



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

**THURSDAY 19 DECEMBER 2024
VIA DIGITAL MEETINGS SYSTEM**

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Voting Members Present:

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

Non-voting Members Present:

Mr D Binnie	Ms S Gossner
Dr J Hardman	Mr D Hood
Dr K Kasengele	Ms M McNeill
Mr T Miller	Mr M Porteous
Ms F Wilson	

Officers Present from NHS Lothian/East Lothian Council:

Ms L Berry	Mr P Currie
Ms H Crowe	Ms J Jarvis
Ms L Kerr	Ms W McGuire
Mr J Megaw	Mr N Munro
Ms G Neil	Ms I Nisbet
Ms C Rodgers	Mr D Stainbank
Mr G Whitehead	

Clerk:

Ms F Currie

Apologies:

Ms M Allan
Mr D Bradley
Ms C MacDonald
Dr C Mackintosh

Declarations of Interest:

None

The Chair welcomed everyone and 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.

The Clerk took a roll call of IJB members present.

The IJB members agreed to exclude the public from the discussion of the report at Item 12 as it contained exempt information by virtue of Paragraph 5.9.1 of the IJB's Standing Orders.

1. MINUTES OF THE MEETINGS OF THE EAST Lothian IJB ON 24 OCTOBER 2024 (FOR APPROVAL)

Item 3 - Councillor Jardine noted that her important question around relationships between the partners and reserves was not accurately reflected in the note of this item. The Chair agreed that this section of the minutes should be expanded to reflect the detailed conversations around reserves more accurately.

Item 7 - The Chair asked that her comment during the discussion - that she did not want to see a reduction in day centre provision - be included within the note of this item.

The minutes of the IJB meeting on 24 October 2024 were approved subject to these amendments.

2. MATTERS ARISING FROM THE MINUTES OF 24 OCTOBER 2024

The following matters arising from the minutes on 24 October were discussed:

Item 7 – The Chair asked about the timeframe for a further report on this issue. Laura Kerr said she expected the report on the review of day supports for older people to be ready by the end of January 2025.

Item 7 – The Chair asked for an update on the position that carers were no longer eligible for COVID vaccinations. Ms Kerr indicated that the eligibility criteria was set nationally by the JCVI and was not a local decision. David Binnie confirmed his previous comment that this may have a negative impact on carers. The Chair asked officers to keep this matter in view and to look for any opportunity of relaying these concerns to the national body.

Item 7 - The Chair asked that her comment during the discussion of this item – that she did not want to see a reduction in day centre provision – be included in the minutes.

3. CHAIR'S REPORT

The Chair presented a report on the activities she had undertaken since the last meeting of the East Lothian IJB, as well as updates on relevant subjects. She highlighted some of the key topics set out in her report.

Jonathan Blazeby thanked the Chair for her report and asked if she could expand on her conversations with the Cabinet Secretary, Neil Gray MSP.

The Chair said that she had taken the opportunity at a recent event in Prestonpans and at the Chairs/Vice Chairs meeting, to raise the twin challenges of East Lothian's demographic growth and subsequent increased need for provision of services and the ongoing financial challenges. She had raised these points in the context of unscheduled care (during the Prestonpans visit), while also making the point that the government needed to look at the whole picture and to invest more in IJBs. She said she also raised the issue of changing the narrative around the need for hospital beds to focus more on local interventions. She said that while Mr Gray did not respond directly to these points, there was no doubt that he was fully aware of the challenges East Lothian was facing. She had also emphasised to him that IJBs could be part of the solution but only if adequately funded. Referring to the recent budget, she hoped that additional resources would be forthcoming and that this would provide some acknowledgment that the concerns raised had been taken on board.

In response to a question from Councillor McFarlane, the Chair said that she had relayed the population figures for over 70s to Mr Gray along with the rising demand for services and the need for fair funding to support that demand. She said that she had taken every opportunity to raise these issues, to make sure all those in government are aware of the challenges being faced in East Lothian.

Councillor Jardine thanked the Chair for responding to her previous request for a written report. She said that she would be keen to join in any further discussions with the Cabinet Secretary and also suggested that the Chair follow up her recent contact with a letter to Mr Gray to ensure that his officials were also fully briefed. The Chair agreed to take this away as an action point.

Mr Blazeby suggested that some of these points may be covered by the letter to be discussed during the private agenda item later in the meeting.

Decision

The IJB agreed to:

- i. Note the activities and updates that had taken place since the last meeting.
- ii. Note that the report was to help raise awareness of the wide range of work carried out across East Lothian that contributed to the strategic directions of the IJB.

4. HOUSING CONTRIBUTION STATEMENT

A report was submitted by the Head of Housing, East Lothian Council, summarising the contents of the updated Housing Contribution Statement for the period 2024-2029.

Hannah Crowe presented the report explaining that this statutory document should be seen as a bridge between the Council's Local Housing Strategy (LHS) and the IJB's Strategic Plan focusing on shared outcomes, actions and investment decisions. Development of the statement was tied to the adoption of the LHS by the Council earlier this year and it addressed general challenges impacting demand for and delivery of housing and social care services. It focussed on groups who were more vulnerable to poor health and housing outcomes and set out the challenges, such as the critical pressure on the homelessness service, an ageing population, increasing labour and

materials costs placing strain on delivery of improvement and adaptations, and the availability of social care staff impacting on delivery of care packages. She highlighted the potential impact on people's physical and mental health and that these detrimental impacts could result in higher demand for carers and care home places. She advised that the actions in the statement would be monitored by the Health & Housing Board and plans were underway to set up a specialist Health & Housing Group. She concluded that the statement was an essential tool to enable joint working and target resources.

Councillor Jardine asked about the content of the IJB Direction referred to in the report and how this had changed from the previous version. Ms Crowe said that the Direction would be updated to reflect the content of the housing contribution statement. Ms Kerr added that currently the Direction focussed on broader support from housing for learning disability and older people's services through more mainstream housing rather than specifically adapted housing. They now planned to re-write the Direction in light of the statement and would be working with housing colleagues to produce realistic and deliverable actions.

Councillor McFarlane asked about the delivery of suitable homes for people with mobility and health problems who were having difficulty living in their current homes. Ms Crowe advised that evidence gathered during planning for older people's services had highlighted that more people wanted to live in their own homes for as long as possible. However, in older properties this was more difficult to achieve, and funding pressures made this difficult to deliver. While new housing developed to certain standards could help to address this, there was a very high demand.

Wendy McGuire advised that there was already a housing needs and demand assessment and a lot of work had already been done with specific client groups. However, she was aware of the challenges and the need for appropriate housing. She said that, as a housing authority, the Council had a lot of influence over housing providers, specifically around new builds and they were also looking at adaptations of existing housing stock. The private sector did present some challenges, but they were working on this as part of next Local Development Plan. She added that the Council also had targets around delivery of accessible housing and would be looking at a new investment framework and housing needs assessment to inform the work of planners. She acknowledged that there were huge challenges to meet demand across the county and the Council was looking at a range of different affordable tenures to improve supply.

Councillor McFarlane commended officers for a very readable and informative document.

Mr Blazeby asked about the drop in resources and spend. Ms McGuire said that the Council preferred to look at this over a 5-year period rather than an annual basis as the timing of site starts and completions could be quite fluid leading to carry forward from year to year. She also explained that the Council had had to re-profile the programme as a result of a reduction in Scottish Government subsidy towards affordable housing. However, the recent announcement of additional funding meant that officers were currently considering how best to ensure they maximised any subsidy available in the next financial year. Ms McGuire agreed that it was about setting a target for the number of units, monitoring delivery and tracking the impact of any change in funding. She accepted that this could be reflected more clearly in the statement. She also confirmed that 'delegated' and 'non-delegated' referred to the IJB's areas of responsibility.

Replying to a further question from Councillor Jardine, Ms McGuire confirmed that a 5-year budget had been set out for council house adaptations and private sector investment was currently being worked through based on the recent allocation of funding to local authorities, however, they would not know the full detail until next year. She

agreed that the work referred to earlier to gain a more localised understanding of need would also help to identify how resources should be allocated.

In response to questions from the Chair, Fiona Wilson confirmed that housing played an important role although it was not the main source of delayed discharges in East Lothian. The IJB operated a principle around home first and supporting people in their own homes with care or adaptations. The relationship between these services and housing was an important one and a lot of the work was to provide support for people with degenerative conditions to remain at home for as long as possible.

David Hood outlined that work was taking place through Ms McGuire and her team, and the Housing Partners Board, on adaptable housing. Referring to Elder Street, he said using appropriate community facilities was really important. He agreed to provide case study examples.

Ms McGuire referred to the difficulty in attracting care staff, particularly in rural areas, and said that there were plans to develop a key worker policy which may help with recruitment challenges. Ms Crowe also pointed out that as part of the LHS officers were working on a mental health needs assessment which would also pick up on many of the issues raised.

The Chair recommended that members read the very thorough Integrated Impact Assessment that accompanied the report. She also thanked officers for their work in this very challenging policy area. She noted that members were all aware of the benefits of appropriate housing in supporting the work of health and social care services and reducing the need for health interventions. She was pleased that the IJB would be aligning with the housing contribution statement and was mindful that there would be financial requirements as a result. She requested that the IJB should be kept up to date on any changes to funding as this may require adjustments to be made to the actions contained within the Direction.

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

Decision

The IJB:

- i. Noted the contents of the Housing Contribution Statement.
- ii. Noted that this statement was developed before East Lothian Council declared an Affordable Housing Emergency on 12th November 2024. This declaration came as a response to the Strategic Housing Investment Plan 2025/26-2029/30 which highlighted that there was an immediate risk of the permanent loss of affordable homes within upcoming development sites, due to reduced investment from the Scottish Government. This would 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.
- iii. Agreed that the existing IJB Direction regarding housing would be revised to reflect the Housing Contribution Statement, and current and planned collaborative working between Housing and the Health and Social Care Partnership.

5. CHANGE TO NON-VOTING MEMBERSHIP OF THE INTEGRATION JOINT BOARD

A report was submitted by the Chief Officer informing the IJB of a change to its non-voting membership.

Paul Currie presented the report outlining the background and the recent resignation of one of the IJB's 2 service user representatives following an extended leave of absence. He said that the Chair had considered the need for a replacement but had taken the view that the IJB did not require 2 service user representatives and that it should revert to 1 representative, as had been the case prior to May 2023. Mr Currie concluded by advising members that the national legislation governing the membership of IJBs only required 1 service user representative to be appointed.

Mr Blazeby asked about best practice across IJBs. Mr Currie advised that across the other Lothian IJBs only 1 service user representative had been appointed to each IJB. He was not aware of the position nationally.

Councillor Jardine asked why the decision had been taken in 2023 to appoint 2 representatives. Mr Currie thought that the reason had been to see if the IJB could extend its reach of representation but, unfortunately, Mr Aston had not been in place long enough to test this. However, the current representative had done an excellent job of representing views and bringing issues to the attention of the IJB. Ms Wilson added that at the time, she and the then Chair had been so delighted to have more than one applicant who was suitable for appointment that they had been keen to appoint 2 representatives to the role.

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

Decision

The IJB agreed to:

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

6. CONFIRMATION OF INTERIM CHIEF FINANCE OFFICER APPOINTMENT

A report was submitted by the Chief Officer informing the IJB of the interim appointment to the vacant Chief Finance Officer (CFO) position.

Ms Wilson presented the report outlining the background to this interim appointment and advising that, following consultation with NHS Lothian and East Lothian Council, it had been agreed to nominate Mr Porteous to fill the CFO role on an interim basis.

The Chair welcomed the interim appointment of Mr Porteous to this very important role.

Decision

The IJB agreed to 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.

7. APPOINTMENT OF THE CHIEF FINANCE OFFICER SUBSTANTIVE POST

A report was submitted by the Chief Officer informing the IJB of changes to the arrangements for the Chief Finance Officer post.

Ms Wilson presented the report outlining the legal requirements and previous arrangements for a shared CFO between East and Midlothian IJBs. She advised that recruitment to a substantive post had been unsuccessful and, following discussion with NHS Lothian, East Lothian Council and Midlothian Council, it had been agreed to appoint a full-time CFO for East Lothian IJB. As outlined in the previous item, an interim arrangement would remain in place until a substantive appointment had been made.

In a reply to a question from Councillor Jardine, Ms Wilson advised that she, along with the Chair, Vice Chair and the partners' directors of finance had been involved in the recruitment.

Patricia Cantley thanked officers for a clear and straightforward paper.

Elizabeth Gordon asked about a timeline for moving this to a resolution and whether there had been a handover between Mr Porteous and the previous interim CFO. Ms Wilson confirmed that there had been a handover and that Mr Porteous had also met with finance colleagues within both partners. He would speak to the finance report on today's agenda. Ms Wilson said she recognised the urgency of current situation and confirmed that Mr Porteous would remain until there was a permanent appointment.

Mr Blazeby also asked about a timeline and the longer-term justification for a fulltime CFO post. Ms Wilson said there was justification given the increased demands of the role and while there were short term requirements around the need to balance this year's budget, there was also longer-term work on transformation of services. She advised that Midlothian IJB had put in place interim arrangements while they worked out their longer-term situation. She confirmed that interviews for the East Lothian CFO role would take place at the end of January, and they would be looking to appoint by the end of the financial year.

The Chair thanked officers for the report and said it was a crucial role which was needed to help support managers in forthcoming budget discussions.

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

Decision

The IJB:

- i. Noted the discussion in the attached SBAR paper and the legal requirement for the IJB to appoint a Chief Finance Officer.
- ii. Noted that the current interim arrangements for the Chief Finance Officer post ended on 6th December with the then postholder's departure.
- iii. Noted that from December 2024, and with the agreement of partners, it was 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.

- iv. Noted that the interim CFO appointment for East Lothian would be sought from within either of the parent organisations as per the Integration Scheme.
- v. Agreed that the substantive Chief Finance Officer post should be appointed to on new terms, on a 1.0 WTE basis.

8. PLANNED IMPROVEMENT TO UNSCHEDULED CARE PROGRAMME

A report was submitted by the Chief Officer informing the 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.

Ms Wilson presented the report outlining the background to the planned improvements. She advised that there was a clear urgency to improving performance while also keeping patient safety at the centre of decision making. Colleagues had worked to develop a comprehensive proposal to address capacity issues, using elements such as the roll out of discharge without delay, improving rapid assessment services, models of care for frail citizens and strengthening patient flow. She emphasised that the likely actions required if this proposal was not agreed were quite stark. She said that the proposal was divided into 3 distinct components, each with clear objectives to reduce attendance, bed occupancy, admissions and length of stay. She viewed this as a really exciting opportunity to support East Lothian IJB's strategic direction of home first, with actions focused on enhanced discharge to assess, social work and care at home and building on work already being done on shifting the balance of care. She invited IJB members to consider and agree the recommendations set out in the report and added that, since the time of writing it, there had been a subsequent letter from the Cabinet Secretary supporting recurrency of funding for this work.

In reply to questions from Councillor Findlay, Ms Wilson confirmed that the additional social work staff referred to in the paper were new staff. She added that the funding bid required that proposals offer additionality to assist with performance and that the funding would cover the cost of the new staff.

Ms Gordon asked about the challenges around recruitment and concerns that this work could be undermined by the risks set out in the following agenda report. Ms Wilson acknowledged that it was a challenge to recruit but that as a result of decisions taken in March 2024, there were a number of staff currently on redeployment who could be matched in roles. In addition, the other Lothian IJBs were not following similar models so they would not all be looking for the same types of staff. She said that while it would be wrong to say that workforce was not a risk, she felt that there were opportunities around staff redeployment and to shift the balance and do something different around assessment that could be more attractive to new staff. She, and colleagues, had thought carefully around this and did not believe that the risks outlined in the next paper would be a barrier. She said that the main issue was around care at home, and this was an opportunity to look at service transformation and really test the home care versus bed-based model.

Replying to questions from Councillor Jardine on funding and staffing, Ms Wilson advised that the funding for this work would be recurring, and that the delivery date of 31 December was connected to the timing of the bid and the subsequent delay in receiving a response. She agreed that staffing was an ongoing challenge but reiterated her view that this was the best opportunity they would have to do this work.

Gillian Neil acknowledged the point raised by Councillor Jardine around the risk of attracting staff away from third sector and local authority community roles to fill these new posts. She said that this issue had been carefully considered but reiterated the point about the number of staff on redeployment and that this was an opportunity for staff with the required skill sets to get permanent positions. She said that there had already been a tremendous amount of interest in the job advertisement and things were looking positive.

Councillor Jardine also asked whether similar proposals had been tried before and whether there had been a change in thinking around clinical pathways. Ms Wilson explained that the work of in-reach and ICAS was now influencing colleagues to adopt a different approach and there was also a leadership push behind that. The short life working group had also been a really powerful catalyst and there was real ambition around reducing beds. She said that this had to be done collectively as a system wide approach by all Lothian IJBs but recognising that the approaches for each area would be different. She also said that there had been a good level of support from the Scottish Government, as part of the reform agenda, but there was still more work to be done on clinical pathways to get to a single point of contact for services.

Andrew Cogan commented that the USC challenge was as great as it had ever been, and he welcomed the Scottish Government's response and its willingness to commit significant funds to help the situation. He said that the easy option would have been to increase beds at the RIE, and he applauded Ms Wilson and her team for resisting this option. While he stressed that this was the right thing to do, he observed that the real test of these proposals was yet to come. He asked whether officers were confident that they would see the right level of change, and how they would mitigate against challenges if the numbers did not change as hoped.

Ms Wilson said that her confidence around the plan was fairly high but a key risk would be the workforce element. While the situation in East Lothian was positive, they were reliant on other areas being successful with their plans. She said it was in their interests to support other areas as well as focusing on delivering benefits for in East Lothian

Referring to an earlier point on staffing challenges, Isobel Nisbet explained that gathering weekly figures on external and internal provider care hours would allow them to monitor the impact on the recruitment to these new posts. She added that, from a social work perspective, placements often broke down at the last minute due to carer stress and this model would offer more flexibility to help prevent people going into hospital in these circumstances.

Lesley Berry advised that enhanced discharge to assess had been very successfully trialled pre-COVID. They had also learnt hugely from in-reach on data, and they were confident in the data gathered and how this informed processes.

Mr Blazeby said that while he could not underestimate the importance of this initiative throughout the whole system, he remained concerned about how the level of improvement set out in the paper would be achieved. He noted that the Scottish Government's letter made clear that funding was dependent upon meeting these improvements. He asked Ms Wilson how confident she was in the modelling and whether the plans would be successful enough to ensure continued funding.

Ms Wilson stressed the importance of IJBs having direction and oversight in monitoring performance of the plans. She said that modelling had been done by the short life working group and all teams had put together their own proposed timescales for achieving their targets. She said that culture and leadership were also important factors, as well as a reliance on other areas to successfully meet their own targets. She stated that the timescales for East Lothian had been carefully worked out and there would be

twice weekly meetings to monitor performance against the project plan. She accepted that it was ambitious but reiterated that there would be tight, scheduled monitoring on all aspects.

Dr Cantley echoed the comments made by her fellow members and asked about a communications strategy to highlight this good news story; and to inform and encourage a culture shift from the public.

Ms Wilson confirmed that there were central and local communications plans as part of project board, and that communications would also be key to attracting staff. She said that the first stage had been to ensure that IJBs were given oversight of the proposals, monitoring arrangements and to consider the strategic direction for East Lothian.

The Chair asked whether the additional funding for care at home and Ots would allow the IJB to plug the gap of 300 hours associated with delayed discharges. Ms Wilson explained that these proposals were designed to provide additionality for a different purpose and to target unmet need in the community. The funding could not be used to fill existing gaps in the IJB's budget.

Ms Berry added that this was a transformational model designed for the front end, where people could be assessed in their own homes to provide the required rehab or care. She said any effect on the community OT service, or the adaptations/equipment service would be closely monitored.

Ms Nisbet said that providing care at the front door would free up capacity further down the line, as people would be receiving care sooner and this would help avoid deterioration and the need for care later on.

Ms Wilson agreed saying that this was where the opportunity for transformation would come about. The key was to strengthen existing services further and this might create efficiencies in different places. She confirmed that whatever these impacts were for East Lothian would come back to the IJB.

The Chair said it would be important to monitor these plans carefully and any unintended consequences on other services, as well as being mindful of the pressures on staff.

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

Decision

The IJB:

- i. Noted 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).
- ii. Noted 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.
- iii. Agreed the specific actions and associated costings for East Lothian as outlined in the attached document: *'Unscheduled Care System Improvement: RIE Final Proposal'* (Appendix 1) and in the report and note that the Scottish Government has agreed to provide funding to deliver the service transformations.
- iv. Agreed to issue the direction to partners to support delivery of improved USC performance.

9. RISKS FOR CLINICAL AND SOCIAL WORK SERVICES ARISING FROM CURRENT AND PLANNED BUDGET EFFICIENCIES

A report was submitted by the Chief Officer presenting to the 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.

Ms Berry presented the report stating that professional leads had previously expressed concern at IJB meetings and development sessions about the budgetary constraints being placed on them. These officers had worked together to gather evidence on how individual services had been affected and she invited members to consider the recommendations contained in the report.

Councillor Jardine commented that the report had made difficult reading but that she could not disagree with its contents and, unfortunately, none of what was presented had come as a surprise. She commended officers for taking the time to ensure that this important paper was presented to the IJB.

The Chair agreed with Councillor Jardine. She noted that one of the recommendations was to escalate these concerns to the IJB partners and she suggested also including them in the letter to the Cabinet Secretary, to be discussed later in the agenda. She asked how best to ensure that those in individuals were fully cognisant of the challenges facing social care staff.

Ms Kerr reassured members that homecare staff were very much part of the workforce and there were strategies in place to support them. She acknowledged that this was the area where they saw the highest level of absence, but she said that they had seen a higher level of retention following measures put in place by Ms Neil and her team.

Ms Nisbet and Ms Berry responded to a further question from the Chair on the work being done by professional bodies for social workers, OTs and physiotherapists to highlight these concerns. Sarah Gossner added that there was a lot of recognition, monitoring and reviewing nationally of the situation by professional bodies and their support and focus on staff wellbeing was really important.

Mr Blazeby commented that all individuals could do was to do the right thing as best they could. He said it was crucial that there was a culture where staff felt safe and secure enough to speak up if they believed there was a threat of breaching professional standards.

Ms Gossner said that, in her experience, they would always encourage staff to speak up and staff had been using their professional voice differently this year.

John Hardman said that professional bodies had been working with the HSCP to ensure that staff know when to escalate problems or risks and to encourage staff to speak up as much as possible. He said that there were a lot of negatives in paper but that when reflecting on the past year while there were a lot of difficulties, he felt that staff had shown a lot of real professionalism and kindness towards each other. He wanted to put on record his thanks to all professional colleagues for the way they had approached the challenges over the last year or two.

Ms Nisbet said it was requirement of the social work code of practice for staff to speak up if they felt that there were things within operations that were impacting their ability to

do their job. She said that this was discussed regularly at the workforce group, but staff had been much more vocal about this recently. There were concerns that structures had changed as a result of financial challenges, that care packages were now scrutinised far more heavily; and the way of working was changing due to the financial climate.

Mr Blazeby said fostering a culture where staff felt safe enough to speak up was incredibly important. However, he accepted that this could be challenging where some staff may feel their jobs were under threat.

Kalonde Kasengele agreed with the importance of supporting a culture where staff were encouraged to speak up if they had concerns.

Ms Nisbet said that staff had valued the fact that their comments are being seen and heard by the IJB and CSWO through this paper.

In reply to a question from the Chair, Ms Berry and Ms Nisbet outlined some of the strategies and supports in place to support staff health and wellbeing, the benefits from multi-disciplinary work and the opportunities for discussion of the ongoing pressures that staff were facing. Dr Hardman added that, for many, feeling that they were not being heard was adding to their stress. That was why bringing forward this report to the IJB and escalating concerns to the partners and government was so important.

Ms Gossner echoed previous comments adding that it was also important to continue to develop staff and invest in them, and to ensure that East Lothian continued to be an attractive place to work.

Councillor Jardine said she was heartily reassured by all of the positive elements highlighted during the discussion. She commended managers for finding the time to prioritise check-ins with staff and making them aware of how much they are valued. She agreed with the benefits and power that came from multi-disciplinary working and she welcomed the Chair's commitment to taking all opportunities to escalate the concerns raised in the paper.

The Chair said she wanted all staff within the HSCPO to know that their concerns had been heard and taken on board. She said that, from the IJB's point of view, all staff were valued for their contributions. She asked the managers present to pass on to staff; that the level of dedication, commitment and kindness shown to clients was hugely appreciated. She stated that it was now the responsibility of IJB members to make sure staff voices were heard. She fully supported the recommendations in the report and reiterated her commitment to including staff concerns in the IJB's letter to the Cabinet Secretary.

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

Decision

The IJB:

- i. Noted the professional standards required to be upheld by the Health, Social Work and Social Care workforce are at risk.
- ii. Agreed that the risks described demonstrate that financial savings to date had 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.

- iii. Agreed that continued efforts would 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.
- iv. Agreed to formally escalate these concerns to the IJB's Partners as part of the wider discussions on financial recovery plans with funding Partners.

10. BEST VALUE – ANNUAL COMPLIANCE STATEMENT

A report was submitted by the Chief Internal Auditor. It noted that the IJB was a public body constituted under s106 of the Local Government Scotland Act (1973), which meant that it had a duty of best value in line with all other bodies governed by this Act. The report examined the IJB's compliance with that Best Value duty.

Duncan Stainbank presented the report outlining the background and drawing attention to sections of the report setting out the duty of Best Value and other duties placed on the IJB, the 7 broad themes for performance assessment, and key prompt questions for IJBs to consider. He also drew attention to the template for annual appraisal which reflected the good work being undertaken by the IJB under all 7 of the broad themes, and which would be reported to the Audit & Risk Committee.

Replying to a question from Mr Blazeby on governance and areas for improvement, Mr Stainbank advised that this was a self-assessment exercise to be completed on an annual basis and reported to the Audit & Risk Committee each June. Much of this information would also be included in the annual governance statement which would form part of the IJB's annual accounts. The accounts were subject to external audit and the auditors would also undertake an assessment of Best Value. He added that while there were no areas for improvement in this assessment, which was for 2023/24, there may be some identified in the assessment for 2024/25.

Councillor Jardine asked about potential impact as a result of differing accounting practices between the partners. Mr Stainbank advised that while he could see these creating tensions when looking at financial positions, he felt that Best Value considerations transcended any narrow accounting differences.

Councillor McFarlane asked what steps would have to be taken to ensure that quality of care was not compromised. Mr Stainbank said that quality of care must be at the forefront in achieving Best Value. Ms Wilson referred to some of the issues discussed in previous papers around statutory elements, scrutiny, and grip & control measures. She emphasised that while there was a cost associated with providing care, it was important not to compromise safety.

Mr Cogan asked about benchmarking and the potential to learn from other areas on more effective and better ways of doing things. Mr Stainbank agreed that there was always scope for improvement. He said performance reporting had a focus on benchmarking and he would always encourage board members to ask those questions, not least as a way of providing that proving of Best Value.

The Chair drew attention to guidance provided by Audit Scotland and suggested that this may be helpful for members. She also asked about benchmarking and how to ensure the comparisons were fair given differences in funding, etc., and how to improve public access to IJB meetings.

Mr Stainbank referred to national indicators used in benchmarking but accepted the point about funding. On public meetings, he offered to consider further but pointed out that the meeting recordings were made available online immediately following each IJB meeting.

David Hood confirmed that the partnership did participate in a series of benchmarking exercises including the Local Government benchmarking framework, and the Improvement Service. However, he accepted that there was a broader conversation to be had on this issue and offered to take this forward.

Mr Cogan welcomed the provision of additional guidance and assurance to IJB members at the appropriate time and place.

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

Decision

The IJB:

- i. Noted the Best Value compliance documentation (Appendix 1 of the report.)
- ii. Considered if there were any other matters that impacted on the delivery of best value.
- iii. Agreed that the Best Value compliance statement for 2023/24 (Appendix 2) provided assurance to the IJB that its duty of Best Value was being met.

11. FINANCE UPDATE 2024/25 AND INITIAL OUTLINE 2025/26

A report was submitted by the Interim Chief Finance Officer laying 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; and an update on the Annual Accounts for 2023/24.

Mike Porteous presented the report outlining some of the key points including the forecast overspend of roughly £2.8M in the current financial year, the recent Scottish Government announcements and draft budget for 2025/26 and the likely impacts on funding for both health and local authorities. He advised that next financial year the NHS was likely to see a 3% the uplift on the 2024/25 baseline for both pay and non-pay budgets. Additional staff and NIC costs would be fully funded, and the expectation was that whatever monies were due to the IJB would be passed on in full. He said that there was less clarity around the local authority position, but it had been confirmed that the additional funding from government would not cover the NIC increase. He said that it was clear that there would be risks associated with these budgets and it would take time to work through the detail. He would update the IJB's 2025/26 financial forecast once he had more information from the partners. However, he confirmed that the projected overspend for 2024/25 was not expected to reduce significantly and there would be further discussions with the partners on recovery actions. He concluded by outlining the recommendations in the report.

In reply to questions from the Chair, Mr Porteous confirmed that an appropriate share of the 3% uplift for health would be passed on to the IJB. Ms Wilson confirmed that this was Scottish Government guidance and that, as in previous years, NHS Lothian would pass through all appropriate monies to the IJB. She said she had also asked this question at a recent Council meeting and had received a similar assurance.

Ms Gordon asked if third party providers had expressed concerns about the increased cost of NICs. Ms Kerr confirmed that providers were increasingly worried about the impact of this additional cost and officers were working with them to identify what could be done to support them.

Mr Blazeby was concerned that it was no longer realistic to expect that the IJB could identify sufficient savings to address the £3M deficit and deliver a breakeven position for 2024/25. He urged members to ensure that discussions around the efficiencies required to deliver a balanced budget in 2025//26 began as early as possible. He noted that while there may be unpalatable choices to be made, they must avoid a repeat of this year.

Ms Wilson acknowledged the point but said that part of the process and the purpose of the report was to provide a narrative around the challenges of addressing the budget deficit. She said that while the IJB had made some difficult decisions in the past, all were agreed that it would struggle to deliver a balanced budget this year. She said that it was important to be transparent and to continue to try to close the current budget gap.

Mr Porteous agreed saying that it was important to continue the work they were doing on recovery plans and future proofing. The IJB also had to demonstrate that it had exhausted all avenues, especially as a background to making potentially difficult choices in the future to bring its financial position back into line.

Mr Binnie asked what would happen if the deficit could not be bridged before the end of the financial year, whether the deficit would carry forward to 2025/26, whether services would be cut, or if there was another option.

Ms Wilson advised that the IJB first needed to be transparent with its partners about the challenges it was facing and recognise that the funding was not sufficient. It would then be for the partners to consider options for this year and how that might impact funding offers going forward. She said that they could not make any sudden cuts to services which would mean a risk of harm to people. In those circumstances, the responsibility would fall to the partners to support the IJB in the short-term.

Mr Hood said that the actions required should there be an overspend at the year-end were set in the Integration Scheme. In the meantime, the IJB needed to ensure that it was raising these issues and considering options through conversations with its partners, and it should not simply rely on them to provide additional funds as a last resort.

The Chair advised that the minutes of the IJB's meetings were submitted to the NHS Lothian board and that finance updates were regularly provided from the Council highlighting the IJB elements. All of this was in addition to regular conversations with partners throughout year.

Councillor Jardine asked about the assumptions around the staffing budget for 2025/26 in the context of the 3% uplift for the NHS Mr Porteous said that, currently, there was an assumption that pay uplifts would be funded to a level of 3% and that, if next year's pay award was higher than 3%, further funding would be provided.

The Chair thanked Mr Porteous for the report and emphasised the need for prioritisation of resources and linking into the transformation work being done by the IJB partners. She also highlighted the recent Audit Scotland report on health and local authority services as possible future agenda item.

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

Decision

The IJB:

- i. Noted the projected out-turn position for 2024/25.
- ii. Noted the output from the draft Scottish Budget for 2025/26.
- iii. Noted the outline of the financial position for 2025/26.
- iv. Agreed 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. Agreed to a further IJB Development Session in early 2025 to fully consider and develop proposals to manage the 2025/26 financial position.
- vi. Noted the risks laid out in the report.
- vii. Noted that the IJB's Annual Accounts for 2023/24 had been approved and signed.

SUMMARY OF PROCEEDINGS – EXEMPT INFORMATION

The IJB unanimously agreed to exclude the public from the following business containing exempt information by virtue of Paragraph 5.9.1 of its Standing Orders (the Integration Joint Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation).

IJB Formal Approach to Partners

The IJB considered a report supporting discussion and agreement in relation to a formal approach to its funding Partners.



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 20 February 2025
BY: Chief Officer
SUBJECT: Appointment to the IJB Chief Finance Officer Post

4

1 PURPOSE

- 1.1 This report informs the Integration Joint Board (IJB) of the appointment to the Chief Finance Officer post on a substantive basis.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Note that following a competitive recruitment process, Mike Porteous has been appointed to the post of Chief Finance Officer, with effect from January 2025.
- 2.2 Note that in December 2024, it was agreed to increase the hours of the Chief Finance Officer from 0.5 WTE to 1.0 WTE, reflecting the importance of the post in securing a balanced budget for year end and in supporting the delivery of efficiencies across work programmes.

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. These interim arrangements continued while permanent recruitment to the shared CFO post was pursued.
- 3.4 Demands on the CFO increased with the focus by East Lothian IJB and Midlothian IJB on delivery of financial savings and financial balance.

Following discussion between NHS Lothian, East Lothian Council and Midlothian Council, it was agreed that two separate full-time CFO posts should be established for each IJB, rather than appointing to a shared post. This was to allow each IJB to focus on its particular financial challenges and to make the posts more attractive to prospective candidates.

- 3.5 The 0.5 WTE arrangements for East Lothian IJB ended in December 2024 with the departure of the interim CFO. At this point a replacement interim CFO was appointed on a 1.0 WTE basis.

4 ENGAGEMENT

- 4.1 NHS Lothian and East Lothian Council have been consulted with through their senior management teams, as has the IJB. All parties have received updates on progress towards filling the CFO post on a substantive basis.

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 costs 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, as the role is being moved from part-time to whole time the additional funding needs to be met by the IJB.
- 8.2 This new funding arrangement adds 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.

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DATE	22 nd January 2025

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 20 February 2025

BY: Chief Finance Officer

SUBJECT: 2024/25 Quarter 3 Finance Report

5

1 PURPOSE

- 1.1 This report updates the IJB on the outcome of the partner's Quarter 3 Financial Reviews and provides a revised forecast position on spend and an update on the delivery of efficiencies.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- i. Note the outcome of partner's Quarter 3 Financial Reviews for 2024/25
 - ii. Note the planned release of Earmarked Reserves to offset relevant costs for 2024/25.
 - iii. Note the updated level of efficiency delivery for partners for 2024/25, and the requirement to review schemes that did not deliver as planned.

3 BACKGROUND

- 3.1 The Quarterly Financial Review process provides the partners and the IJB with an important indication of how the current financial year is progressing and highlights any areas of financial concern, or risk, and any potential opportunities for the delivery of efficiencies. It is particularly important as it provides a more robust indication of the year-to-date position and a strong indication of the forecast year end position.
- 3.2 The Quarter 3 Financial Reviews are based on information to the end of December 2024. The process includes a detailed analysis of the level of efficiencies delivered to date and a forecast of delivery to the year end.

QUARTER 3 FINANCIAL POSITION AND FORECAST

3.3 The Quarter 3 Financial position is summarised in the table below. The year-to-date spend is compared to the year-to-date budget and any under/(over) spend identified.

	Annual Budget at 31 December 2024	Expenditure to 31 December 2024	Under/(Over) Spend to 31 December 2024	Q3 Forecast Under/(Over) Spend
	£k	£k	£k	£k
Core	74,859	75,080	(221)	(655)
Hosted	13,579	13,363	216	417
Set Aside	16,366	17,375	(1,009)	(476)
Health Total	104,803	105,817	(1,014)	(714)
Social Care	54,250	56,321	(2,071)	(2,845)
Overall Total	159,053	162,138	(3,085)	(3,559)

3.4 Both partners are reporting a year to date overspend. Health services have an overspend of £1,014k which predominantly lies within Set Aside services. A smaller overspend in Core services is matched by a similar underspend within Hosted services. The overspend within Set Aside is largely driven by pressures across admission and bed-based services.

3.5 Council services are reporting a year to date overspend of £2,071k. This primarily falls within the Learning Disabilities service and relates to commissioned care packages. Overspends in Adult Social Care and Acute and Ongoing Care are also contributing to the overspend.

3.6 The above table also provides an update on the forecast year end position for the IJB, based on the year-to-date information and known or planned changes to the 31st of March 2025.

3.7 Health services are forecasting an overspend of £714k, driven primarily by the Prescribing spend in Core services and continued pressures within Set Aside services.

3.8 Within Council services continued pressures in the services highlighted above are driving the forecast £2,845k overspend. The planned release of £105k of Earmarked Reserves as detailed below will improve the forecast to an overspend of £2,740k.

Earmarked Reserve	2024/25 Opening Balance £	Committed in 24/25 £	Balance Remaining £
Community Living Change Fund	45,000	45,000	-
Carers	93,405	60,000	33,405
Earmarked	138,405	105,000	33,405

- 3.9 This will leave a balance of £33k of Carers funding in the Earmarked Reserves to be carried forward to 2025/26.

EFFICIENCIES

- 3.10 Both Partners have provided an update on their in-year delivery of efficiencies. The overall planned savings total £10,678k for 2024/25, split Health £5,134k and Council £5,544k.
- 3.11 The NHS Services are forecasting delivery of £4,377k in year. The under delivery relates primarily to schemes for the Belhaven Community Hub and the reconfiguration of ward services within Edington / ELCH. These schemes form part of the efficiency plans for 2025/26 when they are expected to deliver in full.
- 3.12 The Council have classified the delivery of their schemes as Green £2,456k, Amber £1,406 and Red £1,682. Within the Red classification are schemes totalling £800k, which relate primarily to the closure of the Abbey, and which are expected to deliver in full in 2025/26.
- 3.13 Any schemes that do not deliver by the end of the financial year will be reviewed in terms of their future delivery and plans will be updated accordingly.

4 ENGAGEMENT

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

5 POLICY IMPLICATIONS

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

6 INTEGRATED IMPACT ASSESSMENT

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

7 DIRECTIONS

- 7.1 This report does not require any new Directions nor amendments to those Directions currently extant.

8 RESOURCE IMPLICATIONS

8.1 Financial – there are no immediate resource implications from this report.

8.2 Personnel – None

8.3 Other – None

9 BACKGROUND PAPERS

9.1 None

Appendices: None

AUTHOR'S NAME	Mike Porteous
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DATE	February 2025

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 20 February 2025

BY: Chief Officer

SUBJECT: Planning Older People's Services Final Report and Recommendations

6

1 PURPOSE

- 1.1 To present members with the Planning Older People's Services final report and recommendations for their approval.

2 RECOMMENDATIONS

The Integration Joint Board is asked to:

- 2.1 Note the content and approve the final report.
- 2.2 Agree each of the report's recommendations (section 7.1):
- 1) The East Lothian IJB should adopt the four suggested priorities (palliative and end of life care; polypharmacy; intermediate care; and technology) and embed them within the refreshed strategic plan and updated Programme Board structure. The findings and specific suggestions contained within this report should be progressed further by relevant Senior Managers and Officers as part of the revised Programme Board structure.
 - 2) The East Lothian IJB should retain and develop the Independent Community Panel as a key engagement and participation function. The Panel should form part of a strategic planning and decision-making feedback loop that ensures key stakeholders, particularly those with lived experience, are informed and consulted on key discussions and developments on an ongoing basis.
 - 3) ELHSCP Officers should update and refresh our existing engagement and communications strategies to reflect the role of the Independent Community Panel and take consideration of other key project findings such as: raising awareness of services; accessibility of information; use of technical language; and accessible information standards.

- 4) When considering further financial recovery actions for 2024/25 and working towards a balanced budget position for 2025/26 and beyond as part of the East Lothian IJB 5-year financial plan, officers should remain mindful of the findings of this report, with particular reference to building community capacity and exploring innovative and sustainable intermediate care services.
- 5) ELHSCP Officers to continue to collaborate with NHS Lothian Public Health, East Lothian Council Area Partnership Health and Wellbeing sub-groups, 3rd sector partners / interfaces and community groups to explore and develop early intervention and prevention approaches that support IJB strategic priorities and deliver intermediate care and support.
- 6) ELHSCP Officers to continue to work with NHS Lothian Public Health and East Lothian Council data analysts to improve our Joint Strategic Needs Assessment and use of data and analytics when it comes to informing strategic decision making and service development.

3 BACKGROUND

- 3.1 The Community Hospitals and Care Homes Provision Change Board final report¹ was agreed by the IJB on the 23rd February 2023. As part of that report, the ELHSCP Chief Officer was asked to bring back options for the development of older people's services with a continued focus on community capacity.
- 3.2 In order to explore and develop these options the Chief Officer established a project team in March 2023. The project team included General Manager and Senior Officer representation from across the HSCP alongside a project manager and Trade Union representation. The project team met on a weekly basis during the initiation stage, before first moving to fortnightly and then to monthly meetings.
- 3.3 In order to support the project work an independent community panel was formed in August 2023. This panel was key to getting the engagement, options development and appraisal process right. The people on the panel represented a wide range of stakeholder views and experience and their role was to:
 - Oversee and shape the engagement process.
 - Be part of the shortlisting and options appraisal process.
 - Engage with their local communities; encourage members of the public to contribute their views and suggestions; share key project progress updates; and act as an advocate for their communities during meetings.

¹ <https://www.eastlothian.gov.uk/pfap>

4 ENGAGEMENT

- 4.1 The first Planning Older People’s Services engagement phase was undertaken between August and December 2023 with the findings report published in January 2024².
- 4.2 The project has now concluded its options modelling and appraisal exercises with four clear priorities identified:
 - 1) Palliative and end of life care
 - 2) Polypharmacy reviews
 - 3) Intermediate care
 - 4) Technology
- 4.3 The project has now also concluded its 12-week public engagement and consultation phase, which commenced on 16th September 2024 and concluded on 8th December 2024. This phase was launched via our regular community update³, advertised internally to staff via organisational newsletters and externally via social media posts. A copy of the findings is available within the full engagement and consultation report⁴
- 4.4 Stakeholders have remained engaged and positive throughout the Planning Older People’s Services work. Our 12-week engagement has illustrated support across the board for the suggested priorities and a willingness to continue collaborating and co-producing East Lothian health and social care services that are fit for purpose and sustainable.
- 4.5 The work of the Independent Community Panel has been extremely productive and beneficial to the project and without them the level of engagement achieved and the final report and recommendations would not have been possible. Due to the success of the panel as part of this distinct piece of work it is the intention of Strategic Officers to build upon this success, developing the panel as an integral part of the Integration Joint Board’s engagement and strategic planning process. The first scoping meeting of the revised Independent Community Panel is scheduled to take place in February 2025, led by our Equalities and Engagement Officer. Progress on this work will be reported back to governance groups in due course.

5 POLICY IMPLICATIONS

- 5.1 This work will respond to local and national strategic plans including the East Lothian IJB Strategic Plan 2022 – 2025 whose commitment is to support people closer to home, in their own home or in a homely setting.

² https://www.eastlothian.gov.uk/downloads/file/33891/provisioning_strategy_project_-_communications_and_engagement_report_aug-dec_2023

³ https://www.eastlothian.gov.uk/downloads/file/34603/provisioning_strategy_project_-_community_newsletter_september_2024

⁴ http://www.eastlothian.gov.uk/download/downloads/id/34926/provisioning_strategy_project_-_engagement_and_consultation_feedback_report.pdf

This work is related to strategic Delivery Priority (1.1) of the IJB strategic plan.

- 5.2 The work will respond to several Strategic Outcomes (S01, S02, S03).
- 5.3 It is anticipated that the Planning Older People's Services findings and recommendations will inform the development of the revised East Lothian IJB Strategic Plan 2025-2028.

6 INTEGRATED IMPACT ASSESSMENT

- 6.1 The subject of this report has gone through the Integrated Impact Assessment process with an initial IIA completed on 22nd August 2023⁵. A full IIA of the final report and recommendations was completed on 3rd February 2025 and is available [online](#).

7 DIRECTIONS

- 7.1 12I – Transforming Care for Older People.

8 RESOURCE IMPLICATIONS

- 8.1 Financial – IJB's face extremely difficult decisions due to the current financial landscape. In setting a balanced budget for 2024/25, savings in excess of £10 million need to be delivered. The current financial climate has resulted in increased financial pressures across the public sector, with the rate of inflation and the costs of goods and services significantly impacting daily operational delivery of services

Delivering any form of meaningful system change within the current financial environment will be extremely challenging, however investing in the proposed priorities will contribute towards improved population health, improved outcomes, sustainable services and reducing the future burden on the health and social care system. With the help of a 5-year financial plan and the support of all our stakeholders we will be better placed to reduce the impact of in year recovery actions and move on to addressing our strategic priorities and improving long-term outcomes for East Lothian's population.

- 8.2 Personnel – it is too early to state the impact on staffing other than highlighting the staff shortages and pressures that there are currently within the system.
- 8.3 Other – N/A.

⁵

https://www.eastlothian.gov.uk/downloads/file/33923/planning_older_peoples_services_engagement_strategy_ia_22823

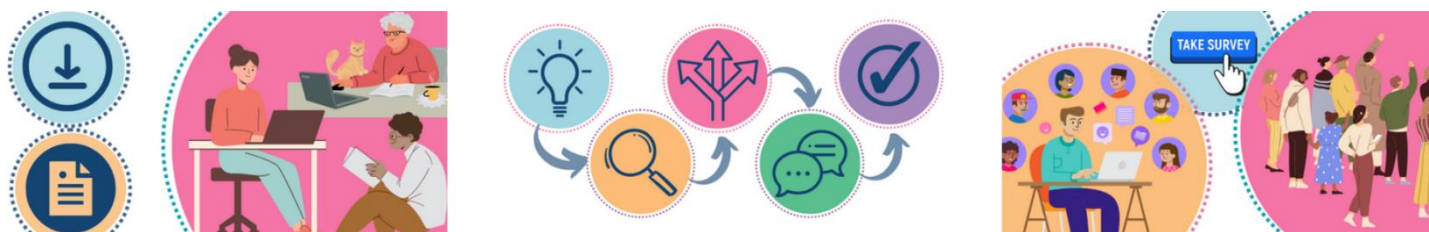
9 BACKGROUND PAPERS

- 9.1 [Project website](#)
- 9.2 [Public engagement and consultation page](#)
- 9.3 [Planning Older People's Services options modelling and development report \(July 2024\)](#)
- 9.4 [Planning Older People's Services options appraisal results report \(August 2024\)](#)
- 9.5 [Planning Older People's Services options update report as at November 2024](#)

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DATE	30/01/25

APPENDIX/APPENDICES

Planning Older People's Services Final Report



Approved by the POPS Project Team on 7th January 2025 and Strategic Planning Group on 30th January 2025

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1.0 Foreword

The publication of this report marks 2 years since the *Planning Older People's Services* (POPS) work began when the East Lothian Integration Joint Board (IJB) tasked the Senior Management Team with progressing the recommendations from the *Community Hospitals and Care Homes Provision Change Board* final report¹. A lot has changed during that time, and we are facing significant challenges in the delivery of a balanced health and social care budget for 2024/25 and beyond.

The formative Change Board recommendations highlighted the development of intermediate care as a priority in East Lothian and the POPS work further supports this finding alongside the other suggested priorities of palliative and end of life care, polypharmacy and technology.

To prepare health and social care services for significant demographic growth, an ageing population and to alleviate unrelenting pressure on bed-based services we must embrace the IJB's commitment to:

- Developing sustainable health and social care services.
- Focusing on early intervention and prevention.
- Increasing access to community-based services.
- Shifting the balance of care from hospital to homely settings.
- Keeping people safe.
- Tackling health inequalities.

Since taking on the role of Chief Officer of East Lothian Health and Social Care Partnership (ELHSCP) my drive has been about collaboratively improving

services to ensure people receive the right care and treatment, at the right time and as close to home as possible. The POPS findings support this focus and provide reassurance that communities and partners are on board, aligned with the IJB's priorities and eager to collaborate. I am particularly encouraged by the formation of the Independent Community Panel and appreciate stakeholders ongoing commitment to this long-term vision and approach to strategic planning. Within ELHSCP we want all stakeholders to be part of the conversation and we need the experience of all our citizens and communities to help support older people to live independent lives for as long as possible.

I fully support the findings of the POPS project and look forward to integrating and building upon the work as part of shifting the balance of care and developing sustainable health and social care services. East Lothian Health and Social Care Partnership is fully committed to ensuring that key stakeholders and the local community have continued opportunities to engage, collaborate and actively contribute to the planning and development of health and social care services.



Fiona Wilson
Chief Officer
East Lothian Health and Social Care Partnership

¹www.eastlothian.gov.uk/downloads/file/33131/community_hospitals_and_care_home_s_provision_change_board_final_report_2021-22

2.0 Summary of findings

The POPS project has completed two rounds of community engagement and explored a variety of suggestions and ideas as part of its work. The first round of engagement (August – December 2023) invited people to share their views and ideas about the future of older people’s services and the second round (16 September 2024 – 8 December 2024) was a 12-week public engagement and consultation exercise seeking feedback on the projects four identified priorities and process:



1. Palliative and end-of-life care

To review palliative and end of life care services throughout East Lothian including the development of an end-of-life care sheet.

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



2. Polypharmacy

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

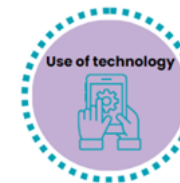
In its simplest form the term polypharmacy means “many medications”.



3. Intermediate Care

Investment in existing intermediate care services, including step-down, and development of new care approaches to support independent living at home.

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



4. Use of technology

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

Those with lived experience, wider communities, providers, and staff were supportive of the identified priorities² and provided positive feedback in relation to the project approach and process. Further to feedback on the suggested priorities and approach, other key messages included:

- A willingness and appetite for ongoing and continued collaboration between stakeholders and the IJB when planning and developing future health and social care services. This was particularly important to community groups looking to explore and develop local solutions.
- Support for development and continuation of the established Independent Community Panel.

² www.eastlothian.gov.uk/download/downloads/id/34926/provisioning_strategy_project_-_engagement_and_consultation_feedback_report.pdf

- A need for increased awareness of available health and social care services.
- More focus on prevention and early intervention to address health inequalities, deprivation and managing the challenges associated with an ageing population.
- Less jargon and use of more straightforward language when talking about health and social care.
- Improved communication and joint working between organisations, departments, and providers in order to take a more holistic approach to health and social care (e.g. NHS Lothian and East Lothian Council at the highest level; Health and Social Care Partnership; Public Health; Planning and Development; Housing; Connected Communities; Enjoy Leisure; VCEL; Area Partnerships etc).
- Frustration that the identified priorities may continue to be focussed on statutory services rather than collaborating on community led services.

POPS has been a live project and as findings have been reported back to the IJB, Senior Managers and Officers have adapted and updated the annual delivery plan. As a result, progress against each of the identified priorities is already well underway. With the IJB strategic plan and priorities due to be refreshed and updated for a June 2025 publication, this report and its findings are well placed to inform and influence the future direction of East Lothian's health and social care services for older people and beyond. More detail and suggestions can be found in relation to each of the proposed priorities within section 5 of this report.



3.0 What did we set out to do?

The original remit of the POPS project was to take forward the findings and recommendations from the *Community Hospitals and Care Home's Change Board* in early 2023. This earlier piece of work was the basis for the ELHSCP Chief Officer forming the POPS project and it recommended intermediate care as the key priority. Initially care home beds and local inpatient beds were also within scope of the POPS work but this changed as part of balanced budget discussions and actions in March 2024. As well as identifying intermediate care as a priority our earlier *Planning for an ageing population*³ engagement in April to September 2022 told us that:

- People would prefer to stay independently, in their own homes for as long as possible.
- If people needed care, they would prefer to have it at home, or in a homely setting and not go into hospital.
- They wanted more 'Intermediate Care Services'.

From the outset POPS has aimed to work with East Lothian residents, communities, providers, and staff to collectively identify possible options and priorities to support the development of high-quality sustainable services for the older people of East Lothian. As part of this commitment, an Independent Community Panel⁴ (ICP) was formed, featuring a representative cross section of our key stakeholders. This panel met regularly throughout the project, acting as a critical friend by helping us to get our engagement and process right. Members of the panel represented a wide range of views and experience, and they had three main roles:

- 1) Oversee and shape the engagement process.
- 2) Be part of the shortlisting and options appraisal process.
- 3) Engage with their local communities.

As a collective, the Project Team and Independent Community Panel set out to identify, design, and develop services together with the people of East Lothian.

To be successful, the project aimed to find options and ideas that were realistic and achievable and would deliver high quality care and support to East Lothian's current and future population. Our project priorities were to:

- Deliver high quality care and support to East Lothian's current and future older population, at the right time and in the right place.
- Ensure services for older people are sustainable and adaptable to the current financial climate, the impact of the COVID-19 pandemic and national policy.
- Engage with communities within East Lothian to ensure co-production of services that will allow for equality of service across our diverse population.

³ www.eastlothian.gov.uk/downloads/file/32759/planning_for_an_ageing_population_summer_engagement_feedback_report

⁴ www.eastlothian.gov.uk/downloads/file/34184/independent_community_panel_handbook

3.1 What challenges do we face?



East Lothian is growing: East Lothian's population increased from 99,717 in 2011 to 112,300 in 2022 (12.6%). Our % increase in population between 2001 and 2022 was over three times higher than the % increase in Scottish population, 7.4% ([source](#)).



The population is ageing: the 65 to 74 age group has increased by 53.1% from 2001 to 2022 and the 75+ age group by 52.5% during the same period ([source](#)).



Our health declines as we live longer: generally, health declines as we age, with an increased risk of developing chronic conditions such as dementia, diabetes and arthritis ([source](#)). In East Lothian life expectancy for men is 79.3 years, compared to healthy life expectancy of 63.7 years, for women life expectancy is 82.9 years, compared to healthy life expectancy of 65.3 years ([source](#)).



We become frail as we age: with reduced physical and mental health capacities making us more vulnerable to multimorbidity (having more than one health condition). Having multiple conditions can reduce quality of life and increase disability ([source](#)).



Unmet need and access to services: there is currently substantial unmet need in the community which, in turn, is leading to pressure on carers and community services as well as bed-based care (including acute hospitals) as frail older people are admitted in the absence of other support. This has led to increased levels of delayed discharges and longer lengths of stay, adding to the demands on Health and Social Care services ([source](#)).



Inequality and discrimination accumulate as people age: as our population ages, it is likely that inequality will increase too. Discrimination and structural inequality accumulates throughout people's lives, meaning that gaps in wealth and health are greatest in later life ([source](#)).



We face a challenging financial climate: IJB's face extremely difficult decisions due to the current financial landscape. In setting a balanced budget for 2024/25, savings in excess of £10 million need to be delivered. The current financial climate has resulted in increased financial pressures across the public sector, with the rate of inflation and the costs of goods and services significantly impacting daily operational delivery of services ([source](#)).



Health and social care workforce challenges: we must develop and retain a sustainable, skilled workforce with attractive career choices and fair work where all are respected and valued for the work they do ([source](#))



Health inequality: in the most affluent areas, people live longer in good health, compared to those living in deprived areas. For almost all conditions, there is a gradient of progressively poorer health with rising levels of deprivation. East Lothian consists of 6 wards and 132 data zones, of which 8 are in the 20% most deprived in Scotland ([source](#)).

4.0 How did we do it?

4.1 Gathering interested people

We formed a Project Team⁵ of Senior Officers and Trade Union representatives in February 2023 on the instruction of the Chief Officer of ELHSCP. A Project Manager was identified with support from Communications and Engagement colleagues to take forward the newly named *Planning Older People's Services* project.

With support and advice from the Consultation Institute we developed our case for change, options development process, engagement and communications plans, and achieved our Certificate of Consultation readiness in August 2023⁶.

Following an extensive stakeholder mapping exercise the decision was taken to form an *Independent Community Panel*⁷ containing a representative group of stakeholders and chaired by the Chief Executive of our local third sector interface ([Volunteer Centre East Lothian](#)). The main role of the Panel was to oversee and shape our engagement, participate in the shortlisting and options appraisal process and engage with local communities. The first meeting of our Panel also took place in August 2023.

4.2 Collecting feedback

The Project began its first round of community engagement events in August 2023, which included a variety of engagement opportunities including online and paper surveys; face-to-face and virtual engagement sessions, held with communities, staff, the third and independent sectors; and individual interviews to gather as many views as possible.

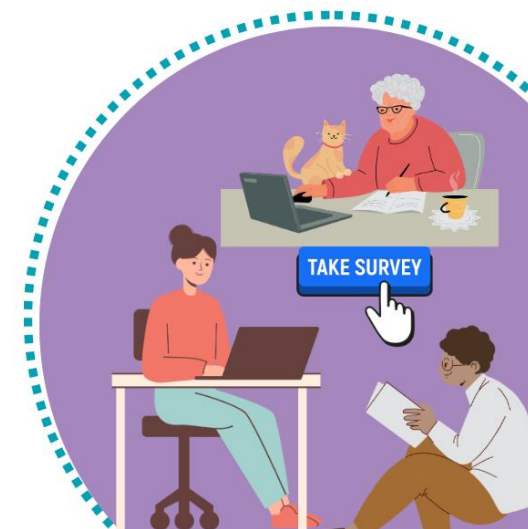
We asked people to put forward ideas, suggestions, and feedback on what we could do to:

- Increase the provision of intermediate care.
- Address the challenges with supply and demand for care at home services.
- Help more people to die in the place of their choosing.
- Address issues of equitable access to services.
- Build sustainable health and social care services.

⁵ www.eastlothian.gov.uk/downloads/file/33467/provisioning_strategy_project_-_terms_of_reference

⁶ Copies of all project documents can be accessed on our website under the [Context Documentation](#) section

⁷ www.eastlothian.gov.uk/downloads/file/34184/independent_community_panel_handbook



Between August and December 2023, ELHSCP hosted over 44 events, 36 of which were in person, the remaining either virtual or hybrid. These events allowed ELHSCP to directly engage with 702 people. A further 141 took part in our online survey and 11 in printed questionnaires.

In total 2,458 individual pieces of feedback on how to improve or deliver older people’s services in East Lothian were collected.

Information was also gathered from the feedback and responses obtained from the IJB Strategic Plan Health, Housing and Place Engagement (April – July 2022), the Dementia Strategy and the Planning for an Ageing Population engagement in 2022. The 2,458 pieces of feedback were categorised into 49 separate themes, which were further condensed into the 19 recurring key themes. A copy of our full engagement report for this phase is available online⁸.



4.3 Creating a long list of options and testing

The 2,458 pieces of feedback received from the first round of engagement incorporated 314 actionable suggestions for developing older people’s services. These were then combined into 105 long-list options. These 105 options were then assessed against 4 pre-set hurdle criteria⁹, by the overarching Project Team and the Independent Community Panel.

Each of the long-list options were assessed against the following ‘core’ hurdle criteria:

- 1) Will the option lead to increased wellbeing and improved outcomes for service users in East Lothian?
- 2) Will the option enhance service and clinical sustainability and is it able to evolve and adapt to meet future need? (e.g. does it meet the health and wellbeing needs of the present population, without compromising those of future generations?)
- 3) Will the option provide fit for purpose infrastructure that supports East Lothian’s current and future older population?
- 4) Will the option achieve long term financial viability?

Of the 105 options considered, 61 progressed to a short list and the next stage.



⁸ [www.eastlothian.gov.uk/downloads/file/33891/provisioning_strategy_project - communications and engagement report aug-dec 2023](http://www.eastlothian.gov.uk/downloads/file/33891/provisioning_strategy_project_-_communications_and_engagement_report_aug-dec_2023)

⁹ [www.eastlothian.gov.uk/downloads/file/34073/provision_strategy_project - hurdle criteria results report](http://www.eastlothian.gov.uk/downloads/file/34073/provision_strategy_project_-_hurdle_criteria_results_report)

4.4 Creating a short list and assessing options

The next phase was to investigate and model each of the 61 short list options.

Of the 61 options that passed the hurdle criteria exercise, at the outset:

- 22 options were categorised as either action already underway or business as usual.
- 39 options were chosen to be go through the modelling and development exercise.

The scoping and modelling involved assessing demand, finding resources, considering financial implications, looking at projected timescales, benefits, and risks. Each option was allocated to a senior member of staff within ELHSCP for further consideration and development.

Outcome of the modelling and development exercise



16 options were recommended to proceed to the options appraisal.



40 options were regarded as action already underway / business as usual.



5 options were recommended to be withdrawn from further consideration at this point.

The refined short list of 16 options then proceeded to an Options Appraisal Exercise undertaken by our Project Team and Independent Community Panel members. Members collaborated and agreed upon a set of criteria to apply based on three core themes (desirability, feasibility and viability). Upon completion of the exercise 7 options were identified as front runners and these were further consolidated in to the 4 priorities in section 5 below. A full copy of our option appraisal results is available online¹⁰.

For the options that did not go ahead from the options appraisal or were regarded as action already underway at the development stage a supporting document has been prepared to provide stakeholders with an update on each¹¹.

¹⁰ [www.eastlothian.gov.uk/downloads/file/34579/provisioning_strategy_project - options appraisal results](http://www.eastlothian.gov.uk/downloads/file/34579/provisioning_strategy_project_-_options_appraisal_results)

¹¹ [www.eastlothian.gov.uk/download/downloads/id/34927/provisioning_strategy_report - options update report nov 2024.pdf](http://www.eastlothian.gov.uk/download/downloads/id/34927/provisioning_strategy_report_-_options_update_report_nov_2024.pdf)

5.0 Identified Priorities

5.1 Palliative and End of Life Care

What do we mean?

Palliative care is defined by the World Health Organisation as an approach that improves the quality of life of patients (adults and children) and their families who are facing problems associated with life-limiting illness, usually progressive. It prevents and relieves suffering through the early identification, correct assessment and treatment of pain and other problems whether physical, psychosocial, or spiritual.

What are we doing already?

As one of our existing strategic delivery priorities (4.6 – Palliative and End of Life Care) our Chief Nurse, with the support of the Palliative Care Strategy Group and other stakeholders are progressing a number of workstreams:

- A scoping exercise in relation to current and future delivery is already underway.
- An Integration Joint Board development session took place on 22nd August 2024.
- A 'Virtual Ward' supported by St Columba's team has been implemented, tested and is generating positive feedback.
- Collaborative work continues with St Columba's and Marie Curie, with a focus on supporting patients and families (for example, through complementary therapies and initiatives such as 'bunny buddies'¹²).
- Ongoing development of collaborative working between Hospital to Home and Care at Home services and Hospice at Home to provide care packages related to palliative and end-of-life care.
- A review of spiritual care has found some gaps at East Lothian Community Hospital which are being looked at currently.

Nationally the Scottish Government recently published its draft *Palliative Care Strategy: Palliative Care Matters for All*¹³. This strategy illustrates a national approach and commitment to ensuring that everyone who needs it can access well-coordinated, prompt and high-quality palliative care, care around dying and bereavement support based on what matters to them. The draft strategy is currently out for consultation with a closing date of 10th January 2025.

¹² www.eastlothian.gov.uk/news/article/14330/bunny_buddies_a_heart-warming_initiative_supported_by_nhs_lothian_charity

¹³ www.gov.scot/publications/palliative-care-matters-consultation-paper/pages/1/

What did you tell us about this priority?

Palliative care is not just about dying but living well, with dignity.

Choice and options are vital throughout.

We need education and awareness raising amongst staff and communities.

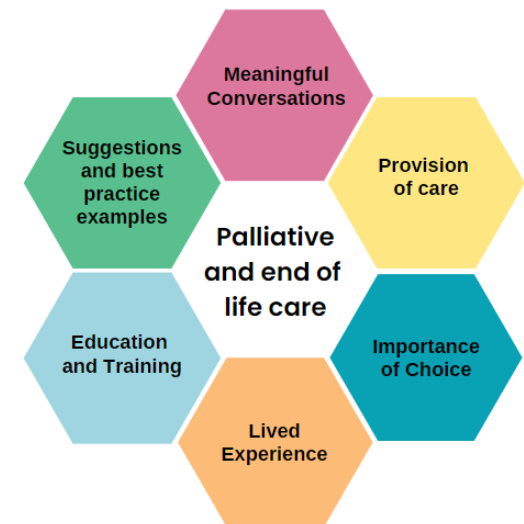
Having the right conversations at the right time.

Respect and dignity are paramount.

Caring for someone within their own home can make you feel isolated and exhausted.

Responses from the 12-week engagement and consultation regarding this priority focused on six areas:

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



Suggestions for the future

Palliative and end of life care is something we all have in common, and we all appreciate how difficult it can be to have prompt conversations with our loved ones. The most important things to the people of East Lothian are choice, dignity, respect, easily understood information and support for carers and family members. By improving palliative and end of life care we can deliver better outcomes for all East Lothian's population and support everybody in this challenging time of their lives.

- 1) Palliative and end of life care should remain a key strategic priority for the Integration Joint Board during its 2025 refresh of the IJB Strategic Plan.
- 2) Further to the above, a Palliative and End of Life Care Strategy / Delivery Group should be formed within the revised IJB Programme Board structure.
- 3) Chief Nurse to link in with Lothian Palliative Care Managed Clinical Network and ensure that our own local developments align with the wider work of the Network.
- 4) A local Palliative and End of Life Care Strategy and / or workplan should be developed that compliments the National Strategy and Lothian Palliative Care Managed Clinical Network workplan. This strategy should consider our growing population, growing number of people dying from multiple diseases associated with different disease groups and balancing the need for personal choice and people's rights with what we can realistically provide within financial constraints.
- 5) Support networks and services for family and carers, during and after the fact, should be scoped as part of the ongoing scoping exercise.



5.2 Polypharmacy

What do we mean?

As people age, they become more vulnerable to having multiple health or medical conditions. They can often be complex in nature or classified as chronic conditions. To treat these conditions, older people are often given a number of different medications. This is known as polypharmacy, “many medications”.

What are we doing already?

As part of the IJB’s commitment to improving the management of long-term conditions (3.4 – Improving the management of long-term conditions) a Pharmacotherapy Hub has been set up at Musselburgh Primary Care Centre providing a centralised location to support General Practice across East Lothian. This strengthens collaboration and provides peer support, as well as improving efficiency, building resilience and freeing up space in GP practices. The Hub has already helped free up capacity to allow more polypharmacy reviews to be completed.

Nationally NHS Scotland and Scottish Government have identified polypharmacy as a specific area of interest and focus with various national programmes of work underway to support this (“15 box grid”). The Scottish Government concluded its consultation on its draft *Prescribing – achieving value and sustainability*¹⁴ guidance on 8th September 2024.

What did you tell us about this priority?

Responses to the recommendation of polypharmacy review from the 12-week engagement and consultation process were very supportive, with people commenting on the perceived benefits of reviews, and some individuals providing experience where a medicine review had supported their overall health and wellbeing.

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

“
From personal
experience medicine
reviews are beneficial.”

“
We need to empower
individuals to ask themselves
“Do I really need this?”

“
Patients need to have a better
understanding of each of their
medications and what they are for.”

“
Very supportive of idea and wide
recognition that there are lots of
unused medicines out there.”

¹⁴ www.gov.scot/publications/achieving-value-sustainability-prescribing-consultation-draft-guidance/

Suggestions for the future

Pharmacotherapy and polypharmacy reviews in particular present an opportunity for the IJB to first and foremost improve outcomes for individuals, but also ensure that our prescribing spend is as efficient as possible. If we can successfully dedicate more time and resources to undertaking polypharmacy reviews for the frailest in our communities, then we will contribute towards our local commitment to shifting the balance of care from hospital to homely settings and reducing demand on bed-based services in the longer term.

- 1) There should be continued development of the existing Pharmacotherapy Team with particular attention paid to freeing up suitably qualified professionals to undertake polypharmacy reviews. By increasing our capacity we will move closer to undertaking reviews for frailer individuals within the community.
- 2) An awareness raising campaign should be considered to encourage personal responsibility and ownership in terms of understanding medications, seeking assistance and clarity from prescribers, and safely disposing of unused medicines.
- 3) We should work collaboratively with East Lothian GPs to develop a co-ordinated approach to undertaking polypharmacy reviews.
- 4) The East Lothian Cluster Frailty Workstream should be expanded to include all GP practices in East Lothian, allowing us to develop our local data on the number of people who may benefit from a polypharmacy review within the community.
- 5) Polypharmacy data metrics and analysis should be developed and incorporated within the IJB performance framework to raise profile and improve strategic oversight of progress.



5.3 Intermediate Care

What do we mean?

Intermediate care services are provided to patients, usually older people, either leaving hospital or when they are at risk in the community to help support their independence and reduce the likelihood of unnecessary admissions to hospital.

What are we doing already?

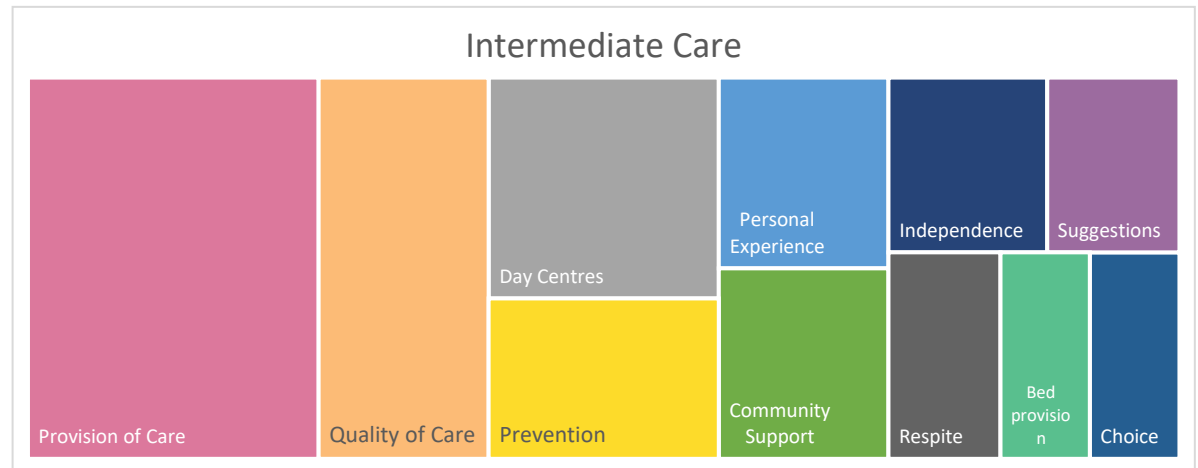
Developing intermediate care is one of the core priorities within the IJB strategic plan and annual delivery plan (1.2 – Developing Intermediate Care). It is the cornerstone of delivery of prompt interventions within the community, helps with managing the growing pressures associated with hospital admissions and delayed discharge, and should be on the front line of developing services with more of a prevention focus. There are numerous active workstreams including the development and expansion of the Home Care / Hospital to Home integrated service, the Enhanced Discharge to Assess Project, the Care at Home Change Board work to review and redesign services, implementation and delivery of the commissioned Community First Service, and the ongoing work related to increased choice and availability of community-based support (e.g. meeting centres, Day Centre Outreach services).

There is still no comprehensive overview or reference point for available intermediate care services in East Lothian and it would be worthwhile to build upon the previous *Intermediate Care Report Summary*¹⁵, completed during the *Community Hospitals and Care Homes Provision Change Board* work to build a complete picture of existing services, inform future priorities and identify unmet need.

What did you tell us about this priority?

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

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



¹⁵ www.eastlothian.gov.uk/downloads/file/33016/intermediate_care_report_summary

“Continuity of care post discharge is an issue.”

“We must recognise the importance of carers and appropriate respite.”

“Day centres are crucial, and we should explore opportunities to build upon them.”

“The public and providers would appreciate more information on available services and support.”

“Workforce and staff retention recognised as a major challenge and limiting factor.”

“Intermediate care presents an opportunity for partnership working to build a more sustainable prevention agenda.”

“Are services doing enough to tackle social isolation and loneliness?”

“Intermediate care presents an opportunity for partnership working to build a more sustainable prevention agenda.”

“Too much focus on statutory or ELHSCP services. Communities, volunteers, and charities are key to building services with more of a preventative focus.”

Suggestions for the future

Existing intermediate care should be mapped and information on available services distributed to all. Through intermediate care we have an opportunity to shape our future health and social care services with a preventative and community focus whilst also relieving some of the pressure on the acute, primary care and bed-based services. As per the findings of the *Community Hospitals and Care Homes Provision Change Board final report* and supported by the Scottish Government *Preventative and Proactive Care Programme*¹⁶ and NHS Lothian's *Strengthened Approach to Prevention across the Lothian Health and Care System*¹⁷ our number one priority should be developing intermediate care services through co-production and partnership working, focusing on earlier intervention and prevention wherever possible, ensuring choice and flexibility in approaches, and assisting the population of East Lothian to remain living within their own communities and with as much independence as possible. The lack of additional resources or investment and challenging financial climate will mean that this work is about pivoting, adapting and maximising what we already have in order to improve our health and social care services.

¹⁶ sway.cloud.microsoft/6fTsDwwwkHmI5QLL?ref=email

¹⁷ www.eastlothian.gov.uk/download/meetings/id/24958/a_strengthened_approach_to_prevention_across_the_lothian_health_and_care_system

When developing intermediate care we must see past statutory and 'traditional' models of service delivery and work with local communities, groups and providers to develop sustainable services that are fit for locally identified priorities and contribute to IJB strategic priorities. Herein lies our key co-production opportunity and the scope to build upon engagement to date.

- 1) Intermediate Care should remain a key strategic priority for the Integration Joint Board during its 2025 refresh of the IJB Strategic Plan.
- 2) Further to the above, Intermediate Care work should be taken forward by a Programme Board within the revised IJB Programme Board structure. This should ensure a whole system approach to developments, shared learning and alignment of workstreams with IJB strategic priorities.
- 3) IJB and ELHSCP to collaborate with the Independent Community Panel to explore intermediate care opportunities and local needs.
- 4) ELHSCP to collaborate with partners and key stakeholders to scope existing intermediate care provision. This information can then be used build locally led service models that focus on early intervention and prevention and building sustainable community-based services.
- 5) A directory of available services and supports should be developed to raise awareness amongst the public and providers.



5.4 Technology

What do we mean?

Better use of data and digital technology is critical to how we drive improvements in health and social care and should be a key part of our reform and transformation of services for the future. Through enhancing our use of technology, we can unlock opportunities for collaboration and partnership working.

The potential benefits and opportunities that technology offers in the context of health and social care could be limitless but are ultimately bound by affordability, lack of infrastructure, data protection, skill gaps and negative perceptions / attitudes.

What are we doing already?

Much of our technology related activities are contained within our East Lothian Rehabilitation Service (ELRS) development strategic priority (3.1) and to a lesser extent our falls prevention and management work (3.2). We are working hard to raise awareness of consumer technology opportunities across related workstreams, embedding technology enabled care (TEC) throughout ELRS, development and promotion of a patient self-management platform and making better use of data analytics to plan services.

Nationally, Scottish Government published *Greater access, better insight, improved outcomes: a strategy for data-driven care in the digital age*¹⁸ in February 2023, which set out how we can work together to transform the way that people access their own data to improve health and wellbeing, and how care is delivered through improvements to our systems. As part of this overall approach the *National Digital Platform*¹⁹ is also being developed to help with staff having access to relevant information but also to provide the public with access to their own information.

Further to this, *Digital Health and Care Scotland*²⁰, which is part of the Scottish Government's Digital Health and Care Division, have a well-developed Technology Enabled Care (TEC) workstream²¹ that focusses on the use of simple technology to support more people to access care from home or closer to home.

What did you tell us about this priority?

The responses to the priority to explore better use of technology, fell into three distinct categories: positive, 45%, negative 23%, and cautionary 32%. The technological benefits of integrated information processing and communication were noted, as were the technological advances that can support people to live more independently at home. However, there was caution regarding the overuse and reliance on technology. Emphasis was made that technology should not replace the importance of human contact, and personalised service delivery. Concern was raised over the increasing focus on sharing information online,

¹⁸ www.gov.scot/publications/data-strategy-health-social-care-2/

¹⁹ www.nationaldigitalplatform.scot/

²⁰ www.digihealthcare.scot/

²¹ www.digihealthcare.scot/our-work/technology-enabled-care-tec/

creating barriers to access, especially for older people who can be digitally discriminated against as they may not have access to the internet, or been as knowledgeable compared to younger generations.

“
Making effective use of tech should not mean removing non-digital options.
”

“
Technology and data are not about replacing people and losing jobs. The focus is on improving outcomes and freeing up staff time to provide face to face support.
”

“
We must be able to integrate technology within existing frameworks.
”

“
We should not rely on technology alone to share information about services.
”

“
Should be about improving accessibility.
”

“
Technology is important, but it can also be a major barrier.
”

“
Upskilling, improving knowledge and support is vital for older people if they are to make best use technology.
”

Suggestions for the future

East Lothian needs to take a whole system approach to technology in health and social care. Lessons can be learnt from earlier and ongoing work within the Rehabilitation Service and good practice examples like the Well Wynd Hub in Tranent. We need to work towards:

- Using technology and data to improve patient care.
- Using technology and data to deliver more proactive care and support at home.
- Using data to support analysis and planning to improve outcomes.
- Adopting innovative technologies (e.g. smartphones; wearable devices; artificial intelligence; 3D printing; virtual reality; internet enabled devices and monitoring).
- Improving data quality and effective record keeping across health and social care.
- Engaging with and making best use of national workstreams through *Digital Health and Care Scotland*.

Technology needs to be embraced and embedded across all our IJB strategic priorities taking the following factors into consideration:

- We need to build trust in how we use data and technology.
- Development and implementation of new approaches should take place alongside meaningful stakeholder involvement. This includes building staff capability and skills through a process of continuous improvement and change.
- Exploring intergenerational opportunities to seek input from young people and education establishments on embracing technology and making best use.
- We must remain mindful of digital exclusion and alternative approaches that support more 'traditional' accessibility to the same information.
- As a Health and Social Care Partnership we need to work better with data and analytics to improve outcomes for individuals and support our key partners to do the same.
- Where technology has cost saving implications, we should always be upfront about this when making the case for change.
- Information sharing and access to relevant data needs to be more integrated across IJB functions. It is neither right or fair that individuals need to share their story on multiple occasions and have their personal data recorded multiple times to accommodate services. Wherever possible we should strive to have shared records in line with GDPR, the Data Protection Act and information sharing principles.

My suggestions for the future are:

- 1) Technology should be a key strategic priority for the Integration Joint Board during its 2025 refresh of the IJB Strategic Plan. Technology should be a key consideration and concurrent theme throughout the IJB strategic priorities.
- 2) Further to the above, Technology work should be taken forward by a Programme Board within the revised IJB Programme Board structure. This programme board should ensure that technology is embedded across all other relevant workstreams and a whole system approach is adopted to technological developments within health and social care in East Lothian.
- 3) Awareness raising and training for all health and social care staff and senior leaders on the benefits and potential applications of technology and data within a health and social care context.



6.0 What did you tell us about our engagement practices?








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

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

The largest concern regarding the engagement process was with regards to what will happen next. With one respondent articulating:

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

Other comments included:

	<p><i>Folk are quite negative regarding surveys as they think nothing much ever happens. This shows it does and I know some of these things will take years to be in place, but at least the vision is there for even myself getting older. (ICP Member)</i></p>
	<p><i>You have done amazing work making members of the community feel heard and helping them understand so much about the partnership and the wider context. (ELHSCP Staff Member)</i></p>
	<p><i>Now you have identified your priorities, implementation will required involvement at all levels. (Consultation feedback, Oct 2024)</i></p>
	<p><i>I get the feeling East Lothian Health and Social Care Partnership is focused on making and delivering change and speaking to people. (Consultation feedback, Sept 2024)</i></p>
	<p><i>It is very important to be asked about what we want, and to have the opportunity to have a say, because these services will impact and affect me. (Consultation feedback, Oct 2024)</i></p>
	<p><i>Congratulations on the process of planning POPS and the quality of the information. My view is that the process has been well thought out and well led. (Consultation feedback, Oct 2024)</i></p>
	<p><i>This is a massive challenge and opportunity for us all, we really, really, need a compelling and shared vision to make it work. That includes culture shift for us all, valuing all our assets and roles equally. (Third sector provider)</i></p>

7.0 Recommendations and next steps

7.1 Recommendations

- 1) The East Lothian IJB should adopt the four suggested priorities (palliative and end of life care; polypharmacy; intermediate care; and technology) and embed them within the refreshed strategic plan and updated Programme Board structure. The findings and specific suggestions contained within this report should be progressed further by relevant Senior Managers and Officers as part of the revised Programme Board structure.
- 2) The East Lothian IJB should retain and develop the Independent Community Panel as a key engagement and participation function. The Panel should form part of a strategic planning and decision-making feedback loop that ensures key stakeholders, particularly those with lived experience, are informed and consulted on key discussions and developments on an ongoing basis.
- 3) ELHSCP Officers should update and refresh our existing engagement and communications strategies to reflect the role of the Independent Community Panel and take consideration of other key project findings such as: raising awareness of services; accessibility of information; use of technical language; and accessible information standards.
- 4) When considering further financial recovery actions for 2024/25 and working towards a balanced budget position for 2025/26 and beyond as part of the East Lothian IJB 5-year financial plan, officers should remain mindful of the findings of this report, with particular reference to building community capacity and exploring innovative and sustainable intermediate care services.
- 5) ELHSCP Officers to continue to collaborate with NHS Lothian Public Health, East Lothian Council Area Partnership Health and Wellbeing sub-groups, 3rd sector partners / interfaces and community groups to explore and develop early intervention and prevention approaches that support IJB strategic priorities and deliver intermediate care and support.
- 6) ELHSCP Officers to continue to work with NHS Lothian Public Health and East Lothian Council data analysts to improve our Joint Strategic Needs Assessment and use of data and analytics when it comes to informing strategic decision making and service development.

7.2 Conclusion

Planning Older People's Services is not necessarily about older people or living longer but developing a range of services and supports that are available throughout the lifespan, improve outcomes and enable people to live healthier and independent lives within their own homes for as long as possible.

This project has generated lots of healthy debate and discussion surrounding the challenges we all face, and we are now presented with an opportunity to continue developing services in a more collaborative and open environment. East Lothian IJB needs to continue its partnership working with East Lothian Council and NHS Lothian colleagues and embed local communities' participation in its future planning and strategic decision-making processes. Without the support and dedication of the Independent Community Panel representatives and all those who participated in the process, this report and its findings would not have been possible.

Delivering any form of meaningful system change within the current financial environment will be extremely challenging, however investing in the proposed priorities will contribute towards improved population health, improved outcomes, sustainable services and reducing the future burden on the health and social care system. With the help of a 5-year financial plan and the support of all our stakeholders we will be better placed to escape the cycle of in year recovery actions and move on to addressing our strategic priorities and improving long-term outcomes for East Lothian's population.

Many thanks to all those who took part in and supported this piece of work.



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Project Documentation

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https://www.eastlothian.gov.uk/info/210673/about_east_lothian_health_and_social_care_partnership/12797/planning_older_peoples_services/5

If you have any questions or cannot find what you are looking for then please e-mail our engagement mailbox (engagement-hscp@eastlothian.gov.uk) for assistance.

If you require this document in an alternative format then please also e-mail our engagement mailbox (engagement-hscp@eastlothian.gov.uk) with your request. We are always looking to improve the accessibility of our public documentation so if you have any feedback or think we are not meeting our accessibility requirements please let us know.

Version Control

Version	Date	Note
v0.1	18/11/24	Initial draft prepared.
v0.2	25/11/24	2 nd draft prepared.
v0.3	28/11/24	Draft document shared with Project Team and Independent Community Panel for consideration and comment
v0.4	17/12/24	Suggested changes incorporated.
v0.5	30/12/24	Engagement and consultation content added and draft finalised.
v1.0	10/01/25	Design and graphics added to final document.
v1.1	28/01/25	Amendment to page 8, section 4.2.

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 20 February 2025

BY: Chief Officer

SUBJECT: East Lothian IJB Equalities Mainstreaming Report
2023/2024 and East Lothian IJB Equalities Outcomes
2025-2029

7

1 PURPOSE

1.1 Equality Outcomes 2025-2029 (first draft)

This paper offers the IJB an opportunity to consider and comment on the content included in the first draft of East Lothian IJB Equality Outcomes 2025-2029 (**Appendix 1**).

Suggestions for other equality themes and outcomes outside those presented in Appendix 1 are encouraged. A final draft must be published ahead of 30 April 2025.

1.2 Equalities Mainstreaming Report 2023/2024

IJB members are invited to contribute examples of **directions and decisions** that contributed to the IJB fulfilling its requirements under the Public Sector Equality Duty in 2023 and 2024.

These examples will be considered for inclusion in the Equality Mainstreaming Report 2023/2024 (a mainstreaming report covering the first two years of the [Equality Outcomes 2021-2025](#) can be viewed on [ELHSCP Equality and Impact Assessment webpage](#)).

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Read the first draft of the Equality Outcomes 2025-2029 (**Appendix 1**) and:
- Comment on the suitability of the outcomes in relation to core IJB documents or functions (the outcomes begin on page 4).

- Suggest any other equality themes and outcomes for consideration for inclusion in the Equality Outcomes 2025-2029.
- 2.2 Read 'IJB Directions and Equality Mainstreaming' (**Appendix 2**) and:
- Highlight any work related to member areas of responsibility that they think has contributed positively to advancing equality or that has reduced discrimination/disadvantage in 2023 and 2024.
 - Suggest other staff members the Equalities and Engagement Officer could contact to collect these examples.
- 2.3 Refer an updated version of this paper to SPG and IJB meetings in March/April.

3 BACKGROUND

Equality Outcomes 2025-2029

- 3.1 East Lothian IJB is required to develop, publish and take action to achieve a set of Equality Outcomes that demonstrate its compliance with the [Public Sector Equality Duty](#). The outcomes must cover a 4-year period. East Lothian IJB's Equality Outcomes 2025-2029 are at first draft stage. A draft and final version are expected. The final version must be published by 30 April 2025.
- 3.2 The equality outcomes must align with [East Lothian IJB Strategic Plan](#). The narrative around the outcomes can also link other relevant outcomes nationally, in the Lothians and in East Lothian.
- 3.3 The equality outcomes East Lothian IJB approves and publishes should focus on the role it has **to direct, commission and plan delegated services** and **how the identified equality outcomes contribute to East Lothian IJB's statutory responsibility** to fulfil the Public Bodies Equality Duty general needs.

The [Public Bodies Equality Duty general needs](#) are 'to give due regard in the exercise of their functions to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010
 - Advance equality of opportunity between people who share a relevant protected characteristic and those who do not
 - Foster good relations between people who share a protected characteristic and those who do not.'
- 3.4 The Planning and Performance Team and a range of other HSCP staff members with delegated responsibility for service planning and commissioning has played and continues to play a key role in identifying equality outcomes for IJB approval.

Equality Mainstreaming Report

- 3.5 The current [East Lothian IJB Equalities Outcomes 2021–2025](#) concludes on **31 March 2025**. East Lothian IJB must publish a report on its progress between **March 2023 and the present** towards mainstreaming the general needs of the Public Sector Equality Duty. The report (Equalities Mainstreaming Report 2023-2025) must be published by 30 April 2025.
- 3.6 The report must be accessible to the community, so different formats should be considered to suit a wide range of communication needs and meet public sector inclusive communication requirements.
- 3.7 A report covering the first two years of the Equality Outcomes 2021-2025 was published in April 2023 ([Equality Mainstreaming Report 2021-2023](#)).
- 3.8 Current examples of IJB Directions and decisions that have contributed to the fulfilment of the Public Sector Equality Duty general needs can be viewed in **Appendix 2**.
- 3.9 Planning and Performance Team and a range of other HSCP staff members with delegated responsibility for service planning and commissioning will play a key role in identifying examples of IJB directions and decisions that have contributed to the fulfilment of the Public Sector Equality Duty general needs in 2023-2025.

4 ENGAGEMENT

Equality Outcomes 2025-2029

- 4.1 East Lothian IJB took part in pan-Lothian community engagement activities with local authorities and IJBs/HSCPs across East, West and Midlothian between November 2024 and January 2025. NHS Lothian also participated in this process.
- 4.2 A key part of these activities was the pan-Lothian Equality Outcomes online survey open to individuals, people working in a professional capacity in local authorities, health and social care, third sector partners and community organisations. The survey was based on the themes presented in the ['Is Scotland Fairer? 'report: participation, living standards, education, justice, work and health](#). It included multiple choice and open text questions. The survey launched in November 2024 and closed on 31 January 2025.
- 4.3 The survey received 209 responses, 113 being for East Lothian (54% of all responses across East, West and Midlothian). The responses offered quantitative data on whether respondents agreed with a series of Lothian wide equality outcomes suggested by leads across Lothians and collected further suggestions for outcomes or ways to deliver them via open text questions.

5 POLICY IMPLICATIONS

- 5.1 The Equality Outcomes 2025-2029 should explicitly contribute to the strategic objectives identified in the East Lothian IJB Strategic Plan.
- 5.2 The Equality Outcomes 2025-2029 may require changes to the [East Lothian IJB Engagement and Communication Strategy \(currently under review\)](#).

6 INTEGRATED IMPACT ASSESSMENT

- 6.1 Once a draft form of the Equality Outcomes 2025-2029 has been approved by IJB, an IIA will be completed (approximate date: March 2025).
- 6.2 The Equality Mainstreaming Report 2021-2025 does not require an IIA as it presents only what has already taken place.

7 DIRECTIONS

- 7.1 This will depend upon the Equality Outcomes approved by the IJB.

8 RESOURCE IMPLICATIONS

- 8.1 This will depend upon the Equality Outcomes approved by the IJB.

9 BACKGROUND PAPERS

- 9.1 [East Lothian Equality Outcomes 2021-2025](#)
- 9.2 [East Lothian Equality Mainstreaming Report 2021-2023](#).

Appendices:

Appendix 1 – First Draft – East Lothian IJB Equality Outcomes 2025-2029

Appendix 2 – IJB Directions and Equality Mainstreaming

AUTHOR'S NAME	Kate Thornback
DESIGNATION	Equalities and Engagement Officer
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DATE	11/2/2025

Equality

Mainstreaming

Outcomes

2025-29

DRAFT

What is the East Lothian Integration Joint Board?

East Lothian Integration Joint Board (IJB) is the governing body that is responsible for allocating funds, planning delegated services and overseeing the delivery of health and social care in East Lothian.

Its role is to direct East Lothian Health and Social Care (East Lothian HSCP) to deliver services to the community in line with national standards and levels of service.

East Lothian HSCP is a cooperation of staff employed by East Lothian Council, NHS Lothian, contracted service suppliers and third sector partners to deliver health and social care services to the community.

The services that East Lothian IJB directs (delegated services) are:

- Accident and Emergency and Combined Assessment
- General Medicine
- Geriatric Medicine
- Rehabilitation Medicine
- Respiratory Medicine
- Palliative Care
- Community Hospitals
- Mental health inpatient services
- Community mental health services
- Community learning disability services
- Community nursing (inc. children's community health services - district nursing, health visiting and school nursing)
- Substance Misuse Services
- Allied Health Professionals
- Primary Care - General Medical Services
- General Dental Services
- General Ophthalmic services and
- Community Pharmacy
- Palliative care provided outwith a hospital
- Psychology services
- Community Continence
- Kidney dialysis services provided outwith a hospital
- Community Complex Care

- Sexual Health
- Social work services for adults and older people
- Services/supports for adults with physical disabilities
- Services/supports for adults with learning disabilities
- Day services Mental health services
- Criminal Justice Social Work
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Care Home Services
- Adult Placement Services
- Housing support services: aids and adaptations
- Local area coordination
- Breaks from caring (respite)
- Occupational therapy services
- Reablement services
- Telecare

East Lothian IJB directs services through creating a plan that sets out its strategic priorities over a three-year period ([Strategic Plan](#)). The current strategic priorities are:

- Developing sustainable health and social care services
- Focusing on early intervention and prevention
- Increasing access to community-based services
- Shifting the balance of care from hospital to homely settings
- Keeping people safe
- Tackling health inequalities

To advance strategic priorities, East Lothian IJB must identify the areas of East Lothian HSCP where action will need to take place to move towards the goals of the strategic priorities and issues instructions to the delegated service areas informing how the services should be delivered. These instructions are called Directions.

Therefore, the East Lothian IJB can influence how services are delivered through their Directions and via their role in overseeing (checking) that services are meeting required standards for the community.

East Lothian IJB is legally required to satisfy a variety of Scottish and UK-wide requirements to demonstrate how they contribute as a publicly funded body to the aims of Scottish and UK government. This takes the form of complying with laws and duties outlined in the [Joint Working Act](#) and in other relevant guidance.

Public Sector Equality Duty

The Public Sector Equality Duty is one of the duties that East Lothian IJB is responsible for as part of its contribution to the Scottish and UK public sector. The duty is part of Equality Act 2010, an act that sets out UK laws that seek to address inequality and discrimination.

The Duty has three aims, referred to as the ‘general needs’:

Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not	Foster good relations between people who share a protected characteristic and those who do not
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What are Equality Outcomes?

East Lothian Integration Joint Board is required by law to develop and publish information that sets out how it will fulfil its commitment to the Public Sector Equality Duty general needs.

Equality Outcomes define the ambitions a public body has that fulfil the Public Sector Equality general needs and improve life chances, experiences and health/social outcomes for the community we serve, our staff and the people that work with us to deliver services.

The Equality Outcomes East Lothian IJB commits to must cover a 4-year period, but we are free to think and plan longer term if that assists us to achieve our equality aims.

This is the second East Lothian IJB Equality Outcomes, leading on from our [2021-2025 equality outcomes](#). A report presenting some ways that East Lothian IJB has used its functional role as a planner and director of delegated services can be viewed [here](#).



East Lothian IJB Equality Outcomes 2025-2029 will contribute to East Lothian IJB's strategic objectives, linking strategy, directions and services together through planning.

East Lothian IJB Equalities Outcomes 2025-2029 may also align with other East Lothian, Lothians, Scottish or UK-wide plans.

How did East Lothian IJB decide on these Equality Outcomes?

East Lothian IJB undertook a process of evaluation of past equality activity and a realistic assessment of its financial position and available health and social care data.

We reviewed the evidence that is published at a UK, Scottish, Lothian and East Lothian level, in particular the publication '[Is Scotland Fairer?](#)' and health data published by NHS Lothian intelligence and public health teams.

We took part in a 12-week stakeholder and community engagement activity with West and Midlothian local authorities, IJBs, HSCPs and NHS Lothian to gauge interest in equality themes derived from the Fairer Scotland Report. Engagement leads and equality professionals across Lothians worked together to draft a set of outcomes for each equality theme and tested them with our third sector partners and the community via conversations and an online survey (Pan-Lothian Equality Outcomes survey).

An **Integrated Impact Assessment** was undertaken to identify potential positive and negative impacts associated with the draft Equality Outcomes. You can read the assessment and its key findings [here](#).

Equality Outcomes

Outcome 1 – Participation

We will take a human rights-based approach to community engagement, reaching out to seldom heard voices and taking action to enable and support their participation in service design and decision-making.

We will build healthy, long-term relationships with the community built on transparency, honesty and egalitarianism.

Community Voice

93% of East Lothian survey respondents agreed that the Equality Outcomes listed for participation were the right outcomes to focus on. East Lothian received 34

community suggestions/comments on participation and ways to deliver the outcomes.

Public Sector Equality Duty general need	Advance equality of opportunity between people who share a relevant protected characteristic and those who do not Foster good relations between people who share a protected characteristic and those who do not
Equality Act 2010 Protected Characteristic Group/s Impacted	All.
East Lothian IJB Strategic Priority	Developing sustainable health and social care services Focusing on early intervention and prevention
Other Relationships	Pan Lothian Outcome: Participation NHS Lothian theme: Healthcare Improvement Scotland's Quality Framework for Community Engagement Inclusive Communication
Monitoring – How will we know it have been achieved?	The East Lothian model of community engagement will be established with the community agreeing that it supports them to participate in planning and decision making for health and social care services that they use.

East Lothian IJB will direct, enable and support the co-production of an East Lothian model of community engagement that places people at the centre of options appraisal, planning, decision making and evaluation. The model will focus on inclusivity, community empowerment and meeting the diverse communication and physical needs of everyone.

(Narrative, explanation of legal compliance, explanation of positive impacts, how it will be measured/monitored and by whom)

Outcome 2 – Dignity and Respect

People of all abilities, ages, from all races/ethnic backgrounds, religions, sexual orientations and genders feel they are treated with dignity and respect when accessing health and social care services.

People experiencing social disadvantages or health inequalities feel they are treated with dignity and respect when accessing health and social care services.

Community Voice

...

Public Sector Equality Duty general need	<p>Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct</p> <p>Advance equality of opportunity between people who share a relevant protected characteristic and those who do not</p> <p>Foster good relations between people who share a protected characteristic and those who do not</p>
Equality Act 2010 Protected Characteristic Group/s Impacted	<p>Race Sex Age Disability Sexual orientation Religion and belief</p> <p>Other groups: veterans, migrants, refugees, gypsy/roma/traveller people, people with differences of sex development, neurodivergent people, people experiencing mental health challenges or unemployment.</p> <p>Indirectly, people that speak English as a foreign language.</p>
East Lothian IJB Strategic Priority	Focusing on early intervention and prevention

	<p>Keeping people safe</p> <p>Tackling health inequalities</p> <p>Indirectly: shifting the balance of care from hospital to homely settings e.g through improving understanding of needs and improving minority community comfort with care provided in a home setting).</p>
Other Relationships	<p>NHS Lothian anti-racism initiatives</p> <p>Waverley Care: Getting to Zero Stigma (HIV)</p> <p>NHS Lothian Equality Outcome:</p>
Monitoring – How will we know it have been achieved?	<p>Partners working with the identified groups will collect feedback from people to gauge a baseline of feelings of dignity and respect in the first six months of the outcomes period, at a mid-point in the outcomes period and at the end of it. Personal satisfaction should increase on baseline figures.</p>

Partners working with the identified groups will collect feedback from people to gauge a baseline of feelings of dignity and respect in the first six months of the outcomes period, at a mid-point in the outcomes period and at the end of it. Personal satisfaction should increase on baseline figures. The percentage we will aim to improve figures by will depend upon baseline levels, with groups experiencing the lowest feelings of satisfaction planned to increase by the highest percentages. Targets will be published with the Equality Outcomes Action Plan 2025-2029.

(Narrative, explanation of legal compliance, explanation of positive impacts, how it will be measured/monitored and by whom)

Outcome 3 – Anti-Racism

People from Black and Minority Ethnic (BME) communities feel they are treated with dignity and respect when accessing health and social care services.

Staff and service users feel supported and confident to report racism.

Managers and team leaders feel equipped and confident to address reports of racism, harassment or unequal treatment in relation to race.

Staff have a level of cultural awareness of different races, ethnicities and religious groups appropriate to their professional role.

Community Voice

...

<p>Public Sector Equality Duty general need</p>	<p>Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct</p> <p>Advance equality of opportunity between people who share a relevant protected characteristic and those who do not</p> <p>Foster good relations between people who share a protected characteristic and those who do not</p>
<p>Equality Act 2010 Protected Characteristic Group/s Impacted</p>	<p>Race</p> <p>Indirectly, religion and belief.</p> <p>Other groups: migrants, refugees, gypsy/roma/traveller communities. Indirectly, people that speak English as a foreign language.</p>
<p>East Lothian IJB Strategic Priority</p>	<p>Keeping people safe</p> <p>Tackling health inequalities</p>
<p>Other Relationships</p>	<p>NHS Lothian anti-racism initiatives</p> <p>NHS Lothian Equality Outcomes</p>
<p>Monitoring – How will we know it have been achieved?</p>	<p>We will establish a baseline level of comfort staff have with addressing racist incidents and improve upon these indicators over the equality outcomes period.</p> <p>We will require staff managing commissioning relationships for delegated services to ask questions about racist incidents and their resolution and to report to IJB twice yearly on anti-racist progress.</p>

Partners working with Black, Asian and Minority ethnic groups will collect feedback from people to gauge a baseline of feelings of dignity and respect in the first six months of the outcomes period, at a mid-point in the outcomes period and at the end of it. Personal satisfaction should increase on baseline figures. The percentage we will aim to improve figures by will depend upon baseline levels, with groups experiencing the lowest feelings of satisfaction planned to increase by the highest percentages. Targets will be published with the Equality Outcomes Action Plan 2025-2029.

East Lothian IJB will direct staff that manage the commissioning and oversight of services to suppliers to embed requirements to meet public sector race equality standards, establish robust reporting mechanisms for racist incidents and address the resolution of incidents in a way acceptable to the public sector under applicable laws and duties e.g Public Sector Equality Duties etc.

Staff will receive training specific to their roles and responsibilities that will enable them to improve their confidence addressing and reporting racism in a health and social care setting.

A communications campaign will be undertaken to offer information about the options staff have for raising incidents of racism and what they can expect from the response.

A communications campaign will be undertaken to offer information about options service users have for raising incidents of racism and what they can expect from the response.

(Narrative, explanation of legal compliance, explanation of positive impacts, how it will be monitored and by whom (IJB))

Outcome 3 – Living Standards and Independence

We will improve connections across our organisations and with partners to provide a more holistic approach to supporting the community to live healthier and more comfortable lives.

We will listen to the voices of unpaid carers and their advocates to recognise and support the valuable role unpaid carers play in the community.

We will enable young people transitioning to adult services, older people and people with disabilities to live independently e.g via the demonstration of assistive technology for the home, travel training (building the ability and confidence to use public transport), providing care in the home where this is possible.

Public Sector Equality Duty general need	<p>Advance equality of opportunity between people who share a relevant protected characteristic and those who do not</p> <p>Foster good relations between people who share a protected characteristic and those who do not</p>
Equality Act 2010 Protected Characteristic Group/s Impacted	<p>Age (especially young people transitioning to adult services) Disability</p> <p>Indirectly, carers, people with mental health challenges, learning disability and difficulty, people with temporary sensory, mobility or cognitive changes.</p>
East Lothian IJB Strategic Priority	<p>Developing sustainable health and social care services</p> <p>Focusing on early intervention and prevention</p> <p>Keeping people safe</p> <p>Tackling health inequalities</p>
Other Relationships	
Monitoring – How will we know it have been achieved?	

(Narrative, explanation of legal compliance, explanation of positive impacts, how it will be monitored and by whom (IJB).)

Outcome 4 – Justice

Staff will have awareness and understanding of how they can help prevent and/or report:

- Hate crime
- Violence against women and girls and sexual harassment
- Violence or exploitation against people with protected characteristics and the most vulnerable in society

Public Sector Equality Duty general need	<p>Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct</p> <p>Advance equality of opportunity between people who share a relevant protected characteristic and those who do not</p> <p>Foster good relations between people who share a protected characteristic and those who do not</p>
Equality Act 2010 Protected Characteristic Group/s Impacted	<p>All.</p> <p>Other groups: people vulnerable to criminal, sexual or malicious exploitation, people experiencing family violence, homeless people, people re-entering the community after custodial sentences or long-term hospital care.</p>
East Lothian IJB Strategic Priority	<p>Focusing on early intervention and prevention</p> <p>Increasing access to community-based services</p> <p>Keeping people safe</p> <p>Tackling health inequalities</p>
Other Relationships	
Monitoring – How will we know it have been achieved?	

(Narrative, explanation of legal compliance, explanation of positive impacts, how it will be monitored and by whom.)

Outcome 5 – Health

Our staff have a greater awareness of:

- The role of poverty in unequal health outcomes
- The challenges faced and health equalities experienced by minorities and people living at the margins of the community

Public Sector Equality Duty general need	<p>Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct</p> <p>Advance equality of opportunity between people who share a relevant protected characteristic and those who do not</p> <p>Foster good relations between people who share a protected characteristic and those who do not</p>
Equality Act 2010 Protected Characteristic Group/s Impacted	<p>All.</p> <p>Other groups: The fishing community, gypsy/roma/traveller people, seasonal workers, migrant workers, people re-joining the community from custodial sentences, homelessness or long hospital stays.</p>
East Lothian IJB Strategic Priority	<p>Developing sustainable health and social care services</p> <p>Focusing on early intervention and prevention</p> <p>Keeping people safe</p> <p>Tackling health inequalities</p>
Other Relationships	East Lothian Council Poverty Plan

(Narrative, explanation of legal compliance, explanation of positive impacts, how it will be monitored and by whom)

Appendix

1. Equality Outcomes 2021-2025

Equitable Access to services

1. People know what support and services are available and know how to access them

We should be proactive about sharing information in other languages (in line with prevalence in our community, for example, Polish) and other formats, for example easy read and BSL. Information will be available on request in other languages or formats, and we will continue to support interpretation and translation.

Equitable access to premises

2. People with protected characteristics are able to access our premises easily and find them easy to use

We will ensure that our premises are DDA-compliant, and pay attention to signage and physical arrangement to support gender-identity, cultural or religious requirements, people on the Autistic Spectrum, people whose first language is not English, people with learning disabilities, and people who have hearing or sight impairments (or both).

Safer communities

3. We will protect people at risk in our communities.

Community Development is reserved to East Lothian Council but ELHSCP will continue to work in partnership with the council as part of the community planning process and continue to build our working relationship with Local Area Partnerships, and in particular LAP Health and Wellbeing Sub-Groups, to ensure that local needs are understood and reflected in our strategic planning process.

We will also continue to support and promote awareness of:

- *East and Midlothian Public Protection Committee*
- *MELDAP*
- *Community Justice*
- *Local health protection and health improvement services.*

An inclusive place to work

4. We will be proactive in developing an inclusive staff culture at all levels.

ELHSCP's HR functions are delivered by NHS Lothian and East Lothian Council, both of whom operate inclusive employment practices. However, ELHSCP can also provide training and support that encourages diversity in the workplace, and undertake to support inclusive working environments for people with protected characteristics in our teams and divisions.

Mental health

5. We are committed to supporting better mental health for all

Improving mental health is something that underpins all our work, be it that of staff, patients, carers, minority groups, people with dementia or other core service-users. We are committed to developing quick access services provided by specialist mental health professionals. Services will also support people with problems that impact on their physical and mental wellbeing, and we will continue to work with local third sector and community mental health groups to grow support at a local level.

Mainstreaming Actions

Environment Sustainability

6. We will make sure that disabled people, people living in deprived areas, and Black and Ethnic Minority people can and do participate more fully in our sustainability work and opportunities.

Equitable Access to Services

7. We will make sure we understand which groups of staff are using our many staff wellbeing services, and change things to make uptake more equitable, should we need to.

Equality Outcomes where ELHSCP plays a supportive role

Housing

8. Housing is the preserve of East Lothian Council. We will work alongside East Lothian Council to support the delivery of safe and accessible housing, and housing related services, which prevent homelessness, improve health outcomes and allow individuals to remain living at home where appropriate, across all client groups in East Lothian. We will work to ensure that the needs of people with protected characteristics inform our planning to ensure equitable access.

Inclusive Education

9. Education is the reserve of East Lothian Council (ELC) and local colleges. However, we can support ELC and colleges with improving equalities for young people in transition from children's to adult services, and ensure that we are aware of issues for young people with protected characteristics to ensure equitable access to services.

Appendix 2

Sections of the Equality Mainstreaming report will be arranged under headings reflecting the three general needs of the Public Sector Equality Duty.

Under each heading, examples will be presented. Each example will specify:

- How the example fulfils the relevant PSED general need/s including evidence of why it was a suitable focus e.g. health inequality data, population demographics etc.
- The groups of people it supported (protected characteristics, other groups etc people covered under the Fairer Scotland Duty)
- The East Lothian IJB Strategic Objective it relates to
- The IJB Direction/s that applies to it
- A description of the activity and its equality impact
- How it contributes to mainstreaming equality

Examples:

- Planning for Older People's Services community engagement
- Well Wynd demonstrating site for assistive technologies
- Care at Home anti-racism project – code of conduct
- Rehabilitation Service in-reach project at Royal Infirmary Edinburgh

Further examples will come from the Annual Report, newsletters and press releases.

Example

Transforming Care for Older People

Public Sector Equality Duty general need

This example demonstrates fulfilment of the Public Sector Equality Duty general need:

To advance equality of opportunity by taking steps to meet the needs of people who share a relevant protected characteristic that are different from the needs of people who do not share it and encouraging people who share a relevant protected characteristic to participate in public life ([Equality Act 2010](#) Section 149).

This duty was relevant in East Lothian due to its demographic features as a area with a increasing older population.

Groups Supported

Protected Characteristic Groups – Age, disability.

Other groups – Carers, people requiring care, people participating in end of life care.

Strategic Objective

Planning for an ageing population was named in the East Lothian IJB's Strategic Plan as an activity that could contribute to the strategic objective of **developing services that are sustainable and proportionate to need, working collaboratively with communities, focus on early intervention and prevention, enabling people to have more choice and control and provide care closer to home, health inequalities** (page 4, Strategic Delivery Priorities).

IJB Direction

D12I	Transforming Care for Older People	<p>NHS Lothian and East Lothian Council to transform the service delivery to older people for the provision of Community Hospitals, Care Homes, and the development of intermediate care services, involving full engagement and consultation with appropriate parties.</p> <p>This should take into account demographic factors, current use of services, the impacts of COVID-19, funding pressures, service remobilisation and redesign. It must also take note of the emerging outputs from the Independent Review of Adult Social Care and development of a National Care Service. (Revised February 2022)</p>
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Activity

In February 2023 East Lothian IJB instructed that action be taken to identify options for older people's services and engage with the community to discover their priorities for care. A project team was established and a thorough community engagement process was devised, placing community voices at the centre of planning and development. Alongside other engagement activities, an independent community panel was formed from community and third sector volunteers in August 2023. The people on the panel represented a wide range of stakeholder views, community groups and lived experience. The role of the panel was to:

- Oversee and shape the engagement process.
- Be part of the shortlisting and options appraisal process.
- Engage with their local communities; encourage members of the public to contribute their views and suggestions; share key project progress updates; and act as an advocate for their communities during meetings.

“This panel was key to getting options development and appraisal process right.”



The process concluded in December 2024. The independent community panel is in the process of identifying its future purpose, composition and relationship with East Lothian IJB and HSCP.

The community engagement process has received a range of positive feedback from people involved, commenting that they felt heard and respected. A newsletter service and regular face-to-face meetings kept participants informed on progress throughout the project.

This community engagement had a number of positive equality impacts, including foregrounding the experiences of people in older age groups, people with disabilities and long-term health conditions, respecting different communication needs, incorporating the voices of the cared for and carers and considering the needs of people on lower income/wealth households.

Relationship with Equality Outcomes 2025-2029

As part of East Lothian IJBs communication and engagement strategy, this community engagement activity will form a foundation for co-producing an East Lothian model of community engagement in order to mainstream best practice engagement into all areas of East Lothian IJB delegated services. Developing a model of community engagement aims to offer support to East Lothian IJB delegated services to engage with the community in meaningful ways and offers guidance, best practice tips and advice on feeding back and communicating effectively. The model will take a human rights approach to engagement (recommended by the Scottish Human Rights Commission) and follow Scottish Government's PANEL principles for community engagement and will be included as an equality outcome for 2025-2029.



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 20 February 2025
BY: Chief Officer
SUBJECT: Review of the East Lothian IJB Strategic Plan

8

1 PURPOSE

- 1.1 To inform the Integration Joint Board (IJB) of the planned approach to reviewing the current East Lothian IJB Strategic Plan and developing a new Strategic Plan to cover the period of 2025-2030.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Agree the planned approach and timescales for carrying out a review of the current IJB Strategic Plan as outlined in the body of the report, noting the key points at which the IJB will be directly involved in the process.
- 2.2 Agree the planned approach to consultation and engagement as described in the appended draft Consultation and Engagement Plan.
- 2.3 Approve the proposal that the Strategic Plan cover an extended period of five years from 2025 to 2030, with a review taking place in year three as required by the statutory guidance.

3 BACKGROUND

- 3.1 Under the Public Bodies (Joint Working) (Scotland) 2014 Act, Integration Joint Boards (IJBs) are required to develop a Strategic Plan setting out arrangements for carrying out the integration functions in their geographic area. Whether developing a new Strategic Plan, or revising an existing Plan, IJBs must include details of how arrangements for carrying out delegated functions reflect the integration delivery principles and contribute to the achievement of the national health and wellbeing outcomes defined by the Scottish Government.

- 3.2 It is proposed that the revised Strategic Plan cover an extended period of five years from 2025 to 2030 in order to support a more long-term approach to strategic planning. There is a requirement under the Statutory Guidance that Strategic Plans be reviewed at least every three years. To reflect this, a review will be carried out towards the end of year three of the Plan. This will consider any changes to the local or national context the IJB is operating within and will seek the views of the SPG as to whether any changes are required.
- 3.3 The Strategic Planning Group (SPG) will play a key role in the review of the Strategic Plan as defined in the Integration legislation. The proposed approach and timescales were discussed and approved at the January 2025 meeting of the SPG.
- 3.4 Specific requirements regarding engagement related to the development of Strategic Plans are outlined in the Statutory Guidance, in summary these are:
- Ensure the Strategic Planning Group is involved from the outset.
 - Develop and agree a Communication and Engagement Plan at an early stage.
 - Carry out initial engagement with the SPG to inform the development of a draft strategic plan.
 - Once an initial draft of the Strategic Plan has been prepared, seek the SPG's feedback and make any changes required to develop a second 'Consultation Draft'.
 - Send the Consultation Draft to the local authority, Health Board, and prescribed groups¹ for comment, and also consult more widely to ensure that anyone with an interest has the opportunity to participate and express their opinion.
 - Take into account the views gathered through consultation when finalising the Strategic Plan.
- 3.5 A plan has been developed reflecting these statutory requirements, but also including plans for wider engagement, and identifying the points at which the IJB will be involved – this is shown in the table below, **with IJB engagement highlighted in bold text**). It is anticipated that a final version of the Strategic Plan will be presented to the December 2025 meeting of the IJB for approval.

¹ As defined in the Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014.

Summary of IJB Strategic Plan Review Activities / Timescales

Stage	Details	Timescale
Stage 1 - Initial key stakeholder engagement focusing on high level elements of the Strategic Plan (Vision, Strategic Objectives, Strategic Priorities)	<ul style="list-style-type: none"> Initial Engagement Session with SPG (27 February). Engagement with key stakeholders, including IJB members. 	Feb – April 2025
Stage 2 - Development of Consultation Draft	<ul style="list-style-type: none"> Information gathered during Stage 1 used to inform development of a Consultation Draft. Engagement session with SPG on Consultation Draft (5 June). Consultation Draft to IJB for approval prior to wider engagement taking place (26 June). 	May – June 2025
Stage 3 - Engagement on Consultation Draft	<ul style="list-style-type: none"> Wider engagement – further opportunities for key stakeholder engagement (including IJB engagement) and extending to a wider audience so that anyone with an interest has the opportunity to contribute 	July – Sept 2025
Stage 4 - Development of Advanced Draft	<ul style="list-style-type: none"> Information gathered during Stage 3 used to inform development of an Advanced Draft. Advanced Draft to SPG for final feedback. 	Oct – Nov 2025
Stage 5 - Final Strategic Plan to IJB for approval	<ul style="list-style-type: none"> Final Strategic Plan submitted to IJB for consideration / approval. 	Dec 2025
Stage 6 - Completion of feedback loop	<ul style="list-style-type: none"> Communication on publication of IJB Strategic Plan, including report on consultation / engagement feedback and how this is reflected in the final Strategic Plan. 	Jan 2026

4 ENGAGEMENT

- 4.1 Details of consultation and engagement planned in relation to the development of the Strategic Plan are outlined in the draft 'East Lothian IJB Strategic Plan Development – Consultation & Engagement Plan' appended to this report.

5 POLICY IMPLICATIONS

- 5.1 The report relates to the planned approach to revise the current East Lothian IJB Strategic Plan, with a view to developing a revised Strategic Plan to cover the period 2025-2030.

6 INTEGRATED IMPACT ASSESSMENT

- 6.1 An Integrated Impact Assessment (IIA) will be carried out in relation the final version of the Consultation and Engagement Plan. A further IIA will then be carried out in the autumn once an advance draft of the Strategic Plan has been developed, prior to it being submitted to the IJB in December 2025. Individual IIAs will continue to be carried out in relation to any planned service developments of other activity in aimed at delivering the strategic priorities identified in the final IJB Strategic Plan.

7 DIRECTIONS

- 7.1 East Lothian IJB directions will be reviewed and updated as necessary once the East Lothian IJB Strategic Plan for 2026-2030 has been agreed.

8 RESOURCE IMPLICATIONS

- 8.1 Financial – The IJB current and projected financial position will be a key consideration in identifying the strategic priorities defined in its revised Strategic Plan.
- 8.2 Personnel – Current and anticipated workforce challenges will be considered throughout the review, and the Strategic Plan will link to the Workforce Plan (currently under development).
- 8.3 Other – None.

9 BACKGROUND PAPERS

- 9.1 [East Lothian IJB Strategic Plan 2022-25.](#)
- 9.2 [Health and Social Care – Strategic Plans: Statutory Guidance](#)

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East Lothian IJB Strategic Plan Development

DRAFT Consultation & Engagement Plan

Background to IJB Strategic Planning

This document outlines the engagement and consultation activity planned in relation to the development of a revised East Lothian Integration Joint Board (IJB) Strategic Plan for 2025 to 2030.

Under the Public Bodies (Joint Working) (Scotland) 2014 Act, IJBs are required to develop a Strategic Plan setting out arrangements for carrying out the integration functions in their geographic area. Whether developing a new Strategic Plan, or revising an existing Plan, IJBs must include details of how arrangements for carrying out delegated functions reflect the [integration delivery principles](#) and contribute to the achievement of the [national health and wellbeing outcomes](#) defined by the Scottish Government.

Consultation and Engagement Requirements

The [Statutory Guidance](#) on the development of IJB Strategic Plans identifies that:

‘it is imperative that the integration authority shares the draft strategic plan widely and accessibly with those who have an interest in the delivery or receipt of health and social care support within the geographic boundaries of the integration authority’

The Community Empowerment Act (Scotland) 2015 also requires IJBs to work with local communities to plan and deliver services, and to take into account the views and priorities of Community Planning Partnerships.

The role of Strategic Planning Groups (SPGs) in the development of IJB Strategic Plans is clearly defined in the legislation – ‘Integration Authorities must establish a Strategic Planning Group for the purposes in preparing a strategic plan’.

Specific requirements regarding engagement as outlined in the Statutory Guidance are summarised below:

- Develop and agree a Communication and Engagement Plan at an early stage.
- Ensure the SPG is involved from the outset.
- Carry out initial engagement with the SPG to inform the development of a draft strategic plan.
- Once an initial draft of the Strategic Plan has been prepared, seek the SPG’s feedback and make any changes required to develop a second ‘Consultation Draft’.
- Send the Consultation Draft to the local authority, Health Board, and prescribed groups¹ for comment, and also consult more widely to ensure that anyone with an interest has the opportunity to participate and express their opinion.
- Take into account the views obtained through consultation when finalising the Strategic Plan.

¹ As defined in the Public Bodies (Joint Working) (Prescribed Consultees) (Scotland) Regulations 2014 – see Appendix 1.

There are also a number of principles outlined in the Guidance in relation to people having sufficient opportunity to engage, these include:

- Make 'best efforts' to allow groups of people with an interest to participate in order to express an opinion on the draft plan.
- Consider practices to engage underrepresented groups.
- Consider various methods when planning engagement in order to reach target audience.
- Consult with people that IJBs can 'reasonably expect to recognise as representatives of groups with an interest.

Linking with Wider Consultation and Engagement Activity

There are a number of consultation and engagement activities that have taken place recently (over the past 2-3 years), or are currently taking place, that are relevant to the planning and delivery of health and social care services in East Lothian, these include:

- Planning Older People's Services Public Engagement and Consultation (current)
- East Lothian Dementia Strategy engagement (closed).
- East Lothian Independent Advocacy Strategy engagement (closed).
- East Lothian Poverty Plan engagement (closed).
- East Lothian Local Housing Strategy (LHS) engagement (closed).
- East Lothian Local Outcome Improvement Plan engagement (planned).
- East Lothian IJB Equality Mainstreaming Outcomes engagement (current).
- Area Partnership engagement of Local Area Plans and Local Place Plans (ongoing).

In addition, there are a range of other means through which people can feedback on their experience of using health and social care services, as well as on their wider views and priorities.

These activities have generated, and will continue to generate, a significant amount of feedback. This information will be reviewed to identify themes in terms of people's health and wellbeing priorities and, along with further specific engagement, will help to inform development of the IJB Strategic Plan.

Our Approach

We are anticipating 6 main stages to the review of the IJB Strategic Plan – these are shown in the table below, along with consultation / engagement activity planned for each stage.

Stage	Consultation / Engagement Details	Timescale
1. Initial key stakeholder engagement focusing on high level elements of the Strategic Plan (Vision, Strategic Objectives, Strategic Priorities)	<ul style="list-style-type: none"> Initial Engagement Session with SPG (February). Key stakeholder engagement. 	Feb – April 2025
2. Development of Consultation Draft	<ul style="list-style-type: none"> Information gathered during Stage 1 used to inform development of a Consultation Draft. Session with SPG on Consultation Draft prior to launching wider engagement (June). 	May – June 2025
3. Engagement on Consultation Draft	<ul style="list-style-type: none"> Wider engagement – to provide further opportunities for key stakeholder engagement and extending to a wider audience so that anyone with an interest has the opportunity to contribute. 	July – Sept 2025
4. Development of Advanced Draft	<ul style="list-style-type: none"> Information gathered during Stage 3 used to inform development of an Advanced Draft. Advanced Draft to SPG for final feedback. 	Oct – Nov 2025
5. Final Strategic Plan to IJB for approval	<ul style="list-style-type: none"> Final Strategic Plan submitted to IJB for consideration / approval. 	Dec 2025
6. Completion of feedback loop	<ul style="list-style-type: none"> Communication on publication of IJB Strategic Plan, including report on consultation / engagement feedback and how this is reflected in the final Strategic Plan. 	Jan 2026
Engagement will continue to inform the delivery of strategic priorities and the formation of Annual Delivery Plans linked to the IJB Strategic Plan.		Ongoing

What We Are Asking

Stage 1 Questions

For Stage 1, the engagement questions will cover the following broad areas, with additional sub-questions / prompts to be added (wording still to be agreed to ensure accessibility):

Q1 – What are the main challenges / opportunities for the IJB as it develops its Strategic Plan for 2025-2030.

Q2 – Looking at the strategic objectives in the current IJB Strategic Plan, are they still the right ones in terms of the strategic development of health and social care services for East Lothian?

Q3 – Now looking at the current strategic delivery priorities under each of the objectives, do these reflect what needs to be prioritised over the next five years to deliver the relevant strategic objective?

Q4 – The current Strategic Plan also identifies a number of ‘Enablers’ - these are the things that are needed to enable to delivery of the Strategic Plan (*list here*). Is there anything else we should add to the list of Enablers? What are the challenges / opportunities in relation to each of the Enablers (if not already highlighted in Q1).

Q5 – Is there that has not been covered in the previous questions that needs to be reflected in the IJB Strategic Plan?

Stage 2 Questions

For Stage 2, we will be asking people for their feedback on the Consultation Draft. The draft will be available on the East Lothian Consultation Hub, split into sections (for example, there will be a section on each strategic objective) so that respondents can either feedback on the full draft, or just on the sections they are most interested in.

Prompt questions will be included for each section, along the same lines as the Stage 1 Questions (above), although respondents will also be able to just submit more general feedback. There will also be options to submit feedback via other means (e.g., in writing, via email, or verbally).

Engagement Pack

An ‘Engagement Pack’ will be available to help provide context and present evidence to inform people’s thinking when taking part in the IJB Strategic Plan engagement. This will include summary information on the following, along with links to where additional information can be found:

- Summary of the current IJB Strategic Plan outlining the strategic objectives; strategic delivery priorities; and enablers.
- Summary of the Joint Strategic Needs Assessment (JSNA), with a link to the full JSNA – providing information on demographics, population health, wider determinants of health, etc.
- High level summary of progress and performance in relation to the current IJB Strategic Plan (linking to the full Annual Performance Reports for the years covered).
- Summary of the financial position, highlighting challenges and detailing financial recovery activity to date.
- Details of recent engagement exercises / activity, with a summary of feedback themes.

- Infographic on key local and national strategies and legislation (existing and anticipated), with links to further information.
- Summary of NHS Lothian and East Lothian Council's strategic objectives / priorities – with a link to NHS Lothian's Local Strategic Development Framework and the Council Plan.
- High level summary of challenges and opportunities.

An additional summary / easy-read resource will also be developed providing an alternative option for audiences who have more limited involvement in IJB business.

Engagement Methods

- **Self-facilitated engagement sessions by groups** – using the Engagement Pack (see above); talking points / prompts sheet; facilitator guide; and response form (electronic with option for other formats on request).
- **Facilitated engagement sessions** – using the materials described above, but with facilitation support from HSCP Officers.
- **Informal / less structured engagement sessions** – using an alternative, easy-read pack developed to support less structured, informal conversations about priorities for health and social care.
- **Consultation Hub** – Consultation Draft to be available on the East Lothian Consultation Hub, along with Engagement Pack materials. Respondents given the option to respond to the whole Plan or in relation to specific sections using the online form, or in writing, via email, or verbally.
- **Additional methods** – once the full range of stakeholders has been agreed, consideration will be given to any additional methods required to ensure that all groups and individuals are able to be involved in the engagement process, taking into account any specific needs, and ensuring that there are no barriers to participation.

Communication

The primary aims of communication related to the review of the IJB Strategic Plan are to:

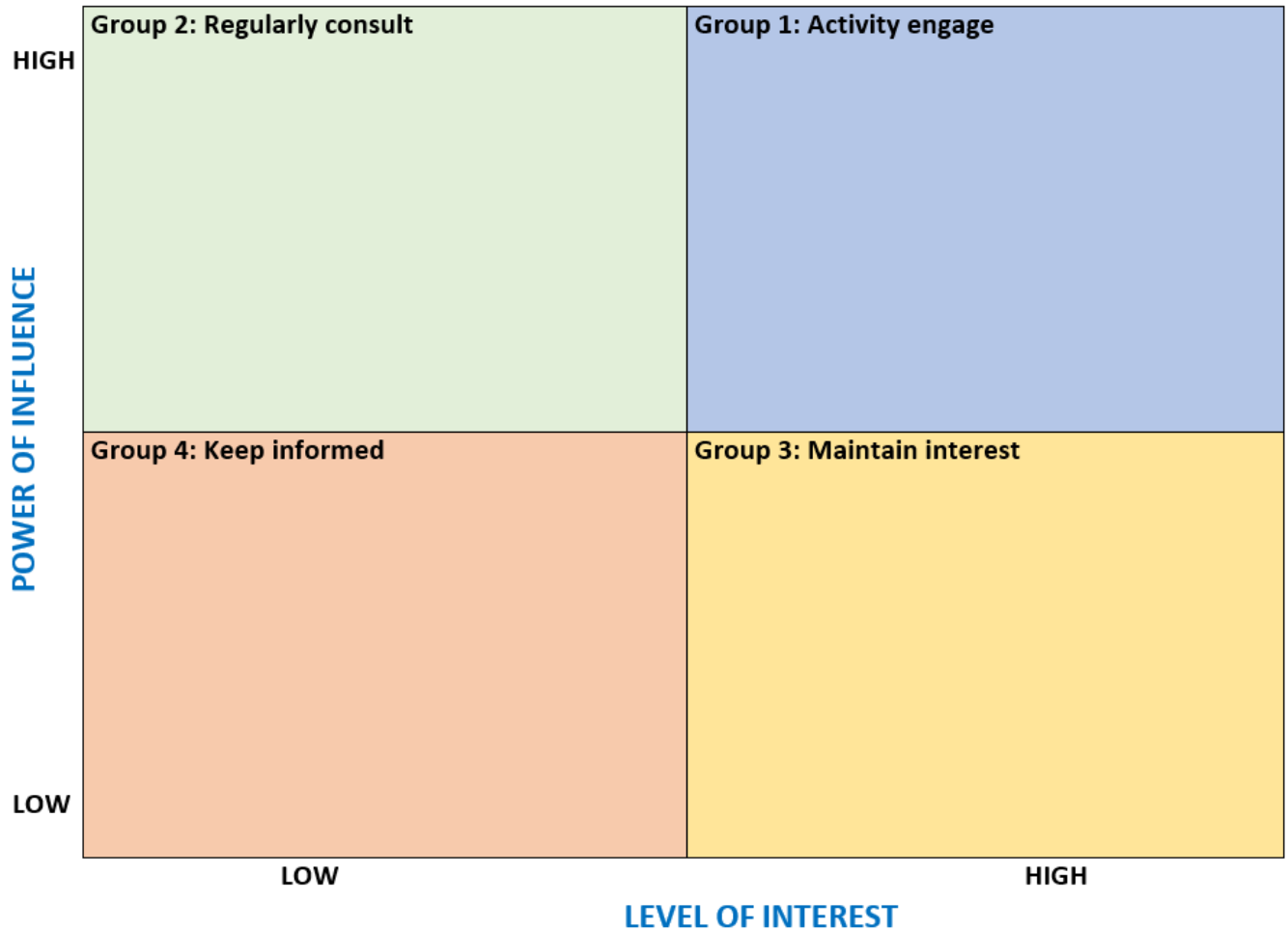
- Drive awareness of the Strategic Plan engagement activities.
- Effectively communicate the different stages of the engagement process.
- Promote opportunities and actively encourage participation from stakeholder groups at each stage of the engagement process.
- Provide transparent reporting and feedback on each stage of the development.

A detailed Communication Plan is being developed identifying communication planned at each stage of the engagement process; target audiences; and communication methods and materials. This will include the development of an engagement materials providing clear and accessible information on the health and social context; the role of the IJB; the purpose of the Strategic Plan; the East Lothian picture; known challenges; etc.

Who We Plan to Engage

* Stakeholder matrix to be developed and included here. This will make use of the extensive stakeholder list already in use by the Partnership, as well as considering any additional stakeholders and including the 'prescribed groups' defined in the legislation.

Blank Matrix – for illustration only



Integrated Impact Assessment

The Public Sector Equality Duty (PSED) requires IJBs to carry out Equality Impact Assessments of their Strategic Plan.

An initial Integrated Impact Assessment (IIA) will be carried out an early stage in relation to the Consultation and Engagement Plan.

A further IIA will then take place once of the Advanced Draft Plan prior to its submission to the IJB for approval in December 2025.

Individual IIAs will then be carried out on an ongoing basis as required to consider the impact of any service development or activity planned in relation to IJB strategic objectives and delivery priorities.

Appendix 1 – Prescribed Groups

Prescribed groups defined in Statutory Guidance:

- Users of health care
- Carers of users of health care
- Commercial providers of health care
- Non-commercial providers of health care
- Health professionals*
- Social care professionals*
- Users of social care
- Carers of users of social care
- Commercial providers of social care
- Non-commercial providers of social care
- Non-commercial providers of social housing
- Third sector bodies carrying out activities related to health or social care

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 20 February 2025

BY: Chief Officer

SUBJECT: East Lothian IJB and Audit & Risk Committee Meetings
Dates 2025-26

9

1 PURPOSE

- 1.1 To set the dates of East Lothian IJB business meetings and development sessions, and meeting dates for the Audit & Risk Committee during session 2025/26.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to
- i. approve the dates for IJB business meetings during session 2025/26, as set out in Appendix 1;
 - ii. approve the dates for IJB development sessions during session 2025/26, as set out in Appendix 2; and
 - iii. approve the dates for the Audit & Risk Committee meetings during session 2025/26, as set out in Appendix 3.

3 BACKGROUND

- 3.1 The IJB is required to approve a schedule of meeting dates and development sessions for each session (Appendices 1 and 2.) Under its Standing Orders, the IJB may call additional business meetings, however, this discretion will be used only in exceptional circumstances. In the event that a meeting date has to be changed, members will be notified as soon as practicable.
- 3.2 The IJB must also approve a schedule of meeting dates for the Audit & Risk Committee (Appendix 3.) In doing so, members are asked to choose from two possible dates for the December meeting.
- 3.3 Meetings continue to take place online, via Teams, and recordings are made available on the Council's website.

4 ENGAGEMENT

- 4.1 The Chairs, Depute Chairs and Chief Officers have been consulted on the proposed meeting and development session dates in this report. There has also been consultation with the clerking teams within NHS Lothian and Edinburgh and Midlothian Councils.

5 POLICY IMPLICATIONS

- 5.1 There are no policy implications as a result of this report.

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 require the creation of a new Direction or the alteration of an existing Direction issued by the IJB.

8 RESOURCE IMPLICATIONS

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

9 BACKGROUND PAPERS

- 9.1 None.

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DATE	February 2025

PROPOSED IJB MEETING DATES – SESSION 2025/26

- Thursday 25 September 2025, 2pm
- Thursday 30 October 2025, 2pm
- Thursday 18 December 2025, 2pm
- Thursday 26 February 2026, 2pm
- Thursday 26 March 2026, 2pm
- Thursday 28 May 2026, 2pm
- Thursday 25 June 2026, 2pm

It is proposed that all meetings be scheduled for 2.00-4.30pm. This additional half hour would provide some flexibility in diaries, in case of longer agendas/discussion time.

PROPOSED IJB DEVELOPMENT SESSION DATES – SESSION 2025/26

- Thursday 21 August 2025
- Thursday 27 November 2025
- Thursday 29 January 2026
- Thursday 30 April 2026

All development sessions will be scheduled for 2.00-4.00pm. Additional arrangements will be confirmed in due course.

**PROPOSED AUDIT & RISK COMMITTEE MEETING DATES – SESSION
2025/26**

- Tuesday 23 September 2025, 2pm
- [Tuesday 2 December, 3pm](#) **OR** [Tuesday 16 December 2025, 2pm](#)
- Tuesday 17 March 2026, 2pm
- Tuesday 9 June 2026, 2pm

All meetings to be scheduled for 2 hours.