

Provisioning Strategy Options Development Paper

21/09/2023

(v1.3)

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Case for Change: Planning older people's services in East Lothian

Our population is changing. People are living longer, and our previous research has informed us that many older people want to stay in their own homes for as long as possible. We need to continue developing services that do this. We want to support people to live in their own homes, within their local communities for as long as possible.

East Lothian Health and Social Partnership (ELHSCP) is responsible for delivering effective older people's services.

ELHSCP can't do this alone. We need to draw on the support of all our citizens and communities. We need your experience of health and social care to inform how high-quality and sustainable services are developed. We want to work together to help support older people to live independent lives for as long as possible.

Why get involved?

We want you to be part of the conversation. We want you to help co-design the future provision of health and care services. These are services you may want to use yourself, for other family members and or friends who are getting older.

ELHSCP aims to provide the best health, best care, and best value for the people of East Lothian. Be part of the conversation and decisions that makes this happen.

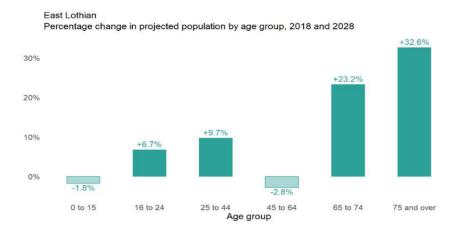
As a collective entity, we need to discuss, consider and propose options regarding how East Lothian can and will deliver older peoples' services in the future.

What will shape future services?

Population

Over the next 10 years, population growth will rise in East Lothian, especially in the over 65 year age group.

Graph 1: East Lothian percentage change in projected population by age group 2018 and 2028



This means that we have to increase our focus on:

- preventing ill health
- managing long-term illnesses
- identifying new ways of working to meet the needs of the growing population of older people

With an increasing ageing population we need to identify plans now and put in place the necessary preparations to meet future needs

Deprivation

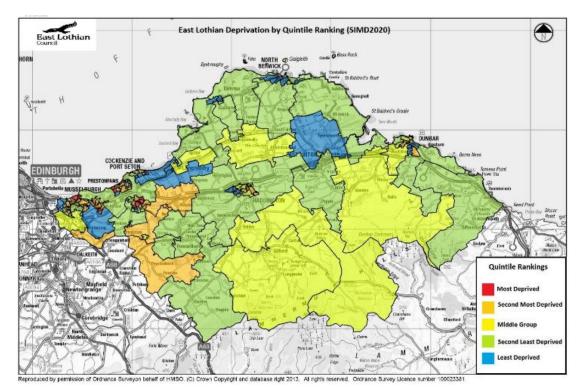
The Scottish Index of Multiple Deprivation (SIMD) is used to assess how deprived an area is. It divides Scotland into 6,976 small areas, called 'data zones' and measures the level of poverty in each of these areas. It does this by looking at factors that contribute to deprivation, for example:

- income
- access to services
- health

- levels of crime
- housing
- employment
- education

Eight data zones in East Lothian register as being in the 20% of most deprived areas in Scotland.

Map 1: Deprivation in East Lothian



Deprivation leads to health inequalities, for example:

- lower life expectancy
- higher rates of disease
- more long-term illness

We have to take deprivation into account when we are planning for the future.

Staffing

Health and social care is dealing with a staffing crisis at a national and local level. East Lothian is no exception.

Our workforce is ageing. In 2020, 80% of social care staff were female and 44% over the age of 45 years.

Many people working in the care sector receive low pay but carry out challenging roles. The majority of positions within the care sector are low paid, challenging roles, which directly compete with hospitality, retail, education and cleaning sectors

By 2043, for every 100 people of working age, 49 of them will no longer be working.

This means a much tighter labour market. At the same time, it will increase demand for public services like social care.

To be able to continue delivering services, we will have to,

- · identify effective means of recruiting enough staff
- identify effective ways of retaining them

This needs a national approach as well as a local one.

Finances

Finance is another key issue. NHS Lothian and East Lothian Council fund us to deliver health and social care services. Their funds come from Scottish Government. Scottish Government has said that there are significant financial challenges ahead.

We are already seeing the impact of this. Funding has reduced for 2023-24 and it will continue to reduce over the next few years.

Any option that we put forward for services for older people must, be fully costed and analysed to ensure affordability and best value.

We need to do more with less funds.

Other issues

There are other things that need to be considered, for example:

- The impact of the proposed National Care Service
- The number of spaces available for community-based services to take place
- If we will be able to access to those spaces
- How to get people to and from community spaces using public transport.

These are wider issues that ELHSCP does not have control over, which may affect the way in which we can deliver services

What do we know already?

In 2022, we engaged extensively with East Lothian communities. We asked them to tell us what they wanted from health and social care services in later life.

Here are the key things people told us:

People would prefer to stay independently, in their own homes for as long as possible.

- If people needed care, they would prefer to have it at home, or in a homely setting and not go into hospital.
- They wanted more 'Intermediate Care Services' these services are based in the community and help people stay out of hospital or get people home from hospital with minimal delay.

In addition to asking public opinion, research was undertaken into the current provision, and future demand for care home beds and hospital beds. The results of this research identified:

- The hospital bed provision within East Lothian Community Hospital is well managed and there are enough beds available to meet current and any future demand.
- There is still a need for care home provision within East Lothian. It is likely there will be a need to replace 70 care home beds, and provide up to 30 new care home beds to meet demand.

We need to think about:

- the best locations for care homes to best meet the need for all communities in East Lothian
- whether East Lothian Council or the private sector is able to provide Care Homes

What are the challenges facing health and social care services?

Intermediate Care Services

There is an increasing demand for Intermediate Care Services. Intermediate Care services, like reablement and hospital at home, prevent unplanned hospital admissions. It also frees up hospital beds needed by others by helping people to return home quicker.

How can we ensure Intermediate Care is a priority for future care provision?

Palliative Care

Palliative care is about supporting people to die at home, or in a homely setting, if that is their wish. Fewer people die at home in East Lothian than the Scottish average. Feedback shows that most people in East Lothian would like to die at home or in a homely setting.

What improvements do we need to make to offer more palliative care closer to home in East Lothian?

Hospital Beds in East Lothian

We know that East Lothian Community Hospital has enough beds to meet future need. There are also two smaller 'satellite' hospital bed sites - the Edington Hospital and Belhaven Hospital.

How sustainable are these 'satellite' hospital beds? To answer this, we need to think about staffing resource, facilities and running costs. Are there alternatives that could support the community better than the hospital beds?

Care at Home

There is a shortage of care at home services, which is more severe in some areas of East Lothian than others. Recruiting staff into these roles is extremely difficult.

How can we support people to stay independent in their own homes? To answer this, we need to think about how we address staffing and resource shortages.

Care Homes

We have enough care home places but some places in East Lothian have more care home beds than others. The majority of beds are in private care homes. ELHSCP has no budget to build new care homes. There is only a limited budget to fund repairs which are much needed in The Abbey and Blossom House in Dunbar. Eskgreen Care Home in Musselburgh had to close in December 2022. This was due to:

- the building falling into disrepair
- the structure of the building not meeting the required quality standards

How can we support and develop the care home system to meet the future needs of East Lothian's population?

Minor Injuries Unit

Many people have asked for a Minor Injuries Unit (MIU). An MIU treats injuries that are not critical or life-threatening in East Lothian.

Do we need a Minor Injuries Unit in East Lothian? If so, will this prevent hospital admissions or overnight care in the Royal Infirmary? Is there enough demand to have MIU in East Lothian? Could this resource be better used on other priorities?

Options Development and Analysis

Process stages

Stage 1) Initial round of engagement exercises undertaken with key stakeholders to develop long list of options. Including Integration Joint Board development session.

Stage 2) Long list of options shared with all participants as part of feedback cycle.

Stage 3) Long list of options presented to Project Team and tested against 'Hurdle Criteria'. Short list of options developed with those that fall when tested against the criteria being eliminated.

Stage 4) Short list of options expanded upon and modelled (e.g. projected costs, travel times, matching provision with anticipated demand etc) in preparation for options analysis.

Stage 5) Short list of options shared with Project Team and Independent Community Panel.

Stage 6) Short list of options shared with key stakeholders as part of feedback cycle.

Stage 7) Short list options analysis – Project Team and Independent Community Panel undertake joint short list options analysis.

Stage 8) Short list options analysis findings consolidated and reported to Project Team. Further modelling undertaken as required.

Stage 9) Integration Joint Board development session held on outcome of short list options analysis.

¹ Hurdle criteria – an obstacle or condition that needs to be overcome / met in order to progress to the next stage. Should an option not meet most or all of the criteria, the option will drop out of the appraisal process.

- Stage 10) Second round of engagement exercises undertaken where key stakeholders are invited to review the outcome of the short list options analysis exercise and share their own views.
- Stage 11) Outcome and findings from short list options analysis consolidated and written up.
- Stage 12) Outcome and findings shared with key stakeholders as part of feedback cycle.
- Stage 13) Planning period for 12-week consultation exercise (development of introduction and questions).
- Stage 14) 12-week public consultation period.
- Stage 15) Findings from 12-week public consultation and options development process developed in to draft final report.
- Stage 16) Draft final report and recommendations presented to Project Team and Independent Community Panel in advance of presentation to Integration Joint Board.
- Stage 17) Final report and recommendations presented to Integration Joint Board.

Timeline



Timeline may be subject to change.

Figure 1 – Simplified engagement and consultation process graphic

Core Hurdle Criteria (stage 3)

All options will be assessed against the following 'core' hurdle criteria as part of stage 3 of the process outlined above. The core hurdle criteria were developed in collaboration with the Consultation Institute and are informed by the *HM Treasury Guidance – The Green Book (2022)*²

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

A hurdle criteria is an obstacle or condition that needs to be overcome / met in order to progress to the next stage. Should an option not meet most or all of the criteria, the option will drop out of the appraisal process. After determining the outcome for all options on the long-list, a short list of options will be prepared (stage 4) for further consideration at stages 5, 6 and 7.

The core hurdle criteria should be considered in conjunction with the following objectives and findings.

High-Level Project Objectives

All options should align with the high-level project objectives outlined within the Provisioning Strategy – Community capacity options development project - Terms of reference

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

Project Performance / SMART objectives

All options should contribute directly or indirectly to one or more of the following objectives:

- Reduce unmet need related to care at home provision:
 - No more than 500 hours of unmet need within care at home provision by March 2024.
 - No more than 20 East Lothian residents within NHS Lothian inpatient beds awaiting a care at home package or care home place by March 2024.
- Reduce number of East Lothian residents presenting at the Royal Infirmary of Edinburgh or in acute settings.

² https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-governent/the-green-book-2020#introduction

At any point during the project new SMART objectives can be developed and presented to the Project Team for consideration. If the Project Team approves the terms of reference and options development process will be updated to incorporate the new SMART objective.

Provision Change Board findings and conclusions

All options should align with and be bounded by the Provision Change Board findings and conclusions:

- 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.
- 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.
- Intermediate care the intermediate care report highlighted the breadth and depth of those services being provided in East Lothian and the benefit they now provide from previous investment. Intermediate care to be a key priority for further investment.

The following background information is available online:

- Final report of the Community Hospitals and Care Homes Provision Change Board 2021/22
- Planning for an ageing population summer engagement feedback report
- Communications and Engagement Strategy
- Consultation and engagement plan
- Change Board Terms of Reference

Provision Change Board Capacity and Planning Working Group objectives

The Provision Change Board Capacity and Planning Working Group set the following objectives when undertaking their early options analysis in late 2022. The current Provisioning Strategy Project Team should remain mindful of these when completing their options analysis:

- Reduce reliance on the inpatient hospital bed base.
- Increase or maintain Care Home capacity with integrated provision in place of traditional hospital beds.
- Increase provision and develop new community intermediate care services and models to support people in their own home.
- Align with public sector partners strategic plans (e.g. Lothian Strategic Development Framework, IJB Strategic Plan and Directions).
- Ensure capacity is maximised within constrained capital provision.

Financial Climate and Considerations

All options need to be mindful of the current financial climate and following points in particular:

• The IJB only has delegated revenue budgets within its financial remit while this project must consider buildings and land owned by partner organisations.

- Limited availability of capital funding from partner organisations and timescales associated with any new build, refurbishment or purchase.
- Perceived or actual lack of investment support from partner organisations.
- Some options may impact non-delegated revenue budgets (e.g. facilities).
- Some options can be agreed and progressed by the IJB in isolation whilst others would require discussion and agreement with one or more partner organisations.
- Investment in intermediate care will take time to realise full benefits (reduced revenue impact across the Health and Social Care Partnership; reduction in acute presentations; delayed discharge).
- Reduction in financial settlements.

General Criteria

- Options should increase resource efficiency leading to increased wellbeing and improved outcomes for service users in East Lothian.
- Options should be based on evidence based approaches to improving clinical and social care outcomes for service users in East Lothian.
- Options should align with the IJB strategic directions and priorities.
- Options should be deliverable within the competencies of the Integration Joint Board.
- All the engagement work with East Lothian citizens indicates a preference for intermediate care. Options should ensure that provision of intermediate care is the priority. This should mean supporting people in their own homes or a homely environment.
- Options must be deliverable in a difficult environment for recruiting and retaining staff.
- Options should be considered on an East Lothian wide basis whilst also acknowledging ward / area specific provision gaps, particularly those related to area deprivation as described in the Scottish Index of Multiple Deprivation (SIMD) and the 8 data zones within East Lothian that are within the 20% most deprived in Scotland. Equity and ease of access should remain a key consideration at all stages.
- Options should address our Equality Act Duties and Fairer Scotland Duty to reduce inequalities of outcome caused by socioeconomic disadvantage.

Options development and modelling (stage 4-6)

Having clearly identified a short list of options that meet the core hurdle criteria the next step is to further develop and model the options that now form the short list. This will include but is not limited to:

- High-level financial modelling.
- Consideration of:
 - Staffing.
 - o Procurement / commissioning.
 - Market feasibility / conditions.
 - o Required / available assets.
 - o Timescales,

Risks.

Each of the options which form the short list will be grouped by characteristics where possible (e.g. one option may lean towards maximum care at home while another may lean towards more inpatient care).

N.B: Status quo as an option – as agreed at the Provisioning Strategy Project Team meeting on 11th July 2023 the status quo is not a viable option for consideration. As evidenced within the Provision Change Board findings, in order to ensure we have sufficient hospital and care home beds for East Lothian's growing population and to align with the IJB strategic priority to provide care closer to home intermediate care must be a key priority for further investment and the status quo does not achieve this.

Developing assessment criteria (stage 7)

Project Team members will first be asked to identify assessment criteria (stage 7) to test and analyse the short list of options against. This will provide a consistent framework to analyse each option against. The assessment criteria will use 3 main themes:

- 1) Desirability
- 2) Viability
- 3) Feasibility

Each theme can contain multiple criteria and does not need to contain the same number (e.g. it may only be possible to identify 3 criteria to test feasibility, but there may be 10 criteria to test desirability).

Criteria examples include:

Desirability:

- Does the option promote our strategic and project objectives?
- O Does the option align with market conditions?
- Does the option help to improve clinical and social care outcomes for older people?
- o What is the level of support for the option from the community and key stakeholders?

Viability:

- Can we continue to afford to provide this service given the current and future financial position?
- Does the option improve integrated working, reduce duplication and allow efficiencies to be realised?
- O Does the option positively impact upon the market?
- o Is the option viable and sustainable from a workforce perspective?
- Does the option require additional investment from East Lothian Council and NHS Lothian?

Feasibility:

- o Can the option be implemented within required tolerances? (cost / time etc)
- Does the option allow the Integration Joint Board / Health and Social Care Partnership to manage reputational risks?
- Does the option allow partner organisations / Integration Joint Board to discharge statutory functions?

- O What level of risk does the option expose the Integration Joint Board to?
- o Does the option expose partner organisations / Integration Joint Board to risk of challenge?

The development and identification of the assessment criteria will be undertaken by the Project Team in a workshop format allowing collective thinking and discussion of the themes, which is likely to bring to the surface any underlying concerns, motivations, assumptions or questions that stakeholders may have.

Weighting (stage 7)

Each theme will have a weighting associated with it that represents its relative importance (expressed as a %) as follows:

Desirability: 35%Feasibility: 35%Viability: 30%

Further to the theme weighting, each criterion will also be assigned a score between 0 and 5, with 5 representing a very positive impact and 0 representing no or negative impact. A worked example is included below:

Criterion	Weighting	Good	Bad
Does the option promote our strategic and project objectives?	0 – 5 0 = no or negative impact 1 = minor positive impact 5 = very positive impact	Option is fully aligned with and will contribute towards achieving both IJB strategic objectives and Project Objectives (high level and SMART)	Option does not contribute towards either IJB strategic objectives or Project Objectives.

Scoring options (stage 7)

All options should be scored against each agreed criterion as per the assessment criteria and weighting. In order to ensure objectivity and consistency each option will be considered against a particular criterion one after another in small discussion groups. Each group will then submit private scores.

Once each option has been allocated a percentage score those undertaking the scoring should revisit each of the options identified to proceed and consider carefully the reasons and differences behind those scores. This is particularly important where a number of options have scored particularly close to each other or where there are significant differences in scoring across the 3 main themes (desirability, viability and feasibility). Further discussion and exploration of this nature should be recorded.

In order for an option to be selected to proceed it must first meet the percentage / score threshold of 50%. The Project Team and Independent Community Panel should identify a maximum of 5 options to proceed from the options analysis exercise using a consensus approach (where consensus cannot be achieved through discussion the options should be identified via scoring). Any deviation from this should only be where options are considered of similar value to the process, or where scoring is very similar.

Consolidation of findings and further modelling (stage 8)

Once the options analysis and scoring has been completed by the project team and Independent Community Panel it will be necessary to consolidate their findings. This may include some element of additional modelling and scoping of options although this should be mitigated by stage 4. A short list evaluation exercise may be beneficial at this stage to summarise the key information for presentation at the consultation stage.

Where the results and findings from the separate scoring exercises are irreconcilable then a joint meeting will be held between the Project Team and Independent Community Panel to resolve the situation.

Integration Joint Board development session (stage 9)

An IJB development session will be undertaken to seek feedback and test our findings from the options analysis process thus far. This session will present the proposed options for advancement to the membership and ask them for their feedback.

Second round of engagement – community workshops (Stage 10)

A number of key stakeholder community workshops will be undertaken to seek feedback and test our findings prior to proceeding to the public consultation. These sessions will be open to people from all areas as we want to consider options for older people in East Lothian as a whole, not just local options.

Public consultation (stage 14)

East Lothian Integration Joint Board and Health and Social Care Partnership are committed to developing options and planning the future of older people's services through extensive engagement, co-production and consultation. All of the engagement findings and a short-list of potential options will be compiled in to a draft final report to be subjected to a 12 week public consultation process. The feedback from the consultation will then be incorporated in to the final report prior to presentation to the East Lothian Integration Joint Board.

Our overall approach to engagement and consultation is touched upon within this *Options Development Paper* and further supported by and detailed within the accompanying

- Provisioning Project Engagement Strategy
- <u>Provisioning Project Communications Plan</u>

Final report preparation (stages 15 - 17)

The Project Team collects and collates all of the engagement and consultation feedback and options for consideration and compiles a final report for presentation to the East Lothian Integration Joint Board.

Document history

Version	Date of issue	Reason for issue
0.1	15/06/23	Initial draft prepared.
0.2	23/06/23	v0.2 prepared. Shared with Consultation Institute and Project Team for consideration and feedback.
0.3	4/07/23	Updated Case for Change and Challenge Statements added. Consultation Institute comments incorporated.
0.4	5/07/23	Public consultation and Final report preparation sections added.
0.5	7/07/23	Case for change redraft by Consultation Institute added.

Version	Date of issue	Reason for issue
0.6	11/07/23	Addition of status quo statement within stage 4.
0.7	31/07/23	Updated approved case for change added.
0.8	3/08/23	Web links added.
1.1	1 16/08/23	Core hurdle criteria updated on page 9 and weighting details added
		to page 13.
1.2	17/08/23	Updated engagement process graphic on page 8.
1.3	21/09/23	Reference Group name changed to Independent Community Panel.

Appendix 1 – Change drivers and supporting documentation

- Health and Social Care Delivery Plan: Shifting the balance of care (Scottish Government December 2016)
- Health and Social Care Standards: My support, my life (Scottish Government June 2017)
- Age, Home and Community: the next phase (Scottish Government August 2018)
- Older People's Health and Social Care Statement of Intent (Scottish Government March 2021)

• IJB Strategic Plan 2022 - 2025 - strategic objectives:

- Develop services that are sustainable and proportionate to need
- Deliver new models of community provision, working collaboratively with communities
- Focus on prevention and early intervention
- Enable people to have more choice and control and provide care closer to home
- Further develop / embed integrated approaches and devices
- Keep people safe from harm
- Address health inequalities

• 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.

- 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.
- Intermediate care highlighted the breadth and depth of services being provided in East Lothain and that this should be a key priority for further investment.
- Recommendation Chief Officer and Senior Management Team to develop range of options including financial assessment with report back to Strategic Planning Group / IJB. Options development should be undertaken in collaboration with key stakeholders.

Provision Change Board findings

National drivers

Local priorities

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

Provisioning Strategy Project Objectives

National drivers

- https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2016/12/health-social-care-delivery-plan/documents/00511950-pdf/00511950-pdf/govscot%3Adocument/00511950.pdf
- https://www.gov.scot/publications/health-social-care-standards-support-life/
- https://www.gov.scot/publications/age-home-community-next-phase/
- https://www.gov.scot/publications/health-social-care-older-people-statement-intent/pages/1/

Local priorities

- https://www.eastlothian.gov.uk/downloads/file/33015/east lothian ijb strategic plan 2022 25
- Strategic Plan engagement and consultation feedback report https://www.eastlothian.gov.uk/downloads/file/32645/east_lothian_ijb_strategic_plan_2022-25_engagement_feedback_report

Provision Change Board recommendations and conclusions

- Main project website https://www.eastlothian.gov.uk/pfap
- Final report (including full summary of governance reporting on page 1) https://www.eastlothian.gov.uk/downloads/file/33131/community hospitals and care homes provision change board final report 2021-22
- Engagement feedback report https://www.eastlothian.gov.uk/downloads/file/32759/planning for an ageing population summer engagement feedback report
- Communications and engagement strategy https://www.eastlothian.gov.uk/downloads/file/31754/east_lothian_community_hospitals_and_care_homes_project_communications_and_engagement_strategy
- Presentation of final report to IJB on 23/02/23 https://www.eastlothian.gov.uk/download/meetings/id/23575/05 final report of the community hospitals and care home provision change boa rd 2021-22
- IJB meeting minute 23/02/23 https://www.eastlothian.gov.uk/download/meetings/id/23794/ijb_minutes_23_02_23

Provisioning Strategy Project Objectives

- IJB reporting to date:
 - o 23/03/23 https://www.eastlothian.gov.uk/download/meetings/id/23657/06 provision for older people in east lothian