

Interim IIA Report – Closure of Ward 6, East Lothian Community Hospital and the Edington

Each of the numbered sections below must be completed
Please state if the IIA is interim or final - Interim

1. Title of proposal

Closure of Ward 6, East Lothian Community Hospital and the Edington

2. What will change as a result of this proposal?

We propose to close the beds in Ward 6 at East Lothian Community Hospital (ELCH) as we believe that we can make alternative arrangements to support people who may have accessed those beds elsewhere in the community and possibly closer to home.

Staff currently working in Ward 6 will be redeployed in line with the NHS Lothian Organisational Development procedures. This staff group includes staff who were transferred from the Edington during Covid under emergency measures. This will result in the permanent closure of the seven inpatient beds at the Edington and the end of the minor injuries service. It is worth noting that the inpatient beds and the minor injuries service have been effectively closed for the past two years and the building at the Edington has been used to deliver other health services to people in North Berwick including CTACS (which has absorbed much of the wound care work of the old minor injuries service), vaccinations and MSK support. It has also been used as a staff base.

The reasons for closing the Edington include:

- The building does not meet modern standards for patient care and infection control
- The building does not meet requirements for bariatric patients and there would be issues with evacuation during a fire
- The bed bays do not afford patients sufficient privacy and dignity
- The minor injuries service cannot operate in line with current good practice for minor injuries. For example, it does not have access to onsite radiography or radiographers who can read Xrays quickly
- There are not enough sufficiently minor-injuries-trained staff to provide 24/7 coverage in minor injuries at the Edington
- Asthma protocols have changed and the Edington is not equipped to deliver asthma treatments to the required standard – good practice indicates A&E treatment

- There are issues with security at the site, the small staff group required to run the bed base overnight would be particularly vulnerable, as would the patients
- There are issues with the ability of such a small staff group to cope with sickness absence or staff having to cancel a shift due to an emergency
- The layout of the building impacts on how staff have to work and their health and safety
- Lack of gender-neutral toilets and bathing facilities
- The Edington was assessed as being unfit for purpose as early as 2009.

3. Briefly describe public involvement in this proposal to date and planned

Over the last three years, we have carried out extensive engagement with service-users, carers, the third sector, the independent sector, staff, local communities and the general public. You can find out more about this at:

- [Planning for an Ageing Population Summer Feedback Report](#) (October 2022)
- [IJB Strategic Plan Engagement Feedback Report](#) (August 2022)
- [Planning Older People's Service Communication and Engagement Report \(December 2023\)](#)
- [East Lothian Carers Strategy](#) (feedback interpolated into report)

Our feedback revealed that:

- Many (but not all) people in North Berwick are very attached to the Edington and regard it as an essential source of health and social care support to the town. One of the main reasons given for keeping the Edington open is that it provides a range of services locally, including minor injuries, and the bed-base was regarded as being very useful in providing palliative, end-of-life and respite care locally. The need for local services was exacerbated for many by poor public transport links with Haddington and elsewhere in East Lothian, making it difficult for loved ones to visit relatives in hospital at ELCH or in Edinburgh. North Berwick has a substantial number of older people in its population and people felt that the closure of the Edington would have a particular impact on them and their carers and families. At the other end of the age range, many people spoke about how useful the Edington was to parents, who could access treatment quickly from the minor injuries service, which they also felt supplied vital support to injured holiday makers during the summer months. This was important as North Berwick is a thriving holiday destination. The closure of the Edington would upset many people in the town.

- However, for people who lived elsewhere in East Lothian, there was little attachment to the Edington and many questioned the equity in one town having its own cottage hospital while other communities in East Lothian did not, and thought the resource required to sustain the Edington could be better used to support people across East Lothian's communities.

4. Is the proposal considered strategic under the Fairer Scotland Duty?

Yes

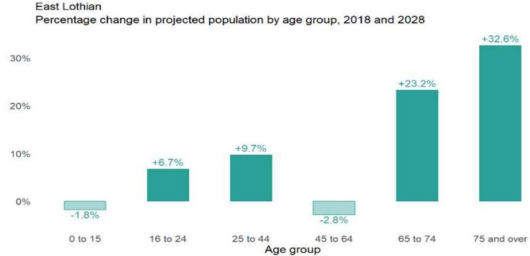
5. Date of IIA

11 March 2024 from 9-10.30am via Teams.

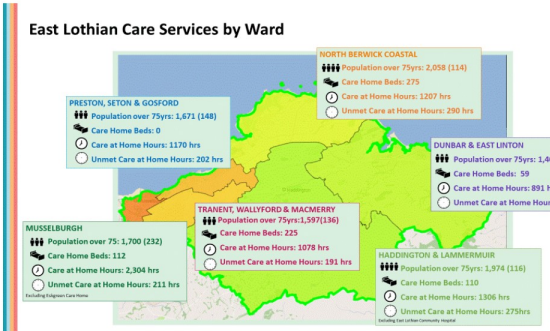
6. Who was present at the IIA? Identify facilitator, lead officer, report writer and any employee representative present and main stakeholder (e.g. Council, NHS)

Name	Job Title	Date of IIA training
Gillian Neil	General Manager, Access and Ongoing Care, ELHSCP	
Thomas Miller	NHS Lothian Unions' Representative	
Steve Elliot	Clinical Nurse Manager, ELCH	
Guy Whitehead	General Manager, Mental Health and Learning Disability, ELHSCP	
Lesley Berry	General Manager, East Lothian Rehabilitation Service, ELHSCP	
Ogden-Smith, Jane (Facilitator)	Equalities and Engagement Officer, ELHSCP	Sept 2009, Dec 2021

7. Evidence available at the time of the IIA

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal														
Data on populations in need	<ul style="list-style-type: none"> • East Lothian Joint Strategic Needs Assessment • East Lothian by numbers • Planning Older People's Services Data Report (Jan 2024) 	<p>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.</p> <p>Population Over the next 10 years, population growth will rise in East Lothian, especially in the over 65 year age group. See Graph 1 below.</p>  <table border="1"> <caption>East Lothian: Percentage change in projected population by age group, 2018 and 2028</caption> <thead> <tr> <th>Age group</th> <th>Percentage change</th> </tr> </thead> <tbody> <tr> <td>0 to 15</td> <td>-1.8%</td> </tr> <tr> <td>16 to 24</td> <td>+6.7%</td> </tr> <tr> <td>25 to 44</td> <td>+9.7%</td> </tr> <tr> <td>45 to 64</td> <td>-2.8%</td> </tr> <tr> <td>65 to 74</td> <td>+23.2%</td> </tr> <tr> <td>75 and over</td> <td>+32.6%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • We can see that there will be a huge increase in the number of older people requiring services. The East Lothian population has grown by 20% since 2000 and at a higher rate than the Scottish population as a whole • Our population has grown at a higher rate in areas of higher deprivation, specifically within the 1st quintile (most deprived) to the 3rd quintile while the population has decreased in areas of lowest deprivation (4th and 5th quintiles). • From 2018 to 2043, East Lothian's population is predicted to increase by a further 12.8% reaching a peak of 121,743 and will grow at faster rate than Scotland as a whole. • East Lothian currently has a higher female than male population, although the largest percentage age group in both categories is currently in the middle aged group (aged 45-59). 	Age group	Percentage change	0 to 15	-1.8%	16 to 24	+6.7%	25 to 44	+9.7%	45 to 64	-2.8%	65 to 74	+23.2%	75 and over	+32.6%
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		<ul style="list-style-type: none"> • While life expectancy is set to increase for both males and females, women in East Lothian continue to have a longer life expectancy than men. By 2043 this projected to increase to 82 years for males and 85 years for females. • Similar to Scotland as a whole, East Lothian has higher mortality rates among the most deprived areas of the county. The leading cause of death in women in East Lothian is Dementia and Alzheimer’s (14.5% of all female deaths) and it is the second leading cause of death in men after heart disease (7.9% of all male deaths). <p>Our resources are dwindling due to the impact of national austerity measures on public services, Brexit and recovery from Covid. We no longer have the ability to make capital investments. This, together with evidence from engagement, leads to placing much greater emphasis and resource into early intervention, intermediate care and other forms of support that enable people to live at home for as long as possible.</p>
Data on service uptake/access	As above	<p>For the purposes of this IIA, it is worth emphasising that the older people that we support have come to us through statutory routes. We know that we are facing an increasing demand for care-at-home and other community support to keep people safe and independent at home.</p> <p>The graphic below outlines that:</p>

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		<ul style="list-style-type: none"> • All areas have insufficient care at home provision, notably the North Berwick and Dunbar areas • East Lothian has, as a whole area, an over provision of care home capacity • Preston Seton and Gosford Area requires additional Care Home provision.  <p>East Lothian Care Services by Ward</p> <table border="1"> <thead> <tr> <th>Ward</th> <th>Population over 75s</th> <th>Care Home Beds</th> <th>Care at Home Hours</th> <th>Unmet Care at Home Hours</th> </tr> </thead> <tbody> <tr> <td>Preston, Seton & Gosford</td> <td>1,671 (148)</td> <td>9</td> <td>1370 hrs</td> <td>202 hrs</td> </tr> <tr> <td>North Berwick Coastal</td> <td>2,058 (114)</td> <td>175</td> <td>1207 hrs</td> <td>290 hrs</td> </tr> <tr> <td>Dunbar & East Linton</td> <td>1,409</td> <td>59</td> <td>891 hrs</td> <td>202 hrs</td> </tr> <tr> <td>Musselburgh</td> <td>1,700 (232)</td> <td>112</td> <td>2,304 hrs</td> <td>211 hrs</td> </tr> <tr> <td>Tranent, Wallyford & Macmerry</td> <td>1,597 (136)</td> <td>225</td> <td>1078 hrs</td> <td>193 hrs</td> </tr> <tr> <td>Haddington & Lammermuir</td> <td>1,974 (116)</td> <td>110</td> <td>1306 hrs</td> <td>275 hrs</td> </tr> </tbody> </table> <p>Social-work-funded care home places are expensive, coming in at around £890 per person per week. Shifting the focus from allocating care home places and using hospital beds to supporting people at home not only lessens the financial burden on ELHSCP but also gives it more resource to focus on meeting the older population's wish to live independently at home with appropriate support in place.</p>	Ward	Population over 75s	Care Home Beds	Care at Home Hours	Unmet Care at Home Hours	Preston, Seton & Gosford	1,671 (148)	9	1370 hrs	202 hrs	North Berwick Coastal	2,058 (114)	175	1207 hrs	290 hrs	Dunbar & East Linton	1,409	59	891 hrs	202 hrs	Musselburgh	1,700 (232)	112	2,304 hrs	211 hrs	Tranent, Wallyford & Macmerry	1,597 (136)	225	1078 hrs	193 hrs	Haddington & Lammermuir	1,974 (116)	110	1306 hrs	275 hrs
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<p>Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.</p>	<ul style="list-style-type: none"> • ONS Facts and Figures about people in East Lothian • NRS 2011 Census (out of date and awaiting information from NRS from 2022 Census) • Scottish Government Equalities 	<p>North Berwick population</p> <p>In 2018, 18.3% of the population in North Berwick were aged 0-15 and 20% aged 65+. The projected growth of population by 2028 shows that 16.8% of the population will be aged 0-15 while the 65+ population will rise to 23.8%.</p> <p>Scottish Index of Multiple Deprivation</p>																																			

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	<p>Evidence Finder (by extrapolation)</p> <ul style="list-style-type: none"> • North Berwick profile (ELC, 2022) 	<p>East Lothian consists of 6 wards and 132 data zones, of which 8 data zones are in the 20% most deprived of Scotland.</p> <ul style="list-style-type: none"> • People living in the most deprived areas are statistically more likely to experience health inequalities. This means lower life expectancy, higher rates of disease, more long-term illness. • People living in the least deprived areas have a life expectancy 8 years (males) and 4.8 years (females) higher than those in the most deprived areas • The areas of highest deprivation in East Lothian are largely to the west of the county specifically in areas in Musselburgh, Tranent and Prestonpans. There are also pockets of deprivation in Haddington and Dunbar. • Around 95% of people in East Lothian living in the community live within an urban setting and 5% live in more rural settings. <p>Deprivation in North Berwick</p> <p>The Scottish Index of Multiple Deprivation (SIMD2020) identifies concentrations of deprivation in East Lothian in Tranent, Prestonpans, and Musselburgh.</p> <ul style="list-style-type: none"> • None of the 17 data zones in the NBC ward are within the 20% most deprived in East Lothian and Scotland. • The lowest ranked datazone in the ward (Harbour, High Street, West

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
		<p>Winds) is ranked 54th out of the 132 data zones in East Lothian.</p> <ul style="list-style-type: none"> 7 data zones in this ward are ranked within the 20% least deprived in East Lothian. The least deprived data zone in East Lothian, (Westgate/Station Rd/Glenorchy Rd) is in this ward.
Data on equality outcomes	<ul style="list-style-type: none"> ONS Facts and Figures about people in East Lothian NRS 2011 Census (out of date and awaiting information from NRS from 2022 Census) Scottish Government Equalities Evidence Finder (by extrapolation) North Berwick profile (ELC, 2022) 	<p>Our information about BME people living in East Lothian is poor as we are still awaiting information on this from the 2022 NRS Scottish Census (these are expected in the summer of 2024). We do know that we have Ukrainian and Syrian refugees, a Polish community, a South Asian community, migrant workers and asylum seekers in East Lothian. As the council does not facilitate a local equality network, we rely on statistics about use of translation and interpretation services and ethnicity recorded in education statistic to try to understand more about these communities, how many there are and where. Our own records show little uptake of our services by people in these groups and we are reaching out to the South Asian, Polish and Ukrainian communities to understand more about potential barriers to accessing services.</p> <p>We have also been engaging with the Deaf community around their needs for support from specialist workers who sign (BSL).</p> <p>We are also monitoring the use of sponsorship schemes by our</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
		<p>commissioned care providers and are working with partners to ensure that we are aware of issues with Modern Day Slavery for health and social care staff employed through employment agencies.</p>
<p>Research/literature evidence</p>	<ul style="list-style-type: none"> • Independent Review of Adult Social Care in Scotland • Analysis of Care at Home Service Provision East Lothian (awaiting publication) • Community Hospitals and Care Homes Provision Change Board Final Report 2021-22 • Health and Social Care for Older People Statement of Intent (2021) • National Care Home Standards • National Health and Wellbeing Outcomes Framework • East Lothian IJB Strategic Plan 	<p>The evidence tells us that people want person-centred care that is flexible and responds to people’s changing needs. It shows us that people wish to remain part of their communities and to be involved in those communities. The vast majority of older people would like to stay at home as long as possible and a high proportion would like to die at home with appropriate support in place for them and their families. Very few wanted to die in hospital.</p> <p>To support this move to live longer at home, our own research indicates that people felt that early intervention to prolong good health was essential, as were intermediate care services including MSK, adaptations and equipment, hospital at home and care at home to provide health and social care support locally. People were also keen on a more locality-based approach and there was also a desire for the development of community hubs to provide a base for staff and a focus for health and social care support.</p>
<p>Public/patient/client experience information</p>	<ul style="list-style-type: none"> • Reporting from statutory complaints procedure (including comments and compliments) 	<p>Although there are complaints, most are resolved early in the statutory complaints procedure with very few requiring oversight from the SPSO. As well as complaints, there is a significant number of compliments for the quality of care for service-users and their carers and families, mainly to do with</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<ul style="list-style-type: none"> • Patient Experience data • Care Opinion (East Lothian seach) 	<p>sensitivity, quality of support and commitment to person-centred care.</p> <p>Care Opinion feedback in relation to East Lothian tends to centre on health services but there are some about care homes and assessment and these are positive.</p>
Evidence of inclusive engagement of people who use the service and involvement findings	Please see section on engagement above and link to feedback reports listed above	
Evidence of unmet need	<ul style="list-style-type: none"> • East Lothian Joint Strategic Needs Assessment • Engagement reports (listed above) • Service-user and patient experience data 	See information in section on Evidence.
Good practice guidelines	<ul style="list-style-type: none"> • HIS Excellence in Care • HIS Patient Safety Standards 	
Carbon emissions generated/reduced data		The Edington is an old building which is energy inefficient.
Environmental data	n/a	
Risk from cumulative impacts	Possible	The Edington has not been delivering inpatient or minor injuries services for two years and has been used as a base to deliver other health support to the community. In this period, other services have grown, for example, other ways of supporting people home

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
		from hospital, end-of-life care etc. While the community as a whole has great reservations about the closure of the Edington, people are already been supported in other ways to good effect.
Other (please specify)	n/a	
Additional evidence required	n/a	

8. In summary, what impacts were identified and which groups will they affect?

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Positive</p> <ul style="list-style-type: none"> • Most of the positives were around being able to support patients and service users in other more appropriate ways at facilities or with other support in the community in and around North Berwick • Closing the Edington would mean that patients and service-users' needs would be met in facilities which met current standards around infection control, privacy and dignity, and fire safety and also addressed protected characteristics such as age, disability and sexual orientation • Closing the Edington would mean that staff were not exposed to working conditions that put them at physical risk, either in terms of layout and equipment or occasioned by working in a remote site that posed security risks overnight • Closing the Edington and Ward 6 would mean that the staff base could be redeployed to support more people in settings across East Lothian and at East Lothian Community Hospital in particular • Closing the minor injuries services at North Berwick would mean that people would have to access Minor Injuries Units that were properly equipped, staffed and supported in other areas, or present to other services that were more appropriate for their care, 	<p>Age, staff, sexual orientation, carers, people in geographical areas, staff</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>for example, GP or, in the case of asthma attacks, ankle injuries etc, A&E.</p> <ul style="list-style-type: none"> • People having to use other facilities appropriate to their presentation would ensure that NHS Scotland protocols like the ankle pathway would be properly observed and delivered. The Edington cannot deliver the ankle pathway as there is no radiography on site. This would ensure greater health and wellbeing for patients in terms of not having to bear the consequences of undiagnosed ankle fractures, for example. 	
<p>Negative The group saw that there were some negatives, including:</p> <ul style="list-style-type: none"> • Loss of local inpatient beds that had supported step-down, palliative, end-of-life and respite care local to North Berwick. Mitigation: patients could be supported in care homes and at home through services like care at home, intermediate care and hospice at home. • Concerns about the lack of suitable care home places and care at home services. Mitigation: this is the focus of ELHSCP's Planning for an Older Population work, which seeks to address this, together with ongoing work around care at home procurement and locality-based working. Our own research indicates that there are sufficient care home places currently across East Lothian • The impact on patients, families and carers of receiving care outwith North Berwick, particularly in the light of poor public transport. This was recognised as potentially both a financial impact and an impact on patients' and carers wellbeing. Mitigation: working with the community and RVS to increase the availability of volunteer car schemes and raising public transport issues with East Lothian Council as part of the Planning Older People's Services work. In future, using other health and social care support to help people to receive treatment at home, for example, District Nursing, Hospice at Home, Hospital at Home. • Loss of minor injuries support at the Edington. Mitigation: Much better public information for people around what minor injuries services provided, what was available from GPs, 	<p>Age, staff, carers, people in geographical areas, staff, Fairer Scotland Duty</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>community pharmacists, CTACS, and NHS 24. There should also be more clarity around when minor injuries services were suitable and when not. Almost 40% of cases dealt with by the minor injuries services at the Edington could not be treated there and had to be referred on.</p> <ul style="list-style-type: none"> • The impact on staff in Ward 6, particularly those who had moved to ELCH from the Edington in the past two years. Mitigation: staff would be able to use the NHS Lothian Organisational Change procedures and ELHSCP had also gained valuable learning from the closure of Eskgreen care home around supporting staff into positive destinations. • The emotional impact on people in North Berwick who have a huge attachment to the Edington. Mitigation: the potential for exploring a community hub approach in the modelling for the Planning for Older People work. • Loss of a base with toilet facilities where peripatetic staff could do their admin, eat their meals and store equipment. Mitigation: staff needed a base but it didn't have to be at the Edington. 	

Environment and Sustainability including climate change emissions and impacts	Affected populations
Positive	The Edington is energy inefficient and its closure would reduce the impacts that ensue from this.
Negative	The potential for increased car usage

Economic	Affected populations
Positive	n/a
Negative	n/a

9. Is any part of this policy/ service to be carried out wholly or partly by contractors and if so how will equality, human rights including children’s rights, environmental and sustainability issues be addressed?

No

10. Consider how you will communicate information about this policy/ service change to children and young people and those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.

A communications plan will be developed to support people to understand other avenues of support, taking due account of the needs of people who do not have English as a first language or low literacy levels.

11. Is the plan, programme, strategy or policy likely to result in significant environmental effects, either positive or negative? If yes, it is likely that a Strategic Environmental Assessment (SEA) will be required and the impacts identified in the IIA should be included in this. See section 2.10 in the Guidance for further information.

No,

12. Additional Information and Evidence Required

None.

13. Specific to this IIA only, what recommended actions have been, or will be, undertaken and by when? (these should be drawn from 7 – 11 above) Please complete:

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and job title)	Deadline for progressing	Review date
Communications plan	Jen Jarvis, Communications Lead	If decision to close Ward 6 ELCH and the Edington is confirmed,	Six months from start of communications plan

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and job title)	Deadline for progressing	Review date
		as soon as possible thereafter	
Follow-up IIA	Jane Ogden-Smith, Equalities and Engagement Officer	If decision is confirmed, 6 months from closure	n/a

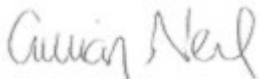
14. Are there any negative impacts in section 8 for which there are no identified mitigating actions?

No

15. How will you monitor how this proposal affects different groups, including people with protected characteristics?

By Integrated Impact Assessment.

16. Sign off by Head of Service



Name – Gillian Neil, General Manager, Acute and Ongoing Care

Date – 21st March 2024

17. Publication

Completed and signed IIAs should be sent to:

jogden-smith@eastlothian.gov.uk for publication on the ELHSCP [IIA Database](#) on www.eastlothian.gov.uk