West Port, Edinburgh EH3 9DN.



## **Management Commentary**

### **Introduction**

The management commentary considers the work that the IJB has undertaken during the financial year 2022/23 and then describes the financial performance for the financial year ended 31 March 2023. It further provides an overview of the key messages relating to the role, remit, members, objectives and the strategy of the East Lothian Integration Joint Board (IJB).

### **COVID-19**

During the pandemic, East Lothian, in line with Scottish Government guidance, stepped up a range of services to support the continued system wide response to Covid.

The cost projections associated with these services, through the Scottish Government Local Mobilisation Plan (LMP), were reported to the IJB and during the 2020/21 to 2022/23 financial years the associated costs were funded by designated Covid funding.

The Scottish Government confirmed the funding would not be available in the 2023/24 financial year. In response, a Covid decommissioning assessment and reprioritisation of funding exercise was undertaken. The result of this exercise has allowed funding streams to be assessed and reprioritised to ensure both clinical and financial sustainability of these services.

### **The Role and Remit of the IJB**

The purpose of integration is to improve care and support and therefore the health and wellbeing outcomes for people who use health and social care services. It will make sure that they are listened to, involved and take part in decisions about their care and how it is delivered. It is a significant change in how the strategic planning and delivery of services happens with a range of partners – individuals, local groups and networks, communities and organisations, including patients, service users, carers and the third and independent sectors.

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires Local Authorities and Health Boards to integrate the strategic planning of a substantial number of health services and functions and most social care functions.

The functions delegated to the IJB by East Lothian Council and NHS Lothian are as follows:

- Adult Social Care
- Criminal Justice
- Primary Care Services (GP Practices, Community Dentists, Community Pharmacies and Community Opticians)
- Mental Health Services
- Physical and Learning Disabilities Services

- Community Health Services
- Community Hospital Services
- Unscheduled Care Services (services that are generally delivered from the Royal Infirmary of Edinburgh, the Western General Hospital and St. John's Hospital)

The IJB sets the strategic direction for these delegated functions through the development of a Strategic Plan, to enable it to plan and deliver these strategic outcomes at an overall health and social care level. It gives Directions to the Council and NHS Lothian for the operational delivery of functions and the resources available to them for this.

East Lothian IJB is an Integration Authority set up under the Public Bodies (Joint Working) Act (2014). It is a 'body corporate', that is a separate legal entity. The IJB is constituted through its Integration Scheme which was prepared by East Lothian Council and NHS Lothian and presented to Scottish Ministers in March 2015. The Integration Scheme was approved by the Scottish Parliament in June 2015 and the first meeting of the IJB took place on 1 July 2015. The IJB assumed formal responsibility for these functions in April 2016 including the budgets for the delivery of these functions.

### **The Strategic Plan**

The strategic plan of each IJB must be reviewed and approved by the IJB every 3 years. East Lothian IJB approved its third Strategic Plan on 15 September 2022, this covers 2022 to 2025. A link to the plan is below:

[Link: Strategic Plan](#)

The process of monitoring the progress of the Strategic Plan and the development of that plan is managed by the IJB's Strategic Planning Group. This group is supported by seven change boards reflecting on the IJB's strategic priority areas for change.

These focus on: primary care, adults with complex needs, mental health and substance use, shifting care from acute hospitals to the community, support to carers, community hospitals and care homes and care at home.

### **Review of the IJB's Integration Scheme**

During 2021 East Lothian Council and NHS Lothian Council drafted a new scheme which has been out for consultation and approved by both Council and the Health Board. The scheme is currently with Scottish Government.

### **IJB Membership**

The IJB comprises eight voting members, made up of four elected members appointed by East Lothian Council and four NHS Lothian non-executive directors appointed by NHS Lothian. There are a number of non-voting members of the Board, including the IJB Chief Officer, Chief Finance Officer, medical and nursing professional advisors, representatives for Carers and third party organisations and staffing representatives.

The IJB met virtually 7 times during the financial year 2022/23. The membership of the IJB as at March 2023 was as follows:

<b>Member</b>	<b>Nominated/Appointed by</b>	<b>Role</b>
Peter Murray	Nominated by NHS Lothian	Chair (voting member)
Councillor Shamin Akhtar	Nominated by East Lothian Council	Vice Chair (voting member)
Fiona Wilson	Appointed by IJB	Chief Officer (non-voting member)
Claire Flanagan	Appointed by IJB	Chief Finance Officer (non-voting member)
Fiona Ireland	Nominated by NHS Lothian	Voting Member, Chair of Audit & Risk Committee
Elizabeth Gordon	Nominated by NHS Lothian	Voting Member
Val de Souza	Nominated by NHS Lothian	Voting Member
Councillor Carol McFarlane	Nominated by East Lothian Council	Voting Member
Councillor Lyn Jardine	Nominated by East Lothian Council	Voting Member
Councillor Lachlan Bruce	Nominated by East Lothian Council	Voting Member
Vacant	Appointed by IJB	Independent sector representative (non-voting member)
Maureen Allan	Appointed by IJB	Third sector representative (non-voting member)
David Binnie	Appointed by IJB	Carer representative (non-voting member)
Marilyn McNeill	Appointed by IJB	Service-user representative (non-voting member)
Dr Claire Mackintosh	Nominated by NHS Lothian	Medical Consultant (non-voting member)
Vacant	Appointed by IJB	ELC Staff Representative (non-voting member)
Judith Tait	Nominated by East Lothian Council	Chief Social Work Officer (non-voting member)

<b>Member</b>	<b>Nominated/Appointed by</b>	<b>Role</b>
Thomas Miller	Appointed by IJB	NHS Staff Representative (non-voting member)
Dr John Hardman	Nominated by NHS Lothian	Clinical Director (non-voting member)
Iain Gorman	Appointed by IJB	Head of Operations (non-voting member)
Lorraine Cowan	Nominated by IJB	Chief Nurse (non-voting member)
Dr Wendy Hale	Appointed by the IJB	Specialist in Substance Abuse (non-voting member)
Dr Philip Conalglan	Appointed by IJB	Public Health (non-voting member)

### **The IJB’s Operations for the Year**

The Strategic Plan is delivered through the IJB’s directions to the partners (East Lothian Council and NHS Lothian) and the IJB considered the delivery of these directions in detail at its February 2022 meeting. The IJB’s Strategic Planning Group (SPG) has met regularly during the financial year to reflect on and develop the IJB’s Strategic Plan with the SPG being supported by the Change Boards as described above.

The IJB categorises its services into three broad areas:

#### **Core Services**

These are the local health and social care services within East Lothian and are operationally managed by the Health and Social Care Partnership (HSCP) which is a joint arrangement between East Lothian Council and NHS Lothian. The HSCP has operational delivery of these local services and forms part of the IJB under the title of core services where they are delegated, the IJB however is much wider than this and the IJB not only strategically commissions the delegated services of the HSCP but also those operationally managed outwith East Lothian for example the Emergency Department of the Royal Infirmary of Edinburgh (part of set aside below).

#### **Hosted Services**

These being delegated functions that are operationally managed by other parts of NHS Lothian – for example in-patients mental health services provided at the Royal Edinburgh Hospital in Edinburgh.

#### **Set Aside Services**

These being delegated functions operationally managed by NHS Lothian in its Acute Division. The Appendix to these accounts describes Set Aside in more detail.

Within each of these areas the IJB has continued to drive forward its Strategic Plan. Examples include:

## **Core Services**

### **Learning Disabilities**

Over the last year work has been progressed to develop the enhanced Learning Disabilities service. A multi disciplinary approach with staff across the HSCP working in partnership to support and meet the outcomes of those individuals with a Learning Disability, who often have complex needs. In addition, through the transformation programme, the resource co-ordination model continues to develop and community opportunities have expanded to include Dunbar and North Berwick and this continues to grow, ensuring that individual are linked in with their local communities.

Hardgate Court, a facility for short break and respite, has seen a continued increase in demand throughout the year. The current model has been used successfully to support high risk individuals to be supported within an alternative environment, providing person centred care and reducing risk of suicide and overdose.

### **Substance Use**

Throughout the year a main focus of the Substance Use Service has been the delivery of the Medication Assisted Treatment Standards 1-5 (MAT) by April 2023.

The aim of the standards is to:

- Improve access and retention in MAT
- Enable people to make an informed choice about treatment, care and support.
- Include families or nominated person(s) wherever appropriate

A single point of contact and same day assessment and treatment service has been implemented. The service operates 5 days per week and offers choice and advocacy support. In addition, an assertive outreach service has been developed. This service offers support with harm reduction and follow ups for anyone who experiences a non-fatal overdose where illicit substances are noted.

### **Mental Health**

Work has been undertaken to implement Distress Brief Interventions, the programme will be in partnership with Penumbra. The overarching aim of the programme is to provide a framework for improved inter-agency co-ordination, collaboration and co-operation across a wide range of care settings, interventions and community support to provide person centred support for those who contact services in distress but don't require a clinical response. Individuals experiencing stress or distress will be guaranteed support within 24hrs.

### **Reprovisioning work**

The East Lothian IJB Strategic plan commitment is to support people closer to home, in their own home or in a homely setting. This will be achieved through a number of

measures resulting from re-modelling services as well as the services being commissioned. The work undertaken by the Community Hospitals and Care Homes Provision Change Board provides a key strand to achievement of this objective.

The Community Hospitals and Care Homes Provision Change Board has produced and submitted several reports to Strategic Planning Group and East Lothian Integration Joint Board since its inception in May 2021. The final report was submitted in the 2022/23 financial year. The IJB supported the conclusion of the final report. This detailed the requirement for the Chief Officer and Senior Management Team to develop a range of capacity options for inpatient community hospital and care homes beds and Intermediate Care. This will include the financial assessment across all options being considered.

### **Carers**

Over the past year there has been significantly increased capacity to take forward the carers agenda by appointing a Carers Strategy officer and Carers Community Care Worker dedicated to carer support. Funding has also enabled the short term employment of a Mental Health Officer to reduce a backlog in private guardianship applications.

Carers act funding over 2022/23 has supported the continuing Adult and Young carer services, provided by Carers of East Lothian and East Lothian Councils Young Carers Service, to offer advice, information, support and breaks from caring to carers of people in East Lothian. It has supported the development of community based outreach services for different clients group by diversifying what is already offered by existing providers such as Older Peoples Day Centres and Leuchie house. Funding has also supported new models of dementia support through East Lothian's first 'meeting centre' for people with dementia, building on existing community supports offered for people living with dementia by friendship groups and D'cafes. With carers act funding East Lothian Rehabilitation Service have developed an innovative carer support pathway which for the first time focuses on the needs the carer has in the supporting role.

### **Care at Home**

East Lothian noted considerable challenge this year with a number of care at home providers leaving the region. In response, the HSCP successfully transferred clients from externally commissioned services to internally managed services (Emergency Care Service, Hospital to Home & East Lothian Council Homecare). Internal services were able to adapt quickly, bolstering the workforce through a recruitment campaign and increasing the efficiency within internal services to create the additional capacity required.

### **Primary Care**

The IJB has continued to support its Primary Care Improvement Plan (PCIP) as a key part of the implementation of the new GMS (General Medical Services) contract.

This supports the following services:

- The Community Link Worker service to all GP practices.
- The Primary Care Vaccination team providing clinic-based and domiciliary vaccination services across East Lothian including vaccinations for seasonal influenza, Covid vaccinations, all unscheduled adult vaccinations, pneumococcal and shingles vaccinations.
- Community Treatment and Care Services across the county from seven locations.
- Musculoskeletal (MSK) Services which provide direct access to face-to-face and telephone appointments.
- The Care When it Counts Mental Health Service available to all practice populations.
- The Care When it Counts (CWIC) Service supporting Tranent, Riverside, Harbours and Inveresk Practices.

Furthermore there have been improvements to the Primary Care premises including:

- The reopening of Cockenzie Health Centre following a 15 month refurbishment and extension project. The extension allowed for the creation of a mini hub of PCIP services including the colocation of CWIC, Mental Health, CTACS and Community Links Workers.
- The MPCC Primary Care hub where CWIC, CTACS and the Vaccination team provide patient services.

### **Physician Associates**

The creation and expansion of the Physician Associate workforce was an innovative solution to address the challenges with the medical workforce. The initiative has worked well and the roles have become established in East Lothian. Physician Associates support a wide range of primary care services including CWIC, the care home team, medicine of the elderly and hospital at home. The Physician Associates, through the development framework, are able to operate at the more senior operational level of Clinical Coordinators, and are able to manage patient groups that Primary Care Advanced Nurse Practitioners currently do not, eg Paediatrics and Women's Health, thereby augmenting an already very effective team.

### **East Lothian Rehabilitation Service (ELRS)**

ELRS continues to deliver a suite of services to support patients across a growing and aging population, in recovering from illness and injury and in regaining and maintaining independence. All of ELRS services use integrated approaches, delivered where possible in partnership with other teams.

### **Telecare**

ELRS recognise the value of using TEC (Technology Enabled Care) to help people remain as active, independent, enabled and as safe as possible key principles within an Intermediate Care model. TEC has been identified as the Golden Thread running through all services within ELHSCP due to the improved outcomes it creates for patients, carers, and staff. When used at the right time it can aid prevention of admission, facilitate hospital discharge, and enable carers to continue to look after

their loved one. TEC can also be used as an alternative to, or alongside care provision, reducing demand on this scarce resource. TEC is cost effective and plays a key role as an enabler in modernising health and social care. The TEC team meets the key principles of an Intermediate Care model.

Analogue to digital transition for telecare is required due to telephony switch over. The IJB supported the procurement of devices through SPG and it's IJB meetings. A procurement schedule has been agreed at the TEC Board to complete transitioning all clients by end of 2024. In the next year the TEC / Telecare service plans to integrate digital, data, and TEC workstrands to improve service cohesion, and explore development of a predictive model of telecare provision.

## **Pain Management**

The pain management service (ELPMS) delivers group and one to one pain management sessions in response to individual need. During the pandemic, the ELPMS was the first in Lothian to utilise technology to deliver live, online pain management group services with over 120 digital appointments offered. Group sessions continue to be delivered both face-to-face and digitally in response to patient need, optimising access to pain services across a wide geographical area. The service promotes long term sustainable behavioural change through onward referral to the ELRS PACE and Physiotherapy Advanced Rehabilitation with Increased Support (PARIS) exercise programs.

## **Hosted Services**

### **Inpatient Mental Health**

The IJB continues to support phase II of the Royal Edinburgh Hospital (REH) business case. The Royal Edinburgh Hospital is an in-patient facility for Mental Health patients in Edinburgh. NHS Lothian have been working on rebuilding this hospital and providing modern fit-for purpose accommodation and services for patients.

As part of the overall IJB's Mental Health Strategy, the IJB has been successful in reducing the in-patient bed usage at the REH and now requires fewer beds than it used previously.

### **Astley Ainslie Hospital**

The Strategic Planning Group (SPG) supported the review on the requirement for rehabilitation beds allocated to East Lothian patients within the Astley Ainslie Hospital (AAH) in Edinburgh and to explore the development of an East Lothian community-delivered rehabilitation model.

## **Set Aside Services**

There remains serious pressures on the Acute Hospitals which support East Lothian Patients (the Royal Infirmary of Edinburgh and the Western General Hospital). This has not stopped the work on reducing use of Acute beds and reducing attendances at the Emergency Department but the IJB recognises the pressure on the Acute system



during 2022/23. The HSCP piloted the below service development (Inreach) to further support this.

### Inreach

A creative solution to address system issues was piloted by the HSCP in the Royal infirmary Site (RIE). The pilot aimed to prevent admissions and reduce the length of stay for patients who had been admitted. The Royal Infirmary Inreach project commenced on 26th October 2022 and consists of Occupational Therapists, Physiotherapists and Assistant Practitioners, with Clinical Leadership.

Since the inception, the East Lothian Inreach team have case managed over 200 patients and completed over 900 interventions. The team saw patients across 16 different specialties and 35 wards. The patient specialty receiving the largest number of interventions was Medicine of the Elderly. The team have supported 191 discharges from the RIE, utilising 23 different services.

### Performance

The core components and key developments for 2022/23 are summarised above and further detail will be included in the Annual Performance Report. The Annual Performance Report will be published and a link to this will be available on the IJB webpage in due course which will include key performance indicators and comparators.

### The IJB’s Position at 31 March 2023

For the year ending 31 March 2023, the IJB recorded a deficit of £10,167,000. The costs incurred in delivering the IJB’s functions, by East Lothian Council and NHS Lothian, were more than the income that the IJB received from NHS Lothian and East Lothian Council.

	<b>Income £000’s</b>	<b>Expenditure £000’s</b>	<b>Variance £000’s</b>
East Lothian IJB	£204,552	£214,719	(£10,167)

This position should be seen in the context of:

- The IJB generated a surplus in 2021/22. The surplus was the result of funding being allocated by the Scottish Government during 2021/22 for use in 2022/23. A significant proportion of this equated to the Covid funding allocation. Therefore, the deficit is a result of the IJB incurring expenditure against its earmarked reserve.
- The IJB’s financial performance against its “in year” delegated budgets resulted in a surplus of £282,000 within Social Care.
- The health budgets of the IJB generated an overspend of £31,000 and as a result non-recurring financial support was provided by NHS Lothian to ensure a balanced financial position.

Although underspent the IJB still has financial challenges in areas such as General Medical Services and prescribing budgets due to rising prices and demand plus significant financial challenges within our Social Care learning disabilities budget where care packages are complex and expensive.

## Reserves

The movement in the IJB's reserves and the makeup of that reserve is detailed below. In summary the balance in the IJB's reserves on 31 March 2023 is £10,112,000. This is made up of £5,092,000 for earmarked reserves and £5,030,000 of general reserves.

	Opening £000's	In Year £000's	Closing £000's
Covid	9,182	(9,182)	0
Other Earmarked	6,297	(1,205)	5,092
General	4,810	220	5,030
	<b>20,289</b>	<b>(10,167)</b>	<b>10,122</b>

Elements of the reserve are for very specific projects and the IJB will be encouraging the partners to progress these projects, however some elements (for example Additional Capacity in Care at Home) will support broader work and the IJB is committed to ensuring that the earmarked funds which can be appropriately used to develop the IJB's services are used in that way. Further detail on the reserves can be found in Note 5 in the statements.

## Analysis of the Financial Statements

The financial statements are all presented on a net basis and the table below summarises the income and expenditure for the IJB for 2022/23.

## Income and Expenditure

	Budget Health £000's	Budget Social Care £000's	Expenditure Health £000's	Expenditure Social Care £000's	Variance £000's	Note
<b>Direct East Lothian Services</b>						
Community AHPS	6,176		5,868		308	
Community Hospitals	14,560		14,048		512	
District Nursing	3,127		2,964		163	
General Medical Services	19,229		19,578		(349)	
Health Visiting	2,207		2,106		101	
Mental Health	6,160		6,302		(142)	
Other	1,415		58		1,357	
Prescribing	21,279		22,342		(1,063)	
Resource Transfer	4,969		4,969		0	1
Older People		34,008		33,693	315	

Mental Health		2,226		2,550	(323)	
Physical Disabilities		2,755		2,894	(139)	
Learning Disabilities		17,923		18,756	(833)	
Planning and Performance		3,159		3,140	19	
Other		7,789		6,546	1,243	
<b>Share of Pan Lothian</b>						
Set Aside	24,764		25,960		(1,196)	<b>2</b>
Mental Health	2,871		3,122		(251)	
Learning Disabilities	1,606		1,624		(18)	
Rehabilitation	1,137		940		197	
Sexual Health	911		928		(17)	
GP OOH	1,593		1,676		(83)	
Psychology	1,580		1,584		(4)	
Substance Misuse	592		567		25	
Allied Health Professions	1,888		1,765		123	
Oral Health	1,626		1,565		61	
Other	4,665		4,420		245	
Pharmacy	4,596		4,596		0	<b>3</b>
Ophthalmology	2,093		2,093		0	<b>3</b>
Dental	7,617		7,617		0	<b>3</b>
<b>Totals</b>	<b>136,661</b>	<b>67,860</b>	<b>136,692</b>	<b>67,578</b>	<b>251</b>	
Non Recurring NHSL support	31		0		31	
<b>Revised Total</b>	<b>136,692</b>	<b>67,860</b>	<b>136,692</b>	<b>67,578</b>	<b>282</b>	
<b>SCF</b>	6,216	(6,216)	6,216	(6,216)	0	<b>4</b>
<b>Per Accounts</b>	<b>142,908</b>	<b>61,644</b>	<b>142,908</b>	<b>61,362</b>	<b>282</b>	

### Income & Expenditure Notes

1. Resource Transfer are funds for specific purposes which are transferred from health to social care. However, these remain part of the health budget and are reported there.
2. Set Aside is the budget for those functions delegated to the IJB which are managed by the Acute Services management teams within NHS Lothian;  
These services are:
  - Accident and Emergency
  - Cardiology
  - Diabetes
  - Endocrinology
  - Gastroenterology
  - General Medicine
  - Geriatric Medicine
  - Rehabilitation Medicine
  - Respiratory Medicine
  - Various ancillary support services for the above.

These services are delivered at the Royal Infirmary of Edinburgh, the Western General Hospital and St. John's Hospital.

3. In the Health system, expenditure to support the delivery of community dentistry, community opticians and community pharmacists is termed as 'non cash limited' (NCL) but is clearly part of the delivery of primary care services and these functions are delegated to the IJB. However, being NCL there is no budget as such but any expenditure incurred is supported in its entirety by the Scottish Government. The NCL values are not part of the budget setting process, there being no budget, but NHS Lothian has matched the NCL expenditure with income to cover this expenditure.
4. The Social Care Fund (SCF) is a resource which the Scottish Government has directed to the IJB through NHS Lothian and is shown as health funds in the accounts. However, these funds are then transferred to the Council and used to support the delivery of social care services and the analysis above reflects this.

The charges (shown as expenditure above) made by East Lothian Council to the IJB are the net direct costs incurred in the delivery of social care services in East Lothian. The charges from NHS Lothian are based on the health budget setting model as agreed by the IJB. That is, charges for the core services (those services specifically for and delivered by the East Lothian HSCP) are based on the net direct actual costs incurred in East Lothian. However, charges for hosted and set aside services (those services which are not generally managed by the East Lothian Partnership and are delivered on a pan-Lothian basis) are based on the total actual costs for these services shared across four IJBs per the budget setting model. The IJB share of the total actual costs incurred in 2022/23 for hosted services is 12% and, generally, 12% of the Lothian element of the set aside budgets and the non-cash limited budgets.

### **Consideration of the 2023/24 Financial Position**

The IJB faced challenges balancing its budget for 2023/24.

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, the IJB voted to not accept this budget offer from the Council. At the IJB in May 2023, there was no change in the budget offer from East Lothian Council, therefore the IJB noted the further financial recovery action required to balance the budget for 2023/24 and mitigate the reduction in the East Lothian Council offer.

### **Consultation on the National Care Service**

The Scottish Government continued their consultation on the proposal to set up a National Care Service. The consultation process aimed to support the development of the Bill and under the current proposals IJBs will be reformed into local care boards, accountable to Scottish Ministers. In March 2023, MSPs voted to formally postpone the Bill to establish the National Care Service for Scotland until the end of June 2023.

## Key risks, challenges, and uncertainties

The three main pressures faced by East Lothian are:

- The growing demand for services, both locally and in Acute sites, driven by population growth and the changing needs of the population.
- the lack of available workforce; and
- the challenging financial landscape.

Health and Social Care will regularly update the IJB with detailed transformations plans on reshaping services to meet the needs of the population. The challenge for the IJB is to transform the delivery of its delegated functions to ensure both clinical and financial sustainability.

## A growing and ageing population

East Lothian's population is one of the fast growing in Scotland, this was evidenced by the population estimates released by the National Records of Scotland (NRS). The published findings projected that between 2018 and 2028, the population of East Lothian is to increase from 105,790 to 113,403. This is an increase of 7.2%, which compares to a projected increase of 1.8% for Scotland as a whole. This projection compounds the previous growth between 2001 and 2021, in this period the population of East Lothian increased by 21.5%. This was the highest percentage change out of the 32 council areas in Scotland. Over the same period, Scotland's population rose by 8.2%.

The average age of the population of East Lothian is projected to increase. The 75 and over age group is projected to see the largest percentage increase (+32.6%). As people live longer many more people will be living at home with frailty and/or dementia and/or multiple health conditions. This will pose challenges for all our health and social care services whilst also changing the face of some of the local communities.

Source Information - [Link to NRS](#)

## Workforce pressures

Both the NHS and the Local Authority are experiencing a shortage of care professionals. The pressure spans over various disciplines, including medical staff, nurses, allied health professionals, social workers, and carers. The demand for services often exceeds the available workforce, leading to increased workloads and potential strains on the system.

Addressing these challenges requires a multifaceted approach, including robust workforce planning, recruitment, and retention strategies. In response, East Lothian is piloting new approaches and has used promotional videos and held recruitment days to provide a better understanding of services and promote working in East Lothian.

## **Acute hospitals**

The Acute hospitals that support the population of East Lothian (The Royal Infirmary of Edinburgh and the Western General Hospital) remain under significant demand pressures as do other social care and health services, in a financially challenging environment. The IJB will continue to support community-based alternatives that will minimise avoidable admissions and facilitate discharges to help improve system flow.

## **The challenging financial landscape**

The Scottish Government, in setting its budget, highlighted that there is significant financial challenge ahead with limited resources available. The challenge impacts across the whole of the Public Sector and the IJB understands the pressures faced by NHS Lothian and East Lothian Council with increasing costs and constrained funding. The IJB must ensure it's own financial sustainability, reported through the IJB's medium term financial plan. The plan shows significant financial gaps therefore a focus will need to be put on financial recovery to ensure the sustainability of services – tough decisions, service redesign and transformation will be critical.

**Shamin Akhtar**  
Chair

**Fiona Wilson**  
Chief Officer

**Claire Flanagan**  
Chief Finance Officer

## **Statement of Responsibilities**

### **Responsibilities of the Integration Joint Board**

The Integration Joint Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is the chief finance officer
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland act 2003)
- Approve the Annual Accounts for signature.

I confirm that these Annual Accounts are due to be approved for signature at a meeting of the Audit & Risk Committee on 12<sup>th</sup> September 2023.

Signed on behalf of East Lothian Integration Joint Board.

**Shamin Akhtar**  
Chair

## **Responsibilities of the Chief Finance Officer**

The Chief Finance Officer is responsible for the preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Chief Finance Officer has:

- Selected suitable accounting policies and then applied them consistently
- Made judgements and estimates that were reasonable and prudent
- Complied with legislation
- Complied with the local authority Accounting Code (in so far as it is compatible with legislation).

The Chief Finance Officer has also:

- Kept proper accounting records which were up to date
- Taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of the East Lothian Integration Joint Board at the reporting date and the transactions of the East Lothian Integration Joint Board for the year ended as at 31 March 2023.

**Claire Flanagan**  
Chief Finance Officer



## **Remuneration Report**

### **Introduction**

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

### **Remuneration: IJB Chair and Vice Chair**

The voting members of the IJB are appointed through nomination by East Lothian Council and NHS Lothian Board. Nomination of the IJB Chair and Vice Chair post holders alternates between a Councillor and a Health Board representative.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. Neither the Chair nor the Vice Chair appointments had any taxable expenses paid by the IJB in 2022/23.

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore no pension rights disclosures are provided for the Chair or Vice Chair.

NHS Lothian remunerates its non-executive members on a notional day basis. That is they are paid a fixed annual amount which is considered to represent payment for one day a week. Those non-executive members of the NHS Lothian Board, who are also Chairs or Vice Chairs of IJBs, are given an additional day's remuneration per week in recognition of the additional time required to undertake those roles. Peter Murray, as a non-executive member of NHS Lothian Board who was also the Chair of East Lothian IJB, has received an additional day's remuneration specifically for his role as Chair of the IJB in 2022/23. This remuneration is £9,030 per annum.

### **Remuneration: Officers of the IJB**

The IJB does not directly employ any staff in its own right, however, specific post-holding officers are non-voting members of the Board.

### **Chief Officer**

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the IJB has to be appointed and the employing partner has to formally second the officer to the IJB. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the IJB.

The Chief Officer of the IJB was Alison MacDonald until end of June 2022, Alison was replaced by Fiona Wilson from July 2022. Fiona has a joint role as Director of Health and Social Care for East Lothian Council and the Joint Director of the East Lothian Partnership. As in previous years it has been agreed, 50% of total remuneration is to be shown in the accounts of the IJB as the remuneration as the Chief Officer of the IJB.

### **Chief Finance Officer**

Although the costs of the Chief Finance Officer are not included in the charges made to the IJB by either partner, given the S95 role of the Chief Finance Officer and in the interests of transparency, the remuneration of the Chief Finance Officer is included below. During 2022/23 the Chief Finance Officer was Claire Flanagan. The Chief Finance Officer is employed by NHS Lothian and has three roles – the IJB’s Chief Finance Officer, the Chief Finance Officer of Midlothian IJB and an operational role in the NHS Lothian finance team as a Finance Business Partner. On that basis, one third of the total remuneration for Claire Flanagan is shown below.

### **Other Officers**

No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

<b>Total for 2021/22 £</b>	<b>Senior Employees Salary, Fees &amp; Allowances</b>	<b>Total for 2022/23 £</b>
53,692	Alison MacDonald, Chief Officer	13,531
n/a	Fiona Wilson, Chief Officer	32,880
9,644	Claire Flanagan, Chief Finance Officer	25,694
14,047	David King, Interim Chief Finance Officer	1,436

In respect of officers’ pension benefits, the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers.

### **Pension Disclosure**

The IJB however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB’s funding during the year to support officers’ pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer’s own contributions.

	For year to 31/03/2022 £k	For year to 31/03/2023 £k		Accrued Pension benefits	
				At 31/03/2022 £k	At 31/03/2023 £k
Alison MacDonald	22	24	Pension	17	20
			Lump Sum	13	8
Claire Flanagan	17	18	Pension	18	21
			Lump Sum	27	29
Fiona Wilson	n/a	20	Pension	n/a	31
			Lump Sum	n/a	86

### Disclosure by Pay Bands

Pay band information is not separately disclosed as all staff pay information has been disclosed in the information above.

### Exit Packages

The IJB did not support nor did it direct to be supported by its partners for any exit packages during 2022/23.

**Shamin Akhtar**  
Chair

**Fiona Wilson**  
Chief Officer

## **Annual Governance Statement**

### **Purpose**

The annual governance statement lays out how East Lothian Integration Joint Board (the ELIJB) complies with the Code of Corporate Governance and sets out the framework within which the ELIJB has put in place proper financial and governance arrangements for the conduct of its business affairs. This will facilitate the effective exercise of its functions, ensuring that appropriate arrangements are in place for the management of risk and that appropriate systems of internal control are in place.

### **Scope of Responsibility**

ELIJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards. This is to allow the public funds at its disposal to be safeguarded and used efficiently and effectively in pursuit of best value.

Board members, including the Chief Officer and the Chief Finance Officer, are responsible for the governance of the business affairs of the ELIJB. This includes setting the strategic direction, vision, culture and values of the ELIJB and establishing appropriate and cost effective systems, processes and internal controls to allow the strategic objectives to be delivered.

In order to achieve this, the ELIJB follows the principles of corporate governance based on the CIPFA/SOLACE Framework and Guidance on ‘Delivering Good Governance in Local Government’.

The ELIJB Local Code of Corporate Governance details 7 core principles which are supported by 20 sub-principles and 91 behaviours and actions that demonstrate good governance. Elements of good governance included are:

- Ensuring Board and Committee members behave with integrity and lead a culture where acting in the public interest is visibly and consistently demonstrated thereby protecting the reputation of the ELIJB;
- Creating the conditions to ensure that all ELIJB members and the ELIJB’s partners (East Lothian Council and NHS Lothian) are able to fulfil their responsibilities in accordance with legislative and regulatory requirements;
- Having a clear vision, which is an agreed formal statement of the ELIJB’s purpose and intended outcome which provide the basis for the ELIJB’s overall strategy, planning and other decisions, the ELIJB Strategic Plan was agreed by the ELIJB in September 2022 to run from October 2022 to March 2025;
- Developing and maintaining an effective workforce plan to enhance the strategic allocation of resources and to ensure best value is achieved, the ELIJB Workforce Plan 2022-2025 was endorsed for publication by the ELIJB in February 2023;
- Evaluating and monitoring risk management and internal control on a regular basis, with ELIJB risk register being monitored at every ELIJB Audit and Risk Committee;
- Ensuring additional assurance on the overall adequacy and effectiveness of the framework of governance, risk management and control is provided by the ELIJB’s Chief Internal Auditor, as monitored through the ELIJB Audit and Risk Committee;
- Ensuring an audit committee, which is independent of the Board and accountable to the IJB, provides a further source of effective assurance regarding arrangements

for managing risk and maintaining an effective control environment and that its recommendations are listened to and acted upon.

- Ensuring robust arrangements for assessing the extent to which the principles contained in the Framework have been applied and providing an Annual Report which includes an action plan for improvement and evidence to demonstrate good governance (the annual governance statement); and
- Ensuring that recommendations for corrective action made by the external auditor are acted upon.

ELIJB Audit & Risk Committee approved the ELIJB adoption of the CIPFA FM Code in March 2022. This was further approved by the ELIJB in December 2022 with a report demonstrating that ELIJB meets all of the requirements of the code as considered applicable to ELIJB. ELIJB's financial management arrangements conform to the requirements of the CIPFA Statement on the role of the Chief Financial Officer in Local Government. The Chief Finance Officer has overall responsibility for the ELIJB's financial arrangements and is professionally qualified and suitably experienced.

The ELIJB is responsible for conducting each financial year, a review of the effectiveness of its governance framework, including risk management and the systems for internal control and financial control. The review of the effectiveness of the ELIJB's governance framework is informed by:

- The work of the ELIJB Board, the Strategic Planning Group, and the Audit and Risk Committee;
- The annual assurances that are provided by the ELIJB Chief Officer and the Chief Finance Officer;
- The ELIJB Chief Internal Auditor's annual assurance report which is based on internal audit work completed during the year;
- Reports from the ELIJB's external auditor;
- Reports from other external review bodies, agencies and inspectorates.

The key governance arrangements and controls are set out in the Local Code of Corporate Governance.

### **Statutory and other Compliance**

ELIJB ('the Board') has secured compliance with statutory and other requirements, as follows:

- Membership - its minimum membership (voting and non-voting) is set by statutory instrument, with the power to appoint additional members as it sees fit. The Board's membership is fully populated;
- Standing Orders - the Board is required by statutory regulations to have Standing Orders to regulate its business, with some aspects stipulated in those regulations. Standing Orders were adopted at the ELIJB's inaugural meeting and were subsequently amended on 26 March 2020 as part of COVID-19 recess procedures. They comply with statutory requirements;
- Committees - the Board has established an Audit and Risk Committee with a detailed remit and powers and with the membership clearly defined. This complies with statutory requirements and with the Board's Standing Orders;

- Meetings - the Standing Orders adopted by the Board allow the public to have prior access to meeting agendas and reports, and to attend meetings of the Board and its committees, except in clearly defined and limited circumstances. During the 2022/23 year meetings have been held remotely via Teams. Local press representatives have been invited to meetings and the meetings recorded and made available publicly to meet these commitments;
- Strategic Plan - the Board established its Strategic Planning Group as required by legislation, with Terms of Reference approved by the Board covering membership, meetings and meetings procedures. Meetings have continued to be held remotely throughout the year;
- Annual Performance Report – ELIJB produces an Annual Performance Report, with the last report being published in September 2022, covering the year 2020/21, In line with Scottish Government guidance, the report included details of performance in relation to the Core Integration Indicators and additional Ministerial Steering Group indicators and financial performance;
- Officers - the Board continues to appoint a Chief Officer and a Chief Finance Officer as required by the legislation. A Chief Internal Auditor is also appointed to carry out the Board's internal audit requirements and assist its Audit and Risk Committee;
- Finance - financial control processes continued as normal during the 2022/23 financial year with the Board receiving regular Financial Update reports, a Medium Term Financial plan was approved by ELIJB in December 2022, however assumptions may need to be reconsidered as result of the budget setting process for 2023/24
- Budget Setting 2023/24 – ELIJB Agreed as part of the Finance Update in March 2023 not to accept the IJB budget offer from East Lothian Council, as it is not in line with the parameters set by Scottish Government. In May 2023 the ELIJB agreed to accept the IJB budget offer from NHS Lothian and note the further financial recovery action required to mitigate the £0.25million financial gap for ELIJB for 2023/24. Work is ongoing in delivering recovery action to create a balanced budget for the current financial year.
- Code of Conduct - the Board adopted a Code of Conduct based on the existing Model Code for Members of Devolved Public Bodies in Scotland which came into effect on 7<sup>th</sup> December 2021, and members have registered their interests according to that Code. The revised Code of Conduct was approved for adoption by the ELIJB in June 2022.

The ELIJB Chief Internal Auditor has responsibility for the provision of Internal Audit services to the ELIJB and reports functionally to the ELIJB Audit and Risk Committee to allow appropriate independence. The ELIJB Chief Internal Auditor is professionally qualified and suitably experienced to lead and direct the Internal Audit team.

The ELIJB Chief Internal Auditor concluded that based on the work undertaken in 2022/23 reasonable assurance can be placed on the overall adequacy and effectiveness of the IJB's framework of governance, risk management and control for the period to 31 March 2023, but noted areas for further development. These improvements are reflected below.

## Action Plan

During 2021/22, areas identified with scope for improvement included the following:

- Recruitment to the Strategic Planning Group to ensure that all statutory groups are represented and regular attendance from all group members are to be encouraged to ensure appropriate representation from across the community is in place by September 2023.
- The IJB had a requirement to develop a medium term Financial Plan which has now been completed for 2022/23 to 2026/27, and approved in December 2022. The plan however noted the future work required to refine this financial plan and the requirement for significant recovery actions to bring the plan back into balance. Regular financial reporting has then been provided to the IJB at every meeting. The March 2023 Budget Offer from Partners Paper outlined that *“with a £6.1m projected overspend next year and £5.9m of financial recovery plans there remains a £0.250m financial gap that the IJB requires to decide how this is mitigated.”* And *“within the financial recovery assumptions above, even after the identification of financial recovery plans there was still a financial gap within prescribing and set aside services.”* A recovery action on the remaining £0.250m was identified for noting to the IJB in May 2023. The current challenges highlight that further and ongoing work to continue to refine the financial plan will be required moving forwards to demonstrate appropriate provision of resources to implement the ELIJB strategic plan.
- In developing the IJB workforce plan 2022-25 a comprehensive skills gap analysis has not yet been completed, therefore the Board cannot yet determine the upcoming workforce demands and develop the appropriate recruitment and training strategies to address current and future skills gaps within the workforce, this is planned to be completed by August 2023.

The implementation of these actions to enhance the governance arrangements in 2023/24 will be driven and monitored by the ELIJB Chief Officer in order to inform the next annual review. Internal Audit work planned in 2023/24 is designed to test improvements and compliance in governance and implementation of agreed recommendations. Progress has been made against all actions noted in the 2022/23 annual governance statement and monitoring to completion is undertaken by Internal Audit.

It is our opinion, subject to the weaknesses outlined above, that reasonable assurance can be placed on the overall adequacy and effectiveness of the IJB’s framework of governance, risk management and control for the year to 31 March 2023.

**Shamin Akhtar**  
Chair

**Fiona Wilson**  
Chief Officer

**Independent Auditor's Report**



## Financial Statements

### Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services for the year according to accepted accounting practices. Where the impact on the General Fund is amended by statutory adjustments this is shown in the Movement in Reserves Statement.

<b>2021/22 Net Expenditure £000's</b>		<b>2022/23 Net Expenditure £000's</b>
146,427	NHS Lothian	153,357
52,823	East Lothian Council	61,362
<b>199,250</b>	<b>Cost of Services</b>	<b>214,719</b>
209,931	Taxation & Non Specific Grant Income	204,552
<b>10,681</b>	<b>Surplus or Deficit on Provision of Services</b>	<b>(10,167)</b>

### **Movement in Reserves Statement**

This Statement shows the movement in the year on the different reserves held by the East Lothian IJB.

	<b>2021/22 Total £000's</b>	<b>2022/23 Movement £000's</b>	<b>2022/23 Total £000's</b>
<b>General Reserves</b>			
Surplus on Provision of Service	4,810	220	5,030
<b>Earmarked Reserves</b>			
Surplus on Provision of Service	15,479	(10,387)	5,092
<b>Total Usable reserves</b>	<b>20,289</b>	<b>(10,167)</b>	<b>10,122</b>

#### **Reserves**

The Integration Joint Board is permitted to set aside future amounts of reserves for future policy purposes. These reserves normally comprise funds that are set aside for specific purposes; and funds which are not earmarked for specific purposes but are set aside to deal with unexpected events or emergencies. They are created by appropriating amounts out of revenue balances. When expenditure to be funded from a reserve is incurred, it is charged to the appropriate service in that year and thus included in the Comprehensive Income and Expenditure Statement. Movements in reserves are reported in the Movement in Reserves Statement.

#### **Useable Reserves**

East Lothian IJB has both a general reserve which can be used to mitigate financial consequences of risks and other events impacting on the IJB's resources and an earmarked reserve the monies within this fund are earmarked for specific purposes. East Lothian IJB has an earmarked reserve which can be used to mitigate financial consequences of risks and other events impacting on the specific project budget.

<b>Earmarked Reserves</b>	<b>£000's</b>
COVID-19	0
Primary Care Improvement Fund	80
Mental Health Strategy	66
Alcohol and Drugs Strategy	59
Community Living Change Fund	346
Care at Home Capacity	419
Interim Care	420
Unpaid Carers PPE	2
Unscheduled Care	1,777
Carers fund	141
Locally Committed programmes	1,782
<b>Committed Project Funds</b>	<b>5,092</b>

### **Balance Sheet**

The Balance Sheet shows the value, as at 31 March 2023, of the assets and liabilities recognised by the Board. The net assets of the Board are matched by the reserves held.

<b>2021/22 Total £000's</b>		<b>Notes</b>	<b>2022/23 Total £000's</b>
	<b>Current Assets</b>		
20,289	Short Term Debtors		10,122
	<b>Current Liabilities</b>		
0	Short Term Creditors		
<b>20,289</b>	<b>Total Assets less current Liabilities</b>		<b>10,122</b>
	<b>Capital and Reserves</b>		
15,479	Earmarked Reserves		5,092
4,810	General Reserves		5,030
<b>20,289</b>	<b>Total Reserves</b>	<b>MIRS Note 5</b>	<b>10,122</b>

The accounts are due to be authorised for issue on 12<sup>th</sup> September 2023.

**Claire Flanagan**  
Chief Finance Officer

## **Notes to the Financial Statements**

### **1. Significant Accounting Policies**

#### **General Principles**

The Financial Statements summarises the IJB's transactions for the 2022/23 financial year and its position at the year-end of 31 March 2023.

The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2022/23, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

#### **Accruals of Income and Expenditure**

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the IJB
- Income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet
- Where debts may not be received, the balance of debtors is written down.

It should be noted that the above principles are those applied by the partners (NHS Lothian and East Lothian Council). The IJB has funded these partners to deliver the delegated functions and these partners have charged the IJB as above.

#### **Funding**

The IJB is wholly funded through funding contributions from the statutory funding partners, East Lothian Council and NHS Lothian. Expenditure is incurred in the form of charges by the partners.

### Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partner. Consequently the IJB does not present a 'Cash and Cash Equivalent' figure on the Balance Sheet.

The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the IJB's Balance Sheet. Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.

### Employee Benefits

The IJB does not directly employ staff. Staff are formally employed by the partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report.

### Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event, settlement of the obligation is probable, and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the IJB's Balance Sheet but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the IJB's Balance Sheet but is disclosed in a note only if it is probable to arise and can be reliably measured.

The IJB has no provisions, contingent liabilities or contingent assets at 31 March 2023.

### Reserves

The IJB's only Useable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can use in later years to support service provision. As noted above, the IJB had reserves of £10,122,000 at 31 March 2023.

## Indemnity Insurance

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Lothian and East Lothian Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide. The IJB holds separate indemnity insurance through its membership of the CNORIS scheme; the charge for this in 2022/23 was £3,000.

Unlike NHS Boards, the IJB does not have any ‘shared risk’ exposure from participation in CNORIS. The IJB participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration is provided for in the IJB’s Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

## **2. Critical Judgements and Estimation Uncertainty**

The critical judgements made in the Financial Statements relating to complex transactions are:

- The partner organisations have considered their exposure to possible losses and made adequate provision where it is probable that an outflow of resources will be required and the amount of the obligation can be measured reliably. Where it has not been possible to measure the obligation, or it is not probable in the partner organisations’ opinion that a transfer of economic benefits will be required, material contingent liabilities have been disclosed (there are none).
- The Annual Accounts contains estimated figures that are based on assumptions made by the IJB about the future or that are otherwise uncertain. Estimates are made taking into account historical experience, current trends and other relevant factors. However, because balances cannot be determined with certainty, actual results could be materially different from the assumptions and estimates. There are no items in the IJB’s Balance Sheet at 31 March 2023 for which there is a significant risk of material adjustment in the forthcoming financial year.

## Provisions

The IJB has not created any provisions in respect of compensation claims. The IJB has not had any claims made against it in 2022/23 nor is it aware of any claims pending. However, it is not certain that all claims have been identified or that the historic level of settlement payments is a reliable guide for future settlements.

### 3. Events After the Reporting Period

The Annual Accounts were authorised for issue by the IJB’s Audit and Risk Committee. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2023, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

### 4. Short Term Debtors

The IJBs short term debtors are broken down as follows:

	2021/22 £000's	2022/23 £000's
Funding due from NHS Lothian	18,782	8,333
Funding due from East Lothian Council	1,507	1,789
<b>Total</b>	<b>20,289</b>	<b>10,122</b>

Amounts owed by the East Lothian Council is stated on a net basis; that is the creditor balances relating to expenditure obligations incurred but not yet settled in cash terms are offset against the funds they are holding on behalf of the IJB.

### 5. Reserves

The IJB’s useable reserve is broken down as follows:

	2021/22 £000's	2022/23 £000's
<b>Earmarked Reserves</b>		
COVID-19 Funding	9,182	0
Scottish Government Mental Health Strategy - Action 15	8	66
Scottish Government Primary Care Improvement Plan Fund	354	80
Midlothian and East Lothian Drug and Alcohol Partnership	1,038	59
Community Living Change Fund	346	346
Winter - Care at Home Capacity	419	419
Winter - Interim Care	420	420
Winter - Multi-Disciplinary teams	158	0
Carers	79	141
Unpaid Carers PPE	0	2
Unscheduled Care	0	1,777
Locally Committed Programmes	3,476	1,782
	<b>15,479</b>	<b>5,092</b>
<b>General Reserves</b>	<b>4,810</b>	<b>5,030</b>
<b>Total Reserves</b>	<b>20,289</b>	<b>10,122</b>

## 6. Taxation and Non-Specific Grant Income

2021/22 £0		2022/23 £0
53,771	Contributions from East Lothian Council	61,644
156,160	Contributions from NHS Lothian	142,908
<b>209,931</b>	<b>Total</b>	<b>204,552</b>

The contributions received by East Lothian IJB represent the funding provided by the Partners (East Lothian Council and NHS Lothian).

The funding contribution from the NHS Board shown above includes £24,764,000 in respect of the Set Aside resources and £32,807,000 in respect of East Lothian's share of pan Lothian health services resources.

## 7. Corporate Service

Included in the above costs are the following corporate services:

2021/22 £0		2022/23 £0
55	Staff (Chief Officer)	46
3	CNORIS	3
28	Audit Fee	31
<b>85</b>	<b>Total</b>	<b>80</b>

## 8. Related Party Transactions

As partners with the East Lothian Integration Joint Board both East Lothian Council and NHS Lothian are related parties and the material transactions with these bodies are disclosed in these accounts.

There are elements of expenditure which are shown against NHS Lothian but where the resources are used by social care services delivered by East Lothian Council. Further details are shown on the Income and Expenditure analysis on page 12/13.

Both Resource Transfer and the Social Care fund are resources which are part of the NHS Lothian Budget and are shown as expected there in but these funds are used to deliver social care service supplied by East Lothian Council.

The change in Resource Transfer in 2022/23 relates to a presentational reclassification exercise within NHS Lothian.



2021/22 Net Expenditure £000's		2022/23 Net Expenditure £000's
146,427	NHS Lothian	153,357
(4,964)	Resource Transfer	(4,969)
(6,216)	Social Care Fund	(6,216)
<b>135,247</b>	<b>Total</b>	<b>142,172</b>
52,823	East Lothian Council	61,362
4,964	Resource Transfer	4,969
6,216	Social Care Fund	6,216
<b>64,003</b>	<b>Total</b>	<b>72,547</b>

## 9. Agency Transactions

COVID-19 Grants were distributed on behalf of the Scottish Government in accordance with the Scottish Government's eligibility criteria.

## 10. VAT

The IJB is not a taxable entity and does not charge or recover VAT on its functions. The VAT treatment of expenditure and income within the accounts depends upon which of the partners is providing the services as these bodies are treated differently for VAT purposes.

## Appendix 1 – Set Aside

Set Aside budget relates to services provided by large hospitals on behalf of the IJB. The principle is illustrated in the diagram below.

### What is a set aside budget?

The budgets of integration authorities (IAs) are composed of two elements:

- Social care
- Health care – including primary and community healthcare, as well as some hospital care

The majority of integration authorities (IAs) have a 'set aside' budget. This relates to unscheduled acute hospital care.

### How is the set aside budget agreed?

When setting the budget, the integration authority agrees with the NHS health board partner how much it expects to need for unscheduled acute hospital care. To do this, the partners use hospital data on levels of activity.

For IAs using the "set aside" approach, the agreed amount remains within the NHS rather than being paid to the IA (like the rest of the NHS contribution). This "set aside" budget should still remain under the control of the IA.



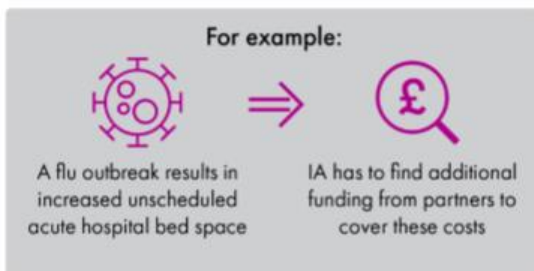
### What can change the set aside budget?

#### In year

During the year, actual **unscheduled acute activity** might be higher or lower than anticipated.

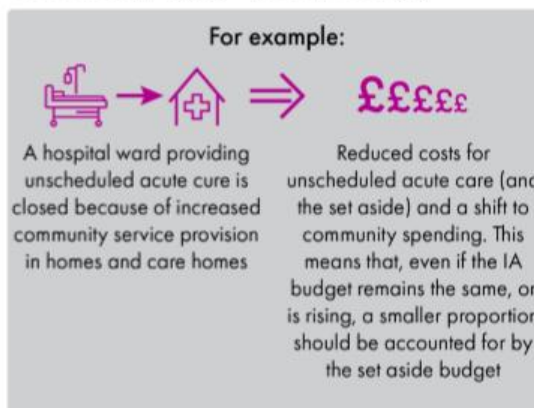
If activity is higher, the IA needs to agree with partners how these additional costs will be met.

If activity is lower, the IA should be able to decide how to spend the difference between actual and anticipated costs.



#### Longer term

Over the longer term, changes to how services are delivered should also be aimed at reducing demand for unscheduled acute care and – in turn – the set aside budget.



**Source** - Scottish Government Health and Sport Committee report in October 2019 "Looking ahead to the Scottish Government Health Budget 2020/21: When is hospital bad your health?"