



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

THURSDAY 23 MAY 2024  
VIA DIGITAL MEETINGS SYSTEM

1

---

### **Voting Members Present:**

Councillor S Akhtar (Chair)  
Mr J Blazeby  
Dr P Cantley  
Mr A Cogan  
Councillor J Findlay  
Ms E Gordon  
Councillor L Jardine  
Councillor C McFarlane

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

Ms M Allan	Mr D Binnie
Ms L Byrne	Ms S Gossner
Mr D Hood	Mr D King
Dr C Mackintosh	Ms M McNeill
Mr T Miller	Ms F Wilson

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

Ms N Donald	Ms C Goodwin
Ms J Jarvis	Ms L Kerr
Mr J Megaw	Ms G Neill
Ms C Rodgers	Mr G Whitehead

### **Others Present:**

Mr M Bonnar, MELDAP  
Mr N Clater, MELDAP  
Ms V Holtom, Care Inspectorate  
Councillor G McGuire

### **Clerk:**

Ms F Currie

### **Apologies:**

Dr P Conaglen

### **Declarations of Interest:**

None

## **1. MINUTES OF THE MEETINGS OF THE EAST LoTHIAN IJB ON 28 MARCH AND 25 APRIL 2024 (FOR APPROVAL)**

The minutes of the IJB meetings on 28 March and 25 April were approved.

Councillor McGuire explained that at the meeting on 28 March, when he had attended as a substitute for Councillor Findlay, he had inadvertently voted in error on Item 6. He had intended to vote against the recommendations. He asked that a note be added to the minutes to reflect this. This proposal was agreed.

## **2. MATTERS ARISING FROM THE MINUTES OF 28 MARCH AND 25 APRIL**

The following matters arising from the minutes on 28 March were discussed:

**Item 6 (page 5)** – Thomas Miller said he had asked for details of costs for the renovation of Belhaven Hospital but had yet to receive a response. Fiona Wilson said she would follow this up.

The Chair advised that a brief update on actions following the decisions made on 28 March would be prepared and circulated to members.

There were no matters arising from the minutes of the meeting on 25 April.

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

The Chair provided a short report to members on her attendance at recent meetings, including the NHS Lothian Board, a conference on intergenerational work at QMU and the Scottish Women's Budget Group. She also highlighted events taking place in the coming weeks, e.g., Carers Week on 10-16 June.

Councillor Lyn Jardine suggested that the IJB might want to look in more detail at some of the initiatives highlighted at these events as many could have transformational impacts for health and social care services. The Chair agreed to discuss this further with Councillor Jardine.

## **4. CHANGE TO THE VOTING MEMBERSHIP OF THE IJB AND THE AUDIT & RISK COMMITTEE**

A report was submitted by the Chief Officer informing the IJB of a change to its voting membership; and seeking nominations and approval for a change to the membership of the Audit & Risk Committee, and appointment of a new Chair for the Committee.

Ms Wilson presented the report outlining the background and recommendations. She invited nominations for the roles of NHS voting member on the Audit & Risk Committee, and also the role of Committee Chair.

Councillor Akhtar nominated Councillor Jardine as Chair of the Audit & Risk Committee, and this was seconded by Andrew Cogan. Councillor Akhtar also nominated Dr Patricia Cantley as the new NHS voting member on the Committee, and this was seconded by Councillor Jardine.

The members nominations were agreed unanimously via roll call vote.

## **Decision**

The IJB agreed unanimously, via roll call vote, to:

- (i) note the appointment of Jonathan Blazeby as a voting member of the IJB, replacing Fiona Ireland.
- (ii) appoint Dr Patricia Cantley as a NHS Lothian voting member on the Audit & Risk Committee, to replace Ms Ireland; and
- (iii) to appoint Councillor Lyn Jardine as the new Chair of the Audit & Risk Committee.

## **5. MELDAP FINANCE AND DELIVERY REPORT**

A report was submitted by the Chair of Midlothian and East Lothian Drugs and Alcohol Partnership (MELDAP) providing an overview of MELDAP, including a financial summary and performance against key Scottish Government priorities.

Nick Clater provided a detailed summary of the report highlighting the continuing pressures on funding, MELDAP's progress in delivering the MAT Standards and the challenges of getting people into treatment quickly to ensure the best outcomes for their longer-term health and wellbeing.

Mr Clater and Martin Bonnar responded to questions from members providing further detail of the pressures facing their service, in particular the prescribing budget for drugs such as Buvidal. They advised that while there was degree of flexibility in how they were able to spend their funding from the Scottish Government, much of it was ring fenced. Mr Bonnar gave an example of support available for people not currently covered by their service. The Low Threshold Cafes were designed for lower-level engagement with people within their own communities, as a way of discussing their options and encouraging them into treatment.

The members welcomed this very positive and valuable report and the Chair suggested that Mr Clater and Mr Bonner be invited to a future development session to provide a more detailed presentation on the work of MELDAP.

## **Decision**

The IJB agreed to:

- i. note the financial information in Table 1 of the report; and
- ii. recognise the performance of MELDAP and its services in meeting Scottish Government Access and Medication Assisted Treatment [MAT] Standards.

## **6. STRATEGIC WORKFORCE PLAN UPDATE**

A report was submitted by the Chief Officer providing the IJB with the first annual update of the East Lothian Workforce Plan 2022-2025, highlighting the progress that had been made and the challenges.

Laura Kerr presented the report. She outlined the background and advised members that the report highlighted the work which was currently being done and that which was still

to come. She drew attention to the recommendations in the report and advised that recommendation 2.1iv had been withdrawn. The need for a Direction was still being reviewed and, if one was required, a report would be brought back to the IJB at a future date.

Ms Kerr responded to questions from members. She confirmed that a report on workforce requirements would be available shortly and that the main gaps appeared to be around succession planning, rather than specific skills. She outlined some of work underway on recruitment, induction and training & development of staff, including the utilisation of digital resources. She also pointed to the challenges of trying to support transformation within existing budgetary restrictions.

Ms Kerr also confirmed that workforce plans included actions around staff wellbeing. Sarah Gossner said that all of the processes were in place for safe staffing and had been for some considerable time.

Ms Wilson added that managers were more reflective on how they engaged with staff and were trying to be more accessible and transparent.

The Chair thanked officers for the report and for the additional reassurance on areas such as the health and wellbeing of staff. She offered her thanks to all staff within the HSCP for their hard work and diligence. She added that it was important to promote East Lothian as a great place to work.

The Clerk confirmed with Ms Kerr that recommendation 2.1iv had been withdrawn from the report. A vote was taken by roll call and the remaining recommendations were approved unanimously.

## **Decision**

The IJB:

- i. Agreed to note the content of the report.
- ii. Acknowledged the progress that had been made to date; and
- iii. Approved the annual update of the workforce plan.

## **7. EAST Lothian HSCP PERFORMANCE FRAMEWORK**

A report was submitted by the Chief Officer presenting the East Lothian HSCP Performance Framework to the IJB for approval.

Claire Goodwin presented the report outlining the background and drawing members' attention to the contents of the framework and the current timetable for reporting performance data to the IJB. She advised that this was an ongoing piece of work and a starting point for further development of the performance framework, which would include the work of the new change board looking at digital transformation.

Ms Goodwin responded to questions from members of the reporting of performance information to the IJB and how this linked with reporting to other boards and committees. Ms Wilson acknowledged that they needed to get better and develop ways of getting information out to the wider Council, in the same way as they did to the NHS Lothian Board. She also agreed that they needed to consider how best to make performance data more transparent to support the decision-making of the IJB.

The Chair suggested that members may wish to allocate more time to review and discussion of the next annual performance report as part of an IJB meeting or development session.

A vote was taken via roll call and the recommendations were approved unanimously.

### **Decision**

The IJB agreed to:

- i. Review and approve the ELHSCP Performance Framework; and
- ii. Note ongoing activity to develop key performance indicators to be presented to the IJB alongside the existing mid-year Annual Delivery Plan progress report and the Annual Performance Report (from autumn 2024).

## **8. REDESIGN OF CARE AT HOME SERVICES**

A report was submitted by the Chief Officer updating the IJB on the work of the Care at Home Change Board, including the proposal for the Flexible Locality-Based Model for Care at Home services, bespoke to local need and outcomes.

Ms Kerr presented the report on the work of the Change Board highlighting the key points and explaining that the intention was to move away from using Care at Home to deliver all resources but developing other services to integrate and better meet the needs of clients. The initial plan was to undertake a pilot to develop a localised model in the North Berwick area using staff with a good knowledge of local resources. The Change Board would have oversight and it was hoped that the model would be implemented and reviewed by the end of 2025. An interim progress report would be brought to the IJB at the end of this year.

Ms Kerr responded to questions from members outlining the evidence base for the development of the project and the split between in-house and external providers for the current Care at Home service. She acknowledged that there needed to be a more co-ordinated approach and a better way of working with external providers, and that some of those providers were part of the project team. She also confirmed the involvement of VCEL and on the project team, as well as plans to include carer and service user representatives.

In response to a further question, Ms Wilson confirmed that she was aware of the work of Prof. John Bolton and would link in with Ms Kerr.

Ms Kerr also agreed to keep local councillors updated on the progress of the project in North Berwick. She added that the further geographical spread of the project had yet to be determined and would be dependent on demand within the area.

A vote was taken via roll call and the recommendations were approved unanimously.

### **Decision**

The IJB agreed to:

- i. To the development of a Flexible Locality-based Care at Home model, flexible so it could be bespoke to the needs and outcomes of the Locality within which it was used.

- ii. To use internal CAH service, alongside external providers representative of Older Peoples and Learning Disability Services CAH, Community Supports, TEC and Community Health services in a defined locality possibly within North Berwick under a Test of Change.
- iii. That the bespoke locality-based model fitted with the wider approaches of the IJB Strategic Plan 2022-25, in particular Strategic Objective 1 - Develop Services that are Sustainable and Proportionate to Need
- iv. That the project would be governed by the CAH Change Board with the purpose set out in the Care at Home Project Delivery Plan.
- v. To note that the CAH Change Board program would help inform development of CAH services for all disability groups and localities within East Lothian.
- vi. To note that the IJB's Financial Recovery Plan could have an impact on the ELHSCP's ability to implement a locality-based CAH model. Specifically in relation to expected budget availability to the third sector and associated cost of living pressures, acutely felt by the social care sector. This may reduce their ability to flex or deliver capacity as part a new locality-based model of care.
- vii. To note that the new model would have to be delivered within the existing forecast Care at Home Budget as noted in the IJB Commissioning Board Paper 31<sup>st</sup> Jan 2024.

## **9. IJB RISK REGISTER**

A report was submitted by the Interim Chief Finance Officer presenting the IJB's Risk Register.

David King presented the report outlining the background to the risk register which set out the higher level risks associated with delivery of the IJB's strategic plan. He reminded members that it was reviewed quarterly by the Audit & Risk Committee and annually by the IJB.

Mr King response to questions from members on the content of the risk register. He also confirmed that it had been reviewed and updated by officers following its presentation at the Audit & Risk Committee in March.

The Chair thanked Mr King for the report and noted that there were some significant risks captured within the register.

### **Decision**

The IJB agreed:

- i. To note the current risk register; and
- ii. That there were no further risks be added to the risk register.

## **10. FINANCIAL OUT-TURN 2023/24**

A report was submitted by the Interim Chief Finance Officer laying out the current financial out-turn position for 2023/24.

Mr King presented the report. He reminded members of the financial papers presented to the IJB at its meeting on 28 March and that the IJB was unable to agree a way forward to address the year-end overspend for 2023/24. As required by the Integration Scheme, Mr King and Ms Wilson had been tasked with seeking further dialogue with the partners on how this situation might be resolved. Mr King indicated that he had also sought advice from the Scottish Government. He outlined to members to final position for 2023/24 and the further responses from the partners. He also highlighted the clear advice from the Scottish Government that where an IJB is overspent at year end, and is holding reserves, the IJB must offset one against the other.

He concluded his presentation by explaining that the recommendations in the report were for noting, as the Scottish Government guidance on the use of reserves was clear.

Mr King responded to questions from members. He explained what was meant by the 'fortuitous' and 'non fortuitous' nature of previous year end underspends and the advice on reserves set out in the Integration Scheme. He acknowledged that by using the general reserves in this way there would be implications for the IJB's future financial resilience. These implications could include the need for additional efficiency actions within 2024/25. He also outlined the current arrangements for financial monitoring and the challenges of getting detailed information in order to improve financial planning.

Ms Wilson added that she had been asking all teams for further recovery plans as it was anticipated that these would be needed to get through the current financial year. She was aware of the continuing challenges and the need to maintain the link between the strategic plan, finance and clinical value.

In response to a further question, Mr King outlined the additional pressures on the 2024/25 financial position.

The Chair said that the spirit of integration was to view the IJB's budget as one pt to deliver its strategic objectives. The IJB had previously been good at raising concerns and working with the partners to resolve issues and this needed to continue.

**Decision**

The IJB agreed to:

- i. Note the current position; and
- ii. Note the use c. £1.1m of the IJB's general reserve to allow the IJB to break-even in 2023/24 on the assumption that the Council will take the analogue to digital costs.

Signed .....

Councillor Shamin Akhtar  
Chair of the East Lothian Integration Joint Board







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

**MEETING DATE:** 27 June 2024

**BY:** Chief Officer

**SUBJECT:** A Strengthened Approach to Prevention across the Lothian Health and Care System

**4**

---

## **1 PURPOSE**

- 1.1 The purpose of this report is to set out a strengthened approach to prevention across the Lothian health and care system and recommend that the East Lothian Integration Joint Board supports the recommendations set out in section 7 of Appendix 1.

## **2 RECOMMENDATIONS**

- 2.1 The IJB is asked to:
- i. Note the content of the report.
  - ii. Endorse the recommendations set out in section 7 of Appendix 1.

## **3 BACKGROUND**

- 3.1 Prevention is one of the most cost-effective interventions the NHS and wider health and care system can make in relation to improving population health and reducing inequalities. Maintaining a focus on primary, secondary and tertiary prevention is critical in delivering long-term sustainability and reducing the future burden on the health and care system.
- 3.2 Delivering against our ambitions to improve population health and narrow inequalities in the current financial environment is challenging. However, it will be important to protect investment in prevention (where there is a demonstrable impact and return on investment in relation to population health outcomes) to minimise the risks associated with short-term financial decisions in terms of population health and inequalities. When making decisions on cost savings, it will be important to consider potential savings in the context of services and treatment that reduce the

overall disease burden and look at the long-term gains that could be achieved by protecting investment in prevention activity.

- 3.3 Cardiovascular diseases, type-2 diabetes, cancers, neurological conditions, falls injuries, common infectious disease and chronic respiratory conditions are likely to contribute the most significant burden on population health. Data also show a high burden from mental health in the working age population. Drug use disorders are a leading cause of ill health in younger cohorts (15-44 years). The data presented in the accompanying paper can be used to prioritise prevention activity for the health and care system, in a bid to reduce the future burden on population health and healthcare services.
- 3.4 If health outcomes are to improve in Lothian, there needs to be a strong focus on and investment in primary prevention; actions that improve the conditions in which people work, live and grow, delivered at both a whole population level and targeted at groups at highest risk. To embed prevention, the report prioritises prevention activity in three main areas:
- Social determinants of health
  - Maternal, children and young people's health
  - Tackling modifiable risk factors and the future burden of disease
- 3.5 It will be important for the Lothian health and care system to deliver prevention activity that shows impact in the short to medium term, whilst continuing to deliver prevention activity which will require a longer term commitment. An implementation plan and measurement framework to assess the impact of prevention activity will be required.

## **4 ENGAGEMENT**

- 4.1 Senior management teams across the health and care system have been, and continue to be, consulted on the strategic approach to prevention.
- 4.2 This report does not propose specific changes to healthcare services and therefore no public consultation was required in its preparation. Any future service changes, made because of recommendations within this report, will be required to adhere to the duty to encourage public involvement.

## **5 POLICY IMPLICATIONS**

- 5.1 This report relates to the IJB Strategic Plan and specifically, the objective to focus on prevention and early intervention.

## **6 INTEGRATED IMPACT ASSESSMENT**

- 6.1 Data and evidence (including that on health inequalities) were used to inform the approach and recommendations in the report. A full impact assessment will be carried out to inform the development of this work and a high-level prevention action plan. The impact assessment workshop will include a representative from the East Lothian Health and Social Care Partnership.

## **7 DIRECTIONS**

- 7.1 No additional directions required.

## **8 RESOURCE IMPLICATIONS**

- 8.1 Financial – There are no financial implications which result specifically from this report; however, report recommendations may have implications for future allocation and investment of resources.
- 8.2 Personnel – There are no immediate staffing implications resulting specifically from this report.
- 8.3 Other – None

## **9 BACKGROUND PAPERS**

- 9.1 None

### **Appendices:**

Appendix 1: A strengthened approach to prevention across the Lothian health and care system

Appendix 2: Supplementary data

Appendix 3: Prevention actions

<b>AUTHOR'S NAME</b>	Ashley Goodfellow
<b>DESIGNATION</b>	Deputy Director of Public Health
<b>CONTACT INFO</b>	<a href="mailto:Ashley.Goodfellow2@nhs.scot">Ashley.Goodfellow2@nhs.scot</a>
<b>DATE</b>	12 June 2024

## **Appendix 1**

### **A strengthened approach to prevention across the Lothian health and care system**

#### **1. Introduction**

The purpose of this paper is to set out a strengthened approach to prevention across the Lothian health and care system. Prevention is one of the most cost-effective interventions the NHS and wider health and care system can make in relation to improving population health and reducing inequalities. Maintaining a focus on primary, secondary and tertiary prevention is critical in delivering long-term sustainability and reducing the future burden on the health and care system.

Delivering against our ambitions to improve population health and narrow inequalities in the current financial environment is challenging. However, it will be important to protect investment in prevention (where there is a demonstrable impact and return on investment in relation to population health outcomes) to minimise the risks associated with short-term financial decisions in terms of population health and inequalities.

This paper aims to:

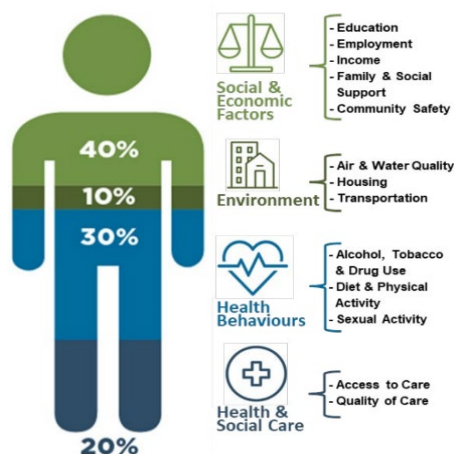
- Describe the burden of disease on population outcomes and healthcare services.
- Describe why and how the Lothian health and care system should continue to prioritise primary prevention and its wider role in addressing inequalities as an Anchor Institution and community planning partner.
- Identify an indicative set of interventions that we should continue to prioritise during this period of financial constraint.

#### **2. Background**

Life expectancy is falling, with a growing difference in life expectancy between the most and least deprived groups. Additionally, people are spending more of their life in ill health. Population projections estimate that the population served by NHS Lothian will grow by 10.2% between 2018 and 2033 from 898,000 to 989,285 residents<sup>i</sup>. Combined with an ageing population<sup>ii</sup>, multimorbidity<sup>iii</sup>, unmet healthcare needs exacerbated by COVID-19<sup>iv</sup>, and staffing pressures<sup>v</sup>, there is concern that demand on health and social care services will continue to rise and become increasingly unsustainable.

Our health is determined by a complex combination of social and economic factors. Where we live, our work conditions, our housing and education are fundamental building blocks in influencing our health and wellbeing. As Figure 1 below illustrates, healthcare is important, but other factors have a significant impact on health. This means we need to take action as the health and care system to support improvement in wellbeing across the building blocks of health and not focus on healthcare in isolation.

**Figure 1.** Relative contribution to health from modifiable factors



When making decisions on cost savings, it will be important to consider potential savings in the context of services and treatment that reduce the overall disease burden and look at the long-term gains that could be achieved by protecting investment in prevention activity.

There are different types of prevention.

- Primary prevention stops the problem occurring in the first place and is cost effective, with a median return on investment (ROI) of more than 14:1. It can be 3-4 times more cost-effective than investing in treatment.
- Secondary prevention is intervening early, when the problem starts to emerge, to resolve it.
- Tertiary prevention is making sure an ongoing problem is well managed to avoid crises and reduce its harmful consequences.

There is a growing body of economic evidence that supports the case for investing in public health interventions and prevention. For every £1 invested in secondary and tertiary prevention, the median ROI was £5. For primary prevention interventions the ROI for every £1 invested was £34 for health protection (for example vaccines and immunisation) and £46 for legislative interventions (for example the ban on smoking in public places).<sup>vi</sup>

Audit Scotland highlighted the importance of investing in measures that address the causes of ill-health to reduce long-term demand on the NHS. Investment in primary prevention was identified as giving the best opportunity to make the biggest difference to population health and future demand for services.<sup>vii</sup> A recent statement from the Royal College of Physicians reported that more than half of UK doctors had seen more patients with ill health over the last three months due to social and economic factors – living in mouldy damp homes, employment, lack of access to healthy food, poor air quality. These factors are significantly contributing to the workload of physicians.<sup>viii</sup>

### **3. Burden of disease**

More than a quarter of all deaths in Scotland are avoidable (i.e., preventable or treatable). As a whole, Scotland's population is expected to fall by 2043, but the burden of disease is expected to increase by 21% (note, the population of Lothian is not expected to reduce as per national predictions due to net migration). The Scottish Burden of Disease Study forecasts the overall burden to be largest for cardiovascular diseases, cancers, and neurological diseases, accounting for 68% of the total increase in forecasted disease burden.

These estimates only account for projected demographic changes and do not factor in changes in disease prevalence and mortality that could occur due to changing risk factor profiles, reduced access to services, or advances in prevention and treatment.

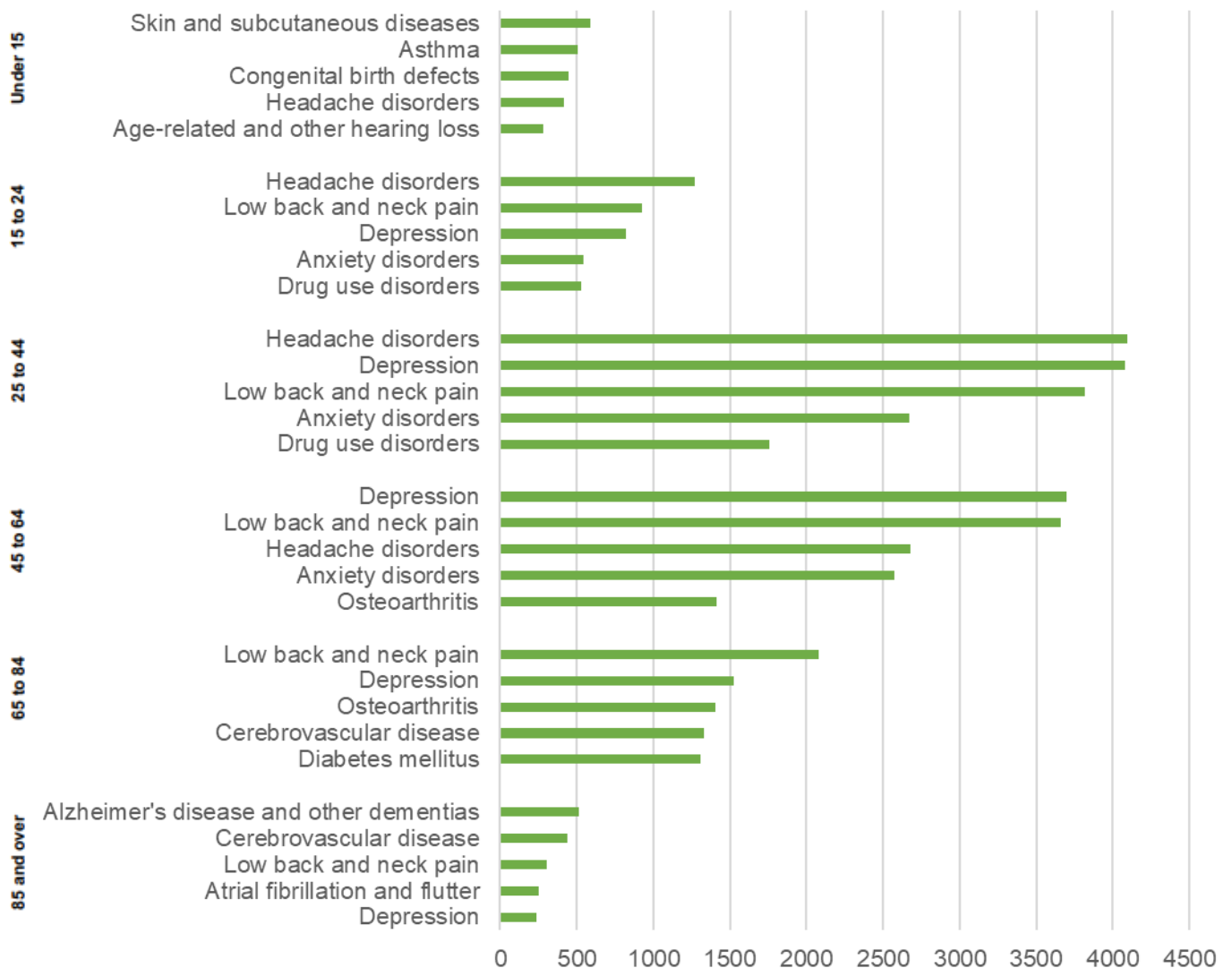
Maintaining and sustaining interventions and efforts to mitigate and prevent the underlying causes of these diseases is required to reduce forecasted disease burdens, and their impact on the long-term sustainability of the health and social care system.

This section provides an overview of the types of disease that have the greatest impact on population health in Lothian, using data from the Scottish Burden of Disease Study and service data across primary and community services, outpatients, emergency department attendance and hospital inpatient activity. It can be used to assist discussions relating to health service prioritisation. Further data tables and charts can be found in Appendix 2.

Years of life lost to disability (YLDs) were selected for the analyses presented here as a proxy for burden on the health system, rather than the social, emotional and economic burden of mortality. YLDs do not incorporate loss of healthy years of life due to death (as is the case for Disability Adjusted Life Years – DALYs).

Figure 2 presents the absolute number of years of healthy life lost for the top 5 causes by age group, reflecting the likely activity burden of disease on services. It also highlights that the health service burden is likely to be greatest amongst those currently aged 25-44, which is likely to carry forward as this cohort ages.

**Figure 2. Number of years of healthy life lost, top 5 causes by age (both sexes, Lothian, 2019)**



Source: [Scottish Burden of Disease Study](#)

Table 1 shows the incidence of the top 25 long-term conditions presenting at general practices in Lothian (based on a sample of 102 practices). Data show the weekly direct contact rate per 1,000 registered patients for the whole general practice team (all clinical staff excluding administrative staff). Direct encounters involve direct contact between clinical staff and a patient, including face-to-face surgery consultations, home visits, telephone consultations, video consultations, clinics and eConsultations that have been recorded on Vision/EMIS.

These data highlight clear opportunities for preventative action, not least the range of health conditions affected by modifiable risk factors such as poor diet, low levels of physical activity, smoking, and substance use.

**Table 1. Incidence of top 25 long-term conditions presenting at general practices (based on a sample of 102 practices across Lothian)**

Long-term condition group	Lothian Incidence per 100K (2022)
Hypertension	714.1
Arthritis/Arthropathy	591.7
Active Cancer	421.2
Diabetes	403.7
Alcohol and substance misuse	348.2
Depression and related disorders	331.5
Asthma	293.0
Ischaemic Heart Disease	283.1
Chronic psychiatric disorders	272.8
Atrial Fibrillation	270.5
Obesity	235.8
Stroke	232.2
Progressive neurological disease	212.5
Chronic Obstructive Pulmonary Disease	211.5
Heart Failure	166.3
Osteoporosis	164.3
Hip fracture	118.5
Peripheral Vascular Disease	73.9
Liver disease	66.6
Bronchiectasis	44.9
Epilepsy	43.8
Inflammatory Bowel Disease	36.3
Pulmonary fibrosis	35.1
Renal disease	26.2
Abdominal Aortic Aneurysm	21.8

**Source:** LAS Primary Care Multimorbidity Tableau dashboard

Figure 3 presents the number of individuals on the Tier 3 dietetics waiting list, by age and SIMD quintile. As this figure presents the absolute number of people waiting, and not percentage, it reflects the underlying demographic distribution of Lothian. However, despite Lothian having disproportionately fewer individuals living in Scotland’s most deprived areas, the absolute number of people waiting in the most deprived 40% (SIMD quintiles 1 and 2) remains where the largest burden on Tier 3 dietetics services is observed.



**Figure 3. Number of Lothian population on Tier 3 Dietetics Waiting list (by age and SIMD quintile)**

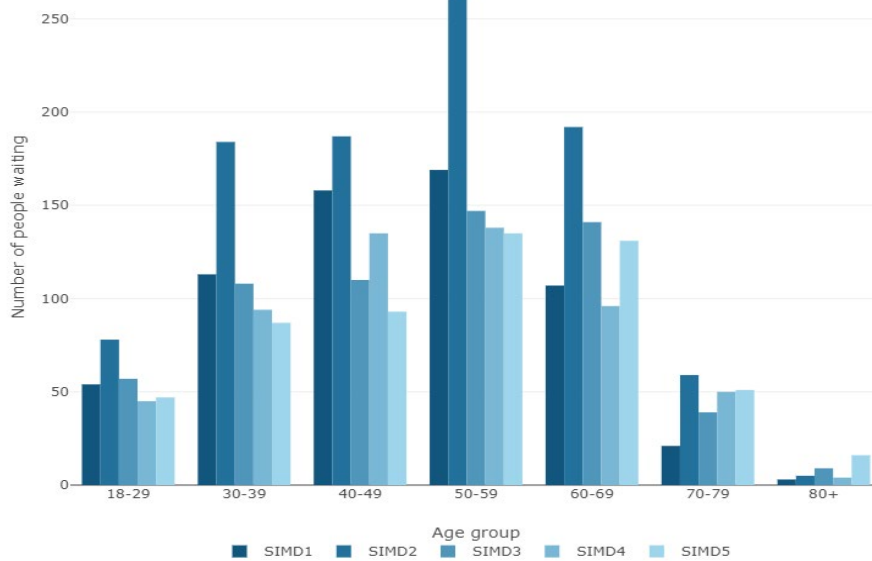
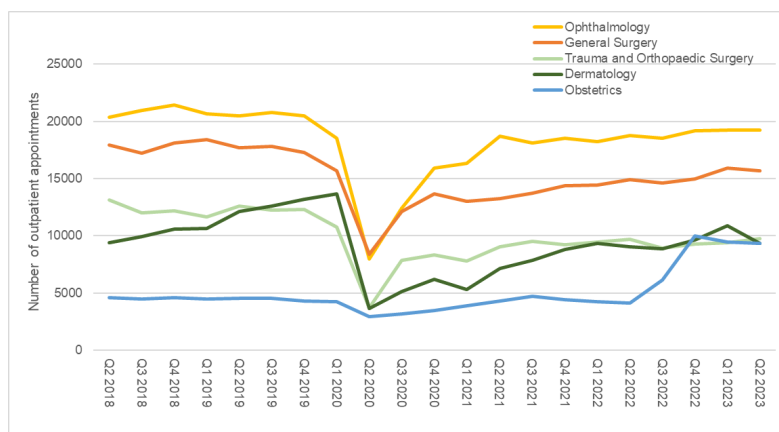


Figure 4 provides trends 2018-2023 in the number of NHS Lothian outpatient appointments by speciality (top 5 specialities as of Q2 2023).

**Figure 4. NHS Lothian trends 2018-2023 in number of outpatient appointments by speciality (top 5 specialties as of Q2 2023)**



Source: [Scottish Health and Social Care Open Data](#)

The estimated cost of activity in the outpatient setting by specialty shows the overall highest cost burden is associated with gastroenterology (£24m), clinical radiology (£21m) and ophthalmology (£20m). Highest average cost per activity was in medical oncology (£805). The greatest levels of activity were in clinical radiology (303,479), general psychiatry (245,483) and physiotherapy (199,814). The data includes those who did not attend.

Figure 5 demonstrates the proportion of emergency attendances that were diagnosed with a potentially preventable condition. The number, and proportion, of attendances due to preventable conditions has been increasing since 2019/20 and contributed to 8.3% of all attendances in 2022/23; almost returning to pre-pandemic levels (9.2% in 2018/19).

**Figure 5.**

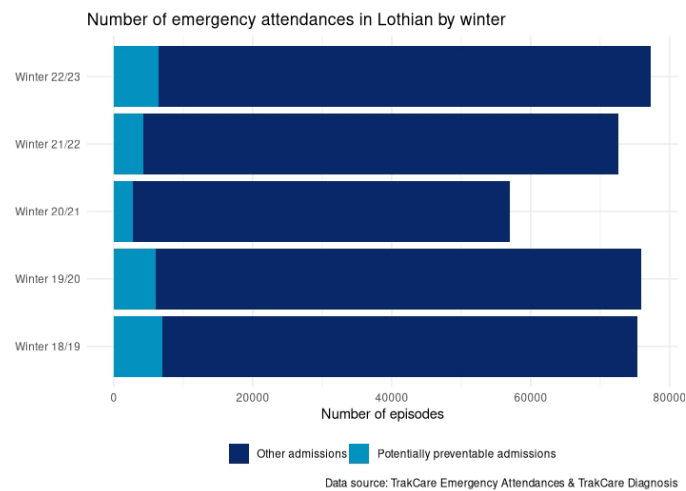


Figure 6 shows the number of admissions with stays over 3 days for potentially preventable conditions, in the last 5 years. The conditions are broadly similar over the last five years and the effect of the pandemic can be seen in reducing longer admissions. However, the number of longer stays due to influenza and pneumonia have increased from pre-pandemic levels.

**Figure 6.**

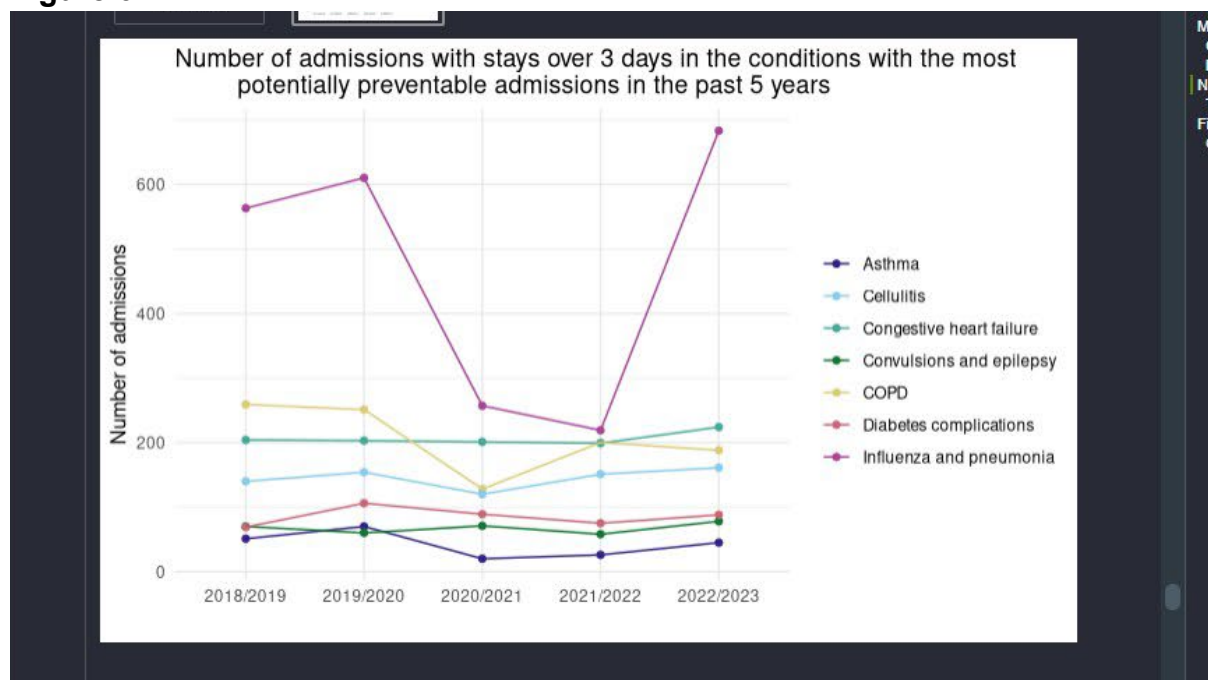
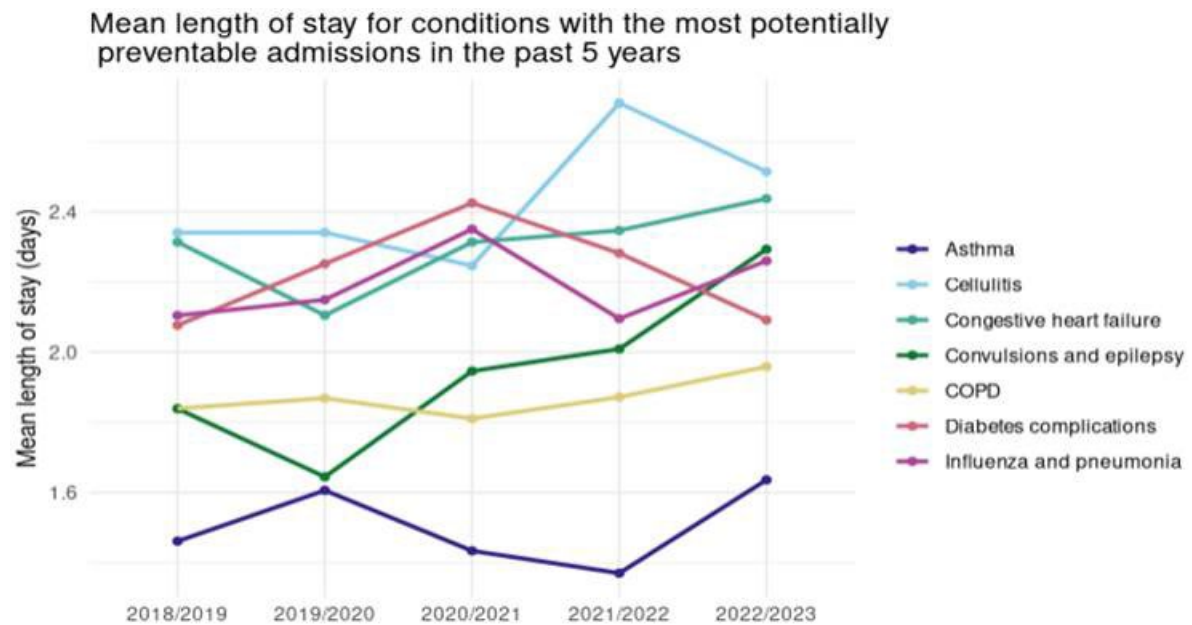


Figure 7 shows the mean length of stay for conditions with the highest number of potentially preventable admissions. The length of stay is increasing for all displayed conditions after the pandemic, particularly for convulsions and epilepsy. The mean length of stay is highest for congestive heart failure and cellulitis.

**Figure 7.**



Note: outliers (length of stay greater than 8.5 days) are removed from this figure

Finance estimate costs at individual patient level factoring in staff costs, length of stay and non-pay costs such as medication, food, and building costs. Data is based on primary diagnosis therefore long-term conditions (which may be a focus for prevention activity) are likely to be understated as they tend to be further down the coding line and coding is often incomplete.

In 2022/23, diagnoses with the highest total costs included schizophrenia (£26.3m), falls (£24.7m), postpartum haemorrhage (£15m) and atherosclerotic heart disease (£10.4m). Average cost per activity is highest for mental health related conditions such as schizophrenia, dementia and eating disorders.

The health needs of patients admitted to hospitals are also becoming more complex. In Scotland, a nationally representative study of almost 1.8 million people derived from electronic primary care records found a multimorbidity prevalence of 24%, with most people over the age of 65 years having multimorbidity.<sup>ix</sup> This study also found inequalities in multimorbidity across Scotland, with people living in the most deprived areas having higher rates of multimorbidity, with onset 10-15 years earlier, than those living in the least deprived areas.

### 3.1 Data summary

Cardiovascular diseases, type-2 diabetes, cancers, neurological conditions, falls injuries, common infectious disease and chronic respiratory conditions are likely to contribute the most significant burden on population health, and healthcare services. The data presented above can be used to prioritise prevention activity for the health and care system, in a bid to reduce the future burden on population health and healthcare services. Data also show a high burden from mental health and somatic symptoms in the working age population. Drug use disorders are a leading cause of ill health in younger cohorts (15-44 years).

There are common disease risk factors associated with many of these conditions – poor diet, inactivity, smoking and alcohol use. There are opportunities to step-up structural interventions that address the availability and accessibility of alcohol and tobacco, the food environment, and the social factors that influence mental ill health. Immunisation programmes remain key to disease prevention, including those which result in prolonged hospital stays.

Waiting list data (presented here for tier 3 weight management support) provides a stark illustration of the reason we need to invest more in prevention. The average wait time for tier 3 weight management services in Lothian is >250 days. The data demonstrates inequalities in health and service burden, with disproportionate waits for those in the 40% most deprived communities of Lothian.

The data also highlight the challenge of increasing complexity and multimorbidity on services with increasing length of stay for potentially preventable conditions. It is important to understand the underlying reasons for increasing length of stay and this may provide a focus for targeted discharge planning to optimise flow through the acute healthcare system.

If health outcomes are to improve in Lothian, there needs to be a strong focus on and investment in primary prevention; actions that improve the conditions in which people work, live and grow, delivered at both a whole population level and targeted at groups at highest risk.<sup>x</sup>

## **4. Feedback from Senior Leadership Teams**

Following presentation of a discussion paper on prevention at the Corporate Management Team, discussion has taken place with the Primary Care Joint Management Group, Acute Senior Management Team, and four HSCP Senior Management Teams (further meetings are planned with the Women's and Children's Corporate Management Teams and REAS Senior Management Team).

Stakeholders were invited to share thoughts on the proposed approach to strengthening prevention across the Lothian health and care system, as well as identify priority areas for action. A summary of points raised is set out below.

- Recognition of the importance of maintaining a focus on prevention, but an acknowledgement that this is challenging in the current financial climate.

- Ensuring alignment with other prevention and early intervention strategies and plans to allow for a co-ordinated system-wide effort.
- The need for future projections on population demographics and the burden of disease, to support service planning and to future-proof provision.
- A focus on both access to and effectiveness of services, and how we ensure services are aligned to need (proportionate universalism).
- Exploring the available evidence of effectiveness in terms of reducing (inappropriate) hospital attendance. Frequent attenders to the emergency department were also cited as an existing pressure on services.
- Identifying opportunities for earlier intervention in disease pathways e.g., where is the greatest burden on outpatient services and are there opportunities to intervene earlier?
- Ensuring work to tackle overconsumption of alcohol is explicit in prevention plans given the increasing detrimental impact on population health and healthcare services.
- Premature frailty and support for healthy ageing.
- Obesity and Type-2 diabetes creating pressure on services, and the need to disrupt the increasing trajectory given increasing cost of treatment.
- Musculoskeletal conditions and the role of Allied Health Professionals.
- Strategic approach to falls prevention.
- Future management of long-term conditions e.g., Long-Covid and COPD.
- Digital prevention opportunities and support for self-management.
- Identifying the barriers to take-up of existing prevention programmes and enabling frontline teams to support patients to access the help available, for example, smoking cessation services.
- The importance of healthy places and connected communities in improving population health and reducing health inequalities, including strengthening the role of the third sector in supporting people to take up opportunities to participate in their local community.

## 5. Embedding prevention

### 5.1 Social determinants of health

NHS Lothian and the four Health and Social Care Partnerships, as public health leaders, should prioritise work on addressing the social determinants of health alongside the direct delivery of healthcare. This includes continuing to deliver and develop work on their role as an Anchor Institution, tackling child poverty, income maximisation and support for the NHS workforce in the current financial climate.

People's health, and inequalities in health between different population groups, are significantly shaped by their access to money and resources, work, housing, transport, the quality of their neighbourhood and surroundings, as well as family, friends and community.<sup>xi</sup> Without these building blocks, it is harder for our population to live healthy lives. Although these determinants of health are largely shaped outside the Lothian health and care system, there are important roles for public health and strategic planning teams to engage with public, private and community and voluntary sector partners, in a place-based way, to ensure health is considered in wider policy making. NHS Lothian, as an anchor institution, is well placed to positively influence the social, economic and environmental conditions in local communities, thereby impacting on the wider determinants that influence health and wellbeing and ultimately preventing and reducing future ill health. There are also roles that all services can play in ensuring that the social determinants of health are considered as part of both service design, and the ways in which service users are supported to manage their health and wellbeing.

Action should be prioritised in the following areas:

- **Access to money and resources** – there is a strong relationship between money, income and wealth, and health outcomes. Taking action to reduce poverty and maximise incomes reduces financial stress and provides people with a standard of living that protects and promotes their health.
- **Access to and maintenance of employment** – employment can have a significant influence on health and wellbeing. In addition to providing sufficient income and social connections, work quality and job security are also important factors which influence health and wellbeing.
- **Housing** – secure, quality and affordable housing is a vital building block for physical and mental health and wellbeing. Spending a high proportion of household income on housing leaves less for other essentials such as food and energy costs. Action on improving housing stability and security, and preventing homelessness, can have a significant positive impact on people's lives.
- **Transport** – transport provides opportunities for active travel which has a direct positive impact on health. It can also be associated with negative effects such as air pollution. Transport supports other building blocks of health, by providing access to public services and employment.
- **Neighbourhood and surroundings** – the environment in which people live can have a significant impact on health and health inequalities. Acting on, and increasing community resilience to, climate change can protect people from the effects of severe weather, infectious disease and other health impacts of climate changes. Working to address the

commercial determinants of health can reduce the availability, accessibility and affordability of health-harming products such as alcohol, tobacco and food and drinks high in fat, sugar and salt. Local planning policy, and considering use of land and assets, can provide opportunities to improve population health, for example by increasing access to greenspace.

- **Family, friends and community** – social relationships are important for health and wellbeing, and can reduce loneliness, reduce stress responses and influence healthy behaviours. Connecting with people in local communities and feeling safe can also influence health.

Appendix 3 highlights detailed actions that can be taken within the Lothian health and care system on the social determinants of health, as well as other work that needs to be undertaken in partnership with wider stakeholders.

## 5.2 Maternal, children and young people's health

As the chances of lifelong health, wellbeing, illness and disease begin to accumulate even before conception, primary prevention that supports women pre-conception and children in their early years can lay the best foundation for future health<sup>xii</sup>. The early years is the period of life when interventions to disrupt inequalities are most effective. Interventions in the early years have been shown to be cost-effective and yield significant return on investment. Research shows that high-quality birth-to-five programmes for disadvantaged children can deliver a 13% annual return on investment.<sup>xiii</sup> Therefore, it is important that protecting maternal and children's services is a priority focus of future decision making. This should include working collaboratively with community planning partners to maintain a system wide focus on early years and children. Protecting investment in early years services will deliver better outcomes in education, health, social behaviours, and employment in the long term. It is essential for maximising future population health.

Action should be prioritised in the following areas:

- **Child poverty** – prevention of child poverty will improve the health of children and families and reduce health inequalities.
- **Access to long-acting reversible contraception (LARC)** – ensuring accessibility of effective contraception (such as LARC) is proportionate to need, will contribute to reduced inequalities in unintended pregnancy and the associated personal and economic costs.
- **Smoking in pregnancy** - reducing smoking prevalence among pregnant women has the potential for significant population health benefit, by reducing risk of still-birth, premature birth, low birthweight and other negative maternal and child health outcomes.
- **Perinatal, infant, children and young people's mental health and wellbeing** - good mental health support at an early age can protect and promote future mental wellbeing and resilience. Providing services that identify and treat perinatal mental health problems early and effectively leads to considerably better outcomes for women, babies, and families, and makes economic sense.
- **Infant feeding** – breastfeeding protects both maternal and infant health from a range of diseases and infections and supports the mother-baby relationship and mental health

and wellbeing. Breastfeeding results in fewer hospital admissions and GP consultations, contributing savings to the NHS.

- **Child development** - problems with early child development are important as they are strongly associated with long-term health, educational, and wider social difficulties. Detecting developmental problems early provides the best opportunity to support children and families to improve outcomes, and ensure children are ready to learn.

Appendix 3 highlights detailed actions that can be taken by the Lothian health and care system to protect and improve maternal, children and young people's health.

### 5.3 Tackling modifiable risk factors and the future burden of disease

For healthcare settings there is evidence to continue supporting interventions that tackle modifiable risk factors including smoking, alcohol and obesity and a continued focus on services that tackle respiratory, diabetes and cardiovascular conditions. These should be delivered alongside screening and immunisation programmes as part of an effective prevention plan.

A range of public health programmes are already offered on a universal or targeted basis across Lothian. There is an opportunity to further explore how these offers are better linked to the scheduled or unscheduled care touch points that people already have with our services. This can be particularly important for certain population groups, including groups sometimes referred to as 'inclusion health groups', who may be more likely to present in an unscheduled way, as well as those who are supported by specialist services.

Action should be prioritised in the following areas:

- **Hospital-based income maximisation services** – patients' income problems can impact the health and care system by resulting in delayed discharges, inappropriate use of clinical staff time, and increased recovery period and risk of readmission. Provision of hospital-based income maximisation services results in increased financial gain for patients.
- **Smoking cessation** – smoking causes significant harm to individuals, families, the NHS and the economy. Smoking prevalence is significantly patterned by socioeconomic position. Referrals by health professionals of people who actively want to stop smoking have high chances of a successful quit, so ensuring pathways to smoking cessation are clear and effective is essential.
- **Cardiovascular disease** - cardiovascular disease caused the greatest burden of disease in NHS Lothian and across Scotland in the Scottish Burden of Disease study, 2019.<sup>xiv</sup> Prevention has a key role in tackling the health burden from cardiovascular disease and opportunities to strengthen preventative action across cardiovascular pathways should be explored.
- **Type 2 diabetes** – type 2 diabetes is affecting an increasing number of individuals, families and communities because of increasing levels of obesity and an ageing population. It is a condition that, for many people, could be prevented, or diagnosis delayed. Obesity, the main modifiable risk factor for type 2 diabetes, is a complex issue and is rooted in inequalities. Population-level approaches are required to disrupt the current upward trajectory for type 2 diabetes.



- **Immunisation** - immunisation is the most cost-effective intervention for saving lives and improving the health of the population. Immunisations help protect the population against serious vaccine preventable illness. Concerted effort is required to improve, and reduce inequalities in, uptake of vaccinations.
- **Screening** - national screening programmes are evidence based and can identify individuals who may be at future risk of a particular medical condition or disease or detect early indications of disease or conditions with the aim of intervening to reduce their risk. Screening uptake needs to be maximised to ensure programmes are effective and efficient, and to maximise population health gain.
- **Falls prevention** - falls are estimated to cost the NHS more than £2.3bn per year. Morbidity from hip fracture contributes to the demand on health and social care services. Given the ageing population, this burden is likely to increase further over the coming years. Implementation of evidence-based interventions can be effective in preventing and reducing future risk of falls.

Appendix 3 highlights detailed actions that can be taken within the Lothian health and care system to tackle the future burden of disease.

## 6. Implementation

Consideration is required on how best to implement a more strategic approach to prevention activity, and how this is monitored and evaluated. ‘Implementation gaps’ in prevention activity often exist because uptake of existing programmes is too low, capacity to deliver stated ambitions is insufficient, prevention activity is underfunded, and investment is focused on short-term goals.<sup>xv</sup> It is important that implementation considers the above, and that prevention activity is integrated with the Lothian health and care system strategy (Lothian Strategic Development Framework) and the work of the established Programme Boards.

A national population health strategy is under development and due to be published in Autumn 2024. It is important that Lothian’s approach to prevention is responsive to this national plan.

An Integrated Impact Assessment is required on Lothian’s prevention plan to ensure it delivers for everyone who needs support, tackles health inequalities and promotes and furthers children’s rights. This will allow prevention activity to be targeted, where appropriate, to improve outcomes within available resources, as has been the case with recent decisions about prioritisation of insulin pump therapy for those with type 1 diabetes.

It will be important for the Lothian health and care system to deliver prevention activity that shows impact in the short to medium term, whilst continuing to deliver prevention activity which will require a longer term commitment. A measurement framework to assess impact of prevention activity will be developed.

## **7. Recommendations for the health and care system**

1. NHS Lothian should use the data and evidence in this paper (and in Appendix 2) to inform forthcoming Integrated Impact Assessments that are being undertaken where reductions in healthcare are being considered, to ensure that those areas which would have the greatest impact on future population health outcomes are prioritised over other areas, acknowledging that reductions in healthcare provision do not have equal impact across the population.
2. NHS Lothian should continue its commitment to becoming an Anchor Institution with population health at the heart of the Lothian Strategic Development Framework.
3. Public health in Lothian should increase the pace of its activity with Community Planning Partnerships to take forward the interventions identified to address the social determinants of health as outlined in Appendix 3.
4. The four Integrated Joint Boards in Lothian should ensure that the evidence and data contained in this paper are incorporated into their current strategic plans and inform future planning and development.
5. Public health should work collaboratively with Acute and primary care services to ensure clinical staff can easily refer those who need non-clinical support to the appropriate service, thereby maximising use of existing prevention programmes such as income maximisation, smoking cessation, immunisation and screening.
6. NHS Lothian and the four health and social care partnerships should, where possible, protect and increase efforts to improve maternal, children and young people's health, as the best investment to maximise future population health.
7. The Realistic Medicine Board and Public Health should consider how it can strengthen prevention across cardiovascular disease pathways, including type 2 diabetes.
8. The health and care system should consider and agree how it continues to integrate prevention activity within the Lothian health and care system strategy and set out how it will measure impact of prevention activity over the short, medium and longer term.

Ashley Goodfellow  
Deputy Director of Public Health  
11 April 2024

### **Acknowledgements**

With thanks to public health colleagues who helped draft this report and colleagues in Public Health Scotland for reference papers on Prevention and Prioritisation, and long-acting reversible contraception use in Scotland.

## References

- <sup>i</sup> [Population Projections for Scottish Areas \(2018-based\) | National Records of Scotland \(nrs.scotland.gov.uk\)](https://nrs.scotland.gov.uk)
- <sup>ii</sup> [Scotland's Census 2022 - Rounded population estimates | Scotland's Census \(scotlandscensus.gov.uk\)](https://scotlandscensus.gov.uk)
- <sup>iii</sup> [Scotland's Health and Demographic Profile \(www.gov.scot\)](https://www.gov.scot)
- <sup>iv</sup> [Chapter 3: Health inequalities: Turning the Tide - Realistic Medicine - Doing the right thing: Chief Medical Officer annual report 2022 to 2023 - gov.scot \(www.gov.scot\)](https://www.gov.scot)
- <sup>v</sup> [NHS in Scotland 2022 \(audit-scotland.gov.uk\)](https://audit-scotland.gov.uk)
- <sup>vi</sup> [Public health approach to prevention and the role of NHSScotland \(publichealthscotland.scot\)](https://publichealthscotland.scot)
- <sup>vii</sup> Audit Scotland. NHS in Scotland 2023. [NHS in Scotland 2023 | Audit Scotland \(audit-scotland.gov.uk\)](https://audit-scotland.gov.uk)
- <sup>viii</sup> [More than half of UK doctors seeing more patients with illness due to avoidable social harms | Royal College of Physicians of Edinburgh \(rcpe.ac.uk\)](https://rcpe.ac.uk)
- <sup>ix</sup> Barnett K, Mercer SW, Norbury M, Watt G, Wyke S, Guthrie B. (2012). [Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study](https://doi.org/10.1016/S0140-6736(12)60001-0). Lancet; 380(9836): 37-43.
- <sup>x</sup> [public-health-approach-to-prevention-and-the-role-of-nhsscotland.pdf](https://publichealthscotland.scot)
- <sup>xi</sup> [Evidence hub: What drives health inequalities? - The Health Foundation](https://www.healthfoundation.org.uk)
- <sup>xii</sup> [rcpch prevention vision for child health - june 2019.pdf](https://www.rcpch.org.uk)
- <sup>xiii</sup> [FAQ for The Lifecycle Benefits of an Influential Early Childhood Program - The Heckman Equation](https://www.heckmanequation.org)
- <sup>xiv</sup> Scottish Burden of Disease study. Public Health Scotland. Available at: [www.scotpho.org.uk/comparative-health/burden-of-disease/overview](https://www.scotpho.org.uk/comparative-health/burden-of-disease/overview)
- <sup>xv</sup> Office for Health Economics. Reimagining Prevention for a Healthier, More Prosperous Society. [Reimagining-Prevention-Whitepaper-OHE.pdf](https://www.ohesociety.org.uk)

## Appendix 2. Data and Intelligence on Population-level Health and NHS Lothian system demand

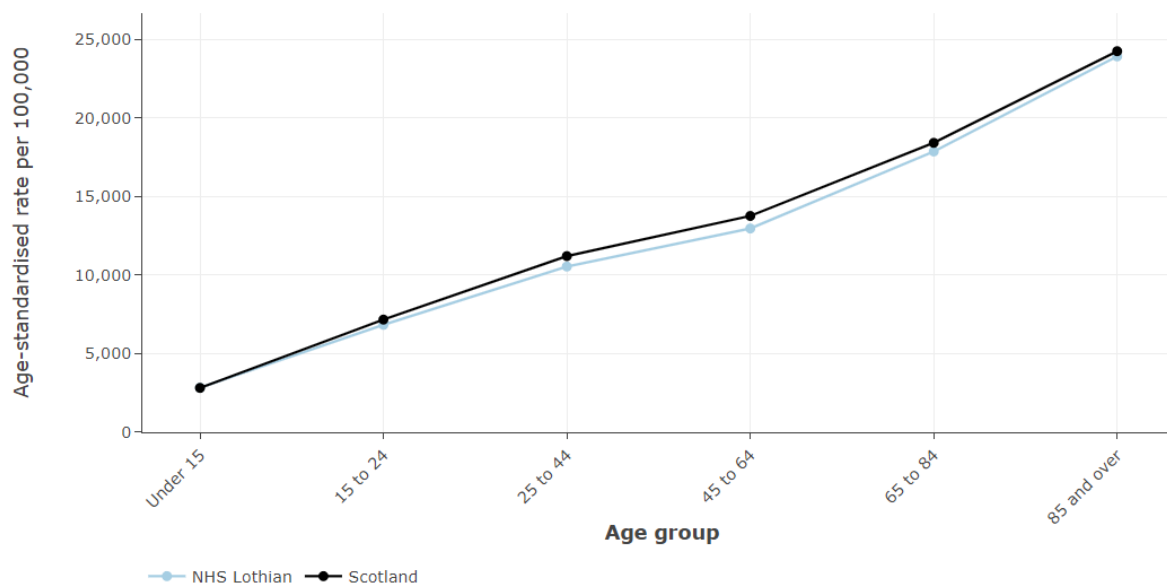
### 1. Burden of disease on population health

This section provides an overview of the types of disease that have the greatest impact on population health in Lothian, disaggregated by demographic characteristics.

Years of life lived with disability (YLDs) were selected for the analyses presented here as a proxy for the level of demand on Lothian's health and care system, rather than the social, emotional and economic burden of mortality. YLDs do not incorporate loss of healthy years of life due to death (as is the case for Disability Adjusted Life Years – DALYs).

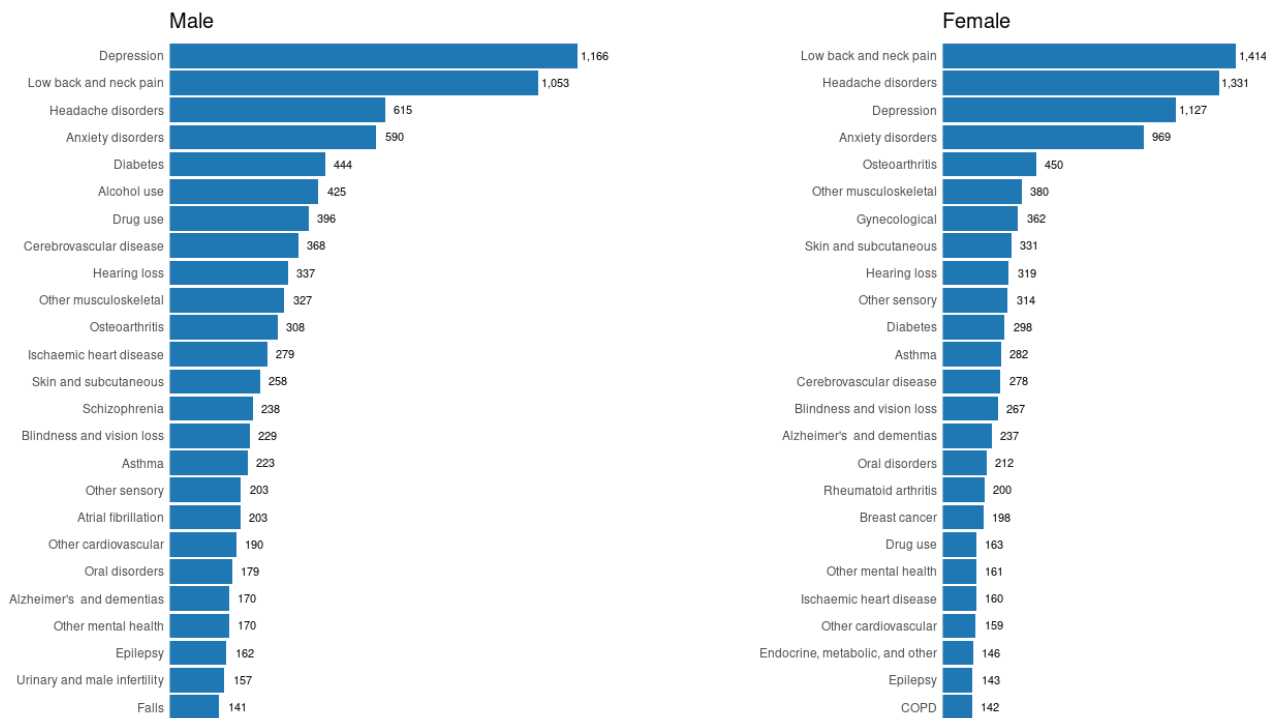
ScotPHO's [Scottish Burden of Disease Study](#) estimates YLDs for individual disease/injury classifications using a range of data sources spanning primary and secondary care, national surveys (such as the Scottish Health Survey) and disease registers.

**Figure 1.** Years of life lived with disability by age (Age-standardised rate per 100,000, 2019, both sexes)



Mirroring what is seen nationally, Figure 1 demonstrates how ill health in Lothian increases with age, with nearly 25,000 healthy years of life lost per 100,000 aged 85 and over, compared to less than 10,000 for 15 to 24 year olds. Given this pattern, the overall population burden of ill health is likely to increase over time as Lothian's population is getting progressively larger and older over time.

**Figure 2.** Leading causes of ill health (number of years of life lived with disability), by sex, NHS Lothian (2019)



**Figure 3.** Years of life lived with disability, by cause and sex (NHS Lothian, 2019)

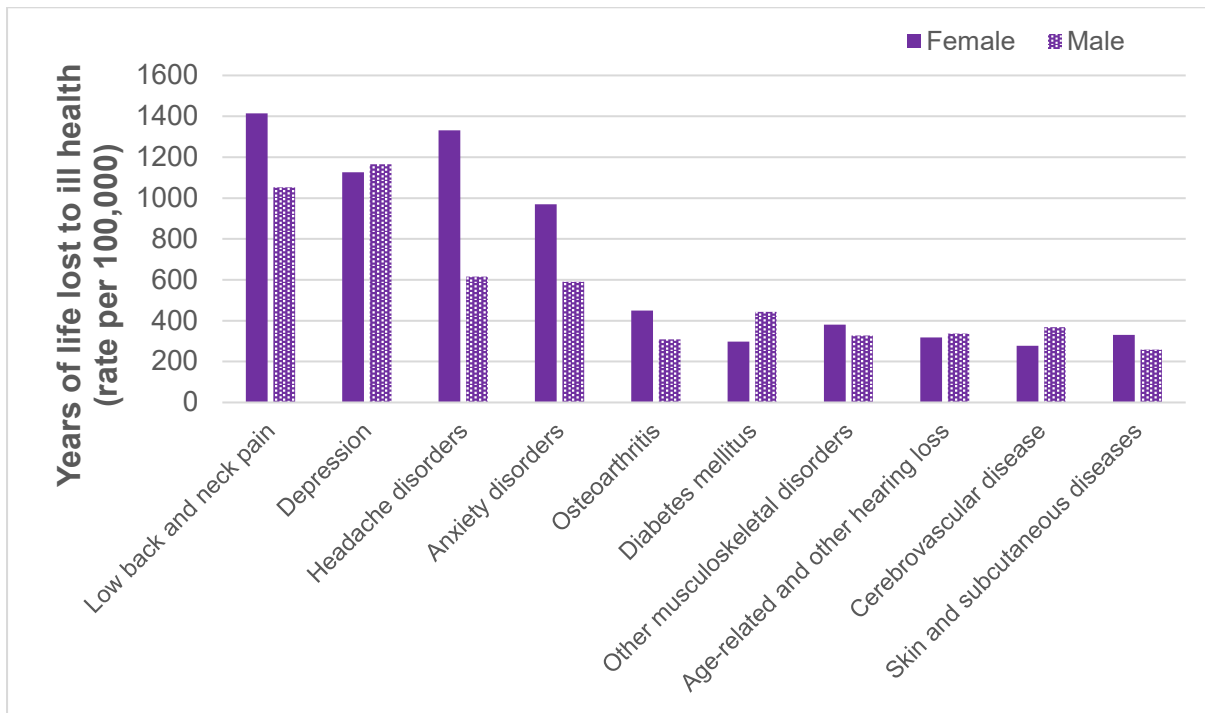
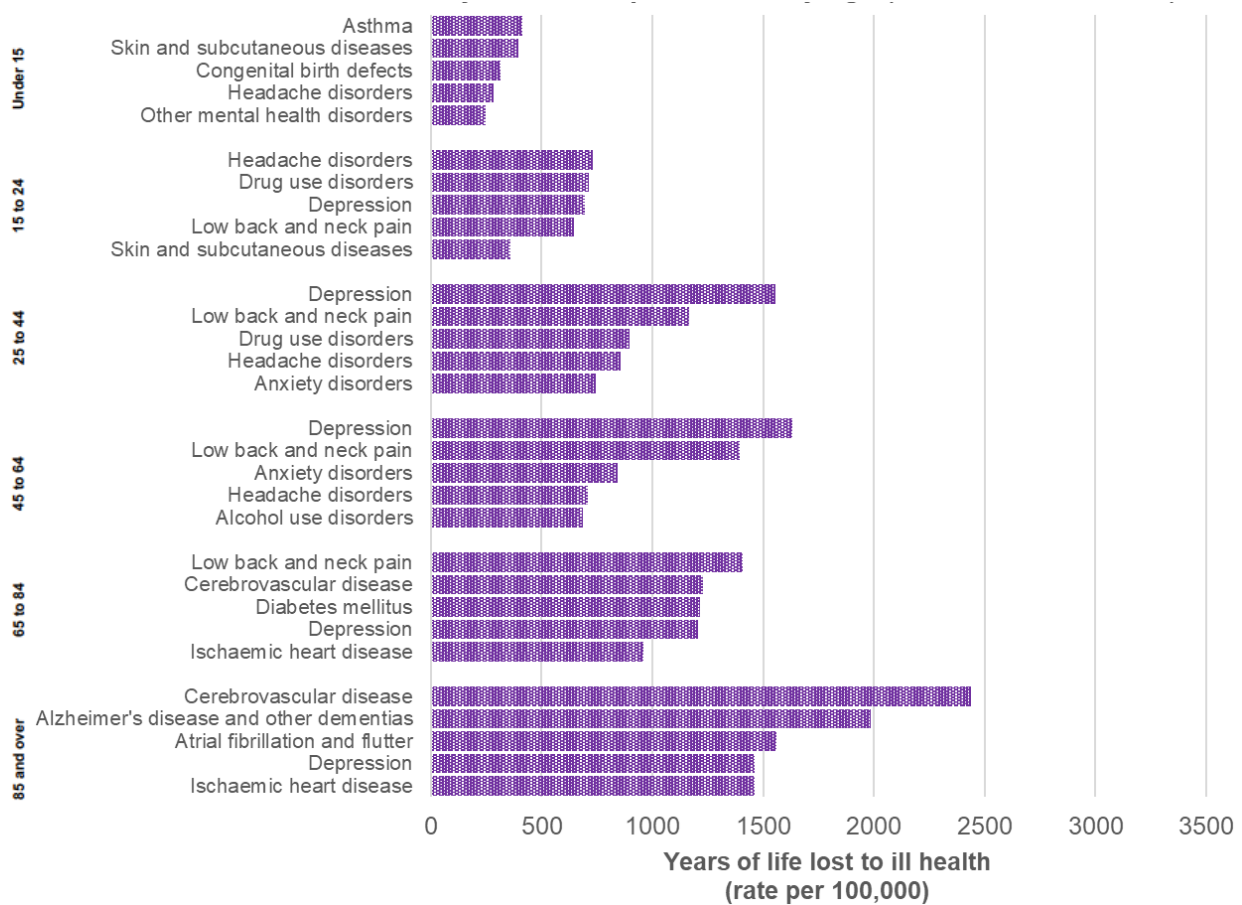
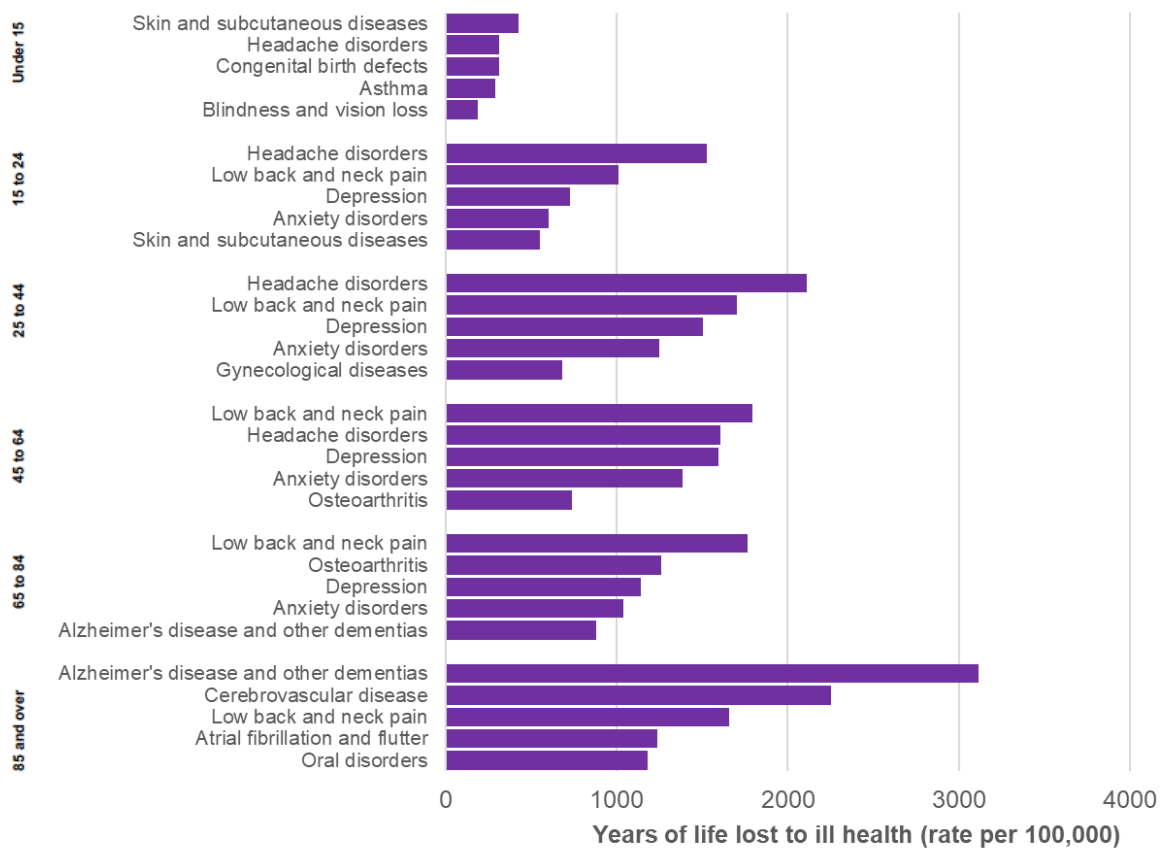


Figure 2 presents the top 25 causes of YLDs, separately for males and females, and Figure 3 shows the top 10 causes across Lothian as a whole, by sex. While males typically have lower life expectancy and higher mortality rates, Figure 3 demonstrates that females have a higher burden for many of the leading causes of ill health. This is particularly true for headache and anxiety disorders, where females' rate of years lost to ill health is over double that experienced by males. Males have a higher burden for relatively few of the top causes of ill-health, with the most notable exception being for diabetes where males' rate of years lost to ill health is around 1.5 times that experienced by females.

**Figure 4a.** Years of life lived with disability, top 5 causes by age (Lothian males, 2019)



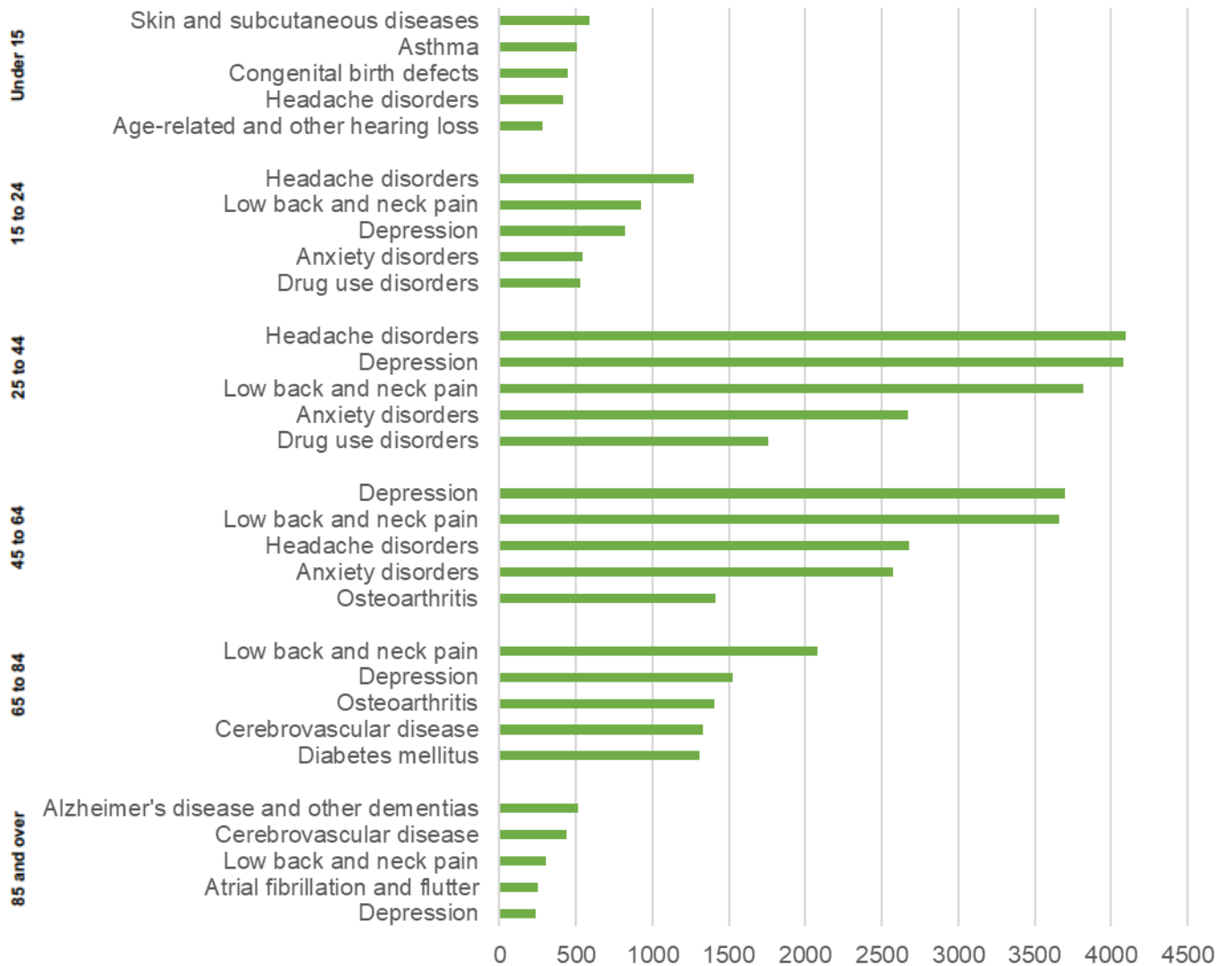
**Figure 4b.** Years of life lived with disability, top 5 causes by age (Lothian females, 2019)



Figures 4a and 4b present data on the rate of healthy years of life lost, presenting the top five causes within each age and sex group for Lothian in 2019. The figures highlight a high and persistent burden of mental health disorders (depression, anxiety disorders) from a relatively early age in both males and females. Indeed, collectively, mental health disorders were estimated to be responsible for over 19,431 years of healthy life lost in Lothian in 2019, around 20% of the total burden of ill health. The figures also highlight a gendered burden of ill health due to drug use for males between the ages of 15-44, which is not captured fully within drug-related death statistics.

Figure 5 presents the absolute number of years of healthy life lost for the top 5 causes by age group. Unlike Figures 4a and 4b which present the *rate* of healthy life loss per 100,000 population, Figure 5 reflects the underlying age distribution of Lothian's current population. As such it might constitute a more accurate reflection of which diseases are responsible for the greatest demand on Lothian's services. Figure 5 also highlights a particularly high burden of mental health disorders amongst those currently aged 25-44, which is likely to carry forward in time as this cohort ages.

**Figure 5.** Number of years of healthy life lost, top 5 causes by age (both sexes, Lothian, 2019)





## 2. Demand on healthcare services

This section presents data from a range of sources to evidence what is placing greatest demands on Lothian's healthcare system.

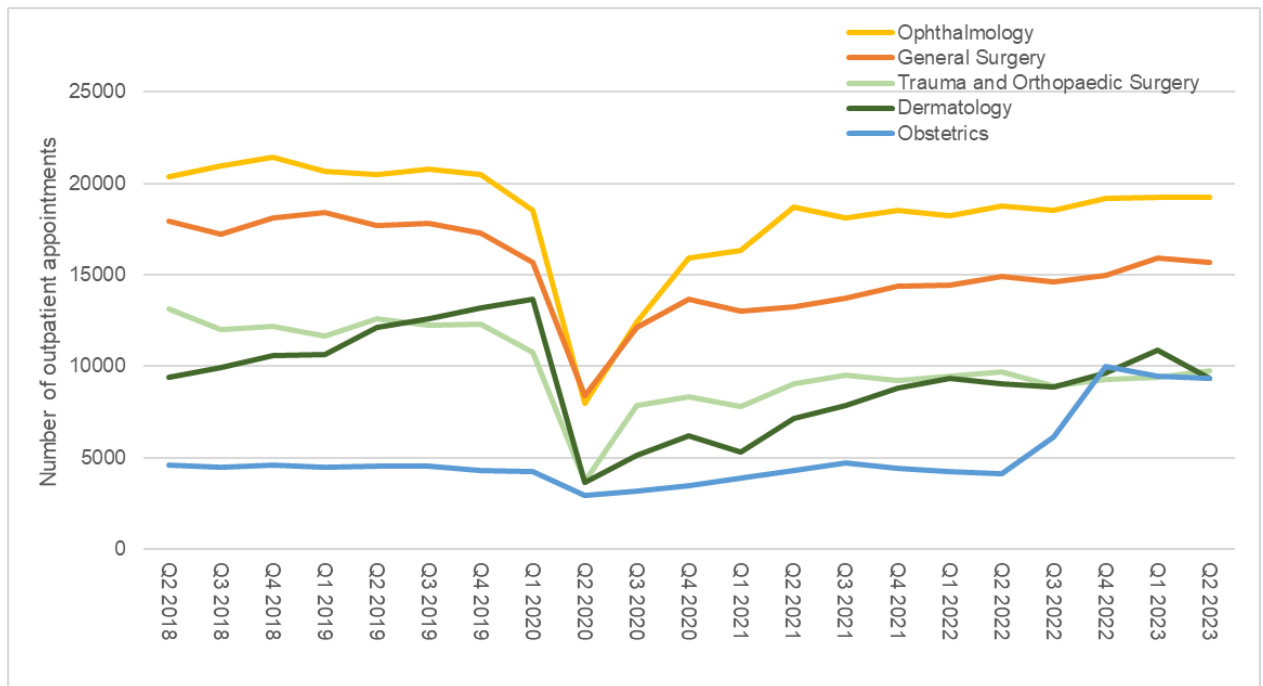
### Scottish Health and Social Care Open Data

**Table 1.** Outpatient Activity. NHS Lothian number of outpatient appointments by specialty (top 20 specialties, Q2 2023)

<b>Specialty</b>	<b>Number of outpatient appointments (Q2 2023)</b>
Ophthalmology	19,239
General Surgery	15,668
Trauma and Orthopaedic Surgery	9,748
Dermatology	9,358
Obstetrics	9,321
Respiratory Medicine	8,750
Gynaecology	8,047
General Medicine	7,451
Gastroenterology	6,711
Ear, Nose & Throat (ENT)	6,401
Endocrinology & Diabetes	6,342
Rheumatology	5,927
Haematology	5,838
Clinical Oncology	5,470
Cardiology	5,382
Neurology	4,821
Plastic Surgery	4,588
Paediatrics	4,022
Urology	4,004
Medical Oncology	3,942
All other specialties	20,700
<b>Total</b>	<b>171,730</b>

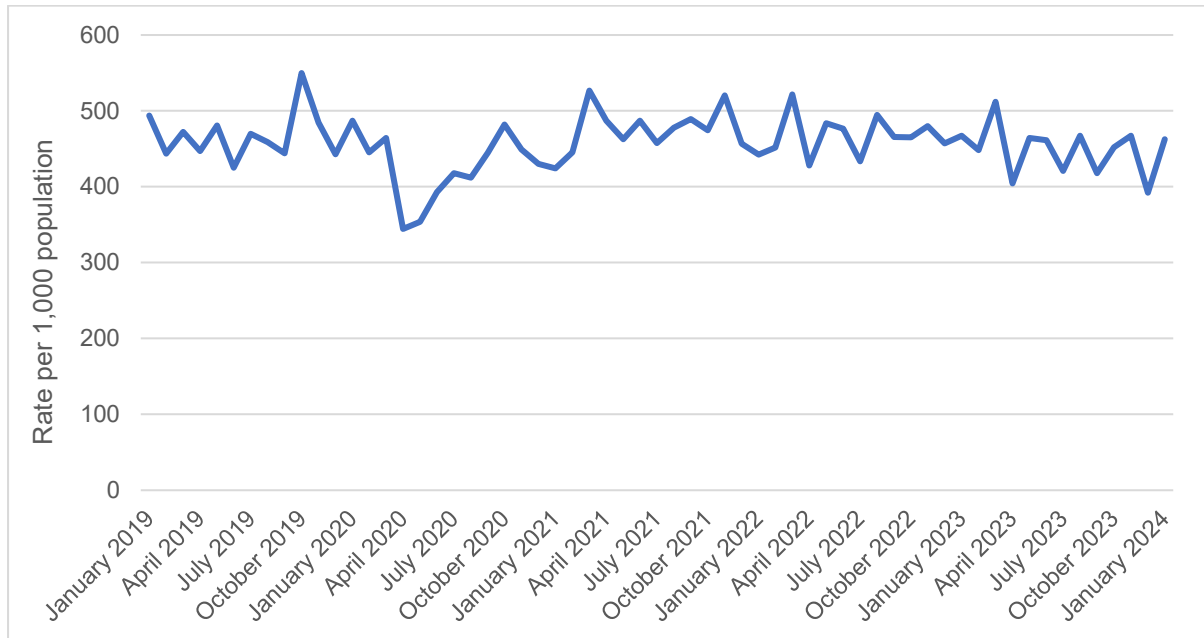
Table 1 presents data from Q2 2023 on the number of outpatient appointments by specialty. Figure 6 presents trends over time in these data, for the five specialties with the highest number of appointments as of Q2 2023.

**Figure 6.** NHS Lothian trends 2018-2023 in number of outpatient appointments by specialty (top 5 specialties as of Q2 2023)



## Primary Care

**Figure 7.** Number of direct general practice encounters in Lothian (based on a sample of 102 practices)



**Source:** LAS Primary care Lothian Board Reporting dashboard

Figure 7 presents trends over time in the rate of direct general practice encounters in Lothian (including telephone contacts, surgery consultations, home visits, video and e-consultations and clinic appointments). Extrapolating to the Lothian population, the rate of 462.7 per 1,000 as of January 2024 corresponds to an estimated total number of direct general practice encounters of 479,959 in January 2024.

Note that these data reflect encounters and not individuals. A frequent attender is defined as anyone in the top 5% of attenders. Using this criterion, frequent attenders in Lothian in 2023 (based on a sample of 102 practices) are defined as anyone with 11+ direct consultations with a GP. In the sample, frequent attenders (5% of the sample population) accounted for 31.7% of all direct encounters.

**Table 2.** Incidence of top 25 long-term conditions presenting at general practices (based on a sample of 102 practices across Lothian)

Long-term condition group	Lothian Incidence Per 100,000 (2022)
Hypertension	714.1
Arthritis/Arthropathy	591.7
Active Cancer	421.2
Diabetes	403.7
Alcohol and substance misuse	348.2
Depression and related disorders	331.5
Asthma	293.0
Ischaemic Heart Disease	283.1
Chronic psychiatric disorders	272.8
Atrial Fibrillation	270.5
Obesity	235.8
Stroke	232.2
Progressive neurological disease	212.5
Chronic Obstructive Pulmonary Disease	211.5
Heart Failure	166.3
Osteoporosis	164.3
Hip fracture	118.5
Peripheral Vascular Disease	73.9
Liver disease	66.6
Bronchiectasis	44.9
Epilepsy	43.8
Inflammatory Bowel Disease	36.3
Pulmonary fibrosis	35.1
Renal disease	26.2
Abdominal Aortic Aneurysm	21.8

**Source:** LAS Primary Care Multimorbidity Tableau dashboard

Table 2 shows the incidence of the top 25 long-term conditions presenting at general practices in Lothian (based on a sample of 102 practices). This highlights clear avenues for preventative action, not least the range of health conditions affected by modifiable risk factors such as poor diet, low levels of physical activity, smoking, and substance use.

**Figure 8.** Dietetics - Proportion of Lothian population on Tier 3 Dietetics Waiting list (per SIMD decile)

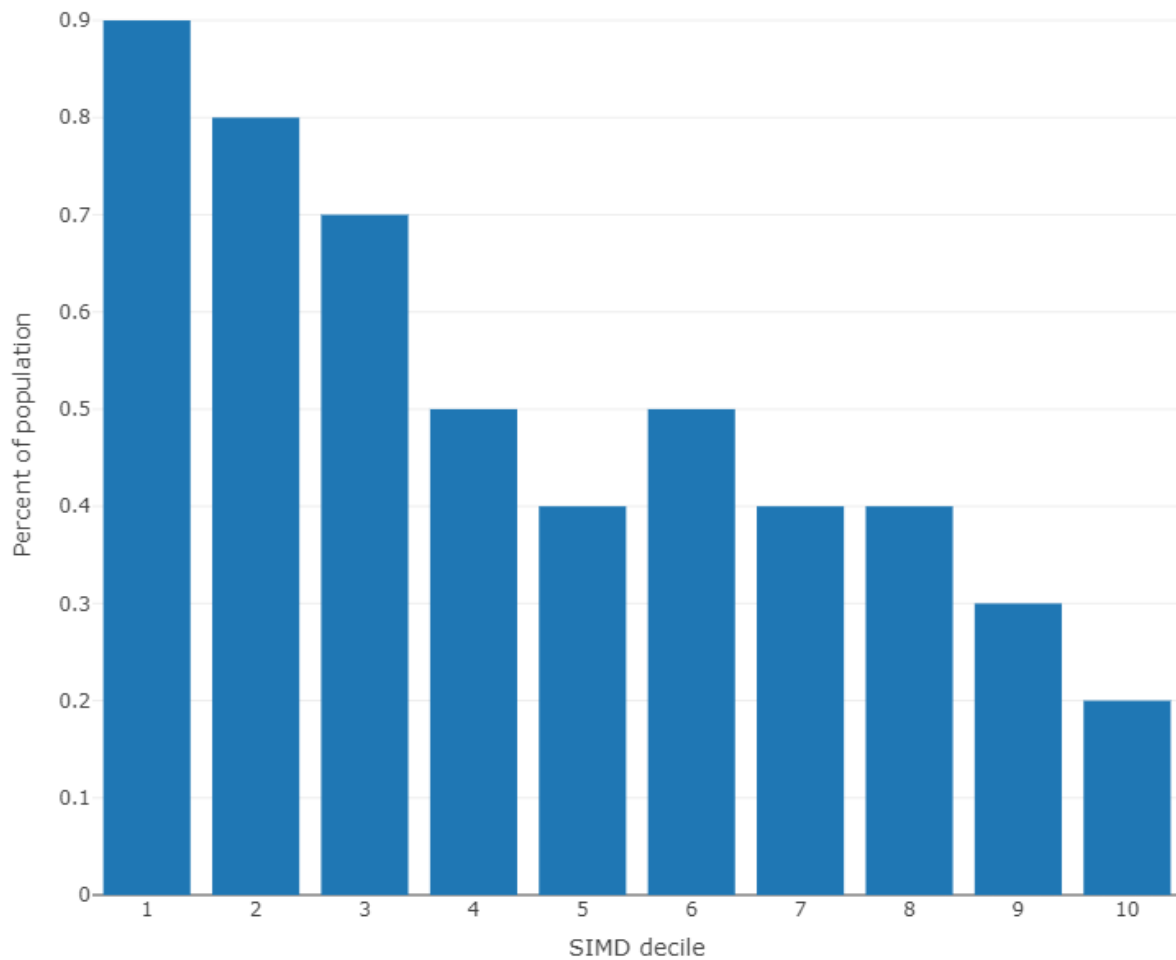
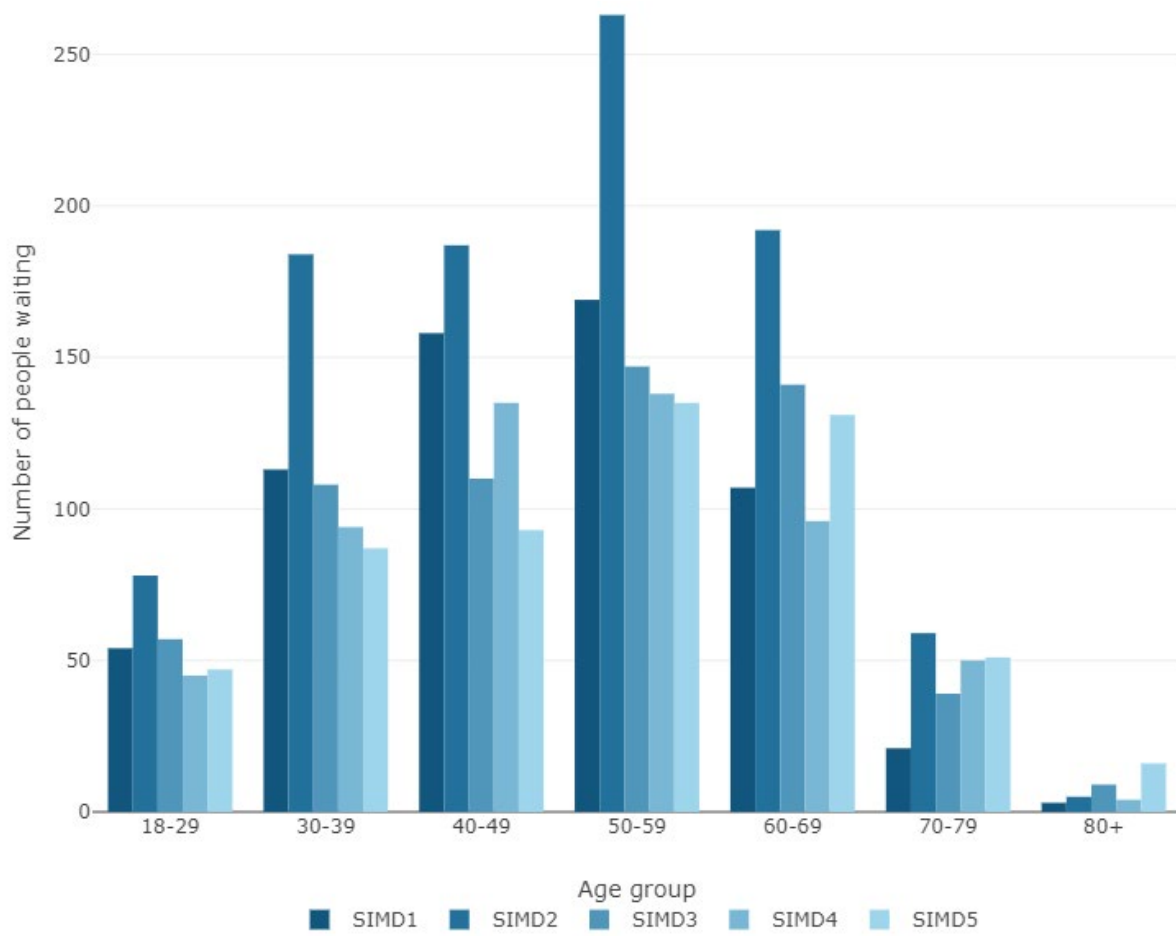


Figure 8 presents the proportion of each SIMD decile that are currently on the Tier 3 dietetics waiting list and highlights that service demand is unequally distributed amongst Lothian's population with nearly 1% of those living in the most deprived areas being on a tier 3 dietetics waiting list (around 5 times the proportion in the least deprived areas).

Figure 9 presents the number of individuals on the Tier 3 dietetics waiting list, by age and SIMD quintile. As this figure presents the absolute number of people waiting, and not percentage, it reflects the underlying demographic distribution of Lothian. However, despite Lothian having disproportionately fewer individuals living in Scotland's most deprived areas, the absolute number of people waiting in the most deprived 40% (SIMD quintiles 1 and 2) remains where the largest burden on Tier 3 dietetics services is observed.

**Figure 9.** Number of Lothian population on Tier 3 Dietetics Waiting list (by age and SIMD quintile)



### Potentially Preventable Winter Admissions

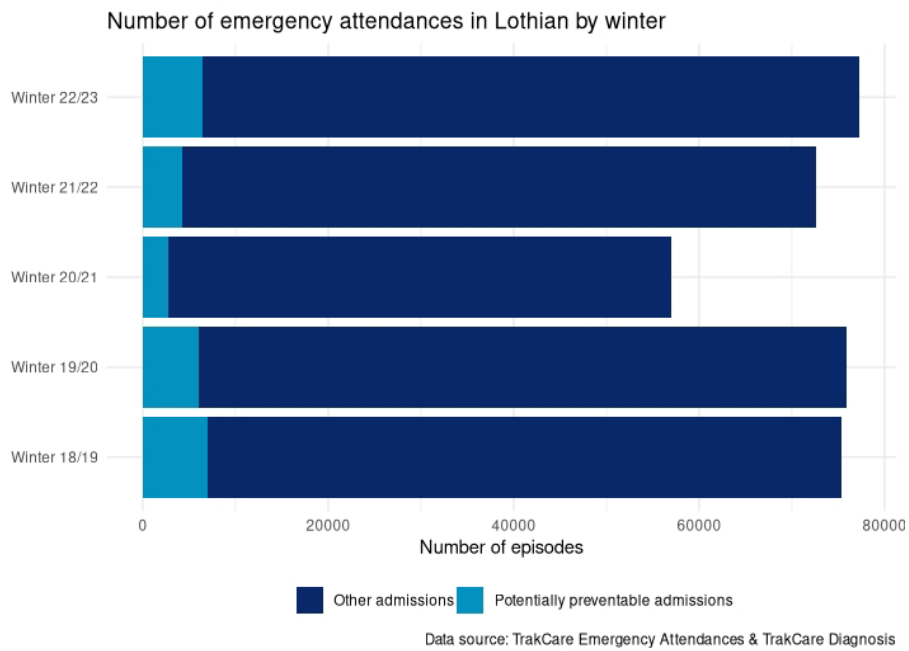
Public Health Scotland provide information to support acute services through the Discovery platform, based on SMR01 data. Potentially Preventable Admissions are defined as 19 condition groups (by individual ICD-10 codes), see Table 3 for a list of these condition groups. Figures 10 to 14 present winter (December to February) pressures in NHS Lothian over the past 5 years for these specific conditions.

**Table 3.** Condition groupings defined as “potentially preventable”

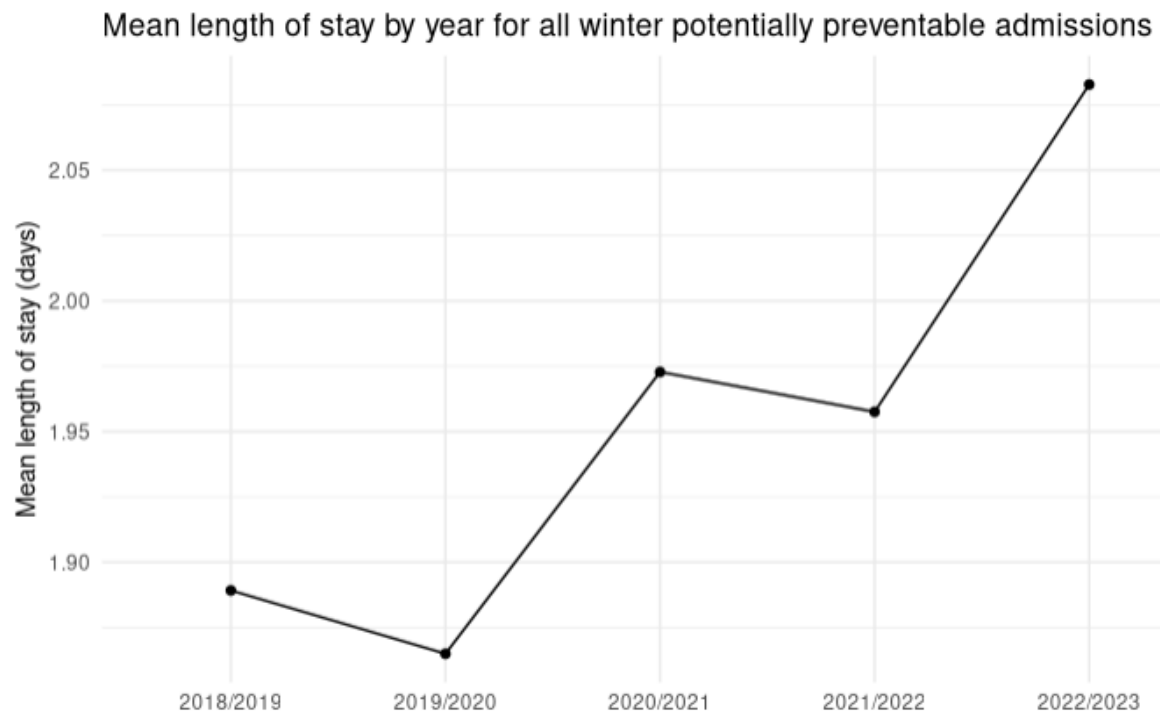
<b>Condition Group</b>
Ear, nose and throat infections
Dental conditions
Convulsions and epilepsy
Gangrene
Nutritional deficiencies
Dehydration and gastroenteritis
Pyelonephritis (kidney infection)
Perforated bleeding ulcer
Cellulitis
Pelvic inflammatory disease
Influenza and pneumonia
Other vaccine preventable disease
Iron deficiency anaemia
Asthma
Diabetes complications
Hypertension
Angina
COPD
Congestive heart failure

Figure 10 demonstrates the proportion of emergency attendances that were diagnosed with a potentially preventable condition. This figure highlights that the number, and proportion, of attendances due to preventable conditions has been increasing since 2019/20 and contributed to 8.3% of all attendances in 2022/23; almost returning to pre-pandemic levels (9.2% in 2018/19). Similarly, Figure 11 shows that the mean length of stay for admissions defined as potentially preventable is increasing over time.

**Figure 10.**



**Figure 11**



NB outliers (length of stay greater than 8.5 days) are removed from this figure.



Figure 12 shows the number of admissions with stays over 3 days for potentially preventable conditions, in the last 5 years. The conditions are broadly similar over the last five years and the effect of the pandemic can be seen in reducing longer admissions. However, the number of longer stays due to influenza and pneumonia have increased from pre-pandemic levels.

**Figure 12.**

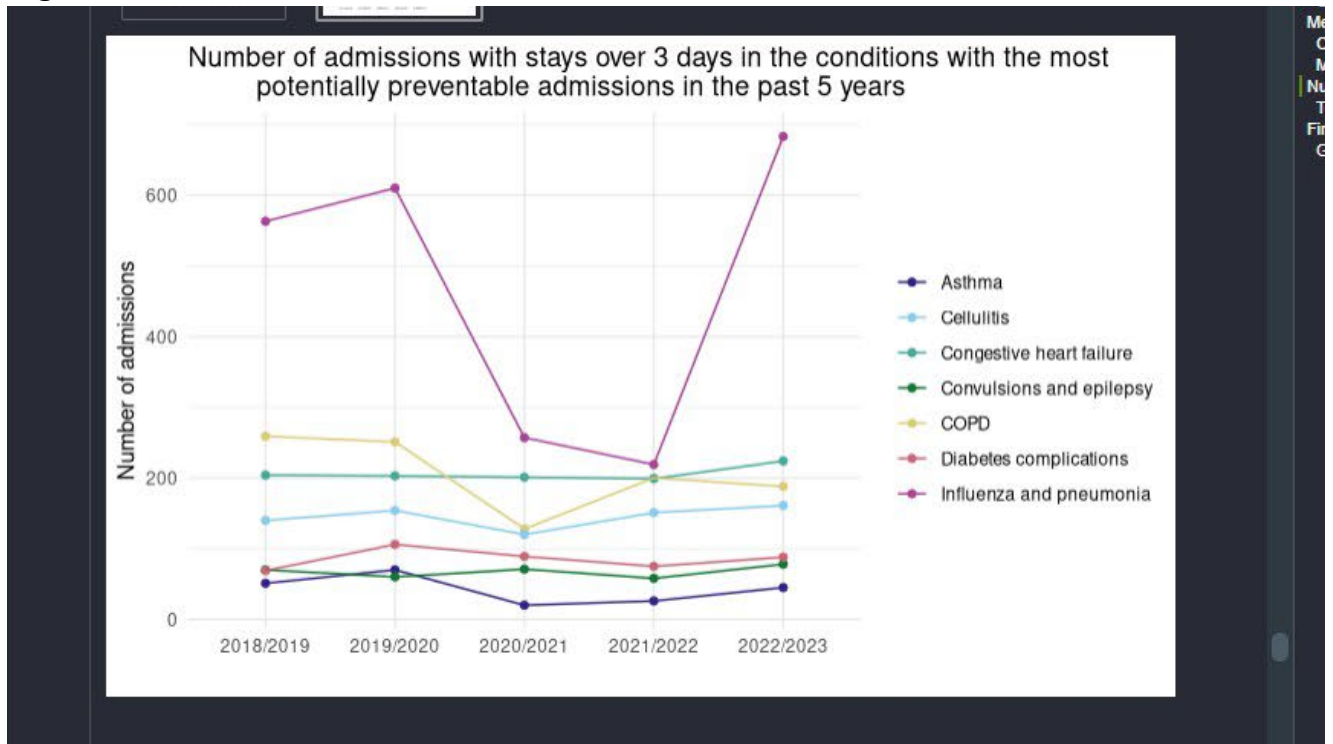
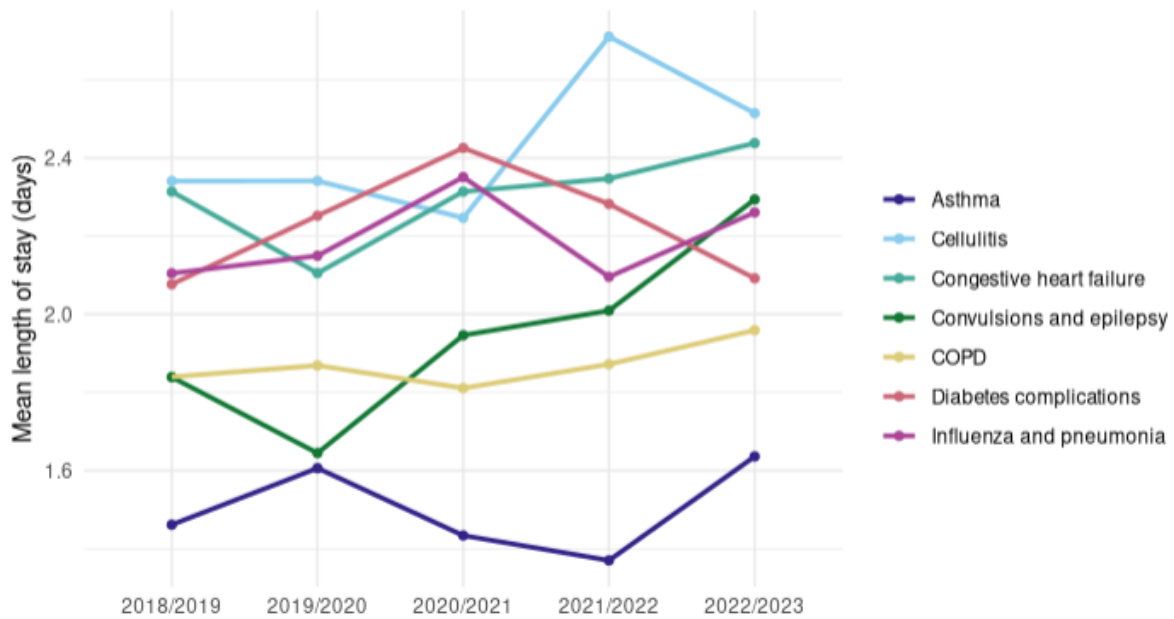


Figure 13 shows the mean length of stay for conditions with the highest number of potentially preventable admissions. The length of stay is increasing for all displayed conditions after the pandemic, particularly for convulsions and epilepsy. The mean length of stay is highest for congestive heart failure and cellulitis.

**Figure 13.**

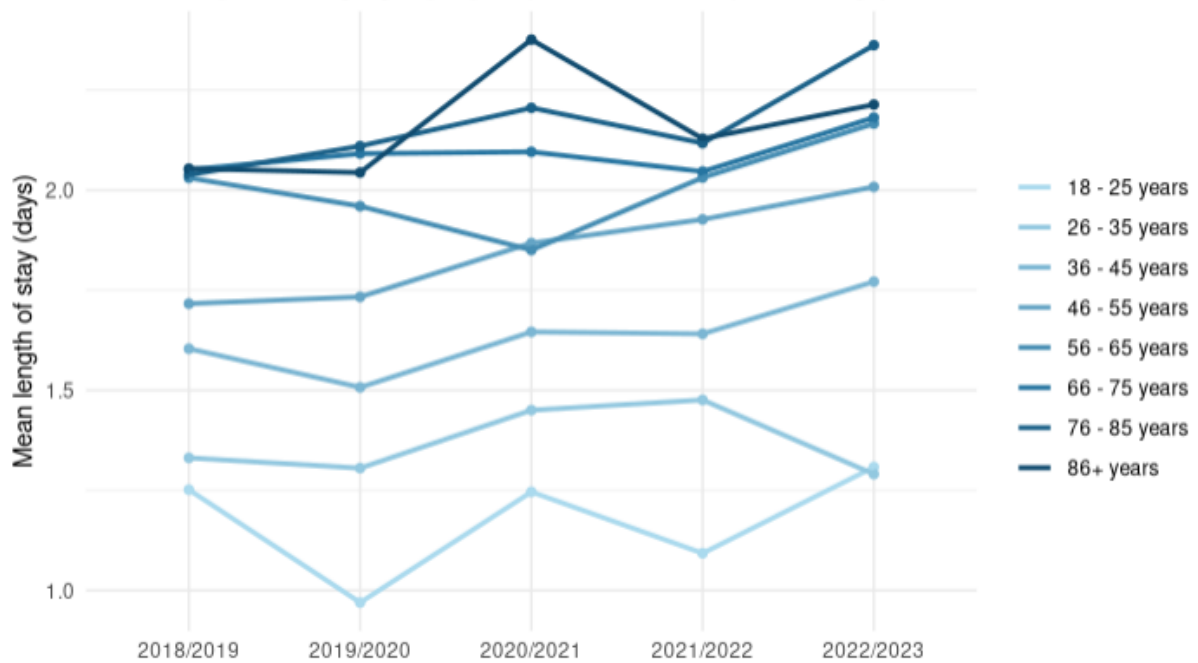
Mean length of stay for conditions with the most potentially preventable admissions in the past 5 years



NB outliers (length of stay greater than 8.5 days) are removed from this figure.

**Figure 14.**

Mean length of stay by age group for all winter potentially preventable admissions



NB outliers (length of stay greater than 8.5 days) are removed from this figure.

Figure 14 highlights both that older patients are likely to have longer stays, and that for each age group the general trend over time is towards an increasing length of stay for potentially preventable admissions during winter months.

### Appendix 3 – Embedding Prevention: Recommended actions for the health and care system

<b>Social determinants of health</b>	
<b>Access to money and resources</b>	<b>Action</b>
<p>There is a strong relationship between money, income and wealth, and health outcomes. Taking action to reduce poverty and maximise incomes reduces financial stress and provides people with a standard of living that protects and promotes their health.</p>	<ul style="list-style-type: none"> <li>• Reduce stigma surrounding issues of financial wellbeing, to ensure that all frontline staff feel comfortable asking service users about financial wellbeing and knowledgeable to signpost or refer to relevant sources of support.</li> <li>• Invest to ensure there is good access to specialist welfare and debt advice across Lothian, including in locations that are easily accessible to those with high levels of need, such as schools, community venues, and primary care practices as well as acute health settings.</li> <li>• Ensure that where crisis support is offered (including support with access to emergency food) this is linked to longer term support to reduce the chance of that individual or family remaining in or returning to crisis.</li> <li>• Develop and embed referral pathways so that those in greatest need of support can be linked to it, rather than expecting them to navigate a complex system to access available resources.</li> </ul>
<b>Access to and maintenance of employment</b>	<b>Action</b>
<p>Employment can have a significant influence on health and wellbeing. In addition to providing sufficient income and social connections, work quality and job security are also important factors which influence health and wellbeing.</p>	<ul style="list-style-type: none"> <li>• Support local people from diverse backgrounds to access careers in health and social care, including through specific volunteering and training opportunities and employability programmes.</li> <li>• Support changes to our recruitment system to attract and support applicants from a wider range of backgrounds.</li> <li>• Support people from a range of backgrounds and a range of needs including disability and caring responsibilities to remain in employment through the use of reasonable adjustments.</li> <li>• Ensure that our local commissioning contributes to community benefits, including increased local employment.</li> </ul>

	<ul style="list-style-type: none"> <li>Recognise the importance of childcare, housing and other factors as a determinant of people’s ability to access and remain in employment, consider actions to improve this, including potential availability of land and assets for housing and childcare provision as well as potential joint recruitment to roles such as childcare and construction that are needed to enable more local people to work in health and social care.</li> </ul>
<p><b>Housing</b></p> <p>Secure, quality and affordable housing is a vital building block for physical and mental health and wellbeing. Spending a high proportion of household income on housing leaves less for other essentials such as food and energy costs. Action on improving housing stability and security, and preventing homelessness, can have a significant positive impact on people’s lives.</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>Recognise the importance of affordable, quality and stable home environments, work with community planning partners to <ul style="list-style-type: none"> <li>advocate for an increase in the proportion of housing available for social rent</li> <li>identify partnership opportunities where NHS land and assets might contribute to provision of quality, affordable home building programmes, where disposal of land can both support housing and achieve income for NHS Lothian.</li> </ul> </li> <li>In conjunction with area 1, above, ensure that frontline staff feel comfortable and knowledgeable to ‘ask and act’ in line with the forthcoming homelessness prevention duty, to identify and refer for support service users at potential risk of homelessness.</li> <li>Improve preventative discharge planning to reduce the number of people who spend longer in hospital than required because of a lack of timely availability of suitable (including adapted) housing.</li> <li>Use population and disease projections to influence the design and development of future housing supply that will meet the needs of an aging population to enable them to live independently for longer.</li> </ul>
<p><b>Transport</b></p> <p>Transport provides opportunities for active travel which has a direct positive impact on health. It can also be associated with negative effects such as air pollution. Transport supports</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>Recognise the impact that affordable, healthy transport has on individuals’ ability to stay healthy and access a range of local services (including health services) and ensuring that we design services to be located close to where people live, or be digitally inclusive, to reduce the</li> </ul>

<p>other building blocks of health, by providing access to public services and employment.</p>	<p>need for people to travel, as well as working with local authority colleagues to ensure sustainable transport options are provided and promoted in relation to access to our service.</p> <ul style="list-style-type: none"> <li>• Recognise the impact that unsustainable travel behaviours can have on others' health, including through air and noise pollution and road danger (which can therefore decrease participation in active travel) as well as wider impacts on greenhouse gas emissions and climate change and commit to reduce the proportion of staff who travel by unsustainable means.</li> <li>• Consider the transport impact of the goods and services we procure.</li> </ul>
<p><b>Neighbourhood and surroundings</b></p> <p>The environment in which people live can have a significant impact on health and health inequalities. Acting on, and increasing community resilience to, climate change can protect people from the effects of severe weather, infectious disease and other health impacts of climate changes. Working to address the commercial determinants of health can reduce the availability, accessibility and affordability of health-harming products such as alcohol, tobacco and food and drinks high in fat, sugar and salt. Local planning policy, and considering use of land and assets, can provide opportunities to improve population health, for example by increasing access to greenspace.</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>• Recognise that the environments in which we live have a significant impact on our health and that the greatest emerging threat to health and health inequalities is climate change and taking action, in line with the NHS Scotland Climate Emergency and Sustainability Strategy, to <ul style="list-style-type: none"> <li>○ reduce the greenhouse gas emissions associated with the provision of and access to health and care services, and</li> <li>○ support the resilience of our communities, services and estate against extreme weather, infectious disease and other health impacts of climate change.</li> </ul> </li> <li>• Recognise the commercial determinants of health and taking action to influence national policy in relation to alcohol, tobacco, gambling and food high in sugar salt and fat, as well as reducing local exposure to harmful commodities by influencing licensing, advertising, and implementing other policies such as Smoke Free Places and Good Food Nation.</li> <li>• Taking local action to influence the built environment, including by influencing Local Development Plans and considering the way we use our own land and assets to support people to live healthy lives.</li> </ul>
<p><b>Family, friends and community</b></p>	<p><b>Action</b></p>

<p>Social relationships are important for health and wellbeing, and can reduce loneliness, reduce stress responses and influence healthy behaviours. Connecting with people in local communities and feeling safe can also influence health.</p>	<ul style="list-style-type: none"> <li>• Ensure that through Community Planning Partnership work we invest in the development of resilient communities, both place-based and communities of interest, including ensuring that physical and digital spaces and other community resources are available to support residents to interact, support each other and live well, and that staff promote the use of these resources as part of people’s care.</li> <li>• Ensure that as part of Realistic Medicine, individuals who use health and care services are, where appropriate, invited and supported to include their friends, family and communities in developing a personalised approach to living well and having their health and care needs met.</li> <li>• Ensure that, in line with Scotland’s commitment to trauma informed practice, we develop and deliver services in a way that supports our service users and staff to have good conversations and safe relationships, as a key part of patient centred care.</li> </ul>
--	--

<b>Maternal, children and young people’s health</b>	
<b>Child poverty</b>	<b>Action</b>
<p>Prevention of child poverty will improve the health of children and families and reduce health inequalities. In implementing the Anchor Institution approach particular focus should be on ensuring that reducing child poverty and action on priority families (those most at risk of poverty) continues to be a priority for the Lothian health and care system. This should be part of an ongoing commitment to support Local Child Poverty Action Reports.</p>	<ul style="list-style-type: none"> <li>• Prioritise child poverty at senior level and include explicitly in strategic plans.</li> <li>• Ensure reducing child poverty across priority groups is a priority outcome in anchor institution activity.</li> <li>• Embed financial wellbeing pathways for pregnant women and families with children.</li> <li>• Increase awareness and understanding across frontline health and social care staff, including how to act on child poverty in their roles.</li> <li>• Continuing to influence in the partnership space to ensure prevention of poverty is a priority across community planning activity.</li> </ul>
<b>Long-acting reversible contraception</b>	<b>Action</b>

<p>Optimising access to contraception services is an important action that health boards can take to support the prevention of unintended pregnancy and reduce the associated personal and economic costs. LARC is the most effective form of contraception. There was almost a five-fold increase in abortion rates in Scotland between 2021 and 2022. Long-acting reversible contraception (LARC) prescription rates fell by more than 40% in 2020 and have not yet fully recovered. Rates of abortion rose in most age groups and all SIMD quintiles, although they are highest in the most deprived areas. Ensuring accessibility of LARC services are proportionate to need will contribute to reduced inequalities in unintended pregnancy rates.</p> <p>The cost of early medical abortion at home and early surgical abortion is 2.5 and 4 times as much, respectively, as LARC.<sup>i</sup> Health board areas with higher uptakes of LARC generally have lower abortion rates. Increased provision of LARC would be expected to lead to savings in the provision of abortion services. A UK economic analysis showed that for a population of 1000 women, initiation of LARC (even if not continued for five years) prevents on average an additional 47 unintended pregnancies per year at an annual net cost saving of over £51,000 compared with use of the combined oral contraceptive pill.<sup>ii</sup></p>	<p>In Lothian, LARC is largely delivered in primary care, where a significant number of General Practitioners and Nurse Practitioners have been trained to fit LARC, and a Local Enhanced Service (LES) is in place. There are challenges with the current LES arrangements including increasing demand, a reduction in the number of trained practitioners who can fit LARC and accessing training. The challenges in primary care have a knock-on impact on Lothian Sexual Health Services, whereby increasing capacity to provide LARC could impact other services or reduce capacity to provide training to other practitioners.</p> <ul style="list-style-type: none"> <li>• LARC uptake is determined by both patient preference and accessibility. NHS Lothian should take action to improve and ensure equity of access to LARC to optimise the prevention of unintended pregnancy.</li> </ul>
<p><b>Smoking in pregnancy</b></p>	<p><b>Action</b></p>
<p>Smoking is a major risk factor for still-births, premature births, low birthweight and other negative maternal and child health outcomes. Reducing smoking prevalence among pregnant women has the potential for significant population health</p>	<p>During 2024-25, enhanced maternity smoking cessation support will be available for patients via all community midwifery teams in Lothian. Quit Your Way staff in Lothian have undertaken specialist training and all referrals from maternity services will be prioritised for support by practitioners.</p>

<p>benefit. In Lothian, however, the number of pregnant women trying to quit is lower than the average for Scotland and successful quit rates are the lowest in Scotland.<sup>iii</sup> It is essential that staff working in antenatal and postnatal settings are aware of the specialist support available to help pregnant women (and other members of their household) stop smoking.</p>	<p>Midwifery teams need to be supported to:</p> <ul style="list-style-type: none"> <li>• Complete the short training module developed to support referral to Quit Your Way.</li> <li>• Record CO monitoring results during the antenatal booking appointment so that there is an accurate record of smoking status.</li> <li>• Make referrals to smoking cessation support for women who express a desire to quit.</li> </ul>
<p><b>Perinatal, infant, children and young people’s mental health and wellbeing</b></p>	<p><b>Action</b></p>
<p>Perinatal mental health problems affect at least 1 in 5 women. One in 20 will experience severe or complex issues requiring specialist care. Undetected and untreated, perinatal mental health problems can have a devastating effect on women, their babies, and the wider family network. Rates of maternal suicide are high, and it remains a leading cause of death during the perinatal period. The financial cost is significant; in 2014, untreated perinatal mental health problems were calculated to cost the UK up to £8.1 billion for each yearly group of births. Identifying and treating perinatal mental health problems early and effectively leads to considerably better outcomes for women, babies, and families and makes economic sense.<sup>iv</sup></p> <p>Mothers with certain circumstances and characteristics are known to be at a higher risk of suffering mental illness during the perinatal period, including mothers from black and minority ethnic communities, young mothers, single mothers, and those experiencing domestic abuse, poverty and addiction. These circumstances and characteristics can also</p>	<ul style="list-style-type: none"> <li>• The Lothian health and care system should continue to invest in and support delivery of high-quality, population-based specialist mental health services, and the continued roll out of a Lothian-wide specialist infant mental health service, currently being piloted in two geographical areas (South Edinburgh and Midlothian).</li> <li>• The perinatal and infant mental health training programme should be embedded in agreed staff and service training plans. This includes a sustainable Solihull Approach, with a viable trainer cohort, rolling training programme and an embedded approach to use.</li> <li>• Establish Single Points of Access in each of the four partnership areas to ensure children and young people have timely access to appropriate emotional, mental health, and wellbeing support.</li> <li>• Ensure professionals are appropriately trained and equipped to deliver services in a trauma-informed way.</li> <li>• Continue to focus on prevention activity through Children’s Services Partnership structures, including work to address child poverty.</li> </ul>



<p>act as barriers to accessing the care these women need, because of discrimination, stigma and isolation.</p> <p>Improving the mental health and wellbeing of children and young people should be seen within the context of wider social inequalities and the families and communities in which children live. Some young people are more likely to experience mental health problems, including but not limited to, children born into poverty, those who experience adversity in childhood, those who have a chronic health condition or learning disability, and those who are care experienced.<sup>v</sup> Good mental health support at an early age can protect and promote future mental wellbeing and resilience. Half of adult mental health problems start before the age of 14 and 75% start before the age of 24.<sup>vi</sup></p> <p>Nationally, data from the Health Behaviour in School-aged Children Study highlight continued deterioration of young people’s mental health and wellbeing. These downward trends for 11–15-year-olds have been evident since approximately 2010, and as of 2022, the levels of self-reported confidence and happiness (for girls) are the lowest observed in nearly 30 years.<sup>vii</sup></p>	
<p><b>Infant feeding</b></p>	<p><b>Action</b></p>
<p>Increasing breastfeeding duration supports both the family and the NHS. Research has shown, if 45% of babies were exclusively breastfed for 4 months and 75% of neonatal babies were breastfed on discharge, then GP consultations and hospital admissions could be reduced, as follows:</p>	<ul style="list-style-type: none"> <li>• The Maternal and Infant Nutrition service should continue to support breastfeeding initiation and continuation.</li> <li>• The Lothian health and care system should achieve UNICEF Baby Friendly Initiative Sustainability by working with Baby Friendly Guardians.</li> <li>• The Lothian health and care system should ensure all its premises are Breastfeeding Friendly.</li> </ul>

<ul style="list-style-type: none"> <li>• Gastroenteritis - 10,000 fewer GP consultations and 3000 hospital admissions saving £3.6 million.</li> <li>• Respiratory - 22,000 fewer GP consultations and 6000 hospital admission saving £6.7million.</li> <li>• Ear infections - 21,000 fewer GP consultations saving £750,000.</li> <li>• NEC - 361 fewer cases, saving £6million.</li> <li>• Increasing breastfeeding supports could reduce childhood obesity by 5% saving £1.6million.</li> <li>• Increasing breastfeeding rates also supports mothers. If half the mothers who currently aren't breastfeeding were supported to do so, breast cancer rates would be reduced saving £21 million.<sup>viii</sup></li> </ul>	<ul style="list-style-type: none"> <li>• The Maternal and Infant Nutrition service should sustain, and explore how it can expand, the Delivering Early Breastfeeding Support project in areas where breastfeeding drop off rates are higher.</li> <li>• The Maternal and Infant Nutrition service should continue to deliver and expand the HENRY programme, designed to increase staff knowledge, confidence and skills on health, exercise and family nutrition when working with families with young children in the most deprived areas.</li> </ul>
<p><b>Child development</b></p>	<p><b>Action</b></p>
<p>Early child development is influenced by both biological and environmental factors. Problems with early child development are important as they are strongly associated with long-term health, educational, and wider social difficulties. Detecting developmental problems early provides the best opportunity to support children and families to improve outcomes. There is good evidence that parenting support and enriched early learning opportunities can improve outcomes for children with, or at risk of, developmental delay.</p> <p>Child health, development and wellbeing is supported from pre-birth to pre-school through GIRFEC principles and strengths-based approaches, the Universal Health Visiting Pathway, Family Nurse Partnership, early learning and childcare, and multiagency family support services. Early identification of developmental concerns (such as speech,</p>	<ul style="list-style-type: none"> <li>• Continue work to maximise coverage of the Universal Health Visiting Pathway, ensuring anticipatory care is delivered based on need using developmental concerns aggregated data, resulting in improved outcomes for the most deprived families.</li> <li>• Consider what further action is required to embed a whole system approach to speech, language and communication development, to ensure children's early language development can be supported and improved.</li> </ul>

<p>language and communication skills or emotional and behavioural development) allows practitioners to target interventions and support transitions to early learning and school in those who need it most, to reduce inequalities in early years development and future educational outcomes.</p> <p>Covid-19 containment measures have widened inequalities in early years development and educational attainment. Prior to 2019/20, positive progress had been observed across Lothian with reductions in the proportion of 27–30-month reviews identifying developmental concerns (from 18% of reviews in Lothian in 2013/14 down to 11% in 2018/19). From 2019/20 onwards, however, this progress stalled with slight increases across Lothian in the proportion of reviews identifying developmental concerns to over 13% in 2021/22. For each local authority area, developmental concerns pertaining to speech and language are most frequently identified, with the highest rate in West Lothian at 14%. There is a steep socioeconomic gradient in developmental concerns, particularly for speech and language development, with 16% of those living in the most deprived areas (SIMD 1) having a speech and language concern raised, compared to 5% in the least deprived areas (SIMD 10).</p>	
--	--

<b>Tackling modifiable risk factors and the future burden of disease</b>	
<b>Hospital-based income maximisation services</b>	<b>Action</b>
<p>The effectiveness of providing welfare rights advice in NHS settings is well documented.<sup>ix</sup> Patients' income problems can have significant impacts on the health and care system in the following ways:</p>	<ul style="list-style-type: none"> <li>• All NHS staff should be aware of the option to refer patients to income maximisation services. The staff team can meet with clinical teams to discuss how the service can be used.</li> </ul>

<ul style="list-style-type: none"> <li>• Delayed discharges relating to welfare issues may continue to block beds unnecessarily.</li> <li>• Clinical staff time may be spent trying to address welfare issues with patients.</li> <li>• The stress of these practical issues may increase recovery time or be the root cause of readmission to hospital.</li> <li>• Staff mental health and absence levels may increase as a result of debt issues or benefit worries, both for themselves or having to support patients whilst also completing their clinical work.</li> </ul> <p>As part of the NHS Lothian Anchor Institution commitment, the NHS Lothian Charity has committed to five years funding for income maximisation services based at six Lothian hospitals (Royal Infirmary of Edinburgh, Royal Hospital for Children and Young People, Western General Hospital, St John's Hospital, East Lothian Community Hospital, Midlothian Community Hospital). A new service model has been developed which means these hospitals have an on-site service which patients, their families, and NHS staff can access for support and advice on a range of topics including benefit claims, personal finances, housing, council tax, immigration, employment and debt. To ensure consistency and high-quality services, the organisations which provide the service are welfare advice specialists and all of them are required to meet the national standards for advice providers.</p>	<ul style="list-style-type: none"> <li>• Investigate how the service might be extended to support other priority patient groups, most notably patients in mental health settings and community paediatric services.</li> </ul>
<p><b>Smoking cessation</b></p>	<p><b>Action</b></p>
<p>Smoking increases the risks of cancers, heart disease, respiratory diseases, strokes and diabetes. Second hand smoke is also a health risk particularly for pregnant women</p>	<ul style="list-style-type: none"> <li>• Staff across Lothian should be encouraged to attend the 15-minute information sessions about the smoke free policy that the Tobacco Control team within public health can deliver.</li> </ul>

and young children. In 2021, smoking accounted for an estimated 8,260 deaths (250 deaths per 100,000 population) in those aged 35 and over in Scotland.<sup>x</sup> Over 100,000 people were admitted to Scottish hospitals with smoking recorded as a primary or secondary cause of admission. Many smoking related illnesses, including Chronic Obstructive Pulmonary Disease (COPD), have long latency so that the impact of smoking is not apparent for decades.

Smoking prevalence is significantly higher among adults than children and notably patterned by socioeconomic position. Tobacco consumption is an ongoing health inequality challenge as 24% of people living in the most deprived areas smoke compared with 5% in the less deprived areas.<sup>xi</sup> At the current rate, it is forecast that smoking prevalence rates in the most deprived section of society will be more than double the national target for a Tobacco Free Generation by 2034<sup>xii</sup> which is why Quit Your Way (smoking cessation) services will continue to target our resources and staff expertise at smokers who live in our most deprived communities.

Referrals by health professionals of people who actively want to stop smoking have high chances of a successful quit, so ensuring pathways to smoking cessation are clear is key. The Lothian smoking cessation service provides access to specialist support for patients referred from primary care and acute settings. In recognition of the harm to babies from smoking, there is also a specialist cessation support for pregnant women. Denormalising smoking across the Lothian health and care estate is something that needs to happen.

- Corporate Management Team should continue to support action on the Smoke Free Policy which is co-ordinated by the Smoke Free Monitoring Group.
- Ensuring that all staff are clear how to refer patients to smoking cessation support is imperative. There is a very brief training available from the Quit Your Way team to help all staff to understand how to make a referral.
- Evidence also shows that smoking delays recovery from surgery. There is a further opportunity to enhance support for smoking cessation before people are admitted for planned surgery or healthcare procedures. This type of prevention work could be done in conjunction with developing work on prehabilitation.

<p>Ensuring staff are aware of and adhere to the smoke free policy is the basis for this approach. If our staff smoke in healthcare settings, then we cannot expect patients, visitors and contractors not to smoke.</p>	
<p><b>Cardiovascular disease</b></p> <p>Cardiovascular disease caused the greatest burden of disease in NHS Lothian and across Scotland in the Scottish Burden of Disease study, 2019.<sup>xiii</sup> Ischaemic heart disease, which can lead to a heart attack, was responsible for 11.3% of all deaths in 2019, making it the disease with the biggest impact on mortality.<sup>xiv</sup> Prevention has a key role in tackling the health burden from cardiovascular disease. Risk factors for cardiovascular disease, including heart disease and stroke, include high blood pressure, atrial fibrillation, obesity, smoking, alcohol consumption and lack of physical activity. Diabetes is also a key risk factor for heart disease.</p> <p>An estimated 610,000 adults in Scotland don't know that they have high blood pressure. It is estimated that only 27% of adults with high blood pressure in Scotland have their blood pressure treated and controlled in line with the SIGN recommended level of 140/90mmHg.<sup>xv</sup> High impact interventions for cardiovascular disease, identified by NHS England, include community-based case finding for hypertension, high cholesterol and atrial fibrillation, as well as optimising treatment for these conditions.</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>• The Realistic Medicine Board and Public Health should continue to explore opportunities to strengthen preventative action across cardiovascular pathways, linking with colleagues in primary and secondary care to embed referral pathways for support to address risk factors, as well as considering health literacy and adherence to medication to optimise treatment of hypertension.</li> </ul>
<p><b>Type-2 diabetes</b></p> <p>Type 2 diabetes is affecting an increasing number of individuals, families and communities because of increasing levels of obesity and an ageing population. It also has an</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>• Public Health will continue to provide leadership on tackling the obesogenic environment and supporting the delivery of a Whole System Approach (WSA) to type-2 diabetes, working with stakeholders from</li> </ul>

<p>important impact on health and other services. Between 10 and 12% of NHS budgets is spent on diabetes<sup>xvi</sup>. This equates to around £240million of NHS Lothian’s annual budget. However, type 2 diabetes is a condition that, for many people, could be prevented, or diagnosis delayed.</p> <p>Type 2 diabetes does not affect communities equally – it is more common in older people, men, lower socio-economic groups<sup>xvii</sup> and in certain ethnic groups. Obesity, the main modifiable risk factor for type 2 diabetes, is a complex issue and is rooted in inequalities.</p> <p>It is important to strike the right balance between individual and population approaches when planning actions to disrupt the current upward trajectory for type 2 diabetes. Historically, public health actions, such as those to tackle obesity, have focused on individual-level changes to diet and physical activity, rather than the upstream actions required to alter structural and environmental determinants of health. To focus purely on individual behaviour can widen inequalities and increase obesity-related stigma. Individual approaches should be seen as just one component of a whole system response that includes upstream initiatives to tackle ‘obesogenic’ environments. <sup>xviii</sup></p>	<p>across the community planning partnership, to help to tackle the root causes of overweight and obesity<sup>xix</sup>.</p> <ul style="list-style-type: none"> <li>• Obesity is impacted by weight stigma. Public Health will facilitate the development of a programme on how to have positive conversations with families about weight and to avoid weight bias.</li> <li>• Midlothian HSCP should improve the effectiveness and efficiency of child and adult weight management programmes across the obesity pathway, which are accessible to local populations and robustly evaluated.</li> <li>• Community Planning Partnerships should continue to take a whole system approach to active travel, physical activity and use of green space.</li> <li>• Women who experience gestational diabetes, and the services supporting them, should work together to improve outcomes for women and their families. Diabetes, maternity, health visiting, weight management, E-health, income maximisation and other services can contribute to an improved pathway.</li> </ul>
<p><b>Immunisation</b></p>	<p><b>Action</b></p>
<p>Immunisation is the most cost-effective intervention for saving lives and improving the health of the population. Immunisations help protect the population against serious vaccine preventable illness, such as influenza, COVID-19, measles and pneumonia. Vaccination studies demonstrate</p>	<p>Public Health should:</p> <ul style="list-style-type: none"> <li>• Continue to provide leadership and governance to the immunisation programme.</li> <li>• Support strategic discussions to explore the development of a flexible skilled workforce, able to deliver immunisations across the lifespan.</li> </ul>

<p>effectiveness in reducing development of cervical cancer, GP consultations for influenza-like illness, swab positivity in primary care, laboratory confirmed hospitalisations and respiratory emergency department attendances. Work to improve local uptake rates across all vaccination programmes is an important preventative action.</p> <p>There has been a general decline in uptake of childhood vaccinations across all health boards in Scotland. In Lothian, at 5 years of age, uptake of the 4-in-1 booster vaccine (diphtheria, tetanus, whooping cough, polio) is 91.1% and the uptake for second dose of measles, mumps and rubella is 90.2%. Both have decreased from the previous year (92.4% and 91.9% respectively). Children from more deprived areas are less likely to be vaccinated than children in less deprived areas and this difference by deprivation has widened in 2023-24.</p> <p>In Winter 2023, Lothian's seasonal flu/COVID-19 vaccination campaign kicked off its third year of delivery to help protect people who are eligible for one or both vaccines. Whilst Lothian exceeded the national COVID-19 uptake comparator for most cohorts, uptake for the winter flu 2023 campaign was below pre-pandemic uptake levels.</p>	<ul style="list-style-type: none"> <li>Engage with Public Health Scotland and other key stakeholders to influence national developments including data and digital (e-consent for parents and carers to streamline vaccine delivery in schools).</li> <li>Understand public perceptions and identify the barriers to vaccination among parents and carers in relation to childhood vaccinations.</li> <li>Continue concerted efforts to improve uptake and reduce inequalities working with our partners serving communities of faith, religion, ethnic minorities, for whom uptake is lower.</li> <li>Support strengthened communications about the importance of vaccination, raising awareness with audiences including pregnant women and families with young children.</li> </ul> <p>The wider health and social care system should:</p> <ul style="list-style-type: none"> <li>Explore a more joined-up prevention and vaccination offer, offering multiple vaccinations to the whole family where eligible e.g., opportunistic MMR and HPV catch up. Teams could offer wider health inputs and interventions including type-2 diabetes prevention, oral health, or mental health and wellbeing advice.</li> <li>Make the best use of a wide range of health professionals able to administer vaccinations and make vaccination promotion the business of everyone working in health settings. Exploration of non-traditional workforce, possibly medical and nursing students, recently retired, sexual health or drug and alcohol service teams could have a greater role in immunisation delivery.</li> </ul>
<p><b>Screening</b></p>	<p><b>Action</b></p>
<p>National screening programmes are evidence based. Screening programmes involve the systematic offer of testing for populations or groups of apparently healthy people to identify individuals who may be at future risk of a particular medical condition or disease, or detect early indications of</p>	<ul style="list-style-type: none"> <li>All parts of the system in Lothian with responsibility for delivery of screening programmes should continue to engage actively with local governance groups.</li> <li>Public Health will continue to oversee the governance of screening programmes and monitor the quality of each part of the pathway.</li> </ul>



<p>disease or conditions with the aim of offering intervention to reduce their risk.<sup>xx</sup> There are six National Screening Programmes in the UK, each of which are planned, delivered and governed through an agreed set of UK wide standards – Abdominal Aortic Aneurysm, Bowel, Breast, Cervical, Pregnancy and Newborn, and Diabetic Eye Screening.</p> <p>Screening uptake needs to be maximised to ensure the programmes are effective and efficient, and to maximise population health gain. Each programme is required to meet the national standards. Performance thresholds have been established for all National Screening Programmes that cover each part of the screening pathway from invitation through to screening test performance and on to time to diagnostic assessment. The achievable threshold represents the level at which the screening service is likely to be running optimally. All screening services should aspire to attain and maintain performance at or above this level. Each National Screening Programme also has an agreed set of Key Performance Indicators through which it is monitored.</p>	<ul style="list-style-type: none"> <li>• Public Health have a key role in raising awareness about screening and addressing issues relating to uptake to maximise the opportunity for screening programme effectiveness, particularly in underserved groups.</li> <li>• Public Health will continue to work with partners to ensure the pathway is working efficiently to ensure those who require further investigation have access to timely investigation and treatment.</li> </ul>
<p><b>Falls prevention</b></p> <p>Falls are estimated to cost the NHS more than £2.3bn per year. Morbidity from hip fracture contributes to the demand on health and social care services. Given the ageing population, this burden is likely to increase further over the coming years.</p> <p>Evidence shows that effective interventions for falls prevention include: multifactorial risk assessment and timely and evidence-based tailored interventions for those at high risk of falls; evidence based strength and balance</p>	<p><b>Action</b></p> <ul style="list-style-type: none"> <li>• The health and care system should develop a strategic approach to falls prevention in Lothian, which makes high level recommendations for implementation across the four HSCPs and other key stakeholders.</li> </ul>

programmes and opportunities for those at low to moderate risk of falls; and home hazard assessment and improvement programmes.	
---	--

<sup>i</sup> <https://www.bpas.org/abortion-care/considering-abortion/prices/>

<sup>ii</sup> Mavranezouli I, Wilkinson C. Long-acting reversible contraceptives: not only effective, but also a cost-effective option for the NHS. *JFPRHC* 2006;32 (1): 3-5.

<sup>iii</sup> Public Health Scotland, *NHS Stop Smoking Services, Scotland 2022/23*. 2024, Public Health Scotland: Edinburgh.

<sup>iv</sup> [https://maternalmentalhealthalliance.org/media/filer\\_public/fc/07/fc07914b-45f1-449f-8daa-6325d746bec8/mmha-pimhs-briefing-perinatal-mental-health-scotland-feb24.pdf](https://maternalmentalhealthalliance.org/media/filer_public/fc/07/fc07914b-45f1-449f-8daa-6325d746bec8/mmha-pimhs-briefing-perinatal-mental-health-scotland-feb24.pdf)

<sup>v</sup> Public Health Scotland. Children and Young People’s Mental Health. [Children and young people’s mental health - Mental health and wellbeing - Health topics - Public Health Scotland](#)

<sup>vi</sup> Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 2005; 62(6):593-602.

<sup>vii</sup> [Findings from the HBSC 2022 Survey in Scotland Executive Summary \(gla.ac.uk\)](#)

<sup>viii</sup> Renfrew, M. J., Pokhrel, S., Quigley, M., McCormick, F., Fox-Rushby, J., Dodds, R., Duffy, S., Trueman, P., & Williams, A. (2012). *Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK*. UNICEF UK. [http://www.unicef.org.uk/Documents/Baby\\_Friendly/Research/Preventing\\_disease\\_saving\\_resources.pdf?epslanguage=en](http://www.unicef.org.uk/Documents/Baby_Friendly/Research/Preventing_disease_saving_resources.pdf?epslanguage=en)

<sup>ix</sup> Consilium Consultancy, et al., *The Role of Advice Services in Health Outcomes: Evidence Review and Mapping Study*. 2015, Advice Services Alliance and The Low Commission.

<sup>x</sup> Scottish Public Health Observatory. *Tobacco use: key points 2023* [cited 2024 20 February]; Available from: <https://www.scotpho.org.uk/risk-factors/tobacco-use/key-points/>.

<sup>xi</sup> Scotland, P.H.I.f., *Tobacco use: adult smoking in Scotland*.

<sup>xii</sup> Public Health Scotland, *Review of Creating a tobacco-free generation: A Tobacco Control Strategy for Scotland 2023*, Public Health Scotland: Edinburgh.

<sup>xiii</sup> Scottish Burden of Disease study. Public Health Scotland. Available at: [www.scotpho.org.uk/comparative-health/burden-of-disease/overview](http://www.scotpho.org.uk/comparative-health/burden-of-disease/overview)

<sup>xiv</sup> Scotland’s Population: The Registrar General’s Annual Review of Demographic Trends, National Records of Scotland, 2018

<sup>xv</sup> Scottish Government, (2018) *The Scottish Health Survey, 2017 edition: Volume 1: main report*, A National Statistics Publication for Scotland, 2018, available at <https://www2.gov.scot/Resource/0054/00540654.pdf>, accessed 21st October 2020

<sup>xvi</sup> [Inpatient costs for people with type 1 and type 2 diabetes in Scotland: a study from the Scottish Diabetes Research Network Epidemiology Group - PubMed \(nih.gov\)](#) and [Epidemiology Group - PubMed \(nih.gov\)](#) and [2 Public health need and practice | Type 2 diabetes prevention: population and community-level interventions | Guidance | NICE](#)

<sup>xvii</sup> [Marked and widening socioeconomic inequalities in type 2 diabetes prevalence in Scotland | Journal of Epidemiology & Community Health \(bmj.com\)](#)

<sup>xviii</sup> [Balancing Upstream and Downstream Measures to Tackle the Obesity Epidemic: A Position Statement from the European Association for the Study of Obesity - PubMed \(nih.gov\)](#)

<sup>xix</sup> [Whole systems approaches to obesity and other complex public health challenges: a systematic review | BMC Public Health | Full Text \(biomedcentral.com\)](#)

<sup>xx</sup> Screening. Evidence and Practice. Second Edition. Angela E. Raffle, Anne Mackie, and J. A. Muir Gr



**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 27 June 2024  
**BY:** Chief Officer  
**SUBJECT:** East Lothian IJB Directions for 2024/25

---

**5**

## **1 PURPOSE**

- 1.1 To present recommendations regarding the East Lothian IJB Directions for 2024-25 for consideration and approval by the IJB.

## **2 RECOMMENDATIONS**

The IJB is asked to:

- 2.1 Consider and approve the 2024-25 East Lothian IJB Directions contained at Appendices 1 and 2.
- 2.2 Approve the issuing of directions in relation to delivery of the East Lothian Health and Social Care Partnership (HSCP) Workforce Plan and in relation to closure of the Belhaven Hospital site.
- 2.3 Note that active consideration should continue to be given to the introduction of additional directions as and when required, and that these should be developed in line with the IJB Directions Policy.

## **3 BACKGROUND**

- 3.1 The 2023-24 East Lothian IJB Directions were approved at its meeting on 26 October 2023 and subsequently issued to delivery partners NHS Lothian and East Lothian Council.
- 3.2 The 2023-24 directions included the introduction of a set of core directions as follows:
  - Direction to NHS Lothian regarding the delivery primary and community health services.

- Direction to NHS Lothian regarding the delivery of hosted services.
- Direction to NHS Lothian regarding the delivery of set-aside services.
- Direction to East Lothian Council regarding the delivery of social work and social care services.

The introduction of core directions meets the statutory requirement for all delegated functions be covered by a direction.

- 3.3 Appendix 1 presents the proposed core directions for 2024-25. These are based on the 2023-24 core directions, incorporating a number of minor changes. The text of the directions also highlights the requirement to ensure delivery reflects the IJB budget decisions made at its March 2024 meeting and includes a link to the report detailing these decisions.
- 3.4 Appendix 2 presents recommendations in relation to the 2023-24 'specific' directions. These include the retiral of a number of historic directions that have been completed or have been superseded by the introduction of the new 'core directions' in October 2023. Recommendations also identify directions to be retained based on their ongoing relevance. There are two new directions recommended, the full wording for these can be found at Appendix 2.
- 3.5 The first of the new directions recommended, Direction 19a, directs NHS Lothian and East Lothian Council to support the delivery of the East Lothian HSCP Workforce Plan. The issuing of this direction was agreed at a meeting of the IJB on the 23 May 2024.
- 3.6 The second new direction, Direction 20, is required in relation to implementation of the decision made at the meeting of the IJB on 28 March 2024 to close the Belhaven Hospital Site (a link to the relevant report is included in Background Papers below). Although no HSCP services are currently delivered at the Belhaven site, this direction is needed as a formality to allow NHS Lothian to progress.
- 3.7 Once updated, the new directions for 2024/25 will be sent to NHS Lothian and East Lothian Council. As agreed at the June meeting of the East Lothian Strategic Planning Group, covering correspondence will request that partners provide plans detailing how they intend to delivery individual directions.
- 3.8 As noted in the East Lothian IJB Directions Policy, active consideration should continue to be given to the issuing of further directions as and when required throughout the year.

## **4 ENGAGEMENT**

- 4.1 Engagement with Change Boards/senior managers informs the review and development of directions.

## **5 POLICY IMPLICATIONS**

- 5.1 The approach described in this report reflects the East Lothian IJB Directions Policy and is in line with legislation and statutory guidance regarding the setting of directions by Integration Joint Boards.

## **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 This report relates to a review of East Lothian IJB directions, a subsequent report to East Lothian IJB will include recommendations regarding the introduction of new directions and review of existing ones.

## **8 RESOURCE IMPLICATIONS**

- 8.1 This paper has no specific resource implications, however, the identification of resource implications forms part of setting individual IJB directions.

## **9 BACKGROUND PAPERS**

- 9.1 [East Lothian IJB Directions Policy](#)
- 9.2 [Budget Setting 2024/2025 – Report to East Lothian IJB, 28<sup>th</sup> March 2024](#)
- 9.3 [Strategic Workforce Plan Update – Report to East Lothian IJB, 23<sup>rd</sup> May 2024](#)

<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>	24 <sup>th</sup> June 2024

## Appendix 1 – East Lothian IJB Core Directions for 2024-25 (PROPOSED)

<b>NHS Lothian delivery of core primary and community health services – ref DC.1 (PROPOSED)</b>	
<b>Date direction issued by IJB / updates</b>	Initial direction: 9/11/2023 Updates to direction: 27/06/24 (pending approval)
<b>Direction to</b>	NHS Lothian
<b>Services / functions covered</b>	<p>This direction covers primary and community health services delegated to East Lothian IJB as required by the Public Bodies (Joint Working) (Scotland) Act 2014 and outlined in East Lothian IJB’s Integration Scheme.</p> <ul style="list-style-type: none"> <li>• Community Hospitals</li> <li>• Community Nursing (including children’s community health services, district nursing, health visiting &amp; school nurses)</li> <li>• Community mental health services</li> <li>• Community learning disability services</li> <li>• Substance misuse services</li> <li>• Allied Health Professionals</li> <li>• General Medical Services</li> <li>• General Dental Services</li> <li>• General Ophthalmic Services</li> <li>• Community Pharmacy</li> <li>• Palliative Care provided outwith a hospital</li> <li>• Community continence service</li> <li>• Kidney dialysis services outwith a hospital</li> <li>• Community Complex Care</li> </ul>
<b>Full text of direction</b>	NHS Lothian is directed to continue the provision of the services listed within current budgets detailed below and in accordance with any statutory / regulatory obligations where applicable and aiming to meet both national and local targets. This includes reflecting Best Value as defined by the Local Government in Scotland Act 2023 and further detailed in the 2020 revised statutory guidance in relation to Best Value.

	<p>Service development and delivery should be in line with East Lothian IJB’s strategic objectives and strategic delivery priorities as laid out in its Strategic Plan for 2022-2025.</p> <p>In addition, provision must reflect decisions made at the March 2024 meeting of East Lothian IJB regarding major service redesign to deliver budget savings. Of specific relevance to this direction are the decisions related to the closure of Belhaven and Edington Community Hospitals and the reconfiguration of the Primary Care Link Worker Programme.</p> <p>In relation to Primary Care services (General Medical Services, General Dental Services, General Ophthalmic Services and Community Pharmacy), NHS Lothian is directed to support delivery of services in accordance with the priorities outlined in East Lothian Primary Care Improvement Plan (PCIP).</p> <p>Services in the list above may be the subject of additional directions where required in response to changing circumstances, including in response to service reviews, transformation programmes, strategic developments, or financial / budget changes.</p>
<p><b>Link to relevant IJB report</b></p>	<p><a href="#">East Lothian IJB Strategic Plan 2022-25</a></p> <p><a href="#">Budget Setting 2024/25 – Report to East Lothian IJB, 28 March 2024</a></p> <p><a href="#">Primary Care Improvement Plan (PCIP) – 2019 Update</a></p>
<p><b>Budget allocation from IJB to carry out direction</b></p>	<p>The indicative budget for delivery of these services is £83,722,000. The Allocation for General Medical Services for 2024/25 has not yet been made, this figure includes an indicative value for GMS. This budget does not include values for General Ophthalmic Services, General Pharmaceutical Services or General Dental Services. Funding for these services is not available at this time – the total for these services for 2023/24 was £14,798,000. NHS Lothian have agreed that the IJB’s share of any additional funds received during the financial year for Pay Awards will be made available to the IJB.</p>
<p><b>Alignment with IJB Strategic Objectives / Delivery Priorities</b></p>	<p>This direction relates to the following Strategic Objectives outlined in the IJB Strategic Plan:</p> <ol style="list-style-type: none"> <li>1. Develop services that are sustainable and proportionate to need</li> <li>2. Deliver new models of community provision, working collaboratively with communities</li> </ol>

	<p>3. Focus on prevention and early intervention  4. Enable people to have more choice and control and provide care closer to home as appropriate  5. Further develop / embed integrated approaches and services  6. Keep people safe from harm  7. Address Health inequalities</p> <p>Within each of the Strategic Objectives there are a number of Strategic Delivery Priorities related to the services identified in this direction, with further details regarding these contained in the ELHSCP Annual Delivery Plan.</p>
<p><b>Compliance and performance monitoring</b></p>	<p>Performance in relation to delivering this direction will be monitored by review of the following:</p> <ul style="list-style-type: none"> <li>• National and local performance targets.</li> <li>• Milestones and performance measures outlined in East Lothian IJB’s Annual Delivery Plan and reflected in the East Lothian HSCP Performance Framework.</li> <li>• Milestones and performance measures in the East Lothian Primary Care Improvement Plan.</li> </ul> <p>NHS Lothian is required to provide performance information to the IJB in relation to performance against local and national targets and with respect to performance indicators contained in the ELHSCP Performance Framework.</p> <p>NHS Lothian is also required to provide financial analysis, budgetary control, and monitoring reports as and when requested by the IJB. These reports should set out the financial position and outturn forecast against budget allocations by the IJB to NHS Lothian with respect to delivering integrated health services.</p>



## NHS delivery of hosted services – ref DC.2 (PROPOSED)

<b>Date direction issued by IJB / updates</b>	Initial direction: 9/11/2023 Updates to direction: 27/06/24 (pending approval)
<b>Direction to</b>	NHS Lothian
<b>Services / functions covered</b>	<p>This direction covers services provided as part of a single Lothian-wide service, referred to as ‘hosted services’ and managed on a pan-Lothian level by other NHS Lothian management teams. These services are outlined in East Lothian IJB’s Integration Scheme and are as follows:</p> <ul style="list-style-type: none"> <li>• Public Dental Service</li> <li>• Clinical Psychology</li> <li>• Podiatry</li> <li>• Mental Health (inpatient and psychiatric rehabilitation)</li> <li>• Sexual &amp; Reproductive Health</li> <li>• Dietetics</li> <li>• Art Therapy</li> <li>• Adults with Complex and Exceptional Needs</li> <li>• SMART Centre</li> <li>• Hospices and Palliative Care</li> <li>• Pulmonary Rehabilitation</li> <li>• Community Equipment Loan Service</li> <li>• Continence</li> <li>• Rehabilitation Medicine</li> </ul>
<b>Full text of direction</b>	<p>NHS Lothian is directed to continue the provision of the services listed within current budgets detailed below and in accordance with any statutory / regulatory obligations where applicable and aiming to meet both national and local targets. This includes reflecting Best Value as defined by the Local Government in Scotland Act 2023 and further detailed in the 2020 revised statutory guidance in relation to Best Value.</p> <p>Service development and delivery should be in line with East Lothian IJB’s Strategic Objectives and Strategic Delivery Priorities as laid out in its Strategic Plan for 2022-2025.</p>

	Services in the list above may be the subject of additional directions where required in response to changing circumstances, including in response to service reviews, transformation programmes, strategic developments, or financial / budget changes.
<b>Link to relevant IJB report</b>	<a href="#">East Lothian IJB Strategic Plan 2022-25</a>
<b>Budget allocation from IJB to carry out direction</b>	The indicative budget for delivery is £11,487,000. NHS Lothian have agreed that the IJB's share of any additional funds received during the financial year for Pay Awards will be made available to the IJB.
<b>Alignment with IJB Strategic Objectives / Delivery Priorities</b>	<p>This direction relates to the following Strategic Objectives outlined in the IJB Strategic Plan:</p> <ol style="list-style-type: none"> <li>1. Develop services that are sustainable and proportionate to need</li> <li>2. Deliver new models of community provision, working collaboratively with communities</li> <li>3. Focus on prevention and early intervention</li> <li>4. Enable people to have more choice and control and provide care closer to home as appropriate</li> <li>5. Further develop / embed integrated approaches and services</li> <li>6. Keep people safe from harm</li> <li>7. Address Health inequalities</li> </ol> <p>Within each of the Strategic Objectives there are a number of Strategic Delivery Priorities related to the services identified in this direction, with further details regarding these contained in the ELHSCP Annual Delivery Plan.</p>
<b>Compliance and performance monitoring</b>	<p>Performance will be monitored by review of the following:</p> <ul style="list-style-type: none"> <li>• National and local performance targets</li> <li>• Milestones and performance measures outlined in East Lothian IJB's Annual Delivery Plan and reflected in the East Lothian HSCP Performance Framework</li> </ul>

	<p>NHS Lothian is required to provide performance information to the IJB in relation to performance against local and national targets and with respect to performance indicators contained in the ELHSCP Performance Framework.</p>
--	--

	<p>NHS Lothian is also required to provide financial analysis, budgetary control, and monitoring reports as and when requested by the IJB. These reports should set out the financial position and outturn forecast against budget allocations by the IJB to NHS Lothian with respect to delivering integrated health services.</p>
--	---

<b>NHS delivery of set-aside services – ref DC.3 (PROPOSED)</b>	
<b>Date direction issued by IJB / updates</b>	Initial direction: 9/11/2023 Updates to direction: 27/06/24 (pending approval)
<b>Direction to</b>	NHS Lothian
<b>Services / functions covered</b>	<p>This direction covers services provided under set-aside arrangements whereby NHS Lothian delivers delegated functions based in large hospitals on behalf of IJBs. These services include:</p> <ul style="list-style-type: none"> <li>• Accident and Emergency and Combined Assessment</li> <li>• General Medicine</li> <li>• Geriatric Medicine</li> <li>• Rehabilitation Medicine</li> <li>• Respiratory Medicine</li> <li>• Hospital based Palliative Care</li> </ul>
<b>Full text of direction</b>	<p>NHS Lothian is directed to continue the provision of the services listed within current budgets detailed below and in accordance with any statutory / regulatory obligations where applicable and aiming to meet both national and local targets. This includes reflecting Best Value as defined by the Local Government in Scotland Act 2023 and further detailed in the 2020 revised statutory guidance in relation to Best Value.</p> <p>Services in the list above may be the subject of additional directions where required in response to changing circumstances, including in response to service reviews, transformation programmes, strategic developments, or financial / budget changes.</p>
<b>Link to relevant IJB report</b>	<a href="#">East Lothian IJB Strategic Plan 2022-25</a>

<b>Budget allocation from IJB to carry out direction</b>	The indicative budget is £18,416,000. NHS Lothian have agreed that the IJB's share of any additional funds received during the financial year for Pay Awards will be made available to the IJB.
<b>Alignment with IJB Strategic Objectives / Delivery Priorities</b>	<p>This direction relates to the following Strategic Objectives outlined in the IJB Strategic Plan:</p> <ol style="list-style-type: none"> <li>1. Develop services that are sustainable and proportionate to need</li> <li>2. Deliver new models of community provision, working collaboratively with communities</li> <li>3. Focus on prevention and early intervention</li> <li>4. Enable people to have more choice and control and provide care closer to home as appropriate</li> <li>5. Further develop / embed integrated approaches and services</li> <li>6. Keep people safe from harm</li> <li>7. Address Health inequalities</li> </ol> <p>Within each of the Strategic Objectives there are a number of Strategic Delivery Priorities related to the services identified in this direction, with further details regarding these contained in the ELHSCP Annual Delivery Plan.</p>
<b>Compliance and performance monitoring</b>	<p>Performance will be monitored by review of the following:</p> <ul style="list-style-type: none"> <li>• National and local performance targets</li> </ul> <p>NHS Lothian is required to provide performance information to the IJB in relation to performance against local and national targets.</p> <p>NHS Lothian is also required to provide financial analysis, budgetary control, and monitoring reports as and when requested by the IJB. These reports should set out the financial position and outturn forecast against budget allocations by the IJB to NHS Lothian with respect to delivering hosted services.</p>

<b>East Lothian Council delivery of social work and social care services – ref DC.4 (PROPOSED)</b>	
<b>Date direction issued by IJB / updates</b>	Initial direction: 9/11/2023 Updates to direction: 27/06/24 (pending approval)
<b>Direction to</b>	East Lothian Council
<b>Services / functions covered</b>	<p>This direction covers social work and social care services delegated to East Lothian IJB as required by the Public Bodies (Joint Working) (Scotland) Act 2014 and outlined in East Lothian IJB’s Integration Scheme.</p> <ul style="list-style-type: none"> <li>• Social work services for adults and older people</li> <li>• Services and support for adults with physical disabilities and learning disabilities</li> <li>• Mental health services</li> <li>• Drug and alcohol services</li> <li>• Adult protection and domestic abuse</li> <li>• Carers support services</li> <li>• Community care assessment teams</li> <li>• Support services</li> <li>• Care home services</li> <li>• Adult placement services</li> <li>• Health improvement services</li> <li>• Aspects of housing support, including aids and adaptations</li> <li>• Day services</li> <li>• Local area co-ordination</li> <li>• Respite provision</li> <li>• Occupational therapy services</li> <li>• Re-ablement services, equipment, and telecare</li> <li>• Criminal Justice Social Work services including youth justice</li> </ul>
<b>Full text of direction</b>	East Lothian Council is directed to continue the provision of the services listed within current budgets detailed below and in accordance with any statutory / regulatory obligations where applicable and aiming to meet both national and local targets. This includes reflecting Best Value as defined by the Local Government in Scotland Act 2023 and further detailed in the 2020 revised statutory guidance in relation to Best Value.

	<p>Service development and delivery should be in line with East Lothian IJB’s Strategic Objectives and Strategic Delivery Priorities as laid out in its Strategic Plan for 2022-2025, as well as reflecting the key priorities contained in the East Lothian HSCP Commissioning Strategy for 2022-25.</p> <p>In addition, provision must reflect decisions made at the March 2024 meeting of East Lothian IJB regarding major service redesign to deliver budget savings. Of specific relevance to this direction are the decisions related to the provision of Care at Home services and The Abbey and Crookston Care Homes.</p> <p>Services in the list above may be the subject of additional directions where required in response to changing circumstances, including in response to service reviews, transformation programmes, strategic developments, or financial / budget changes.</p>																
<p><b>Link to relevant IJB report</b></p>	<p><a href="#">East Lothian IJB Strategic Plan 2022-25</a></p> <p><a href="#">Budget Setting 2024/25 – Report to East Lothian IJB, 28 March 2024</a></p> <p><a href="#">East Lothian HSCP Commissioning Strategy 2022-25</a></p>																
<p><b>Budget allocation from IJB to carry out direction</b></p>	<table border="1" data-bbox="557 890 1500 1251"> <thead> <tr> <th><b>Core Social Care Budget 2024/25</b></th> <th><b>£,000</b></th> </tr> </thead> <tbody> <tr> <td>Adult Social Work</td> <td>31,343</td> </tr> <tr> <td>Acute &amp; Ongoing Care</td> <td>11,929</td> </tr> <tr> <td>Rehabilitation</td> <td>2,338</td> </tr> <tr> <td>Learning Disability and Mental Health Community Services</td> <td>19,566</td> </tr> <tr> <td>Head of Operations</td> <td>3,174</td> </tr> <tr> <td>Business &amp; Performance</td> <td>5,192</td> </tr> <tr> <td><b>Total</b></td> <td><b>69,447</b></td> </tr> </tbody> </table>	<b>Core Social Care Budget 2024/25</b>	<b>£,000</b>	Adult Social Work	31,343	Acute & Ongoing Care	11,929	Rehabilitation	2,338	Learning Disability and Mental Health Community Services	19,566	Head of Operations	3,174	Business & Performance	5,192	<b>Total</b>	<b>69,447</b>
<b>Core Social Care Budget 2024/25</b>	<b>£,000</b>																
Adult Social Work	31,343																
Acute & Ongoing Care	11,929																
Rehabilitation	2,338																
Learning Disability and Mental Health Community Services	19,566																
Head of Operations	3,174																
Business & Performance	5,192																
<b>Total</b>	<b>69,447</b>																

<p><b>Alignment with IJB Strategic Objectives / Delivery Priorities</b></p>	<p>This direction relates to the following Strategic Objectives outlined in the IJB Strategic Plan:</p> <ol style="list-style-type: none"> <li>1. Develop services that are sustainable and proportionate to need</li> <li>2. Deliver new models of community provision, working collaboratively with communities</li> <li>3. Focus on prevention and early intervention</li> <li>4. Enable people to have more choice and control and provide care closer to home as appropriate</li> <li>5. Further develop / embed integrated approaches and services</li> <li>6. Keep people safe from harm</li> <li>7. Address Health inequalities</li> </ol> <p>Within each of the Strategic Objectives there are a number of Strategic Delivery Priorities related to the services identified in this direction, with further details regarding these contained in the ELHSCP Annual Delivery Plan.</p>
<p><b>Compliance and performance monitoring</b></p>	<p>Performance in relation to delivering this direction will be monitored by review of the following:</p> <ul style="list-style-type: none"> <li>• National and local performance targets</li> <li>• Milestones and performance measures outlined in East Lothian IJB’s Annual Delivery Plan and reflected in the East Lothian HSCP Performance Framework</li> </ul> <p>East Lothian Council is required to provide performance information to the IJB in relation to performance against local and national targets and with respect to performance indicators contained in the ELHSCP Performance Framework.</p> <p>East Lothian Council is also required to provide financial analysis, budgetary control, and monitoring reports as and when requested by the IJB. These reports should set out the financial position and outturn forecast against budget allocations by the IJB to East Lothian Council with respect to delivering integrated health services.</p>



## Appendix 2 - Recommendations re update to Specific Directions for 2024-25

	Retire	8
	Retain	7
	New	2

No	Title	Current Direction (2023-24)	Recommendation
D01h	East Lothian Community Hospital (ELCH)	NHS Lothian to work with East Lothian Health and Social Care Partnership to continue to support the development of secondary care services to meet the needs of the local community. This should include further expansion in the range of services offered at East Lothian Community Hospital, compatible with identified local need. (Revised February 2022)	Retire – covered by core direction re NHS Lothian delivered services.  * Future consideration may be given to the introduction of a new direction(s) if required in relation to specific initiative at ELCH.
D04b	Phase 2 Royal Edinburgh	NHS Lothian is directed to support collaborative work across services to develop new models and pathways for community based mental health provision, specifically with regards to mental health rehabilitation and low secure mental health provision in community settings. This should reflect the outcomes of the bed based review and the continuation of activity aimed at bringing East Lothian’s mental health acute bed use within the allocated bed capacity. (Revised October 2023)	Retain – updated October 2023.  * An update to this direction should be considered once the business case has been presented and an agreement reached.
D10j	Primary Care Premises and Infrastructure	NHS Lothian and East Lothian Council to support planning, development, and investment in appropriate infrastructure to ensure the sustainable delivery of community and primary care health services to meet the needs of the current and projected East Lothian population. This direction	Retain – updated October 2023.

		includes premises, digital infrastructure, and travel and transport provision. (Revised October 2023)	* An update to this direction should be considered once the Premises Strategy has been reviewed to reflect new projections, etc.
D11a	Emergency Admissions	NHS Lothian and its acute services to work with officers of the East Lothian Health and Social Care Partnership to continue to review and develop the provision of emergency assessment services in Lothian. NHS Lothian to continue to support redesign work currently underway which is contributing to a reduction in hospital attendances from East Lothian. (Revised February 2022)	Retire – covered by core direction re NHS set-aside services.  * Future consideration may be given to the introduction of a new direction(s) if required to support specific initiatives.
D11b	Occupied Bed Days / Delayed Discharge	NHS Lothian and East Lothian Council to work collaboratively to reduce the length of stay for all patients admitted following unscheduled admission. This is to be achieved by a reduction in delayed discharges, avoidable admissions, and inappropriately long stays in acute hospital and through the development of locally available community services and facilities, including the provision of alternatives to inpatient care. (Revised February 2022)	Retire – covered by core direction re NHS and ELC delivered services.  * Future consideration may be given to the introduction of a new direction(s) if required to support specific initiatives.
D11d	Palliative Care	NHS Lothian to work with the Managed Clinical Network (MCN) for Palliative Care, hospital, community and third sector palliative care services to provide specialist assessment of patients in their own homes, care homes or community hospitals to maximise the delivery of patient-centred end of life care at home or in a homely setting. (Continuing direction)	Retire – covered by core direction re NHS and ELC delivered services.  * An additional direction with specific instruction re the future delivery and development of palliative care may be recommended once current development work has been completed.

D11e	AHP Resource	<p>NHS Lothian to provide information on the numbers of Allied Health Professionals (AHPs) and associated resources in acute settings and to work with East Lothian Health and Social Care Partnership (ELHSCP) to create supportive arrangements, whereby acute staff could provide services within the community to support discharge of East Lothian residents. In tandem, ELHSCP to explore ways to in-reach to acute hospitals providing resources for assessment to improve patient flow. (Revised 2022)</p>	<p>Retire – covered by core direction re NHS and ELC delivered services.</p> <p>* Future consideration may be given to the introduction of a new direction(s) if required to support specific initiatives.</p>
D12a	Hospital to Home and Home Care Services Review	<p>NHS Lothian and East Lothian Council to simplify and speed up the process for assessing individual client’s need for care at home and subsequently delivering services to meet assessed needs. As part of this, both organisations are required to support the ongoing development of the ICAAT (Integrated Care Assessment and Allocation Team) process and associated work. (Revised February 2022)</p>	<p>Retire – development work progressed, and activity now embedded and covered by core direction re NHS and ELC delivered services.</p>
D12l	Transforming Care for Older People	<p>NHS Lothian and East Lothian Council to transform the service delivery to older people for the provision of Community Hospitals, Care Homes, and the development of intermediate care services, involving full engagement and consultation with appropriate parties.</p> <p>This should take into account demographic factors, current use of services, the impacts of COVID-19, funding pressures, service remobilisation and redesign. It must also take note of the emerging outputs from the Independent Review of Adult Social Care and development of a National Care Service. (Revised February 2022)</p>	<p>Retain – work ongoing.</p> <p>* A new direction(s) may be required on completion of the Planning Older People’s Services work (for example, if recommendations generate significant changes to current service provision).</p>

D14a	Carers Strategy Implementation	NHS Lothian and East Lothian Council to support the delivery of the outcomes contained in the <a href="#">East Lothian Carers Strategy (2023-26)</a> and the associated <a href="#">Action Plan</a> in order to meet the needs of both adult and young carers. (Revised October 2023)	Retain – still required to support delivery of Carers Strategy and Action Plan.
D15c	Mental Health Triage	<p>NHS Lothian and East Lothian Council to work together to further develop Mental Health services across primary and secondary care. This should include the continuation of collaborative work to refine and streamline access to services and establish a clear interface between primary, secondary care and the third sector, and ongoing inclusion and development of the clinical decision making role within the CWIC Mental Health service and rollout of the Distress Brief Intervention service.</p> <p>Activity should also include specific collaboration to improve access to services and the development of pathways for people with co-occurring drug / alcohol and mental health difficulties to enable them to receive mental health support and drug / alcohol support concurrently. Development should be in line with requirements outlined in Medication Assisted Treatment (MAT) Standard 9. (Revised October 2023)</p>	<p>Retain – last revised October 2023 – work ongoing.</p> <p>* Updates to this direction may be required as development activity progresses, and service changes are made in response.</p>
D15k	Substance Misuse Services	NHS Lothian and East Lothian Council are directed to work collaboratively with Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP) and third sector providers and to further develop and improve the multi-agency approach in relation to access to alcohol and drug support services. Development should be in accordance with statutory / regulatory requirements where applicable and aiming to meet both local and national targets, including MAT (Medication Assisted Treatment) Standards. (Revised October 2023)	Retain – last revised October 2023 – work ongoing.

D18h	Housing for Particular Needs	<p>East Lothian Council is directed to support the development and delivery of different housing models for people with support needs through the development and implementation of its Local Housing Strategy. This should be carried out with the objective of maximising independent living for people with particular needs including those related to Learning Disability, Physical Disability, Sensory Impairment, and Mental Health conditions.</p> <p>As part of this direction, East Lothian Council should deliver up to 60 units of core &amp; cluster housing between 2024-29 for the above client groups, dependant on IJB funding and the delivery of the Affordable Housing Supply Programme (AHSP). (Revised October 2023)</p>	Retain and update once the new Lothian Housing Strategy and Contribution Statement are presented to the IJB and finalised.
D18i	Community Transformation Programme – Under 65s	East Lothian Council and NHS Lothian to ensure that supports and services provided are in line with the remobilisation plan, take into account the views of people with lived experience, and are based on a human rights and person centred approach.	Retire – work complete and ongoing provision covered by core direction.
D18j	Community Transformation – Over 65s	East Lothian Council to develop its approach to day services based on providing high quality, community-based services, accessible to residents over 65 across the county. Where appropriate, the new and innovative approaches necessitated by COVID-19 should be continued and further developed. In addition, day service provision should be available in order to fulfil the responsibility to provide breaks from caring.	Retire – work complete and ongoing provision covered by core direction.

D19a	East Lothian Workforce Plan 2022-25	NHS Lothian and East Lothian Council are directed to work collaboratively to support delivery of the objectives outlined in the <a href="#">2022-25 East Lothian Health and Social Care Partnership Workforce Plan</a> and associated actions within the related Action Plan. The Workforce Plan is reviewed and updated as needed on an annual basis – this direction should be read in relation to the most recent iteration of the Plan.	* NEW Direction (agreed May 2024 IJB).
D20	Closure of Belhaven Hospital Site	<p>NHS Lothian and East Lothian Council are directed to remove all associated services delivered by East Lothian Health and Social Care Partnership from the Belhaven Hospital Site, Dunbar, East Lothian by 30th of June 2024. This reflects the decision taken by East Lothian IJB on 28th March 2024:</p> <ol style="list-style-type: none"> <li>1. To close the Blossom House Care Home sited at Belhaven Hospital, Dunbar, East Lothian.</li> <li>2. To close all inpatient beds withing the Belhaven Hospital site on a permanent basis and to relocate all community health services that are currently being delivered from the Belhaven site.</li> </ol>	<p>* Proposed NEW Direction – reflecting decision at the March 28<sup>th</sup> IJB meeting.</p> <p>Direction content recommended for approval at the June 27<sup>th</sup> meeting of the IJB.</p> <p>Further details of the decision can be read in the related IJB report <a href="#">here</a>.</p>



**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 27 June 2024  
**BY:** Chief Officer  
**SUBJECT:** East Lothian IJB Annual Performance Report 2023/24

---

6

## **1 PURPOSE**

- 1.1 To present the East Lothian Integration Joint Board Annual Performance Report for 2023/24.

## **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 2023/24, 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 Annual Performance Report (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 2023/24 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 1 April to 31 March by the end of July each year.

- 3.2 The East Lothian IJB Annual Report for 2023/24 describing performance in planning and carrying out integrated functions from 1 April 2023 to 31 March 2024 has been developed and can be found at Appendix 1.
- 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 APR also describe progress made throughout the year in relation to the planned activity outlined in the Annual Delivery Plan for 2023-24. The report is structured to reflect the IJB's 7 strategic objectives as defined in its Strategic Plan for 2022-25.

## **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.



<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 2024



2023/24

# Annual Performance Report

Appendix 1



East Lothian  
Integration Joint  
Board



## Contents

<b>Introduction</b> .....	2
<b>About this Report</b> .....	3
<b>National Integration Indicators – How We Performed</b> .....	4
Core Suite of National Indicators.....	4
Ministerial Strategic Group (MSG) Indicators.....	11
<b>Strategic Objective 1 – Develop services that are sustainable and proportionate to need</b> .....	14
1.1 - Planning older people’s services.....	14
1.2 - Developing Intermediate Care.....	15
1.3 Care at Home services.....	16
1.4 Supporting hospital flow.....	18
1.5 Commissioning.....	26
1.6 - Supporting effective & sustainable Primary Care.....	27
1.7 Supporting delivery of sustainable Care Home provision.....	28
<b>Strategic Objective 2 – Deliver new models of community provision, working collaboratively with communities</b> .....	29
2.1 Transforming Community Services.....	29
2.2 Working with communities.....	35
<b>Strategic Objective 3 – Focus on prevention &amp; early intervention</b> .....	36
3.1 East Lothian Rehabilitation Service (ELRS).....	36
3.2 Falls Prevention & Management.....	40
3.3 Mental Health & Wellbeing – Prevention & Early Intervention.....	41
3.4 Improving the management of long-term conditions.....	44
<b>Strategic Objective 4 – Enable people to have more choice and control and provide care closer to home</b> .....	45
4.1 HSCP Primary Care Services.....	45
4.2 East Lothian Community Hospital Outpatient and Day Services.....	50
4.3 Re-imagining Adult Social Work.....	53
4.4 Dementia.....	55
4.5 Supporting Carers.....	56
4.6 Palliative and End-of-Life Care.....	58
<b>Strategic Objective 5 – Develop and embed integrated approaches and services</b> .....	59
5.1 Integrated Teams and Approaches.....	59
5.2 Pathways.....	60
5.3 Meeting housing needs.....	62
5.4 Transitions.....	64

<b>Strategic Objective 6 – Keep people safe from harm</b> .....	65
6.1 Adult Support and Protection .....	65
6.2 Reducing harm from substance use.....	67
6.3 Justice Social Work.....	69
<b>Strategic Objective 7 – Address Health Inequalities</b> .....	72
<b>Our financial performance 2023/24</b> .....	74
<b>Appendix 1 – Ministerial Steering Group Indicators by East Lothian Localities</b> .....	76
<b>Appendix 2 – Carers Act Funding Use</b> .....	77

## Introduction

Welcome to this year's Annual Performance Report. In it you will read about our performance, including ways in which we have continued to develop health and social care services in East Lothian during 2023/24.

The achievements described have been made possible by the hard work and commitment of our staff who have adapted, innovated, and responded to the numerous and varied challenges that have come their way.

You will also see examples of how we have worked with third and independent sector colleagues and local community groups to support the health and wellbeing of East Lothian residents, developing new and innovative ways of responding to individual needs. The support of these groups has been crucial in delivering services in 23/24, supporting the HSC to meet its strategic objectives.

We continue to focus on developing services based on what is important to and needed by individuals, reflecting their goals and priorities, and supporting them to be as active and independent as possible. We have included a number of case studies that help to illustrate some of the ways in which services meet people's very specific needs and wishes.

This report covers a year in which the Integration Joint Board (IJB) was presented with very difficult decisions as a result of the increasingly challenging financial context faced by the public sector across the country. IJB members worked with the HSCP Officers to develop a financial recovery programme in the latter part of the year, culminating in a set of savings proposals being agreed at the March 2024 meeting of the IJB.

Whilst difficult, the financial recovery actions were identified as being necessary to balance the 2023/24 budget and to help ensure longer term sustainability. Projected overspends for future years, and ongoing financial uncertainty at a national level mean that the IJB will be faced with further difficult decisions in future years. We are committed to early and ongoing financial planning to ensure that all our budget decisions are well informed and support the most effective and efficient use of resources.

East Lothian's growing and ageing population adds to this challenge in terms of how the IJB uses available resources to meet the growing level of demand for health and social care services. Census figures identified that East Lothian's population had grown by 12.6% between 2011 and 2022, the second fastest rate in Scotland, and a 9.8% growth in over 75s.

Engagement with individuals, communities, staff, partner organisations, and other stakeholders has underpinned much of our activity during 2023/24. Engagement will continue to play a vital role in guiding the service development and transformation activity needed to ensure that health and social care services deliver the best possible outcomes for the people of East Lothian now and in the future.

## About this Report

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

East Lothian Integration Joint Board agreed its current Strategic Plan in October 2022. The Plan identifies the IJB's 7 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

An Annual Delivery Plan (ADP) is produced yearly outlining planned activity to support delivery of the IJB's strategic objectives for 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 2023/24. The report's structure is based on the 7 strategic objectives, with a section dedicated to each of these.<sup>1</sup> There is also a section outlining performance in relation to National Integration Indicators and one on financial performance.

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

<sup>1</sup> Many of the activities described in the main report contribute to more than one Strategic Objective. 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.

## National Integration Indicators – How We Performed

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, the most recent publication can be found [here](#).

### 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, you can the data for that survey in the [2021/22 Annual Performance 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 2023. Calendar year 2023 is used as a proxy for 2023-24 due to the national data for 2023-24 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 2nd of July. Due to this, the latest Scottish data has only been included for indicators 17, 18, 19, and 20.

**Performance Symbols Key**

Improvement trend (compared to previous year)



12. Emergency admission rate for adults (per 100,000 population)

	2018/19	2019/20	2020/21	2021/22	2022/23	2023	Trend	6-year Trend	Performance has declined from the previous year but has improved over the past 6 years.
<b>East Lothian</b>	10,071	10,964	10,088	10,434	9,165	9,685			<p>However, MSG indicator data indicates a reduction in the actual number of admissions from the previous year.</p> <p>East Lothian's admission rate has been lower than the Scottish rate for all years recorded since 2018/19.</p>

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

	2018/19	2019/20	2020/21	2021/22	2022/23	2023	Trend	6-year Trend	
<b>East Lothian</b>	100	102	117	104	88	91			<p>East Lothian performance declined in the most recent year but has improved over a 6-year trend.</p> <p>The East Lothian rate of hospital readmissions within 28 days has been lower than the Scotland rate since 2018/19.</p>

16. Falls rates per 1,000 population aged 65+

	2018/19	2019/20	2020/21	2021/22	2022/23	2023	Trend	6-year Trend	
<b>East Lothian</b>	19	23	23	22	21	23			<p>East Lothian performance declined in the most recent year.</p> <p>The East Lothian rate of falls has been the same or higher than the Scotland rate for three years since 2018/19.</p>

18. Percentage of adults with intensive care needs receiving care at home

	2018	2019	2020	2021	2022	2023	Trend	6-year Trend	East Lothian's performance did not change from the previous year.
<b>East Lothian</b>	61%	63%	63%	64%	62%	62%			The percentage of adults with intensive care needs receiving care at home in Scotland has been higher or the same as East Lothian since 2018.

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	The percentage of resources spent on emergency hospital stays was lower than the Scottish rate in 2019/20. This is the most recent data available (at June 2024).
<b>East Lothian</b>	21.8%	22.0%	24.5%	23.1%	22.8%			

## 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. **An analysis of the data by East / West localities is available at Appendix 1 below.**

### Performance Symbols Key

Improvement trend

Indicator	2018/19	2019/20	2020/19	2021/22	2022/23	2023	Trend	6-year Trend	
2ii. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (65+)	281	2,493	6,577	6,921	6,962	<b>6,942</b>	<b>Issue with data<sup>3</sup></b>	-	No analysis possible currently.
2iii. Number of Unscheduled Hospital Bed Days – Mental Health (18+)	15,572	14,001	12,632	13,304	13,713	<b>12,115</b>			

Indicator	2018/19	2019/20	2020/19	2021/22	2022/23	2023	Trend	6-year Trend	
5. Percentage of last six months of life spent in community setting	87.4%	87.1%	88.7%	87.7%	88.1%	-			



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

## 1.1 - Planning older people's services

Meeting the health and social care needs of a growing and ageing population remains a key priority for the East Lothian IJB. The Planning Older People's Services project continues to build upon the work of the Community Hospitals and Care Homes Change Board to help ensure that we have the services and resources in place to support people to live in their own homes for as long as possible.

Community engagement is at the centre of the project's approach, with the project team working closely with East Lothian residents and communities to collectively identify options for the future development of high quality sustainable services for older people. The first round of engagement activity ran from August to December 2023, connecting with communities, staff and the third sector to gather as many views and ideas as possible.

In total, 2,458 individual pieces of feedback were received. The feedback was then categorised into 19 themes shown in the infographic below. After analysing the feedback, a total of 314 suggestions were identified. These were then consolidated into a long-list of 105 options. A copy of the full Communications and Engagement Report can be found [here](#).

Building on this extensive engagement, the team began to work collaboratively with an Independent Community Panel to explore and model the short-list options that met the project's hurdle criteria<sup>4</sup>. The next steps will include a full options appraisal exercise, public consultation period, and final recommendations report to be presented to the IJB in early 2025.



<sup>4</sup> You can view the Hurdle Criteria Results Report [here](#).

## 1.2 - Developing Intermediate Care

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

The National Institute for Health and Care Excellence (NICE) suggests that intermediate care services 'help people recover, regain independence, and remain at home'. The four key principles of intermediate care are shown in the infographic below.

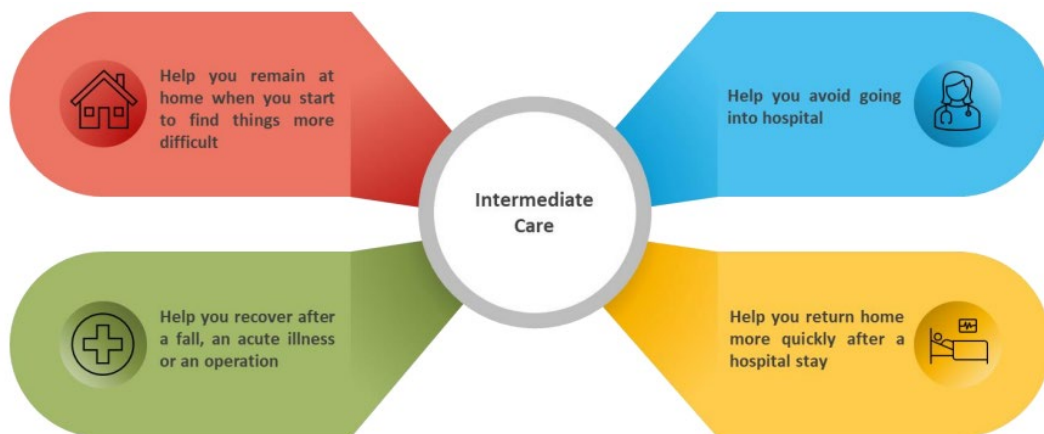


Diagram 1 - The Four Key Principles of Intermediate Care – Nice

ELHSCP continued to build on and develop a range of Intermediate Care services during 2023/24, these services include:

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

You can read more about developments in relation to some of these Intermediate Care services during 2023/24 below.

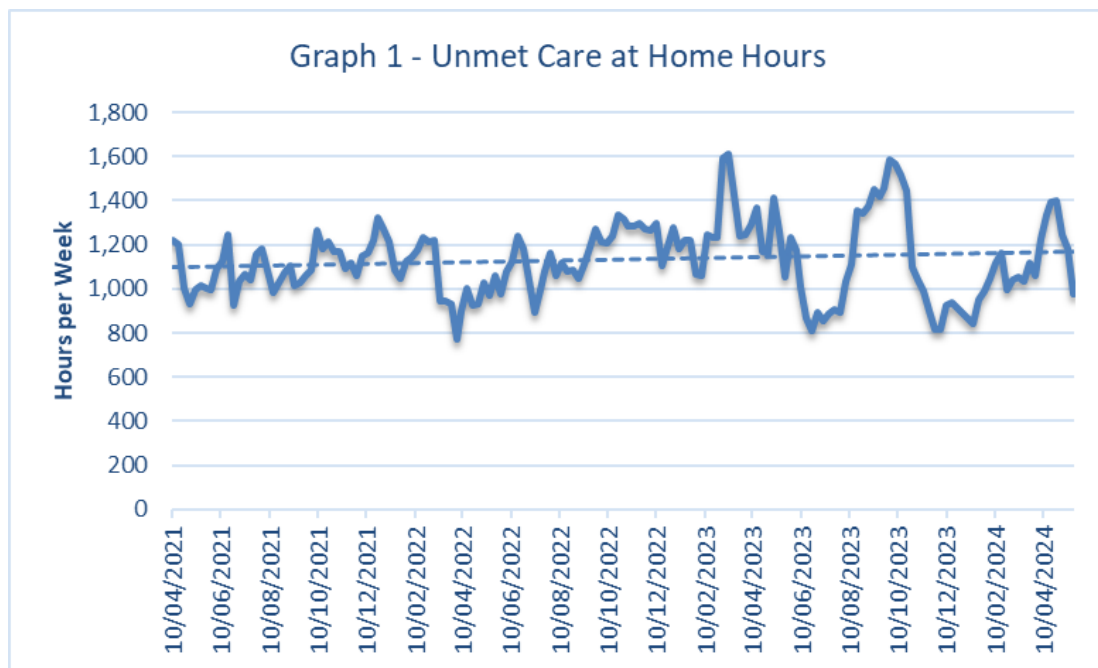
### 1.3 Care at Home services

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 is due to people increasingly requiring more complex packages of care, alongside issues faced by providers in relation to recruiting and retaining staff and increased operating costs.

Care at Home services in East Lothian are delivered by a combination of HSCP managed services and services delivered by external providers. The number of hours per week delivered (for people over 65) by external providers had reduced by 3% by the end of 2023/24, whilst the number of hours provided by internal care at home services had increased by 25%

HSCPs are required to report weekly to the Scottish Government on 'unmet need'. This includes providing data on the number of people who have been assessed as requiring social care but who are still waiting for a package of care and the number of hours of care still to be delivered. This provides an effective measure of the extent to which social care provision is meeting local need.

Graph 1 below shows that the level fluctuated throughout the year, the number of hours of unmet need was lower at the end of 2023/24 compared to the start.



Effective planning for the provision of care at home is key element of the IJB's strategic objective to develop and deliver sustainable end proportionate social care services. A Care at Home Change Board was established in 2022/23 to lead on the delivery of a Care at Home Transformation Programme.

Activity during 2023/24 included building on an analysis of data on current and projected care at home costs, supply, and demand to develop a 'Test of Change' model for care at home provision to be piloted in 2024/25.

### **Praise for our Homecare Service**

Our Homecare Service received praise from the Care Inspectorate following an unannounced inspection in September 2023. The service was given a four-star rating and inspectors noted 'warm, respectful, and compassionate interactions between staff and people using the service' and that:

'...staff took the time when providing care, this ensured positive outcomes for people and a level of care that met people's needs and preferences.'

The team has since started implementing a number of improvements that were discussed with the Care Inspectorate, which will further enhance delivery of the service.



## 1.4 Supporting hospital flow

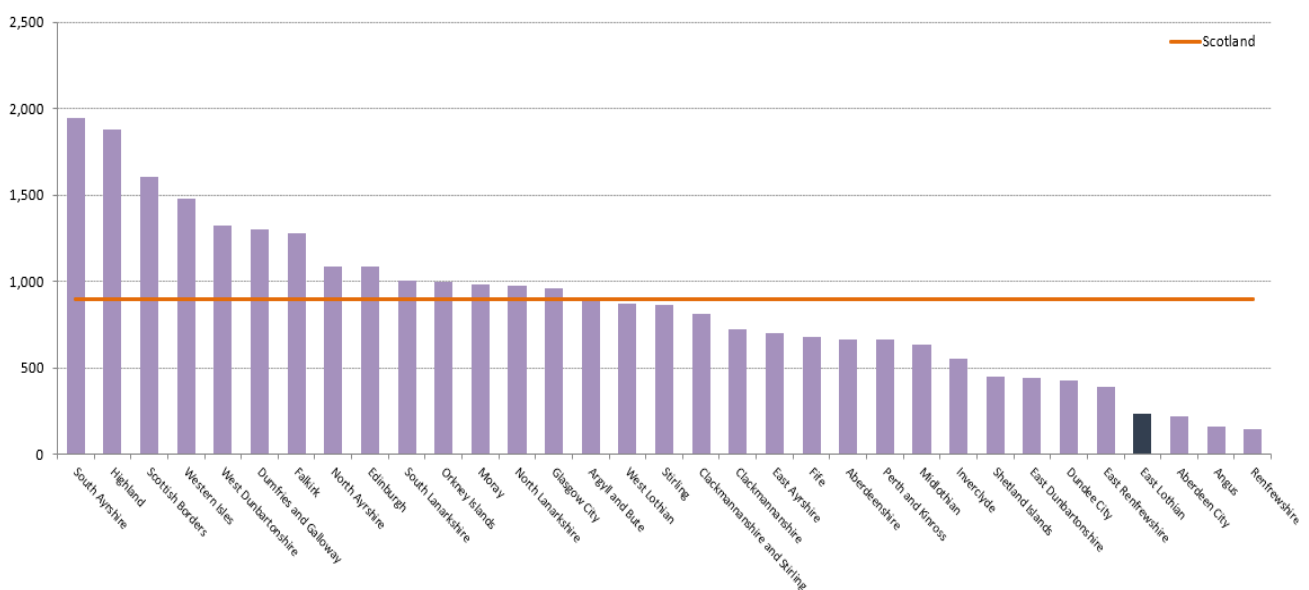
East Lothian HSCP has a strong performance record in preventing hospital admissions and maintaining low delayed discharge rates. This is achieved through services working collaboratively to prevent unnecessary admissions and to ensure that patients do not remain in hospital longer than medically necessary.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

We continued to perform well in relation to maintaining a low level of delayed discharge during 2023/24. However, this became more challenging during the last quarter of 2023/24 when delays increased to a higher than normal level for East Lothian. This was due to a number of factors, including temporary closure of a number of care homes due to Large Scale Investigations, as well as higher than usual attendances at Accident and Emergency and an increase in unscheduled admissions.

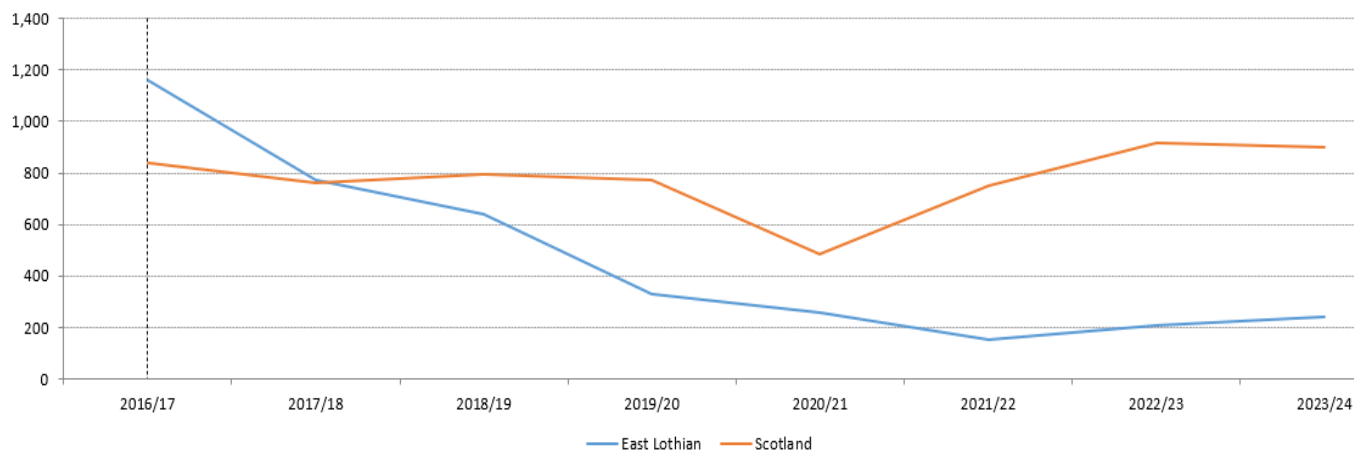
As a result of these challenges later in the year, the total number of delayed discharges for 2023/24 increased to 238 per 1,000 population, compared to 206 the previous year. This was still significantly lower than the Scottish rate of 902 per 1,000 population and East Lothian remained a high performer in relation to other local authority areas, ranking 4th as shown in graph 2.

Graph 3 shows East Lothian's performance since the early years of health and social care integration, demonstrating a significant reduction to 2019/20 and a steady maintenance thereafter.

**Graph 2 – Days people 75+ spend in hospital when ready to be discharged, per 1,000 population (2023/24) – National Outcome Indicator 19**



**Graph 3 – Days people 75 and over spend in hospital when ready to be discharged, per 1,000 population (2016/17 - 2023/24) – National Outcome Indicator 19**



### Integrated Care Allocation Team (ICAT)

Our Integrated Care Allocation Team (ICAT) continued to provide an effective, collaborative approach to assessing people’s care and support needs and identifying options for meeting these needs. The plays a key role in preventing hospital admission where possible and reducing the time people stay in hospital when they are fit to be discharged.

ICAT meetings bring together Social Work, Nursing, Occupational Therapy and Care Broker staff. 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 proactive, multidisciplinary approach to tracking and monitoring patients and planning their discharge home.

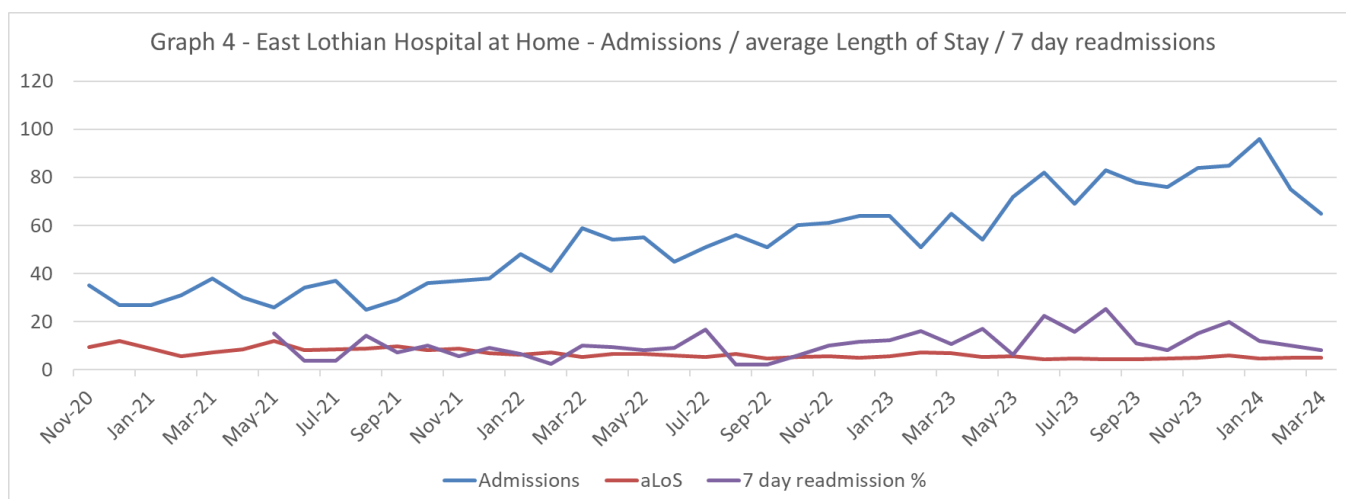
## East Lothian Hospital at Home Service

The East Lothian Hospital at Home (H@H) service provides acute, hospital-level care in a home context for conditions that would otherwise require acute hospital inpatient care.

There has been a substantial and continued increase in patient numbers following investment from the Scottish Government and Health Improvement Scotland to recruit more registered nurses and purchase essential equipment.

The graph below demonstrates the increase in numbers to the H@H service and the average length of stay (aLoS) which had fallen and remained low despite increased patient numbers.

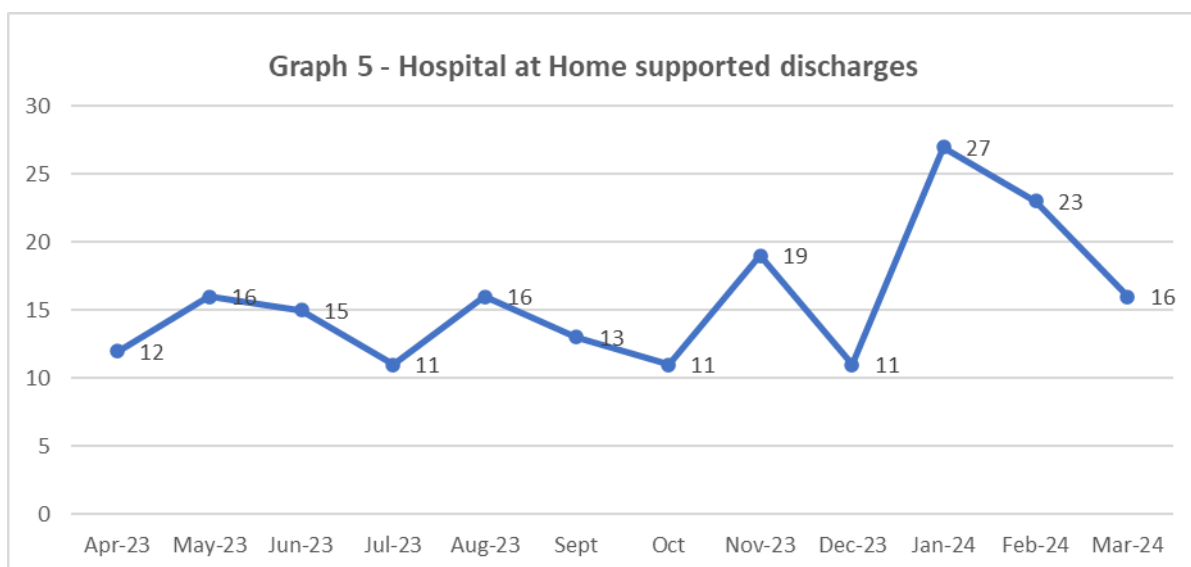
In December 2023, the Scottish Government asked all H@H services across NHS Lothian to work collaboratively to optimise alternative referral pathways to support reducing patient attendances and admissions. The aim was to increase capacity by 10% which we achieved by accepting referrals from the Scottish Ambulance Service and Lothian Unscheduled Care Service at the weekends and by increasing awareness of the service in both front door areas and GP services.



The H@H service works closely with the front door Frailty Team and Acute Medical Unit / Medical Assessment Unit and have seen an increase in the number of supported discharges which we will continue to build on. The H@H service can provide intensive heart failure management, IV/SC<sup>5</sup> fluids, IV antibiotics, and short-term oxygen in the patient’s own home to reduce the length of the hospital stay. Graph 5 shows figures for H@H supported discharges by month, with a total of 190 for the year.

<sup>5</sup> Intravenous / Subcutaneous





### East Lothian Inreach Project

The East Lothian Inreach Project was developed in response to a request from NHS Lothian to all HSCPs in relation to forward planning in response to the extreme, sustained pressures anticipated for winter 2022/23.

The Inreach Project was initially delivered as a pilot over 2022/23, involving East Lothian AHPs<sup>6</sup> working with colleagues at the Royal Infirmary of Edinburgh (RIE) and the Western General Hospital (WGH). The pilot was evaluated positively, and funding was agreed to continue delivering the project through to the end of March 2024. The project team works closely with wider East Lothian HSCP teams to support optimising patient flow. Developments since the start of the project are summarised below.

October 2022 to November 2023:

- East Lothian assessment embedded at earliest point following East Lothian patients' arrival / admission to the Royal Infirmary of Edinburgh (RIE), followed by ongoing intervention by the team as appropriate until the patient was ready to be discharged.
- 662 patient discharges facilitated and onward referrals to over 40 different sources of support.
- During this phase, the project saved an average of 7 bed days per patient discharged withing the Discharge to Assess<sup>7</sup> Pathway, resulting in mitigated cost savings of £378, 679 (taking into account staff costs).

<sup>6</sup> Allied Health Professionals (AHPs) 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 included Occupational Therapists and Physiotherapists.

<sup>7</sup> Discharge to Assess supports people to leave hospital when they are medically fit to do so, continuing their care and assessment at home or in a community setting.



December 2023 to March 2024:

- Inreach approach adapted to reflect the Pan-Lothian Early Supported Discharge (ESD) Model, focussing on the first 72 hours following admission.
- Patients handed back to be supported by the RIE AHP team if they did not fit the ESD criteria.
- Since the Inreach project began, Discharge to Assess referrals from the 'front door' (Accident and Emergency or Acute Medical Unit) increased.
- However, Discharge to Assess referrals from RIE inpatient wards decreased when patients were handed back to the RIE AHP team after the 72-hour ESD period.

### **Mental Health Inpatient Beds**

Work continued during 2023/24 to reduce the number of East Lothian mental health inpatient bed days, with the ambition to work within our commissioned bed base<sup>8</sup>. Inpatient bed use varied throughout the year, but with lower than average use during summer and through to Christmas. Graph 6 below shows a continued downwards trajectory over a two year period.

A three times weekly local 'Activity Huddle' involving the IHTT (Intensive Home Treatment Team) and CMHT (Community Mental Health Team) helps to support hospital flow by reducing unnecessary admissions and ensuring timely hospital discharge. Also key to the approach is a focus on PDDs<sup>9</sup> and Mental Health teams collaborating closely with colleagues from across services (for example, ICAT and Housing).

We have also introduced a Clinical Nurse Specialist role to help develop closer links between the CMHT, IHTT and inpatient services. This role provides specialist, senior input to teams supporting unwell people in the community who may be at high risk and helps to avoid admission where possible. The role also helps ensure a smoother discharge process to IHTT and CMHT.

There are a range of services in East Lothian that can contribute to keeping people out of hospital where appropriate. These include the PTS (Psychological Therapy Service); CWIC MH (Care When it Counts Mental Health service); and DBI (Distress Brief Intervention) – you can read about some of these under Strategic Objective 3 below.

<sup>8</sup> East Lothian IJB commissions NHS Lothian to deliver Mental Health inpatient services (beds).

<sup>9</sup> Planned Date of Discharge should be identified at the earliest possible opportunity in a patient's hospital stay and should be engaging with the patient, carer, and family to plan for when the person is likely to be discharged.

**Graph 6 – Royal Edinburgh Hospital admissions for East Lothian resident – 2 year trend**



## Orthopaedic Rehabilitation Ward at ELCH

A new Orthopaedic Rehabilitation Ward was opened at East Lothian Community Hospital (ELCH) in September 2023, providing supporting to patients from across the Lothians. Development of this provision at ELCH was part of NHS Lothian's Orthopaedic Recovery Plan aimed at reducing waiting times for elective surgical cases.

Development of the ward directly benefits East Lothian patients who have undergone surgery through offering inpatient, post-operative rehabilitation closer to home. It is also helping to further develop the extensive rehabilitation services at ELCH, developing staff skills and expertise.

Feedback in relation to the ward has been extremely positive:

'It's so lovely, it doesn't feel like a hospital. I'm already well on my way to recovery. The staff are always on hand to back you up and give you confidence. It's a very special place, and everyone in it is special' (Patient)



## Hosted Services

Hosted services are operationally managed by an HSCP on behalf of two or more IJBs<sup>10</sup>. During 20023/24, a number of NHS Lothian services were transferred from Edinburgh HSCP to East Lothian HSCP to be managed on a 'hosted services' basis for all four Lothian IJBs. At the time of transfer, East Lothian was not hosting any services, whilst Edinburgh had a significant proportion of all the NHS Lothian hosted services. The purpose of the transfer was to help reduce pressure on Edinburgh HSCP.

The hosted services transferred to ELHSCP include:

- Inpatient and outpatient specialist rehabilitation services for amputee and neuro-rehabilitation at Astley Ainslie Hospital.
- The Cardiac Rehabilitation Service at Astley Ainslie Hospital.
- Inpatient and outpatient specialist acquired brain injury rehabilitation service at the Robert Ferguson Unit in the Royal Edinburgh Hospital.
- The specialist sexual health service at the Chalmers Centre.

Although responsibility for management of these services sits with the ELHSCP, as opposed to the IJB, the HSCP hosts these delegated services on behalf of East Lothian IJB (as well as the other three Lothian IJBs), so the IJB has a role in relation to oversight of service delivery for East Lothian patients.

Activity in relation to hosted services during 2023/24 focused on ensuring a smooth transition of the services to East Lothian management based on close engagement and communication with service staff and managers.

<sup>10</sup> Services can also be hosted by other NHS Directorates.

## 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-aside' arrangements<sup>11</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.

A Market Facilitation Statement was developed during 2023/24 to support the Commissioning Strategy and was agreed at the May 2024 meeting of the IJB. This statement aims to help the IJB, HSCP and service providers to plan for future service delivery and sets out key pressures and summarises current supply and anticipated demand. You can view the statement [here](#).

## 1.6 - Supporting effective & sustainable Primary Care

Demand on primary care services will continue to rise as the number of people living in East Lothian increases and older people make up a greater proportion of the overall population. We continued to witness significant pressure on general practice and other primary care services in East Lothian during 2023/24. The Scottish Government Budget announcement in December 2024 presents an additional challenge in terms of our ability to support effective and sustainable primary care provision.

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), and 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 is represented on the Cluster Group by a Practice Quality Lead. The Cluster's workplan (East Lothian Primary Care Quality Improvement Plan) identifies priorities for quality improvement activity, and sub groups have been established to work on areas of clinical priority.

### 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.

The replacement and upgrading of North Berwick Health Centre, Haddington Health Centre, and a new healthcare facility in Blindwells remain the three priorities for primary care capital development in East Lothian but this is dependent on capital funding from the Scottish Government.

## 1.7 Supporting delivery of sustainable Care Home provision

A new Care Home / Home First Project started at the end of 2023, with the aim of increasing the proportion of people discharged home from hospital, as opposed to being discharged to a care home placement - reflecting the 'Home First' principle. The project is based on the need to ensure that available care home places are used for people with the highest level of appropriate need. Although this approach is in part driven by the need to deliver financial savings, it also results in better outcomes for individuals and reflects a common desire for people to remain in their own homes for as long as possible.

The main elements of the project include:

- Establishing a Social Work Hospital Discharge Team to carry out early assessment and care package design, with an emphasis on identifying alternatives to care home admission (to be launched in 2024/25).
- Management scrutiny of all care home referrals via a newly established Resource Panel.
- Increasing the identification of cases for early intervention through enhanced management of the Adult Social Work Duty Team.
- Review admissions to identify where they could have been prevented.

The early stages of the project (December 2023 to March 2024) delivered a 5% reduction in private care home places.

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

### 2.1 Transforming Community Services

Transforming how we deliver community services continues to be a key strategic priority for the IJB. The Community Transformation Programme aims to develop innovative approaches to social care, working alongside communities and third sector partners to develop capacity and solutions, adopting a ‘co-production’ approach. Some examples of development activity during 2023/24 are provided below.

#### Resource Coordinator Service

Our Resource Coordinator Service supports people with learning disabilities to access community-based activities where they do not require a Resource Centre based service. The service continued to develop during 2023/24, with 113 people accessing a variety of sessions across East Lothian (currently in Musselburgh, Tranent, Port Seton, Prestonpans, Haddington, and Dunbar).

The community based sessions focus on physical activity and skills development – these include life skills, college outreach, arts and crafts, cooking, mindfulness, yoga, gardening, bowling, swimming, and table tennis. Development of sessions is guided by feedback from people using the service.

One of the main aims of the Resource Coordinator service is to develop links with local community groups and other organisations in order to increase community capacity and support inclusion.

An evaluation tool is being developed to capture the views of people using the service and to inform its ongoing development.

While the Resource Centre Service is currently managed by the HSCP, there are plans to look at alternative models for provision from 2025 onwards.

#### Neighbourhood Networks

Neighbourhood Networks provide peer support in people’s local communities to help people establish a life in which they are more active and independent, and less reliant on formal support services.

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.

We continued to develop Neighbourhood Networks in East Lothian over 2023/24. There are now five Networks in place in Musselburgh, Tranent, Haddington, and Dunbar; two of these are 'Transitions Networks' for young people moving from children to adult services.

Each Network can support 10 active members. Once people have moved through the Network they can become Associate Members who can stay in touch, maintaining their social connections and offering peer support to active members. In the last reporting period there 33 active members across Networks and 13 Associate Members.

Musselburgh members have been working with LEAD Scotland, and the majority of them have now achieved National Units SCQF Levels 2-6 in Numeracy. Neighbourhood Networks has organised a certificate presentation to celebrate this achievement.

'... it's brilliant I can independent travel now. I don't need to depend on my Mum driving me'  
(Neighbour Network Member)

'I can't believe the change in A, his confidence has grown so much. I am so proud of how A has developed, and his Independent Travel Outcome Score has improved so much from when we did his Support Plan' (Carer)

### **Older People's Day Centres**

Older people's day centres play a key role in promoting the independence and confidence of older people with complex needs and their carers. We carried out a tendering process during 2023/24 to identify organisations to provide day services on longer term contracts in order to support the sustainability of these services. Providers were identified and contracted to provide person-centred, outcome focused care and support in locations across East Lothian. A new Personal Outcomes Framework has been developed and is now a core part of the commissioning process.

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

The East Lothian Community First Service was launched in October 2022 and continued to develop throughout 2023/24. Community First is delivered by VCEL (Volunteer Centre East Lothian) with funding from East Lothian HSCP.

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. There were 326 referrals to the service during 2023/24. In response to feedback, the service lowered its age criteria from 50+ to 35+.

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.

The following story is an example of the support available through Community First. We have changed personal details.

### Eddie's Story

Eddie is in his 70s and lives alone. His daughter stays nearby but works full time and has a young family so struggles to spend as much time with her Dad as she would like and worries that he is lonely. Eddie had hip surgery earlier in the year and has other medical issues that mean he can struggle with everyday tasks. His mobility is also an issue, and he is anxious about leaving the house alone and panics when he needs to attend medical appointments, though is reluctant to ask for help, and doesn't want his daughter to have to take time off work to go with him.

Eddie was referred to Community First by one of the HSCP's Physiotherapists. Through chatting with one of the Community First Workers, Eddie admitted that he often felt lonely, and his days felt long. He had also lost a lot of confidence since his operation, and this was effecting his independence. He felt guilty that his daughter worried about him and often seemed stressed.

Eddie was matched with a Community First volunteer who helped support him to gain confidence out and about using his walking stick and getting on and off buses, as well as suggesting some other options to make things a bit easier.

After 12 weeks of receiving support from Community First, Eddie had started to take the bus into town on his own to wander around the shops and go for coffee. He had also made use of patient transport to attend a medical appointment and felt that would be something he would be happy to do again. Eddie hadn't been keen to join any local groups, but now knew about at a café run at the Hollies Centre and thought he might visit at some point.

Eddie's daughter was put in touch with Carers of East Lothian to see if there was anything that would help her in her caring role, and she reported feeling much more positive and less stressed having seen how much happier her Dad was.

## Musselburgh Meeting Centre – A place to be me

Dementia Friendly East Lothian (DFEL) opened the Musselburgh Meeting Centre in April 2023, bringing a new, evidence-based approach to supporting people living with dementia and care-partners. The Meeting Centre receives grant funding from East Lothian IJB, and HSCP staff have been involved in supporting the development of this work.

Meeting Centres are social clubs offering warm and friendly expert support to people with mild to moderate dementia, families, and friends. They are a valuable community resource, helping people adjust to the psychological, social, and practical changes dementia brings.

There are 11 key features that make a Meeting Centre, including a trained and stable support team, everyone in the Centre being 'in it together', and the centre being a regular social club in a community setting. In this environment, friendships and confidence build, people learn new things and reconnect with activities they love or have done over a life time. Centres are based on person-centred support, cognitive stimulation and psych-motor therapy, and the power of peers. Meeting Centres foster a sense of belonging and community, helping people with dementia maintain social connections and reduce feelings of isolation.

DFEL continued to grow the Musselburgh Meeting Centre over 2023/24, by the end of the year there 12 Members living with dementia were attending the Musselburgh Centre, along with care-partners coming along on a drop-in basis. The Centre also hosts a carers-space facilitated by Open Arms Carers and Carers of East Lothian. DFEL is leading on development work looking at how this model could be rolled out across East Lothian.

Below is one of many stories from Members about how coming to the Meeting Centre has changed their lives. We have changed personal details.

## Erica's Story

Erica lives with dementia and joined the Centre a year ago. Her son, Martin was struggling to provide support and things came to a head when Erica was hospitalised after a fall.

Erica was clearly anxious and wary when she came in and said very little. Martin took the lead and spoke on Erica's behalf. He was anxious Erica might fall again and stayed by her side, suggesting she sit down and use her stick. We could see Erica's frustration and struggle to speak out, exacerbated by problems finding the right words and understanding what people were saying.

As we got to know each other, Martin felt confident to 'nip out' to the shops or bank. With Martin away, Erica decided to play dominoes with other members. We saw her relax and her first smile was when she won the game. Now Martin often drops Erica off and comes back in time for cuppa at the end of the session and a chat with other members and carers.

Over the year, Erica has grown in confidence and has found opportunities to do new activities, including things she can't do at home. For example, Erica speaks out more, claiming her own space and voice - often asking Martin to stop speaking or to please go away. She is more socially connected, actively engaged in the life of the Centre, and conversing with the other members. Even if the words aren't quite right, this is a place where life with dementia is understood, and no one is judged. Erica has also found a sense of purpose and meaning by doing the washing up, baking cookies and serving food. All things she'd stopped doing at home due to lack of confidence and Martin's concerns for her safety. Erica's fresh fruit plate was a work of art. Erica says: "Despite this [dementia] I know I can still do things – I'm not finished yet!"

Coming to the Meeting Centre created opportunities for Erica and Martin to feel safe and supported to spend time apart; to build new relationships with people in the same boat and do new things. At the Centre we find ways to reconnect people to the things, people and activities that make life worthwhile, even daily tasks that we can take for granted. As Erica says - "[it] feels like me again".

Musselburgh Meeting Centre is helping us to understand more about ways of helping people manage life with dementia and to develop skills and experience we can share with others. Dementia Friendly East Lothian is working with partners to develop the Meeting Centre approach across East Lothian so that more people can benefit and can 'be me again'.

You can find out more about Dementia Friendly East Lothian [here](#).

## East Lothian Exercise Pathway

Work to develop the East Lothian Exercise Pathway continued during 2023/24. The purpose of the pathway is 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 and informed by engagement with a range of community stakeholders. A Steering Group guides ongoing development, taking a 'Experience-based Co-design' approach. The Steering Group is led by the Chair of Lammermuir Community Council and also includes representation from Ageing Well, Live Well, VCEL and East Lothian Council.

An initial pilot was launched in December 2023 covering 4 GP practices, before being extended to cover all 15 GP practices at the start of March 2024. By the end of 2023/24, over 60 referrals had been received,

## 2.2 Working with communities

### Participation and Engagement

A new IJB Participation and Engagement Strategy was launched in 2022/23. The Strategy commits to the further development of existing participation and engagement arrangements, as well as strengthening the focus on engaging with people whose voices tend not to be heard via existing channels, and on learning from ‘lived experience’<sup>12</sup> whenever possible. You can view find out more about the East Lothian IJB Participation and Engagement Strategy [here](#).

We carried out several major pieces of engagement work during 2023/24, including in relation to Planning for Older People’s Services; the East Lothian Independent Advocacy Plan; Deaf Social Work Service and BSL (British Sign Language) Plan; and continuing engagement with carers.

In an effort to reach as many people as possible, we have done our best to engage with people at their own meetings and events, for example, at service user groups, community council meetings and community days, and this has proved to be very successful. We have also made good progress in engaging with people with lived experience, including care experienced people and people affected by adverse childhood experiences. We also began to develop links and engage with BME (Black and Minority Ethnic) groups in East Lothian.

An example of one of our larger scale engagement exercises in relation to the Planning Older People’s Services project can be found on page 14 above.

<sup>12</sup> The term ‘lived experience’ refers to first-hand experience of specific issues and / or of using related services.

## 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 2023/24 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 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

TEC (Technology Enabled Care) can be used to help people to remain as active, independent, and safe as possible in their own homes and in the wider community. TEC can be used alongside or as an alternative to care provision, helping to reduce demand on resources.

The Telecare team carries out assessments and delivers interventions at the Well Wynd Hub; during home visits; or via phone calls. A range of equipment can be provided including community alarms and pendants; devices to help detect falls; and environmental sensors to keep people safe (for example, in relation to fire safety). The team also provides training in TEC awareness to HSCP and Housing teams, helping to promote a 'TEC first approach'.

There was a continued growth in referrals to the team during 2023/24 and an additional increase to workload due to its role in supporting the analogue to digital transition.

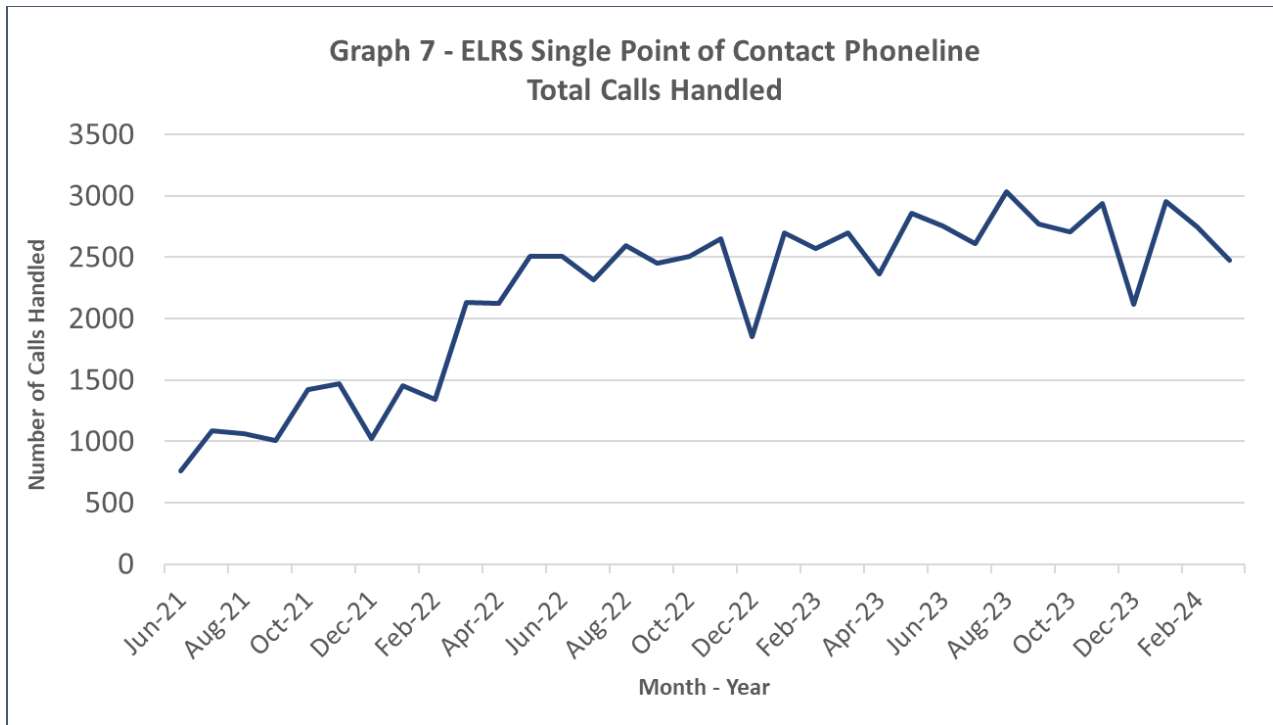
- The team received 1,077 referrals during 2023/24.
- 3,950 interventions were delivered over the year.
- The number of people using the telecare service increased from 2,429 at the start of the year to 2,541 at the end.
- By the end of the year the service had replaced 55.9% of analogue stock to digital alarms.
- 92 TEC awareness sessions were delivered to staff.

#### ELRS Single Point of Contact

ELRS's Single Point of Contact (SPOC) system is now well established, with phonelines working to capacity. 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 gradually increased since its introduction in 2021. Almost 52,500 calls have been handled since the phonenumber was launched, with over 32,300 of them taking place during 2023/24 –

this is shown in graph 7 below. (monthly totals during 2023/24 ranged from 3,031 in August 2023 to 2,115 in December).



### Digital Platform

A 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 LifeCurve13, support on self-management, and details of how to contact and self-refer to ELRS services, as well as an interactive Body Map and Smart House.

Despite extensive activity to promote use of the platform, the total number of page views fell from 48,922 in 2022/23 to 45,260 in 2023/24, use of the LifeCurve element also reduced. It was felt that the level of user engagement with the platform did not reflect the resources invested, and given the financial constraints facing the IJB, it was agreed to terminate the contract with the provider. The platform content was migrated to the ELHSCP website during March 2024, ensuring that this valuable resource is still available.

You can visit the digital platform [here](#).

<sup>13</sup> Find out about LifeCurve [here](#).

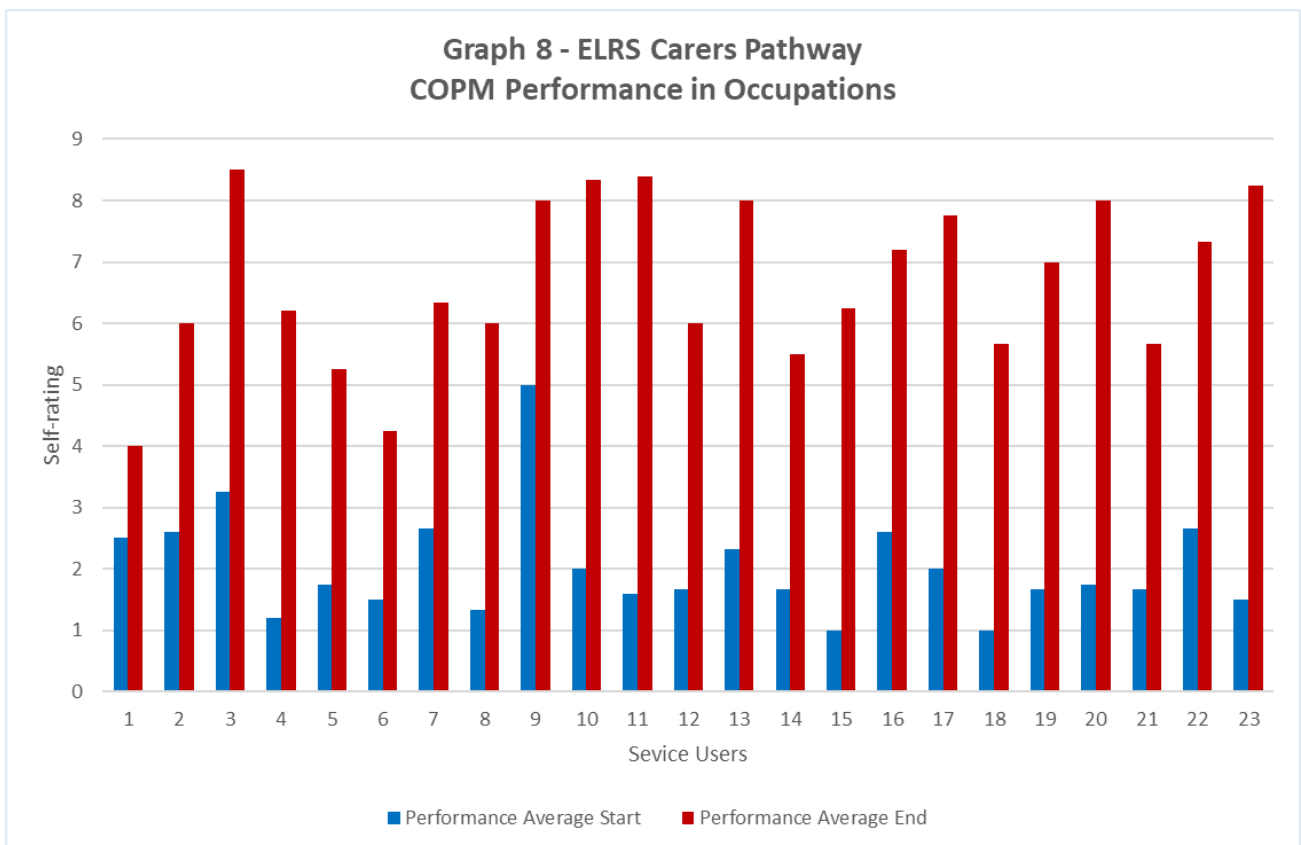


## East Lothian Carers Pathway

An Occupational Therapy led Pathway for unpaid carers was introduced in 2022 and continued to develop during 2023/24. 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. Referrals to the Pathway can be made by Adult Social Work teams, Carers of East Lothian or from other HSCP services.

Referrals grew throughout the year as the pathway continued to be promoted across the HSCP and other organisations. By the end of 2023/24, a total of 107 new referrals had been received, bringing the total number to 143 since the pathway was introduced. Demand exceeded capacity and a waiting list was established to manage referrals.

Each carer is offered a COPM<sup>14</sup> assessment at the start and end of their involvement, and scores have been found to significantly improve as a result of the intervention (see graph 8 below).



<sup>14</sup> The Canadian Occupational Performance Measures (COPM) is a person-centred outcome measuring tool used to set intervention goals and to monitor progress in relation to these goals.

Feedback has been extremely positive, comments include:

- 'The input I received and the impact this had on my thinking went well beyond anything I might have expected.' (Service User)
- 'Prevented breakdown of the situation, allowed and enabled the person cared for to remain at person.' (Community OT)
- 'We would not have achieved the positive therapy outcomes we had with our patient if it wasn't for his carer and the support she was given from the OT Carer Pathway.' (Speech and Language Therapist)

### 3.2 Falls Prevention & Management

Falls can have a significant impact on people’s health and wellbeing, making early intervention and prevention a priority. 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.

An East Lothian Falls Service and a Falls Project Manager post were established in 2022 following a scoping project. Further development of the service took place during 2023/24., including work to streamline referral pathways. Training and awareness raising were also key activities, including delivery of a successful county wide Falls Week Campaign in September 2023.

There were a total of 373 referrals to the Falls Service during 2023/24 and 1,521 interventions were delivered. Support was provided to 289 people on a 1:1 basis and 84 people benefitted from group sessions in the form of ‘Steady On’ Falls Prevention classes.



### 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, these issues will be more complex and require a higher level of treatment and support from mental health services. For others, issues may 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 2023/24 in relation to services providing a preventative / early intervention approach.

#### CWIC Mental Health

The CWIC (Care When it Counts) Mental Health service is unique to East Lothian, with experienced Mental Health Nurses and Occupational Therapists making up the multi-disciplinary team. The service provides easily accessible help and support to people presenting with a mental health issue. The team takes a holistic, person-centred approach to understand the specific needs of each patient.

Demand for the service was high throughout the year, with the small team delivering around 5,400 appointments. An unprecedented level of demand and the complexity of need contributed to waiting times increasing to around 7 weeks as the year progressed. Work is ongoing to reduce waiting times, recognising how valuable ease of accessibility is to patients and their families.

Feedback on the service continued to be very positive:

‘This service was like a hub to join everything together, and it worked very well. Without this service I feel that I would not have been able to make changes to my program as quickly or effectively. This was an extremely beneficial service. I found the practitioner genuinely caring, and very approachable. She did not judge. She guided me to make my own actions and decisions. I hope this service continues to be offered, as it was, for me, life changing.’

(CWIC MH Patient)

‘I have worked in the CWIC mental health service for 2 years and from the very beginning have been proud to be part of a team that provides mental health support for those in the community who need it. The role can be challenging at times, particularly with the increase in the demand and mental health needs of patients attending primary care. Teamwork is key to the ongoing success of the CWIC Mental Health team as is the desire to continue to help those presenting with mental health issues.’ (CWIC MH team member)

## Ritchie's Story

Ritchie first contacted the CWIC Mental Health Team last year following a recent move to East Lothian to study, having found out about the service online and getting in touch by phone. They told the Mental Health Occupational Therapist (OT) a bit about their history of self-harm and suicide attempts and that they had been on a waiting list for an Autism assessment with their local CAMHS<sup>15</sup> Team. Ritchie's initial request was to be placed on a waiting list for an Autism assessment, as it appeared they had been removed from previous list. They also requested support with a letter for Disability Support Services from the University and advice on support with Gender Identity.

CWIC offered follow ups over the next few weeks with our Mental Health OT. Support was given around safety planning as Ritchie had been struggling with suicidal feelings and self-harm. Concern was noted about presentations out of hours and with emergency services. There was liaison with the Community Mental Health Team about prioritising a Psychiatry review and agreement was made around medication changes and Autism assessment.

Ritchie felt positive about the proposed treatments and was able to work on distress tolerance as well as on discussing around trauma with their OT. A Psychology referral was made, along with a referral to a third sector organisation who could provide Ritchie with additional support.

## Distress Brief Intervention (DBI)

This year saw the launch of a new Distress Brief Intervention (DBI)<sup>16</sup> service offering 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>17</sup> The service is funded by East Lothian IJB, and delivered by Penumbra.

People can be referred to the DBI service by our IHTT (Intensive Home Treatment Team) and CWIC MH services. Over 250 referrals were received in the first year of the DBI service. More than half of referrals are for people experiencing depression and low mood, although support is also provided in relation to anxiety, suicidal thoughts, and self-harm.

<sup>15</sup> Child and Adolescent Mental Health Service.

<sup>16</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>17</sup> [Aim - Distress Brief Intervention Scotland \(dbi.scot\)](http://www.dbi.scot/)

The DBI team regularly participates in the three times per week mental health 'activity huddle', ensuring early discussion and planning about who they may be able to support, and providing an opportunity to seek multidisciplinary discussion around complex presentations.

Face to face DBI sessions started in Musselburgh towards the end of 2023/24, and there are plans to develop a second outpatient base in Haddington.

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

Growing numbers of people are living with long-term conditions, and this is set to continue to increase over time as more people live longer. Supporting people with self-management 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 is why developing approaches to improving the management of long-term conditions has been identified as a strategic delivery priority for the IJB. Examples of activity taking place in 2023/24 in relation to this priority include:

- The expansion of outpatient services and clinics at East Lothian Community Hospital, including those related to the management of long-term conditions (see page 49).
- 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, including dedicated [web pages](#) and a printed booklet. (see page 49)
- Information on managing long term conditions on the [‘Access to a Better Life in East Lothian’](#) digital platform (see page 37).
- 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.

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

### 4.1 HSCP Primary Care Services

Primary Care services in East Lothian have changed significantly since the inception of the IJB with more choice of services available, which has improved accessibility, quality, and patient outcomes.

Where patients in the past would have simply contacted their general practitioner, there are now a number of HSCP teams that provide primary care services alongside local practices. The role of the community pharmacist has also expanded, offering services through the minor ailments scheme, pharmacy first and pharmacy first plus.

HSCP primary care services continue to develop to improve patient experience and make efficient use of the funding and resources available. The following provides a description of activity during 2023/24. You can find out more information about primary care services [here](#).

#### Care When It Counts (CWIC)

The Care When it Counts (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). A multifaceted approach by the team led to a 60% increase in appointments available in 2023 compared to 2022 and provided over 25,000 appointments in 2023/24.

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

CWIC continues to play a key role in supporting the development of Advanced Nurse Practitioners and Physician Associates in East Lothian. It is recognised that these roles will become increasingly important as in meeting future demands on primary care services driven by a growing and older population.

Most of the clinical team in CWIC have been supported by the HSCP to complete their clinical training and CWIC also supports staff from community pharmacists and other HSCP services to become Independent Prescribers. Supporting the training of Physician Associates has led to these postholders being available to work in other ELHSCP teams, specifically the Care Home Team, Hospital At Home, and Medicine for the Elderly in ELCH.



## Community Treatment and Care Service (CTAC)

The Community Treatment and Care Service (CTAC) is a nurse-led service delivering clinics across East Lothian. CTAC provides a range of services to patients of all ages in a treatment room setting. In 2023/24, clinics were offered in Dunbar, North Berwick, Haddington, Musselburgh, Tranent, Cockenzie and Prestonpans.

Demand on service continued to rise during 2023/34. This included a 23% increase in demand for wound management and 28% increase in bilateral dressing. Without an increase in funding, this made it necessary to pause the ear care service provided by CTAC to allow the team to focus on other clinical priorities.

### A day in the life - the CTAC Service

On a typical day, CTAC nurses will each see around 20 patients providing a variety of clinical treatments including wound management, Vitamin B12 injections, suture and stitches removal, Doppler assessment, and phlebotomy.

Wound care is the service provided most frequently by CTAC staff. Patients come to CTAC with a range of different types of wounds, all of which require prompt and accurate assessment and treatment. Examples of different types of wounds we see are:

- Chronic wounds (most commonly leg ulcers).
- Traumatic wounds.
- Burns.
- Surgical wounds.

Patients who come to CTAC with wounds will receive a holistic assessment that involves nursing staff asking for a variety of information. This will include questions about the history of the presenting complaint, the patient's medical history, medications, and subjective symptoms.

Following clinical assessment, the CTAC Nurse will recommend a treatment plan which may include a dressing plan. They will also advise on how frequently the dressing will need changed and whether the patient will require further assessment.

Patients with leg ulcers may require a scan called a Doppler scan as part of their holistic assessment. The Doppler scan assesses the patient's vasculature and circulation using an ultrasound machine and is done in the CTAC clinic. By calculating the patient's ankle/brachial pressure index (ABPI), the CTAC Nurse can assess whether the patient is safe to commence compression therapy as part of their treatment plan. Depending on the results of the Doppler scan, the patient may require to be referred to other services such as the vascular team.

## Pharmacotherapy Team

During 2023/24, the Pharmacotherapy Team focused on undertaking activities to directly support GP practices and on the delivery of cost-effective and safe prescribing initiatives.

The team also continued to deliver other important workstreams, including polypharmacy reviews and the expansion of serial prescribing<sup>18</sup>, albeit at a much reduced pace as a result of significant workforce pressures and increased demand driven by East Lothian's growing population.

There were particular challenges during 2023/24 in relation to medicine shortages, notably diabetes treatment and ADHD drugs, and these had a significant impact on the Pharmacotherapy team's workload.

Despite these challenges, the team has undertaken some innovative project work including:

- Scheduling medicines reconciliation work to reduce time spent on it.
- A Quality Improvement project to ensure medicines reconciliation is undertaken by the most appropriate person.
- Trialling the pharmacy technician role in monitoring high risk medicines.
- Tracking prescription requests for stoma and nutrition products to identify duplicates and reduce workload and cost.

Education, training, and development continues to be a priority for the team, with individuals completing a variety of courses and achieving professional qualifications a range of levels.

Work also began during 2023/24 on developing a pharmacotherapy hub in Musselburgh Primary Care Centre. Once established this will free up much needed space in GP practices; support pharmacists to deliver more clinical; provide mutual support for pharmacy technicians; and enable a more effective training and mentoring environment.

<sup>18</sup> A serial prescription is a prescription for medicines to treat long term conditions – these prescriptions last for 24, 48 or 56. This helps to reduce practice / pharmacy workload and is more convenient for patients.

## Primary Care Vaccination Programme

The Primary Care Vaccination Team provides the majority of adult vaccinations in East Lothian, including COVID, Seasonal Influenza, Pneumococcal, and Shingles. Last year the team administered over 116,000 vaccinations.

The team work from four sites in Dunbar, Haddington, North Berwick, and Musselburgh and also provide vaccinations in Care Homes and for people who are housebound.

### A day in the life – The Primary Care Vaccination Team.

The Primary Care Vaccination Team is a multi-professional team operating across the County. The team runs clinics in four East Lothian locations, as well as providing vaccinations in care homes and at home for people who are housebound. The East Lothian vaccination bus is also available to deliver pop-up clinics in a range of additional locations for people who may find it difficult to get to one of the existing clinics.

Each vaccinator in the team will typically see between 50 and 100 patients on a busy clinic day. As well as administering the vaccine, vaccinators are also responsible for screening each patient for eligibility and suitability as well as gaining informed consent.

During each appointment, the vaccinator will discuss the vaccination with the patient, address any concerns or issues prior to vaccination and maintain accurate records both written and electronically. Registered vaccinators also have to adhere to government policies, PGDs (Patient Group Direction) and the Green Book.

The work of the vaccination service has grown and become more complex. There is now a year-round programme, with vaccinations provided every week in East Lothian and the team being required to provide different vaccination programmes on the same days.

The busiest period is during autumn and winter when most of the COVID and Seasonal Influenza vaccinations are given. Shingles and Pneumococcal vaccinations are also delivered from January until the end of March (but these continue to be given anytime during the year when required). Recent years has also been a Spring COVID programme, and in 2024 there will be a new vaccination programme for Respiratory Syncytial Virus (RSV) starting in late summer.

As well as all these programmes the team also provide many non-routine vaccinations which include Hepatitis B; Tetanus; Measles, Mumps and Rubella (MMR), and Human Papillomavirus Virus (HPV).

The team now provides over 116,000 vaccinations a year and has one of highest levels of vaccine uptake in Scotland.

## 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 in OPD1 ELCH has grown from around 30,000 in the last years of Roodlands Hospital<sup>19</sup> to just under 79, 000 appointments offered in 2023-2024, the DNA (Did Not Attend) rate is sitting at 6.7%. A further 4,637 patients attended the Endoscopy and Minor Procedure Unit, with a DNA rate of 9.1%.

Across all out-patient services delivered at ELCH (mental health, CTAC, vaccinations, dentistry, podiatry etc) the total number of attendances was 114, 587 with a DNA rate of 6.6%

During 2023/24, there were 241 nurse-led patient monitoring clinics available at ELCH (285 of these were cancelled) and a DNA rate of 15.5%. 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.

Key developments during the year included:

- Escalating the number of nurse-led minor operations clinics at ELCH with 332 appointments attended in 2023/24 (up from 118 the previous year).
- Progressing plans to double 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).
- 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. However, the unit's ability to fully use this capacity was restricted by the availability of operators.
- 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 included the Unit achieving JAG Accreditation<sup>20</sup> in October 2023, making it the first NHS facility in Scotland to achieve this status. Although growing waiting lists have resulted in JAG accreditation lapsing, the Unit continues to meet the other accreditation criteria, reflecting the continued high standards of quality service provision.

<sup>19</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>20</sup> This accreditation is awarded by the Royal College of Physicians Joint Advisory Group (JAG) on Gastrointestinal Endoscopy.

- Increasing the length of Ultrasound clinics 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. We have expanded the service to include older East Lothian residents who require treatment for anaemia via either blood transfusion or intravenous iron therapy.
- Exploring the potential to provide support to the Royal Infirmary of Edinburgh venesection service to help address their waiting list and to the Western General Hospital's Out-Patient Antibiotic Therapy (OPAT) service (both would be delivered within our existing staffing establishment).
- Exploring the possibility of being able to offer phlebotomy clinics and line care to remove the need for patients to either wait on a District Nurse appointments or attend an acute hospital in Edinburgh.

### Working together for better outcomes

Mrs F attended East Lothian Community Hospital for an appointment for a chest x-ray but fainted whilst being assessed by one of the Consultants. The Consultant suspected that this was due to her having significant anaemia and felt that an emergency admission for urgent blood transfusion would have to be considered. However, Out Patient Department staff helped to provide support and the ELCH endoscopy team was able to accommodate Mrs F for a unit of blood that afternoon. Transport was arranged and she was able to return home that same day.

Mrs F continued to be reviewed by the Hospital @ Home team over the weekend who were pleased to report her dizzy episodes were resolved. Subsequently, care was safely handed back to her GP.

The skills, experience, and knowledge of staff at the hospital, and a willingness to work together to respond to the patient's immediate needs resulted in a number of positive outcomes:

- Mrs F received the urgent assessment and treatment she needed without being admitted to an acute hospital.
- Mrs F and her daughter fed back how pleased they were with this outcome – her daughter would have struggled to visit if she had been admitted.
- The risks associated with acute hospital admission for frail elderly people were avoided.
- Hospital bed days were saved.

### 4.3 Re-imagining Adult Social Work

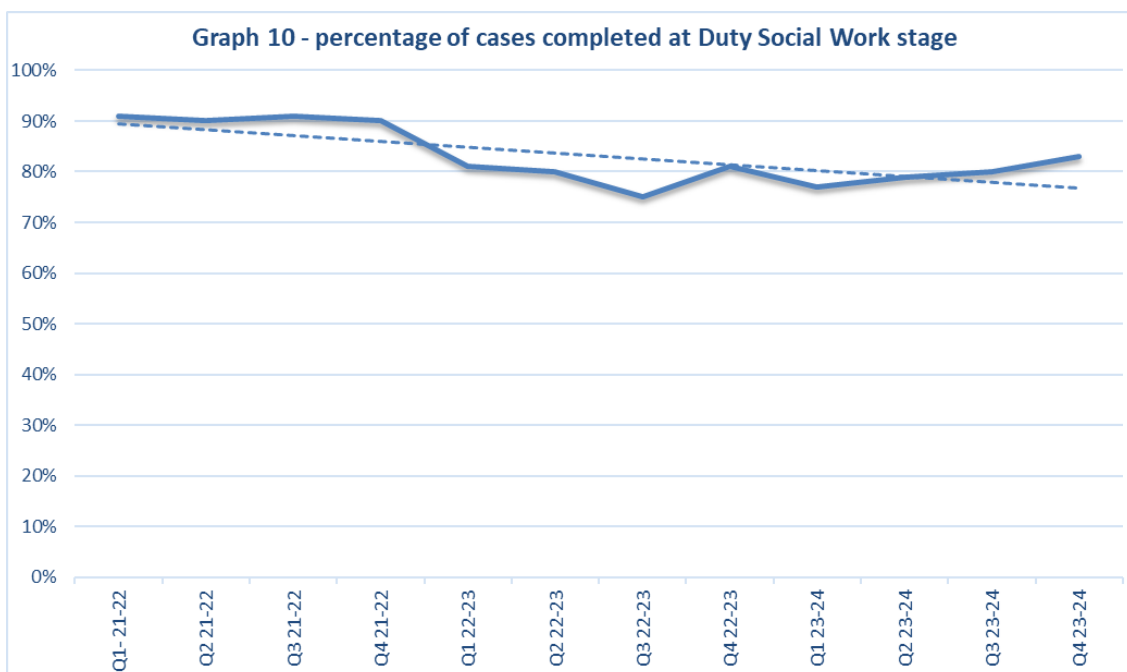
Our current operating model and support structures were introduced in 2021 following work with IRISS to ‘re-imagine’ the approach to Social Work services for adults in East Lothian and continued to deliver strong performance during 2023/24.

This now well established approach involves dealing with as many cases as possible at ‘first point of contact’ through our duty system, rather than people being added to a waiting list for assessment. The result has been to reduce the waiting list for adult social work assessment to consistently at or around zero (from a high of over 200 in 2021).

Carrying out assessment at as early a stage as possible results in better outcomes for individuals in terms of services being able to take a more preventative or early intervention approach. This can help to prevent their situation deteriorating and their care needs becoming more significant, or a crisis situation emerging. Keeping waiting lists as low as possible also helps to reduce ‘hidden risk’ in terms of people with high, but unknown, levels of need waiting to be assessed.

Further development is planned in relation to embedding an early intervention and prevention approach to the duty system. This will focus on identifying individuals who would benefit from early intervention and visiting them within 48 hours of referral, as well as ensuring same day onward referral for rehabilitation services if needed.

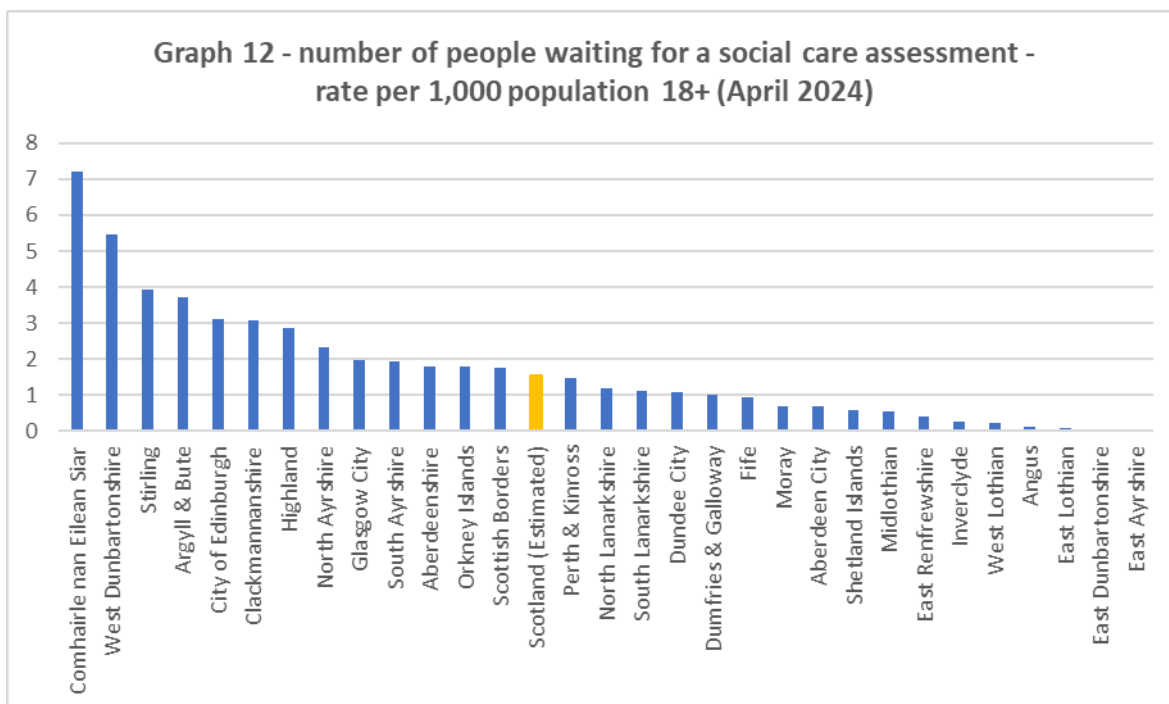
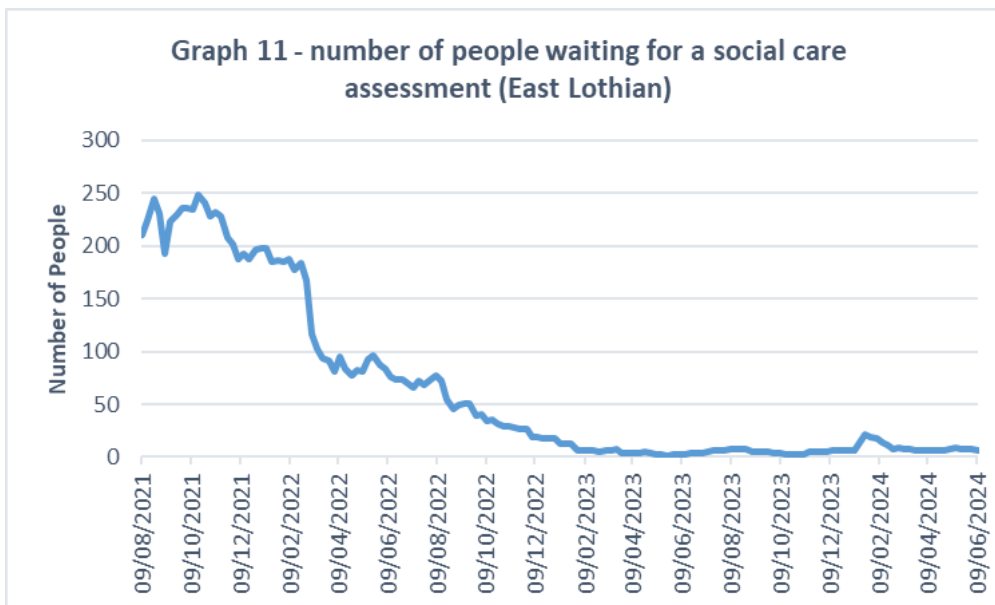
Graph 10 below shows a consistently high percentage of cases continued to be completed at duty social work stage during 2023/24, rising from 77% at the start of the year to 83% by the end of quarter four.





Graph 11 demonstrates shows a sharp reduction in the waiting list for assessment from the introduction of the new operating model in 2021, with this being sustained throughout 2023/24. Comparison across local authority areas is shown in graph 12, highlighting the strength of East Lothian’s performance in a Scottish context.

Targets around assessments were introduced in late 2023/24 and will be reported on in next year’s Annual Performance Report. These include social work assessments for people in hospital being allocated within 24 hours of referral and community assessments being allocated within 2 weeks. A further target has been set around the completion of assessments within 28 days.



[People requiring a social care assessment and Care at Home services \(Public Health Scotland\)](#)

## **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.

Alzheimer Scotland were successful in their tender for 2022 and since being awarded the contract has increased their Link Worker staff to 3.5 full time equivalent workers. Increased funding to the service has had a positive impact in significantly increasing the number of people receiving PDS (up from 99 people in April 2022 to 198 people in November 2023) while also cutting waiting times for the service in half from the highest point last year.

Alzheimer Scotland are also currently developing a series of Post Diagnostic Support groups which will run for 6 weeks to target those on the waiting list for the formal 1 year support service. The groups will provide an introduction to formal PDS support; deliver sessions on memory skills/tips/tricks and technology; enable people to learn more about dementia; share information on local community connections; and provide support to help people cope with stress. The groups will also help to promote peer support and to increase uptake of the formal PDS service.

### **Dementia Strategy**

A final version of the East Lothian Dementia Strategy was signed off by the Integration Joint board in October 2023. Further consultation was then completed with people with lived experience of dementia through attendance at the Dementia Friendly East Lothian Annual Gathering to determine the priorities for implementation. People with dementia and their carers told us their priorities were for us to improve the Diagnostic process, the provision of information, increasing access to community activities and peer support, and tackling stigma associated with the illness. This feedback will be incorporated into an implementation plan which will be developed to take forward the actions from the strategy.

### **Musselburgh Meeting Centre**

East Lothian's first Meeting Centre was opened in April 2023, providing support to people living with dementia and their care-partners. You can read about developments during 2023/24 on page 32 above.

## 4.5 Supporting Carers

East Lothians second local Carers Strategy was published in June 2023 and will help to guide activity in this area over the next three years. Highlights from the first year of implementation are summarised below, under each of the strategy outcomes.

### **Outcome 1 - Carers are identified and can access support**

Adult and particularly our Young Carers services supported a growing numbers of carers during 2023/24. Carers of East Lothian (CoEL) suggested that although numbers of carers have been relatively steady, complexity of situations and therefore support required has increased.

A pilot project is being developed to support people in hospital to be identified earlier and have more access to support while the person is in hospital and once discharged into the community.

### **Outcome 2 – Carers are well informed and have access to information and advice.**

Commissioned support services for Adult and Young Carers are performing well, with both exceeding agreed Key Performance Indicators. Additional funding has been agreed in 2024/25 to minimise the impact of a significant funding cut to the Young Carers Service (YCS) from another partner, this should allow the service to maintain its current level of provision and continue to offer opportunities for breaks from caring to Young Carers.

Work is ongoing to provide better information to people and carers across HSCP services and partner organisations. Specific examples include the re-introduction of post diagnostic support groups for people diagnosed with dementia (delivered by Alzheimer’s Scotland) and development of carer specific information sessions (by CoEL and partners) for people caring for those living with dementia.

### **Outcome 3 - Carers are supported to maintain their own physical, emotional, and mental well-being.**

An ELHSCP and CoEL project team updated the local Adult Carer Support Plan (ACSP) during 2023/24 and continues to work to ensure that the principle of carers rights is embedded in Plans. Implementation of the new Plan began in March 2024. A review will be carried out following the first six months of use and will include gathering carer feedback. The new ACSP is outcome focused and will enable the HSCP to gather information on where outcomes could not be met, which will help to inform future priority setting.

### **Outcome 4 – Breaks from caring are timely and regularly available.**

East Lothian Short Breaks Services Statements have been updated and made available across East Lothian. It is recognised that there are difficulties in carers accessing regular breaks at a time and place to suit their individual needs. Next steps are to establish a short breaks working group to explore the issue and address some of these barriers. This will include a review of carers access to SDS (Self Directed Support) options.

In relation to older people’s access to residential respite, the HSCP has made changes to policy addressing the gap between the rate that was paid for residential respite and the market rate for this type of support.

**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.**

The Carer Support Planning process aims to promote good conversations with carers to establish ‘what matters to them’ and what difference support can make to achieve the best outcomes. The Occupational Therapy Carers Pathway is another means of helping to support people to achieve this balance (see page 38 above).

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

Carers of East Lothian are delivering a programme of “Think Carer” training to educate the workforce on respecting and valuing carers as Equal Partners in Care. New educational materials produced by NHS National Education for Scotland are being promoted nationally and locally by HSCP workforce development.

**Outcome 7 – Local communities are supported to be carer friendly.**

Awareness raising work is ongoing and includes ensuring communications are carer aware. HSCP and Carers organisations support many other local organisations (including day centres and East Lothians first Meeting Centre) therefore making our communities more carer friendly through partnership.

The Carers Change Board continues to oversee developments around carer support and has an advisory role in agreeing use of the Carers Act budget allocation from Scottish Government. In 2023/24, a small grant process was run offering support to community organisations offering carer support at a local level. A detailed breakdown of use of the Carers Budget during 2023/24 is contained at Appendix 2.

The Community Care Worker dedicated to Carer Support continues to develop the role and has increased links with other carer support organisations (particularly Carers of East Lothian and the Occupational Therapy Carers Pathway). The worker can support carers to access personal budgets and also works closely with the Carers of East Lothians ‘Time for me’ worker.

## 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. This approach provides the care needed by patient whilst also supporting families and carers.

During 2023/24:

- Our Hospital to Home and Care at Home services worked closely with Hospice at Home to provide care packages in the community.
- District Nursing and East Lothian Palliative Care Team worked together to support end of life care in people's homes where this was their wish. The Palliative Care Team supported over 400 patients / families during 2023/24.
- St Columba's piloted the use of a virtual ward. This provides support for up to 14 days for people in their own home when they would otherwise require inpatient admission to a hospice to meet their palliative care needs. Our Palliative Care Team works closely with St Columba's colleagues in relation to the virtual ward.
- The Palliative Care Team delivered a monthly wellbeing group to support people to make contact with others and to access additional support services. The team works collaboratively with partners to deliver the group, for example, with St Columba's delivering 'fatigue management' and 'compassionate neighbours' sessions.
- The Palliative Care Team introduced 'Bunny Buddies' to help foster open communication and bring comfort, helping children in families facing end-of-life-care and bereavement. You can read more about Bunny Buddies [here](#).

The Planning Older People's Services engagement programme and hurdle criteria exercise (see page 14 above) identified palliative and end of life care an area for further consideration during the next stage of the programme. It has been agreed to carry out a review and mapping of current provision to identify any gaps and / or opportunities for service development.

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

### 5.1 Integrated Teams and Approaches

#### Integration of Care at Home Services

At the start of 2023/24, we began work to integrate our Hospital to Home and Homecare services. As part of integration, both teams started to make use of 'OnePlan' software for care planning and coordination.

Integration of the teams brought immediate benefits in terms of supporting the development of shared care plans and enabling the care of service users to be shared across staff teams. This resulted in a more flexible and efficient use of resources and increased resilience of service provision. This can be seen to be reflected in the growth of the number of hours of care provided throughout the year (see page 16 above).

#### Access to Primary Care

Testing of an approach involving direct professional to professional links between the Substance Use Service (SUS) and CWIC (Care When It Counts) Service took place during 2023/24. This activity was developed in recognition of the challenges people supported by the Substance Use Services often face in accessing primary care services.

The introduction of direct links between professionals in each of the services involved in the trial was shown to help improve access to physical health interventions for patients involved and will continue on a permanent basis. There are plans to roll out this approach to Adult Mental Health Services during 2024/25, again with the aim of supporting people using these services to access primary care.

#### Enhanced Learning Disability Service

The ongoing 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, Adult Community Resources and the Community Learning Disability Team were 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. Service 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

Last year we reported on progress with the review of access to mental health services and described activity aimed at improving access and patient pathways. In 23/24 work continued to review the 'front door' of East Lothian Joint Mental Health Team to create a single point of access. Consultation across a variety of stakeholders was completed and an initial pathway defined. Work on this is ongoing.

The ADHD<sup>21</sup> pathway has been successfully implemented in ELHSCP. The pathway is consultant led, but a training plan is in place to build a nurse led model in time. Current capacity allows approximately 100 patients to be assessed per year, although the waiting list had grown to nearly 1000 patients by the end of the year. The service will continue to explore resource-effective models of assessment and treatment during 2024/25 with the aim of reducing the waiting list.

ASD<sup>22</sup> commissioned assessments were paused in 2023/24 due to a governance issue with assessment outcomes unable to be recorded in TRAK. As a result, the waiting list has grown to approximately 300 patients.

### Older Adult Mental Health Services

Older Adult Mental Health Services continued to develop and deliver effective, streamlined mental health support for older adults. During 2023/24, activities included:

<sup>21</sup> Attention Deficit Hyperactivity Disorder.

<sup>22</sup> Autism Spectrum Disorder.

- Twice weekly huddles involving community and inpatient services, supporting collaborative working, and helping to ensure smooth and timely discharges to either community based care or further 24 hour care.
- Providing training on Stress and Distress to care home staff and supporting care home residents with both pharmacological and non-pharmacologic interventions. A weekly huddle involving all services providing support to care homes helps to enable joint working and information sharing, and also benefits from input from the Care Inspectorate.
- Supporting people living in their own homes who have severe and enduring mental illness, including those with dementia. This included close collaboration with external providers and voluntary organisations to provide a wider range of support options reflecting individual need.
- Delivering a memory assessment service linking in with the Post Diagnostic Support Service provided on a commissioned basis by Alzheimer Scotland.
- Exploration of the potential development a Rapid Response Team to provide a more intensive home treatment option for people over the age of 65.<sup>23</sup> Although there was support for this development, the current financial position does not make it viable in the immediate term.

The development and delivery of the activities described above reflect commitments outlined in the National Dementia Strategy and the East Lothian Dementia Strategy – you can read more about the East Lothian Strategy on page 55.

<sup>23</sup> Currently this type of service is only available for adults under 65 or over 65s with a functional illness, therefore does cover people with dementia or delirium.



## 5.3 Meeting housing needs

### Local Housing Strategy

East Lothian's Local Housing Strategy (LHS) 2024-2029 was adopted in April 2024 following extensive engagement during which over 1,300 voices were heard. To ensure that health was strongly embedded within the LHS, a Health Integrated Impact Assessment (HIIA) was facilitated by Public Health Scotland's Population Health Team, with a range of stakeholders taking part in a workshop to consider the health impact of the draft LHS.

To oversee the delivery of the LHS, a Housing Partners Board was established in May 2024. Membership of the Housing Board includes senior managers from across the Council's Housing Service and HSCP and representatives from East Lothian's Tenants and Residents Panel (ELTRP).

Work is ongoing to develop a Housing Contribution Statement (HCS) to formalise the link between the new LHS and East Lothian IJB's Strategic Plan. The Housing Contribution Statement is a statutory requirement and links the strategic processes of housing, health, and social care at a local level. Once complete, the HCS will outline the Council's contribution to the strategic objectives identified in the IJB's Strategic Plan through the delivery of housing and housing related services, whilst taking into consideration the current financial context and population pressures.

It is anticipated that the Housing Contribution Statement will be presented to the IJB for approval in autumn 2024.

### Housing, Health, and Social Care Strategy Group

A Housing, Health and Social Care Strategy Group was formed in 2023 to help support joint working at a strategic level across relevant Council and HSCP services. A key purpose of the group is to ensure that respective strategies are aligned. Once the Housing Contribution Statement is in place, the group will play an important role in overseeing related activity.

### Review of housing adaptations across tenures

Housing support services, such as aids and adaptations, are delegated to East Lothian IJB under the Public Bodies (Joint Working) (Scotland) Act 2014. The funding process for housing adaptations in East Lothian is complex and varies depending on tenure and type of adaptation.

Funding pressures related to adaptations have become increasingly evident in recent years due to rising material and labour costs and an increased level of demand as a result of growing need. Following discussion between partners during 2023/24, it was agreed that a review should take place. The review will look at how to ensure the best use of resources to meet the needs of East Lothian residents regardless of housing tenure.

## Housing to meet specific needs

The HSCP continues to work in partnership with East Lothian Council Housing colleagues to develop core and cluster housing using a range of models to best meet individual needs.

A total of 40 units of core and cluster housing have been developed in East Lothian over the last five years. This has included the introduction of a core and cluster development for individuals with mental health conditions to replace previous bedsit provision. The development comprises of 8 individual flats alongside a staff base providing 24/7 care and support by a specialist provider.

There is still a need for further development of appropriate housing options for people with mental health conditions being discharged from hospital, as well as options to meet a range of other complex health and support needs.

The East Lothian Local Housing Strategy for 2024-2029 includes a commitment to developing 12 additional units of core and cluster housing per annum to meet a ranging of complex health and support needs.

## Elder Street

Elder Street in Tranent is a supported accommodation and rehabilitation resource for up to 10 people with complex mental health needs. The provision focuses on offering between 6 and 12 months of supported accommodation as part of people's journey back to independent community living. The service is provided on a 24 hour basis, 7 days a week by Carrgom, with inreach support from a number of external providers.

Challenges have emerged in terms of the flow of people through the service. Individuals supported at Elder Street gain tenancy rights whilst at Elder Street and can then experience long waits to be rehoused beyond their recovery work being completed. Discussions with Housing colleagues are planned to look at options for resolving this.

At the end of 23/24 the provider commission was put out to tender. Penumbra have been successful in the tender process. This provides an opportunity to review delivery of the service, within contract limitations, to improve quality and flow.

## 5.4 Transitions

Population predictions for East Lothian suggest that at least 30 young people with some level of support need will transition from Childrens to Adult Services each year. Support required by young people may include care at home, day support, respite, or supported employment.

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.

A new East Lothian Transitions Framework was finalised in 2023/24 reflecting the 'Principles of Good Transitions'<sup>24</sup> and placing further emphasis on putting the young person at the centre of the planning process. The Framework formalises existing processes, defining the responsibilities of those involved and identifying the expected milestones and timescales.

<sup>24</sup> ['Principles of Good Transitions 3' - Scottish Transitions Forum](#)

## 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>25</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 and gives examples of service development activity during 2023/24.

#### Activity levels

There were 659 referrals categorised as Adult Protection in East Lothian during 2023/24 – a decrease of 19% from the previous year, but slightly above the 2021/22 rate (by 2%).

We changed the way in which ‘Duty to Inquiries’ (DTIs) and ‘Investigations’ were defined in September 2023, and this is reflected in the data for 2023/24. This change involved a move towards a ‘One Inquiry’ approach, recognising that inquiries may or may not be carried out on the basis of powers under the Adult Support and Protection (Scotland) Act 2007. A total of 751 Inquiries (with and without powers) were completed in 2023/24, compared to 782 the previous year. This is reflective of the lower number of referrals received.

#### Service development

We continued to develop our approach to performance management and improvement in relation to Adult Support and Protection (ASP) services during 2023/24, this included:

- Implementing updated Adult Support and Protection Procedure, ensuring alignment with the Scottish Government’s revised Code of Practice.
- Developing our approach to data managing to comply with revised national data requirements.
- Ongoing improvements to recording templates to ensure that the right information is captured to support evidence-based risk assessment.
- Carrying out a range of audit activities including ‘dip’ audits; peer audits; focussed audits in relation to screening of police concerns; and cross-team audits. Finding of audits fed into continuous improvement cycle.

<sup>25</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.

- A significant amount of activity also took place during 2023/24 in preparing for and participating in a joint inspection of adult support and protection – details are provided below.
- Rolling out a programme of ‘train the trainer’ sessions in relation to Adult Support and Protection for care home staff.

### Adult Support and Protection Inspection

An inspection of adult support and protection in East Lothian reported ‘clear strengths’ in measures in place to ensure that adults at risk of harm are safe, protected and supported.

The Care Inspectorate led on the joint inspection, in collaboration with Healthcare Improvement Scotland and His Majesty’s Inspectorate of Constabulary in Scotland. The inspection covered services provided by the HSCP and by Police Scotland.

Inspectors described the approach taken to adult support and protection inquiries as ‘robust’ and noted that it was ‘evident the partnership is on a positive improvement journey’, having made considerable progress to date, with further improvement activity planned.

It was noted that almost all adults at risk of harm who required a risk assessment had one completed. The quality of risk assessments was suggested to have improved significantly following the implementation of the Type, Imminence, Likelihood and Severity (TILS) framework.

The Partnership’s approach to referrals was considered to be very effective and it was noted that ‘person-centred engagement and consultation with the adult at risk of harm was evident throughout the delivery of all key processed’, with ‘good examples of sensitive, trauma informed practice’.

As well as a scrutiny of social work, health, and police records of adults at risk of harm, the inspectors also issued a staff survey and conducted staff focus groups to discuss adult support and protection practices of adults at risk of harm. The final report reflected that the Partnership’s vision was well understood, and there was synergy between the Public Protection Committee and Critical Services Oversight Group.

A number of areas for improvement were highlighted in the final report. These included ensuring appropriate procedural guidance is kept up to date and effectively disseminated to staff. The report also suggested that ‘a multi-agency approach to audit would help strengthen joint improvement work’, and that this should involve frontline staff from across organisations.

The full inspection report can be viewed on the [Care Inspectorate’s website](#).

## 6.2 Reducing harm from substance use

### MELD Contact Service

The MELD (Midlothian and East Lothian Drugs) Contact Service continues to provide information and advice regarding substance use. Acting as a first point of contact for people wishing to engage in recovery services, the Contact Service offers a brief assessment and triage on to appropriate services to meet the needs of the individual, including access to the East Lothian Substance Use Service (ELSUS) Rapid Access Clinic. During 2023/24 the service expanded its provision to offer an Out of Hours service and currently operates from 9am to 9pm, Monday to Friday.

In September, MELD and MELDAP<sup>26</sup> were asked to give a presentation to Health Improvement Scotland about the achievements of the Contact Service. The presentation focused on the role of the Contact Service in supporting implementation of the Scottish Government's MAT Standards (see below). The service has been identified as an excellent example of a single point of entry into Recovery Services and was subsequently submitted as a good practice case study to Public Health Scotland (PHS).

During 2023/24:

- There were 1,286 enquiries to the Contact Service (159 during the Out of Hours service).
- 25 people were directed to East Lothian Substance Use Service following a triage assessment.
- 39 people were directed to East Lothian Rapid Access Service.
- 311 people were triaged to MELD following a triage assessment (89 during Out of Hours).

MELD is also commissioned to order, distribute, and report on Take Home Naloxone (THN) and Nyxoid Kits<sup>27</sup> and distributed 258 kits during 2023/24.

### Medication Assisted Treatment (MAT) Standards

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 harms 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 the MAT Standards lies with health and social care service providers, including HSCPs. The MAT Standards framework has a number of elements aimed at ensuring Medication Assisted Treatment is accessible, safe, effective, and based on a person-centred approach.

The Scottish Government set a target for the full implementation of MAT Standards 1 to 5 by April 2023, followed by Standard 6-10 being fully implemented by April 2025. East Lothian HSCP has

<sup>26</sup> Midlothian and East Lothian Drugs and Alcohol Partnership.

<sup>27</sup> Naloxone is a medication that temporarily reverses the effects of opioid overdose and is available to anyone at risk of overdose. Naloxone is available in injectable form or as a intra-nasal spray (Nyxoid).

worked with Midlothian and East Lothian Drugs and Alcohol Partnership (MELDAP) to deliver a level of performance ahead of both target dates. This has been achieved through the considerable collective effort of all partners. Some of the key activities have included:

- Full implementation of same day access for assessment and treatment, 5 days a week, with people coming either via MELD Contact Service (see above), triage, external referral, or self-presentation. In the first four months of MAT Standards implementation, 25 people 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 primary and secondary care settings. This resulted in a steady uptake of Buvidal. Buvidal is a 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.
- Ensuring that people who have experienced a Near Fatal Overdose (NFO) are contacted within 24 to 72 hours after services have been notified and provided with harm reduction advice and support and encouragement to engage with treatment services.
- Development of a low threshold café model by MELD in targeted areas, with cafés established in Tranent and Prestonpans in early 2023.
- Carrying out engagement with people with lived experience to help inform developments related to implementation of the MAT Standards. This work is led by MELD and involves peer support staff engaging with people who use services, family members, and staff.

## 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 publishes an Annual Report each autumn, which includes a comprehensive Improvement Plan.

Activities during 2023/24 included:

- The roll out of Structured Deferred Sentences (SDS) took place throughout 2023/24 and are now available to low and high threshold service users. The option of Structured Deferred Sentences has helped to further strengthen our early intervention and prevention approach and 'provides social work support to individuals who may need a short term intervention to address needs but who do not require the level of supervision of a Community Payback Order'<sup>28</sup>.
- The Community Payback Work Team continued to develop options for unpaid work for service users. This included introducing classroom based sessions to deliver induction, group work, learning opportunities, and inputs from partner organisations (e.g., the Scottish Fire and Rescue Service and CHANGES).
- We also delivered presentations to senior leaders in East Lothian Council to promote the 'One Council' approach to providing Community Payback placements within Council services. The delivery of Once Council placements will begin in 2024/25.
- The service has continued to build on its approach to engagement with service users and local communities. In 2023/24, this included delivering a 'month of engagement', as well as carrying out the annual Community Payback Order survey and entry / exit questionnaires with service users. Feedback gathered through engagement activities helps to inform delivery and development of services.
- A new Community Justice Outreach (CJO) Nurse was introduced in 2023/24 to support service users' health needs including those related to drug and alcohol use, mental health, and minor

<sup>28</sup> [Structured Deferred Sentence - Community Justice Scotland](#)



physical health needs. You can read more about this post and the impact it can have in the case study on page 71 below.

In terms of level of activity over 2023/24:

- 173 Community Payback Orders (CPOs) were issued for East Lothian residents – this was an increase of 7% from the previous year (from 162 CPOs) and a 36% increase since 2020/21.
- 113 of the CPOs issued had a Supervision Requirement (51 included unpaid work) – this was broadly similar to the previous year.
- 280 Justice Social Work Reports were requested – 94% were completed within the timescale of two working days prior to the return to court date – this was just ahead of performance the previous year.

More detailed information and data on performance is available in the Justice Social Work Annual Report and the Chief Social Work Officer Annual Report, both of which are published late autumn and are available on the East Lothian Council website.

## James's Story

James was placed on a Community Payback Order after his conviction for disruptive and/or antisocial (in effect, breaches of the peace) offences, which took place over the course of a few months. He told his social worker that he had stopped drinking alcohol as he thought this was a cause of his offending, and that he had been engaging with local substance use services for psychosocial support and with mental health services for therapeutic support relating to childhood trauma and PTSD<sup>29</sup>.

Specific mental health treatment commenced, and this seemed to cause James's distress which he thought he could only cope with by drinking alcohol. The combination of alcohol use and mental health issues resulted in James frequently attending A&E in crisis. This continued for around six weeks with James becoming known to NHS managers as a 'frequent attender'. Additional support was provided to James in the community, but he was 'stuck' and found it difficult to see a way out of what felt, for him, a real predicament. James was at increased risk of further offending as a result of his alcohol use, and that combined with poor mental health put him at potential risk of harm to himself as well.

In order to address the risks related to increased likelihood of offending, Justice Social Work (JSW) arranged for James to meet with the Community Justice Outreach (CJO) Nurse. The CJO Nurse is a newly created post, initially developed to assess JSW service users in relation to their drug and alcohol use, but quickly evolved to support access to front line health services in the community as well as mental health and (minor) physical health interventions. James met with the CJO Nurse regularly in a local office rather than a Health setting. He had a safe space to speak about his feelings with a medical professional trained in both mental health and substance use interventions.

Some weeks later, JSW were asked to attend a meeting to discuss 'frequent attenders' at A&E and it was noted that James had not been attending A&E to the point where his absence was noticed. JSW reviewed case records and noted that James had stopped attending A&E when he started engaging with the CJO Nurse. It appears that intervention from JSW via the CJO Nurse has had a significantly positive impact on James personally, as well as more broadly a positive financial impact on the Partnership in terms of reduced crisis presentations at A&E.

This is James's story, but the CJO Nurse has also intervened with JSW service users presenting with wound infections as a result of Intravenous drug use and arranged for antibiotics to be prescribed by their GP, which will also reduce the need for emergency treatment and/or admission to hospital. Whilst the role is relatively new, the impact is already significant.

<sup>29</sup> Post Traumatic Stress Disorder

## Strategic Objective 7 – 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>30</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 2023/24 to further develop our approach to reducing health inequalities, some of these are described below.

### Developing an understanding of health inequalities

We published a Joint Strategic Needs Assessment<sup>31</sup> (JSNA) in 2023 and will continue to build on this, particularly in terms of developing content to help enhance our understanding of health inequalities. A steering group has been established to oversee this work.

The JSNA brings together a wide range of data on the East Lothian population, including demographic information and data related to health and other outcomes. The JSNA was important in helping to inform the current IJB Strategic Plan and has also been a useful resource in relation to the development of a number of other strategic planning activities.

You can view the current JSNA [here](#).

IJB members took part in a Development Session in April 2023 to help further their understanding and awareness of equalities and health inequalities. This included an input on IIAs, and further highlighted the importance of these in terms of guiding IJB decision making.

There have also been a number of inputs to both the IJB and the HSCP Senior Management on Anchor Institutions<sup>32</sup> and HSCP Officers are involved in a Working Group led by East Lothian Council to consider how the IJB and HSCP services may contribute to local activity.

### Equalities, planning, and decision making

Integrated Impact Assessments (IIAs) are carried out by public bodies to help consider the potential impacts, negative and positive, on people, the environment and the economy when developing policies and making service decisions.

<sup>30</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>31</sup> You can read more about the Joint Strategic Needs Assessment process [here](#).

<sup>32</sup> Anchor Institutions refers to large scale organisations, usually non-profit / public sector, that play an important role in the locality they are ‘anchored’ and can impact on the health and wellbeing of their local communities.

During 2023/24, we continued to develop our approach to carrying out IIAs, with more HSCP staff completing training and an increased number of IIAs being completed. By the end of the year, a total of 24 IIAs had been carried out.

The completion of a number of IIAs was required in relation to financial savings proposals presented to the IJB at its March 2024 meeting. These saving were required to allow the IJB to set a balanced budget and address a projected financial gap of over £11m. The proposals related to a number of service areas, with potentially significant impacts for people using these services. The completion of 14 individual IIAs, as well as a cumulative IIA (assessing the overall impact of these savings combined) helped to inform the IJB's decision making and to identify actions that could be implemented to reduce negative impacts identified. The completed IIAs will also form the basis on ongoing monitoring of the impact of the IJB decisions.

Equalities Champions have been introduced across HSCP services, with the role of promoting awareness and understanding of equalities. Champions also lead on screening activities in their service area, carrying out IIAs when needed.

## Our financial performance 2023/24

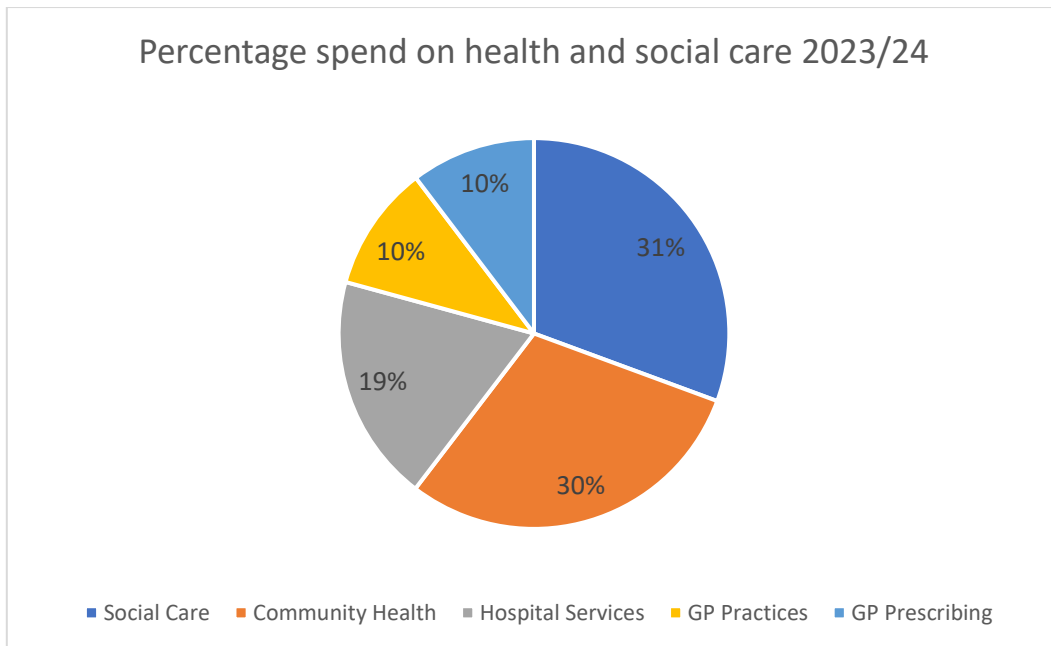
East Lothian Integration Joint Board is funded by financial allocations from its partners – East Lothian Council and NHS Lothian. These allocations include funding provided by the Scottish Government to local authorities to support the delivery of the Real Living Wage for the providers of adult social care. These funds then make up the budget that the IJB has available to deliver the functions (services) that have been delegated to it by the partners. The operational management of these services is provided by the partners and the partners report the financial position against the appropriate budget to the IJB

Although the IJB has broken-even in the financial year 2023/24 (achieved financial balance), this has only been made possible through additional funds having been made available by NHS Lothian and the use of the IJB's reserves.

IJB Budgets	Annual Budget £000's	Expenditure 2023/24 £000's	Variance £000's
Health - Core Services	110,842	110,264	578
Health - Hosted Services	20,003	19,604	399
Health - Set Aside Services	26,227	27,944	(1,717)
Adult Social Care	68,531	69,655	(1,124)
<b>Position before Adjustments</b>	<b>225,603</b>	<b>227,467</b>	<b>(1,864)</b>
Addition Funds from NHS Lothian	740	-	740
Transfer from Reserves	1,124	-	1,124
<b>Final 23/24 Position</b>	<b>227,467</b>	<b>227,467</b>	<b>0</b>

The overspend in the health budgets being significant additional demand within those services delivered at the Acute Hospitals (The Royal Infirmary of Edinburgh and the West General Hospital) and additional demand for social care services within East Lothian.

The chart below shows how much of the IJB's spend in 2023/24 (in percentages) has been used to provide social care services, health services in the community, hospital based services and the services provided by the GP practices in East Lothian.



### Reserves

At 1st April 2024, the IJB has both earmarked reserves (that is funds held for a specific purpose) and general reserves (funds to be used to support the management of the financial risk) totalling c. £10.0m, During the financial year the IJB has used a very significant element of both categories of reserves – the impact on the general reserve is shown above) and the closing balance is c. £4.3m.

### 2024/25 Financial Outlook

The IJB has continued to develop its five year financial plan, and this identified a financial pressure in 2024/25 of £10.8m. This is a result of additional demand for the IJB services, a requirement to deliver a recovery programme to address the overspend in 2023/24 and unfunded inflationary pressures (pay awards, drug and clinical services costs and the increased costs from third party services providers). The IJB has agreed a series of actions to bring this 2024/25 position back into balance and this is detailed in the IJB’s 2024/25 budget setting paper which was approved by the IJB at its March 2024 meeting. This can be found [here](#).

## Appendix 1 – Ministerial Steering Group Indicators by East Lothian Localities

Indicator	Locality	2018/19	2019/20	2020/21	2021/22	2022/23	2023
1. Number of Emergency Admissions (18+)	EL East	3,992	3,260	2,932	3,162	2,787	<b>3,060</b>
1. Number of Emergency Admissions (18+)	EL West	5,190	5,770	5,332	5,320	4,792	<b>5,247</b>
2i. Number of Unscheduled Hospital Bed Days – Acute (18+)	EL East	26,786	26,742	24,773	29,600	28,782	<b>27,711</b>
2i. Number of Unscheduled Hospital Bed Days – Acute (18+)	EL West	41,070	40,799	42,084	43,640	48,242	<b>43,034</b>
2ii. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (18+)	EL East	-	576	2,153	3,099	3,243	<b>3,317</b>
2ii. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (18+)	EL West	455	2,324	4,572	4,052	3,996	<b>3,693</b>
2ii. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (65+)	EL East	-	523	2,131	3,028	3,248	<b>3,287</b>
2ii. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (65+)	EL West	281	1,970	4,446	3,893	3,719	<b>3,655</b>
2iii. Number of Unscheduled Hospital Bed Days – Mental Health (18+)	EL East	8,401	8,273	6,144	6,921	6,358	<b>6,438</b>
2iii. Number of Unscheduled Hospital Bed Days – Mental Health (18+)	EL West	7,171	5,728	6,488	6,383	7,355	<b>5,677</b>
3. New Accident and Emergency attendances (18+)	EL East	6,640	6,763	5,849	7,405	7,166	<b>7,055</b>
3. New Accident and Emergency attendances (18+)	EL West	14,536	14,542	12,074	13,821	14,100	<b>14,033</b>
4. Total number of Bed Days lost to delays (all delays and all reasons 18+)	EL East	3,293	2,469	1,615	1,040	1,277	<b>990</b>
4. Total number of Bed Days lost to delays (all delays and all reasons 18+)	EL West	4,259	2,241	2,294	1,601	1,912	<b>2,025</b>

## Appendix 2 – Carers Act Funding Use

<b>2023/24 Projects</b>	<b>Budget 23/24</b>	<b>Comments</b>
<b>Total Carers budget to IJB</b>	<b>£1,549,000</b>	
<b>Project Description</b>	<b>£</b>	
Carers of East Lothian	475,864	Adult Carer support provider
East Lothian Young Carers Service	191,268	Young Carer support provider
Carers of East Lothian hospital carer support worker	19,455	Pilot project funded as 21-hour post through CoEL
Time for me Grants	25,000	Short breaks for carers
Partner Grants	31,300	Small grants process
Carer's strategy implementation	3,784	Carers engagement events and contribution to carers week 2024
Support services	22,208	Supporting individuals therefore reducing impact on carer
Individual Carer budgets	5,000	
Post - Carer Support - 21 hours	51,378	Mental Health Officer to support guardianships
Carers Strategy Officer - 28 hours	47,587	
CCW role to support Carers work	47,454	Adult Carer Support Plans and carer support
East Lothian Rehabilitation service	59,181	Occupational Therapy Carers Pathway
Transformation Project - Day centre outreach	264,000	Community based carer support services and breaks from day centres
Respite bed	78,493	Block booking
VCEL Community First	37,000	Carer identification and support
Musselburgh Meeting Centre	89,313	Carer support for people living with dementia
Leuchie @ home	58,211	Carer breaks
Equipment	504	
Dementia Friendly East Lothian	42,000	Development worker for meeting centre model
<b>2023/24 Projects Sub-Total</b>	<b>1,549,000</b>	



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

**MEETING DATE:** 27 June 2024

**BY:** Chief Officer

**SUBJECT:** IJB Strategic Plan - Annual Delivery Plan for 2024-25

---

7

## **1 PURPOSE**

- 1.1 To present a summary of the Annual Delivery Plan for 2024-25 to the IJB for information.

## **2 RECOMMENDATIONS**

The IJB is asked to:

- 2.1 Note the development of the 2024/25 Annual Delivery Plan outlining planned activity across East Lothian Health and Social Care Partnership (ELHSCP) services to support delivery of the IJB's strategic objectives as detailed in its 2022-2025 Strategic Plan.
- 2.2 Note that a 6-month progress report, covering the period from 1 April to 30 September, will be presented to a future meeting of the IJB.

## **3 BACKGROUND**

- 3.1 The East Lothian IJB Strategic Plan for 2022-25 outlines the IJB's strategic objectives and related delivery priorities over a three year period.

The appended 2024-25 Annual Delivery Plan (ADP) provides a summary of the key activities anticipated in relation to each of the strategic objectives and related delivery priorities (this is the second ADP linked to the current IJB Strategic Plan). A more detailed version of the ADP was approved at a meeting of the Strategic Planning Group earlier in June. The ADP is a working document and as such will continue to develop throughout the year as further activity evolves.

- 3.2 This is the second ADP in relation to the current IJB Strategic Plan. The IJB 2023/24 Annual Performance Report describes progress in relation to individual delivery priorities outlined in the previous ADP (covering 2023/24).
- 3.3 A 6-month progress report on the 2024/25 ADP, covering the period from 1 April to 30 of September, will be presented to a meeting of the IJB later in the year.

#### **4 ENGAGEMENT**

- 4.1 Engagement/involvement of stakeholders will take place in relation to specific actions/activities where appropriate.

#### **5 POLICY IMPLICATIONS**

- 5.1 The Annual Delivery Plan outlines how HSCP services will contribute to the delivery of the strategic objectives contained in the East Lothian IJB Strategic Plan for 2022-25.

#### **6 INTEGRATED IMPACT ASSESSMENT**

- 6.1 The Annual Delivery Plan contains details of a wide range of HSCP activity, much of which will either have been the subject of an IIA or will require an IIA to be carried out before further development takes place.

#### **7 DIRECTIONS**

- 7.1 The development of specific activities detailed in the Annual Delivery Plan may necessitate revisions to current Directions or the introduction of additional Directions. Recommendations regarding changes to Directions will be made as and when required.

#### **8 RESOURCE IMPLICATIONS**

- 8.1 Financial – Planned activity outlined in the ADP may need to be revised in line with any changes to available resources once budget settlements are confirmed.
- 8.2 Personnel – None
- 8.3 Other – None

## 9 BACKGROUND PAPERS

### 9.1 [East Lothian IJB Strategic Plan 2022-25](#)

<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>	15 June 2024

## Appendix 1



# East Lothian IJB Strategic Plan Annual Delivery Plan 2024-25 (Summary Version)

## Contents

<b>STRATEGIC OBJECTIVE 1 – Develop services that are sustainable and proportionate to need</b> .....	4
<b>1.1 Planning for an ageing population</b> .....	4
<b>1.2 Developing Intermediate Care</b> .....	4
<b>1.3 Supporting the acute sector</b> .....	5
<b>1.4 Commissioning</b> .....	6
<b>1.5 Supporting effective and sustainable Primary Care</b> .....	6
<b>STRATEGIC OBJECTIVE 2 – Deliver new models of community provision, working collaboratively with communities</b> .....	9
<b>2.1 Transforming Community Support Services</b> .....	9
<b>2.2 Working with Communities</b> .....	9
<b>STRATEGIC OBJECTIVE 3 – Focus on prevention and early intervention</b> .....	11
<b>3.1 East Lothian Rehabilitation Service development</b> .....	11
<b>3.2 Falls prevention and management</b> .....	12
<b>3.3 Mental health and wellbeing (prevention &amp; early intervention activity)</b> .....	12
<b>3.4 Improving the management of long-term conditions</b> .....	13
<b>3.5 Annual Health Checks for people with learning disabilities</b> .....	13
<b>STRATEGIC OBJECTIVE 4 - Enable people to have more choice and control and provide care closer to home as appropriate</b> .....	14
<b>4.1 Primary Care Services</b> .....	14
<b>4.2 East Lothian Community Hospital Outpatient and Day Services</b> .....	15
<b>4.3 Re-imagining Adult Social Work</b> .....	16
<b>4.4 Dementia Support</b> .....	16
<b>4.5 Supporting Carers</b> .....	17
<b>4.6 Palliative and end-of-life care</b> .....	18

4.7 The Right to Advocacy.....	18
4.8 Meeting Complex Needs closer to home .....	18
<b>STRATEGIC OBJECTIVE 5 – Further develop / embed integrated approaches and services .....</b>	<b>19</b>
5.1 Integrated Teams and Approaches.....	19
5.2 Pathway Reviews / Improvements.....	19
5.3 Meeting Housing Needs .....	20
5.4 Transitions .....	20
<b>STRATEGIC OBJECTIVE 6 – Keep people safe from harm .....</b>	<b>21</b>
6.1 Public Protection .....	21
6.2 Reducing harm from substance use .....	21
6.3 Justice Social Work.....	22
6.4 Supporting children, young people, and families .....	22
6.5 Suicide prevention .....	23
<b>STRATEGIC OBJECTIVE 7 – Address Health Inequalities.....</b>	<b>24</b>
7.1 Understanding health inequalities .....	24
7.2 Taking action to address health inequalities.....	24
<b>STRATEGIC ENABLERS .....</b>	<b>25</b>
Workforce.....	25
Financial.....	25
Partnership, Participation & Engagement.....	25
Technology .....	25
Approaches to Improvement & Innovation .....	25

## STRATEGIC OBJECTIVE 1 – Develop services that are sustainable and proportionate to need

Delivery Priority	Key activities	Planned activity for 2024/25
<b>1.1 Planning for an ageing population</b>	<b>1.1.1 Delivery of Planning Older People’s Services Project.</b>	<ul style="list-style-type: none"> <li>• Completion of options appraisal exercise – August 2024.</li> <li>• Further public engagement in relation to appraised options via roundtable events and public consultation – September – November 2024.</li> <li>• Presentation of final recommendations to the IJB in early 2025.</li> </ul>
<b>1.2 Developing Intermediate Care</b>	<b>1.2.1 Ongoing consolidation and development of range of Intermediate Care services.</b>	<ul style="list-style-type: none"> <li>• Continued review and development of interim care services (including care at home pilot – see 1.2.2).</li> <li>• Further development and expansion of Home Care / Hospital to Home integrated service to create additional capacity, fully utilising One Plan, and reviews process.</li> </ul>
	<b>1.2.2 Delivery of programme to review and redesign Care at Home service provision.</b>	<ul style="list-style-type: none"> <li>• Presentation of recommendations to SPG / IJB regarding a Test of Change Flexible Locality Model – May 2024.</li> <li>• Formation of Project Team to develop and implement the Flexible Locality Model – June 2024.</li> <li>• Delivery of Test of Change project in North Berwick – June 2024 to June 2025.</li> <li>• Evaluation / review of Test of Change project and identified of recommendations for future provision based on learning.</li> </ul>
	<b>1.2.3 Development of East Lothian Community First Service (delivered by VCEL with ELHSCP funding / support).</b>	<ul style="list-style-type: none"> <li>• See 2.2.4 below.</li> </ul>

<b>1.3 Supporting the acute sector</b>	<b>1.3.1 Delivery of approaches / activity to reduce admissions and support timely hospital discharge / hospital flow.</b>	<ul style="list-style-type: none"> <li>• Ongoing delivery / development of multidisciplinary ICAT approach.</li> <li>• Ongoing delivery / development of Daily Flow Huddle.</li> <li>• Embedding of East Lothian multi-disciplinary team (MDT) in Royal Infirmary of Edinburgh (RIE), providing Physiotherapy and Occupational Therapy assessment and MDT case management.</li> <li>• Continuation of East Lothian Inreach model for a further 12months with funding from ELHSCP.</li> <li>• Carrying out a programme of ‘Ward Workshops’ for ELCH Wards – focusing on multi-disciplinary approaches, implementation of Discharge Without Delay principles, etc.</li> <li>• Implementation of Ward Development Plans on the back of Ward Workshop sessions.</li> <li>• Activity to further develop the use of data to inform operational delivery and decision making.</li> </ul>
	<b>1.3.2 Delivery of approaches to reduce mental health bed use and admissions.</b>	<ul style="list-style-type: none"> <li>• Ongoing development and delivery of actions to reduce admissions and length of stay.</li> <li>• Continued development of mental health clinical nurse specialist role.</li> </ul>
	<b>1.3.3 HSCP management of services at the Chalmers Centre, Astley Ainslie Hospital, and the Robert Fergusson Unit on a ‘hosted services’ basis on behalf of Lothian IJBs.</b>	<ul style="list-style-type: none"> <li>• Ongoing management of hosted services and related development activities.</li> </ul>
	<b>1.3.4 Provision of Orthopaedic Rehabilitation Ward at East Lothian Community Hospital for pan Lothian patients.</b>	<ul style="list-style-type: none"> <li>• Ongoing delivery of orthopaedic rehabilitation in Ward 5 of ELCH.</li> </ul>



<b>1.4 Commissioning</b>	<b>1.4.1 Development and implementation of Commissioning Strategy.</b>	<ul style="list-style-type: none"> <li>Review and update of Commissioning Strategy and Market Facilitation Statement – 2025.</li> </ul>
<b>1.5 Supporting effective and sustainable Primary Care</b>	<b>1.5.1 Support the development of General Practice Cluster work to improve the quality of primary care services in East Lothian.</b>	<ul style="list-style-type: none"> <li>Scale and spread of successful subgroup Frailty Project to involve other practices in East Lothian.</li> <li>Development of Practice Nurse Subgroup to improve respiratory chronic disease management.</li> <li>Agree a cluster wide area of focus to maximise impact of improvement work for 2024/25.</li> </ul>
	<b>1.5.2 Work with General Practice, NHS Lothian, and Public Health Scotland to improve data access and quality and to use this data to improve patient experience.</b>	<ul style="list-style-type: none"> <li>Continued work with Lothian Analytic Service (LAS) to standardise and improve coding in East Lothian primary care.</li> <li>LIST and LAS attendance and input at cluster meetings.</li> <li>Improvement work based on Lothian Data Quality Framework measures. Measurement of change over time under development.</li> <li>Development of East Lothian frailty register and dashboard.</li> <li>Involvement of Dunbar, East Linton and Prestonpans practices in Scottish Government pilot re telephony (to inform potential development of telephony framework).</li> <li>Ongoing work to develop data portal and expansion to cover additional primary care services (specifically District Nursing and Practice Nursing).</li> </ul>
	<b>Carry out work to optimise use of premises across East Lothian to provide sustainable, accessible primary care.</b>	<ul style="list-style-type: none"> <li>Ongoing work regarding efficient use of health and social care estate in East Lothian.</li> <li>Ongoing involvement of HSCP in East Lothian Council Capital Investment and Asset Management Group.</li> </ul>
	<b>Work with General Practice to facilitate sharing of good practice to optimise workload management and build resilience within primary care services.</b>	<ul style="list-style-type: none"> <li>Continuation of workstream to support GP practice resilience (specific actions to be added as they emerge).</li> <li>Ongoing support of work by GP Practices to bring Practice boundaries in line with East Lothian boundaries (to improve patient pathways and to help ensure resilience and sustainability of Practices).</li> </ul>

	<b>1.5.3 Improving patient engagement in primary care.</b>	<ul style="list-style-type: none"> <li>• Roll out of professional to professional linkage to support patients supported by adult mental health services to access primary care.</li> </ul>
<b>1.6 Delivering a community model for mental health and learning disability provision</b>	<b>1.6.1 Deliver a community model for mental health rehabilitation and learning disability beds in line with phase 2 of the Royal Edinburgh Hospital Campus.</b>	<ul style="list-style-type: none"> <li>• To be confirmed</li> </ul>
<b>1.7 Supporting delivery of sustainable Care Home provision</b>	<b>1.7.1 Continue to monitor quality and support improvement activity within care home provision.</b>	<ul style="list-style-type: none"> <li>• Ongoing delivery and further development of the Care Home Huddle to support a multi-agency approach to monitoring care home quality and supporting improvement work.</li> <li>• Carry out review of charging in local authority care homes to bring in line with CRAG (Charging for Residential Accommodation Guide)</li> <li>• Continue to deliver range of Quality Improvement (QI) activities, to include - falls and frailty support; pain management; embedding of HOPE workbook (spiritual care plan); and delivering My Health, My Care, My Home framework (future care planning)</li> </ul>
	<b>1.7.2 Develop approach to ensure that the best use is made of available care home capacity by effectively matching provision to need.</b>	<ul style="list-style-type: none"> <li>• Development of an agile Social Work Hospital Discharge Team to carry out early assessment and care package design to help identify alternatives to care home admission.</li> <li>• Carry out management scrutiny of care home referrals through a resource panel to ensure care home places filled by those with the highest level of need.</li> <li>• Track hospital admissions to identify any that could have been prevented and to reduce the risk of readmission once people discharged home.</li> </ul>
	<b>1.7.3 Closure of the Abbey Care Home.</b>	<ul style="list-style-type: none"> <li>• Establish Steering Group and develop detailed project plan for staged closure of care home. To include key focus on communication and ongoing engagement with staff, residents, and families.</li> <li>• Progress to be reported to Financial Overview Group.</li> </ul>

	<b>1.7.4 Closure of Blossom House Care Home.</b>	<ul style="list-style-type: none"><li>• Establish Steering Group and develop detailed project plan for staged closure of care home. To include key focus on communication and ongoing engagement with staff, residents, and families.</li><li>• Progress to be reported to Financial Overview Group.</li></ul>
--	--	--

## STRATEGIC OBJECTIVE 2 – Deliver new models of community provision, working collaboratively with communities

Strategic Delivery Priority	Key activities	Planned activity for 2024/25
2.1 Transforming Community Support Services	2.1.1 Extension of community Resource Co-ordinator service in Dunbar and North Berwick for under 65s with complex needs and ongoing development of overall service.	<ul style="list-style-type: none"> <li>Development and agreement of staffing model – timescale to be agreed.</li> </ul>
	2.1.2 Work with East Lothian Works, the Local Employability Partnership, and Third Sector to oversee delivery of pilot. employability project with Enable.	<ul style="list-style-type: none"> <li>Scottish Government is now devolving funds directly to Local Authorities. A subgroup of the Local Employability Partnership, with HSCP representation, to develop proposals (funding levels are still to be confirmed).</li> </ul>
	2.1.3 Work with partners to deliver a service for mental health employability support targeting hard to reach people supported by the Community Mental Health Team (CMHT)	<ul style="list-style-type: none"> <li>Long term funding arrangements to be taken forward by the East Lothian Local Employability Partnership subgroup.</li> </ul>
	2.1.4 Complete options appraisal for building based services for adults under 65 with complex needs.	<ul style="list-style-type: none"> <li>To be confirmed.</li> </ul>
	2.1.5 Continue to develop the Hardgate respite service for people with profound and multiple learning disabilities (PMLD).	<ul style="list-style-type: none"> <li>Carry out an evaluation of the Hardgate provision, including gathering service user feedback.</li> </ul>
2.2 Working with Communities	2.2.1 Develop and implement a Participation and Engagement Strategy.	<ul style="list-style-type: none"> <li>Continue to carry out participation and engagement activities to inform the development and delivery of services in line with the Participation and Engagement Strategy.</li> </ul>
	2.2.2 Further develop engagement with Area Partnership Health and Wellbeing Subgroups.	<ul style="list-style-type: none"> <li>Continue to develop further opportunities for engagement with Health and Wellbeing Subgroups.</li> <li>Establish clear reporting / communication link between IJB / SPG and Health and Wellbeing Subgroups.</li> </ul>

	<p><b>2.2.3 Support the development of new (Dementia) Meeting Centres (focus on Musselburgh with proposals for satellites).</b></p>	<ul style="list-style-type: none"> <li>• Extension of Musselburgh Meeting Centre provision by adding an additional 7 hour session from summer 2024.</li> <li>• Delivery of development work to support other local areas for develop 'satellites' (to be led by Dementia Friendly East Lothian).</li> </ul>
	<p><b>2.2.4 Development of East Lothian Community First Service (delivered by VCEL with ELHSCP funding / support).</b></p>	<ul style="list-style-type: none"> <li>• Ongoing development and monitoring of impact.</li> </ul>
	<p><b>2.2.5 East Lothian Rehabilitation Services (ELRS) to work on co-production of services in partnership with community stakeholders.</b></p>	<ul style="list-style-type: none"> <li>• Continue development and ongoing evaluation of referral rates and themes.</li> <li>• Consider potential expansion of inclusion criteria beyond long-term conditions.</li> <li>• Collaboration with Counterweight and diabetes prevention services.</li> <li>• Carry out service user evaluation and ongoing engagement with community stakeholders (via the IIA process).</li> </ul>

## STRATEGIC OBJECTIVE 3 – Focus on prevention and early intervention

Strategic Delivery Priority	Key activities	Planned activity for 2024/25
<b>3.1 East Lothian Rehabilitation Service development</b>	<b>3.1.1 Further development of community based multidisciplinary clinics, including Technology Enabled Care (TEC) clinics.</b>	<ul style="list-style-type: none"> <li>• Launch of ELRS multi-professional-led clinics in Dunbar – by August 2024.</li> <li>• Tranent to remain primary TEC clinic.</li> </ul>
	<b>3.1.2 Embedding of TEC across all workstreams within ELRS.</b>	<ul style="list-style-type: none"> <li>• Redesign TEC training to have a core programme available to all HSCP staff (August 2024) and an advanced clinical application course for ELRS staff (September 2024).</li> <li>• Train Telecare Team in installing of and ELRS Digital Champions in use of new remote monitoring technology for a community pilot (May 2024).</li> </ul>
	<b>3.1.3 Continue to improve and support single point of contact for all ELRS provision.</b>	<ul style="list-style-type: none"> <li>• Scope potential additional routes for access to services, including online self-referral – May 2024.</li> </ul>
	<b>3.1.4 Promote use of digital platform to support education and patient self-management.</b>	<ul style="list-style-type: none"> <li>• Transfer digital platform from external provider site to ELHSCP website (now complete).</li> <li>• Monitor activity levels and feedback to inform ongoing development of platform.</li> <li>• Carry out scoping of online referral – May 2024.</li> <li>• Launch online referral – November 2024.</li> </ul>
	<b>3.1.5 Further development of data analytics to understand impact / trends / make projections / inform future service development.</b>	<ul style="list-style-type: none"> <li>• Continue to resource clinician to lead on informatics development.</li> <li>• Invest in informatics skills development for senior clinicians and management team (e.g., Excel training).</li> <li>• Ongoing development of centralised databases to inform DCAQ (Demand, Capacity, Activity, Queue).</li> </ul>

	<b>3.1.6 Development of new carers pathway to provide early intervention and maximising occupational performance of informal carers.</b>	<ul style="list-style-type: none"> <li>• Develop a group programme to deliver Occupational Therapy (OT) focused interventions for carers (face to face and remote).</li> <li>• Develop an early intervention resource pack for carers of young people transitioning from child to adult services.</li> <li>• Develop competencies for OT specific skills and training in the Carers Pathway.</li> <li>• Develop education resources relating to caregivers for OTs and other professionals.</li> <li>• Trial the 'PAMIS' passport for unpaid carers and promote use across the HSCP.</li> </ul>
<b>3.2 Falls prevention and management</b>	<b>3.2.1 Development and implementation of new integrated falls prevention and management pathway</b>	<ul style="list-style-type: none"> <li>• Continued development of core data set to monitor activity and impact.</li> <li>• Develop Outpatient Falls Clinics.</li> <li>• Extension of 'Steady On' class referrals to Primary Care.</li> <li>• Establishment of high level 'Strength and Balance; classes within the PACE service.</li> <li>• Development of dedicated vestibular rehabilitation within ELRS.</li> </ul>
<b>3.3 Mental health and wellbeing (prevention &amp; early intervention activity)</b>	<b>3.3.1 Deliver ongoing programme to review access to adult mental health services across primary care and adult community mental health services.</b>	<ul style="list-style-type: none"> <li>• Implementation of single point of contact.</li> <li>• See also Delivery Priority 5.2.1 below.</li> </ul>
	<b>3.3.2 Ongoing development of CWIC Mental Health service (in line with review of access to mental health services recommendations).</b>	<ul style="list-style-type: none"> <li>• Ongoing development of the CWIC Mental Health service.</li> </ul>
	<b>3.3.3 Introduction of new Distress Brief Intervention (DBI) programme</b>	<ul style="list-style-type: none"> <li>• Ongoing delivery and development of Distress Brief Intervention programme during 2024/25.</li> </ul>
	<b>3.3.4 Improve the availability and accessibility of information in relation to mental health and substance use (including alcohol) to promote self-management and access to services.</b>	<ul style="list-style-type: none"> <li>• Development of Eastspace resource, including information based on the 6 EL localities and transport information.</li> <li>• Promotion of Eastspace in libraires and other community spaces.</li> <li>• Ongoing delivery of weekly Wellbeing Resource Hub at ELCH and development to roll out this model in community settings across East Lothian.</li> </ul>

	<b>3.3.5 Improve accessibility and expand delivery of mental health physiotherapy support.</b>	<ul style="list-style-type: none"> <li>• Explore links with Live Well for further exercise support options.</li> <li>• Consider scope of geographic locations for exercise therapy classes.</li> </ul>
<b>3.4 Improving the management of long-term conditions</b>	<b>3.4.1 Develop a programme with the Cluster and the HSCP to improve long term condition management.</b>	<ul style="list-style-type: none"> <li>• Carry out cluster work with practices nurses around respiratory prescribing. Evaluate based on National Therapeutic Indicators benchmarking data.</li> </ul>
	<b>3.4.2 Develop a programme with general practice and pharmacotherapy service to optimise medicine management for different patient groups.</b>	<ul style="list-style-type: none"> <li>• Increase available clinical time for pharmacists to support long term condition management and polypharmacy reviews.</li> <li>• Continue to increase the serial prescribing uptake to streamline workload.</li> <li>• Explore more efficient ways of delivering Level 1 pharmacotherapy workload using Quality Improvement methodology.</li> </ul>
<b>3.5 Annual Health Checks for people with learning disabilities</b>	<b>3.5.1 Deliver a programme to offer Annual Health Checks for people the learning disabilities.</b>	<ul style="list-style-type: none"> <li>• Local implementation group, consisting of senior management and Primary Care representatives, to oversee delivery and report back to the Scottish Government and NHS Lothian.</li> </ul>



## STRATEGIC OBJECTIVE 4 - Enable people to have more choice and control and provide care closer to home as appropriate

Strategic Delivery Priority	Key activities	Planned activity for 2024/25
4.1 Primary Care Services	4.1.1 Develop PCIP services to optimise choice and control and, where possible, provide care closer to home; to reflect staffing and financial resources available; and to meet priorities collaboratively developed with General Practice colleagues.	<ul style="list-style-type: none"> <li>Carry out a review of HSCP primary care services to establish whether there is fair distribution and fair utilisation of services across East Lothian and identify action needed to address and issues – September 2024.</li> </ul>
	4.1.2 Development of direct access to the CWIC (Care When it Counts) service.	<ul style="list-style-type: none"> <li>Delivery of CWIC direct access project with Inveresk Medical Practice (IMP) to allow patients to contact CWIC directly for self-referral – from May 2024.</li> <li>Expansion CWIC direct access project to cover Harbours and Tranent practices (timescales to be confirmed).</li> <li>Aim to cover 4 practices in the west of East Lothian by December 2024 (Inveresk, Harbours, Tranent, Riverside).</li> <li>Pilot the introduction of a direct access phonenumber to CWIC for patients attending the Substance Use Service at the Esk Centre.</li> <li>Expand direct access phonenumber to include patients accessing the Intensive Home Treatment Team (IHTT) from April 2024.</li> </ul>
	4.1.3 Shift towards face to face (F2F) model of delivery within MSK services.	<ul style="list-style-type: none"> <li>Carry out service evaluation to ensure best use of available capacity across the East Lothian.</li> <li>Continue development of onward referral pathways.</li> <li>Explore use of 'Vision Anywhere' following GP migration to cloud-based systems.</li> </ul>
	4.1.4 Develop a pharmacotherapy hub.	<ul style="list-style-type: none"> <li>Develop a pharmacotherapy hub where pharmacy technicians can support GP practices remotely, freeing up space in practice; enabling collaborative working and mentorship; and giving pharmacists ring-fenced clinical time.</li> </ul>

	<b>4.1.5 Review and redesign of Community Link Worker Programme.</b>	<ul style="list-style-type: none"> <li>• Review existing provision and develop new delivery model.</li> <li>• Carry out retendering process to secure a new provider – to be operational by October 2024.</li> </ul>
<b>4.2 East Lothian Community Hospital Outpatient and Day Services</b>	<b>4.2.1 Ongoing development and enhancement of outpatient and day services at ELCH.</b>	<ul style="list-style-type: none"> <li>• Carry out an in-depth review of outpatient provision at ELCH to inform ongoing delivery and development planning.</li> <li>• Continue work with NHS Lothian to further develop the outpatient offer at ELCH.</li> <li>• Explore opportunities to further develop training / teaching at ELCH.</li> </ul>
	<b>4.2.2 Further development of role ELCH plays in relation to teaching, training and staff development.</b>	<ul style="list-style-type: none"> <li>• Ongoing development of teaching / training by the Endoscopy and Day Service Unit at ELCH.</li> </ul>

<b>4.3 Re-imagining Adult Social Work</b>	<b>4.3.1 Continue to progress and develop a responsive, strength-based social work service.</b>	<ul style="list-style-type: none"> <li>• Implementation and monitoring of new outcome-based assessment and recording tools.</li> <li>• Identification of benefits / impact of early intervention and prevention activity undertaken through the duty system.</li> </ul>
	<b>4.3.2 Development of work to strengthen social work governance, data, and assurance processes to support improvement.</b>	<ul style="list-style-type: none"> <li>• Collate data and intelligence that supports performance and improvement work and demonstrates improved outcomes.</li> <li>• Develop Social Work Risk Register that track risks and addresses them through preventative controls and corrective actions.</li> <li>• Implement programme of audits and self – evaluation against national standards, evidencing collaboration in identification of strengths and areas for improvement.</li> </ul>
	<b>4.3.3 Implementation of Self-Directed Support (SDS) Improvement Plan.</b>	<ul style="list-style-type: none"> <li>• Implementation of SDS Improvement Plan.</li> <li>• Implementation of Replacement Care Policy.</li> <li>• Activity to improve communication, public engagement and understanding of SDS.</li> <li>• Updating of website to reflect the customer journey.</li> <li>• Roll out of outcome based training sessions for staff.</li> <li>• Revision of SDS Option 2 and exploration of how to make best use of this.</li> <li>• Crossover work to take place with ELC Children’s Services.</li> </ul>
	<b>4.3.4 Development of Community Brokerage model.</b>	<ul style="list-style-type: none"> <li>• Development of Community Brokerage model that provides support to individuals in their own communities, through early intervention and maximising the use of community resources.</li> </ul>
<b>4.4 Dementia Support</b>	<b>4.4.1 Development and implementation of Dementia Strategy</b>	<ul style="list-style-type: none"> <li>• Development of Implementation Plan to being from April 2024 as further information is known regarding the available budget.</li> </ul>
	<b>4.4.2 Development and delivery of Meeting Centre in Musselburgh and satellite sites</b>	<ul style="list-style-type: none"> <li>• See 2.2.3 above.</li> </ul>

	<p><b>4.4.3 Tender of the Post Diagnostic Support (PDS) Contract to continue the 5 Pillar Model</b></p>	<ul style="list-style-type: none"> <li>• Ongoing monitoring of provision of 5 pillar model (in terms of activity level and waiting list).</li> <li>• Work with Alzheimer Scotland to develop 6 weekly Post Diagnostic Support Groups for people on the waiting list for the formal PDS service.</li> <li>• Review of 5 pillar model of provision with a view to developing provision based on 8 pillar model (reflecting increased complexity of cases).</li> </ul>
	<p><b>4.4.4 Development of new service to extend provision of support for those with more complex needs following completion of 1 year Post Diagnostic Support. Exploration of possible Multi-Disciplinary Team within Community Mental Health Team (CMHT)</b></p>	<ul style="list-style-type: none"> <li>• Identification of a lead and core group to work on potential service design – initial discussions to take place April 2024.</li> </ul>
<b>4.5 Supporting Carers</b>	<p><b>4.5.1 Development and implementation of Carers Strategy.</b></p>	<ul style="list-style-type: none"> <li>• Progress report to be submitted to Carers Change Board in April 2024 and to Carers Panel in May 2024.</li> </ul>
	<p><b>4.5.2 Publish and report on budget allocated by local authority to support delivery of Carers Strategy.</b></p>	<ul style="list-style-type: none"> <li>• Publish and report on budget allocated by local authority to support delivery of Carers Strategy.</li> </ul>
	<p><b>4.5.3 Review, update and implement Adult Carer Support Plans – to include identification of carer outcomes.</b></p>	<ul style="list-style-type: none"> <li>• Increase in joint working between the HSCP, CoEL and other partners to improve carers’ experience.</li> <li>• Carry out 6 monthly audit of completed ACSPs from September 2024.</li> <li>• Work to develop reporting on progress towards outcomes identified in ACSPs, with potential inclusion in carers census submission – October 2023.</li> </ul>
	<p><b>4.5.4 Develop plans for the provision of residential respite with proposed introduction of ‘the right to a break’.</b></p>	<ul style="list-style-type: none"> <li>• Working Group to be established to work with carers to develop ‘short breaks’ options.</li> </ul>
	<p><b>4.5.5 Increase choice and availability of community-based support, for example through new meeting</b></p>	<ul style="list-style-type: none"> <li>• Musselburgh Meeting Centre will deliver an additional day of provision per week from summer 2024.</li> </ul>

	<b>centres and extension of services offered by day centres for older people.</b>	<ul style="list-style-type: none"> <li>• Dementia Friendly East Lothian (DFEL) to support other local areas to develop 'satellite' meeting centres.</li> <li>• Older Peoples Day Centres to continue to develop Day Centre Outreach Services in local communities</li> <li>• Outreach Service to be developed with new provider of Musselburgh Day Centre during 2024.</li> </ul>
	<b>4.5.6 Continue to develop the Hardgate respite service for people with profound and multiple learning disabilities (PMLD).</b>	<ul style="list-style-type: none"> <li>• See 2.1.5 above.</li> </ul>
<b>4.6 Palliative and end-of-life care</b>	<b>4.6.1 Carrying out of review and scoping in relation to provision of palliative care.</b>	<ul style="list-style-type: none"> <li>• Carry out a scoping exercise re future delivery of palliative and end of life care, involving the Palliative Care Strategy Group and other stakeholders and working closely with third sector – August 2024.</li> <li>• Development of recommendations following scoping exercise.</li> </ul>
	<b>4.6.2 Further development of collaborative working with St Columba's in relation to Hospice at Home service.</b>	<ul style="list-style-type: none"> <li>• Ongoing development of collaborative working between Hospital to Home and Care at Home services and Hospice at Home to provide care packages related to palliative and end-of-life care.</li> </ul>
	<b>4.6.3 Delivery and evaluation of piloting of palliative care beds in local nursing homes.</b>	<ul style="list-style-type: none"> <li>• Plans for future provision to be confirmed.</li> </ul>
	<b>4.6.4 Roll out of palliative and end-of-life care education / training programme for staff.</b>	<ul style="list-style-type: none"> <li>• Further development and delivery of training during 2024/25.</li> <li>•</li> </ul>
<b>4.7 The Right to Advocacy</b>	<b>4.7.1 Develop and implement an Independent Advocacy Strategic Plan</b>	<ul style="list-style-type: none"> <li>• Review and update existing independent advocacy service specifications for commissioned services (learning disability, autism, mental health, physical disability, and older people) taking into consideration financial context.</li> </ul>
<b>4.8 Meeting Complex Needs closer to home</b>	<b>4.8.1 Crookston Care Home service redesign.</b>	<ul style="list-style-type: none"> <li>• Carry out a comprehensive redesign programme to develop and deliver a specialist unit providing care for people with more complex needs.</li> </ul>

## STRATEGIC OBJECTIVE 5 – Further develop / embed integrated approaches and services

Strategic Delivery Priority	Key activities	Planned activity for 2024/25
<b>5.1 Integrated Teams and Approaches</b>	<b>5.1.1 Integration of Hospital to Home and Home Care teams to support shared care.</b>	<ul style="list-style-type: none"> <li>• Ongoing development of Home Care / Hospital to Home integrated service to create additional capacity.</li> <li>• Explore option to integrate Hospital at Home within a wider service (using One Plan / Shared Care Plans).</li> </ul>
	<b>5.1.2 Integration of Site and Capacity and Patient Flow.</b>	<ul style="list-style-type: none"> <li>• Further development to clarify role and remit of the integrated Site and Capacity and Patient Flow team.</li> </ul>
	<b>5.1.3 Deliver enhanced Learning Disability Service.</b>	<ul style="list-style-type: none"> <li>• Ongoing development of enhanced Learning Disability Service.</li> </ul>
	<b>5.1.4 Development and implementation of Autism Strategy.</b>	<ul style="list-style-type: none"> <li>• Ongoing delivery of autism / neurodiversity framework.</li> <li>• Work with other HSCPs at a Lothian level to help address challenges faced, including in relation to waiting lists.</li> </ul>
	<b>5.1.5 Mental Health Partners Group</b>	<ul style="list-style-type: none"> <li>• Continued development of relaunched Mental Health Partners Group bringing together Third Sector, NHS, and local authority colleagues to strengthen links and support collaboration – ongoing.</li> </ul>
<b>5.2 Pathway Reviews / Improvements</b>	<b>5.2.1 Review patient pathways for Hospital Based Complex Clinical Care (HBCCC) and access to Ward 1.</b>	<ul style="list-style-type: none"> <li>• Roll out to Ward 2 at ELCH.</li> <li>• Review data to understand current provision of palliative care in Ward 1 (as part of wider palliative care work – see priority 4.6 above).</li> </ul>
	<b>5.2.2 Deliver ongoing programme to review access to adult mental health services across primary care and adult community mental health services.</b>	<ul style="list-style-type: none"> <li>• See delivery priority 3.3.1 above.</li> </ul>
	<b>5.2.3 Carry out a review of Older Adult Mental Health (OAMH) services.</b>	<ul style="list-style-type: none"> <li>• Explore other service provision options such as ageless IHTT (Intensive Home Treatment Team) model that incorporates Dementia care or an enhanced Duty</li> </ul>

		<p>Nurse system to provide a more intense community based treatment option as opposed to a hospital admission.</p> <ul style="list-style-type: none"> <li>• Review Stress and Distress training / approach and introduce any improvements or further developments needed.</li> </ul>
	<b>5.2.4 Provide clear public and patient information to help people to get to the right primary care service</b>	<ul style="list-style-type: none"> <li>• Ongoing work with communications team to ensure people are aware of range of primary care services and how and when to access them.</li> </ul>
	<b>5.2.5 Strengthen opportunities for direct access to PCIP (Primary Care Improvement Plan) services to reduce the need to contact general practice first</b>	<ul style="list-style-type: none"> <li>• Continue to look at options to strengthen direct access to primary care services managed by the HSCP.</li> </ul>
<b>5.3 Meeting Housing Needs</b>	<b>5.3.1 Involvement in development of East Lothian Local Housing Strategy (LHS)</b>	<ul style="list-style-type: none"> <li>• Develop and agree Housing Contribution Statement formalising link between IJB Strategic Plan and the Local Housing Strategy for 2024-29 – by autumn 2024.</li> <li>• Ongoing delivery of the Housing, Health, and Social Care Strategy Group.</li> </ul>
	<b>5.3.2 Develop and deliver housing models to support people with learning disabilities / mental health issues</b>	<ul style="list-style-type: none"> <li>• Ongoing collaboration between ELC Housing and HSCP to develop housing options, including for people with mental health conditions being discharged from hospital.</li> </ul>
<b>5.4 Transitions</b>	<b>5.4.1 Implement Transitions Framework</b>	<ul style="list-style-type: none"> <li>• Ongoing implementation of Transitions Framework.</li> </ul>

## STRATEGIC OBJECTIVE 6 – Keep people safe from harm

Strategic Delivery Priority	Key activities	Planned activity for 2024/25
6.1 Public Protection	6.1.1 Delivery of Improvement Plan for Adult Support & Protection (ASP)	<ul style="list-style-type: none"> <li>Ongoing delivery of Improvement Plan – action can be closed.</li> </ul>
	6.1.2 Implementation of changes to Adult Support and Protection (ASP) procedures to align with revised national Code of Practice	<ul style="list-style-type: none"> <li>Ongoing implementation of updated Adult Support and Protection procedures – action can be closed.</li> </ul>
	6.1.3 Implementation of the ASP National Minimum Data Set	<ul style="list-style-type: none"> <li>Implementation of version 2 of the National Minimum Dataset – from April 2024.</li> </ul>
	Implementation of Escalating Concerns Protocol	<ul style="list-style-type: none"> <li>Review of the use of the Escalating Concerns Protocol – June 2024.</li> </ul>
	6.1.4 HSCP staff to participate in development of Equally Safe Strategy and associated plan for East Lothian to ensure that all 4 priorities are addressed	<ul style="list-style-type: none"> <li>HSCP to participate in the development of a local Equally Safe Strategy (led by East Lothian Council) – timescale to be confirmed.</li> </ul>
6.2 Reducing harm from substance use	6.2.1 Delivery and implementation of MAT (Medication Assisted Treatment) standards.	<ul style="list-style-type: none"> <li>Continue to embed MAT 1-5</li> <li>Phase 2 of implementation of MAT 6-10</li> <li>Ongoing gathering / analysis of experiential information.</li> <li>Development of Trauma Informed Practise Implementation Group to promote service improvement</li> </ul>
	6.2.2 Delivery of Contact Service to improve access to alcohol and drug services.	<ul style="list-style-type: none"> <li>Ongoing development and delivery of Contact Service, with a focus on collaborative, multi-disciplinary working.</li> <li>Employment of Band 6 Outreach Nurse by Justice Social Work to support Substance Use Service.</li> </ul>
	6.2.3 Improve the availability and accessibility of information in relation to mental health and substance	<ul style="list-style-type: none"> <li>See 3.3.4 above.</li> </ul>



	<b>use (including alcohol) to promote self-management and access to services.</b>	
	<b>6.2.4 Provide access to physiotherapy to support management of physical aspects of substance use.</b>	<ul style="list-style-type: none"> <li>• Physiotherapist included in the substance use team – timescales to be agreed</li> </ul>
<b>6.3 Justice Social Work</b>	<b>6.3.1 Deliver Justice Social Work (JSW) Annual Report 2022/23 Improvement Plan</b>	<ul style="list-style-type: none"> <li>• Delivery of 2024-27 Justice Social Work Service Plan – throughout year.</li> <li>• Completion of Annual Report / Improvement Plan – November.</li> </ul>
	<b>6.3.2 Deliver JSW Evaluation Report</b>	<ul style="list-style-type: none"> <li>• Development and delivery of 2023-25 Evaluation Programme – ongoing.</li> <li>• Completion of individual Evaluation Reports for specific JSW activities – throughout year.</li> <li>• Delivery of annual / bi-annual report.</li> </ul>
	<b>6.3.3 Review available projects and / or options for unpaid work / other activity of Community Payback Orders</b>	<ul style="list-style-type: none"> <li>• Increase placement options for unpaid work / Community Payback Orders (building on engagement with Council managers via the One Council presentations) – throughout the year.</li> <li>• Manage outstanding hours by increasing instructions for group work – through the year.</li> <li>• Review and continue to develop placements – ongoing.</li> </ul>
	<b>6.3.4 Develop interventions to address adult male offending behaviour</b>	<ul style="list-style-type: none"> <li>• Continue to develop training modules addressing adult male offending – throughout the year.</li> <li>• Facilitate offence focused group work for the Caledonian System (addressing domestic abuse) – throughout the year.</li> </ul>
<b>6.4 Supporting children, young people, and families</b>	<b>6.4.1 Embed a ‘whole family approach’ in relation to service delivery.</b>	<ul style="list-style-type: none"> <li>• Delivery of awareness raising / training by Children’s Services colleagues – timescales to be agreed.</li> </ul>
	<b>6.4.2 Embed trauma informed approach to service delivery.</b>	<ul style="list-style-type: none"> <li>• Ongoing rollout of Trauma Informed training and awareness raising to HSCP staff.</li> <li>• Training of HSCP staff to deliver Trauma Informed and Trauma Skilled training on a face to face basis.</li> </ul>

	<b>6.4.3 Involvement of HSCP services in Transformation of Children’s Services Programme – prioritisation of early intervention for vulnerable children.</b>	<ul style="list-style-type: none"> <li>• Specific actions for HSCP services to be added as Transformation Programme develops – timescale to be confirmed</li> </ul>
	<b>6.4.4 Participate in development of Equally Safe Strategy.</b>	<ul style="list-style-type: none"> <li>• See delivery priority 6.1 ‘Public Protection’.</li> </ul>
	<b>6.4.5 Development and implementation of Carers Strategy in relation to young carers.</b>	<ul style="list-style-type: none"> <li>• See delivery priority 4.5 ‘Supporting Carers’.</li> </ul>
	<b>6.4.6 Support young people moving from child to adult services.</b>	<ul style="list-style-type: none"> <li>• See delivery priority 5.4 ‘Transitions’.</li> </ul>
<b>6.5 Suicide prevention</b>	<b>6.5.1 Support the implementation of the revised national suicide prevention strategy across HSCP and partners.</b>	<ul style="list-style-type: none"> <li>• Intensive Home Treatment Team (IHTT) Team Leader to meet with Suicide Prevention leads from Mid and East Lothian to collaborate and explore opportunities for development.</li> </ul>

## STRATEGIC OBJECTIVE 7 – Address Health Inequalities

Strategic Delivery Priority	Key activities	Planned activity for 2024/25
7.1 Understanding health inequalities	7.1.1 Improve collection and use of data relating to equalities and health inequalities (including protected characteristics and data related to Fairer Scotland duty).	<ul style="list-style-type: none"> <li>Carry out work to map equalities / health inequalities data currently collected by services and to identify improvements.</li> </ul>
	7.1.2 Develop Joint Strategic Needs Assessment content (using data existing sources).	<ul style="list-style-type: none"> <li>Carry out refresh / update of JSNA, adding additional equalities data and analysis – autumn 2024.</li> <li>Continue to update and develop JSNA content on a rolling basis.</li> </ul>
	7.1.3 Deliver session on health inequalities to East Lothian IJB / ELHSCP Senior Management Team (SMT)	<ul style="list-style-type: none"> <li>Develop and deliver further sessions on equalities / health inequalities – to be confirmed.</li> </ul>
7.2 Taking action to address health inequalities	7.2.1 Support effective use of Integrated Impact Assessments (IIAs) by all HSCP services	<ul style="list-style-type: none"> <li>Continued training for staff in relation to carrying out IIAs.</li> <li>Embedding of ‘Equalities Champions’ approach.</li> <li>Ongoing completion of IIAs as required.</li> </ul>
	7.2.2 Monitor and report on IIAs completion	<ul style="list-style-type: none"> <li>Ongoing monitoring and reporting in relation to IIAs.</li> </ul>
	7.2.3 Consider ELHSCP’s potential role as an Anchor Institute	<ul style="list-style-type: none"> <li>Specific actions to be developed as follow up to IJB / SMT sessions.</li> <li>HSCP involvement in Community Wealth Building Working Group – ongoing.</li> </ul>

## STRATEGIC ENABLERS

Strategic Enabler	Mechanism for Delivery	Activity
Workforce	Delivery of Workforce Plan	<ul style="list-style-type: none"> <li>Strategic Workforce Plan signed off by IJB in February 2023.</li> <li>Progress report and annual updates presented to IJB – next one due spring 2025.</li> </ul>
Financial	Financial planning and delivery of IB Financial Plans	<ul style="list-style-type: none"> <li>IJB Revised Five Year Financial Plan for 2024/25 to 2028/29 presented to IJB – April 2024.</li> </ul>
Partnership, Participation & Engagement	Delivery of Participation and Engagement and Commissioning Strategies	<ul style="list-style-type: none"> <li>Participation &amp; Engagement Strategy in place - approved by IJB June 2023.</li> <li>Commissioning Strategy in place – approved February 2023 – Market Facilitation Statement agreed May 2024.</li> </ul>
	Involvement in strategic planning partnerships	<p>Participation in a range of partnerships including:</p> <ul style="list-style-type: none"> <li>NHS Lothian Strategic Development Framework development and delivery.</li> <li>East Lothian Partnership (Community Planning) and development of East Lothian Plan.</li> <li>East Lothian Children’s Strategic Partnership.</li> <li>East Lothian Poverty Group and Community Wealth Building Working Group.</li> <li>East Lothian Community Justice Partnership.</li> </ul>
Technology	Delivery of Digital / Technology workstream	<ul style="list-style-type: none"> <li>Development and delivery of Digital and Informatics Change Board and Workstreams.</li> </ul>
Approaches to Improvement & Innovation	Development of Transformation Programmes and Performance Framework	<ul style="list-style-type: none"> <li>Development and delivery a range of transformation / change programmes.</li> <li>Refresh of Change Board structure to oversee delivery of transformation / change programmes.</li> <li>East Lothian HSCP Performance Framework – presented to IJB – May 2024.</li> </ul>
Information Sharing	Development of information sharing approach / protocols and reflection of Scottish Digital Strategy	<ul style="list-style-type: none"> <li>Ad hoc / ongoing development of information sharing approaches / protocols related to service requirements.</li> <li>Ongoing engagement in work at a national level in relation to Scottish Digital Strategy.</li> </ul>



**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 27 June 2024  
**BY:** Interim Chief Finance Officer  
**SUBJECT:** Draft Unaudited Annual Accounts 2023/24

---

8

## **1 PURPOSE**

- 1.1 The IJB is governed by the same statutory regulations that govern local authorities. The IJB must prepare a set of annual accounts for the financial year. This paper presents the IJB with a late draft of the 2023/24 annual accounts which require to be published before the end of June 2024.

## **2 RECOMMENDATIONS**

- 2.1 As a result of this report, Members are asked to:
- Consider the attached draft annual accounts.
  - Approve this draft for publication before the end of June.

## **3 BACKGROUND**

- 3.1 The IJB is corporate body as defined under s106 of the Local Government (Scotland) Act 1973. This Act requires the IJB to produce a set on Annual Accounts at the end of each financial year.
- 3.2 In practice there are three steps:
- To prepare and publish (on the IJB's website) a set of unaudited accounts before the end of June 2024. These accounts require to be approved for publication by the IJB.
  - These accounts are then presented to the IJB's appointed Auditors (Audit Scotland) who undertake an audit of the IJB's annual accounts.

- A final set of accounts is prepared reflecting the appointed auditors comments and including their own formal view on the accounts. This will be presented to the IJB's Audit and Risk Committee at its September meeting and then presented to the IJB for final approval and will then be published on the IJB's website.

### 3.3 There are broadly five parts to the annual accounts:

- A description of what the IJB is and how it functions.
- A management commentary which is split into two broad parts:
  - A reflection of the financial performance of the IJB and a consideration of the financial challenges in the next financial year
  - A reflection of what the IJB has done during the year. In effect how has the IJB (through its partners) been delivering its strategic plan.
- A range of governance assurances including the Annual Governance Statement which is prepared by the IJB's Chief Internal Auditor. This AGS was brought to the IJB's Audit and Risk committee on 18 June and the committee have now approved this.
- The report from the appointed auditors. This will not be available until after the appointed auditors have completed their audit.
- The actual accounts themselves.

3.4 Its worth just noting how the IJB can have broken even in year whilst report an apparent deficit of £5.8m in its annual accounts. This is a function of the accounting convention. Technically expenditure incurred in year can only be funded from income received in that year – hence the deficit. However, the IJB has used its reserves to achieve a break-even position. This is noted in the annual accounts.

## 4 ENGAGEMENT

4.1 The IJB makes its papers and reports available publicly.

## 5 POLICY IMPLICATIONS

5.1 There are no new policies arising from this paper.

## 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 This report does not impact on any of the IJB's directions nor require any new or amended directions.

## **8 RESOURCE IMPLICATIONS**

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

## **9 BACKGROUND PAPERS**

- 9.1 None.

<b>AUTHOR'S NAME</b>	David King
<b>DESIGNATION</b>	Interim Chief Finance Officer
<b>CONTACT INFO</b>	David.king4@nhs.scot
<b>DATE</b>	June 2024

### **Appendices:**

**Draft East Lothian IJB Unaudited Annual Accounts 2023/24**

East Lothian  
Integration Joint Board



# East Lothian Integration Joint Board

## Unaudited Annual Accounts 2023/24



## CONTENTS

• <b>Management Commentary</b> .....	<b>3</b>
• <b>Statement of Responsibilities</b> .....	<b>19</b>
• <b>Remuneration Report</b> .....	<b>21</b>
• <b>Annual Governance Statement</b> .....	<b>24</b>
• <b>Independent Auditor’s Report</b> .....	<b>30</b>
• <b>Movement in Reserves Statement</b> .....	<b>32</b>
• <b>Balance Sheet</b> .....	<b>33</b>
• <b>Notes to the Financial Statements</b> .....	<b>34</b>
1. Significant Accounting Policies .....	34
2. Events After the Reporting Period .....	36
3. Short Term Debtors .....	36
4. Reserves.....	37
5. Taxation and Non-Specific Grant Income .....	37
6. Corporate Service .....	37
7. Related Party Transactions.....	38
8. VAT.....	38

## **Management Commentary**

### **Introduction**

The management commentary considers the work that the IJB has undertaken during the financial year 2023/24 and then describes the financial performance for the financial year ended 31 March 2024. 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).

### **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 2023 to 31 March 2024 is Audit Scotland, 102 West Port, Edinburgh EH3 9DN.

### **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:

[https://www.eastlothian.gov.uk/download/downloads/id/33015/east\\_lothian\\_ijb\\_strategic\\_plan\\_2022\\_-\\_25.pdf](https://www.eastlothian.gov.uk/download/downloads/id/33015/east_lothian_ijb_strategic_plan_2022_-_25.pdf)

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 misuse, 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**

The IJB's Scheme of delegation was revised by the IJB's partners in 2022. The revised document has since been approved by the Scottish Government and is in effect for the financial year 2023/24.

### **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 2023/24. The membership of the IJB as at March 2024 was as follows:

<b>Member</b>	<b>Nominated/Appointed by</b>	<b>Role</b>
Councillor Shamin Akhtar	Nominated by East Lothian Council	Chair (voting member)
Andrew Cogan	Nominated by NHS Lothian	Vice Chair (voting Member)
Fiona Ireland	Nominated by NHS Lothian	Voting Member, Chair of Audit & Risk Committee – see note below
Elizabeth Gordon	Nominated by NHS Lothian	Voting Member
Patricia Cantley	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 Jeremy Findlay	Nominated by East Lothian Council	Voting Member
Fiona Wilson	Ex officio	Chief Officer (non-voting member)
David King	Ex officio	Interim Chief Finance Officer (non-voting member) – see note below
Claire MacDonald	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)
David Aston	Appointed by IJB	Service User representative (non-voting member) - <i>on leave of absence since Dec 2023</i>
Dr Claire Mackintosh	Nominated by NHS Lothian	Registered Medical Practitioner (not GP) (non-voting member)

<b>Member</b>	<b>Nominated/Appointed by</b>	<b>Role</b>
Lindsey Byrne	Ex Officio	Chief Social Work Officer (non-voting member)
Thomas Miller	Nominated by NHSL Unions	NHS Staff Representative (non-voting member)
Dr John Hardman	Nominated by NHSL	Registered Medical Practitioner (GP) (non-voting member)
David Hood	Ex Officio	Head of Operations (non-voting member)
Sarah Gossner	Ex Officio	Chief Nurse (non-voting member)
Dr Philip Conaglen	Ex Officio	Public Health (non-voting member)
Vacant	Nominated by the GP Forum	GP representative (non-voting member)
Vacant	Nominated by ELC Unions	ELC Staff Representative (non-voting member)

**Note:** The Chief Finance Officer resigned from her post at the end of September 2023. David King has been appointed as Interim Chief Finance Officer until a permanent appointment is made.

**Note:** Fiona Ireland is no longer a voting member of the IJB and is therefore no longer the Chair of the IJB's Audit and Risk Committee.

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

The IJB delivers its Strategic Plan through its directions to its partners and monitors the performance against these directions at the Strategic Planning Group and through reports to the IJB. The IJB produces an annual performance report (as required by the Scottish Government) which lays out its ambitions, achievements and a range of performance indicators.

The 2023-24 East Lothian IJB Directions were approved at its meeting on the 26th of October 2023 and subsequently issued to delivery partners NHS Lothian and East Lothian Council.

The 2023-24 directions included the introduction of a set of core directions as follows:

- Direction to NHS Lothian regarding the delivery primary and community health services.
- Direction to NHS Lothian regarding the delivery of hosted services.
- Direction to NHS Lothian regarding the delivery of set-aside services.
- Direction to East Lothian Council regarding the delivery of social work and social care services.

The introduction of core directions meets the statutory requirement for all delegated functions be covered by a direction.

The IJB's Strategic Objectives for 2023/24 are as follows along with examples of the work carried out to deliver these objectives during the financial year

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

During 2023/24 the IJB:

- Continued delivery of the Planning Older People's Services project. The project aims to work with East Lothian residents and communities to identify options for the development of high quality sustainable services for older people in the future. The project team then worked with an Independent Community Plan to explore and model short list options fitting the project's 'hurdle criteria'. A full options appraisal will be carried during 2024 and a final report submitted to the IJB later in the year.
- Continued to invest in and develop Intermediate Care Services in East Lothian. These services take pressure off hospital and care home beds, make better use of resources, and provide better outcomes for our population.
- Increased the number of Care at Home hours provided directly and continued to support external providers to ensure stability of provision. Although levels of unmet need (hours of care assessed as being needed but not yet delivered) fluctuated across the year, but year-end this was lower the previous year.
- Continued to develop the Integrated Care Allocation Team (ICAT). The ICAT brings together a range of disciplines (including Social Work, Nursing, Occupational Therapy and Care Brokers) to assess people's care and support needs and identify options for meeting these needs.
- Delivery of the East Lothian Inreach Project in supporting patient journeys for East Lothian residents attending Accident and Emergency or being admitted to the Edinburgh Royal Infirmary. The Inreach Project aims to both prevent admission and reduce the length of hospital stay.
- Worked to reduce the number of East Lothian mental health inpatient bed days, within the IJB's ambition to work within its commissioned bed base.
- Launched a Care Home / Home First Project aimed at increasing the proportion of people discharged home from hospital, as opposed to being discharged to a care home placement.

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

During 2023/24 the IJB:

- Continued to make progress in delivering its Community Transformation Programme. The Programme aims to develop innovative approaches to social care, working alongside communities and third sector partners to develop capacity and solutions, adopting a ‘co-production’ approach.
- Continued to develop Neighbourhood Networks. There are now five Networks in place in Musselburgh, Tranent, Haddington, and Dunbar; two of these are specifically for young people moving from children to adult services.
- The East Lothian Community First Service continued to develop, providing support to people struggling with their health and wellbeing, helping them to access community services.
- Supported the ongoing development of the Musselburgh Meeting Centre, providing innovative, peer and carer led, community-based support for people with mild to moderate dementia and their families and friends. 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.

## **Strategic Objective 3 – Focus on prevention and early intervention**

During 2023/24 the IJB supported and developed:

- The Smart TEC (Technology Enabled Care) service made 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 East Lothian Exercise Pathway continued to develop as a means to engage people in physical activity, and to maintain this participation over the longer-term
- The use of the [ELRS Single Point of Contact \(SPOC\) phonenumber](#) grew over the year. The SPOC allows people to contact the service directly through one central system, and then speak to the professional who is best placed to help with their enquiry. The SPOC can be used for self-referral, professional referral, or enquiries from existing patients.
- Provided an Occupational Therapy led Carers Pathway 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.
- Improving the prevention and management of falls is a strategic delivery priority for the IJB. Referrals to the Falls Service grew during the year, with a total of 373 referrals received and 1,521 interventions delivered.

- Launched a [Distress Brief Intervention \(DBI\)](#) service. The service is delivered by Penumbra on a commissioned basis. Over 250 referrals were received in the first year of the DBI service.

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

During 2023/24:

- The IJB continued to develop the primary care services delivered directly by East Lothian HSCP, these 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.
- The CWIC service supports GP practices by offering same-day appointments with a team of medical professionals. A multifaceted approach by the team led to a 60% increase in appointments available in 2023 compared with the same period in 2022 and provided over 25,000 appointments.
- The Pharmacotherapy Team continued to provide support across all 15 East Lothian GP practices.
- A Primary Care Communication Plan was developed 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.
- The IJB continued to grow the outpatient services and clinics offered at East Lothian Community Hospital (ELCH).
- Developments at ELCH included:
  - Delivering nurse-led minor operations clinics
  - Increasing the capacity of Dermatology Ultraviolet Phototherapy treatment.
  - Increasing the capacity of the Endoscopy and Day Services Unit to offer 25 sessions a week.
  - Working with the Haematology Unit at the Edinburgh Cancer Centre to provide Intravenous (IV) therapy at ELCH and expanding that in 2023/24 to provide blood transfusion or IV iron therapy for older residents.
- Achievement of JAG Accreditation for the Endoscopy and Day Service Unit making it the first NHS facility in Scotland to achieve this status.
- Increased funding for the provision of Post Diagnostic Support supported a significant increase in the number of people receiving this service (from 99 people



in April 2022 to 198 in November 2023) and cut waiting times in half (from the highest point the previous year).

- The IJB agreed a final version of the East Lothian Dementia Strategy in October 2023. Further consultation then took place with people with lived experience of dementia to determine the priorities for implementation.
- East Lothian's second local Carers Strategy was published in June 2023, guiding activity over the next three years.
- The East Lothian Hospital at Home (H@H) service provides acute, hospital-level care in a home context for conditions that would otherwise require acute hospital inpatient care. There was a significant increase in patient numbers during 2023/24

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

The IJB delivered this objective in 2023/24 through

- Integration of Care at Home Services

The IJB began work to integrate Hospital to Home and Homecare services. Integration of the teams brought immediate benefits in terms of supporting the development of shared care plans and enabling the care of service users to be shared across staff teams. This resulted in a more flexible and efficient use of resources and increased resilience of service provision.

- Enhanced Learning Disability Service

The ongoing 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, Adult Community Resources and the Community Learning Disability Team were brought together to take an integrated, multidisciplinary approach to support more complex and high risk learning disability patients.

- Review of access to Mental Health Services

In 23/24 work continued to review the 'front door' of East Lothian Joint Mental Health Team to create a single point of access.

- Older Adult Mental Health Services

Older Adult Mental Health Services continued to develop and deliver effective, streamlined mental health support for older adults.

- Local Housing Strategy

East Lothian's Local Housing Strategy (LHS) 2024-2029 was adopted in April 2024 following extensive engagement during which over 1,300 voices were heard. Work is ongoing to develop a Housing Contribution Statement (HCS) to formalise the link between the new LHS and East Lothian IJB's Strategic Plan. The Housing Contribution Statement is a statutory requirement and links the strategic processes

of housing, health, and social care at a local level. It is anticipated that the Housing Contribution Statement will be presented to the IJB for approval in autumn 2024.

The IJB continues to work in partnership with East Lothian Council Housing colleagues to develop core and cluster housing using a range of models to best meet individual needs.

- **Transitions from Children's Services to Adult Service**

A new East Lothian Transitions Framework was finalised in 2023/24 reflecting the 'Principles of Good Transitions'<sup>1</sup> and placing further emphasis on putting the young person at the centre of the planning process. The Framework formalises existing processes, defining the responsibilities of those involved and identifying the expected milestones and timescales.

### **Strategic Objective 6 – Keep people safe from harm**

The IJB continued to develop its approach to performance management and improvement in relation to Adult Support and Protection (ASP) services during 2023/24, this included:

- Implementing updated Adult Support and Protection Procedure, ensuring alignment with the Scottish Government's revised Code of Practice.
- Developing our approach to data managing to comply with revised national data requirements.
- Ongoing improvements to recording templates to ensure that the right information is captured to support evidence-based risk assessment.
- Carrying out a range of audit activities including 'dip' audits; peer audits; focussed audits in relation to screening of police concerns; and cross-team audits. Finding of audits fed into continuous improvement cycle.

### **Reducing harm from substance use.**

The IJB works with MELDAP (Midlothian and East Lothian Drug and Alcohol partnership) to continue to reduce harm from substance mis-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 harms 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'.

The Scottish Government set a target for the full implementation of MAT Standards 1 to 5 by April 2023, followed by Standard 6-10 being fully implemented by April 2025. East Lothian HSCP has worked with MELDAP to deliver a level of performance ahead of both target dates. This has been achieved through the considerable collective effort of all partners

## **Justice Social Work**

Justice social work is delegated to the IJB. The objectives of justice social work are

- 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 responsiveness.
- We reduce reoffending through fostering a sense of belonging and involvement in our community.

Activities during 2023/24 included:

- The roll out of Structured Deferred Sentences (SDS) took place throughout 2023/24 and are now available to low and high threshold service users.
- Increasing the use of the Caledonian System<sup>2</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).
- The Community Payback Work Team continued to develop options for unpaid work for service users.
- A new Community Justice Outreach (CJO) Nurse was introduced in 2023/24 to support service users' health needs including those related to drug and alcohol use, mental health, and minor physical health.

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 2024) and the East Lothian Chief Social Worker Annual Report (available around the same time). Both reports will be published on the East Lothian Council website.

## **Strategic Objective 7 – Address Health Inequalities**

Many of the activities described above contribute to reducing health inequalities. However, a number of specific activities also took place during 2023/24 to further develop the IJB's approach to reducing health inequalities, some of these are described below.

### **Developing an understanding of health inequalities**

A Joint Strategic Needs Assessment<sup>3</sup> (JSNA) was published in 2023 and will continue to be developed

IJB members took part in a Development Session in April 2023 to help further their understanding and awareness of equalities and health inequalities.

### **Equalities, planning, and decision making**

Integrated Impact Assessments (IIAs)

During 2023/24, the IJB continued to develop its approach to carrying out IIAs

The completion of a number of IIAs was required in relation to financial savings proposals presented to the IJB at its March 2024 meeting. These saving were required to allow the IJB to set a balanced budget and address a projected financial gap of over £11m. The proposals related to a number of service areas, with potentially significant impacts for people using these services. The completion of 14 individual IIAs, as well as a cumulative IIA (assessing the overall impact of these savings combined) helped to inform the IJB's decision making and to identify actions that could be implemented to reduce negative impacts identified.

### **Plans for 2024/25 and thereafter**

The IJB is continuing to revise its Strategic Commissioning plan during 2024/25 and will now consider how the current financial challenges that the IJB and its partners face will impact on the development of the plan.

It should be noted that the above are highlights, the activities of the IJB in 2023/24 are discussed in detail as part of the IJB's Annual performance Report.

**The IJB’s Financial Position at 31 March 2023**

For the year ending 31 March 2024, the IJB recorded a deficit of £5,778,000. That meant that costs incurred in delivering the IJB’s functions by East Lothian Council and NHS Lothian were greater than the income received from those partners in the financial year. The IJB has used its reserves to underpin this deficit and has thus broken-even in the financial year. As part of the delivery of financial balance, NHS Lothian made a further non-recurrent allocation of £740,000 to the IJB to underpin the net deficit within the health elements of the IJB’s functions with the IJB using its available reserves to underpin the net deficit within its social care services. In both cases the net deficit being the deficit after the planned use of reserves in year. The table below lays this out:

<b>Year-end Position</b>	<b>Health £000's</b>	<b>Social Care £000's</b>	<b>Notes</b>
Income	157,073	66,930	<b>1</b>
Expenditure	160,470	70,056	<b>2</b>
Surplus/ (Deficit)	<b>(3,397)</b>	<b>(3,126)</b>	
Planned Use of reserves	2,657	1,192	<b>3</b>
Operational Position	<b>(740)</b>	<b>(1,934)</b>	
Additional Funding	740		<b>4</b>
Unplanned Use of reserves		1,934	<b>5</b>
<b>Position at Year end</b>	<b>0</b>	<b>0</b>	

**Notes**

1. This is the income received from the partners (East Lothian Council and NHS Lothian) in 2023/24 prior to receipt of an additional £740,000 from NHS Lothian to support the year-end position.
2. This is the expenditure incurred by the partners in the delivery of the IJB’s delegated functions for 2023/24.
3. The IJB carried funding from 2022/23 which it planned to use in 2023/24 through its reserves. This funding has been used as planned in 2023/24.
4. NHS Lothian made an additional non-recurrent allocation to the IJB in 2023/24 in order to allow the health element of the IJB to break-even.
5. At this point the IJB still was in deficit. The IJB has therefore used further elements of its available to reserves to achieved break-even in 2023/24.

Thus during the financial year 2023/24, the IJB has an in-year deficit in both its health and social care functions.

The deficit in the health services being driven by pressures within GP prescribing services as a result of increased demand and within the costs of the functions

delegated to the IJB delivered in Acute Hospitals (The Royal Infirmary of Edinburgh and the Western General hospital) also as a result of increased demand. This net deficit was covered by additional income from NHS Lothian

Within the IJB's social care services, pressures are largely due to increased demand although there was also funding issues in year. The funding issues are discussed further below.

### **Funding for the Integration Joint Board**

The IJB is funded exclusively by its partners – East Lothian Council and NHS Lothian. The funding is to support the delivery of the functions that the partners have delegated to the IJB. For the sake of clarity, these functions as described above under the role and remit of the IJB are now called 'services' being a more recognisable description.

NHS Lothian's funding is split into three broad areas:

- **Core Funding** – this is funding for health services delivered directly in East Lothian. This includes the running costs of the local hospitals, the community health services, the running costs of the Medical General Practitioners services (the local GPs) and a share of other primary care services (General Ophthalmic Services, General Dental Services and General Pharmaceutical services).
- **Hosted Funding** – the funding for the East Lothian Share of services delivered and managed on a pan-Lothian basis by NHS Lothian. For example Mental Health in-patients beds at the Royal Edinburgh Hospital.
- **Set Aside Funding** – this is a budget 'set aside' by NHS Lothian on behalf of the IJB representing East Lothian's share of delegated unscheduled care services managed by NHS Lothian's Acute Services and delivered at the Royal Infirmary of Edinburgh, The West General Hospital and St. John's at Howden.

East Lothian Council's funding is for the delivery of Adult Social Care services.

Budget offers (representing the funding) are made to the IJB by the partners each financial year. The IJB then assesses these offers and bases its acceptance of these offers on the guidance from the Scottish Government which it issues as part of its own budget setting process. At its March 2023 meeting the IJB accepted the indicative budget offer from NHS Lothian but did not accept the budget offer from East Lothian Council on the basis that it did not meet the criteria laid out by the Scottish Government guidance. After further discussions the Council was unable to amend its offer and the IJB then accepted the position but had to deliver further savings plans to address the shortfall.

### **Reserves**

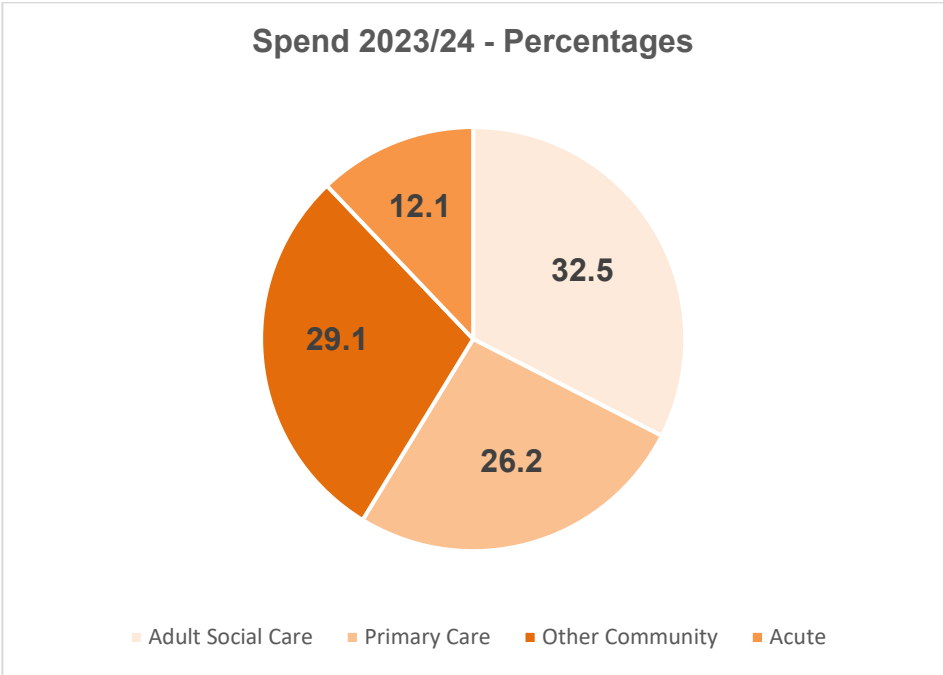
There has been a very significant reduction in the IJB's reserves during the financial year from an opening balance of £10,122,000 at 1 April 2023 to a closing balance of £4,344,000 as at 31 March 2024. Of this reduction in reserves, £3,844,000 was planned in the sense that these reserves had been carried forward from the previous

financial year to support 'earmarked' projects but a further use of £1,934,000 of available reserves was required to be used to underpin the IJB's financial position in year. The IJB has a reserves policy the intention of which is to hold an available reserve (a general reserve) of c. 2% of its turn over. The resolution to the 2023/24 financial position has had the effect of reducing the IJB's available reserves to under this ambition and this will increase the financial risk in 2024/25.

**IJB Spend Profile 2023/24**

The Chart below shows how the IJB has spent its funds in 2023/24 in the following areas:

- Adult Social Care
- Primary Care Services (GPs, GP prescribing, community opticians, community pharmacists and community dental services)
- Other Community health services (local community hospitals, community nursing services, community allied health professionals and East Lothian's share of pan-Lothian hosted services)
- Acute Services (East Lothian Share of those Acute services that have been delegated to the IJB)



**Consideration of the 2024/25 financial position**

The IJB uses five year financial planning model. At its December meeting an indicative five year plan is produced and this is then revised and used as part of the budget setting process for the next financial year. At its December 2023 meeting a five year plan was presented to the IJB which showed a significant financial challenge in 2024/25. This 2024/25 forecast was then revised over the next three months and series of workshops were held with the IJB to consider how and what recovery actions could be delivered in 2024/25 to bring the financial forecast back into balance.

At its March 2024 meeting the IJB accepted the budget offers from both partners and set a balanced financial plan for 2024/25. This plan is based on the delivery of c. £10.8m of recovery actions in both health and social care. This overall financial pressure and was driven by:

- Recovery actions to bring the overspends in the operational services back to break-even. This is clear from the financial challenges in delivering a balanced financial position in 2023/24 as described above.
- Further efficiency programmes to address future 2024/25 financial pressures driven by increasing demand and projected funding shortfalls.

The IJB has asked the partners to provide monthly financial updates and will monitor the 2024/25 financial position closely and will require additional efficiency programmes if a break-even position is not being forecast. The IJB will continue to revise its current finance year financial plan with a view to delivering a further formal five year plan in December 2024.

### **Key Risks, challenges and uncertainties**

The main financial pressures remain in line with those described in the 2022/23 annual accounts being:

- The growing demand for both health and social care services locally and at the Acute Hospitals driven by population growth and the changing needs of the population.
- The lack of an available workforce
- The challenging national financial landscape.

### **A growing and ageing population**

East Lothian's population remain one of the fastest growing in Scotland. Although, in theory, national funding models for both Local Authorities and the NHS are designed to reflect population growth these models are constrained by

- The total funding available. This has increased but not sufficiently to manage the pressures identified.
- Where population numbers reduce this does not necessarily reduce the costs of delivering services and therefore it is difficult to move funds round the system.

Additionally the average age of the East Lothian population is projected to increase. As people live longer inevitably their health and social care needs increase and this demographic pressure is a national challenge to all IJBs.

### **The lack of an available workforce**

Both health and social care services are experiencing a shortage of care professionals. The IJB has developed a workforce plan in collaboration with its partners but tackling this issue is also a challenge nationally.



## **The Challenging national financial landscape**

In setting its 2024/25 budget the Scottish Government recognises a significant financial challenge ahead for all public services notwithstanding its ambition to protect health and social care services as much as it can.

### **National Care Service**

The Scottish Government is in the process of setting up a national care service (NCS) which will include many of the functions currently delegated to the IJB. The Bill setting up the national care services is currently at Stage 2 (where MSPs can propose changes to the Bill). It is not currently clear what the impact of the NCS will be on the IJB nor the timescales wherein any changes will take place.

**Shamin Akhtar**  
Chair

**Fiona Wilson**  
Chief Officer

**David King**  
Interim 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 2024.

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 2024.

**David King**  
Interim 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 2023/24.

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 no longer automatically offers another full day's remuneration for being the Board's Lead Voting Member on an IJB. Instead, non-executive remuneration is based on an individual's overall estimated time commitment, which can include multiple memberships of Board committees and IJBs as well as other responsibilities, not just as committee chairs or lead voting members of the IJBs. No specific remuneration is therefore available for the vice chair of the IJB

### **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 is Fiona Wilson. 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 role of the Chief Finance Officer was filled by Claire Flanagan until 31<sup>st</sup> September 2023. Until 31<sup>st</sup> September 2023 the Chief Finance Officer was 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. After 1<sup>st</sup> October 2023 the role of the CFO was undertaken on an interim basis by David King. David is remunerated by NHS Lothian but is not superannuated. He undertakes the role of CFO at East Lothian IJB and the role as CFO in Midlothian CFO and has no other duties within NHS Lothian. Accordingly 50% of his costs have been charged to East Lothian IJB.

**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</b>	<b>Senior Employees</b>	<b>Total for</b>
<b>2022/23</b>	<b>Salary, Fees &amp; Allowances</b>	<b>2023/24</b>
<b>£</b>		<b>£</b>
38,887	Fiona Wilson, Chief Officer	53,564
25,694	Claire Flanagan, Chief Finance Officer	15,038
3,205	David King, Interim Chief Finance Officer	10,272

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.

	Employer Pension Contributions For year to			Accrued Pension Benefits at	
	31/03/2023 £k	31/03/2024 £k		31/03/2022 £k	31/03/2023 £k
Claire Flanagan	18	9	Pension	21	22
			Lump Sum	29	55
Fiona Wilson	20	22	Pension	31	35
			Lump Sum	86	93

**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 2023/24.

**Shamin Akhtar**  
Chair

**Fiona Wilson**  
Chief Officer

## **Annual Governance Statement**

### **Introduction**

The Annual Governance Statement explains the IJB's governance arrangements and system of internal control and reports on their effectiveness.

### **Scope of Responsibility**

The IJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.

To meet this responsibility, the IJB has established arrangements for governance which includes a system of internal control. The system is intended to manage risk to support the achievement of the IJB's policies, aims and objectives. Reliance is also placed on NHS Lothian and East Lothian Council's (the partners) systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the IJB. The system can only provide reasonable and not absolute assurance of effectiveness.

### **The Governance Framework and Internal Control System**

The Board of the IJB comprises voting members, nominated by either NHS Lothian or East Lothian Council, as well as non-voting members including a Chief Officer appointed by the Board.

The IJB Local Code of Corporate Governance sets out the framework and key principles, which require to be complied with, to demonstrate effective governance. The IJB Local Code reflects the changing context of integration and is consistent with the 7 core principles and recommendations of the new CIPFA/SOLACE Framework 'Delivering Good Governance in Local Government' (2016) and the supporting guidance notes for Scottish authorities. The overall aim of the Framework is to ensure that: resources are directed in accordance with agreed policy and according to priorities; there is sound and inclusive decision making; and there is clear accountability for the use of those resources in order to achieve desired outcomes for service users and communities.

The main features of the governance framework and internal control system associated with the seven core principles of good governance defined in the IJB Local Code in existence during 2023/24 included:

#### **A. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law**

The roles and responsibilities of Board members and statutory officers and the processes to govern the conduct of the Board's business are defined in the Scheme of Integration which was approved by the Board and NHS Lothian in June 2022 and by the Scottish Government in July 2023, which serves as the approved constitution, and Standing Orders, a revision of which was approved by the Board in March 2020, to make sure that public business is conducted with fairness and integrity.

The Ethical Standards in Public Life (Scotland) Act 2000 provides for Codes of Conduct for local authority councillors and members of relevant public bodies. As a Public Body listed in schedule 3 of the Act, the IJB is required to produce and for members to adhere to a Code of Conduct, which was approved by the Board in October 2023.

The IJB is dependent upon arrangements within the partner organisations for areas such as:

- ensuring legal compliance in the operation of services;
- handling complaints;
- ethical awareness training and whistleblowing policies and procedures;
- staff appointment and appraisal processes which take account of values and ethical behaviour;
- identifying, mitigating and recording conflicts of interest, hospitality and gifts; and
- procurement of goods and services which are sustainable, represent value of money and which reinforce ethical values.

Other areas where the IJB places significant reliance on arrangements in place within the partner organisations are set out in the remainder of the statement.

The Chief Officer is responsible for ensuring that agreed procedures are followed and that all applicable statutes and regulations are complied with.

Professional advice on the discharge of duties is provided to the Board by the IJB Chief Officer supported by the Chief Financial Officer, Chief Internal Auditor and Board Clerk as appropriate.

## **B. Ensuring openness and comprehensive stakeholder engagement**

Board meetings are held in public unless there are good reasons for not doing so on the grounds of confidentiality.

Unless confidential, decisions made by the Board are documented in the public domain.

Community engagement was encouraged as part of the development of the Scheme of Integration and the Strategic Plans of the Health and Social Care Integration Joint Board were developed following consultations with interested parties including members of the public. The Board approved the IJB Participation and Engagement Strategy 2023-25 in May 2023.

## **C. Defining outcomes in terms of sustainable economic, social, and environmental benefits**

The vision, strategic objectives and outcomes are reflected in the East Lothian Integration Joint Board Strategic Plan 2022-25, which was approved in September 2022 and has been updated to reflect on-going assessment of need and priorities following public consultation.



Implementation is underpinned by the associated Directions which were reviewed by the Board in October 2023.

IJB formally adopted the CIPFA FM Code at its meeting in December 2022. Regular review of the medium term financial plans has been ongoing with the most recent review at the IJB in April 2024, with the approval of the revised five year financial plan 2024/25 to 2028/29.

#### **D. Determining the interventions necessary to optimise the achievement of the intended outcomes**

In determining how services and other courses of action should be planned and delivered, the IJB has a statutory responsibility to involve patients and members of the public. The Board approved the IJB Participation and Engagement Strategy 2023-25 in May 2023.

The IJB Strategic Plan is based on consultation during its review and update.

The IJB has issued Directions to the partners for service delivery.

#### **E. Developing the entity's capacity, including the capability of its leadership and the individuals within it**

The IJB Chief Officer is responsible and accountable to the Board for all aspects of management including promoting sound governance and providing quality information/support to inform decision-making and scrutiny.

Regular meetings are held between the Chief Officer and the Chair and Vice Chair of the IJB. The IJB Chief Officer also meets regularly with representatives from the partner organisations.

Members of the IJB Board are provided with the opportunity to attend Development Sessions relevant to their role.

A three year Workforce Plan 2022-25 was created, approved and published in February 2023 to help ensure it has the right people, with the right skills, in the right place, at the right time to support the delivery of its strategic objectives and priorities.

#### **F. Managing risks & performance through robust internal control & strong public financial management**

The IJB Chief Officer has overall responsibility for directing and controlling the partnership to deliver health and social care services. The IJB Board is responsible for key decision-making.

The IJB has approved a Risk Strategy and Risk Policy through the Audit and Risk Committee in December 2022 and risk reporting continues to each Audit and Risk Committee.

The IJB Chief Financial Officer is responsible for the proper administration of all aspects of the IJB's financial affairs including ensuring advice is given to the Board on all financial matters.

The IJB's system of internal financial control is dependent upon the framework of financial regulations, regular management information (including Revenue Budget Monitoring reports to the Board), administrative procedures (including segregation of duties), management supervision and systems of delegation and accountability within the partner organisations.

The IJB also relies upon the partners for:

- Counter fraud and anti-corruption arrangements; and
- Management of data in accordance with applicable legislation.

### **G. Implementing good practices in transparency, reporting, and audit to deliver effective accountability**

The Shared Chief Internal Auditor of East Lothian Council is the IJB's Chief Internal Auditor whose role is to provide an independent and objective annual opinion on the effectiveness of the IJB's internal controls, risk management and governance. This is carried out in conformance with the Public Sector Internal Audit Standards.

The IJB responds to the findings and recommendations of Internal Audit, External Audit, Scrutiny and Inspection bodies. The IJB Audit and Risk Committee is integral to overseeing assurance and monitoring improvements in internal controls, risk management and governance.

An Annual Performance Report for 2023/24 is being prepared to outline progress against strategic objectives over the year. The last Annual Performance Report for 2022/23 was approved by the Board in June 2023.

The Annual Accounts and Report for 2023/24 will set out the financial position in accordance with relevant accounting regulations and is being prepared for submission in draft to the June 2024 Board meeting.

### **Review of Adequacy and Effectiveness**

The IJB is required to conduct an annual review of the effectiveness of its governance framework.

The review was informed by: an annual self-assessment carried out by Internal Audit against the IJB's Local Code of Corporate Governance; Internal Audit reports for the IJB; External Audit reports for the IJB; relevant reports by other external scrutiny bodies and inspection agencies; and relevant partners' (NHS Lothian and East Lothian Council) Internal Audit and External Audit reports.

In respect of the three improvement areas of governance identified by the IJB in 2022/23, there have been developments during the year in all three of these. Specifically, the strategic planning group are continuing to encourage membership and regular attendance from all group members to ensure appropriate representation from across the community, an update to the five year financial plan for 2024/25 to 2028/29 was approved at the December 2023 Board meeting, and a comprehensive skills gap analysis is being progressed to conclusion during 2024.

## **Improvement Areas of Governance**

The review activity outlined above has identified the following areas where further improvement in governance arrangements can be made to enhance compliance with the Local Code:

- A report on the Structure and Governance Review of Change Boards, that was approved by the East Lothian Strategic Planning Group in October 2023, identified weaknesses in the framework for Change Boards, in December 2023 Internal Audit further recommended that the actions were allocated an action owner in order to track implementation, these recommendations continue to be progressed.
- A Draft East Lothian HSCP Performance Framework is in place, outlining performance monitoring and reporting across the ELHSCP. The draft Framework describes the current arrangements in place, provides details of current performance indicators and identifies areas that need to be developed further. However, there is a need to finalise the Performance Framework and ensure that areas for development are sufficiently progressed. The framework was approved at the May 2024 IJB and will now progress these improvements.
- The East Lothian IJB has adopted the Model Publication Scheme (MPS) and made a significant amount of information available to view online. Information has in the main been appropriately classified in the MPS and the associated Guide to Information also adheres to the six MPS principles. The East Lothian IJB MPS has not been updated since 2017 and significant improvement opportunities have been identified relating to the review of the MPS and the information available, alongside a self-assessment exercise and training requirements it is anticipated that these improvements will be in place by September 2024.
- The revised IJB five year financial plan 2024/25 to 2028/29 stated the following: The forecast position for 2024/25 was then revised and updated in the light of the Scottish Government's Budget announcements for 2024/25, further revisions to the NHS Lothian forecast, a revision to the IJB's Set Aside budget model and the budget offers for 2024/25 from the IJB's funding partners. The impact of these changes was to reduce the 2024/25 financial gap to £10.8m. The impact of the revision to the IJB's Set Aside budget model -which reduced the financial pressure on the IJB – indicates a total financial pressure of £37.6m. In addition to considering the governance framework to monitor the annual budget pressures and recovery plans the five year financial plan also indicated that further work is underway to ensure that the financial plan is fully mapped onto and driven by the Strategic Plan.

The implementation of these actions to enhance the governance arrangements in 2024/25 will be driven and monitored by the IJB Chief Officer in order to inform the next annual review. Internal Audit work planned in 2024/25 is designed to test improvements and compliance in governance.

## **Conclusion and Opinion on Assurance**

It is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the IJB's governance arrangements and system of internal control, while recognising that further improvements are required to fully demonstrate compliance with the Local Code in order for the IJB to fully meet its principal objectives. Systems are in place to regularly review and improve governance arrangements and the system of internal control.

**Shamin Akhtar**  
Chair

**Fiona Wilson**  
Chief Officer

## **Independent Auditor's Report**

Prepared by the appointed auditor – will be provided for the final, audited accounts

## 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.

#### COMPREHENSIVE INCOME & EXPENDITURE STATEMENT

Gross Expenditure 2022/23 £000's	Income 2022/23 £000's	Net Expenditure 2022/23 £000's		Gross Expenditure 2023/24 £000's	Income 2023/24 £000's	Net Expenditure 2023/24 £000's
153,357		153,357	Health Delegated	160,470		160,470
61,362		61,362	Social Care Delegated	66,930		66,930
0		0	Health Set-Aside	0		0
<b>214,719</b>	<b>0</b>	<b>214,719</b>	<b>Cost Of Services</b>	<b>227,400</b>	<b>0</b>	<b>227,400</b>
	(204,552)	(204,552)	Taxation & non-specific grant Income		(221,621)	(221,621)
<b>214,719</b>	<b>(204,552)</b>	<b>10,167</b>	<b>(Surplus)/Deficit on Provision of Services</b>	<b>227,400</b>	<b>(221,621)</b>	<b>5,779</b>

<b>10,167</b>	<b>Total Comprehensive (Income) and Expenditure</b>	<b>5,779</b>
---------------	---	--------------

## Movement in Reserves Statement

This Statement shows the movement in the year on the different reserves held by the East Lothian IJB

	<b>General Fund Balance £000s</b>	<b>Total Usable Reserves £000s</b>
<b>Movement in Reserves during 2022/23:</b>		
Opening Balance as at 1/4/2022	(20,289)	(20,289)
Total Comprehensive Income or Expenditure in 2022/23		
Surplus/(Deficit) on Provision of Services	10,167	10,167
<b>Closing Balance as at 31/3/2023</b>	<b>(10,122)</b>	<b>(10,122)</b>
<b>Movement in Reserves during 2023/24:</b>		
Opening Balance as at 1/4/2023	(10,122)	(10,122)
Total Comprehensive Income or Expenditure in 2023/24		
Surplus/(Deficit) on Provision of Services	5,779	5,779
<b>Closing Balance as at 31/3/2024</b>	<b>(4,343)</b>	<b>(4,343)</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.

### **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>2022/23 Total £000's</b>		<b>Notes</b>	<b>2023/24 Total £000's</b>
	<b>Current Assets</b>		
10,122	Short Term Debtors		4,343
	<b>Current Liabilities</b>		
	Short Term Creditors		
<b>10,122</b>	<b>Total Assets less current Liabilities</b>		<b>4,343</b>
	<b>Capital and Reserves</b>		
10,122	General Fund		4,343
<b>10,122</b>	<b>Total Reserves</b>	<b>MIRS Note X</b>	<b>4,343</b>

The accounts are due to be authorised for issue on September 2024.

**David King**  
Interim Chief Finance Officer



## **Notes to the Financial Statements**

### **1. Significant Accounting Policies**

#### **General Principles**

The Financial Statements summarises the IJB's transactions for the 2023/24 financial year and its position at the year-end of 31 March 2024.

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 2023/24, 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 2024.

### 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 £4,343,000 at 31 March 2024.

## 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 2023/24 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. 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 2024, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

## **3. Short Term Debtors**

The IJBs short term debtors are broken down as follows:

	<b>2022/23</b>	<b>2023/24</b>
	<b>£000's</b>	<b>£000's</b>
Funding due from NHS Lothian	8,333	4,205
Funding due from East Lothian Council	1,789	138
<b>Total</b>	<b>10,122</b>	<b>4,343</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.

#### 4. Reserves

The IJB's useable reserve is broken down as follows:

	2022/23 £000's	2023/24 £000's
Scottish Government Mental Health Strategy - Action 15	66	0
Scottish Government Primary Care Improvement Plan Fund	80	0
Midlothian and East Lothian Drug and Alcohol Partnership	59	0
Community Living Change Fund	346	45
Winter - Care at Home Capacity	419	0
Winter - Interim Care	420	0
Carers	141	93
Unpaid Carers	2	0
Unscheduled Care	1,777	0
Locally Committed Programmes	1,782	1,109
<b>Earmarked General Fund Reserves</b>	<b>5,092</b>	<b>1,247</b>
<b>Uncommitted General Fund Reserves</b>	<b>5,030</b>	<b>3,096</b>
<b>Total Usable Reserves</b>	<b>10,122</b>	<b>4,343</b>

#### 5. Taxation and Non-Specific Grant Income

2022/23 £000's		2023/24 £000's
61,644	Contributions from East Lothian Council	63,809
142,908	Contributions from NHS Lothian	157,812
<b>204,552</b>	<b>Total</b>	<b>221,621</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 £XXXk in respect of the set aside resources and £XXXXk in respect of East Lothian's share of pan Lothian health services resources.

#### 6. Corporate Service

Included in the above costs are the following corporate services:

2022/23 £0		2023/24 £0
52	Staff (Chief Officer)	54
3	CNORIS	3
31	Audit Fee	35
<b>86</b>	<b>Total</b>	<b>92</b>

## 7. 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, being Resource Transfer and the Social Care fund. Resources Transfer relates to funds which have been agreed to be moved annually from health to support social care services and the social care fund is an investment in social care made through a Scottish Government allocation but which was actioned through the NHS. These funds total £11.1m.

2022/23 Income £000's		2023/24 Income £000's
142,908	NHS Lothian	157,812
61,644	East Lothian Council	63,809
<b>204,552</b>	<b>Total</b>	<b>221,621</b>

2022/23 Expenditure £000's		2023/24 Expenditure £000's
153,357	NHS Lothian	160,470
61,362	East Lothian Council	66,930
<b>214,719</b>	<b>Total</b>	<b>227,400</b>

2022/23 Net Transactions £000's		2023/24 Net Transactions £000's
(10,449)	NHS Lothian	(2,658)
282	East Lothian Council	(3,121)
<b>(10,167)</b>	<b>Total</b>	<b>(5,779)</b>

2022/23 Debtors £000's		2023/24 Debtors £000's
8,333	NHS Lothian	4,205
1,789	East Lothian Council	138
<b>10,122</b>	<b>Total</b>	<b>4,343</b>

## 8. 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.



**REPORT TO:** East Lothian Integration Joint Board  
**MEETING DATE:** 27 June 2024  
**BY:** Chief Officer  
**SUBJECT:** Planning Older People's Services: Timeline Update

---

9

## 1 PURPOSE

- 1.1 To provide members with an update related to the *Planning Older People's Services* project timeline.

## 2 RECOMMENDATIONS

- 2.1 The Integration Joint Board is asked to note the content of the report.

## 3 BACKGROUND

- 3.1 The Community Hospitals and Care Homes Provision Change Board final report<sup>1</sup> was agreed by the IJB on 23 February 2023. As part of that report, the ELHSCP Chief Officer was asked to bring back options for the development of older people's services with a continued focus on community capacity.
- 3.2 In order to explore and develop these options, the Chief Officer established a project team in March 2023. Subsequently a paper outlining the proposed engagement and consultation process was agreed by the IJB on 23 March 2023.<sup>2</sup>

## 4 ENGAGEMENT

- 4.1 The first Planning Older People's Services engagement phase was undertaken between August and December 2023 with the findings report published in January 2024.<sup>3</sup>

<sup>1</sup> <https://www.eastlothian.gov.uk/pfap>

<sup>2</sup> [https://www.eastlothian.gov.uk/meetings/meeting/16964/east\\_lothian\\_integration\\_joint\\_board](https://www.eastlothian.gov.uk/meetings/meeting/16964/east_lothian_integration_joint_board)

<sup>3</sup> [https://www.eastlothian.gov.uk/downloads/file/33891/provisioning\\_strategy\\_project\\_-\\_communications\\_and\\_engagement\\_report\\_aug-dec\\_2023](https://www.eastlothian.gov.uk/downloads/file/33891/provisioning_strategy_project_-_communications_and_engagement_report_aug-dec_2023)

- 4.2 The project is currently concluding its options modelling and development phase with an options appraisal exercise planned for 30 July 2024.
- 4.3 Following a discussion at the Project Team meeting on 16 April 2024 and an additional meeting of Senior Project representatives on 23 April 2024, the decision was taken to review the project timeline and milestones. The primary reasons for this timeline review were related to delays resulting from the balanced budget activity, upcoming general election activity and concerns surrounding consultation activity falling during the summer holidays.
- 4.4 This review was completed and reported back to the Project Team meeting on 13 May 2024. The two key changes of note are:
- The 12-week consultation period will now take place from September to November 2024 (previously June – August 2024).
  - The final report to the SPG and IJB will now be presented in January/February 2025 (previously October – November 2024).
- 4.5 An updated timeline graphic is included below to provide members with an overview.

## Timeline



## 5 POLICY IMPLICATIONS

- 5.1 This work will respond to local and national strategic plans including the East Lothian IJB Strategic Plan 2022–2025, whose commitment is to support people closer to home, in their own home or in a homely setting. Other relevant strategy and policy is described within this report at section 7 – Directions. This work is related to strategic Delivery Priority (1.1) of the IJB strategic plan.
- 5.2 The work will respond to several Strategic Outcomes (S01, S02, S03).



## 6 INTEGRATED IMPACT ASSESSMENT

- 6.1 The subject of this report is going through the Integrated Impact Assessment process with an initial IIA completed on 22 August 2023.<sup>4</sup> The full IIA will be undertaken and completed prior to our final report and recommendations being presented to the IJB in early 2025.
- 6.2 Copies of the IIA's associated with the Community Hospitals and Care Homes Provision Change Board work are available online.<sup>5</sup>

## 7 DIRECTIONS

- 7.1 12I – Transforming Care for Older People.

## 8 RESOURCE IMPLICATIONS

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

## 9 BACKGROUND PAPERS

- 9.1 Project website – <https://www.eastlothian.gov.uk/elhscp/pops>

<b>AUTHOR'S NAME</b>	Andrew Main
<b>DESIGNATION</b>	Strategic Planning and Commissioning Officer, Planning and Performance, ELHSCP
<b>CONTACT INFO</b>	<a href="mailto:amain1@eastlothian.gov.uk">amain1@eastlothian.gov.uk</a>
<b>DATE</b>	29/05/24

4

[https://www.eastlothian.gov.uk/downloads/file/33923/planning\\_older\\_peoples\\_services\\_engagement\\_strategy\\_ia\\_22823](https://www.eastlothian.gov.uk/downloads/file/33923/planning_older_peoples_services_engagement_strategy_ia_22823)

5

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



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

**MEETING DATE:** 27 June 2024

**BY:** Chief Officer

**SUBJECT:** IJB Publication Scheme

10

---

## 1 PURPOSE

- 1.1 To present the updated IJB Publication Scheme (Guide to Information through the Model Publication Scheme 2024) to the IJB for approval.

## 2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- i. Review and approve the appended IJB Publication Scheme (Guide to Information through the Model Publication Scheme 2024).

## 3 BACKGROUND

- 3.1 The Freedom of Information (Scotland) Act 2002 (the Act) requires Scottish public authorities to adopt and maintain a publication scheme which has the approval of the Scottish Information Commissioner and publish information in accordance with that scheme. The publication scheme must:
- Publish the classes of information that the authority makes routinely available.
  - Tell the public how to access the information and whether information is available free of charge or on payment.
- 3.2 East Lothian IJB has adopted the Model Publication Scheme (MPS) 2018 (updated March 2021) which has been produced and approved by the Scottish Information Commissioner. The MPS and associated IJB Publication Scheme (Guide to Information through the Model Publication Scheme) had not been updated since 2017.
- 3.3 An internal audit of the IJB Publication Scheme took place during March 2024 and a number of recommendations were made in relation to updating and improving the existing Publication Scheme. These can be found in the audit report at Appendix 1.

An updated IJB Publication Scheme has now been developed reflecting the recommendations contained in the Audit report and can be viewed at Appendix 2.

#### **4 ENGAGEMENT**

4.1 Not applicable

#### **5 POLICY IMPLICATIONS**

5.1 Not applicable

#### **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 Not applicable

#### **8 RESOURCE IMPLICATIONS**

8.1 Financial – None

8.2 Personnel – None

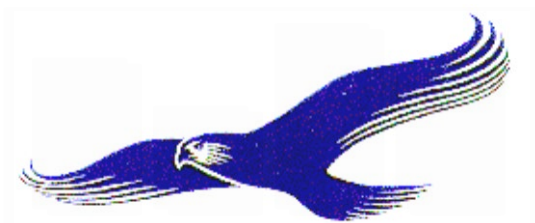
8.3 Other – None

#### **9 BACKGROUND PAPERS**

9.1 Appendix 1 - Audit final report March 2024

9.2 Appendix 2 - IJB Publication Scheme - (Guide to Information through the Model Publication Scheme 2024).

<b>AUTHOR'S NAME</b>	Neil Munro
<b>DESIGNATION</b>	Project Support Officer
<b>CONTACT INFO</b>	<a href="mailto:Neil.Munro@nhs.scot">Neil.Munro@nhs.scot</a>
<b>DATE</b>	10 June 2024



# East Lothian IJB Publication Scheme March 2024

**Conclusion**

Limited Assurance

# Contents page

Executive Summary	3
Headlines	4
Areas where expected controls are met/good practice	6
Detailed Recommendations	7
Appendices	
Appendix A – Recommendation Grading/Overall opinion	11
Appendix B – Resource, acknowledgements & distribution list	12

# 1 Executive Summary:

## Conclusion: Limited Assurance

The East Lothian IJB has adopted the Model Publication Scheme (MPS) and made a significant amount of information available to view online. Information has in the main been appropriately classified in the MPS and the associated Guide to Information also adheres to the six MPS Principles. The East Lothian IJB MPS has not been updated since 2017 and significant improvement opportunities have been identified relating to the review of the MPS and the information available, alongside a self-assessment exercise and training requirements.

### Background

In July 2015 East Lothian IJB (ELIJB) took on duties in the East Lothian Council area for development of integrated planning and delivery of health and social care. The Freedom of Information (Scotland) Act 2002 (FOISA) places a duty on Scottish public authorities to publish information proactively. Authorities must have regard to the public interest in the information they hold and make information available so it can be accessed without having to make a request for it under section 1 of FOISA. The duty to publish is in addition to the obligation to respond to requests for information.

In addition, the Environmental Information (Scotland) Regulations (2004) (the EIRs) require authorities to publish environmental information proactively, particularly information they hold in electronic formats.

The Scottish Information Commissioner has developed a Model Publication Scheme (MPS) to support Scottish public authorities to meet their publication scheme duties under both FOISA and the EIRs.

By adopting the MPS, authorities commit to publishing, as a minimum, specified types of information, through their own Guide to Information.

### Summary of findings & recommendations

The following key findings and recommendations are highlighted, which have all been **agreed by the General Manager, Planning and Performance - East Lothian Health and Social Care Partnership, Project Support Manager - East Lothian Health & Social Care Partnership and the Performance & Improvement Manager - East Lothian Community Health Partnership:**

- While it is noted that the Board has a documented MPS and Guide to Information, this is out of date and requires to be reviewed and presented to the Board for approval, before notifying the Scottish Information Commissioner. *Management have agreed to complete this in full by July 2024.*
- While the Board has made a significant amount of information available online, work is required to reestablish links to web pages elsewhere and ensure that information is correctly classified within the MPS. *Management will following review of the MPS reestablish all appropriate links by July 2024.*
- While the MPS has noted that the Board intends to develop records management and retention policies this has not yet been done. Also, there are several documents online that are now out-of-date or superseded. *Management have agreed to develop a records management policy by August 2024.*
- The current MPS has not explicitly stated that information can be made available in alternative formats, in line with the requirements of the Equality Act 2010. It was also noted that telephone contact numbers should be consistent. *Management have agreed to put this in place by May 2024.*
- Current activity and practice has not been assessed using the Scottish Information Commissioners self-assessment checklist. *Management have agreed to complete this assessment and develop an action plan from the assessment by September 2024.*

Recommendations Grade	High	Medium	Low	Total
Current Report	-	4	1	
Prior report	N/A	N/A	N/A	N/A

### Materiality

There are no reported resource implications from the 2022-25 Strategic Workforce Development Plan. Training and other related costs are likely to be covered within the current budget. Additionally, no further staffing is required, with the intention to address gaps using current workforce.

## 2 Headlines

Objectives	Conclusion	Comment
1. The IJB has made a corporate decision to adopt the MPS without amendment, with the Scottish Information Commissioner notified of this	Limited	While the current MPS is dated 29 May 2017, review of Board Papers from around this time could not confirm that the Board had approved/signed-off the ELIJB MPS without amendment. Furthermore, no review of the MPS had been carried out since then. Also, While an East Lothian IJB Model Publications Scheme Notification Form had been completed, this is also dated from 31 May 2017 and contains information that is incomplete or now out-of-date.
2. The IJB has Identified its information that is covered by the MPS and any additional information in which there is a public interest in publication.	Limited	The IJB has identified within the documented MPS the classes of information that is to be held and made available for the public to view. However, this review has noted some observations requiring attention, including re-establishing electronic links to information and the appropriate classification of information.
3. The IJB has produced and published a Guide to Information, ensuring that the arrangements for publication meet the six MPS Principles.	Reasonable	The East Lothian IJB's Guide to Information has been incorporated into its MPS. Review of this against the six MPS Principals has noted that the Guide to Information has not included the provision of information under the Equality Act 2010 and where requests for information in alternative formats may be received, alongside the inclusion of accurate contact information. The required development of a records management and retention policy incorporating a comprehensive review of the information currently available through the IJB website has also been noted.
4. Arrangements are in place to maintain and update the IJB's Guide to Information or in response to any future changes to the MPS. The IJB has completed the Scottish	Reasonable	As the Guide to Information features as part of the Board's MPS, future review and update of the MPS should include the content of the Guide to Information.
5. Information Commissioners Self-assessment Toolkit to capture its publication activity and assess performance against publication standards.	Limited	While most of the Self-assessment Toolkit is centred around responding to Freedom of Information Requests (which are the responsibility of NHS Lothian and East Lothian Council), Module 4 of the Toolkit focuses on helping authorities to meet their duty to actively publish information. the Board has not considered the Module questions and assessed its publication activities to record evidence, strengths and areas for improvement.
6. Training is provided to relevant staff to ensure that the IJB publishes only information that is relevant and appropriate	Limited	A training needs analysis has not been carried out to identify any training requirements required by staff. However, it is noted that the self-assessment exercise includes this and training requirements will be addressed following completion of the self-assessment.



### 3 Areas where expected controls are met/good practice.

No.	Areas of Positive Assurance
1.	The Board has placed a significant amount of information on the HSCP website, including its Strategic Plan, meeting papers, annual accounts, registers of members interests and annual performance reports.
2.	The MPS has clearly stated the classes of information that is available to view, the Board has also through its MPS imposed the six principles which govern the way it makes its information available through the Guide to Information.

## 4 Detailed Recommendations

Documented Model Publication Scheme			
Objective: 1	The IJB has made a corporate decision to adopt the MPS without amendment, with the Scottish Information Commissioner notified of this	Grade	Recommendation
<p>The East Lothian IJB Model Publication Scheme (MPS) was obtained and reviewed. While the current Publication Scheme is dated 29 May 2017, review of Board Papers from around this time could not confirm that the Board had approved/signed-off the ELIJB Publication Scheme without amendment. Furthermore, no review of the MPS had been carried out since then.</p> <p>While an East Lothian IJB Model Publications Scheme Notification Form had been completed, this is also dated from 31 May 2017 and contains information that is incomplete or now out-of-date, for example:</p> <ul style="list-style-type: none"> <li>• The Form has not recorded the website address to the IJB’s Guide to Information</li> <li>• Contact details are included for the Chief Officer in place in 2017, and not the current Chief Officer.</li> <li>• The details recorded of the ELIJB Communication Officer with responsibility for FOI request in the Notification Form are noted as out-of-date.</li> </ul> <p>The documented MPS has also made reference to the South Lanarkshire Integration Joint Board. Most likely the result of using the template of the South Lanarkshire IJB MPS as a guide for the East Lothian IJB.</p> <p>While the current MPS is available through the ELIJB website as follows, It is not accessible through website home page and is instead listed under the ‘IJB Documents’ section.</p> <p>Without an up-to-date publication scheme, there is a risk that the East Lothian IJB cannot be considered to have properly adopted the Commissioner’s MPS and may be failing in its duty to adopt and maintain a publication scheme in line with section 23(1) of FOISA.</p>		<b>Medium</b>	<p><b>1.1 Management should arrange for the review and update of the East Lothian IJB’s Model Publication Scheme. Including a schedule agreed for its ongoing review</b></p> <p><b>Thereafter the MPS should be presented to the Board for approval and notification sent to the Scottish Information Commissioner.</b></p> <p><b>Once done, the Model Publication Scheme should be positioned on the IJB website’s home page.</b></p>
Management response		Responsible officer & target date	
<p><b>1.1 Agreed – A full review and update of the Model Publication Scheme will take place to bring this up to current date and a schedule for annual review included. The MPS will be presented to the IJB for approval, thereafter an updated notification form sent to the Scottish Information Commissioner. The updated MPS will be made available in a prominent place on the IJB web pages of the ELC website.</b></p>		<p><b>General Manager - Planning &amp; Performance</b>  <b>MPS update – May 2024</b>  <b>IJB approval – June 2024</b>  <b>Scottish Information Commissioner notification – July 2024</b>  <b>IJB website publication – July 2024</b></p>	

## 4 Detailed Recommendations

Content of the MPS and access to information			
Objective 2	The IJB has Identified its information that is covered by the MPS and any additional information in which there is a public interest in publication	Grade	Recommendation
	<p>The IJB has identified within the documented MPS the classes of information that is to be held and made available for the public to view. Testing was carried out to review the MPS and compare this against the minimum advised by the Commissioner, alongside confirming that the information is readily available for the public to view. Some observations requiring attention are listed below:</p> <ul style="list-style-type: none"> <li>• The Freedom of Information section of the IJB website includes links to East Lothian Council and NHS Lothian Freedom of Information pages, however NHS Lothian link does not work (page cannot be found).</li> <li>• Under the Governance Section of the IJB website there is a link to the Board’s Integration Scheme. However, clicking on the link takes the viewer to its Freedom of Information page.</li> <li>• The documented MPS has not included the relevant links to the documents /information that is available online, despite the document noting that they are to be accessible via the web.</li> <li>• The documented MPS has made reference to Freedom of Interest under Class 1 (About the authority) and 2 (How it delivers its functions and services).</li> <li>• IJB Meetings are referenced under both Class 1 and 3 (How it takes decisions and what is decided) in the documented MPS.</li> <li>• The IJB’s Financial Plans are not available through its website. Also, the documented MPS makes reference to the Financial Plan 2016/17.</li> <li>• There is no information available through the East Lothian IJB website to advise the public of subject access requests, which are made through either East Lothian Council or NHS Lothian. Despite this being included within the MPS.</li> </ul> <p>There is a risk that reduced accessibility to information will result in the IJB not making as much information available as possible, including access to specific advice and guidance</p>	<p><b>Medium</b></p>	<p><b>2.1 The recommended review and update of the MPS should include ensuring that all links included in the IJB website are operational and correct.</b></p> <p><b>Management should also identify the most appropriate classes to assign information to and ensure that this is reflected in the MPS.</b></p> <p><b>Management should ensure that under Class 4 (What they spend and how they spend it), the most up-to-date ELIJB Financial Plan is available.</b></p> <p><b>Clear guidance around the submission of subject access requests should be available through the IJB website.</b></p>
Management response		Responsible officer & target date	
<p><b>2.1 – Agreed. All recommendations will be carried out as part of the review and update to the MPS. This will include a review of external links and broken links, appropriate assignment of information to classes, publication of the most up to date IJB financial plan, and clear instruction on how to make a subject access request for personal information.</b></p>		<p><b>General Manager - Planning &amp; Performance</b>  <b>MPS update – May 2024</b>  <b>IJB Financial Plan – June 2024</b>  <b>Subject Access Request – July 2024</b></p>	

## 4 Detailed Recommendations

Review of Information			
Objective 3	The IJB has produced and published a Guide to Information, ensuring that the arrangements for publication meet the six MPS Principles	Grade	Recommendation
	<p>Information categorised under Class 5 of the MPS is related to how the Board manages its human, physical and information resources. This Class is related also to the 6<sup>th</sup> MPS Principle, which seeks to ensure that the Board has in place a process for reviewing its published information.</p> <p>While the documented MPS has made reference and provided a link to East Lothian Council’s Schedule for the Retention and Destruction of Records, the link to this does not work. Also, there is no similar link included to the NHS Lothian Record Management Policy.</p> <p>Furthermore, The Guide to Information within the documented MPS had noted that ‘it will over the coming months develop records management and retention policies which will be applied to the management of information held by the Board’. However, to date this has not been developed.</p> <p>Also, there is no routine review of the Board’s published information to ensure that superseded, out-of-date or no longer relevant information has been removed. For example, the annual accounts from financial Year 2016/17 to 2022/23</p> <p>There is a risk that without routine review of the Board’s Guide to Information and the information available online that it becomes out-of-date and no longer relevant, or that the volume of information held is confusing to the viewer.</p>	<b>Medium</b>	<p><b>3.1 Management should progress with the development of the IJB’s records management and retention policies. Once done they should be approved by the appropriate Board/Committee and published.</b></p> <p><b>Thereafter a comprehensive review of the information held online by the IJB should be reviewed and indexed. Information that is no longer relevant should be removed.</b></p>
Management response		Responsible officer & target date	
<p><b>3.1 Agreed. Development of the IJB Records Management Policy will be completed and a draft submitted to the IJB for approval, thereafter, links to the ELC and NHSL Schedule / Policy made available through the IJB web pages.</b></p> <p><b>Carry out a review of the information available on the website following approval and information removed that is no longer required. A schedule will be established for routine maintenance of the information available online.</b></p>		<p><b>General Manager - Planning &amp; Performance Records Management policy – August 2024</b></p> <p><b>Senior Communications Advisor Website review – September 2024</b></p>	

# 4 Detailed Recommendations

Accessibility and Contact			
Objective 3	The IJB has produced and published a Guide to Information, ensuring that the arrangements for publication meet the six MPS Principles	Grade	Recommendation
<p>Similar to the Board’s classification of information within the MPS, work was carried out to assess the Board’s Guide to Information, and how this meets all six MPS Principles.</p> <p>Under Principle 1 (Availability and formats). arrangements are in place for people who cannot reasonably access the information online or by inspection at the premises. However, it is noted that the Guide to Information has not included the provision of information under the Equality Act 2010 and where requests for information in alternative formats may be received. Although staff have advised that in these instances the appropriate partner communications teams will be contacted to assist.</p> <p>Also, Principle 5 (Advice and assistance) requires the Board to include contact details for enquiries about any aspect of the MPS or Guide to Information. While the postal and email addresses are correct. There are two different telephone numbers recorded within the Guide/MPS and IJB website. While the guide has included the telephone number 01620 827755, a second number has also been provided through the website (01875 824309). While 01620 number is for the HSCP Communications Team and therefore correct, the 01875 number takes the caller to East Lothian Council’s contact centre.</p> <p>There is a risk that members of the public that require information in alternative formats are unaware this this is available and they are unable to access information.</p> <p>There is also a risk that incorrect contact details may prevent enquiries from reaching the appropriate person or team.</p>		<b>Low</b>	<p><b>3.3 Management should ensure that the Guide to Information contained within the Model Publication Scheme clearly states that information can be provide in alternative formats that comply with the Equality Act 2010.</b></p> <p><b>Staff should also ensure that there is consistency around the contact details recorded within the documented MPS and online.</b></p>

Management response	Responsible officer & target date
<b>4.1 Agreed. All recommendation will be carried out as part of the review and update to the MPS</b>	<b>General Manager - Planning &amp; Performance MPS update – May 2024</b>

## 4 Detailed Recommendations

Self-assessment and Training			
Objective 5	The IJB has completed the Scottish Information Commissioners Self-Assessment Toolkit to capture its publication activity and assess performance against publication standards	Grade	Recommendation
<p>The Scottish Information Commissioners Self-Assessment Toolkit has been developed to help authorities to:</p> <ul style="list-style-type: none"> <li>• Capture current activity and practice.</li> <li>• Assess how well they are performing against a set of standards.</li> <li>• Improve their FOI practices, procedures and administrative arrangements.</li> </ul> <p>While most of the Toolkit is centred around responding to Freedom of Information Requests (which are the responsibility of NHS Lothian and East Lothian Council), Module 4 of the Toolkit focuses on helping authorities to meet their duty to actively publish information. This allows the public to find out easily what information they can access without having to make requests for it. Active publication supports better relationships with stakeholders and demonstrates openness and transparency.</p> <p>However, it is noted from this review that the Board has not considered the Module questions and assessed its publication activities to record evidence, strengths and areas for improvement. This includes identifying any training requirements necessary to ensure that staff are adequately informed of their responsibilities in publishing information that is relevant, easily accessible and complies with the Scottish Information Commissioner's guidance around the publication of information.</p> <p>There is a risk that without proper assessment of the Board's publishing requirements and activities information is either not routinely available that should be, or that staff are unaware of their duties and responsibilities in publishing data.</p>		<b>Medium</b>	<p><b>5.1 Management should complete the Module 4 of the Scottish Information Commissioner's Toolkit (Assessment Questions and Evidence Grid).</b></p> <p><b>Where necessary, an action plan should be developed to address any gaps identified by the assessment.</b></p> <p><b>Any training requirements identified from the exercise should also be taken forward.</b></p>
Management response		Responsible officer & target date	
5.1 Agreed. Module 4 of the Scottish Information Commissioner's Toolkit will be completed, and any action plan developed, including staff training where required.		General Manager - Planning & Performance Toolkit & training– September 2024	

# A Recommendation Grading/Overall opinion definitions

Recommendation	Definition
<b>High</b>	Recommendations relating to factors fundamental to the success of the control objectives of the system. The weaknesses may give rise to significant financial loss/misstatement or failure of business processes.
<b>Medium</b>	Recommendations which will improve the efficiency and effectiveness of the existing controls.
<b>Low</b>	Recommendations concerning minor issues that are not critical, but which may prevent attainment of best practice and/or operational efficiency.

Levels of Assurance	Definition
<b>Substantial Assurance</b>	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.
<b>Reasonable Assurance</b>	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.
<b>Limited Assurance</b>	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited
<b>No Assurance</b>	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.

## B Resource, acknowledgements & distribution list

Internal audit	
Service Manager, Internal Audit: Duncan Stainbank	Principal Auditor: Russell Richmond-McIntosh
Review Dates	Completed By /Date
Internal Audit Draft Report Submission	30 January 2024
Management Review Completion	28 February 2024
Final Report Issue	4 March 2024
Report distribution	
Audit & Risk Committee	Project Support Manager– East Lothian HSCP
Chief Officer – East Lothian IJB	General Manager, Planning & Performance - East Lothian HSCP
Audit Scotland	Performance & Improvement Manager – East Lothian HSCP

### Acknowledgements.

The weaknesses identified during the course of our audit have been brought to the attention of Management. The weaknesses outlined are those, which have come to our attention during the course of our normal audit work and are not necessarily all of the weaknesses, which may exist.

Although we include a number of specific recommendations, it is the responsibility of Management to determine the extent of the internal control systems appropriate to the East Lothian IJB Publications Scheme.

The content of this report has been discussed with the General Manager, Planning and Performance and Performance & improvement Manager - East Lothian HSCP to confirm factual accuracy. The assistance and cooperation received during the course of our audit is gratefully acknowledged.



**East Lothian Integration Joint Board**

**APPENDIX 2**

**GUIDE TO INFORMATION AVAILABLE THROUGH THE MODEL PUBLICATION SCHEME 2024**

**Contents**

<b>SECTION 1:</b>	Introduction to the Integration Joint Board - Guide to Information
<b>SECTION 2:</b>	About East Lothian Integration Joint Board
<b>SECTION 3:</b>	Accessing information under the Guide
<b>SECTION 4:</b>	Information that we may withhold
<b>SECTION 5:</b>	Our Charging Policy
<b>SECTION 6:</b>	Our Copyright Policy
<b>SECTION 7:</b>	Records Management Policy
<b>SECTION 8:</b>	Contact details for enquiries, feedback and complaints
<b>SECTION 9:</b>	How to access information which is not available in the Guide to Information
<b>SECTION 10:</b>	Classes of Information

	<b>Classes of Information</b>	<b>Description</b>
1	About the authority	Information about the authority, who we are, where to find us, how to contact us, how we are managed and our external relations
2	How we deliver our functions and services	Information about our work, our strategies and policies for delivering functions and services and information for our service users
3	How we take decisions and what we have decided	Information about the decisions we take, how we make decisions and how we involve others
4	What we spend and how we spend it	Information about our strategy for, and management of, financial resources (in sufficient detail to explain how we plan to spend public money and what has actually been spent)
5	How we manage our human, physical and information resources	Information about how we manage the human, physical and information resources of the authority.
6	How we procure goods and services from external providers	Information about how we procure goods and services and our contracts with external providers
7	How we are performing	Information about how we perform as an organisation and how well we deliver our functions and services
8	Our commercial publications	Information packaged and made available for sale on a commercial basis and sold at market value through a retail outlet e.g., bookshop, museum or research journal.
9	Open data	Open data is non-personal and non-commercially sensitive. Open data is easily discoverable, accessible to anyone and able to be freely used, re-used and redistributed by anyone. Open Data is data made available, via the internet, in an electronic format which supports its ready re-use, and with open licensing which allows its reuse.

## Document control sheet

### Document information

#### Document control sheet Document Information

Full name of current version: Class, Title, Version No and Status. E.g. C5 Key Documents Handbook v01 CURRENT ISSUE	C2 Model Publication Scheme v03 CURRENT ISSUE
Version Control	V03
Type	Briefing
Approver	CMT
Responsible Manager	General Manager – Planning and Performance
Date of next planned review	August 2025
<b>Approval &amp; Publication</b>	
Approval Date (major version)	May 2024
For publication (Y/N)	Y
Date published	TBC
Name of document in website file library	ModelPublicationScheme
<b>Corrections / Unplanned or Ad hoc reviews (see Summary of changes below for details)</b>	
Date of last update	May 2024

## Section 1: Introduction

The Freedom of Information (Scotland) Act 2002 (the Act) requires Scottish public authorities to adopt and maintain a publication scheme which has the approval of the Scottish Information Commissioner, and publish information in accordance with that scheme. The publication scheme must:

- publish the classes of information that the authority makes routinely available
- tell the public how to access the information and whether information is available free of charge or on payment.

East Lothian Integration Joint Board has adopted the **Model Publication Scheme 2018 (updated March 2021)** which has been produced and approved by the Scottish Information Commissioner. It is approved until [*date to be added following approval by the Scottish Information Commissioner*].

You can see this scheme on our website at

[https://www.eastlothian.gov.uk/downloads/file/27210/east\\_lothian\\_ijb\\_model\\_publication\\_scheme](https://www.eastlothian.gov.uk/downloads/file/27210/east_lothian_ijb_model_publication_scheme)

You can also contact us at the address below if you prefer a copy of the Model Publication Scheme, or this Guide to Information, to be provided in a different format.

Communications

John Muir House

Brewery Park

Haddington EH41 3HA

Email – [elhscp@eastlothian.gov.uk](mailto:elhscp@eastlothian.gov.uk)

Phone – 01875 824309

The purpose of the Guide to Information is to:

- allow you to see what information is available (and what is not available) for the East Lothian Integration Joint Board in relation to each class in the Model Publication Scheme
- state what charges may be applied
- explain how to find the information easily

- provide contact details for enquiries and to get help with accessing the information
- explain how to request information that has not been published.

Alongside the Act, the Environmental Information (Scotland) Regulations 2004 (the EIRs) provide a separate right of access to the environmental information that we hold. This guide to information also contains details of the environmental information that we routinely make available.

## **Section 2: About East Lothian Integration Joint Board**

The Integration Joint Board was established on 1<sup>st</sup> July 2015 as a corporate body under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014. It is one of 31 Integration Boards each created covering one or more areas coterminous with that of local authorities. The function of the Integrated Board which contains representatives of East Lothian Council, NHS Lothian and a number of professional and stakeholder representatives, is to provide arrangements for the development of the integration of health and social care. This integration will improve the outcomes for patients, service users, carers and their families. The Integration Joint Board has delegated to it in terms of the Act and an Integration Scheme approved by Parliament, strategic responsibility for certain functions and resources to be delivered on an operational basis by East Lothian Council and NHS Lothian.

The Integration Joint Board is the governing body and directs the East Lothian Health and Care Partnership (ELHSCP) to deliver delegated health and social care services on its behalf. The ELHSCP draws staff from East Lothian Council and NHS Lothian.

### **Introducing the East Lothian Integration Joint Board**

The East Lothian Integration Joint Board has its principal offices at:

John Muir House  
Brewery Park  
Haddington EH41 3HA

Telephone – 01875 824309

e-mail – [elhscp@eastlothian.gov.uk](mailto:elhscp@eastlothian.gov.uk)

The Chief Officer of the Board is Fiona Wilson, Director of Health and Social Care, - NHS Lothian.

We cover the area of East Lothian Council.

We work in co-operation with other Integrated Joint Boards, NHS Lothian and East Lothian Council and other agencies in planning and commissioning health and social care services.

The governing Body is the Integration Joint Board, which comprises 8 voting members – 4 members appointed from Councillors of East Lothian Council; 4 members from the Non-Executives of NHS Lothian. Additionally, there are non-voting stakeholder members and professional members. For more information on the Board see [Section 10 – Classes of information – Class 1](#).

### **Section 3: Accessing Information under the Scheme Availability and formats**

The information published through this Guide to Information is, wherever possible, available on our website. We offer alternative arrangements for people who do not want to, or cannot, access the information online or by inspection at our premises. For example, we can usually arrange to send information to you in paper copy (although there may be a charge for this – see [Section 5: Our Charging Policy](#)).

Information in our Guide to Information will normally be available through the routes described below. [Section 10 – Classes of Information](#) provides more details on the information available under the Guide, along with additional guidance on how the information falling within each class may be accessed.

Information can be provided in alternative formats that comply with the Equality Act 2010.

#### **Online:**

Most information listed in our Guide to Information is available to download from our website. In many cases a link within [Section 10: Classes of Information](#) will direct you to the relevant page or document. If you are having trouble finding any document listed in our guide, then for further assistance please contact:

ELHSCP Communications

Telephone – 01875 824309

e-mail – [elhscp@eastlothian.gov.uk](mailto:elhscp@eastlothian.gov.uk)

## **Information not on website**

### **By email:**

If the information you seek is listed in our Guide to Information but is not published on our website, we can send it to you by email, wherever possible. When requesting information from us, please provide a telephone number so that we can telephone you to clarify details, if necessary.

### **By phone:**

All information in the guide will be available in hard copy form for example, paper copies. Hard copies of information can be requested from us over the telephone. Please call us to request information available under this scheme.

### **By post:**

You can also request hard copies of any information in the Guide by post. Please address your request to:  
East Lothian Health & Social Care Partnership  
Communications Team  
John Muir House  
Brewery Park  
Haddington EH41 3HA

When writing to us to request information, please include your name and address, full details of the information or documents you would like to receive, and any fee applicable (see [Section 5: Our Charging Policy](#) for further information on fees). Please also include a telephone number so we can telephone you to clarify any details, if necessary.

### **Personal visits:**

If you prefer to visit us to inspect the information you may do so during our normal office hours of 9.00am to 5.00pm Monday to Thursday and to 4.00pm on a Friday (lunch is 1-2pm each day). It may avoid delay if you notify us in advance that you intend to visit. In a limited number of cases you may be required to make an appointment to view the information. In such cases, this will be set out within Section 10 – Classes of Information, and contact details are provided within the relevant class.

**Advice and assistance:**

If you have any difficulty identifying the information you want to access, then please contact us to help you.

**Exempt information**

We will publish all the information we hold that falls within the classes of information in the Model Publication Scheme. We publish this information in Section 10 of this guide. If a document contains information that is exempt under Scotland's freedom of information laws (for example personal information or a trade secret), we will remove or redact (black out) the information before publication but we will explain why.

**Section 4: Information that we may withhold**

All information covered by our Guide to Information can either be accessed through our website or will be provided promptly following our receipt of your request. Our aim in adopting the Commissioner's Model Publication Scheme and in maintaining this Guide to Information is to be as open as possible. You should note, however, that there may be limited circumstances where information will be withheld from one of the classes of information listed in [Section 10 – Classes of Information](#). Information will only be withheld, however, where the Act (or, in the case of environmental information, the EIRs) expressly permits it. Information may be withheld, for example, where its disclosure would breach the law of confidentiality, harm an organisation's commercial interests, or endanger the protection of the environment.

Information may also be withheld if it is another person's personal information, and its release would breach data protection legislation.

Whenever information is withheld we will inform you of this, and will set out why that information cannot be released. Even where information is withheld it will, in many cases, be possible to provide copies with the withheld information redacted (black out). If you wish to complain about any information which has been withheld from you, please refer to [Section 8 – Contact details for enquiries, feedback and complaints](#).



## Section 5: Our Charging Policy

This section explains when we may make a charge for our publications and how any charge will be calculated. There is no charge to view information on our website, at our premises (except where there is a statutory fee, for example to access registers), or where it can be sent to you electronically by email.

We may charge you for providing information to you, for example photocopying and postage, but we will charge you no more than it actually costs us to do so. We will always tell you what the cost is before providing the information to you.

Our photocopying charges per sheet of paper are shown in the table below: <b>Size of paper/alternative format</b>	<b>Black and White Pence per sheet</b>	<b>Colour Pence per sheet</b>
A4	60p	90p
A3	70p	£1.00

- Information provided on a Computer Storage Device (8GB memory stick) will be charged at £8.30 per memory stick.
- We will recharge postage costs at the rate we paid to send the information to you. Our charge is based on sending information by Royal Mail First Class.
- When providing copies of pre-printed publications, we will charge you no more than the cost per copy of the total print run. We do not pass on any other costs to you in relation to our published information.
- Details of any individual charges which differ from the above charging policy are provided within [Section 10 – Classes of information](#).

## Section 6: Copyright

East Lothian Integration Joint Board holds the copyright for the vast majority of information in this Publication Scheme. All of this information can be copied or reproduced without our formal permission, provided it is copied or reproduced accurately, is not used in a misleading context, is not used for profit, and provided that the source of the material is acknowledged.

Providing access to information does not mean that copyright has been waived, nor does it give the recipient the right to re-use information for commercial purposes. If you intend to re-use information obtained from the Scheme, and you are unsure whether you have the right to do so, please make a request to re-use the information to:

East Lothian Health and Social Care Partnership  
Communications Team  
John Muir House  
Brewery Park  
Haddington EH41 3HA

Telephone – 01875 824309

e-mail – [elhscp@eastlothian.gov.uk](mailto:elhscp@eastlothian.gov.uk)

Your request will be considered under the Re-use of Public Sector Information Regulations 2005, which may provide the right to impose a charge. In the event that a charge is payable you will be advised what this is and how it is calculated. If you require more information on the re-use of information, go to [www.oqps.gov.uk](http://www.oqps.gov.uk) or contact the Communications Team.

The Publication Scheme may contain information where the copyright holder is not the Integration Joint Board. In most cases, the copyright holder will be obvious from the documents. In cases where the copyright is unclear it is the responsibility of the person accessing the information to locate and seek the permission of the copyright holder before reproducing the material or in any other way breaching the rights of the copyright holder. This includes, for example, Ordnance Survey Maps, which are Crown Copyright.

## **Section 7: Records Management Policy**

East Lothian Integration Joint Board regards its records as a major asset of the organisation. It confirms that its records are one of the essential resources, which support management in the efficient and effective fulfilment of its governance, business and legal responsibilities. You can see the Records Management Plan on our website at –

[https://www.eastlothian.gov.uk/downloads/download/12855/integration\\_joint\\_board\\_ijb\\_guide\\_to\\_information](https://www.eastlothian.gov.uk/downloads/download/12855/integration_joint_board_ijb_guide_to_information)

## **Section 8: Contact details for enquiries, feedback and complaints**

As we have adopted the Model Publication Scheme, this means we will review our Guide to Information from time to time. As a result, we welcome feedback on how we can develop our guide further. If you would like to comment on any aspect of this Guide to Information, or comment or complain that information is not included then please contact us via:

East Lothian Health and Social Care Partnership  
Communications Team  
John Muir House  
Brewery Park  
Haddington EH41 3HA

Telephone – 01875 824309

e-mail – [elhscp@eastlothian.gov.uk](mailto:elhscp@eastlothian.gov.uk)

Website: [www.eastlothian.gov.uk/elhscp - Feedback and complaints - East Lothian IJB](http://www.eastlothian.gov.uk/elhscp - Feedback and complaints - East Lothian IJB)

You may, for example wish to tell us about:

- other information that you would like to see included in the guide
- whether you found the guide easy to use
- whether you found the guide to information useful
- whether our staff were helpful
- other ways in which our guide to information can be improved.

Our aim is to make our Guide to Information as user-friendly as possible, and we hope that you can access all the information we publish with ease. If you do wish to complain about any aspect of the guide, then please contact us and we will try and resolve your complaint as quickly as possible.

Any complaint will be acknowledged within three working days of receipt, and we will respond in full within 20 working days.

You have legal rights to access information under the Model Publication Scheme (as described in this Guide to Information) and a right of appeal to the Scottish Information Commissioner if you are dissatisfied with our response. These rights apply only to information requests made in writing or another recordable format. If you are unhappy with our response to your request you can ask us to review it and if you are still unhappy, you can make an appeal to the Scottish Information Commissioner.

You must make your appeal to the Commissioner within 6 months of when you received your review response. Full details of how to make an appeal and the process followed can be found on their website - <https://www.itspublicknowledge.info/appeal>

The Commissioner's office can be contacted as follows:

Scottish Information Commissioner

Kinburn Castle

Doubledykes Road

St Andrews

FIFE

KY16 9DS

Tel: 01334 464610

Email: [enquiries@itspublicknowledge.info](mailto:enquiries@itspublicknowledge.info)

## **Section 9: How to Access Information which is not available in the Guide to Information**

If the information you are seeking is not available through the Model Publication Scheme (as described in this Guide) then you may wish to request it under the Freedom of Information Act. The Act provides you with a right of access to the information we hold, subject to certain exemptions. The EIRs separately provide a right of access to the environmental information we hold, while the Data Protection Act 2018 (DPA) provides a right of access to any personal information about you that we hold.

Again, these rights are subject to certain exceptions or exemptions. Should you wish to request a copy of any information that we hold that is not available under the Model Publication Scheme 2021 (and described in this guide), please write to:

**For requests under Freedom of Information and the EIRs please contact:**

East Lothian Health and Social Care Partnership  
Communications Team  
John Muir House  
Brewery Park  
Haddington EH41 3HA

Telephone – 01875 824309

e-mail – [elhscp@eastlothian.gov.uk](mailto:elhscp@eastlothian.gov.uk)

Website: [www.eastlothian.gov.uk/elhscp - Freedom of Information Requests](http://www.eastlothian.gov.uk/elhscp - Freedom of Information Requests)

**For requests under the Data Protection Act please contact:**

East Lothian Health and Social Care Partnership  
Communications Team  
John Muir House  
Brewery Park  
Haddington EH41 3HA

Telephone – 01875 824309

e-mail – [elhscp@eastlothian.gov.uk](mailto:elhscp@eastlothian.gov.uk)

Your requests will be forwarded to East Lothian Council or NHS Lothian Freedom of Information and Data Protection Officers.

**Charges for information that is not available under the scheme:**

The charges for information that is available under this Guide to Information are set out under [Section 5 – Our Charging Policy](#). If you submit a request to us for information that is not available in this guide the charges will be based on the following calculations:

**General information requests:**

- There will be no charge for information requests that cost us £100 or less to process.
- Where information costs between £100 and £600 to provide you may be asked to pay 10% of the cost in excess of £100. That is, if you were to ask for information that cost us £600 to provide, you would be asked to pay £50 calculated on the basis of a waiver for the first £100 and 10% of the remaining £500 being chargeable.
- We are not obliged to provide information in response to requests which will cost us over £600 to process.
- In calculating any fee, staff time will be calculated at actual cost per staff member hourly salary rate to a maximum of £15 per person per hour.
- We do not charge for the time to determine whether we hold the information requested, or for the time it takes to decide whether the information can be released. Charges may be made for locating, retrieving and providing information to you.
- In the event that we decide to impose a charge we will issue you with notification of the charge (a fees notice) and how it has been calculated. You will have three months from the date of issue of the fees notice in which to decide whether to pay the charge. The information will be provided to you on payment of the charge. If you decide not to proceed with the request there will be no charge to you.

**Charges for environmental information:**

Environmental information is provided under the EIRs rather than the Act. The rules for charging for environmental information are slightly different. We do not charge for the time to determine whether we hold the environmental information requested, or deciding whether the information can be released. Charges may be made for locating, retrieving and providing information to you, for example photocopying and postage. In the event that we decide to impose a charge we will issue you with notification of the charge and how it has been calculated. The information will be provided to you on payment of the charge. If you decide not to proceed with the request there will be no charge to you.

Charges are calculated on the basis of the actual cost to the IJB of providing the information.

- Photocopying is charged at 60p per A4 sheet for black and white copying, 70p per A4 sheet for colour copying.

- Postage is charged at actual rate for Royal Mail First Class.
- Staff time is calculated at actual cost per staff member hourly salary rate to a maximum of £15 per person per hour.

The first £100 worth of information will be provided to you without charge.

Where information costs between £100 and £600 to provide, you will be asked to pay 10% of the cost. That is, if you were to ask for information that cost us £600 to provide, you would be asked to pay £50, calculated on the basis of a waiver for the first £100 and 10% of the remaining £500.

Where it would cost more than £600 to provide the information to you, however, we will ask you to pay the full cost of providing the information, with no waiver for any portion of the cost.

**Charge for request for your own personal data:**

Under the UK General Data Protection Regulation there is no fee associated with a request for your own personal data.

Section 10 – Classes of Information	Description
<b>CLASS 1: ABOUT EAST LoTHIAN INTEGRATION JOINT BOARD</b>	Information about the authority, who we are, where to find us, how to contact us, how we are managed and our external relations.
<b>1.1 Who we are</b>	The East Lothian Integration Joint Board (IJB) is a corporate body established under the Public Bodies (Joint Working) Scotland Act 2014 and covers the area of East Lothian Council. The background as to how and why the IJB was established is provided in the Social Care and Health web pages which can be accessed through the East Lothian Council web site - <a href="http://www.eastlothian.gov.uk/elhscp">www.eastlothian.gov.uk/elhscp</a>
<b>1.2 Where and how to contact the Board</b>	If you would like more information about East Lothian health and social care integration this information can be accessed through the East Lothian Council web site - <a href="http://www.eastlothian.gov.uk/elhscp">www.eastlothian.gov.uk/elhscp</a> . You can also share your thoughts with us via the website or alternatively contact us at: East Lothian Health and Social Care Partnership

	<p>John Muir House, Brewery Park  Haddington, EH41 3HA  Email – <a href="mailto:elhscp@eastlothian.gov.uk">elhscp@eastlothian.gov.uk</a>  Phone – 01875 824309</p>
<b>1.3 How the Board are managed and the Board's external relations.</b>	<p>The East Lothian Integration Joint Board (IJB) is managed by membership prescribed by the Scottish Government in terms of numbers and the organisations that they represent. The IJB comprises of 8 voting members – 4 members appointed from Councillors of East Lothian Council; 4 members from the Non-Executives of NHS Lothian. Additionally, there are non-voting stakeholder members and professional members. Membership of the IJB can be found on the East Lothian Council web site - <a href="http://www.eastlothian.gov.uk/elhscp">www.eastlothian.gov.uk/elhscp</a> together with the Register of interests for all members.</p>
<b>CLASS 2: HOW WE DELIVER OUR FUNCTIONS AND SERVICES</b>	<p>Information about our work, our strategy and policies for delivering functions and services and information for our service users.</p>
<b>2.1 Our strategies and policies</b>	<p>The Integration Joint Board (IJB) Strategic Plan for 2023-25 and relevant policies are accessible through the East Lothian Council web site - <a href="http://www.eastlothian.gov.uk/elhscp">www.eastlothian.gov.uk/elhscp</a></p>
<b>2.2 Information for service users</b>	<p>Information for our service users can be found on the East Lothian Council web site - <a href="http://www.eastlothian.gov.uk/elhscp">www.eastlothian.gov.uk/elhscp</a> as well as on our partner websites.</p>
<b>CLASS 3: HOW WE TAKE DECISIONS AND WHAT WE HAVE DECIDED</b>	<p>Information about decisions we have taken, how we make decisions and how we involve others.</p>
<b>3.1 Decision Making</b>	<p>How we make decisions are set out in the standing orders of the integration scheme and included in the recordings and minutes of the Integration Joint Board (IJB) meetings accessible through the East Lothian Council web site -</p>



	<a href="http://www.eastlothian.gov.uk/elhscp">www.eastlothian.gov.uk/elhscp</a>
<b>CLASS 4: WHAT WE SPEND AND HOW WE SPEND IT</b>	<p>The Integration Joint Board (IJB) has a statutory duty to provide an Annual Report and Accounts both of which are accessible through the East Lothian Council Web site - <a href="http://www.eastlothian.gov.uk/elhscp">www.eastlothian.gov.uk/elhscp</a></p> <p>Financial reports are provided to the Integration Joint Board (IJB) on a regular basis throughout the year at meetings and are available through the East Lothian Council Website - <a href="http://www.eastlothian.gov.uk/elhscp">www.eastlothian.gov.uk/elhscp</a></p>
<b>CLASS 5: HOW WE MANAGE OUR HUMAN, PHYSICAL AND INFORMATION RESOURCES</b>	<p>The Integration Board does not employ staff directly. Staff are employed by East Lothian Council or NHS Lothian. For relevant Human Resources Policies refer to these bodies web sites. Information on staff terms and conditions can be found on the websites of East Lothian Council and NHS Lothian.</p>
<b>5.1 Information Resources</b>	<p>Information on Records Management, Freedom of Information, Data Protection, Information Governance, Information Security and Subject Access Request are held by East Lothian Council and NHS Lothian and can be found on their websites. A small number of procedures and policies have been agreed by the Integration Joint Board.</p> <p>East Lothian Council - <a href="#">East Lothian Council Homepage</a></p> <p>NHS Lothian - <a href="#">NHS Lothian – NHS Lothian</a></p>
<b>5.2 Physical Resources</b>	<p>Physical resources used by those who provide services that the Integration Joint Board (IJB) has commissioned will be owned by the East Lothian Council or the NHS who each follow their own procedures and relevant East Lothian Council and NHS Lothian information is available online.</p>

	<p>East Lothian Council - <a href="#">East Lothian Council Homepage</a></p> <p>NHS Lothian - <a href="#">NHS Lothian – NHS Lothian</a></p>
<b>CLASS 6: HOW WE PROCURE GOODS AND SERVICES FROM EXTERNAL PROVIDERS</b>	Procurement arrangements for the goods and services we procure are made by East Lothian Council and NHS Lothian and information on the contracts which have gone through formal tendering can be found on the Public Contracts Scotland Portal
<b>CLASS 7: HOW WE ARE PERFORMING</b>	Key performance reports and audit reports are updated regularly and accessible through the East Lothian Council Web site - <a href="http://www.eastlothian.gov.uk/elhscp">www.eastlothian.gov.uk/elhscp</a>
<b>CLASS 8: COMMERCIAL PUBLICATIONS</b>	The Integration Joint Board (IJB) do not publish any information in this class.
<b>Class 9: OPEN DATA</b>	The Integration Joint Board (IJB) do not publish any information in this class.