



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

**THURSDAY 24 OCTOBER 2024
VIA DIGITAL MEETINGS SYSTEM**

1

Voting Members Present:

Councillor S Akhtar (Chair)
Mr J Blazeby
Dr P Cantley
Mr A Cogan
Mr M Connor (*substitute)
Councillor L Jardine
Councillor C McFarlane
Councillor G McGuire (*substitute)

Non-voting Members Present:

Ms A Allan	Mr D Binnie
Mr D Bradley	Ms L Byrne
Ms S Gossner	Dr J Hardman
Mr D Hood	Dr K Kasengele
Mr D King	Ms C MacDonald
Dr C Mackintosh	Ms M McNeill
Ms F Wilson	

Present from NHS Lothian/East Lothian Council:

Ms L Berry	Ms H Burnett
Mr P Currie	Ms J Jarvis
Ms C Johnston	Ms L Kerr
Mr A Main	Mr N Munro
Ms G Neil	Ms I Nisbet
Ms C Rodgers	

Clerk:

Ms F Currie

Apologies:

Councillor J Findlay*
Ms E Gordon*

Declarations of Interest:

None

The Chair welcomed everyone to the meeting, including observers from NHS Lothian. She advised that the meeting was being recorded and would be made available as a webcast in order to allow the public access to the democratic process in East Lothian. East Lothian Council and NHS Lothian were the data controllers under the Data Protection Act 2018. Data collected as part of the recording would be retained in accordance with the Council and Health Board's policies on record retention. The webcast of this meeting would be publicly available for up to six months.

1. MINUTES OF THE MEETINGS OF THE EAST LOTHIAN IJB ON 26 SEPTEMBER 2024 (FOR APPROVAL)

The minutes of the IJB meeting on 26 September 2024 were approved.

2. MATTERS ARISING FROM THE MINUTES OF 26 SEPTEMBER 2024

The following matters arising from the minutes on 26 September were discussed:

Item 5 (Page 4) – the Chair asked for an update on partnership working within East Lothian. Fiona Wilson said she was keen to provide more detailed information to members on the work being undertaken on unscheduled care, and she remained committed to the idea of a development session on this issue.

3. 2024/25 FINANCE UPDATE AND FURTHER REVISION TO THE IJB'S FIVE YEAR FINANCIAL PLAN

A report was submitted by the Interim Chief Finance Officer providing an update to the IJB's financial out-turn position for 2024/25. It also provided a further high-level review of the IJB's five-year financial plan.

David King presented the report highlighting some of the key points. He pointed to the forecast overspend in the current year, a series of significant pressures in 2025/26 and the need to work towards a balanced budget for 2025/26 to ensure the IJB would avoid a repeat of the current year situation. He said that the forecast 2024/25 end year overspend was £7.4 million and that the deterioration in this position was largely as a result of increased pressure from the prescribing budget; a situation that was reflected across Scotland. He reminded members of the requirement for the IJB to breakeven at the year end and that the IJB could not hold reserves when it had an overspend. The Chief Officer was responsible for ensuring a balanced year end position through the development and implementation of recovery actions and if these were unable to resolve matters there would have to be further discussion with the IJB's partners and utilisation of the IJB's reserves. He referred to several recent workshops for members where these issues had been discussed and advised that the IJB now needed clear plans to resolve the overspend within 2024/25 and achieve a balanced budget position for 2025/26.

Mr King also set out in more detail the issues around the utilisation of the IJB's reserves to support the partners and help to relieve some of the current pressure within the health budgets. He also pointed to the uncertainty around the forthcoming UK and Scottish Government budget announcements and ongoing discussion around funding of pay awards. While it was possible that additional funds might be given to health boards, some of which would filter through to the IJB, it was necessary to put forward recovery actions as soon as possible to address the 2024/25 position. The IJB was being asked to

approve the development of these plans which would be discussed in detail at the Strategic Planning Group (SPG).

Responding to questions from Councillor Jardine, Marilyn McNeill and Councillor McFarlane, Mr King confirmed that some discussion had already taken place at the SPG, and between himself, the Chief Officer, Chair and Vice Chair and the IJB's partners. In addition, the partners had provided significant amounts of information to help inform decision-making. He acknowledged that there was a risk that any of the recovery actions could become a financial reaction to a strategic problem, and it would be important to continue dialogue with the partners to avoid compromising the delivery of the IJB's strategic plan. He advised that members were being asked to agree to the development of recovery actions and that these actions would not themselves be formally agreed until the IJB had had the chance to review them.

Ms Wilson stated that while recovery actions may impact on older people and the population as a whole in East Lothian, part of the process would be to ensure that the any risks were mitigated and that the IJB was still doing its best for people across the county. She acknowledged concerns about the potential conflict between ensuring service delivery and making savings and said that this issue remained at the forefront of discussions within the leadership team.

Jonathan Blazeby asked about statutory services and how the IJB could avoid recovery plans impinging on these duties. Mr King and Ms Wilson advised that they had met with their legal team about statutory responsibilities and further advice would be sought. There was no doubt that some recovery actions would impact on these services, and it would be important to understand how to mitigate that risk. In the meantime, they were keen to ensure scrutiny and transparency around the budgets to support the IJB's decision-making.

Mr Blazeby said he would support progressing development of recovery actions as soon as possible, as it was already quite far on in the current financial year. He emphasised the need for the IJB to be given the right information to make decisions, hopefully within the next couple of months.

The Chair asked about the timing of the decision-making on use of reserves, given the uncertainty around forthcoming budget announcements from the UK and Scottish Governments. Mr King acknowledged this but said that it was essential to make plans as soon as possible and these could be amended if the financial situation changed significantly in the coming months. He added that NHS Lothian had indicated that the funds would be returned to the IJB if the health board's financial position improved before the year end.

The Chair said she remained concerned about the current level of uncertainty and how any future budget announcements would impact on the IJB's finances. She stated that, in her view, agreeing to the use of reserves was not the right decision to make at this time when the year-end position for both the Council and NHS Lothian remained unclear and key government budget decisions were pending. For those reasons, she would not be supporting the recommendation for the use of reserves.

The Chair moved to a roll call vote and the recommendations were approved by a majority vote of 5:3. The Chair, Councillor McFarlane and Councillor McGuire voted against the recommendations.

Decision

The IJB agreed to:

- i. Note the update 2024/25 financial out-turn forecast.
- ii. Note the further actions required to update the IJB's five-year financial plan.
- iii. Support the further development of recovery actions, both for the current financial year and to work towards a balanced budget proposal for 2025/26.
- iv. Agree the proposal to utilise the IJB's remaining general reserve – that is to support the projected overspend in the IJB's health budget.
- v. Note the proposed timescales for the development of a balanced budget proposal for 2025/26.

4. CHAIR'S REPORT

The Chair provided a report to members on number of matters:

Staff Engagement – the Chair said it was important to recognise the efforts of social care, social work and healthcare staff who were working to get the best outcomes for service users in very challenging circumstances.

The Chair also referred to the growth in population within East Lothian and the continuing efforts to raise awareness within a range of forums of the impacts and challenges this brought. She also reported on recent meetings of the NHS Lothian Board, the IJB Chairs and Vice Chairs Group, her own meetings with individual IJB members and community engagement events taking place on health & social care issues.

In response to a question from Councillor Jardine, the Chair agreed to provide a written report for future meetings. She also encouraged members to contact her between meetings if they had any questions.

5. INTEGRATION JOINT BOARD MEMBER CODE OF CONDUCT AND RESPONSIBILITIES UNDER THE ETHICAL STANDARDS FRAMEWORK

A report was submitted by the Chief Officer providing an annual reminder to established East Lothian Integration Joint Board (IJB) members and to inform new members of the Standards Commission for Scotland (SCS) model Code of Conduct, the associated advice note for IJB members and the Ethical Standards Framework.

Paul Currie gave a short presentation as part of an annual refresh for existing members and informing new members of their responsibilities in relation to the Code and the Standards Framework. He outlined the nine principles of public life, the role of the Standards Officer, the difference between the strategic role of the IJB and the operational role of the HSCP and drew attention to the advice note for IJB members provided by the Scottish Standards Commission. He also reminded members of the requirement to read and sign the revised Code of Conduct, if they had not already done so, and to complete and periodically update a Register of Interests which was held by the Clerk. He encouraged members to review the material and weblinks contained in the report which would provide useful explanations of their responsibilities under the Code.

Responding to a question from Ms McNeill, Ms Wilson acknowledged that there may be occasions when voting or non-voting members faced a potential conflict over their dual roles and their adherence to Standards may be scrutinised. She encouraged members to get in touch if they required advice and added that today's presentation and annual

refresh was an opportunity for the IJB members to demonstrate their commitment to these responsibilities.

The Clerk informed members that she would be in touch shortly regarding the annual update of their Registers of Interests.

Mr Blazeby said he found the documents to be very clear with helpful, relevant examples and that the presentation on members' roles was also beneficial.

Councillor Jardine said that she had found the standards information to be a useful basis for explaining to others her role in IJB decision-making.

The Chair moved to a roll call vote and the recommendations were approved unanimously.

Decision

The IJB agreed to:

- i. Note the requirement for all IJBs to have a Code of Conduct to maintain compliance with the Ethical Standards in Public Life etc. (Scotland) Act 2000.
- ii. Note that the East Lothian IJB Code was revised and adopted in 2022 and that members were last updated on the Code's requirement in October 2023.
- iii. Note the Chief Officer's role as Standards Officer for the IJB and the position's reporting, support and advisory duties to Board members.
- iv. Note the requirements placed on all IJB members by the Code of Conduct and advice notes issued by the Standards Commission for Scotland
- v. Ensure that individual members of East Lothian IJB have signed the Code of Conduct and update and maintain their entry in the Register of Interests held by the East Lothian Council Committee Clerks.

6. IJB RESPONSES IN THE LOTHIAN AREA TO THE NATIONAL CARE SERVICE CONSULTATION – REPORT BY THE CHIEF OFFICER

A report was submitted by the Chief Officer informing East Lothian Integration Joint Board (IJB) members of the responses of the Lothian IJBs to the recent consultation regarding proposals for the establishment of a National Care Service (NCS).

Mr Currie presented the report which he said was an opportunity to bring back to IJB members some reflections on the responses from other IJBs within the NHS Lothian area. The report also contained a comparison between the East Lothian IJB responses and that of its neighbouring IJBs. He advised members that there was still no indication of when a report on the consultation responses would be published by the Scottish Government, but he would bring it to members' attention when it became available.

The Chair responded to a question from Andrew Cogan on CoSLA's response indicating that the body's Health & Social Care Board had raised concerns that the level of engagement between the Government and other organisations was not as it should have been.

Maureen Allan noted that the Scottish Greens party conference was taking place in the coming days and the Scottish Government could struggle to progress their proposals for the NCS if the Greens decided to withdraw their support.

The Chair felt that it was more important to focus on the work already being done, than on introducing a new NCS.

Councillor Jardine agreed with the need to highlight and encourage a focus on the principles around which the NCS was first proposed: to create services that would do their best for people and have people at centre of things. She said it was also important to understand how CoSLA's position would be reflected in the overall evaluation of the consultation responses.

The Chair referred to community engagement events being run by different organisations on the NCS and she asked members to share with colleagues any information they may have on events taking place.

Decision

The IJB agreed to:

- i. Note the scale of the response from across Scotland and from many statutory, non-statutory and voluntary sector bodies and others to the consultation.
- ii. Note the East Lothian, Midlothian, West Lothian and Edinburgh summary responses to the consultation and the issues raised.
- iii. Note that the Health, Social Care and Sport Committee will produce a report on the consultation in due course. When available, this will be shared with IJB members.

7. PROPOSED MUSSELBURGH DAY CENTRE FOR OLDER PEOPLE (FINANCIAL RECOVERY PROGRAMME)

A report was submitted by the Chief Officer updating the Integration Joint Board on the proposed course of action regarding the development of a Day Centre for Older People in the Musselburgh, Wallyford & Whitecraig areas.

Christine Johnston presented the report outlining the proposal to pause development of a Day Centre for Older People in Musselburgh due to the current financial challenges and the requirement for the IJB to make savings in the current year. She reminded members that the IJB had agreed to the development of a Day Centre at its meeting in October 2023. Musselburgh was the only Ward without day centre provision for older adults with complex needs and there was a high level of unmet need within the area. In addition, the development of a Day Centre was a key action in the East Lothian Dementia Strategy. Ms Johnston explained that arrangements had reached the commissioning stage and that the two providers who had expressed an interest had been advised of the pause. An Integrated Impact Assessment had been conducted and had considered the complete cessation of the project. However, due to the significant impact likely to result from this, the decision had been taken to pause the proposals subject to a wider review of day centre provision in East Lothian.

The members debated the report in some detail and officers responded to a range of questions on the evidence used in the decision-making, the scope of the forthcoming review and the need for transparency with the community.

Ms McNeill sought reassurance that decisions would not be taken on a purely financial basis but would consider the wider benefits provided by day centre services. She also wanted to see this as part of the forthcoming review.

Ms Wilson explained the context for the decision and said that the financial situation meant there was a need to review the service. She agreed that there would be impacts on people; but reiterated that balancing potential benefits and needs with funding and risk meant that there were no easy decisions.

Patricia Cantley said that it was desperately sad, but she accepted Ms Wilson's comments. She was also reassured that this was a pause and not a cessation. She suggested that these issues needed to continue to be brought to the attention of national politicians.

David Binnie stated that carers would be greatly affected by this and should be considered as part of decision-making going forward. He also asked whether the decision that carers were no longer entitled to the COVID vaccine was another money saving action.

Ms Wilson advised that there had been a change to the guidance this year regarding COVID vaccinations. Ms Johnston confirmed that the negative impact on carers would be looked at as part of the planned review. Laura Kerr added that a number of people had been excluded from the latest guidance on COVID vaccinations. She also offered reassurance that the proposed pause in the day centre was to ensure they had all of the information necessary to make a decision, and this would be brought back to the IJB within the next few months.

Mr Blazeby said that while it was good to know the timing for a future decision, he was having difficulty understanding how things had got to this point less than two years into the project and what difference the proposed saving would make to the overall financial position. Ms Kerr outlined the timeline and advised that this decision would result in an underspend in the day centre budget at year-end which would go towards reconciling the gap in the social care position.

Ms Allan sought further clarity on the scope of the review given that in other areas of East Lothian contracts had only recently been awarded for day centre services. She added that it was important to balance the likely saving against the effect on service users.

Ms Kerr said the review would be looking at the provision of day support for older people across East Lothian. Day centres were a major part of that, but not the only part. It would be important to engage with them on the financial challenges and how to deliver services differently; and to consider whether the current model was delivering best value before going ahead and commissioning another day centre. They would work with contracted day centres and involve them in the discussion, along with other stakeholders. She hoped to bring a further report back to the IJB early in the new year.

Mr Blazeby commented that the scope of the review would be absolutely critical, and it was important not to prejudge the outcome in any way. He agreed with Ms Wilson that in such unusual times, it was important to be as transparent as possible to make the review worthwhile.

Ms McNeill stated that, to date, the quality of engagement with the community on the consultation for older people's services had been excellent, but she was conscious that this work would not conclude until December 2024. She wondered how realistic it was to ask the community for further engagement when there was no clarity on what was being considered.

Ms Wilson acknowledged the point and said that they were aiming to be as transparent as possible around budgets and the need to make difficult decisions. Ms Kerr advised that the new Engagement Officer was now in post which would help with future work. In the meantime, she was grateful for the level of input from the community and that they remained engaged in the process. She conceded that while this most recent development was disheartening, it was important to focus on how best to deliver the service in the future.

The Chair agreed that members would all feel very disappointed about having to pause these plans. She welcomed the reassurance that there would be a thorough review and the matter would be brought back to the IJB with further recommendations. She said there was a huge amount of social capital in taking forward these projects and working in partnership with communities. She emphasised the need to raise awareness of the day services' role in the bigger picture, as well as their impact on local communities.

The Chair moved to a roll call vote and the recommendations were approved unanimously.

Decision

The IJB agreed that due to the financial requirement on East Lothian IJB to identify £6.4 million in savings, the development of the Musselburgh day centre would pause, pending a wider review of day care provision within health and social care. The budget of £144k would contribute to the 24/25 financial recovery programme.

8. PLANNING OLDER PEOPLE'S SERVICES: TIMELINE UPDATE

A report was submitted by the Chief Officer providing members with an update related to the *Planning Older People's Services* project with particular reference to the ongoing public engagement and consultation phase.

Andrew Main presented the report advising members that the project was currently in the midst of a 12-week public engagement phase which was due to conclude in early December 2024. To date 202 pieces of feedback had been received and he hoped to build on this by the end of the consultation. He acknowledged that financial recovery challenges had impacted on the scope of the project, and he was keen to seek stakeholder views on this as well. He asked IJB members to raise awareness of the ongoing consultation process to encourage as much feedback as possible. He urged the IJB members to keep this work in mind when setting future financial priorities and to ensure that key stakeholders continued to be involved in the IJB's main workstreams.

David Hood responded to a question from Councillor Jardine on polypharmacy and maximising the opportunities for patients and for savings in this area. John Hardman said that this was part of day-to-day practice for pharmacists embedded in GP practices. However, finding the capacity to support the more strategic work was a challenge.

The Chair welcomed the report and encouraged the circulation of the consultation dates and information, to ensure as broad a spectrum of views as possible.

Decision

The IJB agreed to note the content of the report.

DRAFT

Signed

.....

Councillor Shamin Akhtar
Chair of the East Lothian Integration Joint Board



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 19 December 2024

BY: Chair, East Lothian IJB

SUBJECT: Chairs Report

3

1 PURPOSE

- 1.1 To provide a report on the activities undertaken by the Chair of East Lothian IJB and any relevant updates.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- i. Note the activities and updates that have taken place since the last meeting.
 - ii. Note that the report is to help raise awareness of the wide range of work carried out across East Lothian that contributes to the strategic directions of the IJB.

3 BACKGROUND

- 3.1 The following is a summary of activities and updates that are relevant to all IJB members.

Scottish Government Budget announcement

- 3.2 The Scottish Government announced its budget on 5th December. The headlines tell us that that biggest financial commitment that the Government have made is to the NHS. The budget has allocated £21 billion for health and social care and an increase of £2 billion for frontline NHS Boards which has been highlighted as a record uplift. Media reports have outlined that these are resources to make it easier for people to access GP appointments, improve A&E and to provide the care that people need in time. A further £200 million is planned to reduce waiting times and improve capacity and remove blockages that keep people in hospital for too long. At the time of writing this report some very limited information was available. My understanding to date is that East Lothian

Council has been provided with funding to deliver the Real Living Wage and other small grants. It hasn't been provided with funding cover the challenges in social care. The funding for social care has been passed onto NHS Lothian which is being used to support Hospital to Home and Hospital at Home Services. Once there is a clearer picture details will be circulated to IJB members.

- 3.3 With no reserves at our disposal to support the many challenges that we face it will be important to ensure that we are fairly funded. As one of the fastest growing areas in Scotland we are now also the worst non-city funded areas. As our population is growing we are seeing the over 75 population growing to 11,000 people at 9.8% of our overall population compared to the Scottish average of 9%.

Volunteer Centre East Lothian Annual Conference

- 3.4 The voluntary and community sector plays an important role is supporting the strategic direction of East Lothian IJB. As Chair it was important to attend the conference to firstly show support for the range of work that is taking place to support our objective some commissioned and some not. Secondly it was valuable opportunity to listen to views of the sector and understand the challenges they face. Lack of sustainable multi-year funding and the national insurance contributions were raised as concerns. The presenters included Elaine Gale, Our Community Kitchen, Elaine Morrison, Foodbank East Lothian, Emma Brown, Connected Communities and Lucy Higgins, Policy Officer, Equalities & Tackling Poverty. The breakout sessions focused on contributing towards the poverty plan. There was a brief presentation by Andy Cox the Director of SIGNAL which was followed up.

Volunteer Centre East Lothian partnership with SIGNAL

- 3.5 A briefing was organised for a wide range of partners from across East Lothian including HSCP staff, Police and NHS Lothian Public Health Team to find out more about the partnership between Volunteer Centre East Lothian and SIGNAL and what it's trying to achieve. SIGNAL is a data driven survey that empowers individuals through self-directed growth with the aim of reducing poverty, enhancing health & wellbeing and improving the lives of individuals and communities. A bespoke tool has been developed for East Lothian by VCEL and SIGNAL working together. At the briefing session the work carried out so far through the Community First Project was highlighted and evidence of the areas that would make a difference to a person's life evidenced. Over a period of time a picture would be created of the person's journey in real time and what would make the biggest difference to them. This is an area of work that would be a useful development session for IJB members.

Ross High School 70th Anniversary

- 3.6 The school arranged a community intergenerational event to enable former pupils to come back and visit and celebrate their anniversary. The reason why I have included this event as there were a number of carers who attended with their family members who had dementia. I spent my time talking to carers and their family members and heard first-hand the

struggles that they face with limited respite opportunities. The event provided some really touching moments for many carers as their family members recognised themselves from old school photographs. I'm extremely grateful to Paul Reynolds, Headteacher and his staff team for organising the event.

East Lothian Champions Board

- 3.7 The Champions Board organised an event to raise awareness of the work that Care Experienced young people have been involved with. These areas ranged from housing, finance and health & well-being. I was particularly interested in transitions and the areas around health that Care Experienced young people were highlighting that didn't meet their needs. Its vitally important as an IJB to engage with the Champions Board especially around transitions and mental health services.

East Lothian & Midlothian Women's Aid Annual General Meeting

- 3.8 The 16 days of activism against gender-based violence campaign runs from 25th November to December 10th. The goal of the campaign is to draw attend and awareness of the increasing levels of violence against women and girls. The long-term effects of domestic violence include acquired brain injuries, disabilities or chronic health issues, mental health issues and trauma to the women and their family members. It's important to support local groups like East & Midlothian Women's Aid who work hard to empower women who experience domestic violence. At their AGM their adults' referrals over the year had increased by 10% to 1,489 and by 11% for children and young people. In recognition to the increases in referrals they have been developing projects such as "Prescribe Nature" to support who have faced trauma and focus on alternatives to medication. They had their AGM at their Women's Empowerment Centre to enable the organisation to look at sustainability and encourage entrepreneurial activities.

Breast Feeding Peer Support Graduation

- 3.9 Kat Pringle is based within Home-Start East Lothian and is the MotherBaby Together Co-ordinator. She has been playing an instrumental role in supporting and training peer supporters. Her work over the years has now resulted in breastfeeding levels in East Lothian increasing. At her Peer Support Graduation event which was attended by representatives from Scottish Government and by Nicola Tait from NHS Lothian who recognised the positive trends in East Lothian. The long-term benefits of breastfeeding are widely know which include lowering the baby's risk of infections and fewer visits to hospital as a result. Reducing the baby's risk of obesity and cardiovascular disease in adulthood. Breastfeeding also lowers the risks of breast cancer, ovarian cancer, obesity and cardiovascular disease.

Neil Gray visit to Prestonpans GP practice

- 3.10 The Cabinet Secretary for Health visited the Prestonpans GP practice as Scottish Government data highlighted that it was a high performing organisation. He was keen to find out how it operates in comparison to other places and its funding model. At the last IJB I was asked to raise

aware of the challenges that we face at the highest political level and I took the opportunity to do that at this meeting.

Network of Chairs & Vice-Chairs of Integration Joint Boards

- 3.11 The last meeting of the Network was a Q&A with Neil Gray and again I took the opportunity to raise the challenges that we face. It was also important to highlight the many positive contributions that IJB can and should be making through its social work, social care workforce and voluntary and community sector but this work is significantly hindered through lack of resources.

Affordable Housing Emergency

- 3.12 East Lothian Council declared an affordable housing emergency. The paper that was submitted to this meeting outlined the significant impact that the lack of affordable housing will have on the strategic directions of the IJB. During 2023/24 there were 795 homelessness applications from across East Lothian. It's known that experiencing homelessness can result in poorer physical and mental health and more health interventions. This discussion on this issue highlighted examples where the housing team intervened to support East Lothian residents when there were no bed spaces available at the Royal Edinburgh Hospital through Elder Street model. The supply of housing that the Learning Disabilities Team rely on to support the "Core & Cluster Model" would be impacted if it didn't continue as well a housing that is accessible for people with disabilities or wheelchair accessible homes. At the time of writing this report the level of resource that had previously been cut from the social housing budget and at what level it will be resorted to East Lothian is yet unknown.

Haddington Dementia meeting space

- 3.13 Members will be familiar with the Musselburgh Meeting Centre and its ethos of a community-based support for people living with dementia and their care partners. The plan across the County is to establish satellite meeting spaces. The first meeting of establishing a satellite space in Haddington started this month. Sue Northrop brought together a wide range of organisations to start this process rolling. The meeting was well attended and there was agreement to set one up in the Haddington area and to come together again in January.

Meeting with the network of Day Centres

- 3.14 I chaired the regular meeting with Day Centres from across the Country. There was a full agenda which included funding, training, understanding the role of Day Centres and the work they do in supporting carers. Discussion took place on the decision to pause the Musselburgh Day Centre and its impact in the local area.

NHS Lothian Board & Charity

- 3.15 All NHS Lothian Board members are also trustee of the NHS Lothian Charity. The Charity had two development sessions to look at how more focus could be placed on prevention work. This is prevention work that can help immediately to support people who are struggling for e.g.

CALMHS waiting lists. The charity has now allocated £200,000 towards prevention work from 25/26. I'm keen to see projects from East Lothian apply.

Carers of East Lothian Annual General Meeting

- 3.16 I participated in a very well attended AGM which took place in Musselburgh. Participants heard from Jess Wade CEO, Lydia Eunson Counselling Co-ordinator and Rowena Price on the progress being made with the Hospital Link Work pilot project and the Counselling Service. Both projects demonstrated they were making a difference to carers. The challenges for carers in receiving respite care and support for their health & well-being continue to be a top priority.

4 ENGAGEMENT

- 4.1 Engagement has taken place with a wide range of stakeholders in producing this report.

5 POLICY IMPLICATIONS

- 5.1 The updates provide an insight of the IJB's policy direction and the impact on areas such as the Carers Strategy.

6 INTEGRATED IMPACT ASSESSMENT

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

7 DIRECTIONS

- 7.1 The report reflects the priorities of the IJB Strategic plan in the following areas:
- Deliver new models of Community Provision, working collaboratively with communities.
 - Focus on prevention and early intervention.
 - Enable people to have more choice and control and provide care closed to home.
 - Keep people safe from harm.
 - Address health inequalities.

8 RESOURCE IMPLICATIONS

- 8.1 Financial – There is no financial implications from this report but the activities do highlight some of the impacts of the budget decisions made by the IJB.
- 8.2 Personnel – None
- 8.3 Other – None

9 BACKGROUND PAPERS

- 9.1 Links to NHS Lothian Board papers.

AUTHOR'S NAME	Cllr Shamin Akhtar
DESIGNATION	Chair of IJB
CONTACT INFO	sakhtar@eastlothian.gov.uk
DATE	11 December 2024



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 19 December 2024
BY: Head of Housing, East Lothian Council
SUBJECT: Housing Contribution Statement 2024-2029

4

1 PURPOSE

- 1.1 The purpose of this report is to summarise the contents of the updated Housing Contribution Statement for the period 2024-2029.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Note the contents of the Housing Contribution Statement.
- 2.2 Note that this statement was developed before East Lothian Council declared an Affordable Housing Emergency on the 12th of November 2024. This declaration came as a response to the Strategic Housing Investment Plan 2025/26-2029/30 which highlighted that there is an immediate risk of the permanent loss of affordable homes within upcoming development sites, due to reduced investment from the Scottish Government. This will have critical impacts to health and wellbeing, particularly those vulnerable, and the overall success of this statement. The actions within this statement and any emerging risks from the Affordable Housing Emergency will be monitored by the Housing Partners Board. The Health and Social Care Partnership is represented within this group.
- 2.3 Agree that the existing IJB Direction regarding housing will be revised to reflect the Housing Contribution Statement, and current and planned collaborative working between Housing and the Health and Social Care Partnership.

3 BACKGROUND

- 3.1 The Scottish Government introduced Housing Contribution Statements (HCS) as a statutory requirement in 2013. The purpose of the HCS is to be the bridge between the Local Housing Strategy (LHS) and the

Strategic Plan, by focusing on shared outcomes, actions, and investment decisions.

- 3.2 This HCS will sit as a supporting paper to East Lothian's Integration Joint Board Strategic Plan 2022-2025 and any further plans until 2029. This HCS is timed with the adoption of East Lothian Council's (ELC) Local Housing Strategy (LHS) 2024-2029.
- 3.3 This HCS has been developed by ELC's Housing Service in partnership with East Lothian's Health and Social Care Partnership (ELHSCP).
- 3.4 This HCS is written within the context of unprecedented challenges which impact the demand for and the delivery of key services. Demand has increased as an impact of national challenges, such as the War in Ukraine and Cost of Living Crisis, as well as through East Lothian's fast growing and aging population.
- 3.5 Capital funding from the Scottish Government has not increased to support high demands and annual budgets, such as the Affordable Housing Programme, have seen significant cuts. The IJB and East Lothian Council are placed in a critical financial situation which risks the ability to meet the needs of the population.
- 3.6 The HCS looks at certain population groups, in line with Scottish Government guidance. This recognises that the intersection between certain characteristics can make people more vulnerable to poor health and housing outcomes. To achieve equality, as envisioned within the Strategic Plan and LHS, approaches which target and support these groups are needed.
- 3.7 The shared key challenges and actions committed to in the Local Housing and IJB Strategic Plan are detailed below:

Key Challenges - Homelessness

- 3.8 There are critical pressures in homelessness. The number of homelessness applications continues to increase year on year. Time spent in temporary accommodation for all households within East Lothian is significantly above national average. ELC continues to regularly breach the Unsuitable Accommodation Order (UAO), following changes in legislation.
- 3.9 Experiences of homelessness can have severe health and wellbeing impacts, including reduced life expectancy. A national study found that leading up to homelessness, people increase visits to health services. This peaks just before a homelessness application is made. Preventing homelessness, can be used as a health intervention tool.
- 3.10 ELC will continue to focus on preventing homelessness. ELC Housing will support the IJB as 'Ask and Act' is introduced through the [Housing \(Scotland\) Bill](#). As a relevant body the IJB will be expected to use existing capacities to support those using services in preventing homelessness.

- 3.11 ELC will also reduce the use of emergency accommodation and time spent in temporary accommodation through implementing a rolling programme of redesignating temporary tenancies to permanent.

Key Challenges - Delivering Accessible Homes and Adaptations

- 3.12 East Lothian's changing demographics is placing high demand on services which help people, and their carers, to live well in their homes.
- 3.13 Those living with dementia in East Lothian is expected to increase by 65 % by 2040.
- 3.14 By 2028 those aged 75+ within East Lothian's population will increase by 32%. When comparing life expectancy and healthy life expectancy, women are likely to live 17.6 years in poor health and men 15.7 years. Most people wish to live as long as possible in their own home. This places significant pressure on health and social care and housing services to support this.
- 3.15 Aids and adaptations play a critical role in supporting people and carers within their home. Funding for aids and adaptations has come under critical pressure, with demand outstripping available funding. Delays in delivering adaptations can result in delayed discharges, risk of injury and impacts mental health through limiting accessibility in and out of the home.
- 3.16 East Lothian also faces significant challenges in staffing across health and social care services. This is having an impact on the availability of access to care at home packages. Whilst staffing shortages are due to several reasons, housing affordability contributes to this.
- 3.17 The South East Scotland Housing Need and Demand Assessment 3 identified that the current unmet need for wheelchair users is 430 households across all tenures.
- 3.18 ELC housing will help address these challenges to support health and wellbeing needs through a range of actions. This includes, developing 200 units of affordable housing for older people (including redeveloping the former Herdmanflat Hospital), working alongside ELHSCP to implement the Dementia Strategy, reviewing the adaptations service for all tenures and developing social housing through the Affordable Housing Supply programme.

4 ENGAGEMENT

- 4.1 There has not been specific engagement for the HCS. However, the HCS outlines the challenges, outcomes and actions within the LHS 2024-2029 and the IJB Strategic Plan. Both documents have had significant engagement. Further information can be found online ([LHS engagement Plan](#) & [Engagement Strategic Plan](#)).

5 POLICY IMPLICATIONS

- 5.1 There are no associated policy implications which have not been considered through appropriate measures during the IJB Strategic Plan or Local Housing Strategy processes.

6 INTEGRATED IMPACT ASSESSMENT

- 6.1 All necessary integrated impact assessments were carried out via the LHS 2024-2029 and the IJB Strategic Plan. Please follow the link to the LHS 2024-2029 [IIA](#) and [IJB Strategic Plan IIA](#).

7 DIRECTIONS

- 7.1 The current IJB direction on housing will need to be revised to reflect the challenges and opportunities as set out in the Housing Contribution Statement 2024-2029, and current and planned joint working between ELC Housing and the HSCP.

8 RESOURCE IMPLICATIONS

- 8.1 The delivery of priority actions within the IJB Strategic Plan and LHS require a commitment across both bodies. This recognises that the ambitious outcomes of both plans cannot be achieved in isolation from each other.
- 8.2 However, current pressures placed on the public sector budgets have never been so critical. ELC and the IJB have seen the cost of delivering essential service increase beyond funding. This risks the delivery of services and achieving the key outcomes, highlighting the need for continued partnership working and finding innovative funding and cost reduction methods.
- 8.3 Table 1 shows the headline figures in relation to the budget identified as making a direct contribution to health and social care through delegated and non-delegated functions. Due to the nature of Scottish Government funding, the first three delegated services receive their budgets annually. This limits the extent to which local authorities can strategically plan for the delivery of services.

Table 1: Housing Services which contribute to health and wellbeing of East Lothian- Current and Future Resources and Investment (£)							
	2022-2023	2023-2024	*2024-2025	*2025-2026	*2026-2027	*2027-2028	*2028-2029
Housing Services Delegated services							
Commissioned Housing Support	£770k	£770k	£770k	-	-	-	
Council Housing Adaptations	£1m	£1m	£1m	-	-	-	-
Private Sector Adaptations	£364k	£364k	£364k	-	-	-	-
Housing Services Non-Delegated Services							
Energy Advice Service	£63k	£79.5k	£60k	-	-	-	-
Investment in private sector stock	£1.1m	£1.1m	-	-	-	-	-
New Affordable Housing	£26.86m	£28.49m	£16.7m	£29.4m	£17.3m	£23m	£30.6m
Improvements to ELC stock	14.4	13.2	£13.1	£13m	£13m	£13.8m	£11.8m

9 BACKGROUND PAPERS

9.1 None

Appendix: Housing Contribution Statement 2024-2029

AUTHOR'S NAME	Wendy McGuire
DESIGNATION	Head of Housing
CONTACT INFO	Hannah Crowe – Housing Strategy Officer hcrowe@eastlothian.gov.uk
DATE	09/12/2024

Housing Contribution Statement

2024 - 2029

Contents

Introduction	3
Achievements 2019-2023	4
1. Governance.....	5
2. Shared Evidence and Key Challenges	6
Poverty and Inequality	8
Homelessness.....	10
Accessible and Adaptable Homes	13
Gypsy/Travellers	21
Violence Against Women and Girls	22
3. Shared Outcomes	24
4. Resources.....	28



Introduction

Housing is a key social factor which determines health and wellbeing. House condition, security of tenure, suitability to a person's needs and overcrowding can directly determine physical and mental health. Wider housing aspects, including affordability, access to communities, social isolation, location and choice all have indirect impacts on health and wellbeing. As a result, affordable, high-quality homes are now considered a public health tool and essential in reducing health inequalities¹.

In recognition of the critical role housing has on health, the Scottish Government introduced Housing Contribution Statements (HCS) as a statutory requirement in 2013. The purpose of the HCS is to provide the bridge between the Local Housing Strategy (LHS) and the Integration Joint Board's (IJB) strategic plan, with a focus on shared outcomes and investment decisions.

This is the third HCS in East Lothian and will sit as a supporting paper to East Lothian's [Integration Joint Board \(IJB\) Strategic Plan 2022-2025](#) and any further plans until 2029. This HCS is timed for the adoption of East Lothian Council's (ELC) Local Housing Strategy (LHS) 2024-2029, allowing for strong strategic links to be formed.

East Lothian has faced significant challenges in recent years, including the Covid-19 pandemic, cost of living crisis, and an increasing and ageing population. These challenges have compounded to place critical pressure on the demand for and the delivery of services across Health and Social Care and Housing. Whilst the need for services has increased, disproportionately so for those already vulnerable, East Lothian's IJB and Council have faced unprecedented financial challenges.

Partnership working, through shared priorities and actions is, therefore, more vital than ever to ensure that residents can access essential services to support health and wellbeing. This HCS outlines how the IJB and East Lothian Council will address challenges through shared priorities and actions.

¹ [Healthy housing for Scotland \(publichealthscotland.scot\)](https://publichealthscotland.scot)

Achievements 2019-2023

It is important to look at key achievements from the past several years. These successes highlight the opportunities available in improving health through a housing contribution.

Figure 0.1 Housing Contribution to Health and social care 2019-2023

995 affordable homes added to the supply. This includes 643 new social rent homes and 229 mid-market homes

Development of core and cluster flats for individuals with mental health conditions.

Over 40 units of housing provision delivered in partnership with Health and Social Care for Social Care Users with care and support needs.

Introduced Wellwynd Hub. The award-winning service allows people to try out TEC (Technology Enabled Care).

Invested over £3m in adaptations allowing people to remain in their own home across tenures.

181 private homes benefitted from cavity wall insulation.
344 roof insulations and 1,939 efficient heating system have been installed in ELC properties.

1. Governance

East Lothian Health and Social Care Partnership (ELHSCP) and Housing services work closely together.

As directed by the [Public Bodies \(Joint Working\) \(Scotland\) \(Act\) 2014](#), the IJB's Strategic Plan outlines its proposal for integrated functions. East Lothian IJB issues directions to ELC and NHS Lothian in relation to the delivery of delegated functions. Specific to housing, the IJB has delegated responsibility for aids, equipment, and adaptations and currently hold housing support contracts.

Whilst Housing is not represented on the IJB, the service can inform and advise the IJB on strategic housing matters through membership of the Strategic Planning Group (SPG). The role of the SPG includes developing the Strategic Plan and advising the IJB on strategic matters relating to the delivery of services across East Lothian.

Housing is represented in certain action focused 'Change Boards' which develop strategies and policies and plan service change to best reflect the needs of populations across East Lothian. At the time of writing, Change Boards were under review, and as such no diagrams or further detail could be provided.

A Housing Partners Board was formed in May 2024 to oversee and help direct actions within the LHS. East Lothian Health and Social Care Partnership (ELHSCP) are represented alongside other key stakeholders on the Housing Board.

2. Shared Evidence and Key Challenges

There are a wide range of challenges which may create barriers to achieving the ambitious outcomes in the Strategic Plan and the LHS. These challenges are well documented across Housing and the ELHSCP through several key reports. The most relevant examples include:

- [Housing Need and Demand Assessment 3](#) (HNDA 3), which estimates housing need and demand across South East Scotland.
- Engagement and consultation, including work delivered jointly by ELHSCP and Housing service, representing the voices of residents and stakeholders².
- Joint Strategic Needs Assessments³ including on wheelchair accessible housing, social care clients, older people and children and young people.

The key challenges which interact with the housing system and impact health and wellbeing outcomes are summarised below.

- East Lothian has a complex geography and most areas are categorised as ‘accessible rural’. Rurality can pose distinctive challenges for delivering services.
- It is difficult to deliver health and social care packages, such as access to care at home, to a dispersed client group across rural parts of the county and access to other community support services.
- East Lothian has the second fastest growing population in Scotland. This pressurises services to the point of, or beyond, capacity and can impact wait-time to the detriment of both staff and residents.
- Capital funding of services has not increased to match population growth, placing further pressure on meeting service demand.
- East Lothian has an ageing population, with the over 75 age-group expected to have the largest population increase by 2028, at 32%⁴. This is creating a high demand for specialist services, including aids and adaptations.

² [IJB Strategic Plan 2022-2025 Engagement Feedback Report](#)

³ [ELHSCP Joint Strategic Needs Assessment 2023](#)

⁴ [Sub-National Population Projections | National Records of Scotland \(nrscotland.gov.uk\)](#)

- The working age population is not growing at the same pace as the older population, leaving a gap in the workforce needed to deliver essential care packages to support the ageing population.
- Single person households are expected to have the largest percentage increase of all household types by 2028⁵. With this increase comes a greater risk of loneliness amongst more of the population. Studies have shown that loneliness and social isolation is critically detrimental to health and longevity. For those of older age, social isolation and loneliness can increase the risk of strokes, diabetes, and cognitive decline⁶⁷.
- Housing costs have increased with inflation. Housing costs determine choice over where people live and the quality of homes, as well as the amount of income left to spend on activities and services which support health and wellbeing. Financial pressures also have a detrimental impact on mental health, including increases in anxiety and stress.
- Fuel poverty affects 25% of the population⁸ (likely to be an underestimation as this is based on 2019 data). Fuel poverty increases risk of respiratory conditions through damp as well as increased levels of stress and anxiety.
- Further work is required around future housing needs of bariatric patients.

The intersection between age, disability, ethnicity, socio-economic background, gender, and physical and mental health can make people more vulnerable to poor health and housing outcomes⁹.

The following section highlights challenges faced by certain groups and how, through joint working between Housing and ELHSCP, progress can be taken to reduce inequalities. This document will focus on groups listed in [guidance](#), further information on the housing challenges faced by certain groups can be found within the LHS 2024-2029.

⁵ [Household Projections | National Records of Scotland \(nrscotland.gov.uk\)](#)

⁶ [Social Isolation and Loneliness \(who.int\)](#)

⁷ [Loneliness and Social Isolation as Risk Factors: The Power of Social Connection in Prevention - PMC \(nih.gov\)](#)

⁸ [Supporting documents - Scottish house condition survey: 2019 key findings - gov.scot \(www.gov.scot\)](#)

⁹ [Using intersectionality to understand structural inequality in Scotland: Evidence synthesis \(www.gov.scot\)](#)

Poverty and Inequality

The housing system is a key driving force of poverty and inequality, affecting people across their lifetime¹⁰. Those living in poverty are more likely to live in poor quality and insecure housing.

Poor-quality housing, such as damp and mould, unsafe electrics and overcrowding can increase risk of acute injury, developing respiratory conditions, poor mental health and hospitalisation. Housing issues relating to condition can influence health separately, whilst experiencing multiple housing issues can worsen health impacts and increase harm.

Particularly in the private sector, vulnerable groups such as young people, older people and minoritized populations are more likely to live in poor quality housing. These groups often have fewer housing options available and face a range of barriers to accessing health services, placing them at further risk.

Those with a high housing cost and lower income can be made to make decisions over food and heating. This can lead to malnutrition, respiratory and cardiovascular conditions, and poor mental health¹¹.

It is estimated that 21% of children live in relative poverty across East Lothian. It is widely cited that child poverty is the biggest predictor of homelessness in later life. National reports have found, that experiencing homelessness and temporary accommodation during pregnancy can increase risks of premature births, low birth rate and delays in development. Health impacts associated with poor housing can be lifelong, including chronic illness and disabilities, and can affect life chances and expectancy¹².

Access to high quality, affordable and secure housing is, therefore, seen as the key to tackling poverty and inequality. East Lothian Council is committed to addressing poverty and inequality within the county, as outlined with in the Council's [Poverty Plan 2021-2023](#).

¹⁰ [Using intersectionality to understand structural inequality in Scotland: Evidence synthesis \(www.gov.scot\)](#)

¹¹ [*fph-poverty-housing-and-health-briefing-pdf.pdf](#)

¹² https://www.feantsaresearch.org/public/user/Observatory/2021/EJH_15-3/EJH_15-3_A8_v01.pdf

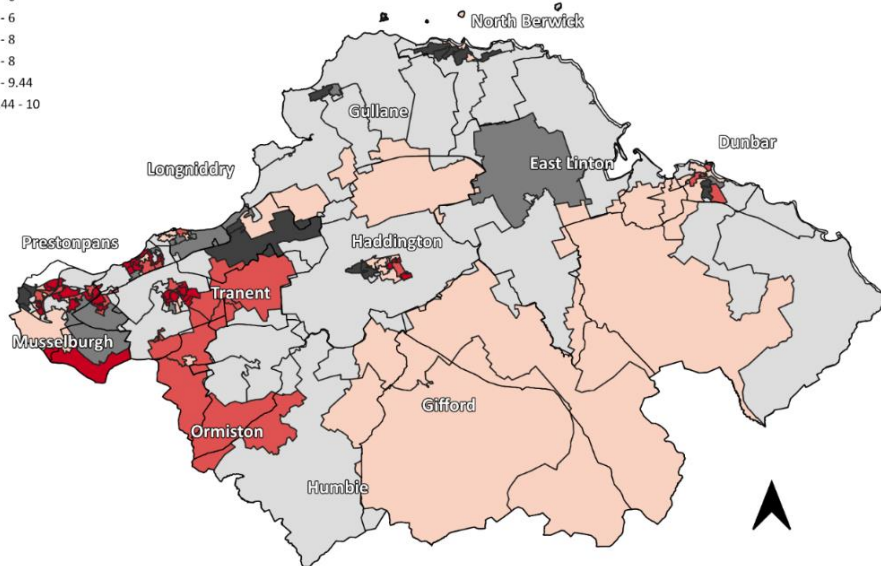
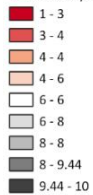
Socio-economic context

The [Scottish Index of Multiple Deprivation](#) (SIMD) is a standard tool used to rank levels of deprivation across data zones within the country. It looks beyond low income to highlight multiple deprivation using 7 factors which can determine opportunities and resources, including health, housing, and access to services.

There are 8 areas in East Lothian which fall into the 20% most deprived areas in Scotland. There are an additional 2 areas which are within the 10% most deprived. All of these areas of high deprivation are within the west of the county (see Figure 1.1).

Figure 1.1: Scottish Index of Multiple Deprivation map East Lothian

Scottish Index of Multiple Deprivation 2020
1- most deprived; 10- least deprived



Source: East Lothian Council, 2023.

SIMD focuses on concentration of deprivation. Those living in small pockets of poverty or in poverty within areas with strong access to transport and high education attainment, for example, can be effectively hidden within these figures. This underestimates the spread of deprivation across East Lothian. Inequalities which impact health and wellbeing should be viewed on a scale, effecting people at various levels. Whilst those in the most extreme deprivation will see the most severe outcomes, health risks associated with inequalities start effecting people at lower ends of the scale.

Homelessness

The number of homeless applications in East Lothian has increased in recent years, reflecting national trends. The number of applications made to East Lothian Council has risen from 695 in 2022/2023 to 795 in 2023/2024¹³.

Those experiencing homelessness are much more likely:

- To have multiple physical health conditions, including developing chronic joint pain or bone and muscle problems - often associated with rough sleeping.
- Have a pre-existing mental health condition which is worsened by the trauma of homelessness and risks developing additional mental health conditions.
- To use drugs and/or alcohol as a coping mechanism.
- To have a poor diet and/or skip meals¹⁴.
- To have a shorter life expectancy¹⁵.

A study into homelessness in Scotland found that leading up to homelessness, people increase visits to health services, such as hospitals. The number of visits peaks just before a homelessness application is first made¹⁶. This highlights how health issues can compound and worsen as the risk of homelessness becomes reality.

¹³ [Supporting documents - Homelessness in Scotland: 2022-23 - gov.scot \(www.gov.scot\)](https://www.gov.scot/supporting-documents/2022-23/homelessness-in-scotland)

¹⁴ [Homeless Health Needs Audit Report.pdf \(kxcdn.com\)](#)

¹⁵ [Health and Homelessness in Scotland \(www.gov.scot\)](https://www.gov.scot/health-and-homelessness-in-scotland)

¹⁶ [Health and Homelessness in Scotland \(www.gov.scot\)](https://www.gov.scot/health-and-homelessness-in-scotland)

Early prevention of homelessness can, therefore, be used as a health intervention tool and can ultimately reduce spend for primary health services. To recognise this relationship between health and homelessness, and in line with the national agenda that ending homelessness is a shared responsibility across all public bodies, the Scottish Government is to introduce new prevention duties through the [Housing \(Scotland\) Bill 2024](#).

Once enacted the Bill will give public bodies, including health boards and the IJB, the duty to 'Ask and Act'. This will require professionals to ask about a person's housing situation, and if it is believed they are threatened with or experiencing homelessness to respond with action, where appropriate.

Relevant professionals will also be required to use their existing role and capacities to effectively prevent homelessness if it is a threat. For health bodies, this may include ensuring access to specialist services which target health issues which are often linked to homelessness, including mental health and substance use.

The Housing Bill is in the early parliamentary stages and is subjected to consultation. It is not known when the new duties will come into force. East Lothian Council's Housing Service will support the IJB as 'Ask and Act' is embedded. Partnership working will ensure consistency, knowledge sharing of East Lothian's housing system and that clear referral pathways, where appropriate, are developed.

Temporary Accommodation

East Lothian Council currently faces critical pressures within its Homeless (known as Housing Options) Service. As homeless applications increase, typically the demand for temporary accommodation rises accordingly. Increased demand, low turnover of social housing stock and a lack of alternative affordable housing options has led to lengthy stays in temporary accommodation for homeless households, in excess of the national average.

A lack of cooking and food storage facilities in emergency accommodation, namely B&Bs, can affect diet, impacting on nutrition, energy levels and mood. As homes are temporary, people can often feel unsettled and socially isolated. Isolation can be detrimental to mental and physical health, increasing risk of heart-related conditions, suicide and cognitive decline¹⁷.

¹⁷ [Loneliness among Homeless Individuals during the First Wave of the COVID-19 Pandemic - PMC \(nih.gov\)](#)

As committed to through East Lothian Council's [Rapid Rehousing Transition Plan](#) (RRTP) and LHS 2024-2029, East Lothian Council will reduce time spent in emergency and temporary accommodation. This will be targeted through innovative use of housing stock, including shared tenancies, changing temporary tenancies to permanent, where appropriate, and through the ambitious affordable housing target.

Mainstream temporary accommodation may not be manageable or appropriate for vulnerable individuals with complex mental health and/or substance misuse health needs. In East Lothian, 24/7 supported accommodation is available for vulnerable individuals; resettlement support is provided, where necessary and appropriate, for those moving into a tenancy; and a Housing First approach is taken to our most complex households.

Housing Contribution 2024-2029

- Implement a rolling programme to redesignate temporary accommodation as permanent tenancies.
- Review the current provision of supported accommodation, in close working with the HSCP.
- Ask and Act.

Actions aim to: reduce time spent in temporary accommodation, improve flow through housing system, ensure complex needs are identified and met and encourage homelessness prevention across services.



Long-term Health Benefits

- Reduction in prolonged stress and anxiety associated with waiting for permanent accommodation.
- Effectively preventing homelessness can:
 - Reduce health care crisis intervention need and hospitalisation rates.
 - Reduce cases of chronic illnesses and heart conditions.
 - Reduce morality rates - including drug-related deaths.
 - Improve mental health and wellbeing.



Accessible and Adaptable Homes

Individuals with disabilities which require the use of aids or wheelchairs to move around the home, are more likely to require accessible housing. Aids and adaptations can also provide essential support to carers to administer care safely, reducing risk to their own health and wellbeing.

Older People

East Lothian has an ageing population. Generally, health declines as we age, with an increased risk of developing chronic conditions such as dementia, diabetes and arthritis¹⁸.

Life expectancy within the county is above the national average for both women (82.9 years compared to 80.7) and men (79.3 years compared to 76.5)¹⁹. Healthy life expectancy, the average number of years living in good health free from chronic illness and disability, for women in East Lothian is 65.3 years and 63.7 years for men²⁰.

The difference between life expectancy and healthy life expectancy highlights the quality-of-life people will experience as they age. In East Lothian, on average, women spend 17.6 years in poor health and men 15.7 years. During these years of ill health, it is likely that people will require increased access to and support from health services and their own informal support networks to manage conditions.

Frailty increases as we age making us more vulnerable to multimorbidity (having more than one health condition). Having multiple conditions can reduce quality of life and increase disability²¹. Health services in East Lothian, therefore, are not only likely to have increased demand through an ageing population but to see more complex health conditions.

¹⁸ [Chapter 1: life expectancy and healthy life expectancy - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

¹⁹ [Life Expectancy in Scotland 2020-2022 Provisional Figures, Report \(nrscotland.gov.uk\)](https://nrscotland.gov.uk)

²⁰ [Healthy Life Expectancy 2019-2021 \(nrscotland.gov.uk\)](https://nrscotland.gov.uk)

²¹ [Frailty in Older People - PMC \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/)

Age-related health conditions can affect how well a person can access communities and move in and around their home. Research conducted by ELHSCP; the '[Planning for an Ageing Population Feedback Report](#)' highlighted that the majority of participants wanted to live independently in their home as long as possible. Homes, therefore, need to suitably adapt to the health needs of the older population.

The majority of older people in East Lothian live in general needs homes. Of those aged over 65; 67% live in owner occupied housing, 26% live in the social rented sector and 4% live in the private rented sector²². This highlights the need for accessible homes across all tenures.

To live independently in homes, older people may need:

- Ground level properties, or at least access to a bedroom and bathroom on the ground floor.
- Adaptations to homes, including fitting handrails, and wet rooms.
- Access to Care at Home packages.
- Access to Technology Enabled Care (TEC).
- Greater support from community groups to reduce isolation and loneliness.

The current pressures on adaptations services and the impact this can have will be discussed later in this document.

There has also been an increase in homeless applicants for those aged 60+ over recent years. In 2022/2023 there were 50 homeless applications made by those within this age category. For those of older age the associated health risks of homelessness may be even more damaging due to frailty. Those experiencing homelessness at an older age are also more likely to have complex housing and care needs. This can add challenges to finding an appropriate property near/close to support networks.

ELHSCP is working collectively with key stakeholders, including extensive community engagement, to ensure that services best reflect the needs of East Lothian's aging population. East Lothian Council's Housing Services will also continue to support ELHSCP in the development of the Planning for Older People's Services. This includes involvement within options appraisals and representation within the 'Planning for Older Persons Independent Community Panel'²³.

²² Census, 2011

²³ [Planning older people's services | East Lothian Council](#)

Housing Contribution 2024-2029

To address the above challenges ELC Housing Service will:

- Develop 200 units across different housing tenures for older people.
- Redevelop the former Herdmanflat Hospital Site for older people.



Actions aim to: increase affordable housing options for older people within communities, increase access to affordable high quality homes, reduce duration of homelessness through increased supply.

Long-term Health Benefits

- The Herdmanflat development prioritises community links and access to green space. This will:
 - Reduce social isolation.
 - Improve mental health and wellbeing.
 - Reduce rate of cognitive decline.
 - Improve physical health and the risk of frailty.
- Access to affordable housing options which meets needs can reduce the risk of multimorbidity, falls and improve mental health.





Dementia

The number of those living with dementia is set to increase by 65% by 2040²⁴. Those with dementia face a range of challenges within housing including:

- Sensory impairments including visual perception which may make it difficult to manage stairs.
- Touch sensitivities may impact wellbeing and create risks.
- Decline in mobility may lead to difficulties using kitchen and bathroom appliances.

²⁴ [ELHSCP \(2023\) East Lothian Dementia Strategy 2023-2028, Technical Report.](#)

East Lothian HSCP [Dementia Strategy 2023-2028](#) highlighted that two thirds of people living with dementia stay in owner-occupied housing with the majority of homes lacking basic accessibility features.

Housing Contribution 2024-2029	Long-term Health Benefits
<p>To address the above challenges ELC Housing Service will:</p>	<ul style="list-style-type: none">• Reduction in social isolation and the associated health risks.• Reduction in stress and anxiety levels for those living with dementia and carers, improving overall mental health and wellbeing.• Use of appropriate equipment reduces risk of physical injury to those living with dementia and carers. Reduction in physical injury can also lower risk of developing chronic pain.• Reduced need for emergent intervention and support from health care services.
	
<ul style="list-style-type: none">• Work alongside the HSCP to ensure the development and implementation of the Dementia Strategy has strong strategic links to housing/housing services.• Support the development of the post diagnostic support for Dementia Route map.	
<p>Actions aim to: Support those living with dementia and their carers to live in their homes for as long as wanted/appropriate through strategic planning.</p>	

Delayed Discharge

Delayed discharge is used to describe patients in hospital who are assessed as being clinically fit and ready to be discharged but cannot leave because the necessary care, support or suitable housing is not readily accessible and/or funding is not available²⁵. Delayed discharge can result in poorer outcomes for individuals as well as putting pressure on hospital inpatient services.

²⁵ [Impact and experiences of delayed discharge: A mixed-studies systematic review - PMC \(nih.gov\)](#)

Increased access to suitable housing for these individuals, including homes of various housing models and levels of on-site support, and efficient adaptations programmes can help prevent delayed discharges. Including carers in discharge planning, as required by the [Carers \(Scotland\) Act 2016](#), can also support understanding housing issues which may prevent a person from returning home.

Health and Social Care Workforce

East Lothian follows national trends in staffing shortages across health and social care services. Whilst this is due to several reasons, housing affordability within the county contributes to this. High demand for affordable housing, including social homes, and a relatively small and expensive private rented sector creates a barrier to those on low to medium incomes, especially in the east of the county.

East Lothian has set an affordable housing supply target (HST) of 891 units to be delivered within the lifespan of the LHS 2024-2029. This may help address the housing needs of healthcare staff, in turn improving access to care at home packages for those in need. Improved access to care at home packages will also help reduce delayed discharges.

However, after setting the HST, the Scottish Government reduced the amount of funding available to local authorities for the Affordable Housing Supply Programme. It is unlikely that East Lothian Council will be able to meet the HST, without additional funds. To counter this, innovative solutions will be explored, and resources targeted.

Adaptations

Adaptations ²⁶ play a critical role in the housing system, allowing people to live at home for longer when they wish to do so.

The funding process in East Lothian is complex and varies depending on tenure and type of adaptation. Funding of adaptations in East Lothian has come under increasing pressure, with rising material and labour costs and demand outstripping the amount of available funding.

²⁶ As defined in the Scottish Government '[Guidance on the Provisions of equipment and adaptations](#)', adaptations are used to modify an environment to "restore or enable independent living, confidence and dignity for individuals and their families". Adaptations are wide ranging and are defined by purpose, but may include the installation of a wet floor showers and grabrails, and widening door frames.

Whilst this is the case across all tenures of housing, funding of adaptations in private sector homes has become increasingly pressurised. Barriers to adapting private homes, in turn, places further pressure on demand for social homes. East Lothian Council are currently undertaking a review of adaptations to explore new ways of delivering services more efficiently to help maximise opportunities to meet the growing demand.

Delay in delivering adaptations may result in unnecessary hospital admission, delayed discharges and can increase risk of falls, reduced mobility, and impact mental health. This also impacts those who provide unpaid care, including those living within the household such as a spouse. Providing support without essential equipment can increase risk of physical injury, stress and burnout.

Living without necessary adaptations also increases the likelihood of a person being bound to their own home and/or certain rooms in their home. Being homebound is damaging to health and can result in a higher prevalence of cognitive impairment, limitations in function, depression, increased anxiety, and decreased mobility²⁷

Housing Contribution 2024-2029

To address the above challenges ELC Housing Service will:

- Review of adaptations service for all tenures.
- Explore alternative options of funding major adaptations in the private sector to ensure shared statutory obligations are met.



Actions aim to: ensure that the delivery of aids and adaptations in East Lothian can meet the needs of the ageing population.

Long-term Health Benefits

- Reduce the number of falls- decreasing the risk of injury and need for medical intervention.
- Aid and adaptations can ensure access in and out of the home, decreasing risk of social isolation.
- Access to the outdoors is essential to maintaining mental and physical health and to improving:
 - Cognitive function.
 - Mobility.
 - Levels of stress and anxiety.
 - Risk of multimorbidity and developing chronic illness.



²⁷ [The Impact of Homebound Status in Older Persons - PMC \(nih.gov\)](#)

Wheelchair accessible housing

Wheelchair accessible housing is essential for reducing inequality and removing barriers which may prevent people from living independently and accessing communities and support.

As identified in HNDA3, the current unmet need for wheelchair users is 430 households in East Lothian - across all tenures of housing. This indicates a significant proportion of people who may be living in a home which cannot support their health needs.

While proposed changes to Building Standards through the '[Enhancing the accessibility, adaptability, and usability of Scotland's home consultation](#)' will ensure a new minimum standard in private homes, it will not go far enough to ensuring private sector homes are wheelchair accessible.

To meet the current unmet need and existing demand for social rented wheelchair accessible housing, East Lothian Council has set wheelchair accessible housing targets, as required by the Scottish Government. ELC commits to 10% of the total supply of new affordable housing being wheelchair accessible, with a minimum of at least 100 units to be delivered over five years.

East Lothian Council has not yet developed a mechanism to promote the development of wheelchair accessible homes in the private housing sector. By only developing wheelchair accessible housing in the affordable housing sector, an additional burden is being placed on already stretched provision.

Housing Contribution 2024-2029

To address the above challenges ELC Housing Service will ensure:



- 10% of the total supply of new affordable housing is wheelchair accessible.

Actions aim to: address the unmet need for wheelchair accessible housing in East Lothian across all tenures and improve equality within the private sector for wheelchair users.

Long-term Health Benefits

- Improved mental health and wellbeing through increased independence and empowerment.
- Reduced risk of health impacts associated with social isolation including:
 - Cognitive decline.
 - Mental health illness.
 - Morbidity and suicide.



Social Care Users

In 2018, East Lothian HSCP published a Strategic Needs Assessment which calculated the predicted social care requirements of particular needs groups. While these relate to social care users, they are indicative of a growing population of adults with complex care needs. The report found the following:

- Growth in the population of social care users with a learning disability will not match the general population rate, however, will increase from 402 in 2019 to 729 in 2041.
- 24.8% of all people with a learning disability in East Lothian have 3+ health conditions, compared to 2.3% of the Scottish population.
- The population of physical disability social care users is expected to grow in line with the population growth, increasing from 224 in 2019 to 271 in 2041.
- The population of mental health social care users is expected to grow in line with the population growth, from 231 in 2019 to 248 in 2041.

There is a trend of increasing complexity and more intensive support arrangements being required amongst social care users. This sometimes requires the provision of core and cluster housing. Throughout the last 5 years, over 40 units of core and cluster have been developed in partnership with ELHSCP. This has mostly focused on delivering core and cluster provision for those with a learning disability who require 20+ hours of specialist care and/or support.

East Lothian will continue to deliver core and cluster housing in partnership with ELHSCP. Throughout the lifetime of the LHS, ELC will develop up to 12 units of core and cluster housing per annum, dependant on funding²⁸. This will help ensure the needs of those with complex health and support needs can access a housing model which best supports them.

In 2022, new Mental Health Recovery Service for individuals with mental health conditions were opened to replace previous bedsit provision. This new housing provision encompasses 8 individual flats alongside a staff base for 24/7 care and support provided by a specialist provider.

²⁸ The target number for core and cluster housing, to be delivered within the LHS 2024-2029, was outlined within the Wheelchair and Specialist Housing Strategic Needs Assessment 2022. Estimates used local data to assess the current and predicted future need for specialist houses for those with complex health needs.

Properties include a mix of one and two bed flats. Despite this increased provision, individuals continue to be discharged from psychiatric care with no fixed abode. Albeit small in numbers, this remains a significant problem.

One key challenge for the Mental Health Recovery Service is the availability of affordable homes. To move on from the service, when it is most suitable to the person, some require a permanent home. Due to the lack of affordable housing options, there is a risk that residents have to stay within the service for longer than is needed whilst they wait for a suitable home to be available.

Gypsy/Travellers

National research has shown that Gypsy/Travellers²⁹ have the worst outcomes in terms of poverty, health, housing, and employment. Gypsy/Travellers have equal rights to funds and services, such as home adaptations and carer support. However, they are less likely to access and receive those services, with barriers including stigma and culture.

The Gypsy/Traveller Steering Group Action plan 2018-21: revised August 2020, set out key priority areas in the Lothians:

- Increase representations of Gypsy/Travellers in service provision.
- Give staff in public and voluntary sector training and information on Gypsy/Travellers.
- Promote and provide information on health services on unauthorised encampments.
- Improve education and employment access for Gypsy/Travellers.

Up until 2020, East Lothian and Midlothian Council shared a Gypsy/Travellers site on the border between East Lothian and Midlothian. There are also two private sites in East Lothian. A reduction in the number of tenants on site to zero, followed by extreme vandalism including fire raising, resulted in the site being closed.

²⁹ This document uses the [Scottish Government](#) definition of Gypsy/Travellers: “The term ‘Gypsy/Travellers’ refers to distinct groups – such as Roma, Romany Gypsies, Scottish and Irish Travellers – who consider the travelling lifestyle part of their ethnic identity.”

Women's Aid East and Mid Lothian (WAEML) are commissioned by East Lothian Council to provide refuge accommodation within the county. Refuge provides temporary housing, alongside support, to women and children fleeing domestic abuse. There is high demand for refuge, on average there are 5 women waiting for a space in refuge at any one time. Outreach support is also provided by WAEML and available to women across the county.

ELC's Housing Service will develop an Equally Safe Housing Policy, in line with the Council's wider policy strategy, which recognises all VAWG in line with national policies. This will help develop best practice across the Housing service to address challenges faced by women subjected to/fleeing domestic abuse. In time, effective practice in housing will bring improvements to the health of women across East Lothian.





3. Shared Outcomes and joint approaches

The IJB Strategic Plan and LHS 2024-2029 are underpinned by priority outcomes. Priority outcomes reflect the focus of the IJB and ELC Housing Service in challenging the key issues which exist in East Lothian to create a barrier in improving equality and eradicating poverty.

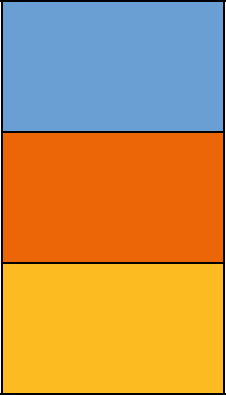
The LHS 2024-2029 has 5 priority outcomes, as shown below. Essential to achieving each outcome are a number of corresponding actions taken across ELC. As the priority outcomes of the LHS are closely aligned with those of the IJB Strategic Plan, carrying out these actions will progress priority outcomes of the Plan. This highlights the housing contribution to be made to East Lothian’s health and social care services - outlined in table 1.

Figure 2.1 LHS 2024-2029 Priority Outcomes



Table 1: Aligning Strategic Plan and LHS Outcomes with the Housing Contribution for 2024-2029		
IJB Strategic Plan Outcome	Supporting LHS Priority Outcome*	Housing Contribution 2024-2029
Develop Services that are sustainable and proportionate to need.		ELC Housing Service will assess housing need and demand through developing the Local Investment Framework (LIF). Evidence from the LIF can be used to direct housing investment where most needed, improving equity across the county. In turn this will improve health inequality, particularly that embedded through poverty.
Deliver new models of community provision, working collaboratively with communities.		<p>ELC Housing service will support East Lothian’s HSCP as they embed strategies including the ‘See/Hear Action Plan for Sensory Impairment’ and ‘Dementia Strategy’ to ensure housing meets the needs of client groups.</p> <p>Housing will also contribute to providing specialist support to those with certain conditions and/or disability within the community through the development of core and cluster housing. This will ensure that the needs of those within East Lothian are met in the county, reducing out of area placements - aligning with national and local strategies.</p>
Focus on prevention and early intervention.		<p>Poor health outcomes can be prevented through the provision of affordable high-quality and suitable homes. ELC has an ambitious housing supply target of 891 homes over the next 5 years. Making best use of housing stock will be supported through reviewing ELC allocations policy and developing an empty homes strategy and voids management strategy.</p> <p>Focus on homelessness prevention, including developing prevention pathways and embedding new prevention duties - in line with the Housing Bill, is critical to this outcome.</p> <p>Ensuring people can access accessible and suitable homes will prevent the risk of developing physical and mental health conditions associated with living in unsuitable homes. ELC has set a target for developing wheelchair accessible homes within the social sector.</p>

		Reducing fuel poverty through ELC Housing’s targeted energy efficiency programmes will, in turn, prevent development of associated health conditions.
Enable people to have more choice and control and provide care closer to home.		<p>ELC Housing Service will increase choice through developing core and cluster housing and increasing the supply of wheelchair housing.</p> <p>ELC Housing will also help support the choice of independent living through exploring alternative funding streams for adaptations.</p>
Further develop/enable integrated approaches and devices.		ELC Housing service will continue to support Technology Enable Care (TEC). The provision of Wellwynd helps people to explore what TEC is available and what may best suit them. We will jointly explore further opportunities to encourage use of TEC.
Keep people safe from harm.		<p>VAWG is a high threat to harm for women and girls within the county. Housing is a critical tool in ensuring the safety of women. ELC’s housing service will develop an Equally Safe Housing Policy which recognises all VAWG.</p> <p>ELC’s Housing service will also reduce harm caused by homelessness through embedding Sustainable Housing on Release for Everyone (SHORE) standards, focusing on prevention and</p>

		<p>reducing length of time in temporary accommodation through innovative methods, such as flipping temporary tenancies.</p>
<p>Address health inequalities.</p>		<p>ELC Housing service will contribute to reducing inequalities created through poverty through the supply of affordable housing.</p> <p>Health inequalities of homelessness experiences will be addressed through prevention pathways and duties and by improving the flow through temporary housing.</p> <p>Inequalities faced by those with physical disabilities will be addressed through increasing the supply of wheelchair accessible housing.</p>
<p>* LHS priority outcomes are represented by corresponding colour as shown in figure 2.1</p>		



4. Resources

The delivery of priority actions within the IJB Strategic Plan and LHS require a commitment of resources across both bodies, recognising that the ambitious outcomes of both plans cannot be achieved in isolation of each other. Improvements in the health and wellbeing of East Lothian's population and a reduction in health inequalities require continued investment in improving current housing stock and increasing the affordable housing supply.

However, as previously mentioned, current pressures placed on the public sector budgets have never been so critical. ELC and the IJB have seen the cost of delivering essential service increase beyond funding. This risks the delivery of services and achieving the key outcomes, highlighting the need for continued partnership working and finding innovative funding and cost reduction methods.

The table below outlines current and future allocated resources for services essential to deliver the shared outcomes within the IJB Strategic Plan 2022-2025 and LHS 2024-2029. Although some of the functions have been delegated to the IJB, the budgets may still lie with Housing and vice versa.

For the purposes of this document, table 2 is inclusive to top headline figures in relation to the budget identified as making a direct contribution to health and social care through delegated and non-delegated functions.

Table 2: Housing Services which contribute to health and wellbeing of East Lothian- Current and Future Resources and Investment (£)

	2022-2023	2023-2024	*2024-2025	*2025-2026	*2026-2027	*2027-2028	*2028-2029
Housing Services Delegated services							
Commissioned Housing Support	£770k	£770k	£770k	-	-	-	
Council Housing Adaptations	£1m	£1m	£1m	-	-	-	-
Private Sector Adaptations	£364k	£364k	£364k	-	-	-	-
Housing Services Non-Delegated Services							
Energy Advice Service	£63k	£79.5k	£60k	-	-	-	-
Investment in private sector stock	£1.1m	£1.1m	-	-	-	-	-
New Affordable Housing	£26.86m	£28.49	£16.7m	£29.4m	£17.3m	£23m	£30.6m
Improvements to ELC stock	14.4	13.2	£13.1	£13m	£13m	£13.8m	£11.8m
*As approved in the 2024 HRA budget. Source: East Lothian Council, 2024							

Versions of this leaflet can be provided in Braille, large print, audiotape, or your own language.

For assistance please call: 01620 827827.

British Sign Language (BSL) users can contact us via www.contactscotland-bsl.org



www.eastlothian.gov.uk/elhscp

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 19 December 2024

BY: Chief Officer

SUBJECT: Change to the Non-voting Membership of
the Integration Joint Board

5

1 PURPOSE

- 1.1 To inform the Integration Joint Board (IJB) of a change to its non-voting membership.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Note the resignation of David Aston from his position on the IJB as service user representative.
- 2.2 Support the intention not to seek a replacement for Mr Aston as the IJB already has service user representation in place.

3 BACKGROUND

- 3.1 In May 2023, following a competitive process to appoint a service user representative to the IJB, and in a change to previous practice, two applicants were identified as preferred candidates, Marilyn McNeill and David Aston. The IJB approved these appointments for a period of 3 years.
- 3.2 Following receipt of Mr Aston's resignation, the Chair of the IJB has reached a decision not to seek appointment of a second service user representative, in view of the effectiveness of the current service user representative arrangement, over the period of Mr Aston's leave of absence, prior to his resignation.
- 3.3 The membership requirements of the IJB are set out in national legislation and regulations. These only require one service user representative to be appointed by each IJB.

3.4 The service user position will be subject to consideration again in May 2026 at the end of the current representative's term.

4 ENGAGEMENT

4.1 There is no engagement required in connection with this paper.

5 POLICY IMPLICATIONS

5.1 There are no further policy implications 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 There are no implications for Directions arising from this report.

8 RESOURCE IMPLICATIONS

8.1 There are no financial, personnel, or other resource implications arising from this report.

9 BACKGROUND PAPERS

9.1 None.

AUTHOR'S NAME	Paul Currie
DESIGNATION	Interim General Manager, Strategic Integration
CONTACT INFO	paul.currie@nhs.scot
DATE	6 th November 2024



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 19 December 2024
BY: Chief Officer
SUBJECT: Confirmation of Interim Chief Finance Officer Appointment

6

1 PURPOSE

- 1.1 This report informs the Integration Joint Board (IJB) of the interim appointment to the vacant Chief Finance Officer (CFO) position.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Note the appointment of Mike Porteous on an interim arrangement as East Lothian IJB Chief Finance Officer until such time as a permanent postholder is appointed.

3 BACKGROUND

- 3.1 The IJB is a public body arising from the Public Bodies (Joint Working) Act 2014 and is a Section 106 body under the provisions of the Local Government (Scotland) Act 1973. As such (under s95 of that Act) it must have a responsible officer - a Chief Finance Officer, overseeing the financial governance of the Board.
- 3.2 With the departure of the previous Chief Finance Officer in September 2023, interim arrangements covered the vacancy on a 3 day a week flexible basis, split between East Lothian IJB and Midlothian IJB.
- 3.3 The current interim arrangements for the East Lothian IJB CFO ended on 6th December with the departure of the post holder. Following consultation with NHS Lothian and East Lothian Council, Mr Porteous was nominated to fill the CFO position on an interim and 1.0 WTE basis. This arrangement will continue until a substantive appointment is made.

4 ENGAGEMENT

- 4.1 NHS Lothian and East Lothian Council have been consulted with through their senior management teams. Both organisations support the interim appointment.

5 POLICY IMPLICATIONS

5.1 There are no policy implications arising from the proposal.

6 INTEGRATED IMPACT ASSESSMENT

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

7 DIRECTIONS

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

8 RESOURCE IMPLICATIONS

8.1 Financial - None.

8.2 Personnel - None.

8.3 Other - None.

9 BACKGROUND PAPERS

9.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014.

9.2 The Revised East Lothian Integration Scheme 2022.

AUTHORS' NAME	Paul Currie
DESIGNATION	Interim General Manager, Strategic Integration
CONTACT INFO	paul.currie@nhslothian.scot.nhs.uk
DATE	11 th December 2024



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 19 December 2024
BY: Chief Officer
SUBJECT: Appointment to the Chief Finance Officer Substantive Post

7

1 PURPOSE

- 1.1 This report informs the Integration Joint Board (IJB) of changes to the arrangements for the Chief Finance Officer post.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Note the discussion in the attached SBAR paper and the legal requirement for the IJB to appoint a Chief Finance Officer.
- 2.2 Note that the current interim arrangements for the Chief Finance Officer post ended on 6th December with the then postholder's departure.
- 2.3 Note that from December 2024, and with the agreement of partners, it is intended to increase the hours of the Chief Finance Officer interim post for East Lothian from 0.5 WTE to 1.0 WTE, to allow for an increased focus on securing a balanced budget for year end.
- 2.4 Note that the interim CFO appointment for East Lothian will be sought from within either of the parent organisations as per the Integration Scheme.
- 2.5 Agree that the substantive Chief Finance Officer post should be appointed to on new terms, on a 1.0 WTE basis.

3 BACKGROUND

- 3.1 The IJB is a public body arising from the Public Bodies (Joint Working) Act 2014 and is a s106 body under the provisions of the Local Government (Scotland) Act 1973. As such (under s95 of that Act) it must have a responsible officer overseeing the financial governance of the Board. That is the role of the CFO.
- 3.2 On establishment of East Lothian IJB and Midlothian IJB in 2015 it was agreed that one CFO post would support both Boards.

- 3.3 With the departure of the previous Chief Finance Officer in September 2023, interim arrangements covered the vacancy on a 3 day a week flexible basis, split between East Lothian IJB and Midlothian IJB.
- 3.4 The interim arrangements have continued while permanent recruitment to the shared CFO post has been pursued. Unfortunately, the recruitment rounds have been unsuccessful.
- 3.5 Demands on the postholder have increased in recent months with the focus by East Lothian IJB and Midlothian on delivery of financial savings and on delivering financial balance.
- 3.6 Following discussion with NHS Lothian, East Lothian Council and Midlothian Council, agreement has been reached that each IJB will appoint its own 1.0 WTE Chief Finance Officer. This will allow each IJB to focus on its financial challenges and will be a more attractive proposition for prospective candidates.
- 3.7 The current 0.5 WTE interim arrangements for East Lothian IJB will end at the beginning of December with the departure of the interim CFO. At this point it is intended to appoint a replacement interim CFO on a 1.0 WTE basis, who will remain in post until a substantive appointment is made.

4 ENGAGEMENT

- 4.1 NHS Lothian and East Lothian Council have been consulted with through their senior management teams. Both organisations support the proposal within this paper.

5 POLICY IMPLICATIONS

- 5.1 There are no policy implications arising from the proposal.

6 INTEGRATED IMPACT ASSESSMENT

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

7 DIRECTIONS

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

8 RESOURCE IMPLICATIONS

- 8.1 Financial - The IJB was not charged for the CFO up to the end of 2023/24, as the post was funded by NHS Lothian, as part of the funding of 'corporate' support to the IJB by both partners per the Integration Scheme. However, given that the role is being moved from part-time to whole time the additional funding will be met by the IJB.
- 8.2 This new funding arrangement will add pressure to the IJB core budget, but will be managed through the 2025 to 2026 financial planning process.
- 8.3 Personnel - None.
- 8.4 Other - None.

9 BACKGROUND PAPERS

- 9.1 The Revised East Lothian Integration Scheme 2022.

Attached - SBAR

AUTHORS' NAME	Paul Currie
DESIGNATION	Interim General Manager, Strategic Integration
CONTACT INFO	paul.currie@nhslothian.scot.nhs.uk
DATE	11 th December 2024

Chief Finance Officer (CFO) - East Lothian & Midlothian IJBs

S	<p>Situation</p> <p>There is an urgent need to find a permanent solution for the Chief Finance Officer (CFO) position for both the East Lothian and Midlothian Integration Joint Boards (IJBs). The interim CFO has indicated he is looking to step away from early December 2024.</p>
B	<p>Background</p> <p>The position of CFO has remained vacant since September 2023. While an interim solution was implemented to address statutory responsibilities, a permanent replacement has yet to be found, despite a year-long effort.</p> <p>Several recruitment attempts have been made, but none have been successful:</p> <ul style="list-style-type: none"> • East Lothian, March 2024 (0.5 WTE role): No candidates progressed to the interview stage. • East Lothian, April 2024 (0.5 WTE role): One candidate was interviewed but was not appointable. • Midlothian, June 2024 (0.5 WTE role): One candidate was interviewed but was not appointable. • East & Midlothian, September 2024 (1 WTE joint role): No candidates progressed to the interview stage.
A	<p>Assessment</p> <p>Despite ongoing recruitment efforts, the search for a permanent CFO for both East and Midlothian IJBs has been unsuccessful. The current interim CFO, who initially stepped in with the understanding that the position was short term temporary position, has continued to support the role out of goodwill. However, he has now indicated that the situation is not one he is able to continue with and is looking to step away from 1st Dec 2024.</p> <p>Discussions with Partners and Chief Officers have raised the need for a dedicated 1 WTE CFO for each IJB. However, this proposal has been hampered by funding constraints and concerns over the affordability of any additional resources required.</p> <p>The Integration Scheme of both IJBs states.</p>

Chief Finance Officer (CFO) - East Lothian & Midlothian IJBs

	<p>9.2 Finance Officer</p> <p>In relation to the preparation of its accounts and their audit, the IJB is governed by the same legislation applying to local authorities and is required to make arrangements for the proper administration of its financial affairs; through a Chief Finance Officer with this responsibility. The Chief Finance Officer will be employed by the Council or NHS Lothian and seconded to the IJB. The holder of the post should be a member of a relevant professional accounting body, and the IJB should have regard to the current Chartered Institute of Public Finance and Accountancy Guidance on the role.</p> <p>In the event that the Chief Finance Officer position is vacant or the holder is unable to act, the Chief Officer shall secure, in consultation with the IJB Chair, and through agreement with both the Council Section 95 officer and the NHS Lothian Director of Finance, an appropriate interim dedicated resource to discharge the role.</p>
<p>R</p>	<p>Recommendation</p> <p>Given the ongoing financial challenges, the current situation is unsustainable. Three potential next steps/solutions need to be considered:</p> <ol style="list-style-type: none"> 1. Go back to the market for the joint CFO position. 2. Partners identify and nominate a resource/candidate (per the integration scheme). 3. Partners agree to explore the affordability of 1 WTE CFO position for each IJB. <p>The SBAR asks that Partners agree the option to progress urgently.</p>

Fiona Wilson & Morag Barrow
Chief Officers
24th September 2024



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 19 December 2024
BY: Chief Officer
SUBJECT: Planned Improvements to Unscheduled Care Performance

8

1 PURPOSE

- 1.1 This report informs the Integration Joint Board (IJB) of plans by NHS Lothian to improve unscheduled care (USC) performance in partnership with Lothian IJBs, HSCPs and local authorities, with financial support from Scottish Government. It further seeks agreement from the IJB to develop local and collaborative actions in support of improving USC performance.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Note the Lothian-wide population and budgetary pressures faced by health and social care services and the effect of these on current and projected performance of Lothian's USC services, particularly in the Royal infirmary of Edinburgh (RIE).
- 2.2 Note the Unscheduled Care Short Life Working Group proposals and objectives to deliver performance improvement across unscheduled care (summarised in section 3.14 and 3.15 below) and the East Lothian HSCP role in delivery of these.
- 2.3 Agree the specific actions and associated costings for East Lothian as outlined in pages 10, 11 and 12 of the attached document: '*Unscheduled Care System Improvement: RIE Final Proposal*' (Appendix 1) and in section 8.5 and note that the Scottish Government has agreed to provide funding to deliver the service transformations.
- 2.4 Agree to issue the direction at section 7 to partners to support delivery of improved USC performance.

3 BACKGROUND

3.1 The Unscheduled Care (USC) Framework is an integral part of the NHS Lothian led Lothian Strategic Development Framework (LSDF). Performance is overseen by the 'whole system' USC Programme Board, Chaired by the East Lothian Chief Officer, Fiona Wilson, with support from the USC Tactical Committee. Both groups have senior service-wide representation, including from HSCPs.

3.2 NHS Lothian has discussed with the Scottish Government options to improve Unscheduled Care performance in the Royal Infirmary of Edinburgh. Local discussion on how best to deliver improvements has involved leaders from NHS Lothian, the Health and Social Care Partnerships (HSCPs) and Local Authorities (LAs). Partners have agreed to:

1. Accelerate *"...existing plans to improve USC performance, with a particular focus on actions that will deliver improved performance along with patient safety over the winter months."*
2. Develop *"...a comprehensive proposal that seeks to address the deficits in demand and capacity borne out over the Lothian Health & Care System whilst simultaneously enabling radical transformation of models of care to ensure long term sustainability and improved patient safety and experience."*

3.3 Unscheduled Care performance improvements will focus on:

- *Expediting roll out of Discharge without Delay (DwD¹) including rapid adoption of Planned date of Discharge (PDD) with a focus on reducing length of stay.*
- *Improving the experience for those presenting to the Emergency Department with mental health conditions.*
- *Transforming the services available through the Rapid Assessment Care Unit.*
- *Transforming models of care across the LHCS² for frail citizens who require medical and social care support.*
- *Strengthening the offer of the Flow Navigation Centre and those services it interfaces with.*

3.4 Demand and capacity work will focus on:

- *Enabling a shift in the balance of care, particularly around assessment and provision of rehabilitation support, from the acute hospital setting to the patient's home.*

¹ <https://learn.nes.nhs.scot/63511>

² LHCS – Lothian Health and System – comprises NHS Lothian, the Lothian Health and Social Care Partnerships, and Local Authorities.

- *Strengthening the HSCPs’ capacity to provide patients with care at home to meet current demand.*
- *Strengthening Primary Care’s capacity to provide enhanced care for frail citizens, reducing reliance on hospital bed-based care*
- *Reducing the reliance on the RIE Emergency Department as the “place of safety” for those with acute mental health requirements.*

3.5 The USC proposals were modelled with input from the national Centre for Sustainable Delivery (CfSD) and assumed investment of £14.5 million to deliver the desired impacts in the RIE (as shown in table 1 below).

Table 1 – Impact of Proposed USC Actions

	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25 onwards	Q2 25/26	Q3 25/26
RIE Performance if proposal not approved	40 - 43%				50-55%		
RIE Long Waits (>8hrs) percentage point reduction	34%	91%	Most long waits at RIE should be eradicated.				
RIE Estimated Performance	53%	67%	79%	85%	86%	86%	93%
RIE Estimated Bed Occupancy	98%	92%	87%	85%	<85%	<85%	<85%
Estimated National Performance Uplift	2%	4%	7%	8%	8%	8%	10%

3.6 The planned unscheduled care improvement work is designed to address the pressures on the RIE Emergency Department, which is the busiest in Scotland, serving 40% more patients than its designed capacity and covering Edinburgh, Midlothian and East Lothian, while functioning as a Major Trauma Centre for the South East of Scotland. The department will soon reach an estimated 120,000 patient attendances per annum, in facilities which were designed for 80,000 patient attendances.

3.7 As service demand increases, arising from population growth and population ageing, the NHS and its local authority partners are experiencing severe budget pressures, requiring action to deliver efficiencies, including making changes to services.

3.8 NHS Lothian has identified a £140 million Financial Plan gap for 2024/25, with action underway to address.

3.9 Integration Joint Boards have shortfalls in their funding. The USC report notes that at quarter 2 of 2024/25 the four NHS Lothian IJBs’ total forecast gap was £48 million (East Lothian’s gap has been reported on in detail to the IJB). Action by the IJBs is seeking to close the financial gap in this financial year, through service changes, some of which risk reducing system wide capacity and flow and increasing waits.

3.10 NHS Lothian’s own whole system bed modelling (conducted by an external consulting firm in 2024) describes “...significant gaps in capacity to meet current and projected demand...” This suggests that across the NHS Lothian area the health and care system requires:

- 720 additional acute beds by 2033.
 - If NHS Lothian is successful in delivering significant mitigations this would reduce to requiring an additional 80 beds (the modelled mitigations are extremely ambitious and assume the removal of all delayed discharges from acute hospitals).
 - Projected need for acute beds by 2043 (even if all mitigations are implemented) is still an additional 300 acute beds.
 - An additional 288 community beds and an additional 1,900 care home beds across the Lothian region by 2043.
- 3.11 A short life working group (SLWG) comprising stakeholders and leaders from USC planning and operational services and chaired by the NHS Lothian Deputy Chief Executive, is driving action-focussed, system-wide improvement, while regularly consulting with and briefing IJB Chief Officers.
- 3.12 The NHS Lothian Chief Executive Officer (CEO) has also led discussions with the four Lothian Local Authority CEOs to reach consensus on joint action. A new whole-system monthly meeting is being established to bring together leaders of the Lothian Health and Care System and Local Authorities.
- 3.13 The SLWG proposals for performance improvement are as follows:
- Component 1: - Aimed at the immediate decompression of the system with impact delivered by 31 December 2024.
 - Component 2: - Aimed at the acceleration of strategic actions that will deliver impact by 31 March 2025.
 - Component 3: - Aimed at further acceleration of larger strategic actions that will be commenced in 2024/25 deliver impact by Q2 2025/26 and ensure sustainability of delivery.
- 3.14 The following SLWG key objectives were agreed:
- Reducing attendances.
 - Reducing bed occupancy.
 - Reducing admissions.
 - Reducing length of stay.
- 3.15 The SLWG proposals have been signed off by IJB Chief Officers and now require approval by each IJBs, including the allocation of £14.5 million of investment which has been approved by Scottish Government, as announced in the 4th December funding letter (Appendix 2). As the funding was only approved at this date, the delivery of Component 1 above by 31st December will be challenging.
- 3.16 East Lothian HSCP's actions in support of USC will focus on home first approaches, reduced waits on packages of care and improved patient assessment and support, rather than beds provision. The estimated costs of these actions are shown in section 8.5.

- 3.17 East Lothian Rehabilitation Service (ELRS) currently delivers an enhanced D2A (discharge to assess) service, tapping into care capacity through the Emergency Care Service (ECS) for people with potential to improve and those with anticipated short-term care needs. The intention is to:
- Create front door D2A/Enhanced D2A capacity to support all East Lothian residents who could be discharged directly from the RIE Emergency Department/Acute Medical Unit, with where necessary urgent additional short-term care provision.
 - Augment existing ELRS therapy pathways (alongside corresponding care capacity) to create a robust response to prevent attendance at the ED through urgent care provision enabling patients to be maintained safely at home.
- 3.18 Consistent delivery of these interventions across the week requires development of a 7-day unscheduled care staffing model within ELRS and a flexible response to demand, potentially requiring later working hours by team members to provide same-day assessment.
- 3.19 Additional Social Work staff will be employed to support the 7-day unscheduled care model, comprising of a combination of Social Worker and Community Care Worker posts.
- 3.20 The funding will also support the recruitment of additional staff to enable delivery of an additional 350 hours of care at home per week.

4 ENGAGEMENT

- 4.1 The proposals in the attached unscheduled care report were developed in consultation between NHS Lothian, Scottish Government, the Lothian IJBs, and Lothian local authorities.

5 POLICY IMPLICATIONS

- 5.1 Potential changes to policy are still to be assessed and are dependent on the specific changes that are agreed to deliver the actions and outcomes described in the Unscheduled Care System Improvement report and planned at a local level.

6 INTEGRATED IMPACT ASSESSMENT

- 6.1 The service developments in East Lothian in support of USC will be considered for Integrated Impact Assessments.

7 DIRECTIONS

- 7.1 A draft direction to NHS Lothian and East Lothian Council is included at appendix 3.

- 7.2 There is an existing IJB direction in place regarding delivery of set-aside which has direct relevance to the USC Programme delivery (DC.3 – ‘NHS delivery of set-aside services’).

8 RESOURCE IMPLICATIONS

- 8.1 Financial - Table 2 below from the Unscheduled Care System Improvement report shows that £14.5 million of investment is required to deliver the intended USC actions and outcomes across the RIE, Lothian HSCPs and Primary Care. The Scottish Government, in its funding letter of 4th December 2024 (appendix 2) has agreed to provide the investment, with conditions.
- 8.2 The letter commits to provide NHS Lothian with funding of up to £3.4 million to cover the period up to March 2025, to support implementation of USC tests of change and associated system improvements.
- 8.3 Further funding of up to £14.5 million will be provided in 2025-26 to expand system change and to establish revised community pathways. This sum will be made recurrent in 2026-27 once actual spend has been confirmed and assuming agreed outcomes are delivered.
- 8.4 NHS Lothian has agreed to underwrite financial risk for non-recurrent elements of the 2025/26 funding.
- 8.5 The assessed costs of East Lothian HSCP’s actions focussed on home first rather than beds provision are set out below in table 3 (for hospital and community packages of care) table 4 (for social care) and table 5 and 6 (for East Lothian Rehabilitation Service). The total costs of £2,659,125 do not factor in administrative or management support costs.

Table 2 – Proposed Funding Allocations, Key Objectives and Planned Outcomes

			End of Month Estimated Impact Timeline							
		Required Funding	Key Objective	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25 onwards	Q2 24/25	Q3 24/25
Component 1	RIE - Open all limited unfunded bed capacity	£406,000	Reduce Occupancy					closed		
	RIE - Enhanced ED Frailty Model	£420,000	Reduce Occupancy							
			Reduce Admissions							
	Edin HSCP - Care @ Home	£4,100,000	Reduce Occupancy							
	Edin HSCP - End of Life Beds	£151,200	Reduce Occupancy							
	East HSCP - Care @ Home	£1,700,000	Reduce Occupancy							
	East HSCP - Enhanced HSCP capacity	£914,000	Reduce Admissions							
	Mid HSCP - Care @ Home	£1,650,000	Reduce Occupancy							
	Mid HSCP - Enhanced HSCP capacity	£734,000	Reduce Admissions							
REH – Open 12 unfunded beds	£576,420	Reduce Occupancy						Closed		
Component 2	REACH Model within Flow Nav Centre	£240,000	Reduce Admissions							
	RIE - Mental Health Chaired assessment area	-	Reduce Long Waits							
	RIE - Criteria to reside and criteria to admit.	-	Reduce Occupancy							
	RIE - AHP risk-stratification work	-	Reduce Occupancy							
			Reduce Admissions							
RIE - Expedite roll out of PDD	-	Reduce Occupancy								
Component 3	Edin HSCP- Enhanced community rehabilitation	£2,400,000	Reduce Occupancy							
	Primary Care - Frailty LES with GPs	£1,190,000	Reduce Admissions							

Total funding Required: £14,481,620

Table 3 - Reducing Hospital and Community Waits for Packages of Care

Reducing Current Hospital Waits for Packages of Care		
4 Single runs	2.7 WTE Band 3 x 4 = 10.8 WTE	4 additional vehicles + phones
1 Double Up run	2.7 WTE Band 3 x 2 = 5.4 WTE	1 additional vehicle + phones
Staffing	£720,000	
Transport	£35,000	
Sub total	£755,000	
Establishing a ELCH Front Door/Wrap-around Service		
4 single runs	2.7WTE Band 3 x 4 = 10.8 WTE	4 additional vehicles + phones
Staffing	£480,000	
Transport	£28,000	
Sub total	£508,000	
Total hospital costs	£1,263,000	
Reducing Current Community Waits for Packages of Care		
6 single runs (or 4 single & 1 double)	2.7 WTE Band 3 x 4 = 10.8 WTE	
Staffing	£486,000	
Transport	£15,000	
Total community costs	£501,000	
Combined Hospital and Community Costs		
Staffing	£1,686,000	
Transport	£68,000	
Total - All Costs	£1,764,000	

Table 4 - Additional Social Work and Community Care Staffing

Post	Hrs	Grade	Annual cost per post (based on top of grade)	Number of posts	Total per annum
Social worker	35	09-5	£55,236	3	£165,708
Community care worker	35	08-5	£48,876	1	£48,876
Total - All Posts			£104,112		£214,584

Table 5 - Costs of Expansion of Existing Mon-Fri Discharge to Assess (D2A) Model

Staffing	Cost*
2.0 WTE Band 6 Occupational Therapist	£123,618
2.0 WTE Band 6 Physiotherapist	£123,618
2.0 WTE Band 4 Assistant Practitioner (OT/PT)	£79,620
TOTAL	£326,856

*In addition, an additional 3 cars would be required (1 per cluster) totalling £21,000.

Table 6 - Cost of Further Increasing Existing Discharge to Assess (D2A) to 7-day provision

Staffing	Cost*
1.5 WTE Band 7 Team Lead	£108, 542
1.5 WTE Band 6 Physiotherapists	£92,714
1.5 WTE Band 6 Occupational Therapists	£92,714
1.5 WTE Band 4 Assistant Practitioner (OT/PT)	£59,715
TOTAL	£353,685

*Does not include cost of weekend enhanced rates

8.6 Personnel – East Lothian’s allocation will support an additional 53.8 WTE staff across a number of teams.

8.7 Other - None.

9 BACKGROUND PAPERS

9.1 None.

Appendices 1-3 attached.

AUTHORS’ NAME	Paul Currie
DESIGNATION	Interim General Manager, Strategic Integration
CONTACT INFO	paul.currie@nhsllothian.scot.nhs.uk
DATE	11 th December 2024



Unscheduled Care System Improvement: RIE

Week 2: Final Proposal

12 November 2024

Executive Summary: Statement of Intent

NHS Lothian was approached by Scottish Government to explore options to improve Unscheduled Care (USC) performance, with particular focus on the Royal Infirmary of Edinburgh. Over the last 14 days significant work has commenced in response to this ask drawing input from leaders across the Lothian Health & Care System (LHCS) that comprises NHS Lothian, the Health & Social care Partnerships (HSCPs) and Local Authorities.

The output from this work includes;

- (1) **Accelerating existing plans** to improve USC performance, with a particular focus on actions that will deliver improved performance along with patient safety over the winter months.
- (2) Developing a comprehensive proposal that seeks to address the deficits in demand and capacity borne out over the Lothian Health & Care System whilst simultaneously enabling **radical transformation of models of care to ensure long term sustainability** and improved patient safety and experience.

The proposals under category (1) include;

- Expediting roll out of **DwD** including rapid adoption of PDD, with a focus on **reducing Length of Stay**
- Improving the experience for those presenting to the Emergency Department with **Mental Health conditions**.
- Transforming the services available through the **Rapid Assessment Care Unit**
- Transforming models of care across the LHCS for **frail citizens** who require medical and social support
- Strengthening the offer of the **Flow Navigation Centre** and the interface services accessible through this

The proposals under category (2) include;

- Enabling a shift in the balance of care, particularly around **assessment and provision of rehabilitation support**, from the acute hospital setting to the patient's home.
- Strengthening the HSCPs capacity to provide patients with **care at home to meet current demand**.
- Strengthening **Primary Care's capacity** to provide enhanced care for frail citizens, **reducing reliance on hospital bed based care**
- Reducing the reliance on the RIE Emergency Department as the "place of safety" for those with **acute mental health requirements**.

These proposals have been modelled with input from CfSD colleagues to deliver the following impact, predicated on securing investment of £14.5m. Allocation of **recurring funding** is essential to deliver actions identified.

	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25 onwards	Q2 25/26	Q3 25/26
RIE Performance if proposal not approved	40 - 43%				50-55%		
RIE Long Waits (>8hrs) percentage point reduction	34%	91%	Most long waits at RIE should be eradicated.				
RIE Estimated Performance	53%	67%	79%	85%	86%	86%	93%
RIE Estimated Bed Occupancy	98%	92%	87%	85%	<85%	<85%	<85%
Estimated National Performance Uplift	2%	4%	7%	8%	8%	8%	10%

Introduction: Edinburgh and the South East - The Fastest Growing Region in Scotland

The Edinburgh and South East of Scotland region **is the fastest-growing in Scotland and one of the fastest-growing in the UK**. The forecasted change in population is 9.1% between 2018 and 2043 (compared with 2.5% in Scotland), and the number of households is projected to increase by 18% over the same period compared with 10% in Scotland). Within the region Midlothian is the fastest growing at 16.1% and East Lothian at 12.7%. This is putting unprecedented pressure on our infrastructure and services, and there are significant consequences of accommodating this growth for all public sector organisations including local authorities and health.

The city of Edinburgh is an economically vibrant city that continues to attract high internal migration, from around the rest of the UK and carries the legacy of significant European immigration from the pre-Brexit period.

As the nation's capital, a global centre for tourism and the biggest European centre for the Finance industry outside of London, Edinburgh also plays host to a significant number of visitors, year-round, many of them high profile. In 2023, the city welcomed 2.3 million international visitors, which was a 4% increase from 2019. In the same year there were a total of 5.34 million overnight tourism visits to Edinburgh and the Lothian and places a significant extra pressure on urgent care services during the Festivals' season.

Edinburgh also has a significant student population, many of them foreign students unfamiliar with primary care access routes to health care.

The RIE Emergency Department serves a wide geographical area that takes in East Lothian and Midlothian and is a Major Trauma Centre for the South East of Scotland. The extensive housebuilding that is visible across Lothian testifies to its status as the fastest growing region in Scotland. Lothian's population has grown by 24% in 25 years and by 1% every year since 2008. There is no sign of this slowing down. In fact, 80% of the population increase in Scotland between 2021 and 2033 is projected to happen in Lothian.

Recent analysis undertaken by CfSD indicated that **NHS Lothian has proportionately the lowest number of Clinical Care Spaces within its Emergency Departments footprint**. Glasgow has roughly 40% more physical space within its ED per population, and Grampian 30%.

The RIE ED is the busiest in the country. Population growth and significant visitor numbers have resulted in steadily increasing demand on services. The Department was originally designed during the 1990s to manage 80,000 patient attendances per annum and opened in 2003. It is on track to receive over 120,000 attendances this year, **a 40% growth on the original designed capacity**.

Introduction: NHS Lothian and Partners Existing USC Strategic Framework

The SLWG reviewed the existing USC strategic programme structure (LSDF) and ensured that actions aligned where possible to the existing workstreams and approach. The existing LSDF is driven through a whole-system USC Programme Board and supported by a USC Tactical Committee. Both of these groups are led by leaders within HSCPs in Lothian and have wide whole system representation.

Note, the LSDF was shared earlier this year with CfSD and the following feedback was received;

“You have shared a copy of your Strategic Delivery Framework (LSDF) which evidences a thorough analysis of the challenges facing the health board and effective identification of opportunities for improvement, underpinned by a clearly articulated theory of change and impact forecasting. The LSDF incorporates all of the leverage points we identified for NHS Lothian as well as many of the recommendations we have made over the past two years whilst providing bespoke support and also includes recommendations made by independent consulting firm Buchan + Associates. The content of the LSDF is robust and is well-supported by the existing evidence base... It is evident that there is a large volume of quality improvement work already underway, with good collaboration between the health board and health and social care partnerships as well as good engagement with the national team, and some of this work is showing signs of significant impact.”

The LSDF targets 3x key areas for improvement

- **Reducing Attendances**
- **Reducing Length of Stay**
- **Bed Occupancy**
- **Reducing Admissions**

From the recent review and refresh of the strategic framework, specific programmes of work were initiated to accelerate the delivery of performance and patient safety improvements. These revisions included;

- Development of a Pan-Lothian whole system **Frailty Programme Board** with a focus on redesigning models of care for frail patients
- Development of a **Navigation Programme Board** that brings together the Flow Navigation Centre, acute hospital teams, and importantly HSCP colleagues to ensure patients can be referred to appropriate support be it in community or an acute hospital.
- Development of an **Interface Programme Board** that is reviewing H@H delivery and variation across the teams in Lothian, and additionally reviewing the other interface services (OPAT/CRT/RACU) with a view to maximise and standardise models of care and routes into these services.
- Development of a **Acute Length of Stay Programme** led by each acute hospital site that complements the existing **DwD programme**, but also challenges and supports clinicians to review current clinical pathways with a view to improving patient experience through reducing their hospital length of stay.

This proposal seeks to accelerate components that feature within this recently refreshed strategic framework.

Context: Financial and Capacity

Following the announcement of the Scottish Budget in December 2023, NHS Lothian identified a £140m Financial Plan gap in 2024/25. In addition to the 3% cash releasing efficiency savings required by the Scottish Government, further savings of c. £80m have been necessary to bridge this gap, partially achieved through significant non-recurring interventions.

Integrated Joint Boards (IJBs) face a dual challenge from both Health and Social Care funding. As at Q2 24/25 the four NHS Lothian IJBs are forecasting a total £48m gap, including Social Care pressures that equate to 6% of the budget. IJBs are currently exploring cost reduction measures to further close this £48m pressure in this financial year, which may further deteriorate system wide capacity and flow. The position for the four IJBs is part of a forecast financial plan overspend of £120m for NHS Lothian, with significant budget pressures also identified by the four Local Authorities.

In this context, the Health Board and Councils have driven decisions on significant expenditure reductions to support the financial position. The majority of these decisions have impacted capacity and patient waits to some extent.

Through the Unscheduled Care Programme Board, since January 2024 NHS Lothian has collated and reported bed capacity across the NHS Lothian Health and Care System. Between January and August 2024 there was a reduction of 92 beds, predominantly within Edinburgh HSCP. This is in addition to reductions across community and social care capacity in the preceding years.

The following potential impacts resulting from cost control measures were noted:

HSCP/Unit	Measure	Potential Impacts Identified
Edinburgh HSCP	Budget Control Measures; Social Worker Reprioritisation; Combined Measures	<ul style="list-style-type: none"> • 235 people added to care at home waitlist (excluding Mental Health patients) • 500 people added to assessment waitlist (excluding Mental Health patients) • ~Increase of 35 delays
Midlothian HSCP	Budget Control Measures; Social Worker Reprioritisation; Combined Measures	<ul style="list-style-type: none"> • 1300 hours per week added to care waitlist • 8 people per week added to assessment waitlist • ~Increase of 10 delays
East Lothian HSCP	Care Home Closures Capping care at Home	<ul style="list-style-type: none"> • Variable impact on care home bed availability • Increase in delays largely due to care @ home capacity available to the HSCP
West Lothian HSCP	Redesign of Social Work Teams; Redesign of Internal Support at Home; Review of Internal Care Homes	<ul style="list-style-type: none"> • Potential increase in assessment wait times • Possible increase in delayed discharges • Increased risk of delayed discharges

In addition to the above, the following actions are planned which will further reduce capacity:

- Liberton Hospital closure, by 31st March 2025 - currently modelled to increase demand on acute beds by the equivalent of 21 beds.
- Ward 74 WGH to facilitate safe closure of RIDU. Mitigations planned to support MoE pathway, but full mitigation may take time to realise.
- Winter funding. Reduction by c. £1m in available funding to support non-recurring support against winter pressures.
- MDT funding. Impact of national reduction in MDT funding is an additional £1.4m funding pressure across NHS Lothian, equating to reduction of c. 20 wte to support delivery of home first offerings across the four IJBs.
- Historically around £1.5m is invested by NHS Lothian into whole-system winter mitigations focused on ensuring patient safety and maintaining performance. The NHS Lothian approved proposals for winter 24/25 include:
 - Strengthening the RIE Emergency Departments ability to manage patients in the department when it is over capacity
 - Strengthening SJHs out-of-hours service provision
 - Testing a new approach to the clinical triaging of emergency patients at the WGH
 - Delivering increased access to Gynaecology Hot-Clinics
 - Increasing opening hours for community Pharmacies
 - Strengthening Community-respiratory pathways in Edinburgh

Given the financial planning pressures across Health and Social Care, any additional actions to support winter pressures will require additional resources before they can be agreed and implemented. However, even with funding, there is a significant risk to performance improvements that rely on maintaining or increasing capacity, particularly when allocated to Integrated Joint Boards.

The financial pressures on IJBs, described above, are driving a requirement for further reductions in expenditure to achieve financial balance. As such, while it may be possible to ringfence any additional allocations for additional capacity, this will not apply to existing underfunded services.

Further reductions in service provision will undermine the ambition of whole system performance improvement from the actions described in this briefing. Continued close engagement across the system, as well as a joint communications plan, will be required to mitigate this risk.

Some Acute hospital actions can be delivered non recurrently to achieve a benefit within Component 1 timescales, however generating additional community and social care capacity **will require commitment through recurring funding**.

While the financial constraints under which the Scottish Government is operating are recognised, it should be noted that use of non-recurring funding is extremely restrictive on the solutions services can put in place, and generally delivers limited outcomes at greater cost – both in terms of value for money and effort to implement.

Context: Data & Demand

Public Health Scotland have developed in recent months a [whole system modelling](#) product that enables boards to review predicted demand over the winter months, particularly in relation to bed occupancy – the main measure positively correlated with the emergency access standard performance.

This tool, whilst unable to drill down to a hospital-site level, is still helpful in articulating the increased demand for beds within Lothian over the coming 24/25 winter months. This tool suggests that **NHS Lothian requires an additional 187 beds (or equivalent) to meet peak winter demand this financial year.**

In 2024 NHS Lothian commissioned an external consulting firm to undertake a whole-system bed-modelling exercise. The stark outputs of this exercise illustrated the **significant gaps in capacity to meet current and projected demand based on population modelling.** The exercise concluded that NHS Lothian would require;

- **720 additional acute beds by 2033.**
- If NHS Lothian was successful in delivering significant mitigations this would reduce to requiring an **additional 80 beds.**
 - Note - the modelled mitigations are *extremely ambitious* and include the likes of removing all delayed discharges from acute hospitals.
- However - projected need for acute beds by **2043** (assuming all mitigations implemented) was still an **additional 300 acute beds.**
- By **2043** there would be a requirement for an additional **288 (55%) community beds** across the Lothian region.
- By **2043** there would be a requirement for an additional **1900 (55%) care home beds** across the Lothian region.

Note NHS Lothian does not have additional surge capacity. Therefore, the current position of bed occupancy routinely operating in the region of 99 - >100% is within the context of the Board utilising all the core capacity available.

It must be acknowledged that the proposals found within this document are likely to be deployed at a period in the year where the system is under pressure and therefore there is an expected decline in performance. This has been set out below to a) frame the anticipated seasonal performance deterioration in line with seasonal variation if no further action taken and b) contextualise the scale of the ask in relation to the options being explored to improve performance and safety with immediate effect.

	4hr %	8hr breaches	12hr breaches
Previous Winter Averages	47.4	2045	1145
Previous Non-Winter Averages	49.5	1906	978
Expected Seasonal Winter Variation	-4.2%	7.3%	17.0%

NHS Lothian has recently developed a measurement framework that captures the key measures influencing unscheduled care performance and builds upon the measures that were developed by CfSD. **It is proposed that the data within this framework that is refreshed weekly is the cornerstone of how improvement is measured.**



USC Measurement
Framework Nov.pdf

CfSD commented in their feedback on NHS Lothians LSDF of which the measurement framework has been built around.

“Your return included specific aims related to eleven of the twelve leverage points identified and you also included an additional target that you have set for yourselves to improve non-admitted performance to 85% by March 2025. The only leverage point that you did not provide a specific aim against in the template you returned to CfSD outlining your priority areas of focus was for the number of standard delays (although it remains listed as an area for improvement within Lothian’s Strategic Delivery Framework which you appended to your submission)....

In the context of NHS Lothian already performing above average compared to other mainland boards for the number of hospital beds occupied by delayed discharges per head of population, your longer-term trend of improvement in this area over the last couple of years and the emerging evidence of further improvements materialising as a consequence of preventative actions elsewhere in the pathway, your decision to prioritise other change interventions appears justified.”

Approach: Key Principles and Collaborative Working

The scope and focus of this work is on RIE and its Health & Social Care infrastructure.

A short life working group (SLWG) has been developed comprised of the key stakeholders and leaders within the USC planning and operational delivery landscape and worked towards the following principles and approach.

This SLWG has come together at pace and developed a shared vision that spans community and acute and have had >5 meetings within the last week, evidencing the commitment to drive system-wide improvement. This group has System Wide authorisation to rapidly explore options and make recommendations within this agreed timeline and is chaired by NHS Lothian's Deputy Chief Executive.

Integrated Joint Board Chief Officers have been regularly consulted/briefed throughout this action focused process. NHS Lothian CEO led discussions with our four Local Authority CEOs and consensus for this approach was agreed last week. In addition, a new whole-system monthly meeting that brings together the leaders of the Lothian Health and Care System and Local Authorities within the Lothian region has been agreed.

The SLWG developed a proposal for performance improvement within the following parameters,

Component 1: Aimed at the immediate decompression of the system with impact delivered by 31 December 2024.

Component 2: Aimed at the acceleration of strategic actions that will deliver impact by 31 March 2025

Component 3: Aimed at further acceleration of larger strategic actions that will be commenced in 2024/25 deliver impact by Q2 2025/26 and ensure sustainability of delivery.

The following key objectives were identified.

- **Reducing Attendances**
- **Reducing Bed Occupancy**
- **Reducing Admissions**
- **Reducing Length of Stay**

This proposal has been signed off by our system Chief Officers and will now be subject to approval by each IJBs. Chief Officers have been briefing their respective IJB Chairs on our progress to and including this submission to support evident oversight from each organisation.

Component 1: Key Actions

The SLWG has developed a comprehensive list of the options available to decompress the system and the RIE, primarily through reducing occupancy with immediate effect thus enabling flow as well as safe patient care. The following proposals are the result of whole system prioritisation facilitated through the SLWG and are aimed at;

- Delivering an immediate step change over the winter months that will decompress the system and improve patient safety and system performance, whilst enabling transformational redesign that reduce reliance (where appropriate) on institutional beds.

Component 1	Beds Released (up to)	Required Funding	Key Objective	End of Month Estimated Impact Timeline						
				Dec-24	Jan-25	Feb-25	Mar-25	Apr-25 onwards	Q2 24/25	Q3 24/25
RIE - Open all limited unfunded bed capacity	14	£406,000	Reduce Occupancy						closed	
RIE - Enhanced ED Frailty Model	15	£420,000	Reduce Occupancy Reduce Admissions							
Edin HSCP - Care @ Home	84	£4,100,000	Reduce Occupancy							
Edin HSCP - End of Life Beds	2	£151,200	Reduce Occupancy							
East HSCP - Care @ Home	31	£1,700,000	Reduce Occupancy							
East HSCP - Enhanced HSCP capacity		£914,000	Reduce Admissions							
Mid HSCP - Care @ Home	28	£1,650,000	Reduce Occupancy							
Mid HSCP - Enhanced HSCP capacity		£734,000	Reduce Admissions							
REH – Open 12 unfunded beds	12	£576,420	Reduce Occupancy						closed	

The SLWG has acknowledged that the short-term *non-recurring* purchase of higher rate care home beds may undermine negotiations with providers in the future, and therefore the view taken by the SLWG was that this option held significant medium-long term risks. Additionally, the SLWG took the view that the use of agency staff to open HSCP / Local Authority beds would not deliver value for money in relation to the non-bed-based options that are available.

Commitment to proposed actions through recurring funding is therefore considered essential, particularly within the context of the financial challenge for IJBs and the Health Board. Without recurring funding against recurring costs, it will not be possible for organisations to increase financial risk, or to build the proposed actions into longer term financial plans.

Component 2: Key Actions

The following proposals are intended to accelerate existing strategic actions with measurable impact by 31 March 2025. These actions focus on embedding and sustaining performance improvements achieved in “component 1” by challenging the current care delivery model. However, they should be considered within the context of an ongoing, extremely challenging financial landscape, anticipated to persist into and throughout 2025/26.

Component 2	Beds Released (up to)	Funding Required	Key Objective	IMPACT TIMELINE - BY CLOSE OF PLAY.....						
				Dec-24	Jan-25	Feb-25	Mar-25	Apr-25 onwards	Q2 24/25	Q3 24/25
REACH Model within Flow Nav Centre enabling physician/consultant prof-prof calls with referrers.	8	£240,000	Reduce Admissions Reduce Attendances							
RIE - Develop Mental Health Chaired assessment area out-with ED on RIE site	Decompress ED	-	Reduce Long Waits							
RIE - Fast-track implementation of criteria to reside and criteria to admit.	Level of Success Linked to component 1 actions	-	Reduce Occupancy							
RIE - Accelerate deployment and practice of AHP risk-stratification work	Level of Success Linked to component 1 actions	-	Reduce Occupancy Reduce Admissions							
RIE - Expedite roll out of PDD	Level of Success Linked to component 1 actions	-	Reduce Occupancy							

Component 3: Key Actions

The SLWG explored what broader strategic actions could be accelerated to maximise the sustainability of improved safety and performance delivered through the implementation of Components 1 & 2 of this proposal.

Component 3	Beds Released (up to)	Funding Required	Key Objective	IMPACT TIMELINE - BY CLOSE OF PLAY.....						
				Dec-24	Jan-25	Feb-25	Mar-25	Apr-25 onwards	Q2 25/26	Q3 25/26
Edin HSCP- Enhanced community rehabilitation service (moving acute rehab to community)	50	£2,400,000	Reduce Occupancy							
Primary Care - Frailty LES with GPs, reducing admissions and improving patient experience and safety	20	£1,190,000	Reduce Admissions Reduce Occupancy							

This component proposes to invest in Primary Care through an enhanced Frailty local enhanced service that has been evidenced through collaborative work with Edinburgh university to reduce admissions by 12% in the moderately or severely frail population, who of which are the patients that require and consume the most intensive resource. **This has been modelled to yield a >200% return on investment.** This proposal fits with the strategic direction to focus on prevention by shifting the balance of care into community and away from outdated bed-based models of care. There is potential to commence this approach earlier in “component 2” in a targeted manner focusing on the GP practices with the highest “frailty” admissions to the RIE.

The development of an enhanced community rehabilitation service aims to support individuals who are medically ready to leave the hospital but require an intensity of rehabilitation that cannot currently be met within community settings. **This service would allow these patients, who have a suitable home environment, to transition out of hospital while continuing to receive the necessary support.** The initiative is projected to release 50 hospital beds daily, reducing occupancy and easing pressure on hospital resources. With full-year costs estimated at £2.4 million, this service would require new recruitment efforts, introducing a lag in implementation as staffing is established to meet these rehabilitation needs.

Ask of Scottish Government colleagues: Communications

The proposals are partly predicated on the successful development and deployment of a **public facing communications strategy** aimed at supporting patients, carers, and families in receiving care in community or their own home, that historically would have taken place in an acute hospital setting. **Collaboration with Scottish Government to maximise this messaging would be welcomed and seen as a key enabler to successful deployment of these measures.**

All Components: Summary & Trajectories

				End of Month Estimated Impact Timeline						
		Required Funding	Key Objective	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25 onwards	Q2 24/25	Q3 24/25
Component 1	RIE - Open all limited unfunded bed capacity	£406,000	Reduce Occupancy					closed		
	RIE - Enhanced ED Frailty Model	£420,000	Reduce Occupancy							
			Reduce Admissions							
	Edin HSCP - Care @ Home	£4,100,000	Reduce Occupancy							
	Edin HSCP - End of Life Beds	£151,200	Reduce Occupancy							
	East HSCP - Care @ Home	£1,700,000	Reduce Occupancy							
	East HSCP - Enhanced HSCP capacity	£914,000	Reduce Admissions							
	Mid HSCP - Care @ Home	£1,650,000	Reduce Occupancy							
	Mid HSCP - Enhanced HSCP capacity	£734,000	Reduce Admissions							
REH - Open 12 unfunded beds	£576,420	Reduce Occupancy						Closed		
Component 2	REACH Model within Flow Nav Centre	£240,000	Reduce Admissions							
	RIE - Mental Health Chaired assessment area	-	Reduce Long Waits							
	RIE - Criteria to reside and criteria to admit.	-	Reduce Occupancy							
	RIE - AHP risk-stratification work	-	Reduce Occupancy							
			Reduce Admissions							
RIE - Expedite roll out of PDD	-	Reduce Occupancy								
Component 3	Edin HSCP- Enhanced community rehabilitation	£2,400,000	Reduce Occupancy							
	Primary Care - Frailty LES with GPs	£1,190,000	Reduce Admissions							
Reduce Occupancy										

Total Funding Required: **£14,481,620**

								End of Month Estimated Impact Timeline						
		Dec-24	Jan-25	Feb-25	Mar-25	Apr-25 onwards	Q2 25/26	Q3 25/26						
Anticipated Beds released		27	73	113	132	135	135	158						
RIE Long Waits (>8hrs) percentage point reduction		34%	91%	Most long waits at RIE should be eradicated.										
RIE Performance		53%	67%	79%	85%	86%	86%	93%						
RIE Bed Occupancy		98%	92%	87%	85%	<85%	<85%	<85%						
Estimated National Performance Uplift		2%	4%	7%	8%	8%	8%	10%						

Social Care and National Care Service Development
Directorate
Angie Wood, Co-Director



NHSScotland Chief Operating Officer
John Burns

E: angie.wood@gov.scot
E: john.burns@gov.scot

To: Caroline Hiscox
Jim Crombie
Fiona Wilson
Morag Barrow
Pat Togher
Alison White

Via email

04/12/2024

Dear Colleagues

Following the recent discussion with the Cabinet Secretary and Scottish Government officials, it has been agreed that funding of up to £3.4 million will be made available to NHS Lothian in 2024-25. This will allow the Board and partnerships to implement the tests of change and progress immediate work to make system improvements ahead and over the winter to March 2025.

Moving into 2025-26 funding will be made available to cover the costs of this change up to the total of £14.5 million. This will be made recurrent moving into 2026-27 based on actual spend incurred and evidence of delivery of outcomes required.

It supports the First Minister's mission to address delayed discharge levels and improve unscheduled care performance across Scotland through a targeted whole-system improvement initiative, improving the admitted inpatient flow in NHS Lothian.

This funding will be allocated to the set out in the table at Annex A. We understand that the £406,000 for acute beds is to be used to support a model that will transition into a community pathway. On that basis we are content this is included, with the clear expectation that this be achieved from March 2025 onwards.

The expected outcomes of this spend are to:

- Support immediate decompression of the system by discharging patients from the acute system by end of December 2024.



- Accelerate plans to improve unscheduled care performance in NHS Lothian, particularly RIE, with a particular focus on actions to deliver tangible improved performance and patient safety during winter.
- Address the deficits in demand and capacity across the Lothian Health and Care System, ensuring models of care are sustainable in the longer term.

It is proposed that the additional funding is conditional on the delivery of these outcomes. Robust reporting and monitoring processes will also be put in place to track progress and identify slippage. Lothian have projected that this work will achieve:

- Significant reduction in admissions and occupancy creating additional capacity to support flow - reducing long waits and improved performance against the four-hour target by end of March 2025.

Ministers have been clear that this investment must lead to demonstrable improvements in performance and outcomes for patients and for this improvement to be sustained beyond April 2025.

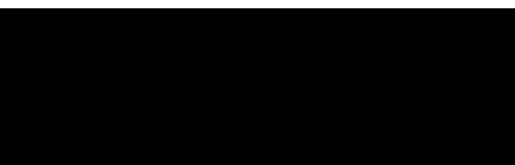
A meeting will be held with the Board and partners in the next few days to discuss and agree the reporting cycle based on the timeline set out the Action Plan.

The trajectories you have provided will be delivered through increasing capacity by delivering care in the right place. The pan Lothian whole system plan shows this will be delivered by increasing Mental Health Capacity, Care at Home, End of Life and Enhanced Community Capacity across Edinburgh, Mid and East Lothian partnerships. The Board will also enhance its frail elderly and Flow Navigation services, which will release around 184 beds by March 2025 and a further 78 beds released by December 2025.

Yours sincerely



John Burns
Chief Operating Officer NHS Scotland



Angie Wood
**Co-Director of Social Care and National Care Service Development
 Scottish Government**

Annex A

RIE - Open all limited unfunded bed capacity	£406,000	March 2025
RIE - Enhanced ED Frailty Model	£420,000	January 2025
Edin HSCP - Care @ Home	£4,100,000	February 2025
Edin HSCP - End of Life Beds	£151,200	January 2025
East HSCP - Care @ Home	£1,700,000	March 2025
East HSCP - Enhanced HSCP capacity	£914,000	February 2025
Mid HSCP - Care @ Home	£1,650,000	February 2025
Mid HSCP - Enhanced HSCP capacity	£734,000	February 2025
REH – Open 12 unfunded beds	£576,420	February 2025
REACH Model within Flow Nav Centre	£240,000	March 2025
Edin HSCP- Enhanced community rehabilitation	£2,400,000	Q4 24/25
Primary Care - Frailty LES with GPs	£1,190,000	Q4 24/25

Title of direction / reference number	Activity to Support Improvements to Unscheduled Care Performance.
Date direction issued by IJB	19 th December 2024.
Direction to	East Lothian Council and NHS Lothian.
Does this supersede, amend, or cancel a previous direction?	This is a new direction as of December 2024.
Services / functions covered	<p>IJB delegated services / functions covered by this direction are:</p> <ul style="list-style-type: none"> • East Lothian Community Hospital • Hospital to Home • Adult Social Work • East Lothian Rehabilitation Service (ELRS) • Discharge to Assess
Full text of direction	<p>NHS Lothian and East Lothian Council are directed to carry out the activity required to transform services as detailed in the ‘Unscheduled Care System Improvement RIE Final Proposal’ as funded by the Scottish Government as part of its budget announcement in December 2024.</p> <p>East Lothian deliverables supported by this funding are as follows:</p> <ul style="list-style-type: none"> • Increased care capacity for Hospital to Home. • Creation of a Single Point of Contact targeting prevention of attendance and admissions at RIE. • Increased Social Worker and Community Care Worker capacity to support assessment over 7 days at the RIE front door. • Increased Allied Health Professional (AHP) capacity to support 7-day service at the RIE front door.
Link to relevant IJB report and background papers	Hyperlink to IJB report and appendices to be added once available.
Budget allocation from IJB to carry out direction	£2.7 million allocated to East Lothian in 2024/25 for 2025/26. See linked report (above) for details of agreed funding allocation by service / function.

	The Scottish Government has indicated that funding will be recurring beyond 2025/26. This direction will be updated once details of further funding are available.
Which IJB Strategic Objectives / Delivery Priorities does the direction contribute to?	Strategic Objective 1 – Develop services that are sustainable and proportionate to need. Strategic Objective 4 – Enable people to have more choice and provide care closer to home. Strategic Objective 5 – Further develop and embed integrated approaches and services.
Progress measures and timescales	Planned timescale and performance reporting are to be agreed with partners and documented accordingly. Progress reporting should include activity data related to the services detailed above, along with data showing progress in relation to the following programme objectives: <ul style="list-style-type: none"> • Reducing Attendances • Reducing Admissions • Managing Bed Occupancy • Reducing Length of Stay <p>This should include reporting against the key performance measures contained in the Unscheduled Care Measurement Framework.</p>



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 19 December 2024

BY: Chief Officer

SUBJECT: Risk for Clinical and Social Work Services Arising from Current and Planned Budget Recovery Actions.

9

1 PURPOSE

1.1 To present to the Integration Joint Board (IJB) the risk to adhering to Professional Standards associated with the current and planned programme of fiscal recovery actions, associated efficiencies and service reductions across East Lothian Health and Social Care Partnership, as assessed by professional leads for Social Work, Allied Health Professionals and Nursing and the Clinical Director.

2 RECOMMENDATIONS

2.1 The IJB is asked to:

2.1.1 Note the professional standards required to be upheld by the Health, Social Work and Social Care workforce are at risk.

2.1.2 Agree that the risks described demonstrate that financial savings to date have increased the stress on already vulnerable services and with the continued increase in demand on services together with the financial constraints may limit further efficiency within service delivery being achieved.

2.1.3 Agree that continued efforts will be made to ensure efficiency in service delivery, but that any further pressure on the HSC budget in order to deliver a balanced budget, may reduce the ability to achieve positive health and wellbeing outcomes for East Lothian residents.

2.1.4 Formally escalate these concerns to the IJB's Partners as part of the wider discussions on financial recovery plans with funding Partners.

3 BACKGROUND

- 3.1 In response to the financial pressures of current and projected budget overspends arising from various factors, East Lothian HSCP management team and service managers developed recovery plans for all services managed and hosted by ELHSCP. This has involved scrutiny of all aspects of budget spend across all services to deliver savings. To date, it has not been possible to deliver all savings plans whilst still delivering safe and effective services. As detailed through the paper the safety and wellbeing of service users, patients and their carers remains of paramount importance.
- 3.2 The IJB has been involved in discussions and agreed on planned transformational work, reduction in building utilisation, closure of facilities and changes to service delivery to try to establish a stable financial position.
- 3.3 All changes to policy and services underwent Integrated impact assessments and the impact of the decisions are being reviewed through the IIA process. This process will help to alleviate the risk associated with the planned actions.
- 3.4 Workshops for the IJB have considered financial pressures in-year and those that are likely to arise in 2025-26 and considered the efficiency plans and potential impacts of the actions on the IJB Strategic Plan. In addition, a formal meeting of the IJB has agreed allocation of its financial reserves to assist in moving towards a balanced budget.
- 3.5 To assist in forward budget planning, the intention is to provide the IJB with a five-year financial plan at its 19th December 2024 meeting.
- 3.6 As well as financial risks, there are risks that some changes to service delivery will have a detrimental impact on service quality, performance, and result in a poorer experience of patients, service users and carers who depend on these services. The impact could be long term and irreversible.
- 3.7 No one service works in isolation thus changes in one aspect of provision will impact on another service and therefore it is imperative to keep this holistic view of the changes in service delivery and how it impacts across all areas both in the short medium and long term.
- 3.8 With regards to Health staff, it needs to be noted that the requirement to deliver a Reduced Working Week (as part of the Scottish Government 2023 pay deal for NHS staff under the Agenda for Change Conditions of Employment agreement) for all staff, is already putting a significant strain on the delivery of front line services.
- 3.9 The impact of the financial recovery program is detailed in Appendix 1 and have further contributed to the pressures faced by all Health and Social Care Services in relation to population growth coupled with a crisis in recruitment and retention within the sector.

3.10 The HSCP professional leads for Social Work, AHPs, Nursing and the Clinical Director have reflected on the current and likely impact of efficiencies programmes on their colleagues and the services they deliver. The specific concerns articulated by these colleagues are set out below.

3.11 **Social Work**

3.11.1 The Scottish Social Services 'Codes of Practice' set out the standards of practice and behaviour expected of everyone who works in social services in Scotland. As part of their professional registration, all social workers are required to work to these standards and continued registration requires evidence they are being followed. The codes also detail standards expected of employers of social service workers in Scotland.

3.11.2 Section 5.1 sets a requirement for workers to "Meet relevant standards of practice and work in a lawful, safe and effective way." Section 3.3 of the code obliges social service workers to "Tell employers, or the relevant authority, about resourcing or operational matters that might get in the way of providing care or support".

3.11.3 Social Work recognises their responsibilities in supporting delivery of a balanced IJB budget. In the past year they have taken significant actions to secure the financial position and provide sustainable services, through:

- Reducing the number of care home placements, by improved scrutiny of referrals and ensuring we are delivering on 'right care in the right place'.
- Reviewing all care packages to ensure only required services are in place. We have seen a reduction in Care at Home hours as we move more people onto other supports and have in place a Care at Home Huddle and Resource panel to support the allocation of this limited resource.
- Maximising independence and ensuring 'just enough' support is offered.
- Reviewing skill mix across the Social Work staffing establishment. Whilst ensuring we have sufficient staff able to act as 'Council Officers' and MHO's.
- Tightening 'grip and control' across budgets through a robust resource panel which scrutinises every care package request before approving or declining,
- Establishment of a financial compliance meeting to take prompt action if people haven't returned documentation needed to assess their financial contribution for chargeable care.

- Establishment of an 'Ordinary Residence' panel that scrutinises every transfer of care from other local authorities and ensure care is moved on where appropriate.
- A debt management meeting to promptly deal with any debt being accrued.

3.11.4 Within both the Social Work Governance and their Workforce Group, concerns are being raised by professionals about the impact of seeking to make further savings and efficiencies on the services of the people they support. Further reductions to care services, will see already stretched services unable to deliver.

3.11.5 The number of Council owned care beds has reduced by over 100 since 2017. This has resulted in reduction in the availability of social work funded beds. This creates disparity as there are fewer placements available for people who do not have sufficient funds to self-fund their care. This results in longer waits for hospital for a local authority care home placements and people having to remain at home with care that is not sufficient to meet their needs, for longer.

3.11.6 The legislative framework Social Workers are required to work to and Code of Practice they must follow is being challenged and cannot be delivered if further reductions in staffing levels and services are made It is a statutory requirement to monitor and supervise private guardianships – currently, 172 remain outstanding for review and there is no capacity to do this work. There are 63 outstanding cases to be reviewed where the Guardianship is managed by the Local Authority.

3.11.7 The focus must be on supporting the well-being and independence of individuals and carers living in East Lothian whilst protecting them and the community in which they live as far as possible from harm. The current financial climate where, the bare minimum of support is offered – a 'life and limb' approach, risks affecting the delivery of safe, person-centred, asset-based support. Additionally, it is the long-term impact of services being delivered in this way that is hard to quantify but will have significant impact and consequently cost more in the future rather than less.

3.11.8 Social workers are trained to maximise independence, assess need and protect Adults at risk of harm through support and implementation of legislative frameworks. To do this they must uphold public trust. Current and further reductions will:

- Compromise the delivery of the HSCPs and East Lothian Council's statutory requirements and ability of social care staff to practice and work in a lawful way in line with their Codes of Practice.
- Compromise the safety of practitioners when key posts that support delivery of safe and effective social work and public protection operational posts are not filled.

- Reduce the HSCP's ability to keep adults at risk of harm safe, protected and supported.
- Place an increased and imbalanced focus on crisis intervention work only,
- Significantly reducing preventative work that addresses risks proactively, allowing corrective action to keep individuals safe and to promote positive outcomes and reduce overall cost of social work delivery.
- Potentially increase the use of interventions under Mental Health and Adult Support and Protection legislation as risks escalate which is not in keeping with 'least restrictive' principles social workers should be following.
- Potentially lead to some private guardians misusing their power or failing to seek authorisation for actions that are out with the principles of Adults with Incapacity legislation, if they do not receive oversight or management.
- Cause delays and a reduction in the quality of social work interventions, with a resulting impact on staff morale.

3.12 Allied Health Professionals (AHPs)

3.12.1 The Health and Care Professions Council (HCPC) outlines the standards expected for all AHPs to abide to through the Standards of Conduct, Performance and Ethics. There are additional profession specific standards of proficiency for each of the regulated specialities. AHPs must be able to evidence their ability to work to these standards on an ongoing basis as part of the renewal process.

3.12.2 Section 7.1 of the Standards of conduct, performance and ethics notes registrants must report any concerns about the safety or wellbeing of service users promptly and appropriately whilst section 7.4 states You must make sure that the safety and wellbeing of service users always comes before any professional or other loyalties.

3.12.3 Many AHPs are also members of their profession specific professional bodies including the Chartered Society of Physiotherapy (CSP) and Royal College of Occupational Therapy (RCOT). Both bodies set out additional levels of professional values and behaviours expected.

3.12.4 The CSP published code of Members Professional Values and Behaviours (2019) states under section 3.1.2 members must Advocate for individuals' quality of care and safety and raise concerns if there is a risk of individuals' care being compromised. The CSP note members have a responsibility to raise concerns and report other people or organisations where a situation has caused harm or distress or is likely to result in harm or distress if it continues. This includes the following

example: Your employer – if you believe patient safety or the standard of care is being compromised.

3.12.5 The RCOT publish the Professional standards for occupational therapy practice, conduct and ethics which note under section 3.1.6.8 When you consider that wellbeing, safety and care standards are not being met, you raise your concerns with an appropriate person and 3.2.1.9 You know, and act on, your responsibility to protect and safeguard the interests of vulnerable people with whom you have contact in your work role.

3.12.6 Community Occupational Therapy (ELC) services are covered by numerous statutory legislations including the Social Work Scotland 1968 Act (section 12A), Disabled Persons Act 1986, Housing Scotland Act 2006 & 2009, Chronically Sick and Disabled Persons Act 1970 – these also note the legislation background for the assessment and provision of adaptations for people with disabilities.

3.12.7 East Lothian Rehabilitation Service (ELRS) AHP's acknowledge the collective need for financial grip and control across all aspects of the service and professional groups in order to support the balancing of the ELHSCP financial budgets. Significant savings and efficiencies have already been delivered through the following:

- Large scale review of community and maintainable equipment provision which is increasing efficiencies within internal processes and working towards releasing financial savings.
- External handrails and key safes are no longer provided as standard.
- Additional senior level scrutiny in place for any requests for major adaptations and large maintainable equipment through the Equipment and Adaptations Panel.
- Monthly and quarterly scrutiny of community equipment orders.
- 4.0 WTE Physiotherapy posts permanently removed and 4.2 WTE Community Occupational Therapy posts remain vacant at present.
- A significant number of vacant posts have also been paused in the current financial year, with non-recruitment to vacant maternity leave positions.
- Removal of financial contribution to Enjoy Leisure for Exercise Pathway.
- Significant reduction in non-pay service spends.
- In addition, the Community Occupational Therapy Service has completed a waiting lists review to ensure referrals are appropriate, reduce duplication and bottlenecks within the system.
- Further service re-design and development continue to be considered.

3.12.8 While further efficiencies are necessary, the impacts of any additional service restrictions pose significant risk to safe and effective AHP service delivery for service users across East Lothian.

3.12.9 Service risks identified by the AHP Lead for East Lothian include:

- Significantly extended waiting times for urgent and routine Physiotherapy and Occupational Therapy (NHS and ELC) assessment and intervention.
- New non-compliance with Scottish Government (SG) Urgent MSK Waiting Time Governance KPI – 13.3% of patients now not being seen within 2 weeks. Additionally, the Community Physiotherapy service is now breaching the SG 12-week target. Further reduction in Physiotherapy staffing will worsen these gaps, causing broader KPI breaches across all Physiotherapy service. This will have a detrimental impact on patient care and long-term outcomes.
- Corresponding pressure on Primary Care with increased GP consultations and potentially higher prescribing costs, as a direct result of slower access to therapy input.
- Poorer system flow, higher length of stay and bed occupancy both in acute and downstream ELCH beds.
- Inability to respond to Prevention of Admission requests from GP's, potentially increasing avoidable attendances at A&E.
- Negative impact on intensity and frequency of rehabilitation interventions provided which may affect long terms service user outcomes (e.g. the stroke pathway).
- Delay in providing early interventions.
- Delay in progressing major adaptations to property which support people to remain at home with or without support and personal independence, thereby preventing admission to hospital or long-term care. Private Sector Housing Grant (PSHG) funding constraints in 2023/24 created a waiting list of those waiting for an adaptation. It is anticipated this funding stream will reduce in 2025/26. Paused Occupational Therapy (ELC) recruitment has resulted in insufficient staffing and therefore the ability to support this workstream effectively.

3.13 Nursing

3.13.1 The Nursing and Midwifery Council (NMC) is the regulator for nursing and midwifery professions in the UK, maintaining a register of all nurses within the UK. The purpose of the Council is to 'promote and uphold the highest professional standard in nursing and midwifery to protect the

public and inspire confidence in the professions '. This is done through the NMC Code which is structured around 4 themes: prioritise people, practise effectively, preserve safety and promote professionalism and trust.

3.13.2 Employers have a duty to support staff in upholding the standards in their professional code as part of providing the quality and safety expected by service users and regulators.

3.13.3 The standard of care provided is monitored through organisations such as Health Improvement Scotland, Care Inspectorate and the Mental Welfare Commission. They set very clear guidelines around the assurance that is required around the provision of both person centred and safe care.

3.13.4 The Health & Care (Staffing)(Scotland) Act 2019 includes a 'Duty to Ensure Appropriate staffing'. This states that every Health Board and Agency has a duty to ensure that at all times suitably qualified and competent individuals, from such a range of professional disciplines as necessary are working in such numbers as are appropriate for: 'the health, wellbeing and safety of patients, the provision of safe and high quality health care and in so far as it affects either of these matters, the wellbeing of staff.'

3.13.5 The reduced working week to 36 hours over the next 3 years (as part of the Scottish Government 2023 pay deal under the Agenda for Change Conditions of Employment agreement) will significantly impact the nursing teams, leading to an overall accumulative reduction in nursing hours. In addition, there will be the requirement to provide protected learning time for all nurses.

3.13.6 Nursing within East Lothian spans many specialities, covering an age range of a few weeks up to 90+ years and providing direct care, long-term condition management, health promotion and supporting child and adult protection. East Lothian's nurses work in many settings, often working in partnership with other professions to plan and deliver high quality care through the following teams:

- School Nursing,
- Health Visiting and preschool immunisation,
- Inpatient wards,
- Outpatients and endoscopy,
- Mental Health and Learning Disability,
- District Nursing,
- Palliative Care Team,
- Hospital at Home,
- Hospital to Home,

- Care Home Team,
- CTAC,
- Immunisation,
- CWIC,
- Inpatient Nurse Practitioners,
- ICAT.

3.13.7 As part of the delivering efficiencies, all services within nursing have been reviewed and some changes made through remodelling of service provision. Ongoing quality improvement planning is looking at how nursing can more effectively deliver person centred care collaboratively with other professional colleagues, ensuring that our services are as efficient as they can be and that changes do not adversely impact on other services. However, staffing levels need to be maintained to deliver this service and there are concerns within the profession that any further reduction in nursing provision will directly impact on the care that the teams are able to provide.

3.13.8 As an example, District Nursing is a service that does not operate a waiting list system as it must be responsive to urgent changing care needs for issues such as the administration of end-of-life medication. The current pressures mean that the team are regularly assessing what are essential visits for that day. Reducing this service further would impact on the quality of care and experience, potentially increasing admissions to hospital, increasing delays in discharge and requiring the transfer of care to other teams.

3.14 **Medical and Wider Clinical Services**

3.14.1 The General Medical Council guidance, Good Medical Practice 2024, states, 'If patients are at risk because of inadequate premises, equipment or other resources, policies, or systems, you should first protect patients and put the matter right if that's possible. Then you must raise your concern in line with your workplace policy and our more detailed guidance on Raising and acting on concerns about patient safety.'

3.14.2 Medical and wider clinical teams include adult and older peoples' psychiatry and mental health, substance use, medicine for the elderly, hospital at home, CWIC, primary care and general practice. These teams work in partnership with all HSCP managed and community-based services to meet the specific needs of a diverse and growing population in the urban and rural communities they serve across East Lothian, some who experience health inequalities.

- 3.14.3 As with all HSC services, clinical services have already been stretched by difficulty in recruitment (especially in general psychiatry), recovery from the coronavirus pandemic, ageing and growing populations (without corresponding increased funding of workforce and premises), a progressive shift of clinical care into community settings, increased requests for primary care teams to do clinical work on behalf of secondary care clinicians,
- 3.14.4 Delays in funding and implementation of the 2018 GMS (General Practice) contract, and many years of cumulative prescribing efficiencies that have already addressed the more easily achievable savings.
- 3.14.5 Doctors and other clinicians are at increased risk of burnout and moral injury due to: repeatedly having to explain and justify long waiting lists; repeated presentations of people with uncontrolled symptoms; prescribing more drugs to control symptoms that would not previously have been necessary; repeated requests to expedite appointments because conditions are deteriorating; carrying the stress of difficult decisions around the urgency of making, assessing and triaging referrals; and managing people who are experiencing physical and emotional distress while waiting to be seen. There are lengthening waiting lists for assessment of ADHD, autism, dementia assessment, routine psychiatric reviews leading.
- 3.14.6 Clinicians are constantly dealing with crisis situations and urgent care needs that they are struggling to make the time to develop systems of care and maximise efficiencies.
- 3.14.7 Reduced levels of care at home provision and reduced continuity of carers means that more requests are made to community teams (district nurses, community psychiatric nurses, mental health teams, GPs, etc) for reviews and visits that might not have previously been needed with a regular, known carer.
- 3.14.8 Double presentation of people to GPs and other primary care services while waiting to see other practitioners (e.g. mental health teams, MSK physio, etc)
- 3.14.9 GPs are less able to provide the relational continuity of care and generalist leadership that creates further efficiencies (evidence demonstrates that relational continuity of care by general practitioners reduces morbidity, mortality, prescribing costs, unnecessary admissions, health inequalities, clinician 'burnout' and workload; and improves safety, quality of care, early disclosure of symptoms, adherence to treatment plans, engagement with preventative healthcare and patient experience)
- 3.14.10 In meetings across all the specialisms described above, colleagues are regularly reporting that services are stretched to a degree that has never previously been experienced. Many are considering strategies to change profession, leave the country to work abroad or retire early (regardless of financial penalties) Particular difficulty recruiting to consultant psychiatry posts (and thus having to prioritise

care for only the most seriously unwell people, inpatients and those subject to the Mental Health Act)

- 3.14.11 Reduced capacity across all teams (especially mental health and substance use) to efficiently and effectively engage with significant adverse event reviews. This impacts on governance, assurance, and learning from such events, reduces the efficiency of processes and ties up senior clinician and management time.

3.15 Internal Care at Home Service

3.15.1 Our Care at Home services are regulated by the Care Inspectorate, which conducts inspections based on Scotland's Health and Social Care Standards. The demand for these services are exceptionally high, placing significant pressure on care staff to complete all assigned visits. As we support an increasing number of individuals with complex needs at home, the role requires staff to be highly skilled and experienced.

3.15.2 This growing demand is contributing to increased levels of staff sickness absence and turnover. Allocated time for visits are often insufficient to fully meet individuals' outcomes, particularly for those with complex needs. The combined pressures of delivering care and covering staff absences make it challenging to provide a flexible service that can adapt to individuals changing needs and risks, which is essential to maintaining individuals safely at home preventing hospital admissions.

3.15.3 Releasing staff to undertake essential and mandatory training is challenging, and opportunities for further learning and development is difficult, posing a risk to the quality and safety of services.

3.15.4 Additionally, the service is currently operating with a budget pressure of £400,000 and the partnership faces the challenge of balancing the risk of service delivery failures with the need to maintain a balanced budget.

4 ENGAGEMENT

4.1 All professional leads have been consulted with in the development of this paper and statutory papers have been considered to inform the opinions within the paper.

5 POLICY IMPLICATIONS

5.1 There are no specific policy implications from this paper. Policy considerations may arise from the service changes described within.

6 INTEGRATED IMPACT ASSESSMENT

- 6.1 A number of IIA's have been completed in relation to the Financial Recovery Programme and these are under review so the impact and risk identified can be managed.

7 DIRECTIONS

- 7.1 Directions will be impacted as a result of the budget recovery actions being taken. Any changes in the delivery of the directions will be reported to the IJB and incorporated into the IJB's strategic plan.

8 RESOURCE IMPLICATIONS

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

9 BACKGROUND PAPERS

- 9.1 None.

Appendix 1: Impact of Financial Recovery Programme 2024-2025

AUTHOR'S NAME	Isobel Nisbet; Sarah Gossner; Lesley Berry; John Hardman.
DESIGNATION	Professional Leads.
CONTACT INFO	lkerr@eastlothian.gov.uk
DATE	09/12/2024

Appendix 1 – Impact of Financial Recovery Programme 2024/25

Background

The narrative below relates to the impact to date (at November 2024) of individual elements of the programme of financial recovery activity agreed by East Lothian IJB at its March 2024 meeting.

It should be noted that implementation of recovery activities are still relatively recent, and in some cases measures have only been partly implemented as yet, meaning that only the initial impact is evident, and that additional impact may be witnessed in the longer term.

Closure of Care Home Beds (The Abbey and Blossom House) – Target: £727k and £362k respectively

Both The Abbey and Blossom House (Belhaven) were closed to admissions following the IJB decision in March 2024 and existing residents were matched to alternative care home placements and moves to new placements were completed by the end of August.

Previous provisioning work had identified that, even with these closures, there would still be sufficient care home beds across private and local authority care homes to meet need. While this remains the case in terms of overall bed numbers, the reduction in Council owned beds has had an impact as there are now fewer care home placements available to people who are not self-funding, resulting in longer waits in either hospital or the community for these individuals.

The savings targets related to these closures have not yet been achieved. This is in part due to the process of closing the homes taking longer than anticipated and in part a result of costs associated with the closures. The full financial saving will be delivered in 2025/26.

Closure of Inpatient Hospital Beds (Edington and Belhaven Hospitals) – Target: £834k and £1,064k respectively

Belhaven hospital beds were effectively closed from 2022 when existing inpatients were transferred to East Lothian Community Hospital (ELCH) due to building issues. Any impact of removing the beds had already been absorbed by the time the IJB made its decision to permanently close Belhaven.

Edington Hospital beds were moved to ELCH in 2021 due to workforce issues, before being closed from March 2024 following the IJB decision. Although there was a rise in hospital delays around this time, removing the Edington beds was just one of the contributing factors and had only a temporary impact (other factors included care homes being closed to admissions due to Large Scale Investigations at the start of 2024/25).

The full financial saving anticipated will not be achieved in 2024/25 but will be delivered in 2025/26.

Homecare (Internal Care at Home) - £492k

Further measures have been introduced in the current year to support close monitoring and management of care at home resources. Currently, a daily Care at Home Huddle meets to review all new and existing care at home requests, in order to manage demand and risk. A Resource Panel has also been established to scrutinise each care package request before approval. As a result of these

measures, we have managed to maintain a steady position in terms of levels of unmet assessed need in East Lothian (people assessed as needing a care package that has not yet been fulfilled). However, despite this robust management of resources, ongoing service pressures have meant that we will not be able to deliver the anticipated savings for 2024/25.

Reduced Third Sector Funding - £51k

Feedback from third sector organisations identified a number of adverse impacts resulting from reductions to their funding in the current year. For some organisations this has included a decrease in capacity, leading to growing waiting lists, and in at least one instance, the temporary closure of a waiting list to new referrals.

Reduced capacity within the third sector can put additional pressure on statutory services in a number of respects, including limiting opportunities for statutory services to refer people onto third sector provision as an alternative to, or to complement, more formal support. In addition, services provided by the third sector often focus on early intervention / prevention, and reductions in this type of provision may contribute to more people presenting to statutory services with higher levels of need that could have been prevented or managed effectively.

Currently, evidence of impact on statutory services is largely anecdotal, as it is difficult to make direct inference from the relatively short term data available at present. However, some of the increase in waiting lists / times for statutory mental health services is likely to be due to reduced capacity in third sector mental health services.

A further consequence of reductions to funding noted by organisations is that this can be more challenging to secure additional, match funding from other sources where grant funding is stopped or reduced. A number of organisations has also been impacted by funding reductions in neighbouring HSCPs where they receive funding to provide a service in more than one local authority area.

The full saving has been delivered in 2024/25.

Care Home (Reduction in Admissions) – Target £700k

The Care Home ‘Home First’ project has delivered a reduction in the number of care home placements over the year by improved scrutiny of referrals to ensure people are only admitted to care homes if their care and support needs cannot be met at home.

We are on target to deliver the full financial saving anticipated this year.

Prescribing (Polypharmacy) Savings - £900k

The financial savings related to prescribing (polypharmacy) is on target to be delivered in full during 2024/25. These have been achieved through the implementation of good practice / evidence based changes and no adverse impact has been identified.

Learning Disability Commissioning - £928k

At the end of October, the Learning Disability Service had completed 210 out of 350 client reviews. Of these reviews, 153 were annual reviews and led to a net recovery of £30k. The remaining reviews were 'allocated cases', necessitated by a change in clients' needs and resulted in a net increase cost of £650k.

Annual reviews carried out are based on 'critical and substantial' criteria, however, as the service is already working to that level of provision, there is limited opportunity to make reductions to packages of care, and in some cases, increases have been needed to safely meet people's needs.

In relation to 'allocated cases', increases in care packages are in part due to people's care needs often increasing as they grow older, and / or parents age and are less able to provide care, in some cases leading to clients leaving the family home and requiring higher levels of care within a supported tenancy.

Intensive Housing Management - £300k

This activity relates to applying for external funding and has no adverse impact on service users. Work in relation to this is ongoing, with six applications made and a further 25 forms completed and awaiting submission by Council colleagues. Delay in submission has reduced the financial offset to date.

Workforce Vacancy Panel

A weekly Vacancy Panel now meets to review all requests for new and replacement posts. This has led to some non-essential posts not being filled in order to deliver savings. Services have suggested that this has placed additional pressure on teams, and in some cases has led to increased waiting times for services. However, there are also issues with staffing levels as a result of services being unable to recruit to vacancies that have been approved by the Panel.

Services will continue to monitor the impact of unfilled posts in terms of service delivery, with further review of these posts via the Vacancy Panel being carried out as required.

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 19 December 2024

BY: Chief Internal Auditor

SUBJECT: Best Value – Annual Compliance Review

1 PURPOSE

- 1.1 The IJB is a public body constituted under s106 of the Local Government Scotland Act (1973). This means that the IJB has a duty of best value as do all other bodies governed by this Act. This paper examines the compliance with that Best Value duty.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- i. Note the Best Value compliance documentation which is attached at Appendix 1.
 - ii. Consider if there are any other matters that impact on the delivery of best value.
 - iii. Agree that the Best Value compliance statement for 2023/24 – Appendix 2 – provides assurance to the IJB that its duty of Best Value is being met.

3 BACKGROUND

- 3.1 The IJB has a statutory duty of best value which is the same as all local government bodies (e.g Local Councils).
- 3.2 At its meeting on 18th June, the IJB's Audit and Risk committee recommended that the IJB adopt a best value framework.
- 3.3 This framework will consider the IJB's actions and delivery of the duties of best value. These duties are –

- The duty of Best Value, being to make arrangements to secure continuous improvement in performance (while maintaining an appropriate balance between quality and cost); and in making those arrangements and securing the balance, to have regard to economy, efficiency, effectiveness, the equal opportunities requirements and to contribute to the achievement of sustainable development.
- The duty to achieve break-even in trading accounts subject to mandatory disclosure.
- The duty to observe proper accounting practices.
- The duty to make arrangements for the reporting to the public of the outcome of the performance of functions.

The IJB has no trading accounts, and this duty is not required.

- 3.4 The revised best value guidance (2020) is attached to this report for information as Appendix 1.
- 3.5 There are seven broad themes against which the IJB can assess its compliance against its duty of best value. These are –
- 1 – Vision and Leadership
 - 2 – Governance and Accountability
 - 3 – Effective Use of Resources
 - 4 – Partnerships and Collaborative Working
 - 5 – Working with Communities
 - 6 – Sustainable Development
 - 7 – Fairness and Equality
- 3.6 Each of these themes is discussed further in the guidance which lays out, in considerable detail, both the importance of these themes and offers thoughts on how they can be delivered.
- 3.7 That said, and given the nature of the IJB, Audit Scotland has provided further information on how an IJB might deliver best value. This takes into account that the IJB is not an operational body and delivers no services itself. The Audit Scotland prompts are –
1. Who do you consider to be accountable for securing Best Value in the IJB?
 2. How do you receive assurance that the services supporting the delivery of the strategic plan are securing Best Value?
 3. Do you consider there to be sufficient buy-in to the IJB's longer term vision from partner officers and members?
 4. How is value for money demonstrated in the decisions made by the IJB?
 5. Do you consider there to be a culture of continuous improvement?

6. Have there been any service reviews undertaken since establishment – have improvements been identified? Is there any evidence of improvements in services and/or reductions in pressures as a result of joint working?
 7. Have identified improvement actions been prioritised in terms of those likely to have the greatest impact?
 8. What steps are taken to ensure that quality of care and service provided is not compromised as a result of costs saving measures?
 9. Is performance information reported to the board of sufficient detail to enable value for money to be assessed?
 10. How does the IJB ensure that management of resources (finances, workforce etc.) is effective and sustainable?
- 3.8 Using the prompts above and working through the seven themes in 3.5 a compliance statement has been drawn up. This is attached as Appendix 2.
- 3.9 Properly, this review should be undertaken prior to the preparation of the IJB annual accounts in June each year. Thus, this review will become part of the Annual Governance Statement within the Annual Accounts. However, it is important to get this process underway and although this review is for 2023/24 it will provide a model and allow the IJB to understand how this process works. The next review will therefore be presented to the IJB at its June 2025 meeting.
- 3.10 Appendix 2 should provide assurance to the IJB that its duty of best value is being met.

4 ENGAGEMENT

- 4.1 The IJB holds its meeting in public and makes its papers available to the public.

5 POLICY IMPLICATIONS

- 5.1 There are no new policy implications in the above 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 require any new directions nor amendments to any current directions.

8 RESOURCE IMPLICATIONS

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

9 BACKGROUND PAPERS

- 9.1 None

Appendices:

Appendix 1 – Revised Best Value Statutory Guidance 2020.

Appendix 2 – East Lothian IJB – Best Value Compliance Assessment 2023/24

AUTHOR'S NAME	Claire Goodwin, Duncan Stainbank, David King
DESIGNATION	Chief Internal Auditor
CONTACT INFO	dstainbank@eastlothian.gov.uk
DATE	December 2024

Local Government in Scotland Act 2003

Best Value: Revised Statutory Guidance 2020



LOCAL GOVERNMENT IN SCOTLAND ACT 2003
BEST VALUE: REVISED STATUTORY GUIDANCE 2020

CONTENTS	Page
SECTION 1 – OVERVIEW	
• The Duty of Best Value	2
• Purpose of the Guidance	2
• Best Value Themes	3
• Scope of the Guidance	3
• Working with Partners	4
• Role of the Accounts Commission	4
SECTION 2 – BEST VALUE THEMES	
Overview	5
Theme 1 – Vision and Leadership	5
Theme 2 – Governance and Accountability	7
Theme 3 – Effective Use of Resources	9
Theme 4 – Partnerships and Collaborative Working	13
Theme 5 – Working with Communities	15
Theme 6 – Sustainable Development	16
Theme 7 – Fairness and Equality	18
ANNEXES	
Steering Group Membership	20
Useful Resources	21

SECTION 1 – OVERVIEW

The Duty of Best Value

The [Local Government in Scotland Act 2003](#) introduced a statutory framework for Best Value for local authorities. The Best Value duties set out in the Act are:

- to make arrangements to secure continuous improvement in performance (while maintaining an appropriate balance between quality and cost); and, in making those arrangements and securing that balance, to have regard to economy, efficiency, effectiveness, the equal opportunities requirement and to contribute to the achievement of sustainable development
- to achieve break-even trading accounts, subject to mandatory disclosure
- to observe proper accounting practices
- to make arrangements for the reporting to the public of the outcome of the performance of functions.

Purpose of the Guidance

[Best Value guidance](#) has been in place since 2004, identifying the characteristics of Best Value to help local authorities develop arrangements to demonstrate continuous improvement in their performance.

In recognition of the changes since 2004 to the environment in which local authorities deliver services, a multi-agency steering group was tasked with reviewing and refreshing the guidance. The steering group endorsed the continuing relevance of the substance of the original guidance, but felt that it should be revised to reflect the current public service landscape in Scotland, with an increasing emphasis on citizens and personalised services, a focus on outcomes, and the need for innovation in designing public services for the future. The steering group also identified the need for synergy and alignment, so far as possible and appropriate, between the statutory guidance and the [guidance on Best Value in public services](#), which applies to public bodies that are accountable to the Scottish ministers.

This revised guidance has been produced by the steering group and reflects the priorities that it identified. It replaces the previous guidance that was published in 2004, which comprised both the statutory guidance by Scottish ministers and supporting guidance by the then Best Value Task Force, so that all the relevant guidance is now contained in this single document.

Best Value Themes

This revised guidance is framed around the following Best Value themes:

1. Vision and leadership
2. Governance and accountability
3. Effective use of resources
4. Partnerships and collaborative working
5. Working with communities
6. Sustainability
7. Fairness and equality

As in the previous guidance, sustainability and fairness and equality continue to be cross-cutting themes that should be integral to all of the functions and activities carried out by a local authority to deliver good outcomes and achieve Best Value.

Section 2 of this guidance explains these themes and how a local authority can demonstrate that it is delivering Best Value in respect of each theme.

Scope of the Guidance

This guidance applies to other bodies as required by Section 106 of the Local Government (Scotland) Act 1973, notably health and social care integration joint boards and other joint committees or boards, that are subject to the same statutory Best Value duties as local authorities and it should be interpreted and applied accordingly. Section 14 of the 2003 Act applies the Best Value duty to these other bodies and thus references throughout the guidance to 'local authorities' cover all such bodies.

Other devolved public bodies, such as the NHS, are not directly covered by the 2003 Act. They are, however, under a similar Best Value duty, which is set out in the [Scottish Public Finance Manual](#), and a statutory duty under the [Public Finance and Accountability \(Scotland\) Act 2000](#) to use their resources 'economically, efficiently and effectively'.

Since 2003, the enactment of other key legislation has had a significant impact across Scotland, extending the requirements of Best Value beyond local authorities. The [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) has resulted in the integration of health and social care, while the [Community Empowerment \(Scotland\) Act 2015](#) has strengthened the statutory base for community planning, and for involving and engaging communities in planning and decision-making about things that matter to them.

Working with Partners

Achieving Best Value is increasingly dependent on the effectiveness of partnerships and collaborative working arrangements with a range of stakeholders, in addition to how well a local authority manages its own activities. Since the original version of this guidance was published in 2004, there has been an increased focus on partnership and collaborative working across the public sector, with much more alignment of key plans and strategies among partners, and joint working to deliver shared outcomes. Alignment of key plans and strategies with its partners, an understanding of place, a commitment to reducing inequalities, empowering communities to affect change, and being able to demonstrate improved outcomes for people who use services are now key requirements in the achievement of Best Value.

Although local authorities are not responsible for the performance of all partners in their areas, they are crucial in influencing many local services through their relationships with others. Local authorities achieving Best Value will be able to demonstrate a vision and direction of travel shared with key stakeholders in order to achieve key outcomes for local people. There are a number of areas where Best Value can be demonstrated only by working in strong partnership arrangements with bodies not covered by the statutory Best Value duties in the 2003 Act, and this is reflected in the guidance.

This guidance should be read in conjunction with the [statutory guidance on community planning](#), which describes how local authorities and other public sector bodies should work together in the context of community planning.

Role of the Accounts Commission

The Accounts Commission for Scotland is responsible for reporting on the performance by local authorities (and those other bodies covered by section 14 of the 2003 Act as discussed above, such as integration joint boards) of their Best Value and community planning duties. The Commission considers, in public, statutory reports from the Controller of Audit on Best Value, based upon the annual audit work by appointed external auditors in individual councils. Having considered such a report, the Commission has a range of powers that it can use, as set out in the Local Government (Scotland) Act 1973. They also make use as appropriate of the work of other local government scrutiny and inspection bodies.

SECTION 2 – BEST VALUE THEMES

Overview

The 2004 Best Value guidance was structured around ten Best Value characteristics. This refreshed guidance reconfigures these characteristics into seven themes that better reflect the significantly changed policy and public service delivery landscape within which local authorities now operate.

Local authorities must be able to demonstrate a focus on continuous improvement in performance around each of these themes.

Theme 1 – Vision and Leadership

Effective political and managerial leadership is central to delivering Best Value, through setting clear priorities and working effectively in partnership to achieve improved outcomes. Leaders should demonstrate behaviours and working relationships that foster a culture of cooperation, and a commitment to continuous improvement and innovation.

In achieving Best Value, a local authority will be able to demonstrate the following:

- **Members and senior managers have a clear vision for their area that is shared with citizens, key partners and other stakeholders.**
- **Members set strategic priorities that reflect the needs of communities and individual citizens, and that are aligned with the priorities of partners.**
- **Effective leadership drives continuous improvement and supports the achievement of strategic objectives.**

This means that:

1. The local authority's vision for its area is developed in partnership with its citizens, employees, key partners and other stakeholders.
2. Members set strategic priorities that contribute to achieving the local authority's vision, reflect the needs of communities and individual citizens, and are aligned with the priorities of partners. They take decisions that contribute to the achievement of those priorities, in particular when allocating resources and in setting and monitoring performance targets.
3. The local authority's vision and strategic priorities are clearly communicated to its citizens, staff and other partners.

4. Strategic plans reflect a pace and depth of improvement that will lead to the realisation of the local authority's priorities and the long-term sustainability of services.
5. Service plans are clearly linked to the local authority's priorities and strategic plans. They reflect the priorities identified through community planning, and show how the local authority is working with partners to provide services that meet community needs.
6. Priority outcomes are clearly defined, and performance targets are set that drive continuous improvement in achieving those outcomes.
7. There are clear and effective mechanisms for scrutinising performance that enable the taking of informed decisions and the measuring of impacts and service outcomes.
8. There is a corporate approach to continuous improvement, with regular updating and monitoring of improvement plans.
9. The local authority and its partners agree on how the key elements of Best Value will contribute to achieving the commonly agreed local priorities and outcomes. These key elements include the need to:
 - secure continuous improvement, in particular for those services aligned to the local authority's priorities
 - provide customer- and citizen-focused public services, which meet the needs of diverse communities
 - achieve the best balance of cost and quality in delivering services (having regard to economy, efficiency, effectiveness and equalities)
 - contribute to sustainable development
 - encourage and support innovation and creativity.
10. Members and senior managers communicate the approach to Best Value methodically throughout the local authority in terms that are relevant to its staff and set out clear expectations of them. The local authority has a positive culture in which its people understand its vision and objectives and how their efforts contribute to their achievement, and they are engaged with and committed to improvement.
11. Members and senior managers are self-aware. They commit to training and personal development to update and enhance their knowledge, skills, capacity and capabilities to deliver Best Value and perform their leadership roles, and they receive sufficient support to do so.
12. Leadership is effective and there is good collaborative working. Members and senior managers have a culture of cooperation and working constructively in partnership, informed by a clear understanding of their respective roles and responsibilities and characterised by mutual respect, trust, honesty and openness and by appropriate behaviours.

Theme 2 – Governance and Accountability

Effective governance and accountability arrangements, with openness and transparency in decision-making, schemes of delegation and effective reporting of performance, are essential for taking informed decisions, effective scrutiny of performance and stewardship of resources.

In achieving Best Value, a local authority will be able to demonstrate the following:

- **A clear understanding and the application of the principles of good governance and transparency of decision-making at strategic, partnership and operational levels.**
- **The existence of robust arrangements for scrutiny and performance reporting.**
- **The existence of strategic service delivery and financial plans that align the allocation of resources with desired outcomes for the short, medium and long terms.**

This means that:

1. Members and senior managers ensure accountability and transparency through effective internal and external performance reporting, using robust data to demonstrate continuous improvement in the local authority's priority outcome measures.
2. Management information and indicators that allow performance to be assessed are widely and consistently used by the local authority. Senior management regularly receives information that is used to inform members about performance.
3. Performance is reported to the public, to ensure that citizens are well informed about the quality of services being delivered and what they can expect in future.
4. Learning from previous performance, and from the performance of other local authorities, informs the review and development of strategies and plans to address areas of underperformance.
5. Key organisational processes are linked to, or integrated with, the planning cycle; these include strategic analyses, stakeholder consultations, fundamental reviews, performance management, staff appraisal and development schemes, and public performance reporting.
6. The local authority has a responsible attitude to managing risk, and business continuity plans (including civil contingencies and emergency plans) are in place to allow an effective and appropriate response to planned and unplanned events and circumstances.

7. Key discussions and decision-making take place in public meetings, and reasonable measures are taken to make meeting agendas, reports and minutes accessible to the public, except when there are clear reasons why this would be inappropriate.
8. The local authority's political structures support members in making informed decisions.
9. The scrutiny structures in the local authority support members in reviewing and challenging its performance.
10. Members and senior managers promote the highest standards of integrity and responsibility, establishing shared values, mutual trust and sound ethics across all activities. Effective procedures are in place to ensure that members and staff comply with relevant codes of conduct and policies. This includes ensuring that appropriate policies on fraud prevention, investigation and whistleblowing are established and implemented.
11. Members and senior managers understand and effectively communicate their respective and collective roles and responsibilities to members and staff. They understand that effective delegation enables and supports the local authority's ability to achieve Best Value.
12. An information governance framework is in place that ensures proper recording of information, appropriate access to that information including by the public, and legislative compliance.
13. Technological innovation and digital transformation are promoted and used to ensure accessibility of performance information and public accountability.
14. Members and employees across the local authority understand and implement their responsibilities in relation to its Standing Orders and Financial Regulations.
15. There are clear governance and lines of accountability when delivering services via a third party, and there is evidence of the application of the principles within the ['Following the Public Pound' guidance](#) when funding is provided to external bodies.

Theme 3 – Effective Use of Resources

Making the best use of public resources is at the heart of delivering Best Value. With clear plans and strategies in place, and with sound governance and strong leadership, a local authority will be well placed to ensure that all of its resources are deployed to achieve its strategic priorities, meet the needs of its communities and deliver continuous improvement.

In achieving Best Value, a local authority will be able to demonstrate the following:

- **It makes best use of its financial and other resources in all of its activities.**
- **Decisions on allocating resources are based on an integrated and strategic approach, are risk-aware and evidence-based, and contribute to the achievement of its strategic priorities.**
- **It has robust procedures and controls in place to ensure that resources are used appropriately and effectively, and are not misused.**
- **It works with its partners to maximise the use of their respective resources to achieve shared priorities and outcomes.**

This means that:

Staff

1. A workforce strategy is in place that sets out expectations on how the local authority's staff will deliver its vision, priorities and values.
2. The strategy is translated into workforce plans, covering employee numbers, skills, knowledge, competencies and organisational structures, that demonstrate how staff will be deployed to deliver the services planned for the future. Plans are regularly reviewed at appropriate intervals according to a clear review cycle.
3. All employees are managed effectively and efficiently, and know what is expected of them. Employee performance is regularly assessed through performance appraisal, with individuals and teams being supported to improve, where appropriate.
4. Members and senior managers understand and demonstrate that effective delegation is an important contribution to the local authority's ability to achieve Best Value.
5. The contribution of staff to ensuring continuous improvement is supported, managed, reviewed and acknowledged.

6. The local authority demonstrates a commitment to fairness, equity and safety in the workplace; it adopts relevant statutory guidance through progressive workplace policies and a commitment to best practice in workplace relationships.
7. Leaders ensure that there is the organisational capacity to deliver services through effective use of all employees and other resources. They communicate well with all staff and stakeholders, and ensure that the organisation promotes a citizen- and improvement-focused culture that delivers meaningful actions and outcomes.

Asset management

1. There is a corporate approach to asset management that is reflected in asset management strategies and plans, which are subject to regular review.
2. There is a systematic and evidence-based approach to identifying and managing risks in relation to land, buildings, plant, equipment, vehicles, materials and digital infrastructure.
3. The local authority actively manages its asset base to contribute to its objectives and priorities.
4. Fixed assets are managed efficiently and effectively, taking account of availability, accessibility, safety, utilisation, cost, condition and depreciation.

Information

1. Information is regarded as a strategic resource and is managed accordingly.
2. There is a clear digital strategy in place, which includes resilience plans for information systems.
3. Information is shared appropriately, and the local authority seeks to develop data compatibility with its partners.

Financial management and planning

1. There is clear alignment between the local authority's budgets and its strategic priorities.
2. Regular monitoring and reporting of financial outturns compared with budgets is carried out, and corrective action taken where necessary to ensure the alignment of budgets and outturns.
3. Financial plans show how the local authority will fund its services in the future. Long-term financial plans that include scenario planning for a range of funding levels are prepared and linked to strategic priorities.
4. An appropriate range of options is considered when taking decisions, and robust processes of option appraisal and self-assessment are applied.

5. The local authority has clear plans for how it will change services and realise efficiencies to close future budget gaps.
6. Members and senior managers have a clear understanding of likely future pressures on services and of how investment in preventative approaches can help alleviate those pressures, and they use that understanding to inform decisions.
7. Financial performance is systematically measured across all areas of activity, and regularly scrutinised by managers and members.
8. There is a robust system of financial controls in place that provides clear accountability, stakeholder assurance, and compliance with statutory requirements and recognised accounting standards.
9. The local authority complies with legal and best practice requirements in the procurement and strategic commissioning of goods, services and works, including the [Scottish Model of Procurement](#). There is clear accountability within procurement and commissioning arrangements.
10. There are clear and effective governance and accountability arrangements in place covering partnerships between the local authority and its arm's-length external organisations (ALEOs), including for performance monitoring and the early identification of any significant financial and service risks; there is evidence of the application of the principles of 'Following the Public Pound.'
11. The local authority has a reserves policy that supports its future financial sustainability, and its reserves are held in accordance with that policy.

Performance management

1. Effective performance management arrangements are in place to promote the effective use of the local authority's resources. Performance is systematically measured across all areas of activity, and performance reports are regularly scrutinised by managers and elected members. The performance management system is effective in addressing areas of underperformance, identifying the scope for improvement and agreeing remedial action.
2. There is a corporate approach to identifying, monitoring and reporting on improvement actions that will lead to continuous improvement in priority areas. Improvement actions are clearly articulated and include identifying responsible officers and target timelines.
3. The local authority uses self-evaluation to identify areas for improvement. This includes the use of comparative analyses to benchmark, monitor and improve performance.

4. The local authority takes an innovative approach when considering how services will be delivered in the future. It looks at the activities of other organisations, beyond its area, to consider new ways of doing things. A full range of options is considered, and self-assessment activity and options appraisal can be demonstrated to be rigorous and transparent.
5. Evaluation tools are in place to link inputs, activities and outputs to the outcomes that they are designed to achieve. There is evidence to demonstrate that improvement actions lead to continuous improvement and better outcomes in priority service areas.
6. The local authority seeks and takes account of feedback from citizens and service users on performance when developing improvement plans.
7. Improvement plans reflect a pace and depth of improvement that will lead to the realisation of the local authority's priorities and the long-term sustainability of services.
8. Performance information reporting to stakeholders is regular and gives a balanced view of the local authority's performance, linked to its priority service areas. The information provided is relevant to its audience, and clearly demonstrates whether or not strategic and operational objectives and targets are being met.
9. The local authority demonstrates a trend of improvement over time in delivering its strategic priorities.

Theme 4 – Partnerships and Collaborative Working

The public service landscape in Scotland requires local authorities to work in partnership with a wide range of national, regional and local agencies and interests across the public, third and private sectors.

A local authority should be able to demonstrate how it, in partnership with all relevant stakeholders, provides effective leadership to meet local needs and deliver desired outcomes. It should demonstrate commitment to and understanding of the benefits gained by effective collaborative working and how this facilitates the achievement of strategic objectives.

Within joint working arrangements, Best Value cannot be measured solely on the performance of a single organisation in isolation from its partners. A local authority will be able to demonstrate how its partnership arrangements lead to the achievement of Best Value.

In achieving Best Value, a local authority will be able to demonstrate the following:

- **Members and senior managers have established and developed a culture that encourages collaborative working and service provision that will contribute to better and customer-focused outcomes.**
- **Effective governance arrangements for Community Planning Partnerships and other partnerships and collaborative arrangements are in place, including structures with clear lines of responsibility and accountability, clear roles and responsibilities, and agreement around targets and milestones.**

This means that:

1. Members and senior managers actively encourage opportunities for formal and informal joint/integrated working, joint use of resources and joint funding arrangements, where these will offer scope for service improvement and better outcomes.
2. The local authority is committed to working with partner organisations to ensure a coordinated approach to meeting the needs of its stakeholders and communities. This includes:
 - scenario planning with partners to identify opportunities to achieve Best Value
 - collaborative leadership to identify Best Value partnership solutions to achieve better outcomes for local people
 - proactively identifying opportunities to invest in and commit to shared services
 - integrated management of resources where appropriate
 - effective monitoring of collective performance, including self-assessment and reviews of the partnership strategy, to ensure the achievement of objectives

- developing a joint understanding of all place-based capital and revenue expenditure.
3. Members and senior managers identify and address any impediments that inhibit collaborative working. The local authority and its partners develop a shared approach to evaluating the effectiveness of collaborative and integrated working.
 4. In undertaking its community planning duties the local authority works constructively with partners to agree a joint vision for the Community Planning Partnership and integrates shared priorities and objectives into its planning, performance management and public reporting mechanisms. Service plans clearly reflect the priorities identified through community planning, and show how the local authority is working with partners to provide services that meet stakeholder and community needs.

Theme 5 – Working with Communities

Local authorities, both individually and with their community planning partners, have a responsibility to ensure that people and communities are able to be fully involved in the decisions that affect their everyday lives. Community bodies – as defined in the Community Empowerment Act 2015 (section 4(9)) – must be at the heart of decision-making processes that agree strategic priorities and direction.

In achieving Best Value, a local authority will be able to demonstrate the following:

- **Early and meaningful engagement and effective collaboration with communities to identify and understand local needs, and in decisions that affect the planning and delivery of services.**
- **A commitment to reducing inequalities and empowering communities to effect change and deliver better local outcomes.**
- **That engagement with communities has influenced strategic planning processes, the setting of priorities and the development of locality plans.**

This means that:

1. Members and senior managers ensure that meaningful consultation and engagement in relation to strategic planning take place at an early stage and that the process of consultation and engagement is open, fair and inclusive.
2. Members and senior managers are proactive in identifying the needs of communities, citizens, customers, staff and other stakeholders; plans, priorities and actions are demonstrably informed by an understanding of those needs.
3. Communities are involved in making decisions about local services, and are empowered to identify and help deliver the services that they need. Suitable techniques are in place to gather the views of citizens, and to assess and measure change in communities as a result of service interventions.
4. Active steps are taken to encourage the participation of hard-to-reach communities.
5. The local authority and its Community Planning Partnership work effectively with communities to improve outcomes and address inequalities.
6. A locality-based approach to community planning has a positive impact on service delivery within communities, and demonstrates the capacity for change and for reducing inequality in local communities by focusing on early intervention and prevention.

7. Members and senior managers work effectively with partners and stakeholders to identify a clear set of priorities that respond to the needs of communities in both the short and the longer term. The local authority and its partners are organised to deliver on those priorities, and clearly demonstrate that their approach ensures that the needs of their communities are being met.
8. The local authority engages effectively with customers and communities by offering a range of communication channels, including innovative digital solutions and social media.
9. The local authority plays an active role in civic life and supports community leadership.

The two cross-cutting themes that a Best Value local authority should fully embrace across all of its activities are Theme 6, sustainable development, and Theme 7, fairness and equality.

Theme 6 – Sustainable Development

Sustainable development is commonly defined as securing a balance of social, economic and environmental wellbeing in the impact of activities and decisions, and seeking to meet the needs of the present without compromising the ability of future generations to meet their own needs. The [United Nations Sustainable Development Goals](#) provide a fuller definition and set out an internationally agreed performance framework for their achievement.

Sustainable development is a fundamental part of Best Value. It should be reflected in a local authority's vision and strategic priorities, highlighted in all plans at corporate and service level, and a guiding principle for all of its activities. Every aspect of activity in a local authority, from planning to delivery and review, should contribute to achieving sustainable development.

In achieving Best Value, a local authority will be able to demonstrate the following:

- **Sustainable development is reflected in its vision and strategic priorities.**
- **Sustainable development considerations are embedded in its governance arrangements.**
- **Resources are planned and used in a way that contributes to sustainable development.**
- **Sustainable development is effectively promoted through partnership working.**

This means that:

1. Leaders create a culture throughout the local authority that focuses on sustainable development, with clear accountability for its delivery across the leadership and management team.
2. There is a clear framework in place that facilitates the integration of sustainable development into all of the local authority's policies, financial plans, decision-making, services and activities through strategic-, corporate- and service-level action. In doing so, the local authority will be able to demonstrate that it is making a strategic and operational contribution to sustainable development.
3. The local authority has set out clear guiding principles that demonstrate its, and its partners', commitment to sustainable development.
4. There is a broad range of qualitative and quantitative measures and indicators in place to demonstrate the impact of sustainable development in relation to key economic, social and environmental issues.
5. Performance in relation to sustainable development is evaluated, publicly reported and scrutinised.

Theme 7 – Fairness and Equality

Tackling poverty, reducing inequality and promoting fairness, respect and dignity for all citizens should be key priorities for local authorities and all of their partners, including local communities.

In achieving Best Value, a local authority will be able to demonstrate the following:

- **That equality and equity considerations lie at the heart of strategic planning and service delivery.**
- **A commitment to tackling discrimination, advancing equality of opportunity and promoting good relations both within its own organisation and the wider community.**
- **That equality, diversity and human rights are embedded in its vision and strategic direction and throughout all of its work, including its collaborative and integrated community planning and other partnership arrangements.**
- **A culture that encourages equal opportunities and is working towards the elimination of discrimination.**

This means that:

1. The local authority demonstrates compliance with all statutory duties in relation to equalities and human rights.
2. The local authority is taking active steps to tackle inequalities and promote fairness across the organisation and its wider partnerships, including work and living conditions, education and community participation.
3. The local authority and its partners have an agreed action plan aimed at tackling inequality, poverty and addressing fairness issues identified in local communities.
4. The local authority engages in open, fair and inclusive dialogue to ensure that information on services and performance is accessible to all, and that every effort has been made to reach hard-to-reach groups and individuals.
5. The local authority ensures that all employees are engaged in its commitment to equality and fairness outcomes, and that its contribution to the achievement of equality outcomes is reflected throughout its corporate processes.
6. The local authority engages with and involves equality groups to improve and inform the development of relevant policies and practices, and takes account of socio-economic disadvantage when making strategic decisions.

7. The equality impact of policies and practices delivered through partnerships is always considered. Equality impact information and data is analysed when planning the delivery of services, and measuring performance.
8. The local authority's approach to securing continuous improvement in delivering on fairness and equality priorities and actions is regularly scrutinised and well evidenced.

Best Value Guidance Refresh – National Steering Group

The steering group comprised officials from the Scottish Government, the Convention of Scottish Local Authorities (COSLA), the Society of Local Authority Chief Executives (SOLACE), the Scottish Trades Union Congress (STUC) and the Scottish Public Services Ombudsman (SPSO). Officials from Audit Scotland also attended meetings in an observational capacity:

David Martin, SOLACE and Chief Executive of Dundee City Local Authority (Chair)
Fiona Mitchell-Knight, Audit Scotland (observer)
Fraser McKinlay, Audit Scotland (observer)
Garrick Smyth, COSLA
James Fowlie, COSLA
Sandra Lorimer, Dundee City Local Authority
Brian Peddie, Scottish Government
John Stevenson, SPSO
Mike Kirby (Unison), STUC

Contributors:

Anne Margaret Black, East Ayrshire Integration Joint Board
Lorraine Gillies, Audit Scotland

Useful Resources

Audit Scotland

Further information on the audit of Best Value can be found on the [Audit Scotland website](#)

Audit Scotland issued on behalf of the Strategic Scrutiny Group [Principles for community empowerment](#) which aims to raise awareness of community empowerment and promote a shared understanding across scrutiny bodies to support high-quality scrutiny of community empowerment.

Accounts Commission

The [“How Councils Work”](#) series of reports produced by the Accounts Commission provides useful information and practical advice on a range of issues that are relevant to Best Value.

[‘Following the Public Pound’ guidance](#) is intended to ensure proper accountability for funds or other resources that are transferred by councils to arm’s-length bodies, such as companies, trusts and voluntary bodies funds, and to ensure that the principles of regularity and probity are not circumvented. It has the support of the Convention of Scottish Local Authorities.

Scottish Government

[Best Value in Public Services: Guidance for Accountable Officers](#)

[Community empowerment](#): information can be found on the Scottish Government website.

Other resources

The European Foundation for Quality Management (EFQM) Excellence Model was developed by the EFQM. It is widely used as a framework for continuous improvement activity by private, public and voluntary sector organisations. More information can be found on the [Quality Scotland web site](#).

The [National Standards for Community Engagement](#) are good-practice principles designed to improve and guide the process of community engagement.

The [Place Standard tool](#) provides a simple framework to structure conversations about place taking into account both the physical elements of a place and its social aspects.

The [Public Service Improvement Framework](#) (PSIF), produced by the Improvement Service, is a self-assessment framework that enables organisations to conduct a comprehensive review of their own activities and results.

The [Sustainable Development Network](#) provides information and advice on sustainable development in the public sector in Scotland.



Scottish Government
Riaghaltas na h-Alba
gov.scot

© Crown copyright 2020

OGL

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit nationalarchives.gov.uk/doc/open-government-licence/version/3 or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at www.gov.scot

Any enquiries regarding this publication should be sent to us at

The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-83960-602-1 (web only)

Published by The Scottish Government, March 2020

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS704906 (03/20)

Appendix 2 – Best Value Compliance Review 2023/24

East Lothian Integration Joint Board

Review against each of the seven best value themes

1 – Vision and Leadership

Regular IJB business sessions and Strategic Planning Group (SPG) meetings took place throughout the year, with IJB Development Sessions alongside focusing on a range of strategic matters. IJB Development Sessions provide an opportunity to inform IJB members of key issues and allow for in depth discussion. Topics covered by Development Sessions during 2023/24 included Health Inequalities; Prescribing; Provisioning; Dementia; and Finance / Financial Recovery Planning.

A review of the IJB's Change Board structure began during 2023/24 to help ensure that Change Boards continued to be aligned with strategic priorities. Review recommendations are helping to shape the reconfiguration of Change Boards during 2024/25.

2 – Governance and Accountability

The content and operation of the Board's Local Code of Corporate Governance, which complies with 7 core principles and recommendations of the CIPFA/SOLACE Framework 'Delivering Good Governance in Local Government' (2016) and the supporting guidance notes for Scottish authorities, continues to be assessed on annual basis, through the annual corporate governance reporting process at Audit & Risk Committee. All recent external audit reports confirm that the key features of good governance are in place and operating effectively. The audit report for 2022/23 stated that "Governance arrangements are appropriate and operate effectively. There is effective scrutiny, challenge and informed decision making." The annual governance statement was consistent with both the governance framework and key findings from relevant audit activity, including the Internal Auditor's Annual Assurance.

The board continued to receive quarterly budget monitoring reports and updates to the existing medium term financial plan from the Chief Financial Officer. ELIJB 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 MIJB in April 2024 with the approval of the Revised Five Year financial plan 2024/25.

Internal Audit and the committee comply with the CIPFA Public Sector Internal Audit Standards. Internal audit investigation reports presented to the committee in December 2023 and March 2024 concluded that control was reasonable other than for the Internal Audit of the Publication Scheme which was Limited Assurance. The Internal Audit Annual Plan 2024/25 was approved on 12 March 2024. The External Audit plan 2023/24 was reported on the same date. The committee repeated its annual self-assessment exercise withal issues identified now implemented. The Internal Audit Annual Opinion and Report 2023/24, including the statutory review of the system of internal control, was be reported to the committee on 18 June 2024. The Board's Risk Register was kept under review each meeting of the Audit & Risk committee.

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.

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 ELIJB Participation and Engagement Strategy 2023-25 in May 2023.

An Annual Performance Report for 2023/24 was approved by the Board on the 27 June 2024 outlining progress against strategic objectives over the year. The last Annual Performance Report for 2022/23 was approved by the Board in June 2023. This was presented along with the IJB Strategic Plan- Annual Delivery Plan 2024-25 and the Recommended IJB Directions 2024-25.

3 – Effective Use of Resources

The IJB has reviewed its financial reporting and planning processes and cycle in light of the financial challenges in 23/24 and arising from the 24/25 financial planning process. From December 2023 onwards, the IJB was presented with a financial report at each meeting updating the financial position as appropriate and reviewing the five year financial plan. At its December 2023 meeting the IJB was presented with an outline 5 year financial plan and this indicated a significant financial pressures in 2024/25. This led to a series of finance workshops with the IJB and allowed the IJB to set a balanced budget at its March 2024 meeting.

The IJB broke-even at the end of 2023/24 although this was after utilising c. £1.9m of available reserves to underpin the social care position and with additional income from NHS Lothian of £740,000 to underpin the health position.

The IJB's annual accounts for 2023/24 have been approved and signed and the appointed auditor's report stated that the IJB's accounts were unmodified – that is that the financial statements are related reports are free from material misstatement.

The IJB's Audit and Risk committee meets quarterly and reviews the IJB's risk register and approves and monitors both the Internal Audit plan and the External Auditors plan.

The IJB is currently developing its budgetary proposals for 2025/26.

4 – Partnerships and Collaborative Working

The IJB works in close partnership with delivery partners, East Lothian Council and NHS Lothian and issues directions to these partners in relation to the strategic objectives outlined in its Strategic Plan for 2022-25.

The IJB is a member of the East Lothian Community Planning Partnership and represented at a senior level in the East Lothian Community Planning Governance Group. During 2023/24, HSCP Officers were actively involved in the development of an updated East Lothian Poverty Plan which includes specific actions for IJB delegated services. In terms of local Community Planning, HSCP Officers provide a link between East Lothian's six Area Partnerships and the Strategic Planning Group.

The IJB agreed the East Lothian HSCP Commissioning Strategy in 2023. The 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 also 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.

The section below 'Working With Communities' also describes collaboration with community and third sector organisations in relation to the provision of care and support.

5 – Working with Communities

The IJB's Strategic Plan include the strategic objective 'Deliver new models of community provision, working collaboratively with communities'. This is reflected in ongoing transformation activity to progress innovative approaches to the delivery of care and support, working alongside communities and third sector partners, adopting a 'co-production' approach. Some examples of development activity during 2023/24 include:

- **East Lothian Community First Service** – delivered by VCEL (Volunteer Centre East Lothian) and funded by the IJB to support people with health and wellbeing issues, including support for people leaving hospital or to prevent hospital admission.
- **Resource Coordinator Service** – support given to people with learning disabilities to access community based activities where they do not need Resource Centre based service.
- **Neighbourhood Networks** – provide peer support in local communities to help people be more active and independent, and less reliant on formal support.
- **Meeting Centres** – delivered by Dementia Friendly East Lothian (DFEL), the first Meeting Centre was opened in Musselburgh in April 2023. Meeting Centres are social clubs offering support to people with dementia, their families, and friends.

A new IJB Participation and Engagement Strategy for 2023-25 was agreed in May 2023. 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' whenever possible.

Several major pieces of engagement work took place 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; as well as ongoing engagement with carers. The first round of the Planning for Older People's Services engagement took place from April to December 2023 and gathered almost 2,500 pieces of feedback, informing over 100 options to be short listed and appraised.

6 – Sustainable Development

The IJB acknowledges its position of responsibility in relation to tackling climate change in East Lothian.

In line with the Climate Change (Scotland) Act 2019, the IJB publishes an Annual Climate Change Report and submits this to the Scottish Government.

The IJB works closely with the Council and Health Board to seek assurances on their sustainability policies in relation to the commissioning and provision of services on the IJB's behalf, and to identify further opportunities to operate more efficiently and sustainably. Directions from the IJB to the Council and Health Board ask that IJB commissioned services are operationally delivered taking account of climate and sustainability requirements.

The IJB will continue to work with colleagues in the Council and Health Board to identify opportunities to operate more efficiently and sustainably going forward.

7 – Fairness and Equality

At its meeting in March 2024, the IJB agreed a number of budget saving measures, all of which were subject to a full Integrated Impact Assessment (IIA). The completion of 14 individual IIAs, as well as a overarching 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 form the basis of ongoing monitoring of the impact of the IJB budget decisions.

The Scottish Government added Integration Joint Boards to Schedule 19 of the Equality Act 2010 and to The Equality Act 2010 (specific duties) Regulations 201 in April 2016 and all IJBs are subject to the Specific Duties, which require the publication of a report on mainstreaming equality and progress against equality outcomes every two years.

The IJB published its Equality Mainstreaming Report and Equality Outcomes for 2023–2025 in April 2023, incorporating an action plan to support delivery of equality outcomes.

REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 19 December 2024
BY: Interim Chief Finance Officer
SUBJECT: Finance Update – 2024/25 and Initial Outline 2025/26

11

1 PURPOSE

1.1 The report lays out:

- An update on the IJB's 2024/25 projected out-turn.
- An update on the Scottish Government's 2025/26 draft budget.
- An outline of the 2025/26 financial projection.
- Proposals to further develop plans to allow the IJB to set a balanced budget for 2025/26 at its March 2025 meeting.
- An update on the Annual Accounts for 2023/24.

2 RECOMMENDATIONS

2.1 The IJB is asked to:

- i. Note the projected out-turn position for 2024/25.
- ii. Note the output from the draft Scottish Budget for 2025/26.
- iii. Note the outline of the financial position for 2025/26.
- iv. Agree to write to Partners formally outlining the financial and operational challenges and seeking further discussion with both Partners to agree a way forward to a sustainable financial position for the IJB.
- v. Agree to a further IJB Development Session in early 2025 to fully consider and develop proposals to manage the 2025/26 financial position.
- vi. Note the risks laid out in 3.10 below.
- vii. Note that the IJB's Annual Accounts for 2023/24 have been approved and signed.

3 BACKGROUND

- 3.1 At its March 2024 meeting the IJB set a balanced budget for 2024/25. This budget included c. £10m of recovery programmes which were designed to offset the projected financial pressures resulting from the financial planning processes for 2024/25.
- 3.2 Recognising this challenge and, looking forward, anticipating that similar challenges will exist in future years the IJB agreed that financial monitoring and report would now be discussed at each meeting and that a five year financial plan would be developed throughout the year and a 'final' version to be presented at the December 2024 meeting of the IJB. The Finance Paper presented to the IJB at its October meeting laid out the then current forecasts both for 2024/25 and 2025/26 and beyond.
- 3.3 The October finance paper laid out the first stage of the IJB's Financial Recovery programme for 2024/25. As discussed, the Integration Scheme lays out that if the IJB is not forecasting a break-even out-turn for the financial year then it must work with its partners to develop a recovery plan. In the event that any recovery plan is not successful and having taken account of any available reserves the net overspend will revert to the appropriate partner.
- 3.4 The current quarter 2 out-turn forecast from the partners showed, at the October meeting, an overspend of c. £7.4m of which c. £3.0m lay within the social care budgets and £4.4m within the health budgets. As the first stage of the 2024/25 recovery plan the IJB decided to utilise its remaining available reserves (£3,1m) to underpin the health position on the basis that NHS Lothian would cover any remaining deficit. This had the effect of reducing the projected overspend to £3.0m. Further financial updates from Council colleagues currently project an overspend of £2.8m in the social care position as further management actions in year have impacted on the position.
- 3.5 The Scottish Government presented its draft budget for 2025/26 on 4th December 2024. The settlement arising from this budget were different from the planning assumptions used by the IJB partners in the preparation of their future plans and the partners are now in the process of fully revising their own financial plans. Given that these plans are the basis of the IJB's financial planning then the IJB will not be able to update its own financial plan until early in the new calendar year.
- 3.6 The current draft Scottish Government has the following proposals for the IJB's partners –
 - NHS – The NHS Boards will receive a 3% uplift on the closing 2024/25 baseline. This will provide 3% for pay awards in 2025/26 along with some funding towards the non-pay costs in the base budget. This is different from the 2024/25 health settlement wherein only the pay awards were covered, and that settlement generated

additional pressures from no provision for increases in non-pay costs. The Scottish Government also indicated that additional costs arising from the changes to the Agenda for Change terms and conditions and the costs from the increases in the National Insurance rates arising from the United Kingdom's budget in October would be covered on those staff directly employed by the NHS. The settlement is clear that an appropriate share of any NHS uplift will be available to the IJBs. The settlement also includes further funding for increases in the Real Living Wage and Free Personal and Nursing Care.

- Local Authorities – this settlement is more complicated and further details are awaited and East Lothian Council colleagues will provide further information to the IJB as it becomes available. The headline position is an uplift for Local Authorities of c. £1.0B but it is estimated that having funded commitments already entered into there will be c. £289m (nationally) available. However, the impact of the UK government's national insurance rate increase has not yet been fully worked through and further information will not be available until the new financial year. The impact of the NI increase on the third party providers of social care is not yet clear and there is a risk of further financial pressures arising from this settlement.

3.7 As discussed above, the partners are continuing to review the year-end forecast. Further financial information (a quarter 3 review) should be available in January 2025. That said, it is likely that the IJB will not be able to break-even in 2024/5 and the partners have been advised accordingly.

3.8 The IJB had a further finance workshop on 28 November 2024. This was to consider both management actions to underpin the financial position in year and further recovery plans to address the financial pressures in 2025/26. At that workshop the then current forecast 2025/26 position for the IJB projected at c. £9.0m. The key element of the forecast being the underlying social care overspend reflected in the current projected 2024/25 position. The 2024/25 position has a significant element of slippage from the 2024/25 recovery schemes that the IJB agreed at its March 2024 budget setting. The full year delivery of these schemes will determine how much of the current social care overspend is recurrent and therefore what the opening position for the 2025/26 financial forecast should be. As was discussed above, the partners are currently revising their 2025/26 financial plans in the light of the UK and Scottish Government's budgets.

3.9 The IJB has been working with the partners to consider a range of further short terms and longer terms recovery schemes. These plans require further discussion, and it is proposed that a further IJB workshop be held to agree plans prior to the March budget setting meeting. At present, the following are being considered:

- Review of the Internal Bed Base - to look at the current level of provision of community hospital and local authority care home beds

in East Lothian, and use of IJB commissioned beds within acute hospitals. The review will focus on ensuring that there is sufficient bed capacity to meet current and projected need, whilst reflecting the IJB's strategic objective of shifting the balance of care, whereby people are supported to live in their own home for as long as possible. Consideration will also be given to measures needed to ensure there is sufficient community capacity to enable this shift and to develop alternatives to beds as part of a wider transformation approach.

- Review of Commissioned Services – continuation of the review of commissioned services to delivery financial savings where possible, while ensuring that statutory responsibilities are met. This will include carrying out consultation regarding day services, including those for over and under 65. In terms of services for under 65s, this will include establishing a framework to control costs and reviewing the transport policy and charging.
- Workforce Review – ongoing review of vacancies through the Recruitment Panel to ensure that the most effective use of made of the overall HSCP workforce and that services remain within 'core' staffing spend.
- Income Maximisation – activity to look at opportunities to introduce charging for some items of equipment and technology enabled care.

3.10 There are a range of risks which now need to be considered and managed. These fall into three board categories –

Financial

- The full impact of the Scottish Government's draft budget of 4/12/24 still required to be fully evaluated and there may be further financial challenges therein.
- The impact of the UK Government's increase in the National Insurance contributions for employees needs to be fully evaluated. This information will not be complete until after the start of the next financial year.
- The impact of demography and increased dependency especially on the social care budget is very significant as expressed through the overspend in both 2023/24 and 2024/25. Consideration needs to be given to ensure that the level of resources to support social care is adequate. This is not clear at this time.

Impacts on the IJB's Statutory Responsibilities

- There is a risk that the financial uncertainty and ongoing activity to achieve a balanced budget will result in the current draft Strategic

Plan 2025/35 being unrealistic, unachievable or, in parts, incongruent with the system actions.

Impact arising from Scottish Government and Partners' decisions.

- Various Audit Scotland reports have highlighted the requirement for reform and change both of health and local authority services. These plans may impact on the functions that are delegated to the IJB or, and this has happened in the past, on the functions themselves that are delegated to the IJB.
- 3.11 The timescales for the final approval and signing of the IJB's 2023/24 Annual Accounts had slipped from September until December. The accounts had been audited by the IJB appointed auditor and were presented to the IJB's Audit and Risk Committee for review at its meeting on 3rd December 2024. Given that the Interim Chief Finance Officer was stepping down from his role on 6th December 2024 it was not possible to have the account signed off at the IJB meeting on 19th December so in order to have then accounts appropriately completed the Audit and Risk committee sought the IJB's delegated authority to approve the 23/24 annual accounts and therefore allow them to be signed by the IJB's Chair, Chief Officer, Interim Chief Finance Officer and the Appointed Auditor. The IJB granted this authority to the committee and the 23/24 accounts, having been approved by the committee were signed on 6th December 2024. These are now available on the IJB's website (see Background Papers below).

4 ENGAGEMENT

- 4.1 The IJB holds its meeting in public and also makes its paper available to the public

5 POLICY IMPLICATIONS

- 5.1 There are no new policy implications in the above 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 require and new directions nor amendments to those directions currently extant.

8 RESOURCE IMPLICATIONS

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

9 BACKGROUND PAPERS

- 9.1 [East Lothian Integration Joint Board Annual Accounts 2023-24.](#)
- 9.2 [IJB Meeting of 24th October 2024 – 2024/25 Financial Update and further revision to the IJB's Five Year Financial Plan.](#)

AUTHOR'S NAME	David King
DESIGNATION	Interim Chief Finance Officer
CONTACT INFO	Not applicable
DATE	11 December 2024