

Interim IIA Report – Proposal to close Belhaven Hospital, Dunbar

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 Belhaven Hospital

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

This proposal recommends closing both the care home and the inpatient beds at Belhaven Hospital and full closure of the site, where community services will be re-located. We will permanently close the care home beds that are situated within Blossom House, and the inpatient beds which are currently established within the bed base at East Lothian Community Hospital (ELCH) will not transfer back to Belhaven. Belhaven also hosts the Community Hub, providing vaccinations and a base for allied health professionals and some of our care at home carers. The Vaccinations Team have noted that hosting clinics at Belhaven, although welcomed locally, has not had much impact on take-up and that many frail older people/people with disabilities were choosing to use the at-home vaccination option.

The building is old and does not meet standards for privacy and dignity. Bedrooms are not designed to accommodate modern hoists and residents have to be hoisted in corridors. They also have to share bathing facilities and toilets.

The Belhaven site has ongoing problems with water quality, which led to the temporary closure of Blossom House, with residents having to be decanted to East Lothian Community Hospital last year. Residents moved back to the site recently but have once again had to be moved to ELCH in early March 2024 due to significant risks identified by the Scottish Fire and rescue Service in relation to the safe fire evacuation routes. After an unannounced inspection, they asked ELHSCP to close Blossom House with immediate effect, which we did. If we had not an enforcement or prohibition notice would have been issued.

The fire safety issue has been amplified by people setting fires in the grounds and other acts of vandalism. Due to the isolated nature of the site, this has also led to concerns for the general safety and security of residents, patients and staff, particularly overnight.

Belhaven Hospital is also experiencing difficulties in attracting new staff to replace those who are retiring or require long absences from work due to ill health, maternity leave etc. This is exacerbated by difficulties in getting bank staff to cover because of the distance involved.

There is insufficient car parking at Belhaven and there are issues with cars spilling out into the local streets during vaccination clinics.

The Belhaven complex was identified as being unfit for purpose in 2009 as part of the Older People's Strategy work. Neither ELHSCP nor ELC have any capital budget to build a new equivalent facility. It is difficult and expensive to maintain in line with Health Improvement Scotland, Care Inspectorate and NHS Scotland guidance. The investment required to do this could be better spent on other services that support people from across East Lothian.

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:

- The overwhelming majority of people who took part in our engagement were clear that they wanted to remain living at home for as long as possible and only wanted access to a care home if their physical and mental health necessitated it.
- They wanted us to focus on intermediate care measures that could help people to live independently and safely at home
- Most people wanted to die at home with the appropriate support for themselves and their families in place
- Many people were keen to see the development of community hubs to provide health and social care services locally.

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

Yes

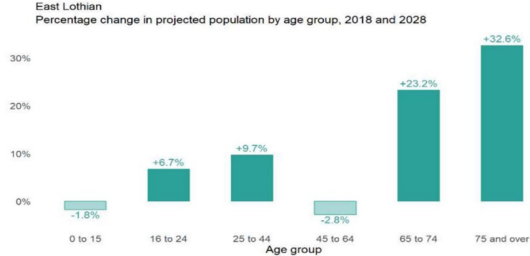
5. Date of IIA

7 March 2024 from 11.30am – 1pm via Teams.

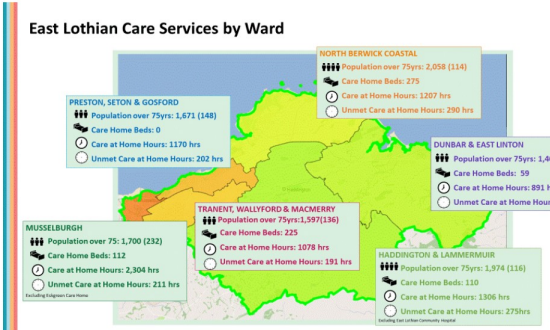
6. Who was present at the IIA? Identify facilitator, lead officer, report writer and any employee representative present and main stakeholder (e.g. Council, NHS)

Name	Job Title	Date of IIA training
Gillian Neil (Lead Officer)	General Manager, Access and Ongoing Care, ELHSCP	
Thomas Miller	NHS Lothian Unions Representative	
Jackie Little	Senior Nurse, Blossom House/Belhaven	
Judith McNeill	Team Leader – Adult Health and Social Care	
Candice Darling	Planning Officer, ELHSCP	
Paul Currie	Interim General Manager, Strategic Integration, ELHSCP	
Jennifer Jarvis	ELHSCP Communications Lead	
Krista Clubb	Vaccinations Lead, ELHSCP	
Fiona Wilson	Chief Officer, ELHSCP	
John Hardman	Dunbar GP/ELHSCP Primary Care Change Board Chair	
Jacquie Bell	Dunbar and East Linton Local Area Partnership and HWSG Chair	
Kathleen O'Brien	West Barns Community Council Chair	
Rev. Suzie Fletcher	East Lammermuir Community Council	
Pippa Swan	Dunbar Community Council Chair	
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%
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%															

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"> • 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>

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"> • 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>1170 hrs</td> <td>202 hrs</td> </tr> <tr> <td>North Berwick Coastal</td> <td>2,058 (114)</td> <td>275</td> <td>1207 hrs</td> <td>290 hrs</td> </tr> <tr> <td>Dunbar & East Linton</td> <td>1,405</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>191 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	1170 hrs	202 hrs	North Berwick Coastal	2,058 (114)	275	1207 hrs	290 hrs	Dunbar & East Linton	1,405	59	891 hrs	202 hrs	Musselburgh	1,700 (232)	112	2,304 hrs	211 hrs	Tranent, Wallyford & Macmerry	1,597 (136)	225	1078 hrs	191 hrs	Haddington & Lammermuir	1,974 (116)	110	1306 hrs	275 hrs
Ward	Population over 75s	Care Home Beds	Care at Home Hours	Unmet Care at Home Hours																																	
Preston, Seton & Gosford	1,671 (148)	9	1170 hrs	202 hrs																																	
North Berwick Coastal	2,058 (114)	275	1207 hrs	290 hrs																																	
Dunbar & East Linton	1,405	59	891 hrs	202 hrs																																	
Musselburgh	1,700 (232)	112	2,304 hrs	211 hrs																																	
Tranent, Wallyford & Macmerry	1,597 (136)	225	1078 hrs	191 hrs																																	
Haddington & Lammermuir	1,974 (116)	110	1306 hrs	275 hrs																																	
<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>Dunbar population</p> <p>In 2018, 20% of the population were aged 65+. The projected growth of population by 2028 the 65+ population will rise to 23.8%.</p> <p>Scottish Index of Multiple Deprivation</p> <p>East Lothian consists of 6 wards and 132 data zones, of which 8 data zones</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>Evidence Finder (by extrapolation)</p> <ul style="list-style-type: none"> • Dunbar and East Linton Ward Snapshot 2022 	<p>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 Dunbar</p> <p>The Scottish Index of Multiple Deprivation (SIMD) 2020 identifies concentrations of deprivation in East Lothian.</p> <ul style="list-style-type: none"> • None of the 17 data zones in the Dunbar and East Linton ward are within the 20% most deprived across East Lothian. • The lowest ranked data zone is Harbour/Victoria St/Castle St, ranked 33rd out of 132 data zones in East Lothian, and 2,319 out of 6,976 in Scotland.

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"> 4 data zones in the Dunbar and East Linton ward are within the 20% least deprived across East Lothian and Scotland
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) Dunbar and East Linton Ward Snapshot 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 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</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
		employed through employment agencies.
Research/literature evidence	<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 • East Lothian Dementia Strategy • East Lothian Carers Strategy 	<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>
Public/patient/client experience information	<ul style="list-style-type: none"> • Reporting from statutory complaints procedure (including comments and compliments) • Patient Experience data 	<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"> • 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"> • National Care Home Standards • HIS Excellence in Care • HIS Patient Safety Standards 	
Carbon emissions generated/reduced data		The buildings in the Belhaven Hospital complex are old and energy inefficient.
Environmental data	n/a	
Risk from cumulative impacts	n/a	

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
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"> • Safer living conditions for residents and patients in other purpose-built accommodation. • Ensuring that patients' rights to privacy and dignity are met in other facilities in East Lothian that meet modern standards. • Safer working conditions for staff in other purpose-built facilities like ELCH. • The potential for freeing resources to support people in Dunbar and East Lothian generally elsewhere in the county. 	<p>Age (residents and staff), Disability (residents, carers), staff, carers, people in geographical areas</p>
<ul style="list-style-type: none"> • Potential to lose palliative care beds. Mitigation: we are developing more hospice at home and palliative care at home in line with people's wishes (Planning for Older People). • Loss of specialist care for older people. Mitigation: specialist care can be provided in other facilities in East Lothian. • Impact on older people/people with disabilities (residents at Blossom House and carers) stemming from change. Mitigation: modern facilities are better adapted for patients/residents with disabilities. • Loss of base for health and social care staff – a base in the East End of East Lothian very much needed by staff. Mitigation: a base is needed in this area of the county, but it doesn't have to be at Belhaven. • Packages of care for getting people are already under pressure – the loss of the beds will add to this. Mitigation: we can address this through 	<p>Age (residents and staff), Disability (residents, carers), staff, carers, people in geographical areas, Fairer Scotland Duty</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>planning and commissioning and delivering the Planning for Older People's Services work.</p> <p>Impact on residents, families and carers</p> <ul style="list-style-type: none"> • Although East Lothian has an oversupply of independent sector care home beds, there are not enough in the immediate Dunbar area. Mitigation: we can address this through planning and commissioning and delivering the Planning for Older People's Services work. • Lack of overnight care for relatives supporting palliative/end-of-life care. Mitigation: we are developing more hospice at home and palliative care at home in line with people's wishes (Planning for Older People) • Impact on carers and residents of not being able to spend the whole day together – not possible in other facilities. Mitigation: we can work with independent providers to address this. • Impact of set visiting times at other hospitals on people who have to use public transport. Impact on young carers who cannot visit during daylight hours because at school – travelling at may not be possible for them. Mitigation: many hospitals have open visiting hours, which should accommodate visiting throughout the day. • Impact of potentially having to spend more time communicating with health professionals digitally rather than face-to-face. Mitigation: face-to-face would always be offered when needed. • Relatives will have to be cared for elsewhere in East Lothian. Mitigation: we can address this through planning and commissioning and delivering the Planning for Older People's Services work and trying to keep people as close to home as possible. <p>Transport:</p> <ul style="list-style-type: none"> • Dunbar is 'weirdly remote' in terms of location and transport links so the loss of the facility of Belhaven for providing health and social care would be very impactful for a town of 13,000 people. • Issues for people in the outlying community around Dunbar not having transport links to other areas of East Lothian, whereas they can access Dunbar (age and disability) • Impact of poor public transport on people trying to get to health appointments elsewhere in the county 	

Equality, Health and Wellbeing and Human Rights	Affected populations
<ul style="list-style-type: none"> • Lack of public transport for evening visits. • Distance older people may have to travel to visit Disparity between the ability of people in Musselburgh to access a wider range of public transport and Dunbar where transport links are very limited • Mitigation for all of transport: poor public transport is a recurring theme in all our engagement. While we can work to support local voluntary car schemes to some extent, the onus for public transport lies with East Lothian Council and we are making a point of raising this with them whenever we can. We have noted with interest the development of local bus request schemes in the North Berwick Coastal area. <p>Staff:</p> <ul style="list-style-type: none"> • Impact on staff at Belhaven who don't drive • Most of the staff at Belhaven have worked there for 30 years – their levels of staff fitness are not up to working in ELCH. • Impact on staff who live locally. • Losing staff to retirement and supermarkets because they don't want to move. • Impact on staff who are also unpaid carers having to add on up to two hours a day away from home if they have to travel to work elsewhere – also staff are not paid for those extra hours of travel time. • Mitigation for staff issues: staff will be supported through NHS Lothian's Reorganisational Change processes, supplemented by learnings from the closure of Eskgreen care home. <p>Socio-economic:</p> <ul style="list-style-type: none"> • Potential impact on residents/families who are self-funders who may have to pay more to access equivalent care in East Lothian in the independent sector, as they charge higher rates than ELHSCP homes. Mitigation: we can address this through planning and commissioning and delivering the Planning for Older People's Services work. • Socio-economic impact for carers having to find additional funds for travel. Cost of transport for people who don't have a bus pass. Mitigation: we can address this through planning and commissioning and delivering the Planning for Older People's Services work. 	

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Impact on the Dunbar community:</p> <ul style="list-style-type: none"> • Impact on intergenerational work happening at Belhaven and on community garden that sells produce locally and supplies local food bank. • The potential for a decaying site post closure impacting on the amenity of Dunbar. • NHS Lothian will be breaking the lease and the community garden is part of the NHS Lothian Green Strategy. • Wasted investment in upgrading wards at Belhaven. • Remoteness of Dunbar generates a lot of extra work for GPs and much greater incidence of poor mental health exacerbated by people trying to access services which are not local. • The challenges coming from a government level are ‘absolutely stunning’ and mean there is not any capital to refurbish the buildings or build a fit-for-purpose facility on the site. • Closure of Belhaven would be viewed by the community as an absolute disaster. • Once Belhaven is closed, nothing will come in its place. • Mitigations: If Belhaven Hospital is closed, the site will revert to NHS Lothian, who will be responsible for maintaining the site and keeping it secure. Members of the group were very keen to support an approach that ensured that the site was retained for health and social care purposes, for example, a community hub, and that it not be sold for housing development or to Belhaven Brewery. They thought it was essential to have that marker about the site being sold for health and social care purposes in place with NHS Lothian, should be proposal to close Belhaven be confirmed. 	

Environment and Sustainability including climate change emissions and impacts	Affected populations
Positive	Belhaven Hospital is inefficient and its closure would reduce the impacts that ensue from this.
Negative	<ul style="list-style-type: none"> • The potential for increased car usage

Environment and Sustainability including climate change emissions and impacts	Affected populations
	<ul style="list-style-type: none"> • The loss of the community garden and its contribution to the local food network and reduction in food miles.

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 Belhaven Hospital is confirmed, as soon as possible thereafter	Six months from start of communications plan
Follow-up IIA	Jane Ogden-Smith, Equalities and Engagement Officer	If decision is confirmed, 6 months from closure	n/a

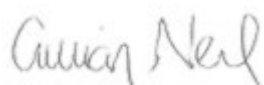
14. Are there any negative impacts in section 8 for which there are no identified mitigating actions?

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, ELHSCP

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