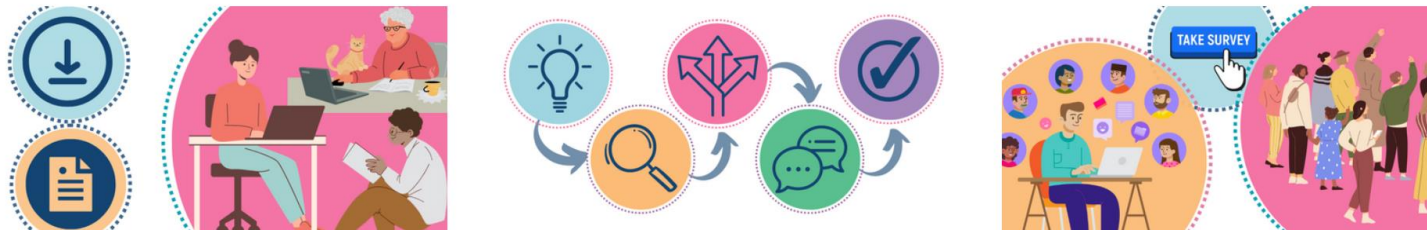


Planning Older People's Services

Communications & Engagement Feedback Report

August – December 2023



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Executive Summary

East Lothian's population is changing. People are living longer, and previous research has informed East Lothian Health and Social Care Partnership (ELHSCP) that many older people want to stay in their own homes for as long as possible.

ELHSCP is responsible for delivering effective older people's services. It wants to support individuals to make this choice become a reality. However, this cannot be achieved by ELHSCP alone. It needs to draw on the support, past-experiences and insights of county citizens and communities to continuously develop services to meet the needs of East Lothian's growing ageing population.

In 2022, ELHSCP engaged with the public, staff, and partners about what they are looking for in later life, from both a community and care perspective ('Planning for an Ageing Population Consultation')¹.

Based on the findings of this project, ELHSCP commenced further rounds of engagement from August to December 2023, which forms the first part of a co-design process to develop the future provision of health and social care services for older people in East Lothian. This work will culminate in an Options Appraisal and public consultation exercise next year, the results of which will be presented to the East Lothian Integration Joint Board in late 2024.

The activity undertaken between August to December 2023 included a variety of engagement opportunities including online and paper surveys; face-to-face and virtual engagement sessions, held with communities, staff, the third and independent sectors; and individual interviews.

At these sessions, ELHSCP shared its 2022 engagement findings, namely:

- Almost everyone would like to stay living independently at home for as long as possible.
- Intermediate care was seen to be a priority for future investment and expansion.
- Analysis indicated there is enough hospital bed provision in East Lothian to meet demand over the next ten years.
- Over the next 5-10 years, there will be a need to replace up to 70 care home places and provide up to 30 new care home places.

Additionally, attendees were then provided with further background facts and statistics, specifically:

- Population projections suggest the number of people aged over 65 living in East Lothian will increase dramatically (32%) over the next 10 years.
- Any ideas or suggestions put forward to deliver, expand and/or improve health and social care services must take account of and try to mitigate the impact of deprivation on some communities in East Lothian.



¹ www.eastlothian.gov.uk/pfap

- East Lothian is currently dealing with a long-term staffing and recruitment challenges, which is both a local and national concern.
- Financial budgets are very stretched and are likely to continue to be so in the next 5-10 years.
- There were additional issues to consider including access to community venues, issues with public transport and the arrival of the National Care Service.

Having set the scene, ELHSCP asked people to put forward ideas, suggestions and feedback on what we could do to:

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

The engagement sessions also asked people for their views and ideas about East Lothian Community Hospital and the Edington and Belhaven and whether a Minor Injuries Unit would help older people in East Lothian.

This report provides a summary of the activities undertaken to engage with the stakeholder groups, and the subsequent emerging feedback themes gathered from the process as outlined in the graphic below.

Key Themes



Background

The Community Hospitals and Care Homes Provision Change Board final report² was agreed by the IJB on the 23 February 2023. As part of that report, the ELHSCP Chief Officer was asked to bring back options for the development of older people's services with a continued focus on community capacity.

In order to explore and develop these options the Chief Officer established a provisioning strategy project team in March 2023. Subsequently a paper outlining the proposed engagement and consultation process was agreed by the IJB on 23 March 2023³.

The Planning Older People's Service (POPS) project team contracted the services of the Consultation Institute to assist in developing a robust consultation and engagement strategy.

This piece of partnership working commenced in March 2023 and culminated in the project receiving its certificate of consultation readiness in August 2023.



² <https://www.eastlothian.gov.uk/pfap>

³ https://www.eastlothian.gov.uk/meetings/meeting/16964/east_lothian_integration_joint_board

Communications and Engagement Strategy

Communication Aims

The primary aims of the [communications strategy](#)⁴ are to:

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

Engagement Aims

The aim of the [engagement and consultations](#) are to:

- To ensure that all citizens and stakeholders are provided an opportunity to express their views and opinions with regards to the provision and development of Older People's Services in the future in an open and transparent manner.
- To provide a commitment to consider and review all responses and concerns throughout the engagement and consultation process ahead of any final recommendations that may be taken forward for approval.
- To provide timely updates to identified stakeholders and wider communities, staff and carers across East Lothian on the projects progress, responses received, next stages and process involved in any decision making.



Target Audience

The provisioning POPS project aims to rethink the way in which ELHSCP delivers older people's services across East Lothian. ELHSCP want to work with the communities and people of East Lothian, to identify what changes we need to make and how we should make them.

⁴ https://www.eastlothian.gov.uk/downloads/file/33468/provisioning_strategy_project_-_engagement_strategy

Old age is something that affects people across the whole of East Lothian. The communication and engagement campaign aims to reach a wide, inclusive, adult audience aged 40+ living in East Lothian, including people living in both the towns and rural areas of the local authority area across all SIMD⁵ quintile areas.

The goal is to identify possible solutions for older people's services that will work well for as many people as possible, wherever they may live in East Lothian.

As well as identifying a key stakeholder matrix, an inclusive model of engagement is being applied, consulting with people who will have future needs as well as those who we are unable to provide services to now.

This includes people with lived experience, carers, staff currently delivering older people's care services and representatives from professional organisations, including GPs, third sector and community groups providing services for older people. Engagement activities also include capturing the views of individuals with protected characteristics; disabilities, ethnic minority groups, faith groups, and LGBTQ+.

Engagement Themes

ELHSCP will share quantitative data with the groups and individuals we are engaging with, together with the findings from the Provision Change Board work to identify solutions against the following key themes:

- Developing and investing in **intermediate care services** in order to meet increasing demand, improve access and provide care closer to home.
- The shortage in **Care at Home** services, equitable access to those services and associated workforce challenges.
- Given that East Lothian has a lower than Scottish average number of people who are supported to die at home or in a homely setting, how can we improve **palliative or end-of-life care**.
- The **sustainability of hospital beds** out with the East Lothian Community Hospital.
- Ensuring that we have affordable and accessible **care home** places available to all in East Lothian.
- Exploring whether or not there is a need for a **Minor Injuries Unit** in East Lothian.

⁵ The Scottish Index of Multiple Deprivation is a relative measure of deprivation across 6,976 small areas (called data zones). If an area is identified as 'deprived', this can relate to people having a low income, but it can also mean fewer resources or opportunities. SIMD looks at the extent to which an area is deprived across seven domains: income, employment, education, health, access to services, crime, and housing. [Scottish Index of Multiple Deprivation 2020 - gov.scot \(www.gov.scot\)](http://www.gov.scot)

Engagement Timeline

The POPS project spans a timeline covering 12-18 months, which incorporates 7 key stages:

- **Stage 1.** Gather interest from key stakeholder groups including community councils, area partnerships, third sector, independent sector and general public to contribute ideas and options as part of this engagement project.
- **Stage 2.** Collate ideas and suggestions from stakeholder groups, online survey, engagement events, and workshops to create a 'long list' of ideas, options and suggestions.
- **Stage 3.** Assess every suggestion against 'hurdle criteria'. Hurdle criteria are conditions that need to be met for an option to progress to create a shortlist of options.
- **Stage 4.** We will investigate, model and test the shortlist of options. This will include looking at costs, timescales and demand.
- **Stage 5.** The Project Team and Independent Community Panel will then work on a shortlist. They will assess each option for desirability, viability and feasibility. They will be using an assessment framework to help them assess each option in a fair and consistent way. The options will be scored and weighted, to develop a refined options list.
- **Stage 6.** A 12-week public consultation will take place on the proposed finalised options.
- **Stage 7.** A final report will go before the East Lothian Integration Joint Board (IJB). They will discuss all the findings of the engagement and consultation process. They will then make a decision and direct ELHSCP on which options to take forward.

Timeline



Timeline may be subject to change.

Engagement Activity

In line with forecasted projections, the POPS project has now completed stages 1 and 2 of the engagement timeline.

Stage 1: Gathering interested people

The first stage of engagement commenced in August 2023 and concluded at the end of November 2023.

This stage has involved extensive face to face and online sessions with key stakeholders, a survey⁶, development of a 'DIY engagement pack', poster distribution, a social media campaign, radio and newspaper segments / articles and formation of an Independent Community Panel.

Communications timeline



⁶ <https://eastlothianconsultations.co.uk/communications/services-for-older-people/>

Social Media Campaigns

The three rounds of social media advertising which commenced on 12 September, 21 September and 6 October achieved a total reach of 25,040 accounts, with 626 interactions, achieving an engagement rate of 2.5%. This is higher than the average government Facebook engagement rate at 1.62% and healthcare Facebook engagement rate at 1.32%.⁷

East Lothian Courier Advertising

A ½ page paid advert and accompanying ½ page editorial feature about the Planning Older People Services was printed in the East Lothian Courier on 5 October 2023. Alongside this, a 28 Day online digital advert campaign was placed onto the Courier’s webpages, which achieved 50,007 impressions with a click through rate of 0.11% (about average response).

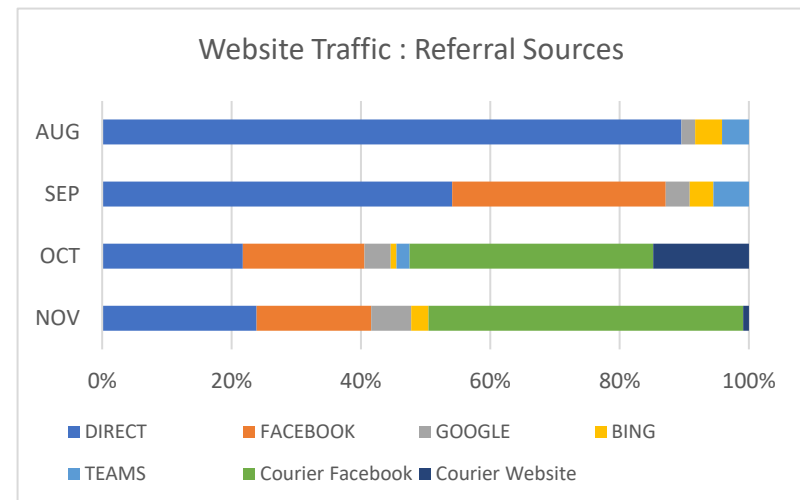
The advertising campaign package also featured a ‘sponsored Facebook post’, which ran on the Courier’s Facebook Page. This achieved 16,795 impressions, with a click-through rate of 1.30% - higher than their average at 0.84%.

Website Activity

Since its launch the dedicated “Planning Older People’s Services” section of the ELHSCP website has received 953 views, from 833 unique users, with a peak of 447 views in October 2023.

The traffic being generating to the website, can be directly correlated to the above listed communications and engagement activity.

- August: The traffic going to the website is using the dedicated URL link (direct traffic).
- September: Facebook referrals increase in tandem with the scheduled promotional campaigns.
- Oct & Nov: East Lothian Courier stands out as a significant referrer to the webpages, as a direct result of the paid online digital campaigns.



⁷ <https://blog.hootsuite.com/average-engagement-rate/>

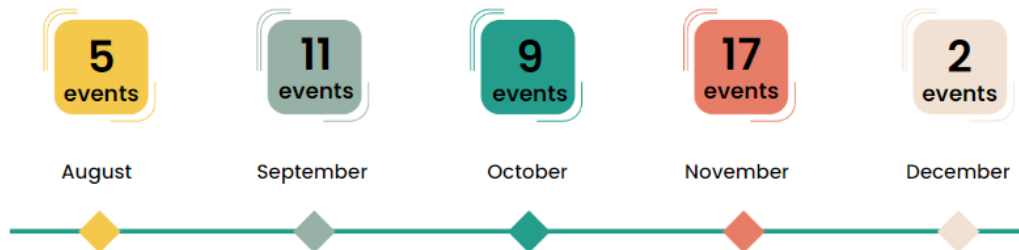
Engagement sessions

Between August and December 2023, ELHSCP hosted over 44 events, 36 of which were in person, the remaining either virtual or hybrid.

These events allowed ELHSCP to directly engage with 702 people. This included community groups, area partnerships, public events, people with lived experience, staff groups, professional leads, carers, volunteers, medical professionals, third sector and independent advocacy organisations as well as a focused workshop with East Lothian IJB members.

A further 141 took part in our online survey and 11 in printed questionnaires.

In total, to date, the engagement activities have accumulated 2,458 pieces of feedback and/or suggestions on how we can deliver or improve older people's services in East Lothian.



Secondary Research Sources

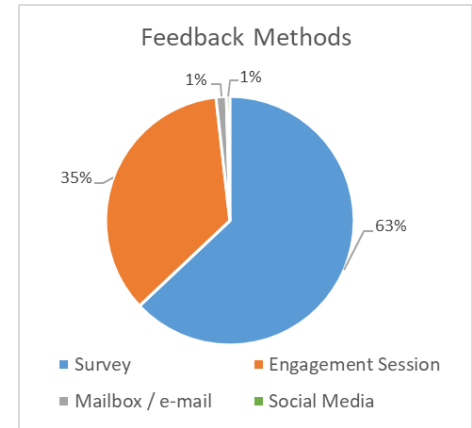
Information was also gathered from the feedback and responses obtained from the IJB Strategic Plan Health, Housing and Place Engagement (April – July 2022) (1,060 participants), the Dementia Strategy and the Planning for and Ageing Population engagement last year.



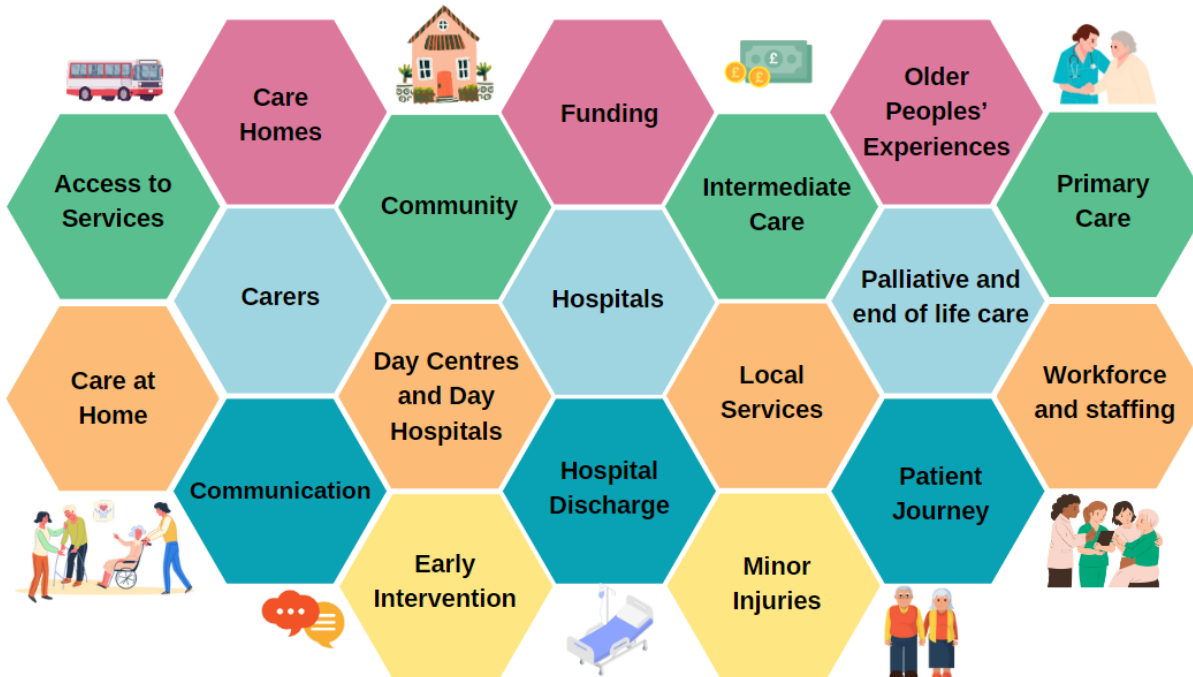
Key Themes

This first round of engagement for Planning Older People’s Services collated **2,458** individual pieces of feedback, via the survey (63%), engagement sessions (35%), email (1%) and social media (1%).

The 2,458 pieces of feedback received were categorised into the 19 recurring key themes detailed below.



Key Themes



Access to services

Many people who responded to the survey said that they had problems accessing services, particularly GP services. This was specifically an issue for older people who many felt should be seen face-to-face and promptly. Others worried about being able to access health and social care services when they needed them and about lack of capacity in these services to support everyone who needed them.



Others mentioned that older people struggled to access local services like shops and activities, which contributed to their social isolation.

A number of people commented on the difficulty of finding information about services that they might need and the issues with the drive to deliver the bulk of information about services online, which precluded many older people from accessing information.

People in more deprived areas should be the focus of more health and social care provision, including care home provision.

Care at home

Almost everyone was aware of issues with capacity in care at home and that people in rural and other communities had issues in accessing care at home.

Additionally, the difficulties in finding and retaining staff to deliver care at home was recognised. Most believe this was due to low wages, travel time, poor terms and conditions and the fact the care work was not sufficiently valued as a profession.

Some suggested that a better qualifications framework would allow career progression and ensure greater job satisfaction. Others felt that more training for care workers about dementia, mental health, working with people with learning disabilities and delivering clinical procedures would be useful. A growth of the ELHSCP inhouse service was also suggested.



Almost everyone valued the service delivered by care workers and many said that the services were beneficial to service-users to relieve social isolation and to carers as a vital support.

However, many felt that '15-minute visit slots' were too short. Some suggested more involvement of community organisations to provide more support in tackling social isolation and supporting carers.

Care homes

People noted that there were similar issues with recruiting and retaining care home staff.



Many people worried about the cost for having to self-fund care home places for themselves in later life. Others were concerned about having to sell homes and use savings to pay for this. Some asked for tax relief on care home fees. Carers noted that the cost of respite in independent care homes was prohibitive for many.

Quite a few people queried the assertion that ELHSCP could manage demand over the next ten years. Others wanted to have local authority care home provision in their area, most notably people from Musselburgh.

Others wondered if instead of care homes, smaller group homes might be the answer. A lot of people felt that more care at home would relieve pressure on care home places.

People were also concerned that developers of new housing did not make more contribution to the provision of care homes as part of their developers' contributions and others that they did not provide housing that was older-people friendly. There was a suggestion that they should be obliged to build group homes, sheltered housing and extra care housing in new housing estates.

People noted that there was inequity in access to care home provision, particularly for people in the Port Seton and Gosford area, with there being no care home there.

Carers

There was a general concern that many carers were struggling and reaching a point of burn out.

Care at home was important and the lack of it made many carers' lives very difficult. Lack of respite was often mentioned as was the lack of sitter services and overnight care, particularly for carers of people with dementia and carers supporting people at the end of life.

It was further noted that there was insufficient support for bereaved carers.

Other issues for carers included lack of local services, the impact of poor public transport for carers to get to appointments and visit relatives in hospital.

Carers highlighted a need for more financial support and better information about what financial support they were entitled to, and how to claim it.



Communication

The biggest single problem with communication was that people did not know where to look for information when they needed it.



Some felt that a single point of contact/person who could help people to navigate the system would help.

There was also a call for more printed and publicly available information as many older people struggled with going online or did not have the equipment to do so. The push to put information, assessments and appointments online amounted to discriminatory for some.

People also felt that there could be better communication between health, social care and partners.

Community

Many felt that communities could play a greater role in supporting older people and their carers and pointed to some models to learn from including Covid resilience work, Community First, intergenerational work in Dunbar and North Berwick Compassionate Neighbours.



There was a plea that community activities should be older-people friendly.

Day Centres and day hospitals

Day Centres were seen as very important to older people and carers, providing stimulation, society, nutrition and health and wellbeing support to older people and respite to their carers.



People wanted to see more Day Centres across East Lothian and more outreach to rural communities who had difficulty in accessing Day Centres located in towns.

People also thought that there should be more Lunch Clubs with dedicated transport that could support people in smaller local areas.

People in Musselburgh in particular, noted that they did not have a Day Centre provision, and needed one.

There was also a call for specialist Day Centre provision for people with dementia, people with learning disabilities and people whose first language was not English.

A number of people, particularly those working in primary care, thought that provision of a Day Hospital would make a positive difference to older people's health and wellbeing. As well as having a social aspect and offering meals, primary care and hospital staff could offer a range of interventions that would help people to maintain their health and cut down on the need for older people to have to travel to Edinburgh hospitals for some tests and treatments.

Early intervention

People generally agreed that there should be more focus on early intervention, and this might include Day Hospitals, Older People's Wellness Centres, and regular GP older people's health checks.

More community activities like dance, indoor and outdoor physical activities were seen as being important, as well as the availability of transport to get to them to social activities, appointments and go shopping. Community organisations like Men's Sheds and Community First were noted as playing an important role offering these services already.

Staff felt more could be done to promote equipment and TEC solutions and advocated the roll out of Active and Independent Living Clinics. There was a recommendation that more signposting to the 'A Better Life in East Lothian website' abetterlife.eastlothian.gov.uk would be useful to support individuals at home.

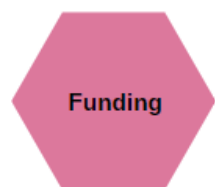
It was suggested that visits by health and social care staff to older people's homes should be used to assess for other needs. It was further suggested that the Scottish Fire and Rescue Service be asked to do something similar on their home safety visits.



Funding

People were very aware of the issues with funding that face older people's services and there were a range of suggestions on how to deal with this. Some, but not very many, suggested that we manage our finances better. Quite a few said that the council should prioritise funding for older people's services and the Scottish and UK governments should provide more funding. Developers should also pay more and people also suggested business sponsorship and partnership working, and applying for grants. Some thought changes to council tax, income tax and national insurance should be made.

It was also suggested that money currently given to secondary health care services by ELHSCP could be clawed back and redirected to health and social care services in East Lothian. They felt that more investment here would in the long term drive down our need for secondary care services.



Hospitals

Quite a few people queried our assertion that we had sufficient hospital beds to meet needs over the next ten years. This was partially due to the current loss of beds and Belhaven and the Edington and concerns over getting patients admitted to East Lothian Community Hospital now.

Most people were satisfied with the services they received at East Lothian Community Hospital but quite a few cited problems with accessing services there because of issues with public transport.

When it came to the Edington and Belhaven hospitals, people including professionals from North Berwick and Dunbar were keen to retain hospital beds there to support palliative, step-down and respite care.

People living elsewhere in East Lothian either wanted to see similar provision available for them, for example, in Musselburgh, or were content for the Edington and Belhaven to close as hospitals because they were hard for them to access and took resource away from services that could support people more equally across East Lothian.

However, people were keen to keep the Edington and Belhaven open to provide a wide range of other services, including primary care, physiotherapy and other health services. Others felt they could be repurposed to provide convalescent, care home, respite, and palliative care for everyone in East Lothian.

GPs and Hospital at Home professionals wanted to be able to admit patients directly to ELCH.



Hospital discharge

People had a number of issues with hospital discharge. Many felt the process was too rushed to enable appropriate multi-disciplinary meetings and assessments to ensure that people were released home safely, with all the support they needed in place, including equipment and packages of care.



Some questioned whether the emphasis of getting people out of hospital quickly was a false economy as they felt that many people were readmitted again shortly after discharge. There was a feeling that one longer stay might be more beneficial for the patient, carers and the system generally.

Others worried that the packages of care needed to facilitate swift hospital discharge disadvantaged other older people who had not been admitted to hospital but whose need for packages of care was equally pressing.

Carers also said that they were not listened to when they told hospitals they couldn't support the patient at home.

Intermediate care

Intermediate care services provide support to people either to prevent a hospital stay or to return home from hospital more quickly. This includes things like hospital at home, Physiotherapy, Occupational Therapy, Technology Enabled Care, pain management, and mental health support, all of which helps people retain or regain independence.

People agreed that intermediate care and these services were all a priority along with promoting other services like Day Centres, Community Alarm and face-to-face GP visits and home visits.

People also thought that community services like buddying and befriending services had a role to play. The biggest concern was finding the resource and funding to expand intermediate services sufficiently.



Local services

Having locally accessible services was seen as very important to older people.



People asked ELHSCP (and secondary care providers like the hospitals in Edinburgh and Livingston) to remember that older people may not have access to cars or friends or families who could provide lifts. This made accessing hospital and appointments in Edinburgh very difficult because of issues with the availability of public transport.

There were similar issues with CTACS and ELCH, although ELCH was seen by many as being more accessible and a useful provider of clinical services locally.

Local services were also important for carers in terms of visiting the people they cared for in hospital. The loss of the beds at the satellites was mentioned by many for this reason.


It was highlighted that the 'NHS Near Me' digital appointment solution could support people to have their appointments online and obviate the need for travel. In Dunbar, the local library was piloting a project to support this approach.

Minor injuries

Most people were supportive of having a Minor Injuries Unit (MIU) in East Lothian and saw it as important both to older people and the rest of the population aged 12 months plus.

Most also agreed that ELCH would be the natural home for such a facility as it was central for most people in East Lothian and also had access to radiology and other services that were required to support a fully functioning MIU.


There were some from North Berwick and Dunbar who wanted to see minor injuries services at their local hospitals and some others felt that minor injuries services could be supplied without an MIU in a way that would improve access to this sort of support for everyone in East Lothian.



Minor Injuries

Older peoples' experiences

Many people shared experiences of being older and there was much focus in that on social isolation. People suggested various ways of combatting that, including longer care at home visits, more community schemes that provided friendship, more activities that were easily accessible (and not just 'older people's activities), more Day Centres and Lunch Clubs and better public transport to help people link up with friends and activities.



Older Peoples' Experiences

Others focused on the impact of the cost-of-living crisis on people being able to keep warm and eat.

Others raised the issues for people living with dementia, learning disabilities and individuals who did not have English as a first language to access groups that allowed them to socialise in the same way as other older people.

A number of people wanted to make sure that we took account of the impact of health inequalities on people living in more deprived areas meaning that their life expectancy might be up to ten years lower than that of people living in the most affluent areas of the county. They suggested that this is where we should focus more resource.

Palliative and end-of-life care

Most people agreed that we should do more to support people to die at home if this was their wish.

It was suggested more funding and resources should be put into services that delivered these services. They also thought we should encourage people to be able to talk and plan more for what they wanted at the end of life. Services they would like to see expanded included Hospital at Home, District Nursing, care at home and Hospice at Home.

Communities felt that they could play a larger role in supporting people who lived alone to die at home and to support carers looking after someone who was at the end of life.

However, some worried that the emphasis on supporting more people to die at home might pressure people when they were at their most vulnerable. They said there should always be choice for those whose health or housing situation militated against their dying at home, or those who lived alone and did not have the support they needed to die at home.

Some said that people who had said they would like to die at home while they were still in moderately good health might change their minds when dying became imminent, and that we should have resources in place to support a change of mind, however late it came.

People also worried about the impact on carers' health and wellbeing when supporting a loved one to die at home and said that sitter, befriending and overnight care services would be very important for them.



Patient journey

On the occasions that an older person's health and deteriorated rapidly, requiring hospital tests of admission to Edinburgh Hospitals, their experiences had been poorer than expected.



Several, including carers, nurses and GPs gave instances of patients having exceptionally long waits in hospital corridors or at A&E, which was distressing for them and their families.

They suggested a range of things that could help including GPs being able to speak to consultants to see whether a patient needed to be sent to Edinburgh, better use of the Flow Team at ELCH and GPs and Hospital being able to support each other more and admit to hospital beds at ELCH.

Primary care

Primary care has a key role to supporting older people and staff in primary care suggested that it would be good to develop a primary care strategy for older and frail people alongside this work on older people's services.

Some people felt that investment in more social care would relieve the pressure on the NHS and more investment in primary care could support early intervention (like Well Older People work) that would link people with services and support early and prevent them presenting as emergencies.

Greater GP access and in-person support with GPs and nurse practitioner services would allow them to ascertain an older person's health in a way not possible via phone appointments and again support earlier intervention.



Workforce and staffing

Many people responded on this topic, particularly in relation to care-at-home and care-home staff, although others noted that there were also problems in recruiting nurses, physiotherapists, and occupational therapists.



People thought that care workers should be better paid, have better terms and conditions and that their profession and their role in delivering it should be much better valued.

It was felt more should be done to recruit younger people and there should be family friendly policies to support care workers with children or caring responsibilities of their own. Some thought the National Care Service might support this.

Next Stages

All ideas, suggestions, comments, and responses, including the opinions shared in the open discussions have been recorded and have been pulled together to create the “Long List” of ideas and suggestions.

From the 2,458 individual pieces of feedback received, there were a total of **314** suggestions for Planning Older People’s Services in East Lothian were obtained.

These 314 suggestions were then consolidated into **105 long-list options** which will progress to the next stage in the project’s development.

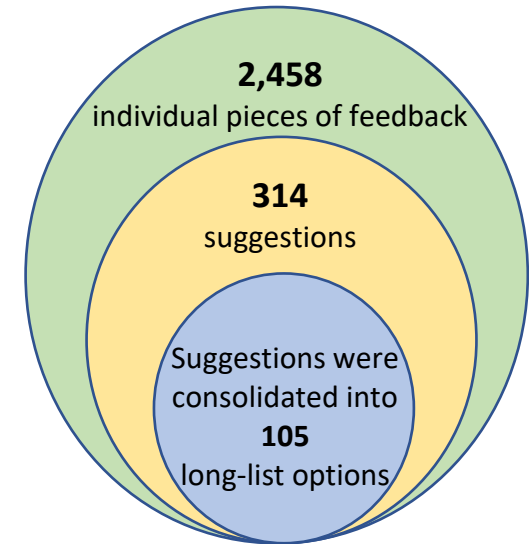
Stage 3: Involves assessing every ‘long-list’ suggestion against pre-set ‘hurdle criteria’.

This is an assessment checklist containing 4 conditions that need to be overcome / met in order to progress to the next stage:

Hurdle Criteria

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

The task of assessing the long-list of suggestions against the Hurdle Criteria falls to the overarching Project Team and the Independent Community Panel. This task will be undertaken in February 2024, following which the outcome and short list will be shared with stakeholders via community updates and events as part of stages 4 and 5.



Thank you

East Lothian Health and Social Care Partnership is incredibly grateful to everyone who took the time to complete the survey, attend engagement sessions and share their experiences, views, and thoughts to date on planning older people's services in East Lothian.

We would especially like to thank the individuals and representatives who attended the in-person sessions.

Appendix 1: Engagement Sessions

August 2023			
22/08/23	Older People's Provision Workshop	16	MS Teams
29/08/23	Preston, Seton & Gosford Health & Wellbeing Group	8	In person
29/08/23	North Berwick Coastal Area Partnership	27	In person
30/08/23	Discussion with Pauline Skead and Jane Tait re staff engagement	2	MS Teams
31/08/23	West Barns Community Council	21	In person

September 2023			
05/09/23	Older People's Provision Workshop	21	MS Teams
05/09/23	North Berwick Community Council	20	In person
05/09/23	Humbie, Bolton and Saltoun Community Council	10	In person
06/09/23	Dunbar & East Linton Health & Wellbeing Group	9	In person
12/09/23	Haddington Community Council	17	In person
13/09/23	Association of Community Councils	13	MS Teams
19/09/23	Tranent & Elphinstone Community Council	16	In person
20/09/23	DFEL Gathering	60	In person
28/09/23	ELHSCP Staff Engagement Session	10	MS Teams
30/09/23	Dunbar Place event	-	In person
30/09/23	Musselburgh Communities Day	25	In person

October 2023			
03/10/23	GP reps forum engagement session	27	In person
03/10/23	Haddington and Lammermuir HWSG	5	MS Teams
09/10/23	Gifford Community Council	10	In person
12/10/23	ELHSCP staff briefing session	51	MS Teams
23/10/23	East Lothian IJB development session	21	In person
23/10/23	Musselburgh Meeting Centre	12	In person

October 2023			
24/10/23	North Berwick Coastal Area Partnership	30	In person
25/10/23	Pencaitland Community Council	20	In person
26/10/23	Crookston Staff Group	10	In person
31/10/23	Haddington Day Centre Staff Group	7	In person

November 2023			
01/11/23	CTACS/Vaccination Team	7	MS Teams
08/11/23	Musselburgh HWSG	11	In person
08/11/23	Musselburgh HWSG	11	In person
09/11/23	Intergenerational Conference	37	In person
09/11/23	Intergenerational Conference	37	In person
10/11/23	Gifford Community Resilience Group	5	In person
10/11/23	Gifford Community Resilience Group	5	In person
13/11/23	ELCH Home Care/Hospital to Home	2	In person
13/11/23	CAPS	2	In person
13/11/23	ELCH Home Care/Hospital to Home	2	In person
13/11/23	CAPS	2	In person
15/11/23	Fa'side HWSG	16	In person
15/11/23	Fa'side HWSG	16	In person
16/11/23	Hospital at Home/District Nurses	6	In person
22/11/23	Occupational Therapists	8	In person
29/11/23	Carers of East Lothian AGM	60	In person
29/11/23	Interview with IJB Carers' Rep	1	In person

December 2023			
04/12/23	Interview with Health in Mind (Polish/Ukrainian Communities)	1	In person
14/12/23	Cares of East Lothian Carers Panel	5	Hybrid