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The **Community Hospitals and Care Homes Provision Change Board** (the Change Board) has produced and submitted several reports to the East Lothian Integration Joint Board since its inception in May 2021. This report provides the background and context, a summary of the Change Board work and makes recommendations on the next phase of this work.

Since May 2021 the Change Board has focused upon a number of pieces of work: Communications and Engagement; Capacity and Planning; and Finance and Capital.

Communications and Engagement sessions have helped identify emerging themes and key findings as to what people across East Lothian want from their health and social care services.

The Capacity and Planning working group have undertaken some detailed analysis of the available data and taken note of the strategic direction both nationally (Health and Social Care outcomes/Shifting the Balance of Care^[1]) and locally, IJB Strategic Plan 2022-25^[2]. We have set out the rationale from their work which now offers a more focused range of options respond to the strategic direction; the findings from the Communications and Engagement feedback; the Finance and Capital working group analysis; awareness of the increasing financial pressures; and ongoing service pressures alongside Covid-19.

Summary of governance reporting to date:

Table 1.
Summary of Governance Report to Date

Date	Meeting	Report	Outcome
05/05/21	IJB Strategic Planning Group	Provision Project SBAR Report	Formation of Change Board approved. Anticipated timeline and governance reporting noted.
02/06/21	IJB Strategic Planning Group	Highlight report	Update on outcomes, risks to delivery, key milestones and golden threads.
24/06/21	Integration Joint Board	SBAR update report	Progress update and terms of reference (including chair and vice chair) presented.
13/12/21	Integration Joint Board	SBAR update report	Progress update including changes to project timescales following consideration of upcoming Scottish Elections, winter planning and ongoing COVID-19 pressures.

[1] <https://www.nhsinform.scot/campaigns/health-and-social-care-standards>

[2] East Lothian IJB Strategic Plan (2022-25) https://www.eastlothian.gov.uk/downloads/file/32644/east_lothian_ijnb_strategic_plan_2022-25

Date	Meeting	Report	Outcome
14/02/22	IJB Strategic Planning Group	Highlight Report	Update on outcomes, risks to delivery, key milestones and golden threads.
24/03/22	Integration Joint Board	SBAR update report	Progress update primarily focussing on the initial findings from the Capacity and Planning working group.
15/09/22	Integration Joint Board	SBAR update report	Presentation of overall initial findings.
24/11/22	Integration Joint Board (development session)	Development session on findings, discussion and next steps.	Final report to be developed and presented to upcoming meetings as outlined below.
18/01/23	Final meeting of Change Board	Final presentation and report and next steps	
02/02/23	IJB Strategic Planning Group	Final presentation and report and next steps	
23/02/23	Integration Joint Board	Final presentation and report and next steps	Final report approved for publication.

The findings and proposals contained within this report have remained unchanged following the IJB Development Session on 24th November 2022, which provided an opportunity for detailed discussion and challenge amongst members.

This report now provides an overview on the conclusions of this work and the task with which we want the Chief Officer and Senior Team to now focus upon in the next phase of this work.

The proposals and options have a range of potential outputs but importantly they will take account of the balance of resources, the accessibility of services required across East Lothian and allow local development to consider different community needs.

A previous report to East Lothian IJB Direction 12d in December 2018^[3] reported on the Reprovision of Community Hospital and Care Homes and was presented to the IJB for discussion and agreement with recommendations proposed. These were supported with an amendment to include the addition of a consideration of equivalent alternatives.

Further work was initiated with Hub South East Scotland^[4] in 2019/2020 but the impact of Covid-19 across much of 2020/2021 and the lack of capital availability over the next 3-5 years resulted in the need to re-establish a focus on this work. This included revisiting the original proposal in 2018 taking account of the views gathered for that work (which were all still relevant) but now noting the current set of financial and operational circumstances with the new and continuing impact of Covid-19.

During 2020 Hub South East Scotland commissioned Buchan Associates Ltd^[5] to undertake a service demand and capacity analysis for the community hospitals (Belhaven and Edington) across East Lothian.

The need to review and reset the strategic direction for this work was agreed and a new Project Board was established in May 2021; **The Community Hospitals and Care Home Provision Change Board** (the Change Board). Appropriate governance ensured the Change Board sat within the current East Lothian HSCP structures and reporting to the Strategic Planning Group and East Lothian Integration Joint Board.

The first meeting of the Change Board took place on the 31st May 2021 agreeing membership, terms of reference and governance^[6]. Three thematic working groups were also established and chaired by senior staff of the Health and Social Care Partnership:

1. Communications and Engagement (Laura Kerr General Manager Planning and Performance)
2. Capacity and Planning (Iain Gorman- Head of Operations)
3. Finance and Capital (Claire Flanagan Chief Finance Officer ELIJB)

These groups developed their own work programmes and presented papers and SBAR^[7] update reports to the Change Board.

[3] https://www.eastlothian.gov.uk/download/meetings/id/20310/08_reprovision_of_belhaven_and_edington_community_hospitals_eskgreen_and_abbey_care_homes

[4] Hub South East works with public sector bodies in Edinburgh, the Lothian's and Borders, taking a long-term planning approach to identifying, developing and delivering the infrastructure needed to support the delivery of improved community services. Hub South East is involved in helping partners to identify opportunities for co-location, service collaboration, place making and innovation.

[5] Buchan + Associates (B+A) is a specialist Health and Social care consultancy providing support on Strategy, Planning and improvement in the NHS, social care, third sector and independent care settings

[6] https://www.eastlothian.gov.uk/downloads/file/31757/community_hospitals_and_care_homes_change_board

[7] SBAR Situation, Background Assessment Recommendation – a short hand way of presenting reports under standard headings

The work of the Change Board responds the local and national strategic plans and guidance. The East Lothian **IJB Strategic plan 2022 – 2025**^[8] commitment is to support people closer to home, in their own home or in a homely setting. This will be achieved through a number of measures resulting from re-modelling services as well as the services being commissioned. The work being undertaken by the Change Board and the next stages for action including further development of intermediate care services provides a key strand to achievement of this objective.

The Scottish Governments, **Health and Social Care Delivery Plan 2016** sets out the framework and actions needed to ensure that health and social care services deliver better patient care, better health and better value for the people of Scotland, so they live longer, healthier lives at home or in a homely setting. The plan links to our focus for intermediate care and Home First approach and to “ensure people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission”.

More recently the Scottish Governments **Older People’s Health and Social Care Statement of Intent**^[9] set out the approach (a new national strategy to be developed) to older people’s health and social care in Scotland, taking account of Covid-19 on older people and whom were affected worse by the virus. This work has the basis of Building on the Foundation of the A Fairer Scotland for Older People^[10], which sees everyone being able to live independently, driving the decisions about their own health and wellbeing.

Living independently, living in their own homes is a theme appearing across many national policies and in the original Shifting the Balance of Care^[11] intention by rebalancing the model of care from bed base to community provision.

“We want older people in Scotland to enjoy full and positive lives in homes that meet their needs”

This is a goal of the **Age, Home and Community in 2018**^[12]. This takes a person centered approach to achieving the aim of older people enjoying full and positive lives, in a home that meets their needs. This allows individuals to have their say about what they want from their home; the size, location, community, technology, access to transport and the many individual requests that make their home ideal for them.

[8] East Lothian IJB Strategic Plan (2022–25) https://www.eastlothian.gov.uk/downloads/file/32644/east_lothian_ijb_strategic_plan_2022-25

[9] 2021 Scottish Government Older People’s Health and Social Care statement of intent <https://www.gov.scot/publications/health-social-care-older-people-statement-intent/#:~:text=We%20want%20people%20to%20enjoy,centred%20health%20and%20social%20care.>

[10] 2019 Scottish Government Foundation of the A Fairer Scotland for Older People <https://www.gov.scot/publications/a-fairer-scotland-for-older-people-framework-actions-and-updates/>

[11] 2018 Shifting the Balance of care <https://www.gov.scot/publications/scottish-government-medium-term-health-social-care-financial-framework/>

[12] 2018 Age, Home and Community: next phase <https://www.gov.scot/publications/age-home-community-next-phase/>

The **Older People's Health and Social Care Statement of Intent** (2021) focuses upon 4 areas to support its vision.

1. Prevention: Staying physically and mentally active can make people more resilient as they age, reducing risks of dementia, widening social circles and helping prevent falls.
2. Home First: approach to ensure we deliver care and treatment in peoples own homes and local communities.
3. Integrated Health and Social Care: Supporting people to age well and live well requires a multidisciplinary or even multiagency response.
4. Dignity and respect at end of Life: When people require end of life care, they must have access to high quality care, focussing on the physical, social, psychological and spiritual dimensions of care.

Enabling this is the way we develop and deliver our integrated health and social care services in East Lothian to support people to live well and independently in their own communities. **The Independent Review of Adult Social Care**^[13] and the proposed development of the National Care Service will influence the way in which services can be developed.

The work being undertaken by the Provision Change Board, its' future actions and objectives around intermediate care responds to the strategic direction being set by the **Older People's Health and Social Care Statement of Intent**.

The Intermediate Care paper^[14] was produced to help support the communication and engagement sessions over the summer, to engage in discussions with the public and to gather their thoughts, views, challenges, ideas or proposals on how we can develop further the current intermediate care provision across East Lothian. The next stage of this work will be to work with local communities, residents and groups to develop these models and provision across East Lothian.

[13] The Independent Review of Adult Social Care <https://www.gov.scot/groups/independent-review-of-adult-social-care/>

[14] Page13, https://www.eastlothian.gov.uk/download/meetings/id/23240/05_east_lothian_community_hospitals_and_care_homes_provision_change_board

The Work of the Thematic Working Groups

1. Communication and Engagement

The Communication and Engagement thematic working group provided the focus on ensuring we were communicating with the wider public through the production of Councillor and community briefings and the development of a consultation and engagement strategy^[15], stakeholder analysis, survey questionnaire, Integrated Impact Assessment (IIA) requirements, and a community consultation timetable over summer and autumn 2022. An ELC hosted webpage and Consultation hub page were established to help provide up to date communications on this work, to share the summer engagement programme widely and to gather thoughts and views across East Lothian.

Three key messages were identified to help us guide our communications, purpose and vision for this work. The outcomes from this stage of work should help us to:

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

These remain relevant and will also help guide the next phase of this work.

[15]https://www.eastlothian.gov.uk/downloads/file/31754/east_lothian_community_hospitals_and_care_homes_project_communications_and_engagement_strategy

The emerging themes and key findings have been valuable in helping East Lothian HSCP to understand and confirm what was important to those whom attended the sessions or completed the survey questionnaire. It informed the Capacity and Planning thematic working group as to what was important and how that should influence their working group and the development of their subsequent conclusions and recommendations for next steps in 2023/24. The clear message was people wanted and needed to live independently at home for as long as possible and for more Intermediate care provision to help facilitate faster discharge and prevention of admission to hospital.

[illegible]

Key Findings

Living Independently at Home

Care at Home

Recruitment and Retention

Fear for the Future

Support Networks

Transport and Housing

Support for Carers

Bed Provision

Community Based Services

Earlier Intervention

Intermediate Care

Community Hospital beds were discussed, with the findings that there is sufficient capacity at present for beds but a greater desire and understanding of the need to have resources focused on Intermediate Care and keeping people at home for longer.

Though in having people at home for as long as possible there was a key finding emerged with more help for support networks and support for carers alongside another emerging theme of Fear for the Future (reflecting both carers and their relatives and in future for themselves). This latter theme on Fear for the Future in what will happen in older age touched on the important sub-themes of *social isolation*, the *cost of care* and *access to care*. This helps us to better understand the needs of individuals and carers across East Lothian and how we must respond to this in our next stage of work.

Overall, the emerging themes and the key findings helped to drive the work of the Capacity and Planning working group. As well as addressing the hospital and care home bed provision in East Lothian, there is a need to take account of relevant policy direction at a national and local level, which is about shifting the balance of care from bed base care to care in the community and through the continued development of intermediate care services to enable people to live longer at home or in a homely setting. This is key to everything we are setting out in this work and it is what we are hearing from those who took part in our summer consultation and engagement programme. More and continued engagement is required as this work moves on to the next phase. It is not the end of the consultation and engagement phase.



2. Capacity and Planning

The Capacity and Planning thematic working group was tasked to review three areas of service provision and set out the likely parameters to help frame future provisioning discussions. These were:

1. **Inpatient Community Hospital** bed capacity within East Lothian Health and Social Care Partnership across all community hospitals.
2. **Care Home** bed capacity – Private and East Lothian Health and Social Care Partnership operated care home beds.
3. **Intermediate Care** capacity looking at current provision in East Lothian and potential areas for expanded or new provision.

The Hub South East Scotland commissioned work from Buchan Associates helped to look at the use of the beds and potential to develop more intermediate care.

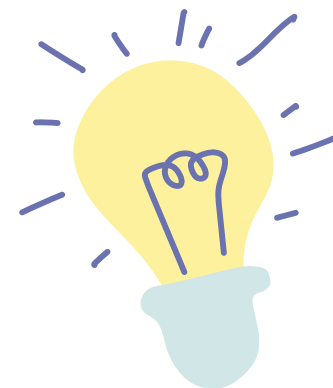
The data used was prior to the impacts at the start of Covid-19.

In November 2021 the progress of the Capacity and Planning Working Group noted:

1. There was unlikely to be any requirement to go beyond current community hospitals inpatient bed capacity over the short to medium term.
2. There would likely be no requirement to expand HSCP operated care home capacity beyond what is currently available.
3. That further work on capacity modelling will require wider engagement with communities and stakeholders. This was started as part of the Communication and Engagement programme over the summer 2022.

The Capacity and Planning Working Group then concentrated on developing a clearer understanding of:

1. The extent to which existing community hospital and care home needs support patient flow within the health and social care system.
2. How existing location of hospital bed levels can contribute to improvements in care quality and patient experience.
3. The existing location of community hospital and care home beds and the likelihood existing infrastructure will be forced to change (e.g. existing facilities not fit for modern day care standards).
4. The impact of third party of external factors on future available care home bed capacity including increased referrals from out of area and planned private care homes failing to materialise.
5. The known capital requirements for potential future investments in East Lothian Health and Social Care.
6. The strategic objectives of the Provision Change Board and the possible options which could meet these objectives.



2a. Inpatient Community Hospital Beds

In March 2022 the capacity and planning working group reported to the Change Board that East Lothian's 2021/22 delayed discharge occurrences are lower when compared with neighbouring HSCP's. This was in part due to the investment and development of intermediate care services over recent years in East Lothian, with the goal of keeping people at home for longer. We are now seeing the benefit of this previous investment.

However, East Lothian continues to have a higher percentage of people in hospital beds in the last 6 months of life compared to the Scottish average. We need to further reduce the percentage of people in community hospital settings during the last 6 months of life, ensuring they are supported at home through their palliative and end of life care.

The analysis of the data confirmed there is predicted to be sufficient hospital bed capacity to maintain current levels of service up to 2032-35. Maintaining this position over the medium to longer term will remain challenging if additional measures and investments are not taken to improve early intervention and prevention that support individuals to live more independently, which could also extend capacity beyond 2035.

Maintaining sufficient levels of future hospital bed capacity will require continued proactive management over the short to medium term. Unnecessary capital expenditure should be avoided for as long as possible. Reasons to support this approach include:

1. Investment in additional hospital bed capacity would conflict with local and national policy requirement to Shift the Balance of Care.
2. Capital expenditure is likely to remain constrained over the short to medium term, but if this changed, any future business cases would have to articulate how the proposal would support a shift to increased patient independence.
3. Investment in capital expenditure would likely be at the expense of investment in community intermediate care provision.

The review of data indicates that hospital beds are being managed effectively and there is currently sufficient capacity in the system for the foreseeable future. There is unlikely to be a requirement for additional Hospital beds in the medium to long term.

2b. Care Home Beds

A review of existing care home beds has been completed which includes projections for known, new private sector homes, in construction or development. The majority of the care home bed base in East Lothian is provided in buildings over thirty years old and by the private sector.

There were 18 registered care homes for Older People in East Lothian in 2021, four East Lothian HSCP and fourteen privately operated homes. Analysis of data over a ten year period indicates that whilst private sector beds have continued to increase, registered bed levels in ELHSCP and Independent sectors have reduced.

Bed management is likely to continue to see pressure over the short to medium term. Due to the poor condition of the buildings, the future of Abbey, Eskgreen and Belhaven Nursing Home (based within the grounds of Belhaven Hospital) Care Homes are currently under review, but closure of these homes would result in the loss of 71 beds from the HSCP bed base.

Sensitivity analysis was carried out to provide a clearer indication of the impact the closure of older homes might have on the 2030 care home bed base. Each scenario included an assumption on the opening date of planned new care homes.

A best and worst case analysis was compared against 2021 registration levels for long stay residents. The best case assumed minimal further private care home closures supported by new care homes opening (planned or known about). The worst case predicted an increased level of private care home closures but maintained the same level of new care homes opening (planned or known about).

Scenario testing the 80+ and 83+ demographic supports the initial findings that the development of capacity for care home beds in East Lothian is bounded at a maximum of 70 replacement beds and potentially 30 new beds. It is important to note we must consider external provision (private/independent), intermediate care, capital expenditure options (availability) and different models of care and ways to deliver care, together as we work with the public to develop this vision. These factors will impact upon any capacity plans on care home beds.

In undertaking the capacity and planning work we needed to consider other property and potential capital developments that may take precedence/compete over any plans and decision that is ultimately taken by the Change Board. Identified future HSCP premises requirements that may need to be prioritised over the medium to long term are likely to include:

1. New or replacement Primary Care Premises
2. Additional an Complex Needs Accommodation
3. Dementia Friendly Housing
4. Replacement Care Home Beds

This estimate provides us with a **potential** capital requirement of £50M+ that may be needed to deliver these. This estimate is supported by investigations completed as part of the Primary Care Premises Strategy under Direction D10J and the learning disability housing strategy being developed under Directions 18a and DO2f. These figures are all indicative at this point in time but with the current economic climate are likely to increase.

This level of investment is currently unfunded. These projects would require to go through capital planning evaluation and process. We note that any potential requirements we identify would also be competing with similar requirements from other Health and Social Care Partnerships across Lothian (and Scotland). This makes identifying potential for capital funding extremely challenging and especially within the current economic climate.

The Intermediate Care paper was presented to the Change Board in August 2022 (in draft and distributed thereafter as a final version) and provided a summary position on the intermediate care work stream of the Capacity and Planning working group.

It explains what intermediate care is and what services we already have in East Lothian. Intermediate care has a wide definition of use. Intermediate Care is not new. A simple descriptor of Intermediate Care provision is shown in diagram 3 below.^[16]

Diagram 3.
The Four Key Principles of Intermediate Care from NICE Guidelines, 2018



There are three main aims of intermediate care and they are to: –

1. Help people avoid going into hospital unnecessarily
2. Help people be as independent as possible after a stay in hospital; and
3. Prevent people from having to move into a care home until they really need to

This is to prevent unnecessary acute hospital admission, help support quick and appropriate discharge. It promotes faster recovery from illness and supports anticipatory care planning by helping people to self-manage their long term conditions.

The emerging themes and key findings from the consultation and engagement sessions reflect the focus on intermediate care, Home First and supporting people in and out of hospital more quickly and/or prevent the need to go in to hospital.

The National Audit of Intermediate care highlighted that Reablement capacity was, nationally falling – despite increasing evidence of its effectiveness – and waiting times for intermediate care are rising. We know this locally in East Lothian with the need to identify capacity, staffing and resource to provide additional capacity such as packages of care and reablement care, occupational and physiotherapy in the community.

[16] 2018 National Institute for Health and Care Excellence

Evidence shows that well-designed intermediate care can^[17]:

1. Improve people's outcomes and levels of satisfaction
2. Reduce admissions to hospital and long term social care services
3. Reduce delayed discharges

The intermediate care services in East Lothian have helped contribute towards having the lowest proportion of delayed discharges compared to other local health and social care partnerships. The investment in these services in previous years has been beneficial over longer term. Intermediate care is one of the best investment opportunities for the partnership now and in future years.

Some of the current provision in East Lothian (below) highlights the range of intermediate care provision from across health and social care services.

More detail for these services is found in our Intermediate care report.

- | | |
|---|--|
| 1. East Lothian Rehabilitation services (ELRS) | 15. Single Point of Contact Phone line |
| 2. Community Advanced Physiotherapy Practitioner | 16. Technology Enabled Care (TEC) |
| 3. Community Advanced Practice Occupational Therapist (APOT) | 17. Hospital to home team |
| 4. Community Physiotherapy and Occupational Therapy team | 18. Hospital at home |
| 5. East Lothian Rehabilitation service Digital platform | 19. Care Home team |
| 6. East Lothian Community Occupational therapy | 20. Care at Home |
| 7. East Lothian Council Community Occupational Therapy Complex | 21. Daily Huddle review of East Lothian discharges |
| 8. Cases and Adaptations Falls | 22. Integrated Care Assessment and Allocation Team ICAAT |
| 9. Inpatient Occupational (OT) and Physiotherapy (PT) | 23. Emergency Care Service (ECS) |
| 10. Mental Health provision | 24. Primary Care |
| 11. Musculoskeletal (MSK) Physiotherapy including Advanced Practice | 25. Care When it Counts (CWIC) |
| 12. Physiotherapy and Exercises Specialists | 26. CWIC (Mental Health) |
| 13. Neurology Outpatient Physiotherapy | |
| 14. Pain Management | |

[17] 2015 National Audit of Intermediate Care Summary Report
<https://static1.squarespace.com/static/58d8d0ffe4fcb5ad94cde63e/t/58f08efae3df28353c5563f3/1492160300426/naic-report-2015.pdf>

Additional support to Intermediate care

Additional support to intermediate care services are highlighted below. They are an integral support and also play an important role in keeping someone at home for as long as possible as well as helping to keep individuals well and safe and hopefully prevent or reduce hospital admission.

- | | |
|--|---|
| 1. East Lothian Community First (ELCF) | 5. Extend Older People's Day Centres Outreach |
| 2. Alzheimer Scotland PDS Link workers | 6. Dementia Cafes |
| 3. Older People Day Centres | 7. Meeting Centres |
| 4. Carers funding and support | |

The Intermediate Care Report Summary ^[18] previously presented to the Change Board (August 2022) and IJB (September 2022) helped, for the first time, to describe what is meant by the broad term of intermediate care and show the breadth and depth of those services being provided in East Lothian. Both Boards noted the depth and range of these services and the benefit they provide (now) from previous investment.

There are other models out-with East Lothian that we would like to learn from and we will undertake further work looking at this in the next phase of work.

Importantly, we wanted to listen and hear from people across East Lothian as part of the Consultation and Engagement programme across the summer as to what services people liked, what their experiences of accessing these were and what other intermediate care provision they would like to see in their communities (e.g. day centre provision and new day centre models using the experience gathered during Covid-19).

We want to continue the discussion of ideas and thoughts on intermediate care services in local areas and what opportunities there are to bring together/co-locate services together e.g. health, social care, third sector, independent sector, voluntary.

We want this work to form part of the basis for ongoing consultation and engagement and how we can develop these services across East Lothian reflecting the differences across the county and the needs in local communities.

We know there are unrelenting pressures on beds and all health and social care services and we have set out our thoughts on these. There needs to be further debate, focus and (importantly) resources identified on developing more Intermediate care provision. There is much being done and much more we would like to do to keep people at home, for as long as possible enjoying a high quality, healthy life surrounded by their family and friends. The key findings and emerging themes from our Consultation and Engagement sessions inform us clearly of the wishes and desires of people to be able to jointly work to and achieve these goals.

[18] www.eastlothian.gov.uk/downloads/download/13500/east_lothian_community_hospitals_and_care_homes_project

3. Capacity and Planning – Next Steps

The Capacity and Planning Working Group used these findings from their initial work to develop their next phase of work.

The Capacity and Planning working group has considered capacity for Care Homes and Inpatient hospital beds provision separately. However, following the notification of the development of the National Care Service^[19], the decision to place palliative beds into the Abbey and the temporary relocation of Belhaven Nursing Home beds (Blossom House Nursing Home) to East Lothian Community Hospital, it is clear that future bed-based provision must be considered more flexibly.

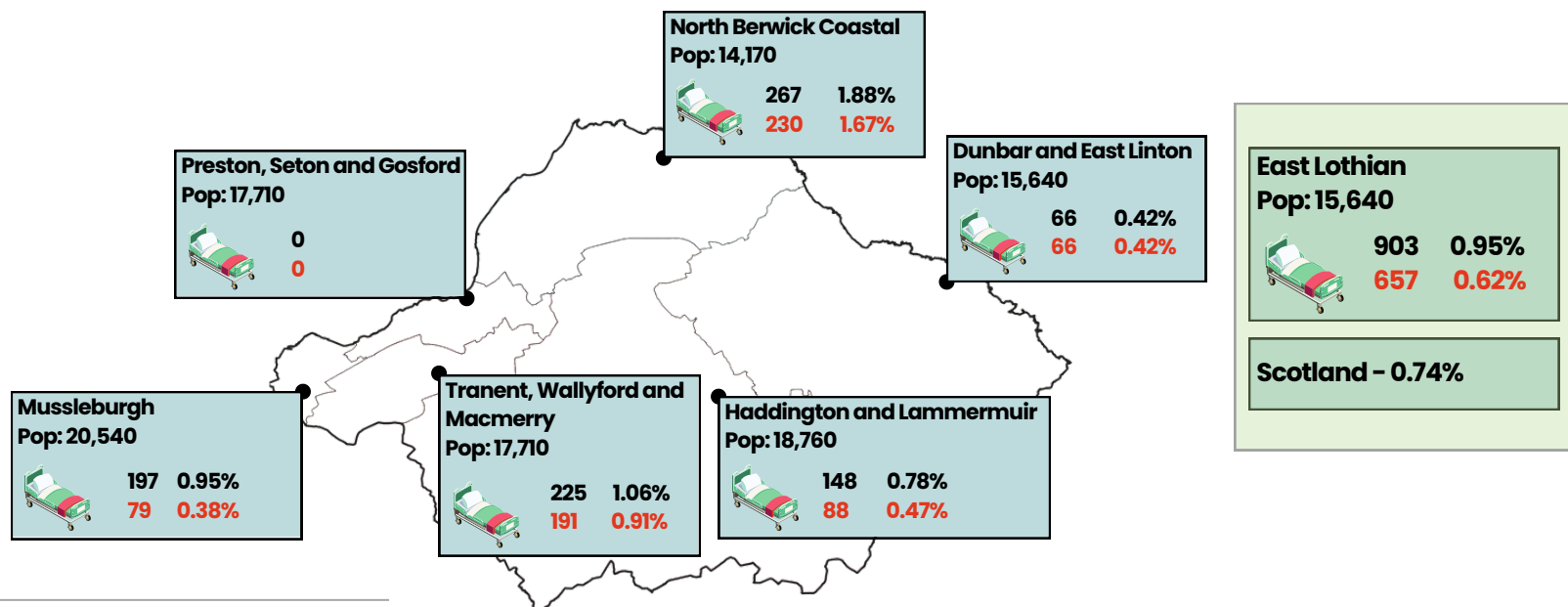
The likelihood of East Lothian receiving the substantial capital funding to develop a number of stand-alone facilities in isolation is low and ultimately would neither fit with the strategic direction being driven nationally and locally, nor be in line with the integrated service models we have already developed.

As future provision should be considered with an integrated lens. We have reviewed our existing provision by council ward and combined both traditional inpatient beds and care home beds to consider provision levels across the county to assess the balance of provision.

Current Provision Levels by Ward Area

Provision across the ward areas is variable with low capacity in Dunbar & East Linton and no provision in Preston, Seton and Gosford ward area. Any future options for provision must seek to address this imbalance of access. The image below provides a representation of current provision where the imbalance is clearer:

Diagram 4.
East Lothian Care Home
and Community Hospital
Provision by Ward



[19] <https://www.parliament.scot/bills-and-laws/bills/national-care-service-scotland-bill>

Our options for long term provision will be opportunities to change this configuration by altering our own infrastructure. The Abbey, Eskgreen, Belhaven and Edington sites will all require a combination of renovation, replacement or external commissioning in the next 5 years to continue delivering services safely and to required care standards and we must consider the options to do so while maximising equity of provision.

Eskgreen Care Home in Musselburgh has received two Care Inspectorate report requesting immediate action. The second of which a visit took place on the 25th and 26th June 2022. At a recent council meeting a set of proposals for Eskgreen Care Home were considered and the Council did not agree to support the refurbishment of Eskgreen Care Home.

In taking this next phase of work forward other strategic and workforce challenges for hospital and care home beds capacity must be recognised.

ELHSCP strategic direction is clear in the desire in supporting people to live at home for longer. Challenging this is the staffing issues impacting the ability to provide care at home. As a result some care at home providers are handing back their contracts, the number of hours of care at home has contracted and in some cases people are being admitted into care homes instead, mostly through admissions direct from hospital.

Significant issues with system pressures has required the purchasing of interim beds (including some block contract purchasing) at 'self-funding' rates from private providers. This has helped to support and enhance hospital flow and is likely to continue in 2023.

There is currently a lack of local authority funded placements within care homes. Private providers are proportionally accepting much more self-funded placements to make their care homes viable. This creates pressure on the ability to source a place for local authority funded clients. With the potential loss/reduction in our own homes due to age of the buildings this pressure will increase.

The challenges in accessing short breaks (respite) which is an ELHSCP strategic commitment within the carers strategy has proved difficult. There is little appetite from private providers to become a respite provider and this is also reflected in other HSCPs. A tender process in September 2022 resulted with no bids. Further work is taking place on this action. But this is a much needed resource to support carers and supporting people to be at home for longer.

There is a risk that the NCHC may not go ahead next year. Over the last few years it's been difficult to get agreement for it to continue and the reality is that we are changing the market by buying up self-funding placements for interim because of the pressures faced by the system in East Lothian. If the NCHC does not go ahead, we may end up spending significantly more on care home placements in future.

These challenges help inform the strategic objectives and direction for East Lothian HSCP.

Capacity and Planning Strategic Objectives

The development of any future options must seek to address a range of current and expected issues with the delivery of services across East Lothian over the next 10–15 years. In consideration of this, the Capacity and Planning working group has set the following objectives which any option for provision and the next stages of this work must seek to address:

1. Reduce reliance on the Inpatient Hospital Bed Base
2. Increase or maintain Care Home capacity with integrated provision in place of traditional hospital beds
3. Increase provision and develop new community intermediate care services and models to support people
4. Align with public sector partners strategic plans (e.g. Lothian Strategic Direction Framework)
5. Ensure capacity is maximised within constrained capital and revenue provision

Table 2.
Provision Proposal – Hospital Beds

	Option	IJB Only or Partnership Decision	Capital Required	Revenue Required
1	Assess rebuild/refurbish costs to replace facilities as currently exist – no change	Requires NHS Lothian and/or East Lothian Council joint decision and funding support (dependent upon model of care)	Yes	Yes
2	Locate all community hospital beds within ELCH site	IJB only decision. IJB has delegated revenue budgets within its financial remit	No	Yes
3	Assess model of community based Palliative care, Interim beds and Step/up down with partners	IJB only decision IJB has the delegated revenue budgets within its financial remit	No	Yes
4	Source and purchase additional land for new build purposes	Requires NHS Lothian and/or East Lothian Council joint decision and funding support (dependent upon model of care)	Yes	Yes

Capacity and Planning Options for Development

The number of permutations for the provision of services across the region is significant even when considered at a high level. The Capacity and Planning working group created a long list of options for provision before shortlisting the options set out below. It should be noted that none of these are fixed at this point and will require further development in 2023. But it allows a more focused effort, on a refined range of options, for the next stages of this work.

For community hospital beds we believe the 4 key options for further consideration are identified above. We must also consider the capital and revenue requirements for these options and note the decisions that the IJB is able to make on its own or where partner input and support (capital and/or revenue) may be required. Knowing this allows us to map out the options available and potential financial and governance routes required.

Care Home Bed Options

Care Home % bed rate per 1000 (below) – this reflects the potential impact of the 5 options against each of the geographical areas. Some areas would see an increase or decrease in their bed rate dependent upon which option is considered. This helps to highlight and gain insight to the impact any decision made to locate and develop new or replacement care home bed capacity.

Table 3.
Provision Proposal – Care Home % Bed Rate per 1000

	Musselburgh	Preston, Seton & Gosford	Tranent, Wallyford & Macmerry	Haddington & Lammermuir	North Berwick Costal	Dunbar & East Linton	East Lothian	Scottish Rate Per 1000 Pop.
Option 1: – <i>Re-provide as is</i>	9.6	0.0	10.7	7.9	18.3	3.8	8.2	7.4
Option 2: – <i>Option 1 with Eskgreen rebuilt with +30 beds</i>	11.1	0.0	10.7	7.9	18.3	3.8	8.5	7.4
Option 3: – <i>Do not rebuild Eskgreen</i> – <i>Commission beds in Musselburgh</i> – <i>1 Facility in NB (35 beds)</i> – <i>1 Facility in Dunbar (20 beds)</i>	8.1	0.0	10.7	7.9	18.3	3.8	8.0	7.4
Option 4: – <i>Do not rebuild Eskgreen and Abbey</i> – <i>One Facility in PSG (60 beds)</i> – <i>Additional 50 beds in East</i>	8.1	3.4	10.7	7.9	16.2	6.3	8.6	7.4
Option 5: – <i>Do not rebuild Eskgreen and Abbey</i> – <i>One 50 bed facility in the East and commission beds</i>	8.1	0.0	10.7	7.9	16.2	6.3	8.0	7.4

Capacity and Planning Conclusion

The work of the Capacity and Planning group has concluded:

1. **Inpatient Community Hospital beds** are being managed effectively and there is currently sufficient capacity in the system for the foreseeable future. There is unlikely to be a requirement for additional Hospital beds in the medium to long term.
Next phase of work: the 4 key options as identified above require further consideration are identified above. We must consider the capital and revenue requirements for these options and note the decisions that the IJB is able to make on its own or where partner input and support (capital and/or revenue) may be required.
2. **Care Home Beds** analysis identified that the development of capacity for care home beds in East Lothian is bounded at a maximum of 70 replacement beds and potentially 30 new beds. These figures will be influenced by external provision (private/independent), intermediate care, capital expenditure options (availability) and different models of care.
Next phase of work: the 5 key options identified above must now be considered against each of the geographical areas. Some areas would see an increase/decrease in their bed rate. This helps to highlight and gain insight to the impact any decision made to locate and develop new or replacement care home bed capacity.
3. **The Intermediate Care Report Summary** showed the breadth and depth of those services being provided in East Lothian and the benefit they provide (now) from previous investment.
Next phase of work: there needs to be further debate, focus and (importantly) resources identified on developing more Intermediate care provision. This will be a key priority for further investment.

There is considerable risk in any strategy for provisioning which does not progress a joint NHS and local authority approach to increase care provision. The options which need to be progressed are varied and require endorsement to be developed in more detail.

However, it is important to reflect that the development of any options must be considered with the view that increased intermediate care provision is the main goal of provisioning and in achieving the objective of shifting the balance of care from beds to supporting people to live in their home or homely environment for as long as possible.

To do this requires strategic development of services, development of new models and an appropriate resource shift to support this. The work from the Capacity and Planning working group alongside the high level financial modelling now sets out a clearer path of working towards these objectives.

The Finance and Capital working group has started high level financial modelling of the various options to support the work undertaken within the Capacity and Planning working group. This financial modelling has considered both revenue and capital funding and cost streams.

The modelling has been based on a top-down approach utilising a suite of assumptions at this stage. As we progress through the planning process this will be refined to a more detailed costing and set of proposals once more information is available. The work we have been able to do so far provides an indicative picture.

The Finance and Capital working group has met with both our Partner organisations and their Directors of Finance to make them aware of this process and to discuss future funding options and ways forward. The IJB only has the delegated revenue budgets within its financial remit. However, this project (financially) is much wider and must consider buildings and land owned by Partner organisations, potential capital funding requirements from both Partners and any non-delegated revenue budgets from Partners, for example facilities costs. This highlights the complexities faced by this project and the need to assess all potential options that do or do not require partner support.

From these meetings we discussed the hugely challenging financial and economic environment both Partners are working in and the limited availability of capital funding. There was varying degree of potential investment support from Partners and this may pose a future challenge to moving some of the options forward.

The work to date of the Finance and Capital working group has focused on inpatient community hospital beds and care home and hospital bed capacity but the work to assess the financial implications of intermediate care is not included. This further work, to model financial implications of intermediate care to support the future options, has started but is still at the very early stages and more work will be required in the next phases of this work.

The high level financial modelling at this stage for the capacity and planning working group has the various options showing estimated additional investment of:



Capital Costs*
- Nil to Circa
£50m

Revenue Costs
- Nil Circa
£2.5m

Disposals -
TBC

**capital costs
exclude any land
purchase*

These assumptions will fluctuate given the current market conditions and are based on 2022/23 rates. But they provide an indication of the financial challenges.

The Finance and Capital working group will continue to develop the modelling and provide more detail on the assumptions and risks associated with those capacity and intermediate care options that will be considered in the next phase of this work.

A key goal of the financial modelling, influenced by which strategic decision we take, is to reduce the revenue impact of current services across the HSCP. Not only to respond to ever-tighter financial settlements that the IJB will receive in coming years but also to ensure we are shifting the balance of care and invest in intermediate care provision. These are key points to consider when assessing the future service options provided by the Capacity and Planning working group.

The finance and capital working group also have modelled the financial implications as mentioned above and this shows a range of financial investments required across capital and revenue.

Inpatient Community Hospital Beds

Beds are being managed effectively and there is currently sufficient capacity in the system for the foreseeable future. There is unlikely to be a requirement for additional Hospital beds in the medium to long term.

*Recommendation 1: the 4 key options for **Inpatient Community Hospital Beds** (identified above) require further consideration including the capital and revenue requirements and noting the decisions that the IJB is able to make on its own or where partner input and support (capital and/or revenue) may be required.*

Care Home beds

Analysis identified that the development of capacity for care home beds in East Lothian is bounded at a maximum of 70 replacement beds and potentially 30 new beds. These figures will be influenced by external provision (private/independent), intermediate care, capital expenditure options (availability) and different models of care.

*Recommendation 2: the 5 key options for **Care Home Beds** (identified above) to be considered across each of the geographical areas. Some areas would see an increase/decrease in their bed rate. This helps to highlight and gain insight to the impact on any decision made to locate and develop new or replacement care home bed capacity.*

Intermediate Care

The Intermediate Care report showed the highlighted the breadth and depth of those services being provided in East Lothian and the benefit they provide (now) from previous investment.

*Recommendation 3: to focus on extending **Intermediate Care** resources and develop new and more Intermediate care provision. This will be a key priority for further investment.*

Finance and Capital

Finance and Capital working group has focused on inpatient community hospital beds and care home and hospital bed capacity but the work to assess the financial implications of Intermediate care is not included.

Recommendation 4: Further develop and model the financial implications of the options identified for both Inpatient Community Hospital beds, Care Home beds and Intermediate care. Identifying where partner input is required and revenue and capital pressures

Care Home beds

Analysis identified that the development of capacity for care home beds in East Lothian is bounded at a maximum of 70 replacement beds and potentially 30 new beds. These figures will be influenced by external provision (private/independent), intermediate care, capital expenditure options (availability) and different models of care.

The work summarised above and outlined in previous papers presented has set out the work undertaken since the inception of the Provision Change Board in May 2021.

Its intention was to produce a clearer focus and direction to take forward decisions on these services in East Lothian. The services (and buildings) have been the focus of much discussion and reviews over recent years.

This work undertaken by the Provision Change board and its three thematic working groups now allow the Chief Officer and Senior Team to pursue this work with a now greater focus. At the Change Board meeting in (October 2022) and IJB Development session (December 2022) the next steps for this work were accepted and now require formal support.

This report now provides the final document to be produced by the Community Hospitals and Care Homes Change Board. It finalises the work of the Change Board and it now concludes its work.

The Change Board/Strategic Planning Group/Integration Joint Board are asked to:

1. Support the conclusions of this report and the 4 recommendations set out in the attached Community Hospitals and Care Homes Provision Change Board – Final Report – January 2023.
2. Direct the Chief Officer and Senior Management Team to develop the range of capacity options for inpatient community hospital and care homes beds and Intermediate Care. This will include the financial assessment across all options being considered.
3. Request the Chief Officer and Senior Management Team report back to the Strategic Planning Group with clear proposals and final actions.
4. Note that the Provision Change Board will be formally stood down at the last meeting of the Board on 18th January 2022.