East Lothian IJB Strategic Plan 2022-25
Engagement Feedback
January-July 2022

East Lothian
Health & Social Care Partnership

Contents

Feedback sources

Workshops

IJB members, ELHSCP Management Team, Strategic Planning Group:

- 22 February 2022 – ELHSCP Management Team Workshop
- 14 March 2022 – Strategic Planning Group Workshop

ELHSCP and ELC Officers, Third Sector, Community:

- 6 April 2022 – Children and Young People
- 8 April 2022 – Ethnic Minorities
- 11 April 2022 – Learning Disabilities and Autism
- 19 April 2022 – Older People
- 20 April 2022 – Dementia
- 21 April 2022 – Homelessness
- 25 April 2022 – Substance Misuse
- 27 April 2022 – Mental Health
- 30 May 2022 – Gender-based Violence
- 31 May 2022 – ELHSCP Policy and Performance Team
- 1 June 2022 – Adult Wellbeing, Mental Health and Care at Home

Lived Experience Groups:

- 7 May 2022 – Veterans
- 9 May 2022 – Women with Lived Experience of the Justice System (Connect Group)
- 16 May 2022 – The Pantry (people living in food poverty)
- 31 May 2022 – Starfish Café (people in recovery/substance misuse)
- May 2022 – Lunch with the Bunch (Prestonpans) via ELC Housing
- 28 June 2022 – Deaf/BSL Community
- 7 July 2022 – North Berwick Day Centre

Community events:

- 13- 15 May - Health and Social Care, Housing and Place Making – carried out by North Berwick Community Council – self-administered engagement, based on our engagement pack
- 30 May 2022 - Scottish Government Older People's Strategy Engagement

Carers events:

- 18 March 2022 – Carers' Big Day Out

Other responses to self-administered engagement pack:

- Changes
- ELHSCP Business Administrators x 2
- Substance Misuse Team

Online surveys

- English-language survey – 58 responses from individuals and organisations
- Polish-language survey (negotiated with Polish community representatives – 0 responses

Desk research:

- Great Expectations
- DFEL response to IJB Strategic Plan Engagement
- ELHSCP Staff Survey
- Carers of East Lothian response
- Veteran response – Sight Scotland
- East Lothian Council Housing Rural Survey

All engagements were informed by a short video that set out progress with meeting some of our current objectives, the impact of Covid, and the challenges we currently face in terms of funding, the cost of living crisis, staff recruitment and retention, demographics and demand for services.

What We Asked

IJB Members, ELHSCP Management Team, Strategic Planning Group

These groups were asked:

- To what extent do you think the current strategic objectives are still relevant? – what changes / additions should be made?
- What do you think the IJB's strategic priorities should be over the next 3 years? – how should these differ from the current ones?
- What do you think the challenges will be to delivering the strategic plan?
- What opportunities do you think may emerge to support delivery of the strategic plan?

Everyone Else

We wanted to gauge what individual people, service-users, carers, communities and staff could identify areas of good practice to build on and areas which they think should form our strategic focus. We asked:

- What's going well?
- What could be better?
- What would you like to see in the future?

This approach has enabled us to identify key themes, which are often quite similar across a wide range of groups and disciplines, which will form the basis of this feedback report.

Context

The Post-Covid Environment

The engagement took place in a period when we were emerging from Covid restrictions. The impact of Covid on communities, volunteers and staff cannot be underestimated. All groups who referred to it reported high levels of exhaustion. This will be discussed in more detail under the relevant themes later on in this document.

The Cost of Living Crisis

The Institute for Government defines the 'cost of living crisis' as the fall in 'real' disposable incomes (that is, adjusted for inflation and after taxes and benefits) that the UK has experienced since late 2021. It is being caused predominantly by high inflation outstripping wage and benefit increases and has been further exacerbated by recent tax increases.

In early February, the government announced some measures to respond to high energy prices, a particular flashpoint of the crisis. At the spring statement, the chancellor announced some more general policies to support squeezed household budgets.

A much larger package of household support for energy bills was announced by the chancellor in late May. After accounting for these policies most lower income households will be more-or-less fully protected from the increase in inflation.[1] But for many other households inflation is still expected to increase more quickly than post-tax and benefit incomes this year.

How high is inflation?

Inflation is calculated as the average change in the price of typical goods and services purchased by UK households over 12 months. This is tracked using the Consumer Price Index (CPI), calculated by the Office for National Statistics using a sample of 180,000 prices of 700 common consumer goods and services.[2] The latest data has the current CPI at 9.1% in the 12 months to May 2022. The Bank of England aims to keep the CPI rate of inflation at 2% plus or minus 1% (i.e. between 1% and 3%) and adjusts interest rates to achieve this.

However, CPI excludes the cost of housing. An alternative measure of inflation produced by the ONS, the Consumer Prices Index with Housing (CPIH), is in some ways a better measure of inflation as it includes owner occupiers' housing costs. Current CPIH is currently a little lower than CPI, at 7.9%.[3]

How is inflation expected to change in the coming months?

The latest Bank of England forecast has inflation peaking at 10.2% in the fourth quarter of 2022. This is largely driven by the £693, or 54%, increase from 1 April of the energy price cap and a forecasted further increase of 40% in October.[4] Inflation is expected to remain high for the next two years: the

Staff recruitment and retention

ELHSCP is experiencing difficulties in recruiting and retaining its own staff and its commissioned providers (particularly in Care At Home) are experiencing similar problems. For example, Adult Wellbeing is down

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…essentially, over the last year, our care at home provision for people aged over 65 has reduced from around 9,000 hours a week to under 7,000, so those 2,000 hours have come out of the system over 12 months and we are static – they are

not going up – there's no prospect of them going up because of the recruitment and retention issues…

General Manager, Adult Social Work

Both in ELC and NSH sides of the partnership there are real problems with recruitment - 50% vacancies amongst Band 5 nurses in March - The Abbey is really struggling - at critical stage for their staffing levels - used to get 100 responses to one admin job advert, now you're lucky if you get six…

Senior Workforce Development Officer

East Lothian Integration Joint Board - Commitments in existing East Lothian Plans

ELHSCP has already made a range of commitments to East Lothian Level Plans, which are the product of engagement with partners. These will have to inform the development of the next IJB Strategic Plan.

Commitments under the East Lothian Anti-Poverty Strategy

1. Healthy and Well – people in East Lothian are enjoying healthier lives and health inequalities are eliminated				
Objectives and Actions	**Lead**	**New or Further Actions 2021-2023**	**Indicator**	**Source**
Reduce health inequalities Public Health Partnership and Place team will be linking with Partners around considering a Health in All Policies approach, where we think around health inequalities across wider community planning.	NHS Lothian / Health & Social Care Partnership	Work is about to commence on the next iteration of the IJB Strategic Plan (the current one runs up to 2022), this will also have a focus on health inequalities and will cross reference the East Lothian Poverty Plan. Tackling Type 2 diabetics – interagency whole systems approach as part of the obesity strategy will look at tackling structural influences such as poverty Promote and abide by the principles set out in the East Lothian Friendly Food Network's Food Charter to tackle food related health inequalities	% of children in Primary 1 who are At Risk of being overweight or obese & % of children in Primary 1 who are Critical of being overweight or obese Long term conditions by area and gender Type 2 diabetes prevalence Possibly - oral health measures (e.g. dental caries)	Top 50 Council Plan East Lothian Plan / NHS

Support those with additional health needs or disabilities through person centred approaches and investment in modern technology which enable people to maintain their independence, self-esteem and established social networks is important.	Health & Social Care Partnership	Continue to develop and implement self-directed support where personal budgets can be used to meet outcomes for children and young and their families including: • Telecare (TEC) – work ongoing around embedding TEC in the heart of the assessment and support planning process is fundamental to developing our (H&SC) approach to maintain independence. • Try another way – Doing things differently; joint work with Social Work Scotland and In Control (Scotland) to test out the use of personal budgets in supporting children and families to stay together.	% of care clients using Self-directed support	Council performance indicator
Improve access to adult mental health services	ELHSCP	Implement the actions from the first stage of the review of Mental Health services. The Care When it Counts Mental Health team will link into the Primary Care Financial Inclusion Pathway	Waiting time/ access to adult mental health services	Children's Plan/ NHS
Improving children and young people's mental health and wellbeing.	East Lothian Children's Strategic Partnership	Implement the Children & Young People's Services Plan (2020–23) to improve children and young people's mental health and wellbeing.	Waiting time/ access to children's and young people's adult mental health services	Children's Plan/ NHS

Tackle the growing problem of social isolation	Connected Communities/ VCEL	Support community based initiatives to reduce to social isolation Develop the 'Get Connected' model for children and young people experiencing social isolation.	New question on social isolation to the residents survey Outputs from befriending projects Data from Age UK	Residents Survey VCEL
Improve the Cancer Journey for people affected by Cancer	NHS Lothian and Macmillan	Roll out the Macmillan Improving the Cancer Journey service in East Lothian from November 2021	Outcomes/ uptake of Macmillan advice service	Financial inclusion Service

Armed Forces Covenant

Objective 2: Health and Wellbeing Work in partnership to build and further develop work, services and relationships focused on health and wellbeing, including access to health services, focus on mental health and wellbeing and building a sense of belonging for families locally.

ELHSCP is part of a multi-disciplinary group updating the Armed Forces Covenant, in light of the new national (UK-wide) legislation *The Armed Forces Act 2021*, enshrines the Armed Forces Covenant in law for the first time to help prevent service personnel and veterans being disadvantaged when accessing essential services like healthcare, education and housing. See UK Armed Forces Guidance

Public Sector Equalities Duty – Equality Outcomes

ELHSCP/ELIJB has committed to delivering the following:

Equitable access to services

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

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

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.*

ELHSCP is an Inclusive Place to Work

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

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.

Environmental Sustainability

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

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

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

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.

For more detail on the actions to deliver these, please see the ELIJB Equalities Outcomes Action Plan

NHS Lothian Strategic Plan 2014- 24

East Lothian Council Local Housing Strategy – drafting }

East Lothian Council Development Plan – drafting } Feedback from engagements for both these plans has also been included in feedback for the IJB Strategic Plan

Section 1 – Feedback from IJB members, ELHSCP Management Team, Strategic Planning Group

To what extent do you think the current strategic objectives are still relevant? – what changes / additions should be made?

Most participants agreed that there had been some progress with delivering the current strategic objectives before Covid and that all the activities described by the objective were still relevant and should be carried forward in some form.

However, there was a general consensus across groups that it would be useful to look at the actual strategic objectives again. This was because:

- We need to provide context – what people want, what we can deliver – and we need to manage expectations
- There are too many strategic objectives - perhaps we could clump some of the current objectives together, so there would be fewer objectives, set at a higher level – for example, one might be 'delivering more care closer to home'
- Some are actions rather than objectives – there should be less focus on deliverables and more on overall strategy
- We have delivered on some strategic objectives more than others so should some strategic objectives now be given more priority than others – for example, health inequalities
- Perhaps the strategic objectives should reflect the Priority Areas more
- Perhaps we could reverse-engineer the objectives – team workplan→actions→objectives, using a driver-model
- IJB Strategic Plan should be outcomes driven – working towards locality-based services, team around the person – what people want us to achieve for health and social care for people in East Lothian
- A lot of the narrative in the IJB Strategy doesn't relate back to the objectives defined at the start – should be structured by the objectives – i.e., this is the objective > this is why we have this objective > this is how we will deliver it > this is how we will know we have delivered it….
- Some things are more measurable than others. Are we able to measure our success with the existing objectives?
- We need to make it clearer what achieving the objectives would actually mean for individuals / communities in East Lothian – we should introduce a 'service user' or 'citizen' perspective
- People are perhaps a bit more aware of their own service areas than others.

Change Boards and Directions

- Some of this must be about Directions and how far have we met them
- Are Change Boards still relevant?
- Are Change Boards still working towards Strategic Objectives and are Directions still delivering them?

Impact of Covid

- Covid has pushed some areas of development e.g. day services.

- Covid empowered us to implement change, but we are now perhaps hindered by 'normal' processes – it feels like we have taken a step backwards.
- Are we all familiar enough with the plan to know that we have delivered on it? We might benefit from an option to review the plan on an annual basis. We have achieved remarkable things during the past two years because we had to – did the plan in any meaningful way exist over the past two years? We have had to deliver services in response to any guidance or letters from SG, plan or not.
- Overall – we have delivered some of the things, in a very different way to what we expected.

External Factors and Context

- Strategic Objectives need to reflect contextual changes – Covid, Ukraine, financial crisis
- Strategic Objectives need to reflect climate change/net zero targets
- We also have to be mindful of our capacity to deliver services in current economic/recruitment climate
- Strategic Objectives need to fit in with Lothian-wide framework but recognising the importance of local relationships with council and partners at the same time
- We need to identify what 'unmet need' exists and design objectives to address that – but how do you identify 'unmet need'

National Care Service and Other Scottish Government Initiatives

- The advent of the National Care Service makes it difficult to decide if priority areas are right in terms of what services will look like in three years' time
- We can set out priorities but have to include Scottish Government priorities and associated funding (for example, MAT standards).
- There is a tension between local and national priorities and policies

Language and Accessibility

- Current objectives would benefit from being reworded so they are easier to understand – e.g. 'reduce unscheduled care' isn't instantly understandable
- Must engage with the public, the public struggle to understand that fewer beds equals better community care because they equate bed numbers with care

What do you think the IJB's strategic priorities should be over the next 3 years? – how should these differ from the current ones?

Participants weren't always clear about the difference between objectives and priorities. Here is what people said.

Priorities and Strategic Objectives

- Are the priorities still the priorities?
- We need to look through priority areas to see if they are relevant and whether there are others, for example eligibility for services
- We need objectives to be more specifically aligned with priorities
- Strategic Objectives should flow sequentially – currently there are disconnects between the objectives and the priorities
- We should shift the wording of the priorities so that they reflect both the achievement so far and the way forward
- We should feed priorities from the Strategic Needs Assessment into the priorities

Future Strategic Objectives

- We should drive on with **changing the balance of care** - the current position is still too institutionally based
- **Shifting the Balance of Care** – recognising that delivering more services locally and expanding community services could be of huge benefit to EL residents (noting that what works for Edinburgh, Mid and West may not work for East Lothian).
- Remits have been expanded for some, for example, **Transformation of Community Support** now includes older people and adults with complex needs
- **Early Intervention and Prevention** – we say this all the time but it's the hardest thing to measure and the hardest thing to predict. We need data over a long period of time to demonstrate impact, but usually need to demonstrate impact to attract funding. Could we focus on EIP for front line providers like GPs to ensure that they are delivering the same messages that advertisements are in relation to access to services?
- **Early Intervention and Prevention** – being explicit that this is applicable to all partners in the IJB, and is about ensuring people are on the right path, no matter which bit of our services they are accessing
- **Living Well in Older Age** – there is a wave of demand waiting to strike in relation to an ageing population
- **Public Education** – noted the use of social media in supporting people to access digital health services. Communities need support to build capacity.
- **Service Pathways and Partnership Working** - capitalising on working with other services so that, for example, children coming into IJB services are prepared for how adult services are delivered.
- Models for provision should include **sustainability/resilience**
- **We need service sustainability**
- **Resilience** going forward – we are so close to not managing – we need to focus on confidence/stability
- **Workforce** is a priority area – recruitment and retention
- **Workforce planning** – developments at pace are unsustainable in terms of capacity. Plan and manage rather than react. Avoid gaps.
- **Recovery** is key across the piece. Links between mental health and substance misuse services – work coming through from recovery. Impact of Mental Health review in terms of Substance Misuse
- **Performance measures** should be in there as a priority together with commitment to providing regular, good quality performance information – this is really important

General Observations

- We need to make sure services are more accessible, offer more choice and control and meet government standards
- We shouldn't focus on specific time-limited pieces of work as they do now – specific pieces of work should be in the action plans
- Strategic Objectives should be developed in the context of total environmental analysis – from the macro (impact of poverty, benefits, poor health etc)
- National Policies and Drivers: physical health, realistic medicines and outcomes, health inequality should be reflected
- We shouldn't put mental health and substance use together – they are not a 1:1 relationship

- Strategic priorities should reflect properly on the impact of Covid and consider the post-Covid recovery/landscape
- We should focus on maximising independence and achieving the best outcomes for people
- They should fit with Matter for Focus – how do we tell our story – this is really important

Golden Threads/Directions

- I can't tell whether Golden Threads are reflected in what we do – do change boards take them into account as intended
- We haven't used Directions properly – they need to be strengthened and more attention given to delivery and monitoring
- We need to revisit reference groups and engagement.

Language and Accessibility

- We should phrase everything in a more positive way
- We should change the wording from 'delivery' – it should be more about 'co-producing' with the community
- 'Shifting the balance of care' – what does this mean to the public? – we should explain or rephrase
- We should refer to 'new models' rather than access
- Is 'reprovisioning' the right word? – we should still include it but reword it.

What do you think the challenges will be to delivering the strategic plan?

National Care Service and Other Scottish Government Initiatives

- There is the potential for this Plan to be dominated by the creation of the NCS.
- There is concern around the new NCS approach disempowering current work – in terms of The impact of the National Care Service is a challenge
- Placemaking – 10 minute neighbourhood – Scottish Government agenda – potentially conflicting with what we do/local situation
- The shift to digital doesn't take account of digital exclusion – we need to check for unintended exclusion and seek to address this – maybe access via community hubs?
- Scottish Government money with priorities attached that don't sit with IJB priorities are a challenge**.** SG priorities don't necessarily match local needs. What happens when you can't meet the exact criteria and don't get government funding?

Finance

- Finance has to play an important part
- There is a disparity between lack of uplift and capacity demand – how do we manage with less?
- The IJB needs to fully understand funding streams and financial challenges
- We will be trying to 'do more with less'
- Resources (financial and personal) are a challenge
- Having to ask council and NHS for money is a challenge
- Limiting the impact of Covid on finance and resources in the longer term is a challenge3
- Direct intervention from the Scottish Government – e.g. strict instruction on how to do things during Covid – is a challenge
- Additional funds / budgets made available are often linked to SG priorities that don't necessarily reflect local priorities

- The Capital funding process needs to be more widely understood.

Barriers to Integrated Working

- Still having two separate employers with two different sets of terms and conditions is still problematic
- We have integrated teams, but professional bodies don't agree [on standards, training etc]

Recruitment/Workforce

- We have recruitment challenges – now and in the future – and people returning to practice – what can we do differently?
- It's a workers' market when it comes to jobs. How do you make East Lothian attractive to workforce (assistance with housing/ELC)
- We don't have the workforce to deliver at the moment, and have to be realistic about what we can deliver in the future. It will take time, investment, and planning. How do we attract people into the caring professions? If we are shifting the balance of care from hospitals to the community, then we need to be able to provide care in the community. RGN cohorts need to be increased, so working with HE providers is essential. Train and promote from within would be nice, but it will take years. Radical change is required.
- Mandatory training is regular and available but most training needs to be sourced for delivery or we have to write the package ourselves. It will take a lot of planning to develop training for the workforce.

Impact of Covid

- Resources –the impact of pandemic, economic climate, resourcing workforce

Involving Communities

- They [IJB] also need to understand the need to involve communities more in support, service design and delivery and to buy in to it – delivering community solutions

Demographics

- Demographics – people moving to East Lothian is a challenge
- Rurality, public transport, infrastructure are challenges

Poverty

- Nutrition and access to food is a real challenge
- Fuel poverty – e.g. if expecting people to drive to services is a challenge

Other

- Complexity of what HSCP is tasked to do
- Competing demands – are we focusing on older people OR learning disabilities OR mental health problems…we need to find commonality between competing service directions/pressure areas.
- We need whole system resources that are interdependent
- We IT systems that speak to each other.

What opportunities do you think may emerge to support delivery of the strategic plan?

Post Covid

- Post Covid, building on the huge tech opportunities for service delivery is an opportunity
- Directing people to Amazon for tech and then assist to set up
- There are good opportunities for building on joint-working arrangements built during Covid
- The public health agenda has moved on as a result of Covid – it has been given more prominence and is not such a lone voice

National Policy

- National policies are beginning to align – health, housing, planning

New Ways of Working

- We should look at 'anchor' organisations – public service employers as 'anchors' in their communities, demonstrating good practice in everything from procurement to recruitment and retention (more info available from Philip Conaglen)
- We need to maximise independence – move to people not relying on services
- We need to be honest with the public about challenges
- There is an opportunity to work with communities to support themselves
- There is an opportunity to develop 'caring communities' – but how do we facilitate this without governance / bureaucracy getting in the way
- New homes bring workforce and support –there is an opportunity to include key worker housing provision as Local Housing Strategy priority
- We could elevate what HSCP is doing to support young people on health issues / children's health agenda
- Colocation of services offers opportunities as does more joint working with GP practices and practice nurses.
- There is the potential to standardise processes.

Staff Retention/Workforce

- We need to professionalise careers in social care
- We need to reconfigure the skills set of those working in a community setting to better align these skills with the needs of people supported in the community – we need to define and develop different skill sets
- We need to move from 'specialist' to 'generic' roles
- We need to make ELHSCP 'an employer of choice'
- There is the potential to persuade HE facilities to grow cohorts. Note affordability for undertaking qualifications or training.
- We could have more primary care practitioner staff with the ability to move between services – flexibility of provision.

Communications

- There could be more communication with the public to explain challenges and opportunities, including explaining integration and benefits

Section 2 – Themes arising from workshops, focus groups, questionnaires and desk research

Access to services

Access to GPs

This issue was raised in most workshops. Professionals and patients were often frustrated by the difficulty in getting an appointment quickly or getting a face-to-face appointment rather than a telephone consultation. Many older respondents actively disliked triage by receptionists on the grounds that they didn't like sharing personal information with anyone other than a GP. Professionals related issues experienced by their vulnerable clients, particularly those who had to move around because they were homeless or fleeing domestic abuse. In rural areas, these problems were exacerbated by poor transport. People were also deeply concerned about the perceived failure of GP and Dental Services to keep up with the rising demand for their services placed on them by East Lothian's growing population.

Older People's Workshop

- It's very difficult for older people to get appointment with GP – this needs to be improved – GPs should be part of the health and social care services themselves – I've been in touch with lots of elderly people who are very upset about not getting through to their doctor and not getting care-at-home they should do too – these are people with visual impairments and in their 90s
- [from Improving the Cancer Journey in East Lothian] - From the point of view of ICJ, the largest group of people we work with are in the older part of the population – people do feel that they can't get hold of their GP or have enough time to speak to someone about their support needs…

Homelessness Workshop

- Often young people with identified health needs have real difficulty in accessing a GP – this is particularly problematic in Musselburgh where one of our local practices Riverside is oversubscribed and young people just can't get through to get an appointment. It means we lose the opportunity to put young people in touch with health support – it is a real issue – getting access to a GP is a problem.
- New Horizons is having an issue around getting GP registration quickly. Young people with literacy problems find the registration form too complex and long – sometimes they give up on filling in and don't get registered. This is an issue if they need specific prescriptions to keep them stable (for example, anti-psychotics) and they can only get one emergency prescription without registering. They also have find it difficult to produce evidence of who they are because of their circumstances – is there some way that GP practices can make it easier? If they become homeless, surely the homelessness referral should be evidence that they will be in the area for some time.

Connect Group – Women with Lived Experience of the Justice System

- Accessing your GP [at Riverside] is a laugh. Riverside used to be a good wee practice until they took over Eskgreen. The way it is at the moment, someone is going to die. The nurses at CWIC are fine. You spend so long trying to get through. I had to get another professional who was working with me to access a GP at Riverside for me. She could just phone them [using numbers not available to the public] – why can't I? Why can't I even get through to them? And I'm stuck because I can't even change my practice.

- I got diagnosed with CPTSD [complex post-traumatic stress disorder] in 2020. Part of my recovery is based on self-care and interacting with my doctor more, but I can't get through to my doctor to do that.
- Repeat prescriptions are a problem at Riverside – sometimes when I get them, not everything is there. I take 150mg sertraline every day. They don't make a 150mg tablet so I have to take 100mg and 50mg tablets. Sometimes there's lots of one and none of the other, which is difficult if it's lots of 100mgs.

Veterans

- Surgeries should be open again. If the doctor can see you in front of them, they can tell you're not well just by looking at you and get you treated – they can't do that over the phone.
- Doctors need to get back to seeing patients – they need to see you to diagnose you – the current system [phone triage] is just slowing down the healing process.
- Telephone triage just prolongs the suffering – GPs need to get back to normal and do what they're paid for.
- I don't want to discuss my private/personal business with a receptionist – it's private – I just want to talk about it to the doctor
- There is a lack of continuity of care and poor lines of communication about patients and their cases.

ELHSCP Business Admin Team

- Staff have raised concerns that they cannot get through to make appointments. Surgery receptionists will ask the doctors to call members of the public back and not give a time frame, staff have suggested it would be helpful if surgeries could give time frames for when the doctor will call in order to not miss these important calls.
- Actually getting through to your GP practice, it can take forever then all the slots are gone. Would be very helpful to book appointments in advance for when you have a day off for more general non urgent things. It's not always possible to take a private call when the GP calls you.

Lunch with the Bunch (Prestonpans) via ELC Housing

- The people talked about how the GP in the Pans is good but that the GPs in Musselburgh and Port Seton are failing. One of the women goes to Port Seton and said that she's not seen her GP in two years. She said it is hard to get a spot and that there is only space for four people in the waiting room because the surgery is being renovated. She also said that when she got a spot she has not been able to get the GP she used to talk to. However she is looking forward to the reopening of the renovated surgery which she said she thinks will be very nice.
- One women argued that it is time for Whitecraig and Wallyford to get their own GPs and that Longniddry would also need to reopen their GP. This way pressures could be less at Musselburgh and Port Seton.
- People using the GP at Prestonpans were very satisfied and said that they have been able to go back in person now and that they are also able to see the same GP when they ask for it.

North Berwick Place-Making event

- Participants raised real concerns over the amount of time taken to get GP and hospital appointments.
- Many people mentioned the importance of being able to access primary care when needed. This included GP (and dental) services but also specifically mentioned (24hrs) minor injuries and A+E.

- There was less consensus with participants regarding the use of telephone and online consultations. Some were very positive, others much less so.

Online Survey (top response topic – around 60% of all responses)

- Doctors are overwhelmed by numbers - new houses keep being built without any thought for the infrastructure. It's ridiculous to have to wait 3 weeks for a telephone consultation and it's virtually impossible to get a face-to-face appointment. I have been told to go to A and E if I'm worried about symptoms but it's not easy to get into Edinburgh- why can't there be an emergency department at Roodlands. There's an assumption that people have their own or access to direct transport.
- Being able to get an appointment without having to hold for an hour on the phone when I have work and kids.
- [What's not going well] Having access to GP services and outpatient clinics; especially mental health provision.
- Access to Primary Care in the local Health Centre which has not kept up with an expanding and ageing population. Quick access to a consultation is impossible and advance bookings for non-urgent appointments is basically declined and told to phone on the day! The time taken to even access a receptionist is inordinate and often the system will not allow you to even be put on hold and often when on hold 30minutes is quite common. This can make a person already ill even worse!

ELC Housing Rural Survey

- Poor public transport links to the hospitals in both Haddington and Little France.
- I would face barriers if I did not have a car! Getting to Haddington Hospital is very difficult without one
- Getting a GP appointment is also difficult due to their customer unfriendly policy of having everyone phone in at the same time in the morning without the lines or staff to handle it.
- GP appointment system is frustrating - very difficult to get an appointment same day - or even same week!
- Have to wait for Dr's appointment.
- Can't get appointments at the GP
- There are too many residents for the number of GPs
- GP surgery is too small for East Linton population
- Difficult to get an appointment with a GP to see a doctor face to face
- Inadequacy of GP services since start of lockdown
- Dentist and doctors have too many clients
- Doctors is essentially so full it can't see patients
- GP services totally inadequate since start of lockdown
- GP practice seem to opt out of everything, e.g. doing bloods for cancer patients
- Doctors are very reluctant to go back pre Covid
- Doctors' surgeries and dentists need more resources as you cannot speak or see a doctor (you just get directed to self-help), when you really just need a chat with your doctor about your health/mental health in general, but you can't really do that over the phone. Due to pandemic, doctors changed to phone appointments and seem unwilling to revert to face to face possibly due to the huge demands of too many patients due to new housing developments.

Access to Dentists

Access to NHS dentists also presents problems for a range of people in East Lothian.

Homelessness professionals

- Dentists – there is a lack NHS dentists – a mobile dental outreach service would be useful

Changes

- Access to NHS dentists and access to dental care. [There are] fewer NHS dentists

ELHSCP Business Admin Team

- Not sure who deals with access to dentists? There doesn't seem to be a lot of that about.

Online Survey

- Being able to get an appointment with an NHS doctor and dentist in an appropriate timescale
- [What's not going well] Easy and prompt access to my GP and dentist.

Hospital Appointments

People reported difficulties in getting appointments, long waiting times and many expressed the hope that more hospital services could be brought to East Lothian. In rural areas, there were again additional issues around transport for getting to Haddington and into Edinburgh.

Veterans

- The Cataract Care waiting list is 18 months – leaving the eyes to deteriorate during that time. I chose to go private because the deterioration was getting dangerous. Also, when you go private, you can get both eyes done at the same time and you get good aftercare. With NHS, you can only get one eye done at a time and no aftercare.
- I am having to wait for a year for radiotherapy for my prostate.

The Pantry (people living on low incomes)

Three respondents reported having difficulty in getting hospital referrals, waiting a long time for appointments and subsequent treatment (as in over 18 months). One mentioned the negative impact of having to reschedule an appointment owing unavoidable circumstances in their personal life and being 'sent to the back of the queue', regardless of their pressing need for treatment.

North Berwick Placemaking Event

- **Delays and waiting times.** Concerns were raised over the period of time it takes to put together care packages and hospital appointments.
- **Delays and waiting times.** Participants raised real concerns over the amount of time taken to get GP and hospital appointments.

ELHSCP Business Admin Staff

- Hospital appointments – I know of elderly, disabled people having to travel to Edinburgh for hospital appointments (eg oncology), it would be good to expand facilities in East Lothian so that this wasn't necessary.

Online Survey

- Easy and prompt access to other health professionals. Local access to A&E for initial evaluation. Local access to specialists. Not having to travel to Edinburgh or St. John's for medical treatment, which could be provided locally. Improved travel provision to enable ease of access for visitors and patients who require to attend hospital.

- That we have health services in East Lothian that meet our needs adequately and that follow up or specialist appointments can be provided in East Lothian rather than Edinburgh or Livingston whenever possible. I particularly need access to timely GP appointments and services
- Accessibility of services - fear that everything has a backlog now and potential delays to routine checks
- I personally have been affected by waiting for appointments for cardiology and gastro intestinal specialists.

Access to Other Health Services

Issues with accessing secondary mental health support remain a problem.

Mental health professionals

- There are problems with waiting lists and accessibility as a result of increased demand and lack of resource – young people are on the waiting list for CAMHS sometimes for up to two years – so by the time they get their appointment, they are too old for service – the waiting list is even longer for adult Mental Health services – this view is reinforced by GPs – also some people with pretty severe mental health struggles cannot manage large group settings, which is mainly what is being offered – for example, people with psychosis – the waiting list is long for mental health services and it's often not individual support being offered.

Waiting Lists for Assessment and Care Services

There is a growing demand for a wide range of social work and social care services but at the same time there are fewer workers and limited finances to meet those needs. This section gives feedback from professionals and carers on the continuing impact of this situation.

Dementia Professionals

- Issues with sufferer/families recognising that someone has dementia – identification is key

Learning Disabilities and Autism Professionals

- Speaking on behalf of people with autism and their carers – Covid has been awful for so many of us – and so many people are finding it incredibly difficult to engage with meetings and coming out of the house now. There is still a problem with outreach support care or organisations that do support in your home – for staffing reasons. For people with more complex needs, the days centres not opening as quick as they could is a problem – they feel like they have hit a brick wall – it's all kind of stuck and a lot of people been impacted. There are problems with carers' mental health – they are struggling – it's quite a depressing picture for carers looking for help and support. Everyone wants a buddy – people who can look after our guys and support them – family members don't need a lot – but having someone there to nip problems in the bud and get you moved on would be good. Things are getting exacerbated very quickly at the moment.
- People with learning disabilities and autism need timely assessment – there are long queues and waiting lists – and then difficulties with resources and services. At the moment, we are looking at high risk only – and people are not wanting to ask for service because they think its crisis only. Carers are at breaking point and not being seen. We don't want to have to wait for a crisis for people to be seen.

Substance Misuse Team

- We need better care at home for those with substance use issues – they are often deemed as challenging/high risk which limits options.

Adult Wellbeing

- I'm in the ICAT which looks at provision for care at home and obviously we are working in a team that focuses on hospital discharges and those – whoever has critical need of care at home and in the community – so for me it's about that balancing those who are at the highest risk in the community against whether we discharge somebody from a hospital bed or give somebody in the community the package of care because if we don't give them that in the community then that ends up being another [hospital] admission. So it's about trying to look at ways of re-inventing that wheel and how we're working moving forward for us to have a positive effect – and at times it can be really quite disheartening because you just don't have the services that you want to give everybody. And then you're having really difficult conversations, not just with colleagues and service users but with … you're going home and you're knackered and you're kinda … all your energy has been spent having these really difficult conversations and listening to families who really are at the end of their rope really with the support they are having to provide their loved ones and we're having to saying to say 'we're sorry, there's still nothing' because of where you live or we've not got a provider in that area so that has been really difficult.
- I wanted to say something about the provision of care homes within East Lothian – I'm the manager for the care home and assessment review team - we seem to keep getting care homes built in the wrong place for the wrong client group for self-funders and I find that really annoying – and there's something around planning beyond social work and probably Scotland-wide and the fact that it's all private providers which means that they're not meeting the needs of what we are actually needing – so there's something wrong in that whole system to do with planning, I think, and how planning is granted to these huge care homes in the wrong place for the wrong client group – it just seems ridiculous.
- There's something about the fact that we seem to be managing what not to do. The focus is what we can't do not what we can do because obviously the pot of money isn't big enough – so we spend a lot of time saying we can't do this for this person because we have to do this for that person. Obviously, I mean that's something that goes with the territory but it feels that that's the real focus now and I think there's the kind of political posturing that goes with all of this, which is really, really challenging. We do know that the service-users that come to us are possibly the most vulnerable – I think A's point about self-funded care home places is really well-made – the fact is that we know we need to provide provision X but we don't have the money to do it so we just kind of fudge it a little bit – and I know that in Justice social work, we spend a huge amount of time trying to find somebody somewhere to live, somewhere to sleep. Somewhere to put their head that's safe – and we're not doing that and we consistently don't achieve that – we are increasing the risk of them committing more offences and ultimately costing more money to the public purse. If we give somebody a home, they might not end up going back into the gaol or whatever it is – if we gave them that wrap-around care within that home, they won't be accessing multiple services with drug overdose or whatever it is – but actually we don't think about the public purse as a big purse – we think about it is as the public purse for S's team, A's team, my team – and that's a problem.

Underlying a lot of our issues is the bottleneck that is within social care – and there's no getting round it – there's a staffing crisis that just seems to be going on forever – it's really wearying for everybody – it means there's no care when you

need it, there's no mental health support workers, there's no carers – if that's not right, nothing else is going to be right – so I just feel that that's where all the focus needs to be, sort that out and a lot of these problems up the chain will just disappear – so I don't know what the answer is, but I know that's the problem

Online and Telephone Services versus Face-to-Face

Professionals involved in healthcare delivery on the whole like online and telephone services although they admit that it has also identified more unmet need and there are now long waiting lists and bottlenecks for people trying to access secondary community services. Lack of face-to-face contact has been difficult for service-users, carers and social workers (across the social work disciplines).

Mental Health Professionals

- We learned during Covid about offering people different contact methods, for example, by telephone, Near Me, and we are hoping back to get group/peer support. Our online videos – we have been learning to work in a different way and supporting people to link in with these resources – we need to match demand and need – and we need more investment soon
- At the beginning of Covid, we were very fortunate to have been given laptops – this has made a huge difference – for Psychological Therapy Services, 80% of therapy being online has massively increased access – and gets around traditional problems with poor transport infrastructure in the county and lack of appropriate spaces in hospital
- There is a lot of online help for psychiatric therapies – it's a bit disappointing that it's a bit Edinburgh-centric – web sites are too 'Edinburgh' – it would be good to have something more local – we have got some groups going and but we are still struggling with capacity and access to community centres [due to restricted opening times]
- Initially we discussed about how we could make all services accessible to everybody – but then, we decided to look at it a different way. We moved on to using digital for 80% patients and targeting resource at other 20% who can't use digital - we won't get everybody every time but we should try to do it that way rather than trying to make every service equally accessible

CWIC Mental Health

- Telephone and video consultations have made such a difference to for people in terms of accessing mental health support – people previously unable to attend physically in Musselburgh or Haddington – it's certainly widened things out there. It's certainly given us more of an indication around the demand for mental health needs. For the team, we're extremely busy, day in, day out and it's just about building in more choice generally about support and what that could look like.
- It's certainly the 18-25 age group that are one of the biggest ages ranges that make contact with us and a lot of young men. People tell us that actually they find it easier to open up and tell the team about what's been happening over the phone than coming in so I think it really has broadened people feeling OK to access support. So I think we really are reaching those harder to reach groups of people – people who struggle to get out of their homes, struggle to use public transport – these options do make it far more accessible.
- I think having CWIC mental health here is an amazing development and there's going to be a lot of future investment in mental health in primary care – so I actually feel really excited about what we are going to be able to offer moving forward but I suppose at the moment, as I was saying earlier, we've improved the accessibility, but the demand's gone through the

roof and what we've unearthed is a lot more where we are assessing people who have trauma in their background so you know then you would be referring into psychological services which has a knock-on effect in terms of demand for them – and then it's just this relentless waiting time everywhere in different services so there's lots of bottlenecks – so whilst we're improving accessibility, we're maybe raising an expectation there for people as well – and yes, we can get them to, maybe, the treatment that they need to access but then they've got to wait for it – so it's, what happens in the interim? And what CWIC kinda ends up being is – tries to be all things to all people because we have no upper age limit – we have a lower age limit – so we are kinda a bit of a buffer really between the GPs and primary care and then secondary community services - so, yes, it's quite demanding really – I would agree with S – I think the staff are just really quite exhausted with the complexity and the stories that they hear about how people have been struggling and people with early trauma who have actually coped really well over the years but actually everything – the pandemic – has brought more in terms of stress and it's resurfaced a lot for people and they are not coping as well. So, yeh, I think it's great we've got a team like CWIC here – and really how that's developed over the last couple of years – it is sort of managing these bottlenecks elsewhere, managing people's expectations as well.

MSK (for Children and Young People)

- Ongoing contact with clients allows for anticipation of future needs. Remote services such as phone calls have facilitated direct conversations
- New service – request for assistance – bypasses the referral system – it's a direct conversation to identify solutions. Also we have a new digital platform. This has reduced waiting lists.

ELHSCP Business Admin Staff

- Telephone GP/nurse appointments are great as things can be sorted so quickly (when you get a slot)

Substance Misuse Professionals

- It was really hard for people having to use remote access or no access during the Pandemic – it's good to return to face to face services

Adult Wellbeing

- For myself, it's certainly a lot better now that we're able to face to face. Because it's the elderly, the Review Team, it's really, really difficult – us doing reviews over the phone. And a lot of the elderly weren't able to use Teams or Skype but their families were able to. But communication has got a lot better and I am finding that getting out and about [is better now that the restrictions have been lifted].
- It's less like trying to do your job with both hands tied behind your back – an awful lot of what our judgement is and what we see is and not just what people tell us because they often say everything's fine and you go out and you can see that, actually, everything isn't fine. Engagement has improved with being able to get out more and visit and that sort of freedom to put 'eyes on' ourselves and see what's happening.
- I think getting back into the office as a community care worker – we're doing a lot more duty work now so we're getting back to see colleagues that we haven't seen for quite some time. That's been a positive. I enjoy working from home but [there's something about being in a team setting]. If you're having a particularly bad time of it you can speak to colleagues face to face. It's not so easy being on Zoom or an email or whatever, so, yes, just catching up with people who are maybe going through the same thing as yourself…

- For me personally, just seeing faces but also sharing practice and good learning and supporting one and other – that's been the biggest thing. And I think it's paying dividends in seeing people that haven't been in for a while back and re-engaging. It's just really positive seeing the teams coming back together and support one another. And it's been really good for service-users, because, obviously, for a while we did things by telephone and I think as G or M had said, being able to see someone's body language and active to what they are saying as opposed to what you're seeing is two different things.
- We do our business [Justice Social Work] face to face and we don't do it digitally, we don't do it by phone – you have to see people and if we're not actually seeing people, there is a problem – we need to see them in a safe, efficient and effective way and sometimes that is in an institution or a home environment and other times it's in an office. So, yeh, we've had to do things differently, but actually some of the stuff and how we used to do it is the correct way and we are doing things differently because we've got no choice. The concern I do have is that there is a presumption that buildings are not what we need and offices are not what we need but buildings are what we need, and offices are what we need within Adult Social Work. [We need to be able to] communicate with each other, get that support, additionality, engage more meaningfully, actually risk assess and plan instead of doing everything in a silo. I have reservations if the expectation is that we are going to be doing all of this from home. But equally I think it's about having different options and that kind of hybrid option is something that I am in favour of.

Accommodation

Service-users

Service-users gave insights into their experiences with accommodation.

Substance Misuser

- I stay in a B&B – it was tough to start with because of noisy neighbours

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I'm trying to get into a group to do activities. Otherwise I am at home 24/7. I just sit and watch the wall or look at my phone – I have to use my own data – 150 GB for four days. I watch the same videos over and over. The Starfish is my main source of contact, although I have got some family and Social Work.

Service-user, Starfish Café

Substance Misuse - Peer Support Worker

- Life in hostels is challenging – there are no staff except at night – so people fall off the wagon. You need staffing 24 hours a day. Hostels can help but there is a stigma.
- I was in a B&B near the Brunton Hall – it's a green light to use.
- Staying with other users has a sort of domino effect for people who are homeless.

Working from Home, Working in the Office and the Potential Impact of the East Lothian Council Asset Management Review

The majority of staff would like to take a blended approach so that there they were able to work from home sometimes but also had dedicated office space for team time and integrated working. NHS staff in the sessions did not express any preference, possibly because they were already building based and in teams.

Adult Wellbeing

- We're people who work with people across the partnership and so it's really important that we have places that we can interact together and make decisions together and support each other across all our teams, but equally there's a recognition that a permanent continual desk space is not something that is necessarily required either and perhaps through the Pandemic people have come to appreciate that the things we thought were very important like buildings and spaces maybe aren't quite so important but it's still critical that we have time in the office sometimes to have team time. And part of that is about identity – people feel that they have a home.
- I'm service manager, Adult Social Work and I'm new in post – I've got a lot of concerns about working from home for the social work profession around governance and the assurance around that; productivity… I do think what M touched on about our identity as social workers, group cohesiveness, about shared understanding because how we work with a lot of risk and different … the same as the police and everybody else… so I have quite a lot of concerns around that. My mind's open to it but equally at the same time I'm concerned, not so much around the office spaces … but I probably require a bit more time to get my head around some of the changes that are happening. There was a good input around the office spaces – they gave us a layout of the office spaces –break out sections – and there was bits

where you could go and socialise as a group and with your colleagues – so I liked that and so that sort of allayed some of my concerns…

- There's a couple of things I want to pick up on – the conversations around hybrid working are really important. I think that what's happened around that is that there's now clear evidence that people can work from home – they will make the time, the space to do that – but equally, on the other side of that, we have got a lot of people who are living in accommodation that is not suitable for working from home, and if you're going to be working from home, you really need a suitable space for it, so let's not presume that everyone has a spare room or a dining table or whatever.

Co-location

Adult Wellbeing

- We're based in East Lothian Community Hospital and it has advantages and disadvantages but the advantages are we are co-located with our health colleagues which makes the communication with patient flow quite good and it means that the social workers in the office have easy access to see our people who are coming into hospital. So that works well.
- …having social work in the building and being able to have that face-to-face chat with them has been really useful. I think as well for us having face to face meetings with social work actually coming back into our MDT meetings, having them on the ward and in our CMHT meeting has been really useful as well. And during Covid we actually moved our admission ward into ELCH and so actually being able to admit people back into hospital in East Lothian, having the community nurses upstairs and the hospital downstairs – it just improves communication and I think through the past 2.5 years communication has been really difficult at times, even with technology, and I think it's actually really good just to be able to get back to face to face and I think that has actually led me to believe that face to face always does work best.

Asset Review

Planning and Performance

- I want to know more about the Asset Review because in their mindset they say it's only just a building and Finance or Housing don't need to be in it - they're not really looking at the bigger picture when it comes to things like if it's really important to invest in our people then we need to invest in their professional learning and development because they can't even find us a desk let alone a facility to have training base for our staff because that is what is ultimately important for them. And it's ultimately important about what's attracting people into care is being able to say ELC or ELHSCP have got a really great training scheme - let's all go and work there
- You could do that with East Linton PS - make it for training and social events
- [training facilities] should be available by transport - we can't have it in the back of beyond
- Midlothian are currently our rich relations in regard to training because they have just managed to secure free room space in a building that they've kitted out for manual handling training and fully IT-ed up for NHS and Council workers and it's on the train line, on the bus line

Adult Wellbeing

- [Re: ELC Asset Review] I think for social work practice or any practice health partnership I think it's not how we work. We're not in professions or roles where we can work in isolation all the time. And it's not safe for the people we support or for our own practice. We definitely need to have people around us. I equally advocate what J says – have a bit of

space and time to catch up with paperwork and a quiet space is equally important but not a 100% basis. [A sort of blended approach.]

- The third point that's working quite well is that we've just been required to think differently. We've been asked to stop, take a step back and review how we do what we do and assess whether or not that's still fit for purpose and I think that's a good place to be. I think, tying into the point that G made, about how the lovely fancy pictures have been provided to us (I think it was Martin Elsom) is absolutely great. But I can't think of a single building that we have that could actually do that, so the idea is brilliant but for something like that to really work, you have to build it, you have to create it and I know that over in Midlothian they have quite a few of those kind of break-out spaces and they've got a totally different set up and it's so noisy that you can't actually hear anything that is going on. The idea is good but the actual execution isn't good but I suppose the point I am trying to raise is we have been required to review and think differently and that is a good thing.

Using Community-based Assets Freed up by the Asset Review

Planning and Performance Team

If ELC closes a community centre, it would have to be available to the community for Community Asset Transfer but there is capacity-building work to be done on this for communities – they're not in the right place yet - you need special individuals to make that happen – the partnership should have a responsibility for capacity building - VCEL would be happy to help with this - we could help people to understand how to do a Community Asset Transfer and how it would link to the partnership.

One thing that concerns me is the Assets Review that is going on and that there might be a drive to close down some community spaces but we need these at the centre of our strategy - they are key to delivering preventative health and social care

Planning and Performance Team

East Lothian Community Hospital

Staff Survey

- The open-plan office space - ELCH south office – is poorly laid out with inequity of use of space, it is very noisy. A better set up with separate / divided areas, smart tec with virtual whiteboards etc and more plants would help it to be a more productive and enjoyable office space. We also require better mobile network, to allow mobile devices to work which is essential for community staff. Access to a water fountains throughout the office would also be beneficial and appreciated.
- Too Noisy
- Shared office space doesn't work for me, affects concentration
- Shared open office space can be very noisy and makes it difficult to concentrate on tasks at times. Staff rest room is often very busy and loud.
- Open plan working space noisy and distracting.

Carers

We have already heard in the section on Access to Services (Page 23), that new ways of working during Covid have had a negative impact.

In this section, we look at feedback given specifically about carers' issues.

Staff Survey

I am a full time carer for my son, I find it stressful if I ever have to take carers leave. He is 32 and has a TBI so can't be left alone, I think the parental policy should apply to me rather than carers. [Health worker]

Feedback from Carers of East Lothian

Gaps

- Lack of packages of care for people with mental health problems
- Lack of respite for people caring for those with mental health problems
- Lack of respite more generally, including sitter services to cover health appointments for carers

Issues

- Lack of services, for example, on framework, cost of services – higher than funded by East Lothian, if nothing available within cost on framework, can people get additional funding?
- Length of time waiting for packages to be set: could we have a guideline to say that no one should wait longer than a certain period of time, for example, six weeks? After that time has passed, amount of potential funding would increase? Could that run as some kind of 'test of change'?
- Lack of available workers; recruitment: paid carers' work is not respected, including difficulties in recruiting for Personal Assistants.
- Time taken to be allocated to MHO, CAMHS and other mental health services / support.
- Difficulties getting GP appointments – particularly at Riverside.
- People being told there is nothing available on Framework – that is, Option 3 – and therefore need to go for Option 2 with our help to find a provider but limited availability.
- How can new providers get in to the area? Why can't the council make it less bureaucratic for new providers?
- Carers are unsure of follow up from Adult Care and Support Plans and often waiting a long time before anything is put in place following the plan being completed.

Planning and Performance Team

- [Carers need] a more out-of-hours type service that is more flexible - you can give very predictable support but it would be good to have something that could deal with less organised (not crisis) kind of events because that's what our lives are like and people should be able to say, oh, that's happening in a week and how are we going to support that?

Learning Disabilities and Autism Professionals

- Unpaid family carers who are single parents need to get a break – and sometime there is nowhere for their family member to go to – you need some kind of backfill buddy – this may not be someone there 24/7 – it could be just a visit or phone call.

Carers' Big Day Out

- The weather helped but the fact it was such a relaxing thing to do in such a nice outdoors space made it for me. It was great to be with animals - they made it feel very calming and it was also great to hear other people's stories about what they were up to. My mum has Alzheimer's and it was nice to feel I could talk about that freely with people and (not be with someone who changes the subject or tries to avoid me). It's such a shame that carers in any capacity (i.e., people looking after young, ill elderly or non-mainstream people) are forgotten or made to feel it's not appropriate to mention their actual life (as it's not Instagram-able) it's just a normal part of life! The advice stall was good too!
- I would love to go on another walk sometime. For me it felt nice to feel connected to other people and our surroundings. I have felt very isolated with all the stuff going on at home and not having that many friends to have a coffee with (and a bit of a laugh!) but I'm sure this is a very common for lots of people post lockdown!
- I really enjoyed (although just for a short time) meeting people. It's always nice to know you are not alone.

North Berwick Day Centre

- I had to really push for an assessment
- I thought she had to have a fall or a hospital admission before anything happened for her
- Why is there not a simple structure for referrals?

Scottish Government Older People's Strategy Engagement

- Carers having to manage personal assistants/carers – their hours, wages etc (under SDS) also takes a toll.

BSL Group

- It's very difficult interpreting for a Deaf person and differentiating between being their carer and their partner

Communities

Covid and After

Across sessions, people recognised that communities had shown great resilience and cohesion, and that they had been creative is using and developing local community resources. Many wanted to build on this but some recognised that this has also resulted in fatigue amongst volunteers.

Dementia Professionals

- I would like to see a better understanding of how important a sense of community is to living well – Covid illustrated that – we need inclusive, accessible communities with good housing and good transport to support people to live well with their dementia
- I do think it's around the flexibility and again thinking about what we've learnt from Covid – we need to change the way we think - is it service-led or is it people-led? For it to be person-centred, it's about truly listening to people and mapping that out. Also re-setting those expectations so it's not about 24/7 services but about giving people the information and communicating effectively you'll get that reasonable adjustment rather than I want it all and I want it yesterday. And the recognition of where we're at and how things can't go back

DFEL

- This requires a shift to assets-based and person-centred approaches to thinking about all the resources people have available and how to access them. We need a focus on valuing and accessing wider resources alongside clearly focussed services and a strong financial management of budgets. Connecting people to community assets helps them adapt to and manage their health and wellbeing in the community. It can provide a quality of life that services can't and communities can do things paid bodies cannot do. Covid showed the appetite, skills, resources communities have and their unique contribution. Communities can't do everything and there are significant limitations and boundaries too that are often not well understood.

North Berwick Day Centre Engagement

- People who deliver befriending services should be paid and have holidays and a pension
- Volunteers are mostly middle-aged or older and many of them are tired [after Covid] and wondering if they would rather just do something else now.

Learning Disabilities and Autism

- When it comes to funding, lots of charities are finding it a huge struggle with the increased workload during Covid. We have to look at different ways of doing support for people – during Covid, I did walks with carers which helped – kindness costs nothing – and leaving people isolated has been terrible for families – we need to realise that – we need to be open and transparent about the issues – I would love to know more about the gaming group, to share with family members – we better communication with representative charities – support for carers could be anything - from getting a massage, joining a knitting group – we don't need a holiday but a good regular 'me-time' activity
- [VCEL had an] increase in referrals for our befriender scheme. Children aged 8 – 14 in care or chaotic backgrounds – one to one befriender. There's now a waiting list. There is a lot of volunteer fatigue during Covid.
- Lot of volunteer fatigue post Covid – [VCEL is] trying to re-engage them now.

Mental Health Professionals

- We lost a lot of communication with communities through Covid – we are working in silos a bit – we need to get that community communication started up again
- We need more staff, more money, more facilities – we should be tapping into community resources that played such a big role during Covid [resilience teams] - how do we bring those people back in to support people and start tackling social isolation – the IJB should invest in the Third Sector Interface so we can foster community resilience – which the council has done, for example, with my job
- We should be looking at improving outcomes for people and make East Lothian a great place to live. We need to have lots of steering groups and reference groups for us and communities to work together – we need to get over the 'fight or flight response' of the last two years – we need to work professionally and as communities as well

Planning and Performance Team

- The opportunities that previously existed at Bleachingfield with the café and Sustaining Dunbar etc - The Ridge has the financials and experience to deliver but is encountering problems in terms of the Asset Review and the re-opening after Covid – eg, café – on the ground, the system has held it back in terms of what the health and social care partnership and the council can facilitate
- Covid has forced some really good stuff to happen, for example, with Day Centres – it would otherwise have taken years to happen.

Community resources

For some groups, community resources were thin on the ground, but the overwhelming theme was that communities were rich in resources, creativity and commitment. The issues lay in access to funding, availability of community spaces, changing the culture in relation to provision of services and the need for a fundamental change in the way that both the Partnership and Council interacted with communities.

North Berwick Placemaking Event

- A concern was raised over the loss of adult learning/education classes. Also that information on what clubs and activities, including volunteering opportunities, on offer in the area should be more easily available.
- Some participants asked why there are so few allotments in the area and suggested more could be made available.
- Some commented that expansion supports economic growth but the 'heart' of communities could be affected if the expansion was not met by similar growth in services, especially in light of an aging population.
- Many participants mentioned the feeling of community, of belonging, as a strength. Also that "community" encompassed all ages, abilities etc

Substance Misuse - Peer Support Worker

- There are some good resources in EL for clients like Steps to Help but there isn't enough for people to do in EL – nothing to help you access recovery. There's a big massive gap for people engaging with recovery – unless those people take the initiative themselves.

Substance Misuse Professionals

- It would be so much better to be able to access services in East Lothian rather than having to access these services in Edinburgh or further afield. The financial impact of having to travel would be mitigated also
- Need more provision in local communities across East Lothian
- Do we know how well needle exchanges are used? Need to do more to prevent people from disposing of needles in community spaces

Changes

There is a lack of social support for people in mental health crisis.

Dementia Professionals

- Support/advice from community resources like day centres is really helpful to families – they understand what works
- We should look at using spaces for different generations to get maximum use of community buildings – these should be intergenerational and age friendly
- Social prescribing – gardening should be so much deeper – should be offered for quality of life rather than just as a prescription to satisfy a medical model
- We should be planning community gardening facilities in before they build – along with infrastructure, including community halls and transport – there is nothing really positive for those communities being built now, for example, community halls
- Reminiscing is good – we refer people to the Sporting Memories groups – but there is a need for general reminiscing groups where you can talk about everything and anything – and there is nothing really for women in EL – groups like this allow people to keep talking and not worry about memory so much
- there are groups all round county – the Friendship Groups – and they are about place, history and stories – they are incredibly therapeutic – we need to let the rehab team know more about what is available – we have to remember that people with dementia have a present and a future
- Intergenerational work is really important – just to be in touch – however, we must remember that there is a population of people with dementia aged under 65 – they are a hidden population in East Lothian – we have to take the approach that people still have lives to create, not just memories to look back on
- Exploring the Deepness project model – people and unpaid supporters working together and are currently – rewriting the governance and guidance for Meeting Centres with the University of Worcester– it's important to have people with dementia on the [Meeting Centre] board and Deepness will be mentoring us on more to do with our Meeting Centre
- I would like to see more volunteering programmes for people living with dementia
- Inclusive assets rich communities and accessible generic services are critical. They are also critical to achieving strategic objectives including self-management, managing carer stress, prevention and early intervention and would help us feel more ownership of the strategy. There needs to be something about the potential impact of the National Care Service - even to say it's around and will make a difference and we will look with partners to assess impact. As you will know there are many many concerns about the impact this will have on many of us including communities.

Homelessness Professionals

- We need community opportunities for people with mental health issues – community gardening etc

- There are community-based activities – Changes in Musselburgh – access the ALISS (or VCEL) database

Changes

- There are lots of community initiatives, lots of community groups available
- Joined-up working between community groups and statutory services is going well

Mental Health Professionals

- We are working in a climate of finite resources/shrinking resources – service are to be reactive and there should more focus on early intervention and prevention – there should be more investment in community-based resources – groups like wild swimming/walking groups have been successful and they tackle social isolation – IJB is doubling community grants for alternative community resources that build resilience
- Staffing is an issue and it is impacting on our waiting lists – the more urgent cases have to be prioritised – we need to be building up resources and more services in the community to move people on to - our service should be used for specialist, more complex longer term needs – we should be using primary care resources for primary care – we should be streamlining where people should go
- It's about the normalisation of these community resources – wellbeing stuff – [people should be going to them routinely as their first port of call for mental health support] - don't think that mental health support should necessarily involve statutory/secondary mental health – if this happened – community services would be a free resource for people who need it, with more emphasis on prevention and self-help – don't go to the GP for tablets but go out for a walk, get off Facebook – getting that message out there
- Maybe Facebook does help in terms of finding community resources – maybe we also need more befriending or buddying services – we need to be proactive at an early stage

Older People's Workshop

- [We should be] using the resources we have – i.e., our growing older population – maybe developing a strong peer support network of older people for older people – trying to get that embedded into our services
- I think that's a very good idea – introducing people who are moving in [to new housing estates] – sign up older volunteers as befrienders
- [There should be] more engagement with community councils for more rural out-of-the-way communities about improving their access to services

Planning and Performance Team

- How can we develop community spaces where people can access support? For early intervention and prevention. To reduce isolation. A good example is the Fraser Centre, which is a community-led resource. How do we encourage communities and give them the tools to develop that [centres like the Fraser Centre]?
- For example, Meeting Centres - where people brought us the evidence and we changed the landscape - that people in East Lothian are being listened to and we can explore the options with them

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Don't ask, 'What's the matter with you' but 'what matters to you'

- We've looked at setting up micro-enterprises (Community Bakery for LD)/social enterprises and we don't know where in ELC to go for support with this - have tried Economic Development (ED) but they were not much help at all
- Would ED have a role in coordinating? I'm thinking of two Learning Disabilities providers actively pursuing cafes as social enterprises - we need organisations to pursue these ideas which meet the needs of service-users and communities. ED could coordinate and facilitate that and make links to Asset Review
- Groups would go to VCEL for support with funding
- Becoming a social enterprise helps you to access more funding
- More interaction with Local Area Partnerships would be helpful in making better links with community members from a wide range of backgrounds
- The precedent of resilient communities is a good one to learn from - it was about the council not having the resources to grit everyone's roads and drives and clear snow so it asked communities to take some responsibility for this - and people have got their heads around this now and they accept it - something like resilience needs to be brought into Care at Home
- Edinburgh HSCP and The Compact (https://www.edinburghcompact.org.uk/) - a conversation with communities about how do we make the best of what little we have
- It's been so silo-ed so we need people in all the community organisations and the council to sign up because this is about the Place Strategy as well
- Health and wellbeing means you have to provide accessible services and you might not get full-cost recovery - charging for rooms now means that people have to apply for funding and this is about citizens of East Lothian - we need people to sign up to [having accessible services and it not being about full cost recovery] - it's a leadership issue for [ELC] managers to have flexibility around being able to offer vulnerable people reduced cost/free to this. You have to get leadership and it's definitely about changing the mindset
- [And taking the politics out of it?] Yes.
- [Getting politicians and senior managers to see the bigger picture] is about having the conversations - it's like the Edinburgh Compact - it's about getting different organisations together and saying, look, we are all in the same boat, facing the same financial pressures, the same lack of community cohesion - what can we all do about it? And actually signing up to some sort of commitment, way of doing things differently and being a bit ambitious about it instead of these are all the problems we've got - well actually we can do things differently together if we think about it in a different and creative way

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Things are broken but we can fix it. This is the time to be brave and creative and put forward ideas and hope that others will pick them up

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- How do you get the decision-makers on board? It's about suggesting solutions but also using existing provision and saying we can do this and there will be cost benefits to it
- Sometimes the community focus and that insular approach prevents some communities from saying [in comparison] we are doing alright or what are they doing over there that we could do?
- That's always a challenge for the partnership - you want people who have got the gumption to speak up for their communities and we need to be challenged about the quality of services that we provide but …
- There's really good intergenerational work going on - we should be empowering our communities and all those areas within our communities young and old - just bringing

everybody together - it wouldn't need a lot of financial investment - it's just about doing things differently and presenting things differently to people. It's about honesty and transparency and about saying this is the public purse, how can we do things better?

Scottish Government Older People's Engagement

- Huge capacity in our local communities – we need investment in our communities.
- There are issues in rural areas with transport, socio-economic pressures, traditional community focuses such as school only works for parents of school-aged children, churches – the other centre for rural support – are dwindling; 20 minute neighbourhoods have little application for rural areas, where there were few facilities and people have to be self-sufficient or rely on neighbours.

The IJB also needs to understand the need to involve communities more in support, service design and delivery and to buy in to it – delivering community solutions

Shifting the Balance of Care – recognising that delivering more services locally and expanding community services could be of huge benefit to EL residents (noting that what works for Edinburgh, Mid and West may not work for EL).

Development session

Local Area Co-ordination and Key Workers

Adult Wellbeing, Mental Health and Care are Home

- [Local Area Coordination] that was me that brought that up and when we are looking at health and social care, because the technology systems don't talk to each other, I think there's so much emailing, so much to-ing and fro-ing, where actually if we had one key care co-ordinator who knew this person really well, knew their history so they weren't going backwards and forwards – telling the same story over and over again – and actually this one person linked in to the other services that were available – I think that could possibly be, as F said, looking at things differently – it's an investment to have those people there but actually, in the long term, would that save money because they know what their care needs are going to be, they know what their mental health is, they can liaise backwards and forwards with the GP to actually prevent that person actually having to see a GP and get an appointment – so actually, is it about going back to old fashioned days where you have one person that knows that person so well that they can draw everything in and that eventually saves resources for other services

Performance and Planning

- Local area coordination across all service-user groups, can-do attitude, pulls together all the local aspirations and outcomes of individuals. They can facilitate from the lengths of their communities; if they can't do it from there, they step up towards grants programmes etc and the bit above that is about feeding into commissioning, so it's a kind of throughput thing - if somebody wants something, oh yeh, there's a group along here you can join - Ok, it

doesn't exist - we'll create it - if it's not there already let's look at grants and how we can fund it through that. And then maybe the other bit is around commissioning services.

Scottish Government Older People's Engagement

- The situation during the pandemic illustrated that we were asking the lowest paid people to take the highest risk. It showed the importance of case management. People really need single point of contact. Key to effective and efficient working. We know the issues and problems – we need to start to invest in what works. We need to work together and use community resources like day centres/VCEL – what's needed to keep communities going.

Adult Wellbeing, Mental Health and Care at Home

- I think from the Older Adults point of view, I agree with all the points that have been made. We are hanging on to people much, much longer than we would normally because we just can't get packages of care – things are being batted backwards and forwards between us and social work for weeks on end – we're not having conversations with each other – and in the middle of this, there's people who have care needs who are struggling. I mean carer stress is probably at an all-time high at the moment – from the dementia point of view, we are not getting people in at the beginning of their journey – we are getting people in who are significantly cognitively impaired and who are requiring a higher standard of care, who need a care home bed, relatives are needing respite, and that provision is just not available anywhere – and it is soul-destroying to have to go back and say I've referred you in for a package of care but there's nothing we can do about it and I'm really sorry, I'm sorry that your relative is wandering at night and we can't educate them to stop it – it's just horrible – it's a really, really difficult situation – and I think what we're missing, and I know this is probably jumping to the future, but you know there is nobody anymore that coordinates somebody's care. As S was saying, there are all these people who are having an input, but actually what people need is one person co-ordinating all their care and pulling everything together.

Coproduction and Collaborative Working

There is an appetite for coproduction and collaborative working – from communities, from the Third Sector and from staff.

DFEL

- The health and social care partnership [should] adopt a more proactive – coproduction approach to planning and delivering care, treatment and support – *Great Expectations*
- Community Transformation Project work - fantastic - we have a shared goal and work together to make it happen. Genuine co production, team working whatever you want to call it. It works. Note we are all being transformed and learning about the importance and value of the community, it's not just the community that is changed. We all need to learn from this work and promote it. This is the essential innovation we need to make change happen
- Equal, valued partners - The best most effective approaches to achieving shared aims lie in working in equal partnership with people who get services, unpaid carers/supporters and with communities and organisations. We need to work together to promote health and wellbeing as something we all contribute to and value. Actions speak much louder than words and how things are done should be a key measure of success and values should be clearer from the start and integrated into the vision. I think this should be more clearly flagged in the revised strategy. This includes being specific about what an equal partnership means in practice and how the IJB scheme exemplifies, embodies and supports this.

North Berwick Placemaking Event

- Joint management of health services was also suggested as a way forward. This should include representatives from different aspects of health service providers, third sector organisations, local community (Community Council?) and service users. The focus should be on collaborative working, establishing joint priorities and patient-centred ways of working, effectively a change in philosophy from “central” to “community” for provision of services

Mental Health Professionals Workshop

- We’ve been working on the community transformation programme – there’s a lot of resilience and great willingness and support in communities – we need to invest and empower communities – focus on early intervention to use community resources to prevent referrals to statutory services – the Outside the Box engagement with community groups has been really useful - that has worked well –
- There has been a lot of work on community conversations, but how do we join that all up again and work together – we need to stop separating things out into areas like mental health, dementia – we should link all that up and break down barriers that have been set up inadvertently – it’s about working truly collaboratively – are we being really transparent – it’s about early intervention and working out what we do now. The VCEL work over Christmas was a really good case in point – we need to capture the learning from that so people have community resources to improve their life, and can take ownership and control of their lives – we should be using community resources rather than people presenting to social work

Planning and Performance Team

- [We need a] high level of engagement with community providers - something that can be built on and something we can improve in terms of real shifts in collaborative working - developing community-led support –
- The conversations are definitely beginning to happen in the community - it's about empowering and educating people - we need a shift in mindset about how people can help themselves without being reliant on statutory services. Covid presented that as a challenge initially but it's about how we can turn it into an opportunity. As long as we are transparent and the information is shared with them, we can see a definite shift in being able to support our communities and how they would like to see services delivered [It's about] all services working together to make communities friendlier communities to live in and work in
- [It's about] bringing people on that journey with you rather than landing something in the local community and people not understanding or believing what it's going to provide for them

Business Admin Staff

- Communication, more involvement with people in East Lothian, before decisions are made. Doing what is right for everyone is East Lothian not just what is easier and simpler, eg mass vaccination site in Haddington when this is not accessible to a large number of residents due to poor public transport

Development Session

- [IJB] also need to understand the need to involve communities more in support, service design and delivery and to buy in to it – delivering community solutions

Online Survey

- Co-production on planning of future resources with communities. More transparency on decision making with communities rather than meetings behind closed doors.
- Quality local services for older people/palliative care/respite/care at home etc . These should be within the ward not centralised in Haddington or Edinburgh. Upgrade of Belhaven site was promised in 2009. The Belhaven Forum meetings were clear on what the community wanted but stopped meeting in 2018. Ward 2 closed contrary to the wishes of the community- the Health Minister refused funding to upgrade because discussions were ongoing on new facilities. In 2018 local communities said that they wanted a mix of provision- extra care housing was agreed to be only part of the options. Co-production and working groups were promised and have not happened (Covid, financial climate etc seen as factors) but there is an increasing older population and fewer beds in the area than in 2009. Local people still want some NHS/care home beds on the site. Extra care housing does not meet the needs of those with the highest physical health and dementia care requirements. People want local care options- public transport is poor.
- Communities need to feel listened to and heard with provision to meet local need rather than one size fits all. Co-production with those at the grass roots will be essential.

Information, information sharing, data, reporting and recording

Public information

There was consensus across groups that better and consistent public information about services and resources should be available. This could be web-based but there was also a need for printed information to avoid digital exclusion.

Substance Misuse Professionals

- It is also important to get information about local services to professionals

VAWG Professionals

- Making people more aware of services would help and highlight difference schemes.

Pantry

- People were excluded from services because they weren't able understand the system - VCEL advisers played a very important role in helping them understand and access services and support.

Homelessness Professionals

- There are lots of good services out there with self-referral routes – but homeless people don't have that info so we need to get the message out there

Mental Health Professionals

- People want to know what's going on and being able to be involved – it's about education and empowerment – we found that out with the carer crisis and the VCEL Christmas project – it helped with questions like where can I get community support, where's the nearest food bank, how do I get a prescription delivery – people don't know what they don't know – it's about all of us supporting and signposting people – and being outside and connecting – getting people to re-engage after Covid, which did give us an opportunity to slow down and stop living in that rat race and think about things differently
- What's been wonderful about this [Covid] is that I have learned about services and groups I never knew about – how do we make sure that that information is available – lots of patients don't know about resources – how do we do we change that
- We've been benchmarking good databases across Scottish Local Authorities – and there's the new OT website – how could we all potentially use that/something like that? And local area coordination works really well – because it's local, meaningful, and works really well because it's more community based. The big message from out Outside the Box engagement has been that people in East Lothian wanted information about where everything was – the information should be targeted through different channels – not everyone will be digitally engaged – so you could put leaflets in with prescriptions – be creative in getting the message across – post-Covid, we hope people will use resources differently

Children and Young People Professionals

- How to improve health and social care and the links with services for young people – streamline and mapping of available services. [There needs to be] easier to access information on service users, so you can engage other agencies without barriers.

Scottish Government Older People's Engagement

- About community mapping – should there be a person who can do that [i.e., fund a post with that role]. Commissioning should acknowledge the value of local knowledge.

Older People

- Care and repair should be more advertised – very positive in keeping people safe and mobile. It's not advertised a lot
- People need more info and promotion about accessibility and equipment

Information sharing, recording and reporting

People felt that information sharing, IT systems, recording and reporting could be improved to support service-users, increase transparency and strategic planning, and enhance integrated working.

Substance Misuse Mini – Self-administered Workshop

- Better communication between services
- Shared system for recording

Children and Young People professionals

- Better consistency with systems that are utilised.
- Unmet need – recording and sharing information consistently for strategic planning.
- Data sharing agreements a problem – getting access to service-user info – to help them and liaise with
- Systems are too different and don't work well together – why can't we just have one – Mosiac, Trak – why can't they speak to each other - maybe central commissioning at a national level – somebody should be really bold so that we can use the same system to support all our clients, carers, families – get round problem with accessing everyone involved in a client's care
- National commissioning may be the only solution. This has been an ongoing problem.
- Tech Army – Trussel Trust referral system – all online – TSI can see all clients food referrals, sources of referral (with a data sharing agreement in place)

Substance Misuse - Peer Support Worker

- I think the divide between Midlothian and East Lothian for service is wrong. We also need more networking. The information-sharing between the police and other agencies is a bit one-sided (for example with kids and county lines). Massive problems in the system are impacting on people needing support.

ELHSCP Business Admin Team

- Not having integrated systems between council and NHS e.g. different email accounts, mosaic and Track. NHS staff not having full access to skype and council staff not having full access to teams makes joint meetings with service users hard. Outlook calendars not being integrated between ELC and NHS, so can't see people's availability.
- If People Finder and Global Address Lists on Outlook could be merged so we don't have to hunt down NHS staff contact details.

VAWG Professionals

- We do need sex-separated statistics to find under- and over-rated statistics

- For example, in health they are often missing bodies and mental health are different

DFEL

- **Integration data -** one area that is not really addressed here [in the current Strategic Plan] is the importance of data to support innovation and integration and the significant gaps that must be affecting planning and delivery. Getting data about dementia has been a major problem in work on dementia where we are working with ELHSCP to develop local diagnostic pathways using evidence based approaches. Despite the best efforts of the Community Transformation Project team, we have been unable to get the data we need and we hear from other communities that we are not alone in this. Good data are essential and this should be a priority for the scheme. Work in Dunbar will support this.

Great Expectations

- Improve and expand data / information gathering
- To develop governance systems that identify and record new and improved services and their impact

Early intervention and prevention

There was an appetite for early intervention and prevention but also an acknowledgement that the resources needed to deliver it were at the moment lacking. It might be useful to read this section and the Community Resources section together.

VAWG Professionals

- So is it about breaking the cycle and challenging it early and as possible?
- Yes but you have a choice so lot of people who go through a lot but chose not become violent.

DFEL

- It is good to see the focus in IJB strategy on prevention and early intervention. These require processes which prevent, delay and ameliorate the incidence and impact of conditions such as dementia on people with health problems and unpaid carers/supporters.

Dementia Professionals

- Inclusive assets-rich communities and accessible generic services are critical to this. They are also critical to achieving strategic objectives including self-management, managing carer stress, prevention and early intervention and would help us feel more ownership of the strategy.

Mental Health Professionals

- We are working in a climate of finite resources/shrinking resources – service are to be reactive and there should more focus on early intervention and prevention – there should be more investment in community-based resources – groups like wild swimming/walking groups have been successful and they tackle social isolation – IJB is doubling community grants for alternative community resources that build resilience
- I know from my work on dementia that involving people at the beginning [of the planning process] gives you buy-in from the beginning – things are not done to people but achieved by working together – nothing's linear – it's about a continuous improvement cycle – and the process has to continue to be dynamic and adapt to change – it's about informing people early (for example, about changes in GP services) – defining a problem and asking people 'what do you think would work?' This has to be within parameters – you need to manage expectations – you have to be honest and open – it's about building relationships – involving everyone and investing in your community.
- I echo what has been said – we've been working on the community transformation programme – there's a lot of resilience and great willingness and support in communities – we need to invest and empower communities – focus on early intervention to use community resources to prevent referrals to statutory services – the Outside the Box engagement with community groups has been really useful - that has worked well
- There has been a lot of work on community conversations, but how do we join that all up again and work together – we need to stop separating things out into areas like mental health, dementia – we should link all that up and break down barriers that have been set up inadvertently – it's about working truly collaboratively – are we being really transparent – it's about early intervention and working out what we do now. The VCEL work over Christmas was a really good case in point – we need to capture the learning from that so people have community resources to improve their life, and can take ownership and control of their lives – we should be using community resources rather than people presenting to social work

- And supporting self-management as well – you don't have to be a long-term patient – you can just dip in and out when you really need it – we need to manage people's expectations of services – we can't meet demand at the moment – and some of what we offer might not be right for them anyway.

Older People

- It's about people keeping well – small things like handrails, adaptation – the design of things so that they can be easily adapted – being connected and knowing what's available – doing exercise classes – Move More/chair based – so many benefits including socialising and mental health and wellbeing – make those widely available and support people to access
- Access is an issue – in terms of where classes/activities are held
- There are online classes – but older people are not necessarily as comfortable using IT

Children and Young People

- During Covid - Occupational Therapists moved to work with health partners, NHS, OT, Physio – these were clinical interventions. Keeping people at home, out of hospital. This means a good home – one which is flexible and adaptable is crucial. Three clusters deliver services to local people.
- [We should be] looking at better comms and engagement between universal services and collaboration between universal and targeted support – recruiting for another worker for this – early intervention – using the whole-family support money from Scottish Government – there should be a lot more collaboration with the third sector around this.

Policy and Performance

- How can we develop community spaces where people can access community spaces? For early intervention and prevention?

Adult Wellbeing, Mental Health and Care at Home

- It's the age-old early intervention, isn't it? We have this bottleneck because we get to people too late. We don't have the services, we don't assess them or someone assesses them and then we question the assessment – the irony to all that is even if you did assess someone – you know, we get a lot of referrals through [about] my loved one needs long-term care now – no packages of care in place – so we can go out and challenge that and support their views and empower them to remain in the community but then we don't have the care to keep them there so what we've been trying to avoid through ICAT and having the RAG process stopping that automatic jump where we find people in care homes before we get to them … I don't think there is a quick answer but I think we are still working our way through the challenges of … you've got one care package and a hospital discharge or someone in the community who's care is in crisis and it's really tough on our group and that's why there's a group now who make that decision on who gets that care but community pressures, hospital pressures – they're equal, it's difficult and what I'm seeing more and more is – yeh, we're getting people out of hospital but then I'm seeing people ending up in interim beds or A&E, you know because we can't… so I think if we get to people earlier …
- As I think S said, it's easy to say it but early intervention and prevention does seem to be a really key part of all this and certainly from a social work perspective, I think that's where we're emphasising things at the moment – but ultimately, the resources behind it are imperative – and there's lots in that once you get into the sort of social care landscape around terms and conditions for staff, particularly in the third sector – none of it is simple

and there's not one silver bullet but I think we can certainly do our part in East Lothian by being clear about what our challenges are and what objectives are over the coming years.

Great Expectations

- To develop a primary care mental health service Increased investment in Public Health Mental Health A commissioning focus on promotion, prevention and early intervention be adopted.

Development Sessions

- We have improved in terms of early intervention
- Early intervention – good progress children's NHS services
- Early intervention and prevention – we say this all the time but it's the hardest thing to measure and the hardest thing to predict. We need data over a long period of time to demonstrate impact, but usually need to demonstrate impact to attract funding. Could we focus on early intervention and prevention for front line providers like GPs to ensure that they are delivering the same messages that advertisements are in relation to access to services?
- Early intervention and prevention – being explicit that this is applicable to all partners in the IJB, and is about ensuring people are on the right path, no matter which bit of our services they are accessing.
- Living Well in Older Age – there is a wave of demand waiting to strike in relation to an ageing population.

Equalities, inequalities and people with protected characteristics

Several groups raised issues about equalities – almost all underlined that there was a great deal of work to be done in terms of tackling attitudes, increasing understanding and improving support to access services. The fact that it was raised in relatively few professional sessions is in itself worrying.

VAWG Professionals

- Gender-based violence has not been accepted yet as what we have grown up in and we need that acknowledgement. It is easier to think about disabled people and children. Rather than seeing that it all goes back that violence relates back to domination and that some people take advantage of that. Not everyone obviously.
- There is so much we can do locally but there is a lot to do nationally
- Even higher up above planning, housing and health strategies. For example economic policy and social policy and ensure the gendered direction is everywhere. This is long term and we have done less on the economic side. Gender equality at business leader, elected members and staffing. We don't want to lose sight of that.
- Yes if we say all services should be gender aware/gender competent then we would get some way towards that
- And we need to get the private sector on it as well to recognise different forms of harm. To understand sudden changes, in supermarkets and bars. It is everybody's business
- [There is a] lack of equalities organisations locally
- Especially for those with protected characteristics in particular race.
- Not enough awareness for Trans people and the lack of safety in the areas they live – look at Strong Advocates work for specific groups and help to get victims of racist hate to work better with those who can help them.
- It's not clear if there are services who can provide support when you are subject to hate crime within your area/community.
- "A strong Advocate" worked well with different partners. Having them well funded made it work.
- Asking both perpetrators and victims "what actually helps you, who has supported you the best? Who do you think has made the biggest difference to the intervention?" The way we work needs to change in a lot of services.
- More spaces in refuge for LGBT community – more specialised spaces would be beneficial such as for sex workers as they often can't work if they are in refuge. Specialist spaces should have enough services to ensure they can live their lives how they wish.
- "When asking questions, think about what the answer is going to do for, how's it going to help. If it doesn't have any real meaning or value then why ask?"
- What's a good way to engage with different communities such as LGBTQ+
- It is vital to it being an "on-going task". "It should be in the inclusion plans of all services". Services need to consider how both sides will engage with each other and that it is not always at the forefront of a person's mind on engaging with a service. Constant engagement is key.
- Some LGBTQ people are fine to engage with universal services but prefer services they regard as safe such as youth LGBTQ health and wellbeing. We should be engaging with those services to ensure we are providing a full range of services. If you are in the LGBTQ community and a victim of violence you might not want to go to support within your own community and may want something outwith your own community so we must ensure the choice is there.

- We continually question on how to engage with communities and seem to not move forward and get on with engaging with them. They said, we should be asking what actually helps that individual/community and how can we continue to support them.
- Instead of thinking how to start, we should just start, rather than keep thinking about it and saying let's do this at some time and actually asking people what is the best way to communicate with them rather than assuming a leaflet in a different language is the way to go. Just start talking.
- Organisations shouldn't be solely for one area such as solely for sex workers and can support more people if they cannot turn to their own community. Understanding there will be no judgment there. Education is a key to remove stigma and allow for people to have the confidence to come forward by knowing they are safe and won't be judged.
- This is not just about VAWG – it is about everyone playing more a role of report e.g. on anti-social behaviour, unacceptable parenting, abusive relationships etc. It is the confidence to involve yourself and report it. What sort of society do you want to be part of? It is not just an anti VAWG thing - it is about the unacceptable behaviour contract. What is acceptable culture in the community
- I agree but what about people in leadership positions who are also not conforming to those 'rules' - how do you get them called out and initiate change

Dementia Professionals

- Professionals are guilty of thinking that nothing can be done for people with dementia
- People with dementia want to have a life – they can adjust to changes – and go on as they've always done for as long as they can
- Don't treat people with dementia as if they're stupid – we need an understanding of the problem
- Families do appreciate support when the problem is acknowledged
- People with dementia should also be able to lead and run things – they can still, work, volunteer and give back – and maintain their dignity and respect – it's very important looking ahead to the rehabilitation bit – leadership and empowerment is very important - for example, the Deepness project – we need to change our thinking quite a lot

DFEL

- **A quick word about dementia**…the challenges of dementia and the need to address health and social care urgently has meant that the evidence and practice base is quite well developed. The new dementia strategy provides an opportunity to demonstrate integration, prevention, innovation and community. The Scottish Dementia Strategy is moving in this direction and our work on Meeting Centres is now at the implementation stage and we hope will demonstrate this way of working in East Lothian. If we can do it for people living with dementia we can do it for other conditions too.
- All these dimensions are part of new approaches in dementia and the forthcoming Scottish Government Dementia Strategy - and I hope the East Lothian one too. Countries like Canada have a strategy that aims to prevent a significant proportion of dementia cases through heathy lifestyles and positive relationships; by delaying dementia symptoms through enhanced social support and positive relationships in the community - Social Health; and helping people live longer independently in the community through innovative approaches like Meeting Centres. You can see more about this on our website and the Canadian approach illustrates the key elements clearly https://www.canada.ca/en/public-health/services/publications/diseases-conditions/dementia-strategy-brief.html

- Approaches based on rights and citizenship are important components of providing effective support to people with dementia and unpaid supporters. And this fits with the focus on equal partnership above. As well as moral and ethical issues, these approaches also help people to access all their assets, resources and support as and when they need them and help people self-manage change. Rights-based approaches also help to improve social health, including challenge stigma and discrimination, poverty and social isolation which create excess disability/ preventable health problems).

Mental Health Professionals

- I wanted to raise the issues around the impending arrival of Ukrainian refugees – who will be suffering PTSD – what is being done regarding access to housing and mental health services? – I don't know what is happening about planning for them – maybe we should really be doing something Lothian-wide
- We don't have any real contact from the asylum seeker/refugee community – something came through from psych in Edinburgh yesterday and I will share that – there has been no discussion about how our services will respond to that population

Deaf/BSL

- M & S – S had a breast cancer scare a few years back – she went to Out-of-Hours at East Lothian Community Hospital at 11pm with pain and inflammation, then was sent on to Royal Infirmary of Edinburgh – there was no BSL interpretation available. M told the staff at RIE that they must get an interpreter. They wrote notes for S with lots of medical terminology but S wasn't able to understand it [BSL is her first language, not English]. She was sent for a biopsy without M and without a BSL interpreter. She was then told that she would have to go to the Breast Cancer Unit at the Western. When M picked her up from RIE to take her home, she was so convinced that she had cancer and that she was going to die that she asked M to take her to a hairdresser to have her hair shorn in preparation for chemotherapy. M had to explain to her that no one had mentioned chemo or confirmed a cancer diagnosis.
- S said there was no information at all – no interpreters, nothing. They were talking amongst themselves – there were two different doctors – I had no idea what they were saying or what was going on
- J said that when he was in hospital, he had the same issue. Sometimes they come round on the ward rounds for just 5-10 minutes and then they just go away. He said that his GP was beginning to book BSL interpreters for him for appointments
- M & S – there are real problems in getting BSL interpretation for appointments at the Job Centre – even online support like Video Chat. We were told they didn't have this.
- Z – yes they do but not everyone there know how to use it. We would really like to hear from anyone having problems with getting BSL interpretation for appointments as we are monitoring this for ourselves and the Scottish Government. Partners and family members shouldn't interpret for you – interpretation should always be done by an appropriately qualified BSL interpreter.
- M & S – there are long waiting times to get a BSL interpreter
- M – sometimes the BSL online support doesn't work that well – there are long time delays getting on and getting interpretation
- M – I would like to get support to improve my signing but classes are really expensive and I can't afford them.
- Sophia – there's lots of people who aren't interested in reading because English isn't their first language and therefore there are problems around literacy, even if there's things like

posters on walls but if there was something on the council website and on accessible televisions in community centres and libraries and things that people would be more inclined to watch it being interpreted…

Ethnic Minorities Group

- [OTs] We don't see many people from ethnic minorities but we do see some – language interpreting services can make interventions quite long and challenging in its own right - we need to do more face-to-face with interpreters – we do use family members [this contravenes PHS/NHS/ELC guidance].
- When we've got homeless people refugees in Temporary Accommodation (TA), we have to assess them in Temporary Accommodation – this is not ideal for the client because in TA they can't get additional awards [for equipment and adapttions] – it would be better for if they were in permanent accommodation – TA and its short-term nature presents challenges for [equipment and adaptations] panel's decision-making.
- On the plus-side – there is the new Access to a better life in East Lothian web site – which is accessible to all and will translate for you or read aloud. But we have got a lot of work to do.
- [Asylum Seekers] Health and Social Care is pretty joined up with Housing and Education as part of that – assessing housing and support requirement – perhaps there is more we could do with these groups via the Wellwynd clinic
- Yes, Wellwynd/Dunbar clinics could do specific client group clinics
- An interdepartmental/HSCP/ELC Working group was set up late last year – set up for Afghan refugees. Many of them are now in bridging hotels – the was scheme not well administered [nationally] – and we have to deliver on this and Ukraine – there are other services missing from the table - disclosure checking from ELHSCP/Adult Wellbeing/Children's Wellbeing; help in respect of checking properties – Housing has no capacity to do this – environmental health/property maintenance – payments to sponsors (Finance) – the work should be led through Corporate Management Team for broad support and understanding because currently we are dealing with a global refugee scheme, an Afghan refugee scheme and Ukrainian UK/Scottish super sponsor scheme.
- Local context [about numbers, languages, religion etc] is almost impossible.
- There is extra funding for health and social care and education for adult asylum seekers but not for asylum-seeking young people
- We can't have empty housing when we have to meet homeless obligations – and we also have obligations to Care-Experienced Young People, Veterans, and people in the Criminal Justice system – we can't have them holed up in hotels. We don't know what's happening in world affairs – there was a lull after Syrian refugees – but now! Maybe we should have designated transition accommodation for everyone. We need suitable emergency accommodation instead of B&B – and support/infrastructure – this needs to be thought through at strategic level for housing and health.
- Unknown health requirements of refugees, e.g., could be many suffering form PTSD
- The 15-plus social work team and Housing have been brilliant in putting everything in place to support young people coming up here.

Funding

Not all groups considered funding but those that did were worried about short-termism, the way the public purse was shared, the impact on charities, a desire to revisit funding formulas, and an overwhelming concern in the online survey about shortage of funds and the impact of this on local services.

VAWG Professionals

- And then it is like piecemeal where suddenly you do something but then lose funding after a short time and that stops the cultural change which never really happens.
- Limbo land is impacting by creating a huge amount of stress not knowing what the future will look like. Can lead to poverty and leads to poor mental health and possible dangerous situations.

Learning Disabilities and Autism Professionals

- When it comes to funding, lots of charities are finding it a huge struggle with the increased workload during Covid.

Children and Young People

- Joint working - joint funding would be useful to avoid competition with other agencies to gain funding. We need to identify who is best placed to deliver. We need to identify gaps and funding for extra needs. There should be collaborative working between third sector organisations for joint bids.
- Referrals and identification of support needs – often short term initiatives. The strategy needs to consider year-on-year support, rather than short-term-funded initiatives. We need to upskill staff on the ground to move initiatives forward.
- Looking at joint funding rather than competing for funding – it should be person-centred and who is based in the community and how can they be funded
- Encouraging joint working for funding bids – Investing in Communities funding – the Scottish Government is looking for this
- Community Development is thinking about funding for initiatives for young people who need support – too short term – thinking about how we do these routinely rather than for short periods – staffing not matching up with staff on the ground – upskilling staff – not able to deliver on wishlists because of poor infrastructure
- In terms of how well adult and children's services work together – long standing issue because we both have different clients and priorities

Adult Wellbeing, Mental Health and Care at Home

- It's one purse – it's the public purse and we don't think about if we save it here – if we save here or we save there – because it's not shared out for everybody – Adult Wellbeing gets given X amount of money, Justice Social Work gets X amount of money – if I don't spend that budget, it just goes back – nobody else gets it, if that makes sense – it's a tricky one, but I think it's very hard to take us down that route and politically it wouldn't be well received either – so that's one of the other problems with it.

Scottish Government OP

- TP returned to the issue of equality of funding and wondered about a per capita allowance formula.
- There was a discussion about the allocation of funds, having the same definition of mental health across services, and about having a funding formula.

DFEL

- We met with HSC staff about last dementia strategy after DFEL Gathering and that worked really well. People gave their views directly and were heard and listened to and change happened. That was a boost for us all and we have brought in funding and resources to complement the HSPC work to mutual benefit.

North Berwick Placemaking Event

- A second theme to emerge is that of community understanding. Almost all of the participants showed great knowledge and understanding of the constraints currently faced by the NHS regarding staff, funding, infrastructure etc. … However, what is more difficult is the compartmental nature of health and social care ie what it does not include - GP, dental or children's services. From the perspective of the North Berwick community, health care is specifically integrated with the GP practice, providing direct support for the minor injuries unit, in-patient care etc. alongside the family (i.e., all ages) practice clinics. It is clear that this is particularly valued and indeed, many have called for further localised integration with other auxiliary services for both adult and children. As a way forward, the suggestion is that this offers opportunities for sharing staff, facilities, networks and connections that can improve services for those who need them whilst also providing a continuity of care.

North Berwick Day Centre

- We have had to raise the charges for North Berwick Day Centre this April
- The council funding doesn't cover wages for North Berwick Day Centre
- Voluntary services need increased [financial] support to make this work
- There should be money for voluntary organisations striving to keep people in their own homes.

Online Survey

- Can't see how situation will improve without massive boost in funding that would enable another practice for, e.g., Wallyford & East Musselburgh.
- Funding to GP practice to extend/support the expansion of practices so that they can expand and support population expansion. There are no GPs to recruit to support increasing practices.
- ELHSCP have some health improvement funding for some expansion of premises; support from ELHSCP to continue our developments.
- [I would like to see] That there is enough funding for NHS to provide good services for all locally, including GPs and specialist services at the Community hospital.
- Everything with more funding available.
- Scottish Government need to invest in quality health services to meet local needs.
- When it comes to funding, lots of charities are finding it a huge struggle with the increased workload during Covid.
- Better funding of Care Services and recognition of staff.
- Funding assistance, co-ordination of a big push to make East Lammermuir - Oldhamstocks, Innerwick, Spott and Stenton and surrounding areas - carbon neutral.

Health and Wellbeing

There has been considerable discussion of health and wellbeing resources in the Communities section of the feedback report. However, it is salutary to consider these two statements on the living experience of someone in recovery from substance misuse who uses the Starfish Café.

I was homeless before – then I was in a cabin – I lived off microwave meals for 6 months – it was quite unhealthy and I would go two days at a time without any food.

Now I eat chippies and still skip meals.

They also shared that:

- I'm trying to get into a group to do activities. Otherwise I am at home 24/7. I just sit and watch the wall or look at my phone – I have to use my own data – 150 GB for four days – I like Singo Chat on You Tube and Steve Will Do It. He does lots on drugs and alcohol – he's a benefactor for kids with cancer. I like David Obniki. I watch the same videos over and over. The Starfish is my main source of contact, although I have got some family and Social Work.
- I grew up in Musselburgh and then moved to Prestonpans. I started primary at Loretto Primary and then went to Preston Lodge. I was very confused. I don't see any of my friends from PL – they've all grown up, got jobs…
- I got bullied at school and I was put in the Learning Base at 17 – I should've been put there before –why did it take so long? My Mum knew [about his problems].
- I am bad with money. I was going to get support to learn to cook and go to a gym more but that was impacted by Covid. I tried to do weights but it made me breathless but I want to work on my fitness so I get better and not breathless.
- The B&B provides a proper breakfast [they put bacon in the fridge] in the shared kitchen. The bathroom is also shared.
- There's CCTV in the kitchen but it doesn't make much of a difference – people don't clean up after themselves so it's always a mess. I have a shower in my room. The walls are mouldy in the shower.

And this summary of experiences of people living on a low income accessing the Pantry at Volunteer Centre East Lothian, who had:

- Issues with getting appointments (hospital)and issues with affording to get to hospital
- Not understanding they were carers and not getting benefits advice or respite
- Deep concerns about mental health support for young people – this was from a woman whose son committed suicide which she attribute to lack of mental health support in North Berwick
- Loneliness
- Poor mental health
- Social isolation
- Not being able to understand the system.

It is very important to factor these experiences into future strategic planning – they are the experiences of a growing number of people, who go largely unheard.

Impact of Cost of Living/Poverty

Concerns about the impact of the increasing cost of living was raised in a number of groups. There was a feeling that this was becoming a crisis and impacting on the most vulnerable in the community. Increased use of foodbanks was noted. It was suggested that closer working with the ELC Anti-Poverty strategy work would be beneficial.

Substance Misuse

- Impact of cost of living and importance of foodbanks – ELHSCP should do more to support them
- Impact of cost of living and food vs. heat and light problems
- The cost of living increase has had massive impact on women fleeing domestic violence – some people are staying put in bad situations because of financial pressures
- Foodbanks are excellent – and they are sensitive to the needs of women who have had to flee
- Maybe also look at providing vouchers for people to spend in local shops – there's no point in them getting food that they can't use – and we could also do with prepayment cards for meters – so that people can cook food they get from the Foodbank

Changes - what could be better

- Bus prices high for the county
- Help with cost of living increase in benefits. Digital exclusion
- Lack of social support for crisis

Changes - what would you like to see in future

- Subsidised travel costs proportionate to increase in population
- Parking-charge support for local people

Older People

- Rising costs – for our services to support people to keep independent at home – Community Alarm is a charged-for service – some people are now having to weigh up between paying for the community alarm or paying for heating or food
- The Community Alarm is a good service – it's there if you need it – it's a positive thing – choosing between heating and the Community Alarm – it's a hard decision – it is expensive for people to use - £105 per year, especially with the impact of rising costs and inflation

Planning and performance

- It will be amazing if fuel and food poverty aren't major issues for our older and vulnerable clients this winter
- If there was another Beast from the East or another crisis, there would be cross-departmental, cross-council meetings on how to deal with it. This winter will be very difficult and it would be worthwhile to have these meetings to see what the council can do mitigate against some of those challenges [impact of cost of living crisis service-users]
- [Re: EL Foodnetwork meeting] - there's so many practical things to do around keeping foodbanks supplied, extending the Community Kitchens - it's about real people's lives AND you have get leadership to change because they've got to get the blinkers off and do things in different ways
- It's about getting people to these places as well and that comes under the transport solution too

North Berwick Day Centre

- The cost of living is a real concern for the Day Centre.
- Council funding doesn't cover the wages for North Berwick Day Centre
- It's a huge cost for us to maintain and fuel our bus [which brings people to the day centre and drops them off at home after]. Haven't been able to afford to use the bus for day trips this year.

Scottish Government OP

- Concerns were raised around the cost of fuel and its impact on care for rural communities.

Online survey

- Cost of living increases are a big issue for many with fuel poverty and increased use of food banks prevalent.
- Cost of living, council tax bands are higher than Edinburgh, seems excessive.

Impact of Covid

Covid was mentioned in most groups and a lot of this has already been reported in the Communities section of this feedback report. In this section, people report other impacts of Covid, including problems with staffing, impact on the third sector, impact on service-users, impact on people's physical and mental health, and the impact on the workforce.

Learning Disabilities and Autism Professionals

- Speaking on behalf of people with autism and their carers – Covid has been awful for so many of us – and so many people are finding it incredibly difficult to engage with meetings and coming out of the house now. There is – still a problem with outreach support care or organisations that do support in your home – for staffing reasons. For people with more complex needs, the days centres not opening as quick as they could is a problem – they feel like they have hit a brick wall – it's all kind of stuck and a lot of people been impacted. There are problems with carers' mental health – they are struggling – it's quite a depressing picture for carers looking for help and support. Everyone wants a buddy – people who can look after our guys and support them – family members don't need a lot – but having someone there to nip problems in the bud and get you moved on would be good. Things are getting exacerbated very quickly at the moment
- We need to think in terms of better outcomes for people – we need to be mindful of the impact of the last 2 years on people with learning disabilities, autism, their carers and the staff – there is a lot of anxiety and fear in terms of peoples' vulnerability. And when it comes to measuring/grading services, the new Care Inspectorate standards are human rights based. I'm thinking back to the time of hospital closure and that move from a medical to a social model – we need to get back to normal and not leave people with learning disabilities behind – Covid rules still apply in services for learning disabilities in a way that they don't elsewhere and this makes environments less attractive to work in leading to the problems with recruitment and retention. It's a lot less attractive as a career that working in to hospitability
- Some things are going back to normal – but, for example, we have been offered housing but can't take it up because there no support care to make them viable for our clients. We have done a lot of work with providers about delivering services differently and safely, but the problem is freeing up staff because the demand isn't letting up and we just don't have capacity, and now there are very few ways of meeting capacity. We have been creative with the Third Sector. And we are not good at managing expectations – there are problems with staff, taxi drivers – we are just going round in circles every single day and this is hard on staff, people and carers but there are no answers at the moment. The feedback from service-users and carers to the Care Inspectorate will be about gaps in service – but this is not done out of badness [being unable to provide services] – ALDI pay more an hour than social carer providers! This is not something we can resolve ourselves – it's about expectations and supporting our providers, who are wonderful.

Mental health Professionals

- The main problem is staffing – we can't recruit and this is affecting our capacity which is affecting waiting lists and level or service we can provide – we were talking about Third Sector availability just now – we were working with community groups before Covid but that stalled through Covid, so that work needs to gather pace now – we need get people back out into their communities – there is too much treating people in their homes and not getting them out into their communities

Deaf/BSL

- My care at home service was organised through my GP [I am a wheelchair user, have a range of underlying health conditions, and require support with moving and personal care]. At the beginning of lockdown, I insisted that the carer wore appropriate PPE (mask, gloves etc). The carer told me that her manager had said that this was not required. I wasn't prepared to let her into my home without PPE. In the end, this refusal was regarded as a cancellation of my care at home contract and care at home ceased. When the contract stopped, I went back to my GP and was told that the council had very limited care at home on offer. At the moment, my wife has to do this for me. The lack of service is putting a real strain on my wife (S). She is not physically strong and my legs are heavy.

Older People

- After Covid, folk became particularly deconditioned – isolated – didn't know how to access rehab – and care [packages] has been an issue over the last while

Children and Young People

- Worn down, tired workforce coming on the back of Covid.

North Berwick Placemaking Event

- COVID and the consequent isolation has undoubtedly exacerbated peoples' anxiety however, it needs to be acknowledged and taken into account throughout the review process. A protracted review, or a series of reviews of separate service areas, will only fuel fears of more and more service reductions with less and less attention paid to community values. This should therefore be avoided.

Development Sessions

- Recovery – coming out of Covid – this must have impacted on our ability to deliver the old Strategic Objectives. We need a recovery workstream
- People are perhaps a bit more aware of their own service areas than others. Covid has pushed some areas of development, e.g., day services. Covid empowered us to implement change, but we are now perhaps hindered by 'normal' processes – it feels like we have taken a step backwards.
- Strategic priority to reflect properly on the impact of Covid and consider post Covid recovery/landscape

Scottish Older People's Strategy Engagement

- The situation during the pandemic illustrated that we were asking the lowest paid people to take the highest risk. It showed the importance of case management. People really need single point of contact. Key to effective and efficient working. We know the issues and problems – we need to start to invest in what works. We need to work together and use community resources like day centres/VCEL – what's needed to keep communities going.

Online Survey

- Since Covid there is more of a community spirit.
- With Covid still rampant and the possibility of other strains appearing, it's hard to see how current NHS issues will be resolved. I personally believe all NHS staff should be given a big pay rise after the last few years, particularly nursing staff, which would help to retain people in the profession too, make them feel appreciated.

- Response to pandemic has been very good locally - great local support system set up in first lockdown, people really pulled together. Covid vaccination seems to have been handled well locally, I visited 3 different places for my 3 jags and each was well organised, slick and efficient.

NB – there were a number of favourable mentions of the Covid Vaccination Roll-Out in East Lothian in the online survey.

Mental Health

There were varying experiences, with people in the most vulnerable groups having real difficulty in accessing mental health support. The new online and telephone services supported lots of people, including some in the harder to reach groups, but their very success added to the pressures on secondary mental health services, meaning that they were struggling and dealing with very long waiting times.

Substance Misuse Professionals

- It's very difficult to get to see an appropriate mental health professional – it's a hard referral route to get people the support they need for example, Community Psychiatric Nurse – we just use normal referral routes through GP practice or mental health team, but having to explain everything to a receptionist doesn't work – it would be better to able to speak to a mental health professional and get referral sooner

VAWG Professionals

- [We need] mental health services which are trauma informed and gender informed. So that people feel comfortable going that and to put pressures off Women's Aid and Rape Crisis in Edinburgh
- We are a specialist service and our client needs specialist mental health support
- They [clients] are not able to access it because of waiting lists or because there is only a short term support they get.
- We need to understand the dynamic and be able to take different routes and to make other choices
- And perpetrators also need a way. And if they go in and out that's fine, it is not a linear process and we cannot expect it to be linear but at least the option is there.

The Pantry

- Real concerns about mental health support for young people – woman who son committed suicide due to lack of MH support in North Berwick
- Support at the Royal Edinburgh has been good throughout the pandemic

Homelessness

- It is the same issue with mental health [getting immediate access to services] – homeless people need help immediately, not in three months' time – quicker access is really important – waiting times make it difficult because they need mental health support there and then – and if they don't get it, they find alternative unfortunate coping mechanisms, for example, drugs and alcohol, which impacts on their ability to get other services and support in the future

Changes - what could be better

- CAHMS is inadequate. It needs significantly more staff to provide adequate and good service

Mental health Professionals

- There are problems with waiting lists and accessibility as a result of increased demand and lack of resource – young people are on the waiting list for CAMHS sometimes for up to two years – so by the time they get their appointment, they are too old for service – the waiting list is even longer for adult mental health services – this view is reinforced by GPs – also some people with pretty severe mental health struggles cannot manage large group settings, which is mainly what is being offered – for example, people with psychosis – the waiting list is long for mental health services and it's often not individual support being offered.

Substance Misuse Mini

- Mental Health CWIC has improved access for those needing short term support
- [We need] easier access to long-term mental health support

Connect Group

- **Respondent 4** – Mental health support at Haddington [ELCH] and Royal Edinburgh is good.

Older People

- Mental health, worry and anxiety – there are not enough accessible free counselling services - we [Improving the Cancer Journey East Lothian] use Maggie's but need more free counselling services in East Lothian
- CWIC Mental Health is good

Children and Young People

- Young people with mental health problems – they need mental health support to manage their home – we're [Rock Trust] looking for other options to support them with their mental health at home but local options are limited – can you get support in your own home so it doesn't become a failed tenancy – is it recorded how much these services are needed?

Adult Wellbeing, Mental Health and Care At Home

- Telephone and video consultations have made such a difference to for people in terms of accessing mental health support – people previously unable to attend physically in Musselburgh or Haddington – it's certainly widened things out there. It's certainly given us more of an indication around the demand for mental health needs. For the team, we're extremely busy, day in, day out and it's just about building in more choice generally about support and what that could look like.
- It's certainly the 18-25 age group that are one of the biggest ages ranges that make contact with us and a lot of young men. People tell us that actually they find it easier to open up and tell the team about what's been happening over the phone than coming in so I think it really has broadened people feeling OK to access support. So I think we really are reaching those harder to reach groups of people – people who struggle to get out of their homes, struggle to use public transport – these options do make it far more accessible.
- I think from the Older Adults point of view, I agree with all the points that have been made. We are hanging on to people much, much longer than we would normally because we just can't get packages of care – things are being batted backwards and forwards between us and social work for weeks on end – we're not having conversations with each other – and in the middle of this, there's people who have care needs who are struggling. I mean carer stress is probably at an all-time high at the moment – from the dementia point of view, we are not getting people in at the beginning of their journey – we are getting people in who are significantly cognitively impaired and who are requiring a higher standard of care, who need a care home bed, relatives are needing respite, and that provision is just not available anywhere – and it is soul-destroying to have to go back and say I've referred you in for a package of care but there's nothing we can do about it and I'm really sorry, I'm sorry that your relative is wandering at night and we can't educate them to stop it – it's just horrible – it's a really, really difficult situation … I know I've gone off track slightly but – so yes, from a mental health point of view, you know, our caseloads are getting higher and higher and I know that for Fiona and CWIC, their service is getting busier and there's nowhere for people to go after they've accessed health service – even trying to get a GP, trying to get a GP to go out and see somebody, get them to do some kind of physical assessment – GPs are not

opening their doors to see people either when you've got concerns and I think the pressure on staff, I think staff are really struggling with the pressure on them and they are in this as carers and want to do the best that they can for people and it's soul-destroying when you can't.

- Yeh, I agree with everything S said – I think having CWIC mental health here is an amazing development and there's going to be a lot of future investment in mental health in primary care – so I actually feel really excited about what we are going to be able to offer moving forward but I suppose at the moment, as I was saying earlier, we've improved the accessibility, but the demand's gone through the roof and what we've unearthed is a lot more where we are assessing people who have trauma in their background so you know then you would be referring into psychological services which has a knock-on effect in terms of demand for them – and then it's just this relentless waiting time everywhere in different services so there's lots of bottlenecks – so whilst we're improving accessibility, we're maybe raising an expectation there for people as well – and yes, we can get them to, maybe, the treatment that they need to access but then they've got to wait for it – so it's, what happens in the interim? And what CWIC kinda ends up being is – tries to be all things to all people because we have no upper age limit – we have a lower age limit – so we are kinda a bit of a buffer really between the GPs and primary care and then secondary community services - so, yes, it's quite demanding really – I would agree with Suzanne – I think the staff are just really quite exhausted with the complexity and the stories that they hear about how people have been struggling and people with early trauma who have actually coped really well over the years but actually everything – the pandemic – has brought more in terms of stress and it's resurfaced a lot for people and they are not coping as well. So, yeh, I think it's great we've got a team like CWIC here – and really how that's developed over the last couple of years – it is sort of managing these bottlenecks elsewhere, managing people's expectations as well.
- [re: bottlenecks] I think we are going to have to be very creative around that to be honest – and very much pulling together across organisations – health, social care, third sector – pooling our resources – I mentioned about the Scottish Government investment to mental health and primary care and it needs to be much wider than that – you know, I don't think it's just about that pocket of investment – it's about wider services, building in more choice for people but I think that the irony for mental health at the moment is there is going to be a lot of investment over the next few years which I think has probably come on the back of the pandemic and people suddenly realising that this is having an impact on people's mental wellbeing but actually we're going to struggle with recruiting people into these posts that we have money for so I think that will lend itself to us having to be creative around what we're going to look for, around what that means in terms of creating new pathways for people, new opportunities for services that they can access so I think that it's a double-edged sword really because maybe we're going to struggle to recruit mental-health nurses or mental health OTs, we're going to have to broaden our scope and actually I think that could be really positive in a round-about way as well.

Great Expectations

- Scottish Government and IJBs to develop a standardised definition of mental health and the services that fall within this
- To develop a primary care mental health service Increased investment in Public Health Mental Health A commissioning focus on promotion, prevention and early intervention be adopted.
- ELHSCP address the 10 priority areas as identified by Kings Fund re integrated care within mental health services

Business Admin Team

- Mental Health Services – It is felt that there are not enough appointments in mental health services and a review of this could be undertaken

Development Sessions

- Recovery is key across the piece. Links between mental health and substance misuse services – work coming through from recovery. Impact of Mental Health review in terms of Substance Misuse

Veterans - Sight Scotland

- Trust issues/Mental Illness and PSTS
    a. Trauma-informed and psychological training for Housing Officers
    b. Knowledge and time to carry out referrals to charities for additional support
    c. Better support to apply for housing
        i. Going to see the person and fill out the form together
        ii. Understand visual impairment, autism, learning difficulties a person can have
- Need to move towards prevention and admit that prevention, although expensive saves more money in the long run.

National Care Service (NCS)

Most groups hadn't had time to think about the advent and impact of the National Care Service. For those that had, although some could see potential, most were concerned about its lack of local nature, inability to address the actualities of delivering health and social care, and a couple of respondents were adamant that it should not happen.

Adult Wellbeing, Mental Health and Care at Home

- I think the NCS is both [light on the horizon or another worry] – on the one hand , there's a lot of proposals in the NCS that make sense and people have probably been talking about for a long time – there's probably a hesitation around does it have to be delivered nationally – where's the local bit in that? I think the challenge or rather the concern is some of the language which is really positive about taking away things like eligibility criteria so we meet people's needs on what they identify to be is very empowering and positive but it doesn't quite fit with the reality that we've all been describing here today – so how do you then manage? – essentially, what we're trying to do is and probably, as people have described, is incredibly difficult to do – we're managing a resource on a daily basis that is putting square pegs into round holes all day long – there's only so long that people can do that for – so these alternatives have to come on and be – the NCS potentially gives a framework for that to happen and open up a much bigger discussion with the general public – but if the outcome of that is that people's expectation of what formal services will provide – we may just be walking ourselves into…

Connect Group

- There was general discussion about the problems posed by Adult Wellbeing and Justice Social Work being part of ELHSCP and Children's Social Work being part of ELC. The response to the new National Care Service was, 'why can't they just leave things alone?'

Scottish Government Older People's Engagement

- I'm unhappy about Scottish Government's Plan for a National Care Service because money for patients will be spent on setting up the new service instead and it won't take account of local priorities

Development Sessions

- National Care Service – difficult to decide if priority areas are right in terms of what services will look like in three years' time
- National Care Service [is a challenge]
- [challenges] Agree – there is a concern around new approach disempowering current work – messaging, political and organisational
- There is the potential for this Strategic Plan to be dominated by the creation of the NCS.

Dementia Professionals

- There needs to be something [in the Strategic Plan] about the potential impact of the National Care Service - even to say it's around and will make a difference and we will look with partners to assess impact. As you will know there are many many concerns about the impact this will have on many of us including communities.

Online Survey

- The National Care Service proposals MUST NOT go ahead. The reorganisation will deflect monies from the provision of front line services.

Older People

North Berwick Placemaking Event

- **Care**. Fewer staff affects the ability to stay in one's own home and/or available care home places. There were also calls for more numerous and better funded care home places.
- **Care**. Many participants raised the issue of care home places, whether there would be sufficient number for the growing population and whether sufficient staff could be recruited for both care homes and care at home. Concerns were raised over the growing use of agency workers in care homes and for at home care. This leads to a breakdown in continuity of care plus, the patients do not always know who is coming into their own home.

"I don't think about the future, it scares me so much"

"If I can't afford private care then I'm totally abandoned"

Respondents to North Berwick Placemaking Event

Scottish Government Older People's Engagement

- I was a carer for my 90 year old godmother. Issues arose around being able to have a female carer for my godmother. This was important as carer was required to apply ointment to intimate areas and my godmother couldn't face this sort of care being given by a male carer. I was asked by a social worker if godmother's dementia was sufficiently advanced for godmother to tolerate a male carer. [General agreement amongst group that this was very poor practice.] Is this inflexible approach an attempt to 'blackmail' me into putting my godmother into a home (very much against her wishes)? The care provider had tried to bow out of the care contract twice. Lack of female carers was therefore an issue. We have paid all our taxes and deserved better – just basic care.

North Berwick Day Centre (Carers session)

- My mother-in-law is being sent a male carer, even though we've asked for a female carer for personal care. My mother-in-law won't let the male carer wash or dress her, so it's a real problem. We were told that we would have to have a male carer because there was a shortage of female carers

Online Survey

- More GP Practices and more GPs. More community carers to enable older people to stay at home.
- There is a totally inadequate plan for housing older people. The local demographic tells us that if we are to keep an increasing population of older people in their home town, we MUST build high quality, single level housing for sale and rent.
- Quality local services for older people/palliative care/respite/care at home etc . These should be within the ward not centralised in Haddington or Edinburgh. Upgrade of Belhaven site was promised in 2009. The Belhaven Forum meetings were clear on what the community wanted but stopped meeting in 2018. Ward 2 closed contrary to the wishes of the community- the Health Minister refused funding to upgrade because discussions were

ongoing on new facilities. In 2018 local communities said that they wanted a mix of provision- extra care housing was agreed to be only part of the options. Co-production and working groups were promised and have not happened (Covid , financial climate etc seen as factors) but there is an increasing older population and fewer beds in the area than in 2009. Local people still want some NHS,/care home beds on the site. Extra care housing does not meet the needs of those with the highest physical health and dementia care requirements. People want local care options - public transport is poor.

- Need for quality care at home services - provision is poor in the Lammermuir villages as Private agencies see them as not cost effective and there is limited/no public transport
- Insufficient affordable housing being built. House prices make it difficult for people to get on the housing ladder/older people to downsize. Places like North Berwick and Dunbar are not affordable for key workers [paid carers]
- [Not going well] - Care of elderly in the community
- Not much is going well in my opinion. Local authority is not meeting its legal duties to provide a duty of care, particularly to the elderly who are treated as second class citizens.
- Carers are not given enough time to provide an adequate service and are literally 'running' in and out of old people's houses without paying enough attention to what needs to be done
- All care services are in dire need of a complete overhaul
- Social services assessors no longer have the empathy and compassion they used to have and some are not even qualified to do it
- More care at home as a priority to assist those who need it
- [What's needed] Good access to GP services. Local hospital services. Good social care for the elderly/disabled etc.
- More care packages for the elderly, arrangement faster to allow quicker release from hospital
- There are far too many houses being built without additional health and social care facilities to meet the needs of the increase for facilities
- [What could be better?] Elderly Care and GP practices, also opening of Edington hospital.
- More care workers in the community
- Elderly Care needs looked at to get them out of hospital with a care package
- The increased need for all health services and social care services to be expanded dramatically as there is not enough at the moment with the infrastructure being stretched to the maximum with the influx off people moving into the area
- There are plenty issues in EL at the moment what with the Housing and Health and Social care services being stretched through and passed breaking point . You have a big job on your hands so good luck
- The lack of GP access and provision of care for the elderly in their own home
- GP access and provision of care for the elderly in their own home

Outcomes and Joined-up Working

The feedback in the Communities section has already talked about the desire in communities to see joined-up, person-centred, community-based support. The following feedback touches on the benefits of joined up working, the difficulties of interdisciplinary working, social workers being unable to refer into health services, the need to review structures and to continue working on working relationships between health, social work and social care staff.

Learning Disabilities and Autism Professionals

- We need to think in terms of better outcomes for people – we need to be mindful of the impact of the last 2 years on people with learning disabilities, autism, their carers and the staff – there is a lot of anxiety and fear in terms of peoples' vulnerability. And when it comes to measuring/grading services, the new Care Inspectorate standards are human rights based. I'm thinking back to the time of hospital closure and that move from a medical to a social model – we need to get back to normal and not leave people with learning disabilities behind – Covid rules still apply in services for learning disabilities in a way that they don't elsewhere and this makes environments less attractive to work in leading to the problems with recruitment and retention. It's a lot less attractive as a career that working in to hospitability
- We need joined-up thinking and joined-up conversations – East Lothian has been really good and taken a sensible pragmatic approach but I am more worried about what the Care Inspectorate will do – they are already dropping grades if you look at the current trend and this is pretty demoralising. Services are not in a good place and we need to find our way back to a better one by working together, sharing resources – we have really got to hold on to that human-rights, outcomes-based focus.
- We do all the transitions for people with disabilities into Adult Services – because we have changed service delivery to being in the community. We have had some brilliant workshops which have led to innovative solutions – for example, the ASD young men's gaming group – we need to look at outcomes and new ways of delivering them – we need more staff – and young people's support needs to be reviewed more often - not just at 18 and 25. Housing have a key role here too.
- Between the council and Third Sector providers, there is close working and sharing of resources, for example, cover staffing – and there is huge credit to staff for going into different environments that they didn't know – this has hugely beneficial to people that we support

Children and Young People Professionals

- We [OTs] see adults and children – it's a bit of a battle to get people to see that we see children too – missing link around working in a joined up way with all our partners – not as seamless as we could be
- In terms of how well adult and children's services work together – long standing issue because we both have different clients and priorities
- Children's issues come up quite frequently – assessing need – addressing crises - but we also need longer-term oversight so that children's and young people's needs are being met – that's where Children's Services – Adult Wellbeing relationships come in – there might be better way of doing it
- Collaboration between adult and children's services is needed. This has become harder since everyone is working remotely. A lot more could be improved for families.
- Different clients for adult services and children's services – this can make joint working difficult, as different priorities for the adult/child client.

- How often children's needs are picked up in a family when the adult issues are being dealt with?
- Health and social care for adults – when adult social work are working with families and households when there are children in the same household – do they take account of children's needs too?
- We need to ensure everyone's needs in a family are met. Using adult and children's services together to get better outcomes for the family.
- In England they are doing pilot of different ways to work with families – no wrong door, safeguarding family and children – no wrong door 12-25 to stay at home, permanent place so not moving around Adult Service/Children's Services social work - Looking at the Children Act in England – social work would be involved whenever children's needs not being met – need to involve everyone around the child – this is a collocated multi-disciplinary team
- We are split off into adult services, specialist services for children, housing adaptations and equipment – might improve joint working relationship

Adult Wellbeing, Mental Health and Care at Home

- I've got a sort of specific slight issue because as a social worker I can't refer to a lot of health services so just to give you an example, the CHART team works alongside ELCHASE so we go to the ELCHASE meetings but we can't refer somebody to ELCHASE – you try and pick up the phone to a GP, they don't answer the phone – we can't refer direct to physios – isn't that a bit daft? Health colleagues from various disciplines can make a social work referral but it doesn't go the other way
- …how things are developing around services communicating with services and joint working – I do think there's a lot of the integration and the structure that I like coming from working in other areas but I do think it needs reviewed in terms of how it's going and probably again a kinda of strategy about trying to make those connections between services – I certainly know for myself from talking to the OT General Manager – there's things that we're already talking about how we can be more joined up together and how that's going to look - it's probably something we'll look at next year but if we remain that kinda split off with there, there, there and we're here – I still think we can make connections with them and make relationships and try to innovate the best that we can so that we are joint working more and [having] those conversations but I think, partnership-wide, we need to look at the structure and particularly those connections and just how things are working together
- [re capacity to refer to health services] I'm not sure, is the answer to that – there will be times that we [Justice Social Work] refer but actually I think that most of the time we do things through our multi-agency meetings that are set up so that we've already got people around the table so you almost circumvent some of that but we also do some co-funding with Justice with SMS services so that is something that we are able to do because we have a ring-fenced budget – it's a different situation so it allows us to do things slightly differently and we can actually set up partnerships which not so much allow us to bypass but we pay for a worker or part of a worker that allows us to refer straight into that.
- I think in the short term until maybe as G says there is a review of other structures and whatnot – I think it is about making good relationships where possible with colleagues in terms of how we can … I mean, I can't give anything but praise for example, for Jamie Morris – we used to have a real challenge with a lot of the cases we deal with Adult Support and Protection where someone falls between the gaps of substance misuse and mental health – Jamie's been great at being that person just to come along to a meeting if he can, hear out what the concerns are (not necessarily give much) and I think that it's having those inroads – I mean, we still can't refer directly despite having two social workers on the team – we still have to go through the GP to the Community mental Health Team – I mean workers can take

cases to meetings but it's madness, we have two social workers on the team but we can't refer directly in. However, it is about that discussion and relationship building and how we can get round that … that's taken a lot of time to build those relationships and it's to S's merit to all that moving forward – but it hasn't been easy building those relationships over the years but it's definitely much, much better now and I just hope it continues.

I do think we need closer working relationships – it's the only way forward and we're all with the same intent – we might have different languages some of the time but we're all with the same intent.

North Berwick Placemaking Event

- **Management and communication**. Many people called for better integration of services across NHS to improve care. A wholly integrated service which utilises the same facilities and staff (in many instances), offers more possibilities to provide appropriate, comprehensive and patient-centred care whilst simultaneously reducing repetitive assessments and red tape.

Scottish Government Older People's Engagement

- Lack of connectivity between services. Lack of equality – everyone is equal, but TP had been told by a GP that if GPs shouted loud enough about services they wanted, they'd 'get their own way'.
- Is there a map of services? There is a lack of conservation between services – for example, GP, mental health, care at home, social work and social care.

Development Sessions

- IJB Strategic Plan should be outcomes driven – working towards locality-based services, team around the person – what people want us to achieve for health and social care for people in East Lothian
- It should be about maximising independence and achieving the best outcomes for people

Online Survey

- [Would like to see] genuine integration of health and social care services, adequately funded, concentrating on local provision.

Pharmacies

Substance misuse (professionals)

- Some pharmacies are very good at treating people with methadone prescriptions with dignity and respect but others are not – is there a code of practice for this?

Scottish Government Older People's Engagement

- Making sure medications are taken. There were issues for carer providers around the use of dosette boxes. Carer providers could only use blister packs provided by pharmacies, but many East Lothian pharmacies were not willing to provide blister packs so people were driven to use dosette boxes and deliver the medication rather than the paid carer.
- I used to sit on Pharmacy Board at NHS Lothian – pharmacies are not required to supply blister packs as a service.
- Group – can this be changed?

Recovery Model (Substance Misuse Services)

Substance Misuse Professionals

- Expanding providers' capacity to deliver recovery cafes would be good
- Dunbar Recovery Festival a good model
- More peer support work would be good – lived experience is very important in supporting other people – and for people to be able to give back
- Having people sharing lived experience is beneficial and crucial, someone who knows being able to suggest 'have your thoughts about this'

Substance Misuse - Peer Support Worker

- Promote more recovery
- There are no non-church-based recovery support sessions for people – we need non-church based options
- We need SMART, CA, NA, AA 12 step-programmes easily available
- Websites and posters widely available with links to services
- People with lived experience in GP surgeries
- Do support meetings by Zoom rather than having people travel.
- It's about challenging people being stuck in their own minds and being selfless to be selfish.
- And having a support network is key to recovery.

Homelessness professionals

- Drug and alcohol services are really important – there needs to be equity of access to recovery cafes and other peer support in every community across East Lothian – resources are limited but isn't there need to be more creative about the way we use them

Referral processes

This section should be read in conjunction with the Community Resource section. Some of the issues below related to specific services but it also touches on mapping of community resources which is dealt with more fully under Community Resources.

Substance Misuse Professionals

- Sending people back to the beginning of the process is a disincentive [access to rehab/counselling/mental health services] - the 'three strikes and you're out' is not the approach that should be taken
- We need a link to get referral for substance misuse help
- Contact with the appropriate health and social care professional is better for people in a refuge than those in temporary accommodation
- There are issues with GP registration for women fleeing their home to a place of safety
- Methadone prescriptions are not following women fleeing domestic abuse quickly enough
- We need better access to rehab services – people are having to wait up to 18 months – leading to people falling back into substance misuse while they wait
- Make the referral pathways easier – don't throw up so many obstacles
- What would make a difference - More than anything, education for officers, making sure people know what is out there with referrals routes/self-referral

Homelessness Professionals

- There are lots of good services out there with self-referral routes – but homeless people don't have that info so we need to get the message out there
- I would like to mention self-referral routes; community pantries across the county signposting to other service; primary care and social prescribing, for example, walking groups, community gardens. Community Link Workers – who get alongside patients to help them – we should do the research, find out if this model is working well, and if so, invest more in it

Children and Young People Professionals

- Referrals and identification of support needs – often to short-term initiatives. The strategy needs to consider year-on-year support, rather than short-term funded initiatives. Need to upskill staff on the ground to move initiatives forward
- We need to remove duplication. We need to raise awareness and understanding of services that are available for referrals
- We need a good map of what is out there – not so many duplications of service – streamlining and a common route for referral
- The landscape changes so frequently knowing what's available and where to go [is a problem]
- The Strive Community Link Worker in Prestonpans GP practice was constantly trying to keep tabs on things in a constantly changing landscape

Scottish Government Older People's Strategy Engagement

- Adult Services Social Work are wonderful as are LCIL for SDS. The resources are there but they don't reach everyone who needs them. The referral cycle is tiring – referral opened, referral closed, referral having to be re-opened. Nothing for carers – even when in ill health [respondent who is a carer for her husband is herself being treated for cancer].

Services people want/changes they would like to see

VAWG Professional

- ELC is missing a voluntary program for perpetrators of domestic abuse and that is a concrete thing and it is considered but there are no resources. We don't have any options for perpetrators to get help unless it goes through the court. That's a real gap
- Often (not always) there if often complex trauma for perpetrators like the connect service but for men which have a number of issues going. Violence as well as substance and mental illness to break those cycles

Homelessness professionals

- Something you might like to take forward is engaging with Healthy Respect and its pregnancy/STD programme– it would be good to provide Healthy Respect training for staff working directly with vulnerable young people and give them the resources to provide free pregnancy testing kits. Maybe this is something that East Lothian could do as a county – providing training and kits to any officer working with homeless young people.
- Food security is an issue which can lead to ill-health – if their benefit is impacted by sanctions, diet suffers this is happening to a lot of people – we need to make sure that we are investing in Third Sector organisations to help people with the wherewithal to feed themselves
- Also, with veterans, it's very important that anyone delivering a health and social care service has trauma informed training
- Dentists – there is a lack NHS dentists – a mobile dental outreach service would be useful
- Ensuring that screening (breast cancer, bowel cancer) services could be flexible for homeless people
- Pre–covid, the Haddington surgery were really good at getting young people in as soon as they registered and giving them an 'MOT'– maybe start that up again
- Befriending or mentoring services for homeless people – something that might be very useful, particularly for young people
- Homeless Young person's nurse – like Rose Zelienski (TAC Team) – helping them to get the services they might need – particularly useful for Rock Trust, Blue Triangle and New Horizons - for all vulnerable young people, not just care experienced
- The current set up at health centres doesn't help [restricted access, phone appointments, long wait times for appointments] – in terms of homeless young people, the engagement needs to be there and then and really quick.
- Prioritising homeless people's access to GP
- Homeless young people suffer from anxiety, depression, drug and alcohol use, and young women often need contraceptive advice to help them identify appropriate contraception – it would be great to have some medical outreach from someone in a similar role to Rose offering a visiting service
- Also support for grief and loss (where the person is homeless due to death in family)
- Trauma-informed training for all workers coming in contact with homeless people
- Is there a Homelessness Community Psychiatric Nurse? – like in Fife – the Fife Homelessness CPN is a fantastic resource – he made things happen faster and helped support young people until they could access mainstream support

Changes - What You Would Like to See in the Future

- More infrastructure covering areas such as green spaces, access to GPs, CAHMS

Mental Health Professionals

- I wanted to raise the issues around the impending arrival of Ukrainian refugees – who will be suffering PTSD – what is being done regarding access to housing and mental health services – I don't know what is happening about planning for them – maybe we should really be doing something Lothian-wide

Substance Misuse Mini

- [need] Housing Support worker based in GPs
- [need] Another GP surgery in Musselburgh/Wallyford

Deaf/BSL

- The NHS should automatically know when someone needed BSL interpretation – people who needed BSL interpretation should have this flagged on their medical files. There should be a red label which meant that the patient needed BSL interpretation.
- It would be great to have a Deaf Club for people in East Lothian. Some people don't know how to deal with it [being Deaf and using BSL] and it can be a bit awkward sometimes [accessing clubs for hearing people] and that can affect my confidence levels but if you've got Deaf and hard of hearing people mixing I feel good and my self-esteem is quite high and they can sense … and disabled people as well. Deaf wheelchair users and anybody, anybody would be welcome. I want to see people that are cheery, I want to see nice, positive events happening – drawing, arts.
- It would be good to have information about things that are coming up for Deaf people
- There needs to be a central place where we can find information about events in East Lothian and motivate everyone to get along.
- Is there cinema, films that are subtitled – are there any of these things happening at the Fraser Centre?
- I love gardening at home – that's it, you know, I'm just kinda stuck in the house all the time. Not got any friends. I say hello to my neighbours but they don't really chat, just a wee wave here and there, but nobody to talk to. It would be good to get along and mix with Deaf people. Dundee Deaf Club is better than Edinburgh so that's where I've been going instead. Obviously, a lot less people have been going to the Edinburgh Deaf Club recently, but last Friday there were a lot of people there, people signing, because it was a new launch.

Children and Young People

- Need to monitor and gather information to identify levels of need. We need a Strategic Needs Assessment to identify current position and future needs. It's often difficult to quantify needs.

ELHSCP Business Admin Teams

- Dementia friendly – providing people with dementia with more opportunities. Taking them into schools after school time with pupil volunteers to have lunch and communicate with others.
- Day centres outreach workers – creating more experiences and getting people out and about more. Supporting the local community in providing this service.
- Day centre bikes – different ways of making there life better.
- Upgrading medical services, personal experience of accessing social care provision was a very positive one and couldn't praise it far enough, but understand that is not everyone's experience.
- Health and Wellbeing – This has been a big topic over the last 1-2 years and it is really important that staff and residents of East Lothian have access to the right support and help.

- Don't close hospital beds until you have other capacity in the community. Worried about capacity for recruiting paid carers

North Berwick Placemaking Event

- **Infrastructure**. This was particularly raised in connection with ELCH with some participants very worried that it does not have the capacity to meet the needs of the growing population. Participants did comment that the building was a big improvement on the Roodlands site and that having diagnostic treatment facilities there was better for patient care than having to travel to Edinburgh. Many extended this further by commenting on the need to deliver services (including certain diagnostic tests) locally in what many called a local "hub"/building. Participants suggested there should be hubs in Haddington, Dunbar, Musselburgh, Prestonpans and NB.
- The difficulty for those reliant on public transport in accessing ELCH and ERI/WGH was also raised by many alongside calls for making other services such as midwifery, podiatry, physio, district nurse, support for mental health etc more locally accessible.

VAWG Professionals

- NHS has not rolled out the original planned mental health and substance service to put it part as the routine enquiry within the SEL. Primary care services are really needed. They are where people could be helped most. E.g., we get very few older people coming through MARAC because they don't come in contact through specialist services and the police but if they come up they have been abused
- The original Routine Enquiry programme - based on evidence - sought to rollout routine enquiry with all new patients as follows: If you contact the national GBV team in Public Health Scotland, they can direct you to the evidence base.
    - Health visiting - domestic abuse routine enquiry (females only)
    - Maternity - domestic abuse routine enquiry as above
    - A&E - domestic abuse routine enquiry as above
    - Sexual health - domestic abuse routine enquiry as above
    - Mental health - domestic abuse (females only) and childhood sexual abuse (males and females)
    - Addictions - as above for MH.
    - Not every board managed the full package - for example we had difficulty in A&E settings due to the use of curtained bays re: privacy for discussions. But each board is still required to deliver as above, where possible.
    - For primary care - eg GP services - as they are individual contractors, that is not within NHS boards control.

Development Sessions

- More primary care practitioner staff with the ability to move between services – flexibility of provision.
- More joint working with GP practices and practice nurses.
- Potential to standardise processes.

Online survey

Access to GPs/Dentists/Hospitals

- A new GP surgery for all those in Pinkie/Wallyford (including current Riverside patients who stay in that catchment)
- Stop Riverside taking more patients; they can't cope with the current number. Add more appointments by providing evening and weekend access with more GPs and or specialist

nurses. More people on call centre. It is the most frustrating service not to get your call answered. Sitting on hold for 40mins average from 8am is not acceptable. Give patients a named GP. I want to trust my doctor and have a better level of understanding about me and my history. Empathy and time needed

- More GPs in Riverside now to sort the short-term problem. The doctors there already provide a high quality of care but it's nearly impossible to access them. The surgery is too big. Taking on a gp for one morning a week also won't really help. Putting their complaints page back on their website. Ensuring they open their Twitter page so it's not private.
- [Riverside] Honest display of their accounts, pay and number of patients seen daily. More transparency. When they are offered help they should take it. Patients should not be called abusive or sent warning letters for just wanting access in a GP in their time of need. Patients should be able to move to Inveresk surgery if they want to. Questions should be asked why Riverside wanted Blindwells patients.
- We'd just really like support and access [Riverside]. We know the doctors and nurses work so hard but we just can't access them when we need to.
- [Riverside] Everything needs addressed not least their attitude to patients that just want to be seen and treated as people. Believe us, we wouldn't be phoning of we didn't need care so they need to stop blaming patients and take proactive action to come to a fair resolution
- Health - the GP surgery I am with is dangerous (Riverside). They are way over capacity for the amount of patients the existing GP's can deal with. I have ended up in hospital due to not being able to get an appointment and I'm not the only one. I am so stressed at the thought of trying to call them that I often put it off.
- More surgeries with sufficient doctors, easier access and not physical access
- Being able to ask for a particular doctor so that there is some continuity
- North Berwick where I stay needs a bigger health centre.
- Easy and prompt access to my GP and dentist. Easy and prompt access to other health professionals.
- To have direct access to timely and quality Primary Health Care and Social Work support when needed. This should be close to home and minimise the need to travel by public transport or own transport. Have timely referral to specialist consultations and treatment closer to home (Community Hospital) than having to travel to ERI or WG.
- Musselburgh Primary Care Centre and East Lothian Community Hospital are great resources for the local area. My experience has been very positive.
- Minor Injury Services at ELCH +/- Musselburgh Primary Care Centre
- NHS dentistry is a real issue with very few surgeries offering any NHS provision. More local cottage hospitals.
- That there is enough funding for NHS to provide good services for all locally, including GPS and specialist services at the Community hospital.
- [Services that end] bed blocking in hospitals due to lack of care at homes.
- Public transport to the hospitals.
- In an area where there is a large summer influx of visitors as well as transport difficulties to services there is a need to have a minor injuries units locally to save pressure on the Emergency services in the large hospitals or even on the ambulance services. This would save on transport costs to people struggling financially at the moment and people employment who have to take considerable time off to visit more remote places for treatment.
- Reduction in waiting list times for hospital procedures
- [Something that addresses] the ongoing impact of hospital waiting times
- Doctors' appointments and hospital appointments need to be increased
- Improving support and access to mental health services, especially for young people.

- Not a lot but the new hospital at Roodlands is a big plus making access to doctors and consultants easier
- Once you get through to GPs, the care is good but being unable to do so stops you contacting them
- Increase GP surgeries in Haddington, town has grown but not the GPs.
- Dunbar has always been seen as inferior to Haddington. The new housing scheme in Haddington has got its own school and doctors - and nearby a new Aldi, Costa, Starbucks, other stores and a petrol station. Hundreds of houses have or are being built in Dunbar and we get nothing!!! There is no direct transport to the infirmary so it's assumed everyone has access to a car. The community hospital in Haddington is easier to access so why couldn't they have a small A and E? Two surgeries in Dunbar are in the top five busiest surgeries in the Lothians - something has to be done before the next phase of housing starts
- Local access to A&E for initial evaluation.
- NHS dentistry is a real issue with very few surgeries offering any NHS provision. More local cottage hospitals.

Care at home/care homes/housing

- Need for quality care at home services - provision is poor in the Lammermuir villages as Private agencies see them as not cost effective and there is limited/no public transport
- More care at home as a priority to assist those who need it
- Care at Home companies and suitable robust packages available are in very short supply causing long waits when referrals are made and also when people are in hospital they cannot be released home because of difficulty in getting a suitable package.
- Care for the elderly.
- More nursing homes
- Need more help for the elderly especially to keep them in their own home.
- There needs to be additional Extra Care Housing provided locally with facilities for Nursing Care on a continual basis which will minimise hospital admissions and also provide better facilities for after hospital admission care.
- Specialist housing for the elderly needs to be reviewed and proper Sheltered Housing provided with a resident Warden to look after the residents. There needs to be fixed conditions attached to these development which cannot be changed by residents who either do not reside there or do not need the services at that moment in time.
- There needs to be joined up planning to ensure that Primary Care is compatible with Social Care and any other contingent services and vice versa. Social Housing to cater for all Key Workers regardless of occupation need to be provided for local staffing needs to reduce travelling costs and damage to the environment.
- More and more pressure is being placed on the District Nursing team to provide care in the home and also provide critical Hospital to Home Services and they are becoming overwhelmed. People are released into the Community without proper care being in place for them which puts pressure on local services, volunteers and the third sector organisations. There needs to be a more robust local provision including on call 24 hour nursing care where appropriate. Follow up consultations and results of investigations need to be communicated to the patient timeously and not left to the patient to follow up.

Edington

- Reopen the Eddington Hospital including the minor injuries service
- Elderly Care and GP practices, also opening of Edington hospital.
- The North Berwick Group Practice and the co-located Edington Hospital have provided a brilliant model for supplying low-tech local health and care services. The 24/7 presence of

nursing staff at the hospital providing care for in-patients, backed by GP expertise as necessary, formed the hub for a 24 hr minor injuries clinic that hardly over-loaded the system but provided invaluable convenience to local users. The fact that this particular hospital is out-dated does not take away from the model itself which should be emulated across East Lothian.

- Opening of the Eddington hospital
- Maintaining access to existing resources, e.g., The Edington Hospital in North Berwick.

End-of-life care

- There needs to be a facility to allow people having end of life care to be catered for locally where family and friends can have access to them at any time and give the support that people in this category need as well as helping with close family support and grieving.

Planning and funding

- A total overhaul of the whole system [is needed] as it is quite clearly broken.
- Start really listening to people and stop telling them what you think they need
- Effective listening to communities and responding to their views. Co-production is essential as plans are developed. This was promised on the reprovisioning of the community hospitals/care homes in December 2018 and has not happened. This leads to disengagement with consultations by people in the communities.
- We need to plan well into the future (20 yrs) and not be firefighting from one year to the next.
- The schools and communities working together on these issues coming up with strategies and programmes to tackle them. The Community Council representation is woefully unrepresentative of the community in which we live. Middle aged men discussing issues of interest to them rather than debating the issues that affect us all
- Scottish Government need to invest in quality health services to meet local needs.

Social Work/Social Care Matters

People's individual experience of social work/social care services is often positive. The following section gives some feedback on this, the need for trauma-informed services. There is also discussion about the erosion of the social work role. However, the biggest take away from the feedback in this section is that social work is under incredible pressure, due to rising demand for services which currently has no prospect of being met due to pressures on provision. This constant pressure places social workers under almost unbearable stress.

Substance Misuse - Service-user

- I get help from social work and my counsellor – helped me to find a house and also helping with finding me a job
- I text my social worker when I need help to understand things
- Social worker helped me to make appointments at East Lothian Community Hospital
- I feel supported (by social worker) - I'm doing OK – got good support.
- I got a social worker when I was younger and then there was a break and now I have a new social worker.

VAWG Professionals

- Sometimes there is a lack of understanding within social work informed by stigma. People look at victims being seen as making these choices and see no reason to help them.
- People aren't aware of adult protection services and when to make contact. By more reporting [of violence], it allows social work to make a decision if there is an adult protection concern there.
- This was further underlined by someone else - there is not a clear understanding in services on how workers can get adult services involved to enhance the woman's protection. There's a lack of understanding on the impact of sexual abuse on the victim and the long term impact both for the victim and them within their tenancy.

Connect Group

- Justice social workers changed my life for the better.

Adult Wellbeing, Mental Health, Care at Home

- I do think the reduction in general managers has been useful. I think there has been a real push around adult social work services and really trying to bring that together – the different strands sitting underneath the three service managers. I think that's really going to work better in the longer run. Things are more tied in, things are more connected and I feel that the voice is better reaching up to Iain and Alison/Fiona.

What is the social work task really? It is constantly being redefined and I think there's a need to really understand what our role is. And I think that is changing and people have so many different views and therefore they communicate that to other service-users as well as our colleagues – and we need a more unified … I think we need to have a space to talk about what our role actually is and communicate that clearly both to our health colleagues, our third sector colleagues but also to the general public – because things have changed – the way that we do interact with service-users has changed hugely – but unfortunately we haven't told them because we are not good at telling people

that we won't be able to provide what they had in the past – we're not good at putting clear boundaries up and saying no, you can't have that. I think there's a need to change the way that we interact. And I agree with what J says – there was a lot of positive media about our health colleagues – and they are amazing – but so were we, so were we … we didn't hear that so much – and I think that that really impacted on people's ability to keep going

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- I think at the moment we are making good contact with people as much as we can but I think that part of our challenge is that we don't have a lot to offer people and I think that that leads to a lot of frustrations. We are responding to people but we don't have a significant amount of care hours to offer because of the shortage of actual carers. That brings around its own challenges because we are definitely trying to be creative and come up with different ways to support people but I think maybe for some people who are slightly more set in their ways, the different offers [using other supports in the community] that we have just do not meet their needs or what their perception of what they need. And I think there's a bit about developing our connection with what else is out there but equally deepen the understanding of what that actually looks like. Because we all kinda understand what a standard package of care looks like and have a reasonable knowledge of that but some of the other services that are being offered – volunteering services, etc, etc – it's difficult at this point for fully understand what that looks like [Do you need a mapping of community services?] Yes, we're on our way to do that. It's just at the moment we at an in-between stage.

Constantly saying to people 'Sorry, we can't meet that at the moment, sorry we can't do that, sorry we can't do that' has an impact on the actual persons delivering that information day after day and I think as a service, and I hate this word, we're pretty resilient, but I think that has got to be one of the most wearing experiences on us. Not only to our clients, but also to our health colleagues and to other people that there just isn't the service. It's just so exhausting …

- With the team I sit in, it's the different pressures on the HSCP – different professionals have different challenges to face and it's about find the equilibrium between those two. I'm in the ICAT which looks at provision for care at home and obviously we are working in a team that focuses on hospital discharges and those – whoever has critical need of care at home and in the community – so for me it's about that balancing those who are at the highest risk in the community against whether we discharge somebody from a hospital bed or give somebody in the community the package of care because if we don't give them that in the community then that ends up being another admission. So it's about trying to look at ways of re-inventing that wheel and how we're working moving forward for us to have a positive effect – and at times it can be really quite disheartening because you just don't have the services that you want to give everybody. And then you're having really difficult conversations, not just with colleagues and service users but with … you're going home and you're knackered and you're kinda … all your energy has been spent having these really difficult conversations and listening to families who really are at the end of their rope really with the support they are having to provide their loved ones and we're having to saying to say 'we're sorry, there's

still nothing' because of where you live or we've not got a provider in that area so that has been really difficult.

- When I started in East Lothian 12 years ago, you sat beside an OT and you sat beside a Community Care Worker and me as a social worker and it was amazing how quickly you could problem-solve something – I think one of the biggest frustrations I see now as a team manager and screening referrals is how many people are involved in one thing but actually if we are all co-located, in an ideal world partnership wise, with our health colleagues, CMHT, SMS, LD – you know, even hospital and care provision – if we all sat in one arena because that is what it was like at Randall House when we were busy and thriving and we had homecare – you could really nail things so quickly and intervene much quicker – it is really such a shame that we have lost so many things from a social work/duty perspective – and assessment …

It's like your tool box is stripped, and stripped, and stripped until you have nothing left in it – and even sitting in RAG each day and talking about things that've come in, you know, rightly so, assessments from our external colleagues, maybe CPNs, and then there's more discussion that goes into it and then there's more tasks that come out of it so 'we need to get an OT to look at that', 'we need to get someone from … ' – and to me, why in the future we don't try and re co-locate into some beautiful, big, massive building – I don't know where – but where you have access to that ability to take a walk over to someone's desk or to you know – because today, I've been in meetings all day and I've had to cancel call after call … and we've lost that in terms of I think being able to intervene quicker and actually meet the needs and address things by just how we've sort of all been separated out and disseminated to different places.

- Underlying a lot of our issues is the bottleneck that is within social care – and there's no getting round it – there's a staffing crisis that just seems to be going on forever – it's really wearying for everybody – it means there's no care when you need it, there's no mental health support workers, there's no carers – if that's not right, nothing else is going to be right – so I just feel that that's where all the focus needs to be, sort that out and a lot of these problems up the chain will just disappear – so I don't know what the answer is, but I know that's the problem
- No, I was just thinking it was really interesting listening to people and I suppose just reflecting back, unfortunately, everything that we already know – but it is very difficult to hear it when it is expressed within a group like this – a couple of things came to mind – one is that these aren't just perceptions – what people have described is clearly documented, particularly over the last year in terms of social care – and a lot of social work colleagues will know what I am about to say but I'll say it anyway – essentially, over the last year, our care at home provision for people aged over 65 has reduced from around 8,000 hours a week to – sorry, 9,000 hours a week to under 7,000, so those 2,000 hours have come out of the system over 12 months and we are static – they are not going up – there's no prospect of them going up because of the recruitment and retention issues – so essentially, we managed a crisis scenario – we are through that crisis, but there is really no indication that that is going to improve … I think the challenge is the reality of the situation – and then I think just to add to that – to compound it actually – I don't know if people were able to watch the video before this session that Jane's … kinda outlining the challenges ahead – and clearly

within that the three main ones are financial pressures, which at the moment is not actually the significant one but will be – the change in demographics and the ongoing recruitment and retention of social care/health and social care staff – so, I think these conversations are really, really important …

… we know these things are happening – they are a reality - and therefore what is the possibility or potential for change? … and I think we're seeing small bits of that but it's probably not happening rapidly enough – or on the scale that we need it to – so I think without being too negative about it – I think that what you guys are describing is a very, very real situation and maybe within all this discussion there nuggets that we can draw out make things better but it's not just about communication or where people are based – are they at home or are they in a workplace? – there are very, very real pressures around.

- I think it's a really hard thing to balance about … saying to people we're still here, still here to assess and to give support – but being realistic, you know in Duty we were dealing with a situation last week, J and I, till 8pm or 9pm at night – about an unrealistic daughter – basically told us I'm out, over to you – and that's something that Duty see quite frequently – or I'm going on holiday next week, who's going to look after my loved one – and I think it is about, as I pointed out to M a wee while ago – you know, the world – people do view the world as re-opening again but obviously a lot of things aren't – like care homes and the care crisis still continues – that impact on the resilience of staff is so wearing as I go back to it – that toolbox is gone – those beds we once had, gone – that we could book rolling respite – and I don't think we put out our message on Twitter to say there's no care – and I think this is where we're trying to work through with ICAT and the RAG process and it's difficult for colleagues but I found it difficult at first being … having to challenge other professionals about their assessments but I think part of it is getting back to the bare minimum of what is it someone needs to stay safe – like ideally what they need and what is the critical mass of what this person needs to stay safe and at home – and that's a process I don't think we've really communicated still throughout the partnership – of why these questions are asked and it's not seen as people's assessments being undermined but there is just this much care and there's this many people who need it.
- I'm just reflecting on what people are saying – I'm trying to pare it back a little bit – so what we've got is a crisis in social care which feels like it's been going on for so long it almost feels like old news – but it exists and it's real and that's what it is – and then we've got a need to engage the public with that and let them know that this is what's happening that we need shift from the good old days which I don't ever think really existed to this new world where that level of care doesn't exist but I feel there's – I don't want to get to a point where we just accept that we cannot do that so we're not going to do that, we're going to do this – maybe we need something a bit more than that, and some kinda vision of what we're moving towards and what we actually do want – I appreciate that we live in the real world and we've got this situation and there doesn't seem to be a lot that we can do about it right now, so yes we need to let people know about that but I equally feel is that enough, because if we're going to … if all we are doing is responding to the greatest risk we're just constantly just going to be getting people in crisis – we're constantly not going to have enough needs to meet that service – maybe what I'm saying is that there is a whole lot of unmet need – how are we recording that and what are we doing about that? – is it enough to just say, we know we've got this unmet need, we know there's a social care crisis, let's just … are we not going

to look at that at all then? – just going to accept that that's what it is now? I don't know if that made any sense.

- The challenge is we have to try and avoid that situation because more of the same in a year and in five years' time – it feels like that already but as A says, do you just carry on saying well actually just become a crisis response service that doesn't manage that very well because that's the worst time to be trying to work out how to support people – so I think some of the things we need to be doing, and partly when we are saying to people well we don't have that service to meet your need but actually we have X, Y and Z – at the moment, we don't have the X, Y and Z. We have maybe the X, possibly – it might be, but I think we need to see what the Strategic Plan – how it reflects this, but the ambition is to be able to enhance around community assets and then I think, linking back to what S was saying, meeting service-users'/patients' for the first time with very advanced cognitive decline – which I am talking about particularly about older people at the moment – is trying somehow to step back from that bit where we're in this crisis and meeting people at the very advanced stages of their – whatever their service journey might be – and trying at a much earlier stage to introduce them to other support that will prolong and support them in that for a longer period of time, accepting that there's a spectrum of an offering and that at some point people do meet the threshold for more formal types of support but they are limited – and I think we are beginning to see that in some of the things that people are telling us about within the social work service – recently enhanced kinda support offered by day centres, for example, and some of the other things that are happening – but I think, as I said earlier, the big challenge is that those things are not happening at the same kind of pace that we're seeing other things leaving the system and the increased demand, so I think what A is saying is right – that's the challenge – and behind all of that is the other thing – the NCS – which does potentially increase people's expectations further – but equally it is possibly an opportunity to re-address some of this as well.

… there's a real theme going through lots of things there so I'm hoping that and optimistic that the strategy will reflect some of this and I think some really important points about wellbeing of staff – I think that's really, really important – reflecting as you said, Jane, a lot of challenges of the last few years – and it has of course been hard on staff but actually I think what you guys are all saying is that what makes it hard for service-users and families then makes it hard for staff because ultimately you're the ones having to communicate it on a day-to-day basis.

- I think it's really, really important that we understand that second question about what we're doing well because I think we've got to have that open discussion to then think about what we can do differently in the future – I think from my perspective A's hit the nail on the head by saying we can't just carry on in that vein and then be here in five years' time and say it's just worse or we're just doing the same. I don't think it's going to change overnight but with the strategic document which I know is a dry policy document but actually ultimately it is about making sure that the things you've described do happen where people are able to communicate with each other effectively, we have our resources where we need them to be, and again, as I think S said, it's easy to say it but early intervention and prevention does seem to be a really key part of all this and certainly from a social work perspective, I think that's where we're emphasising things at the moment – but ultimately, the resources behind it are imperative – and there's lots in that once you get into the sort of social care landscape

around terms and conditions for staff, particularly in the third sector – none of it is simple and there's not one silver bullet but I think we can certainly do our part in East Lothian by being clear about what our challenges are and what objectives are over the coming years, so …

North Berwick Placemaking Event

- **Support for the most vulnerable.** More could be done for adults with disabilities eg facilities like a Day Centre but appropriate for ALL ages, not just elderly. In addition, greater support is needed for young people's mental health. The issue of public transport raised again here as it disproportionately affects those who are most vulnerable in our community as they are less likely to drive and/or be able to negotiate complex journeys.
- **Care**. Many participants raised the issue of care home places, whether there would be sufficient number for the growing population and whether sufficient staff could be recruited for both care homes and care at home. Concerns were raised over the growing use of agency workers in care homes and for at home care. This leads to a breakdown in continuity of care plus the patients do not always know who is coming into their own home.
- **Support for the most vulnerable.** Support for vulnerable families, especially young adults and children must be locally provided and delivered. Indeed, some commented that the focus for services was often on older people and that health and social care had to meet the needs of young people and children too.

ELHSCP Business Administration Staff

- … my personal experience of accessing social care provision was a very positive one and couldn't praise it far enough, but I understand that is not everyone's experience.
- Home Care Packages – Not enough resources for packages within East Lothian.

Scottish Government Older People's Engagement

- There are problems with people being discharged from some services (social work) unless it's an emergency.
- Adult Services Social Work are wonderful as are LCIL for SDS. T

North Berwick Day Centre (Carers)

- Care at Home – you need to train paid carers better and pay them properly – they don't interact with people and that's why they are lonely
- They won't encourage people to eat – I leave healthy treats in the fridge and at the end of the week I have to throw them all out as they have never been offered to my mother-in-law
- In this case, there was no proper washing, towel were placed on top of a wet sheet.
- They won't communicate with each other – there is no joined-up thinking
- Someone needs to see the whole picture of her
- Spend so much time supervising the carers that I'd be quicker doing it myself

Stigma

Substance Misuse - Peer Support Worker

- There needs to be a greater understanding of addiction and stigma in communities, Community resources (community centres etc) are not willing to engage with addiction support groups.

Substance Misuse Professionals

- It is good that the council is advocating against the stigma of substance misuse
- Perhaps going further afield counteracts stigma though
- Places like The Ridge, The Lighthouse are community facilities so you could be there for anything – it wouldn't make you identifiable as a person with substance misuse problems

VAWG Professionals

- Sometimes there is a lack of understanding within social work informed by stigma. "people look at victims being seen as making these choices and see no reason to help them."

Dementia Professionals

- Stigma of dementia and fear is an issue for people living with dementia and their families and can prevent early identification.

Substance Misuse

VAWG Professionals

- Substance misuse services also need to be involved. Whether it is the perpetrator or the victim/survivor their experience and how they cope is influenced by the drug misuse of any kind of abuse, CSE, rape, etc. we need to ensure all these services, wherever they get in touch.

Substance Misuse professionals

- We should move to have a zero deaths approach with substance misuse, for example, by training taxi drivers to administer naloxone (like in Glasgow)

Substance Abuse Mini – Self-administered Engagement

- Having Substance Use Nurses in Primary Care is helping improve access to healthcare for a hard to reach group

Development Sessions

- Recovery is key across the piece. Links between mental health and substance misuse services – work coming through from recovery. Impact of Mental Health review in terms of Substance Misuse
- Shouldn't put mental health and substance use together – they are not a 1:1 relationship

Veterans - Sight Scotland

- Veterans who are suffering often have drug and alcohol misuse issues and are at higher risk of being suicidal.

Transparency and communication

The need for better public information that is easily accessed had already been mentioned in other sections. This section looks at the central issues of being open, honest and communicative. The final section looks at DFEL's suggestions for making the Strategic Plan more accessible and engaging.

DFEL

- **Challenge and accountability** to communities - how is the IJB being open and transparent with communities? For example, ensuring we have enough time and resources to participate and can see how collective input has influenced the decision making process. This should be part of our ongoing conversation, and co-production. There are some good examples where joint work has been mutually beneficial. Often we organise events and gatherings and invite HSCP to attend. This works really well round DFEL feeding into the Health and Well Being Strategy and the development of Meeting Centres and provided the foundation for genuine co production and innovation by ELHSCP, us and communities.
- **Valuing feedback not just complaints** Complaints should be separate to feedback, the latter is key to a functioning organisation. Often people want to give constructive feedback but fear there may be repercussions and certainly want to avoid complaints unless the really have to. This may be part of the required format but a sentence to say they are part of or separate to feedback would make that important statement and hopefully encourage people to say what's not working for them. I have to work very hard to get critical feedback from people, but over time they can see how it helps me do things better.
- **Participation and engagement** - it's good to see both are included, though often the focus seems to be on engagement which isn't a very easy term to explain in ordinary life, nor is it clear how it is used in decision making (10.1). It would be helpful to explain how this links to co production. Values are really important here but need to be backed up by how you do things - enough time for us to talk with people about complex ideas that have a profound impact on their lives and to get their advice in what works. Is it possible to have an IJB scheme that is co-created with the community, people who use services and carers? What might that look like? Is it just a case of explaining where the strategy document fits more clearly?

Planning and Performance Team

- It's about expectation and a lot of that has to do with communication - share the good news practices and tell people clearly that not everyone can have a statutory service - communicating to people before they need services to shift the mindset - if people are given the information to make that informed decision, the majority will do that - VCEL is also equipped to have those meaningful, face to face conversations - but it is about challenging expectations
- Edinburgh HSCP and The Compact (https://www.edinburghcompact.org.uk/) - a conversation with communities about how do we make the best of what little we have
- Got to shift people away from the idea it's about clawing back how much they have paid in taxes

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As long as the information is shared with people and really transparent, I think they are on board and I think we can see a definite shift in being really able to support our communities and involve them in what they need and how they would like to see service delivered - it's that true collaboration - really working together, all services working together, but really everyone coming together and making communities dementia-friendly, carer friendly but just in general

friendlier communities to live and work in - it's giving people that information and bringing them on the way with you is an important step in that process

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Adult Wellbeing, Mental Health and Care at Home

- … our communication with the public is not great – not from an individual perspective as workers but just in regards to what we present to the public – that they have a bit of a message that it's business as usual … it doesn't appear that it's business as usual with regards to the NHS etc. and we keep hearing things on the news and every so often there's a smidgeon, a small little bit about social care but normally it's wrapped up in the NHS and the pressures that they are facing rather than actually the pressures that we as a group are facing and the fact that we've identified that this impacts on lots of other areas – you know, in regard to the scope that it covers – I think that a lot of people still come in and expect us to do something – there's still this bit about leaning on services to offer support, etc, etc – and we haven't really shifted that conversation – we in our minds I think have tried shift that conversation – we've shifted that conversation to unfortunately family members are going to have to pick up more and more if there's a POA, they're going to have to pick up more – but I don't think that is overly conveyed to the public – I think that they still think that there's these resources because we are back to business as usual – they can get in touch [with us] and say my relative needs this or when will someone be out to see them … this is also about that for the worker that that momentum of continually going out to see somebody and, yes, we assess for support, we assess for things they need – but actually we all know that when it comes down to when we actually request that, it's another long wait or it's a piecemeal kinda half-in/half-out kinda thing and nobody, either the family member who's supporting the individual who is receiving the service and the workers who are assessing for that – nobody is feeling satisfied – or feeling that the job has been done well or that the person's needs are met – and I don't think there is a specific answer but I think that people's expectations – on a one-to-one basis, we're doing everything we can to bring those down – but publically, we're not really hitting that mark
- The Public Protection Office picked up on this in terms of a communications plan/strategy – but the unfortunate thing is that these are not messages that our elected members want us to give – they don't want us to say, by the way we're done now, we can only do this part – we can only do the little bit or the very specific bit that is sitting in statute – and we can't really fulfil that other component of social work or social work provision – so, yes, we do need to be able to give the message but we need to be clear about what is that message and if we are saying no we can't, we need to know that we've got the backing of everybody, including the elected members, and I don't think we are going to get that so, yeh, there is a communication issue but I am not sure how we resolve that without it becoming a political hot potato which obviously is not a situation that we want to get ourselves into at the moment
- It's just a couple of points on the back what was said about obviously service-users and families and conversations around them perhaps doing more on supporting – being more creative around providing supports for doing more for themselves – and I think that and what J had said/what's been said around communicating with the public – I know M and I talk about this a lot and I've said to M about this, you know, I think the future that I am seeing in other partnerships is around having a communication and engagement strategy about how we actually communicate with the public and how we engage with them and if you look in other areas you know they engage at the micro-level and specific areas/locales and also at the macro level – you know, we have networks where you engage with them – we get them involved in decision-making with the HSCP – albeit, that can be tokenistic at

times but you will see in other areas – in the Lanarkshires in particular – that they really are engaged with the public and I think we could do more around that – and use those networks to engage more with them and I think that is the future – and again, how to frame that within national health and wellbeing outcomes and stuff like that so that is the way forward I think – but also, and I am really very interested in this, because I think this is the future as well, is very much about this asset-based/strengths-based approaches that we need to get better at breaking that dependency on services because it does exist – and it's not that we're at fault for doing that, it's a cultural thing, it's a practice thing, it's a political thing – it's a very complicated thing so it's about us developing a strategy around that's modern-looking and looking into the future – but how you do that – it's tricky – so I just thought I would pick up on that – but certainly I think we could improve on the way we engage with the public – it's not just about we put a TV advert out or an advert in the paper but I think we engage with them in a more meaningful, focused way

North Berwick Place Making Event

- Criticism was also levelled at NHS management structures and decision-making as being too complex and opaque. Participants called for greater openness and transparency, better communication and dialogue with communities so that decisions are arrived at together and are clearly understood.
- The difficulty for those reliant on public transport in accessing ELCH and ERI/WGH was also raised by many alongside calls for making other services such as midwifery, podiatry, physio, district nurse, support for mental health etc more locally accessible.
- Looking to the future, participants stressed the importance of having locally available end of life support and care enabling the person to remain in contact with family and friends for as long as possible. The GPS were seen as being central to providing such localised care.
- Many commented on the growing population of the area and how services need to keep pace. Many also mentioned that growing older would mean greater difficulties in travelling therefore having localised services becomes even more important.
- The importance of good communication was raised again with participants asking for continuing dialogue.

ELHSCP Business Admin Team

- Communication needs to be better, people do not know the work being done to improve services and the issues faced. Work tends to get done in the background without getting the message over that complaints and issues are being taken seriously and are being addressed. People only see one side of a story, communication advising of what is being done, changes the story for the better.
- Communication, more involvement with people in East Lothian, before decisions are made. Doing what is right for everyone is East Lothian not just what is easier and simpler, e.g., mass vaccination site in Haddington when this is not accessible to a large number of residents due to poor public transport.
- Awareness that elderly people do not always have access to social media and online services and may need assistance with certain things.

Scottish Government Older People's Engagement

- The group agreed that there were too many strategies and it was unclear what difference you can make.

Staff Survey

- There is a lot of frustration in this job, communication between each department feels lacking. Information is needed to provide a better service to patients, patients coming into this hospital often come in with some anxiety towards
- Appointments etc. The human thing to do is to make that time in the building easier and provide them with the service they deserve. Repeatedly in recent times a lack of compassion or communication has caused issues for members of the public.
- Upper management provide absolutely no support, nor even any communication. The past six months since I started this post have been extremely challenging with almost permanent staffing issues that are not addressed or acknowledged beyond a Band 7 level.
- Lots of changes in my team and I don't feel listened to … all the decisions are being made by higher management and we are not included in any discussions … recent changes are making things worse not better

Development Sessions

- Context – what people want, what we can deliver – manage expectations
- Public Education – noted the use of social media in supporting people to access digital health services. Communities need support to build capacity.

Mental Health Professionals

- We need to reflect on the message we are giving out and quantify what is out there – this could be addressed in the new communications strategy, to which all communities and stakeholders should contribute – it's about empowering and educating

Accessible, Transparent and Engaging Strategic Plan

DFEL

- How the strategy comes across - I know this is a formal document but the language and lay out suggests a linear and hierarchical approach to values and objectives which is probably not meant. As you know, joining up and innovation require a move away from that type of approach. Here maybe even bullets would work better than numbers and letters, but you may have to use a template that doesn't allow this.
- Good practice - There are already many areas of good practice to build on. The recent Housing and Social Care consultation marked a major connection round a key issue. It allowed us to highlight critical issues about housing options and community based support. How does the IJB scheme support developments like this and encourage their development in other areas? How does it ensure timescales and approaches that support these as genuine co production at the development stage of a strategy? Can we develop them into exemplars of how the values of the IJB scheme are put into practice and deliver real outcomes? Can good practice like this be built into the accountability and performance - outcome and integration indicators?
- Achieving the visions and outcomes - To achieve these, the strategy must address key areas and put values into action.
- Equal, valued partners - The best most effective approaches to achieving shared aims lie in working in equal partnership with people who get services, unpaid carers/supporters and with communities and organisations. We need to work together to promote health and wellbeing as something we all contribute to and value. Actions speak much louder than words and how things are done should be a key measure of success and values should be clearer from the start and integrated into the vision. I think this should be more clearly

flagged in the revised strategy. This includes being specific about what an equal partnership means in practice and how the IJB scheme exemplifies, embodies and supports this.

- Co-production is often used to refer to how things are done and is also vehicle for enacting values and taking the actions outlined in the revised strategy. There is no definition given in the scheme, but there is one in the Community Transformation Project (CTP) project work we are working to operationalise with the CTP team. However, this change must be system wide and the values and principles of working together need to be applied consistently through the system in all areas and relationships. Co-production applies as much to policy development as it does to self-management and communities should be involved in generating ideas and visions not just delivery. It also applies to how HSCP works as an organisation and how you communicate. It is not enough in principle or impact for communities and people with lived experience to be involved in delivering approaches they have not helped to vision and create.
- Governance -There are significant gaps in the strategy round the value and contribution of expertise round lived-experience and communities. These seem too be limited to participation and engagement. Again this might be because of the legislation but should be addressed clearly in the intro or similar.

Development Sessions

Language and Accessibility

- We should phrase everything in a more positive way
- We should change the wording from ‘delivery’ – it should be more about ‘co-producing’ with the community
- ‘Shifting the balance of care’ – what does this mean to the public? – we should explain or rephrase
- We should refer to ‘new models’ rather than access
- Is ‘reprovisioning’ the right word? – we should still include it but reword it.

Transport

Changes - What Could be Better and How

- Transport links for parts of the county are poor
- Poor transport links with East Lothian Community Hospital
- Subsidised travel costs proportionate to increase in population

Mental Health Professionals

- 80% of therapy being online has massively increased access – and gets around traditional problems with poor transport infrastructure in the county and lack of appropriate spaces in hospital

North Berwick Day Centre

- One older participant related that she lived in one of the new developments and the promised bus service had not materialised so she was unable to access the town centre

North Berwick Placemaking Event

- Accessibility. Many people mentioned the importance of being able to access primary care when needed. This included GP (and dental) services but also specifically mentioned (24hrs) minor injuries and A+E. This was linked to insufficient staffing but most strongly to the lack of effective public transport with many comments on the often complex difficulties faced by non-drivers in getting to and from treatment centres. Edinburgh hospitals such as ERI are regarded as being particularly distant and inaccessible. One participant mentioned specifically the time taken to get to the Sick Kids and how difficult this is by public transport. Accessing quality healthcare should be easy as, if it is not, people are put off and delay seeking help. This comes at a cost.
- Support for the most vulnerable. More could be done for adults with disabilities eg facilities like a Day Centre but appropriate for ALL ages, not just elderly. In addition, greater support is needed for young people's mental health. The issue of public transport raised again here as it disproportionately affects those who are most vulnerable in our community as they are less likely to drive and/or be able to negotiate complex journeys.
- The difficulty for those reliant on public transport in accessing ELCH and ERI/WGH was also raised by many alongside calls for making other services such as midwifery, podiatry, physio, district nurse, and support for mental health etc more locally accessible. Looking to the future, participants stressed the importance of having locally available end of life support and care enabling the person to remain in contact with family and friends for as long as possible. The GPS were seen as being central to providing such localised care.
- Many commented on the growing population of the area and how services need to keep pace. Many also mentioned that growing older would mean greater difficulties in travelling therefore having localised services becomes even more important.
- Getting about. The importance of keeping dropped kerbs and pavement width and surfaces in good repair was commented on. Linked to this, a few mentioned that more pedestrian crossings at difficult junctions would be of benefit to ALL in NBC. Some felt that public transport to Edinburgh was good but not good enough for getting to other parts of East Lothian eg Dunbar, Haddington. In addition, participants raised the possibility of creating a town bus service.
  Participants called for more safe cycling and walking routes and safer roads for non-car users.

- Parking was mentioned by a few as being a concern, while others acknowledged the solutions must be more pedestrian focussed, including timed pedestrianisation of the High Street
- Local health hub. The central position of the Health centre and its proximity to the Edington was seen as being very positive for the town, especially if local public transport was improved.
- Health and wellbeing. Some participants wished to see greater focus on reducing vehicle emissions (- penalties for idling), and promotion of public and active transport options (the recent publicity regarding advertising the coastal road as a driving experience for tourism was particularly criticised).

Older People

- Better transport [is needed]

Planning and performance

- Transport is a big thing [for carers] and somewhere along the line it has to be reflected in the HSC strategy and the wider community strategy - I know community transport is a thorny issue but you do have examples of community buses elsewhere like in West Lothian and Elgin to help people to get to appointments and activities
- At one of the grants panels last year there was a community taxi company that was looking for a grant but they weren't successful (cf Belfast Black Taxis, which work set routes and are used like small community buses)
- Public transport alternatives need to support patients and care workers, e.g., earlier trains on a Sunday.

ELHSCP Business Admin Teams

- Transport for older/disabled people to appointments so that they are not reliant on volunteers/family members, or a wider range of outpatient services in East Lothian so that they don't have to travel to Edinburgh.

Scottish Government Older People's Strategy

- There are issues in rural areas with transport, socio-economic pressures, traditional community focuses such as school only works for parents of school-aged children, churches – the other centre for rural support – were dwindling; 20 minute neighbourhoods had little application for rural areas, where there were few facilities and people had to be self-sufficient or rely on neighbours.
- One participant mentioned difficulties stemming from her diabetic eye appointment, being unable to drive herself back from ELCH to Dunbar because her pupils were dilated. Staff only offering Patient Transport from hospital, leaving her with the problem of how to retrieve her car.

Online Survey

- Need for more services closer to home - services out at St Johns are difficult to get to. Some services have now been moved from GP surgeries to Haddington- again poor public transport links.

Workforce retention, recruitment and training

DFEL

- Somewhere the IJB needs to address the implications of workforce, climate change and plastic use. You need to highlight that you have created this space for innovation and change with the governance round that and that will help the IJB create the conditions for change

Mental Health Professionals

- The main problem is staffing – we can't recruit and this is affecting our capacity which is affecting waiting lists and level or service we can provide – we were talking about Third Sector availability just now – we were working with community groups before Covid but that stalled through Covid, so that work needs to gather pace now – we need get people back out into their communities – there is too much treating people in their homes and not getting them out into their communities
- This [recruitment/retention] is not just an issue for health and social care – we should involve area partnerships and community development too
- We need more staff
- We need more staff, more money, more facilities – we should be tapping into community resources that played such a big role during Covid [resilience teams] - how do we bring those people back in to support people and start tackling social isolation – the IJB should invest in the TSI so we can foster community resilience – which the council has done, for example, with my job

Children and Young People - What Could Be Better

- Staffing, resources and volunteering.

ELHSCP Business Admin Staff

- Having the modern apprentice funding – to support young people into the working world and supports the team they are in with mentoring opportunities.
- Flexible working policy for all employees – supporting a healthier work life balance.
- More opportunities for staff to complete qualifications while working i.e. SVQs Degrees

Performance and Planning Team

- Both in ELC and NHS sides of the partnership there are real problems with recruitment - 50% vacancies amongst Band 5 nurses in March - The Abbey is really struggling - at critical stage for their staffing levels - used to get 100 responses to one admin job advert, now you're lucky if you get six
- People say it's Brexit but not a lot of staff returned to Europe - it's not a mass exodus of people
- Quite a few people during the pandemic took early retirement – there's a higher level of retirements than previously and a lot of our staff are in their 50s or over (up to 70s) so …
- All of our Care at Home and Care Home carers are paid higher than even City of Edinburgh/Midlothian workers but our managers get paid less
- Care is just not attractive as a career/job - so many horror stories in the media in recent years and it's not well paid - even if Brexit did have an impact which is doubtful, local people are not coming forward
- It's not in our gift to change the Ts&Cs of local government/health staff [why we pay our carers more than providers] - we can't influence the market in that way. Also, we are confident that we are paying our Framework providers a very good rate which would allow

them to pay their staff well - we are paying them as well as we possibly can and East Lothian compares well with some other/many partnerships across Scotland. But I and senior managers in the partnership agree that carers are not as well compensated as they should be. The National Care Service though could make a huge difference to the Ts and Cs of care staff

- [Training facilities] should be available by transport - we can't have it in the back of beyond
- Midlothian are currently our rich relations in regard to training because they have just managed to secure free room space in a building that they've kitted out for manual handling training and fully IT-ed up for NHS and Council workers and it's on the trainline, on the bus line
- Workforce development in East Lothian is a two-person team whereas in Midlothian they have a staff of 15 and they are slightly smaller than us

Adult Wellbeing, Mental Health and Care at Home

- I think for me it would be better care and recognition of those who are ensuring the safety and wellbeing of the service users we have in the community who are receiving care at home services – I speak to providers on a weekly basis and they continue to raise issues around pay, staffing and the ability to maintain consistent staffing levels to allow them to provide a service. And carers themselves, individual carers that I've spoken to when I've been in offices – they just don't feel appreciated – it's almost like they were praised during the pandemic but we're back to normal as such and now they don't matter and that's not the case at all.
- … trying to focus a bit on paid carers – I just think that a lot of the time that we're asking them to do something that we don't advertise – we advertise about them taking on a caring role but a lot of the time what we're asking them to do is to race around East Lothian, dash into people's houses, they're doing a task, it's not really caring – currently, we've stripped everything back to a very minimum – how fast can you prepare a frozen meal? How quickly can you get someone to agree to take their meds and get that processed? – I know that that's probably more aspirational but it's nice to think that people who were coming into a caring role had time to spend a little bit more quality time with people so they feel valued, so that there's the relationship building – some of the things that you hear about carers are – trying to get someone to the toilet and take their meds almost at the same time – the things is that as a service, we're perpetuating that because that's what we are looking for to try to keep our system going but I just think that if I was … I mean, I have worked as a carer before but if I had taken on a role like that and it's … you know, you see these warm picture with the … that the agencies advertise and it's all you know I am coming in to see this gentleman and then we're having a lovely time together or someone with mental health where things are in crisis and they're not having a great day but the advertisements don't really, and I know that that would be difficult – they don't really show what some of the aspects are

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…- it always looks like it's a nice cup of tea and a bit of a chat and I'm not really sure that that's actually what the carers' experience is …

- [the social interaction is what the carer and the person being cared for values most – agree]

North Berwick Placemaking Event

- **Staffing**. Many comments referred to the shortage of care staff and the knock-on effect on care. The shortage of primary care staff was also recognised and caused concern. Pay, and how staff are valued were seen to be the major elements in staff recruitment and retention.
- **Staffing**. Concerns were raised over the shortages in staff with participants asking where new staff could be recruited. This applies to health and social care staff. Some participants raised concerns over the ability to recruit new GPs to the health centre practice. There were many suggestions of increasing staff wages as a means of demonstrating their value and helping in staff retention.
- Overnight accommodation for some care workers should be provided if required. This may help care workers in care homes. This element was expanded to include the local provision of low rent and affordable housing for key workers (Key Houses?).
- More ambulances on standby locally was raised as a means of reducing emergency response times, particularly to outlying areas such as NB and surrounds.

Scottish Government Older People's Engagement Event

- Recruitment – Community Health and Wellbeing Fund - the Third Sector Interface (TSI) played a key role – but there were issues with timing.
- Don't close hospital beds until you have other capacity in the community. Worried about capacity for recruiting paid carers.

ELHSCP Staff Survey

Overview

73% of respondents were identifiably in NHS health roles and 11.8% in ELC social work and planning and performance. The section on Social Work Matters relates some of the pressures being experienced by social work and social care staff. Staff in the ELHSCP staff survey also appear to be working under great pressure, which impacts their health, wellbeing and job satisfaction. There is a lot of positive feedback about line manager support, but many identified issues with accommodation and IT connectivity, and communication between departments and from senior management. Some key takeaways are:

- 45.5% of staff disagreed with the statement 'Caring Culture: putting our staff and values at the heart of what we do'
- 52.3% said they weren't aware of professional supervision
- 60.5% of staff felt work stress was unavoidable in the Partnership
- 60% of staff did not feel that the staff questionnaire would make any difference
- 54.4% of staff felt a lot of frustration in their job
- 54.4% did not feel well informed of changes within the service

Open text responses

- There is a lot of frustration in this job, communication between each department feels lacking. Information needed to provide a better service to patients, patients coming into this hospital often come in with some anxiety towards
- Managers regularly avoid issues involving craftsmen so as not to cause upset but it affects me while trying to do my job.
- NHS continually talks about health and wellbeing but very rarely acts. As examples, we have two gyms onsite that isn't used between 5pm to 7am Mon - Fri and all day Sat /Sun, yet staff cant access and all we get is excuse to why

- Not available from management, rather than solutions. We talk about staff wellbeing but are paying people less which makes it hard for staff to continue with activities and healthy eating out with work. Our onsite service for food is extremely expensive, soup and roll £5 plus bottle of juice between £1.75 to £2.25. Staff's wellbeing has been on decline for years but is being blamed on Covid. This hasn't helped but it's not the root cause of the problem. The root cause is a lack of desire and care, from senior management within this organisation, to make things better.
- My manager bent over backwards last year helping me when I was losing my sister to cancer. My sister and I had worked in the same department for 30 years and our manager was there for us. Even now he still supports me and I lost my sister 7 months ago.
- Some questions difficult to answer. I feel supported by my line manager, but I have frustrations about team managers and above in regards to making decisions, sharing of information and in raising concerns which I feel less able to do than previously. If an email is sent around from NHS I can access wellbeing support from here if it's of interest, but I don't have access to NHS intranet to access wider resources. But I have access to ELC wellbeing services and feel fortunate to be able to do so. In summary I know services exist to support wellbeing but I do not feel management always support wellbeing in making decisions without involvement, poor communication or clarity on decisions and quick turnaround of some of these requiring responses or being implemented. Can be confusing being in a "partnership" when there are cultural and IT differences, and feeling there is a preference to NHS way of working and policy over ELC, who I am contracted with. Appreciate we are in a period of change however I feel improvements could be made in managing this. I like the OT role within East Lothian Health and Social Care partnership however we have lost the partnership we had with social work colleagues and there is such a difference in ways of working, for example, attitudes on home working and the office occupancy numbers for Covid. I am also aware of the efforts of our team managers and understand they are very busy and are also under direction. Overall I think ELH&SC partnership is a good place to work however currently there are increasing frustrations that are reflected in my responses. Workspace and lack of equipment causes quite a few issues in the department I work in - Wifi & phone signal for work purposes is also a major problem @ELCH
- Shared open office space can be very noisy and makes it difficult to concentrate on tasks at times. Staff rest room is often very busy and loud.
- Job role and Remit is stressful. All that can be done to promote staff wellbeing is being done by manager.
- Open plan working space noisy and distracting
- I walk to work so the transport questions don't apply. I enjoy my commute to ELCH though those also affected me very negatively when I worked at WGH.
- Staff are not valued for the skills that they have. They are treated as a number that can be moved about to support the needs of the service. Just because someone has a nursing qualification doesn't mean they can slot into any nursing position. Staff with physical health issues are accommodated and not asked to move between departments but when a move would cause mental health stress, worry and concern to the individual this is not seen to be a concern to management. As a professional I have certain standards I have to maintain to work within my code of conduct. I feel this has been disregarded and has caused me large amounts of stress as I feel I could be putting my professional qualification at risk by being expected to work outwith my competencies. On line support, helplines and webinars are all well and good but no time is available to access these services - patient care and needs always come first. Rest spaces are too busy and cannot accommodate the large numbers of staff who need to use them at the same time. Clinical staff have very little control over timings of breaks due to service needs but rest spaces are often filled with hospital staff who have more flexibility about their working day. I feel like part of the team within my own

department but not part of the wider East Lothian team. The more senior management within East Lothian are not visible to me and do not appear to know what my job involves which can make me feel worthless. Shared offices are very difficult to work in, I tend to take time in an office room.

- Clinical leads do not appear appropriately equipped by service managers to help them address their own teams staff wellbeing
- I do not feel supported or valued in my role by senior managers raising concerns which impacted on staff and patient safety has led to me being seen as difficult and massively increased my personal stress levels
- Upper management provide absolutely no support, nor even any communication. The past 6 months since I started this post have been extremely challenging with almost permanent staffing issues that are not addressed or acknowledged beyond a Band 7 level.
- Lots of changes in my team and don't feel listened to all decisions being made by higher management and not included in any discussions recent changes making things worse nit better
- There is not enough break space- admin and business support often feel like outsiders when attempting to use shared break room space
- I am a full time carer for my son, I find it stressful if I ever have to take carers leave. He is 32 and has a TBI so can't be left alone, I think the parental policy should apply to me rather than carers
- My department is well organised and my health has improved since working here (5 years) I was in the community before and my answers would have been very different. The stress was massive.
- As part of the Hospital to Home team I feel we are almost forgotten about or outcast from the rest of the ELCH and community partnership. We have just changed shift patterns which does benefit ourselves with work/life balance and will also have a massive knock on affect in terms of our mental health and wellbeing which is great! However upper management show very little acknowledgement for any of our work and expect the service to pick up more and more patients to help with staffing shortage on the wards and also discharge numbers within the hospital. In doing so we are given very little time for actually accessing a break room site and spend most of our time stuck in cars travelling to patients. Yet district nurses are allocated travel time and breaking to step away from their community based environment to have a hot meal or even basic toilet facilities. Management's complete lack of acknowledgement of any our work really makes it a toxic environment outwith our team. Our line managers are doing the best they can but the pressure is very clearly coming from above.
- Open plan workspace makes telephone calls to mental health clients difficult. Other people talking/interacting within space makes concentrating on phone call difficult sometimes.
- Management team in ELCH intimidating, unsupportive and too focused on arbitrary things like delayed discharges rather than staff wellbeing
- Lack of management support. Lack of communication between management and staff. I do not feel heard or respected by management
- My manger is supportive but not always effective. I would like to see the re-introduction of the staff gym time and classes and would be willing to pay a small amount of money towards this. My working day is altogether fine and not an issues but there can be day to day stresses which are frustrating. This would be the case where ever you work. I am an older employee so have worked through different times and strains within NHS.
- With regards to travelling to work, I don't feel safe walking to and from the office carrying my laptop and worry about being a target for a thief.

- Mental Health - being able to choose where I work for my mental health ie not being moved to areas I am not competent to work in. Finishing work late and being expected to stay despite having family commitments outside of work hours
- Feel undervalued by NHS, Government. Worked through Covid and at the end I got a pin badge - what a insult.
- I am now earning less and less due inflation and NHS wages not keeping up.
- Managers don't care about staff. They just carry out tick box exercises e.g., we have minimum safe staffing levels which are routinely ignored and don't trigger anything but damage to staff health while management take no action to address the lack of staff. In reality nobody cares. You are just left to sink or swim - and if you do sink it will of course be your fault and not the manager's.
- Conflicting noise in open plan offices make it hard to concentrate and depletes my energy a lot.
- Work space is too noisy and no fresh air. Desks and chairs are inappropriate and not good work station assessment and set up. Have back pain at work. Am aware of wellbeing services but don't have time to access them.
- Overall ELCH is a positive place to be in terms of great facilities for staff and patients, there are issues with the building in terms of open office space not conducive to having difficult conversation's with patients and their families on the phone, the ability to concentrate and have quiet uninterrupted time. Understandably, more senior clinicians have been given the breakaway rooms which were designed for such things as highlighted above and I totally agree they should have this space. Just poor judgement on the planners and perhaps lack of understanding of the different roles we all have and our needs to be able to carry them out in a more person-centred environment.
- We are in a very bullying culture at ELCH. The management team do not care about their whole workforce only certain areas. They are very ill informed about all the departments under them. Too many staff members are in tears too often just by the comments made to them on a daily basis Communication from senior management and the partnership in general is appalling.
- Open plan office. Too much noise, unable to control lighting or temperature. Continually disturbed by other members of the wider team even when we clearly have the do not disturb sign. Parking is limited - difficult when we are in and out of the office to visit people.
- Sometimes the noise levels (noisy staff, TV, music all at the same time can be difficult to work with)
- I feel it is my own responsibility to maintain my mental and emotional health and wellbeing. I find that within working hours I do not have time to consider my own needs except making sure that I have a break for eating.
- Having peer support in the office environment is positive
- I feel more training on menopause in the work place. Mandatory for all.
- The workplace can get very noisy and can be hard to hear yourself think sometimes.
- The hospital office space is very loud and too hot.
- Having a stable desk available as I feel that I am not wanted in my role. I have to hot desk which I find stressful. One workstation I frequently use has insufficient natural light or windows and the constant hum of an extractor fan. Leaving the door open results in noise from the corridor and patients peering in.
- Where I've said n/a, this is because I'm generally not aware of those services or I think they are for NHS staff. I would really like a lunch room at the Brunton - we all sit at our desks and it's just not very nice (though I do make an effort to get away from my desk every day!)
- There is nowhere to have private conversations with staff e.g. supervision, back to work meetings, so these have to be done in a busy, noisy space. It's a shame all the breakout rooms have now been occupied as offices especially as they are generally sitting empty.

However the wifi is unreliable so without wired-in ELC connections in meeting rooms it's not possible to have online discussions or meetings anyway. This means we have to work from home or from Randall which impacts on our communications with our NHS colleagues.

- The space is really noisy and lots of people in the team find it impossible to concentrate with discussions going on and the radio on as well. Working from home is the only way to catch up with writing up assessments / reviews.
- Ongoing problems with temperature in every room. Volume in larger rooms affects concentration Hot-desking is not ideal and with rising fuel costs etc. expecting staff to work at home will become more problematic. Yes or No doesn't accurately answer some of the questions.
- More equal opportunities for Community Care Workers to progress in professional development.
- Working in an open-planned office does not allow for discreet team talks unless we move into other areas which are bookable and cannot always be booked due to availability. Office space is next to kitchen area therefore we cannot control noise levels which continually disturb office working time. Cannot control temperature and lighting is often not able to be controlled as other people change light settings that we put on. We work in shared space. Very difficult to have confidential phone calls and noise levels cannot be controlled from other people. Really unsettles the team and the staff. Constant noise pollution and management tells us we cannot be moved anywhere else
- More flexible working at home options if this is possible. I have a 30 minute break so realistically would be unable to participate in classes at work and get my lunch
- Lack of quiet space for doing reports.
- There has been little attention paid to the wellbeing of those staff that actually came into work during the pandemic rather than those who shielded/WFH
- I feel since moving to community it has been a massive difference in support and work balance opposed to the wards but there's still a massive way to go to factoring a supportive culture in the NHS. The tools appear to be there but the underlying feeling remains 'get on with it'
- I was recently very motivated and delighted to be given the gym membership with Edinburgh leisure. However after only one visit I was told this was a mistake and they were all cancelled. This was extremely demotivating and upsetting as as a single parent I cannot afford a gym membership on my wages. Having this taken away so quickly had a negative impact on my mental health and I feel NHS should look at another option to help staff with their physical and mental health and wellbeing.
- Covid has caused many nurses to gain weight and we should be a good example to patients but I don't feel we are.
- Generally good working environment and I'm very happy with the management structure in my service. At Brunton Hall, we need a breakout staff room to sit for lunch. I have no doubt it would be used. We have a tiny kitchen with no windows.
- I work in schools in Lothian and have a health centre as my satellite base. The office is really small and I find it claustrophobic and stressful when there are more than 3 staff members using it. Management are trying to open another base possibly in West Lothian but are having trouble finding a suitable location.
- Some clinic offices are too hot in summertime. Not all rooms have fans
- I don’t feel that when any important issues are raised they are taken seriously
- Sometimes find it hard to concentrate in a busy open plan work office space
- Keen to ensure a good work/life balance in order to stay healthy myself & perform well at my job
- All very PC - on paper managers saying they care/support staff but in reality you are a workhorse and they do not

- Can be difficult / annoying constantly having to be available to give advice to ANPs / PAs, and being pulled up for not being available over lunch break / feel like breaks micromanaged and not used to that as GP, feel should be treated more as an adult professional
- Scheduled WFH would be massively beneficial to my job getting peace to complete tasks that need no interruptions. My Line Managers do not agree with WFH so this makes it difficult.
- Negative atmosphere at work makes it difficult to be there and affects my mental wellbeing.
- The office space is boiling in the summer. Hot-desking and not enough space is now an issue with new staffing.
- We don't have a lunch or break space.
- Poor management/leadership
- I feel my line manager cares about my wellbeing ABSOLUTELY HOWEVER I DO NOT BELIEVE THIS IS THE CASE AT THE VERY TOP
- I feel comfortable discussing my health or emotional needs with my line manager DISCUSSION FEELS BETTER IN THE MOMENT BUT DOES NOT LEAD TO IMPROVEMENT BUT NOT THROUGH ANY FAULT OF MY LINE MANAGER
- Work stress is unavoidable in the Partnership YES BUT IT SHOULD NOT BE
- I don't feel this questionnaire will make a difference I BELIEVE THIS IS MERELY A PAPER EXERCISE "TICK BOX"
- I feel my line manager is supported to meet my wellbeing needs THE TOOLS PROVIDED SEEM PRETTY USELESS
- I feel a lot of frustration in my job DAILY - WE CAN'T KEEP GETTING DIRECTIVES WITH NO TOOLS TO IMPLEMENT THEM - FEELS LIKE WE ARE ALWAYS CRISIS INTERVENTION/SEAT OF THE PANTS. THERE NEEDS TO BE MORE HONESTY REAL OPTIONS AND EXPECTATIONS NEED MUCH BETTER MANAGED AT A NATIONAL AS WELL AS LOCAL LEVEL
- I have sought mental health support due to work issues - ALL VERY WELL BUT ARE SOLUTIONS EVER FOUND? ONLY BACK 4 MONTHS AFTER A LENGTHY ABSENCE AND ALREADY FEEL MYSELF GOING UNDER AGAIN
- There isn't enough support available for staff OR AT LEAST OF THE RIGHT TYPE AT THE RIGHT TIME
- I feel like I make a difference in my job I USED TO BUT NOT ANY MORE
- I feel able to speak up if I have concerns DOUBT IT MATTERS THOUGH AS NO ONE HAS ANY POWER TO CHANGE THINGS
- Lucky to be in Brunton Hall base, good working environment.
- I would be really interested in alternatives to driving. I work across a wide area though, but the option of electric bikes within some of the main towns of East Lothian would be great, and for electric pool cars for longer distances would also work well.
- Covid restrictions have added pressures on work place working and hybrid working has a mixture of good and bad points.
- Technology & Access issues are challenging - Internet, Printers etc - Work Space
- Office is too cramped - not enough space for all staff to be in work at same time - very busy and noisy. When someone opens the very large windows in the office it creates a huge draught and makes the office cold very quickly - perhaps small wooden wedges could be provide to ensure window opens just slightly. Quite often people spray perfume on themselves after coming back into the office - this can be very unpleasant - particularly if eating lunch at desk!
- Managers' support is poor, no option to discuss any concerns.
- I feel the senior staff in ward 6 are approachable and supportive. I always feel like a valued member of the team.

- I feel very frustrated at the lack of parking at ELCH. You can sometimes wait on a space for up to 20 minutes, several times a day if out on visits. We have been home working part time for 2 and a half years but there is a plan for office working again and I feel this will negatively impact the whole workforce and feel a hybrid approach should be adopted. I feel that this would enable people to save time travelling to and from work, therefore improving work-life balance. I do not like working in an open plan office where the internet is intermittent, there is very poor mobile phone signal and when Covid is still very prevalent. I feel if a hybrid approach was adopted it would lead to a much more happy work force where time is not wasted.

Development Sessions

- Workforce a priority area – recruitment and retention
- Workforce planning – developments at pace are unsustainable in terms of capacity. Plan and manage rather than react. Avoid gaps.
- Recruitment challenges – now and in the future – return to practice – what can we do differently?
- It's a workers' market when it comes to jobs. How do you make East Lothian attractive to workforce (assistance with housing/ELC)
- Workforce – we don't have the workforce to deliver at the moment, and have to be realistic about what we can deliver in the future. It will take time, investment, and planning. How do we attract people into the caring professions? If we are shifting the balance of care from hospitals to the community, then we need to be able to provide care in the community. RGN cohorts need to be increased, so working with HE providers is essential. Train and promote from within would be nice, but will take years. Radical change required.
- Training – mandatory training is regular and available but most training needs to be sourced for delivery or write the package ourselves. It will take a lot of planning to develop training for the workforce.