



**MINUTES OF THE MEETING OF THE  
EAST LOTHIAN INTEGRATION JOINT BOARD**

**THURSDAY 20 MARCH 2025  
VIA DIGITAL MEETINGS SYSTEM**

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**Voting Members Present:**

Councillor S Akhtar (Chair)  
Mr J Blazeby  
Mr A Cogan  
Councillor J Findlay  
Ms E Gordon  
Mr G Gordon (\*substitute)  
Councillor L Jardine  
Councillor C McFarlane

**Non-voting Members Present:**

Ms M Allan	Mr D Binnie
Ms L Byrne	Dr J Hardman
Mr D Hood	Dr K Kasengele
Mr L Kerr	Dr C Mackintosh
Ms M McNeill	Ms F Wilson

**Officers Present from NHS Lothian/East Lothian Council:**

Ms L Berry	Ms C Goodwin
Ms L Kerr	Mr N Munro
Ms I Nisbet	Mr G Whitehead

**Clerk:**

Ms F Currie

**Apologies:**

Dr P Cantley\*  
Mr D Bradley  
Ms C MacDonald  
Mr T Miller

**Declarations of Interest:**

None

The Chair welcomed everyone to the meeting. She advised that the meeting was being recorded and would be made available as a webcast in order to allow the public access to the democratic process in East Lothian. East Lothian Council and NHS Lothian were the data controllers under the Data Protection Act 2018. Data collected as part of the recording would be retained in accordance with the Council and Health Board's policies on record retention. The webcast of this meeting would be publicly available for six months.

**1. MINUTES OF THE EAST LoTHIAN IJB MEETING ON 20 FEBRUARY 2025 (FOR APPROVAL)**

The minutes of the IJB meeting on 20 February were approved.

**2. MATTERS ARISING FROM THE MINUTES OF 20 FEBRUARY 2025**

The following matters arising from the minutes on 20 February were discussed:

**Item 2** – The Chair asked when the update on unscheduled care would be presented to the IJB. Fiona Wilson said that she would discuss this with her out with the meeting.

**Item 3** – The Chair asked when the IJB would receive an update on the proposal for a Musselburgh, Wallyford & Whitecraig Day Centre. Laura Kerr advised that discussions were ongoing, and she hoped to provide an update to the IJB in May.

Jonathan Blazeby asked if his request at the last meeting to create an action note had been given further consideration. Members agreed that it would be helpful to have a rolling action note similar to those used by Edinburgh and West Lothian IJBs, which could be attached to the minutes. The Chair agreed to take this forward.

**3. CHAIR'S REPORT**

A report was presented on the activities undertaken by the Chair of East Lothian Integration Joint Board (IJB) and any relevant updates.

The Chair presented her report drawing attention to some of the activities and events summarised including the recently published Audit Scotland report on IJB finances, a meeting of the IJB Chairs & Vice Chairs and her visit to Dunbar Day Centre with some other IJB members.

Councillor Carol McFarlane encouraged members who had not already done so to visit day centres in the county. She commended their work in supporting clients and carers as well as helping to tackle loneliness. She said that her visit to Dunbar Day Centre had left her feeling very positive.

Responding to a question from Mr Blazeby, the Chair advised that the National Care Service proposals had been pared back but that the introduction of a National Advisory Board was new. She said that Chairs and Vice Chairs had made clear at the meeting that they did not want to see any unnecessary duplication as a result of these revised proposals. Andrew Cogan suggested that it was too soon to be concerned as there was nothing official yet. He would ask officers to bring forward a paper to the IJB in due course when the proposals were clearer.

Maureen Allan referred to the Audit Scotland report and asked for more engagement with the third sector in the decision-making process and said she would be happy to discuss this further with the Chair and Mr Cogan. The Chair agreed that it was important to work in partnership and that perhaps the details of engagement with the voluntary sector needed to be made clearer in reports presented to the IJB.

The Chair concluded by highlighting her recent discussions with both Staff Representatives on the IJB and the two presentations from VCEL and Enjoy which had been shared with members and which might be worth covering in a future development session.

## **Decision**

The IJB agreed to:

- i. Note the activities and updates that had taken place since the last meeting.
- ii. Note that the report was to help raise awareness of the wide range of work carried out across East Lothian that contributed to the strategic directions of the IJB.

## **4. IJB MEMBERSHIP AND CHAIR/VICE CHAIR ROLES**

A report was submitted by the Chief Officer advising the IJB of the reappointment of three voting members; and to seek agreement for the appointment of a new Chair and Vice Chair for a period of two years from 1 April 2025.

Ms Wilson presented the report outlining the background and recommendations.

She responded to a question from Mr Blazeby proving clarification of the term of office for the reappointment of the voting members.

In reply to questions from Ms Allan, Mr Cogan said his view was that the role of Chair was defined by the IJB's Standing Orders. He was content for issues to come forward to the IJB in the usual way – via reports from officers – and he encouraged members to work with officers on any issues that they may wish to raise. He added that the direction of the IJB was for the IJB to determine and not the Chair.

Ms Kerr added that the IJB had statutory duties which required engagement with the third sector at particular times, and that there may also be a role for Strategic Planning Group (SPG) in improving engagement levels.

Councillor Akhtar thanked officers for their support during her tenure as Chair and offered her thanks to all Partnership staff. She said that she would continue to be mindful of the role of the IJB and the Partnership and she wished Mr Cogan success in his new role.

On behalf of the community, Marilyn McNeill thanked Councillor Akhtar for her work as Chair over the past two years.

Mr Blazeby asked about quarterly reporting to the IJB by the Clinical Care & Governance Committee and whether there could be a standing item on IJB agendas providing an update, verbal or written, from the Chair of the Audit & Risk Committee.

Ms Kerr confirmed that the Clinical Care & Governance Committee met within the Partnership and that its terms of reference and function were currently being revised. She hoped to start bringing reports forward to the IJB from the middle of the year.

Councillor Lyn Jardine agreed that there needed to be further consideration of how information was reported and how meetings were structured. She also felt that there was a similar issue with the SPG. She said she would welcome arrangements to ensure a regular flow through of information.

Ms Kerr suggested that it might be possible to share with members the minutes of the Audit & Risk Committee and the SPG meetings.

George Gordon suggested looking at best practice elsewhere and said that West Lothian IJB included the minutes of their Audit & Risk Committee as part of the IJB meetings and gave the committee Chair the opportunity to comment.

The Chair moved to a roll call vote and the recommendations were approved unanimously.

## **Decision**

The IJB agreed to:

- (i) note the reappointment of Councillors Shamin Akhtar, Lyn Jardine and Carol McFarlane, East Lothian Council voting members, for a further term of office
- (ii) approve the appointment of Andrew Cogan as Chair of the IJB from 1 April 2025
- (iii) approve the appointment of Councillor Shamin Akhtar as the Vice Chair of the IJB from 1 April 2025.

## **5. 2025/26 BUDGET OFFERS TO THE IJB**

A report was submitted by the Chief Finance Officer setting out the budget offers from East Lothian Council and NHS Lothian to East Lothian IJB for 2025/26.

Mike Porteous presented the report giving a detailed summary of the formal budget offer from East Lothian Council and the indicative offer from NHS Lothian. In assessing the offers against Scottish Government guidelines, he noted that the Council's offer passed on all uplifts it had received and had provided additional monies to fully fund pay rises for directly employed staff, and to address historical growth and financial pressures. Mr Porteous felt that this was a fair offer, and he recommended its acceptance. The NHS Lothian indicative offer included a commitment that any uplift for delegated budgets would be passed on in full to the IJB which complied with Scottish Government guidelines. He advised that NHS Lothian would set their own budget in April and a formal offer to the IJB would follow shortly thereafter. He concluded by saying that while the offers allowed the IJB to address baseline funding, they did not offer headroom to invest in any way.

Mr Cogan welcomed the offers from both partners. He said he was more than happy with them and the IJB could now move on to setting its own budget for 2025/26.

Mr Blazeby agreed saying that the IJB needed to look at transformational change and what these offers meant for service delivery and how the public might be feeling about

what the IJB intended to deliver this year. He queried the difference between the two offers and why NHS Lothian's offer would not be confirmed until two months into the new financial year.

Mr Porteous explained the criteria for assessing the offers and whether they were fair. He said that as the Scottish Government only provided single year settlements for the NHS and local authorities it was difficult to plan ahead on that basis. In terms of the disparity between the offers, he said that the IJB would need to wait until it received the final offer from NHS Lothian to see what it would mean for additionality. He confirmed that the Council had given the IJB additional funding for 2025/26.

Mr Blazeby commented that it was a distraction to be talking about finances and efficiencies at every meeting and he hoped that next year would be different.

Councillor Jardine said that the public sector in general was in a moderately better position this year due in part to the UK government's financial decisions. She said that while there was a desire to move to multi-year settlements it was dependent on the result of the UK government's spending review. She hoped that the Council's offer would provide breathing space for the and she asked if officers could provide an idea of what transformational change might look like and the IJB's role in that.

Mr Porteous said that while these offers would hopefully provide breathing space for the IJB to consider the challenges ahead, pressures would inevitably come along during the financial year and would require the IJB to review what was happening on the ground. However, he hoped the offers would give the IJB the chance to take stock and to put plans in place to better manage the financial challenges ahead.

Ms Wilson agreed but acknowledged that the IJB did now need to consider transformational change, how that would work within the new Strategic Plan and how to ensure that the IJB's vision aligned with what was on offer. She said that to have these budget offers was quite remarkable compared to where they expected to be and was partly due to the relationships and conversations with the IJB's partners. She added that transformational change was harder when getting 1-year settlements, and that these conversations would continue throughout the year.

Kalonde Kasengele commented that unless the IJB somehow found a way of moving towards transformational change, meetings would always include discussions around efficiencies and finances.

Mr Blazeby said that the link to the Strategic Plan would be key and would be where he would expect to see some of that transformational change. He reiterated his views expressed at the last meeting on the need to speed up that work.

Ms Wilson reflected that sometimes the IJB could influence things and sometimes things developed as a result of external factors.

Ms Allan asked about the role of communities in decision-making and said that some of the transformational change needed to be community-led. Ms Wilson said she would pick this up with Ms Allan out with the meeting.

The Chair summarised the comments and concerns expressed during the debate. She also welcomed the offer from East Lothian Council and said she looked forward to seeing the final offer from NHS Lothian.

The Chair moved to a roll call vote and the recommendations were approved unanimously.

## Decision

The IJB agreed to:

- i. Accept the 2025/26 Budget Offer from East Lothian Council.
- ii. Note the NHS Lothian indicative budget offer and its principles, with a formal offer to follow in due course.

## 6. BUDGET SETTING 2025/26

A report was submitted by the Chief Finance Officer setting out: the work undertaken to date on the budget setting process; the proposal that the IJB sets a balanced budget for 2025/26 based on the delivery of identified savings plans; and an updated 5 Year Financial Plan for the IJB.

Mr Porteous presented the report and began by reflecting on 2024/25 where despite the delivery of significant efficiencies, the year-end position was a forecast overspend of £3.5M. He said that the IJB needed to continue to plan ahead to meet its challenges and part of that would be to set a balanced budget at the start of the year. Following the budget offers, the IJB was in a good starting position for 2025/26 and would look to close the projected funding gap of £4.1M with further efficiencies. He advised that when applied, the Council offer presented a balanced position for social care, but the NHS Lothian indicative offer showed a small gap for health which was completely within set aside services. He said that, as in the past, he would work collaboratively with finance colleagues to deliver a balanced position at year end. He drew attention to the efficiencies listed in the report indicating that these were expected to deliver in full and would have no impact on the current Strategic Plan.

Lastly, Mr Porteous highlighted the section of the report on the IJB's 5-year financial plan. He referred to some of the key risks and confirmed that he would bring updates to future meetings of the IJB. He concluded that the situation would remain challenging and that there may be difficult decisions ahead.

Mr Porteous responded to questions from Ms Allan. He said he was aware that a number of efficiency schemes had not delivered during the year, and some had not been taken forward. He would reflect on those schemes, why they had not delivered and whether they could be delivered going forward. This work would provide a starting point for future efficiencies and financial planning. He agreed that the current year budget gap could have been somewhat reduced if these efficiencies had been delivered by the year end.

Ms Wilson reminded members about some of the context and discussions on why some schemes did not deliver, for example where they may have caused harm, adding that that these were difficult decisions to take.

The Chair suggested that further information on the efficiencies could be circulated to members.

Replying to Mr Cogan, Mr Porteous confirmed that they intended to maintain the current level of service through a combination of the budget offers and delivery of agreed efficiencies.

Mr Cogan said that the IJB needed to take this year to consider how to manage the concept of transformational change through the Integration Scheme, and to consider

what that would look like for the next 3-5 years. He said he would welcome this being to focus of the next couple of development sessions.

Elizabeth Gordon stated that at its recent meeting the Audit & Risk Committee had received an internal audit report on recovery plan monitoring which had recommended that the IJB receive updates on the progress of efficiencies as part of its regular financial reporting. She said that she would welcome this as well as regular reporting to the Committee.

Councillor Jardine said that she was increasingly anxious of the impacts on communities, with some more vulnerable than others. Given that the IJB was going to be looking at much more transformational change in future, she would expect officers to provide comprehensive evidence-based Integrated Impact Assessments (IIAs) as part of their reports.

Ms Kerr agreed advising members that all completed IIAs had risks and mitigations highlighted were reviewed within 6-12 months. She assured members that these were active documents which were available online and open to challenge from the IJB. She added that the mainstreaming equalities report would be coming back to the IJB soon and it might be helpful to have this as the focus of the development session in April.

David Binnie shared with members the situation which Carers of East Lothian had found themselves in when re-tendering for a new contract. The challenges of rising costs, such as employer NICs, and reduced tendering budgets has led to the organisation starting to lose staff and there would be further challenges ahead. He said that this was an illustration of the on just one of the county's third sector organisations who were delivering key services.

Ms Kerr agreed that it was a very difficult situation as organisations had year on year increases to meet but the IJB didn't have increased year on year funding to offer. Although the IJB was not cutting these services, organisations would end up delivering less with what they were given.

Ms Allan suggested that, if not already available, there needed to be an IIA specific to impact on community organisations. She said that the IJB needed to be mindful that if community services and support were reduced the impact on statutory services would rise significantly.

The Chair highlighted the importance of further integration and seeing progress on the work on set aside and shifting the balance of care. The IJB needed to fully utilise transformation work done by all its partners and take full advantage of opportunities to participate in this work. She agreed that it would be helpful to delve a bit deeper into these issues during a development session.

The Chair moved to a roll call vote and the recommendations were approved unanimously.

## **Decision**

The IJB agreed to:

- i. approve a balanced budget on the basis of the approach highlighted in paragraph 3.10 of the report.
- ii. approve the Efficiency plans highlighted in Table 2 and detailed in Appendix 1 of the report.

- iii. note the scale of the projected financial challenges set out in the updated IJB 5 Year Financial Plan.

## **7. HEALTH AND SOCIAL CARE INTEGRATION – STAFF AND CLAIMS PROTOCOLS - EAST LoTHIAN COUNCIL AND NHS LoTHIAN**

A report was submitted by the Chief Officer formalising Staff and Claims Protocols for East Lothian Council and NHS Lothian which set out HR and contractual matters for East Lothian Council and NHS Lothian employed staff of East Lothian Health and Social Care Partnership.

Ms Kerr presented the report outlining the background and advising members that these protocols should have been in place earlier but for various reasons had not come to fruition. Their purpose was to support the HSCP and partner's employees and would sit alongside other protocols as set out in the report.

In response to questions from Mr Blazeby, Ms Kerr confirmed that the IJB did have authority to approve these documents, and it was part of its role within the terms of the Integration Scheme. The partners had been very involved in the development of the protocols and had given their agreement to the drafts now being presented to the IJB. She explained that the protocols were designed to address process issues and ease the provision of services for staff.

Ms Gordon said that she was reassured by the knowledge that both the Council and NHS Lothian's HR departments had reviewed the documents. She felt that they were useful documents which provided clarity for employees.

Replying to questions from Liam Kerr and the Chair, Ms Kerr confirmed that the IJB's Staff Representatives had both previously had sight of the protocols.

The Chair comments that the protocols offered a practical way to deal with issues. She moved to a roll call vote and the recommendations were approved unanimously.

### **Decision**

The IJB agreed the Staff and Claims Protocols for ratification.

## **8. APPOINTMENT OF IJB STANDARDS OFFICER**

A report was submitted by the Chief Officer nominating a replacement Standards Officer, as required by the Ethical Standards in Public Life (Scotland) Act 2000. This nomination was subject to approval by the Standards Commission for Scotland.

Ms Wilson presented the report outlining the background to the requirement for a Standards Officer in recognition of the IJB as a devolved public body. It had been acknowledged that there needed to be a more independent officer in this role rather than the Chief Officer of the IJB and the recommendation was to nominate the Council's Head of Corporate Support, subject to approval by the Standards Commission.

Mr Blazeby agreed that this was a sensible approach and asked about Ms Barnett's experience. Ms Wilson advised that Ms Barnett had recently supported an information and engagement session for councillors on standards and their Code of Conduct and both the Council and NHS Lothian were supportive of the proposal.

Councillor Jardine said that Ms Barnett had taken over as the Council’s Monitoring Officer last year and had made a very positive impression. Councillor Jardine was supportive of this nomination.

The Chair said that Ms Barnett had also worked in the City of Edinburgh Council. She also suggested that it might be useful to have a future session for members with Ms Barnett.

The Chair moved to a roll call vote and the recommendations were approved unanimously.

**Decision**

The IJB agreed to:

- i. Nominate East Lothian Council’s Head of Corporate Support, Hayley Barnett, as a replacement to the IJB Chief Officer, as Standards Officer to East Lothian’s IJB.
- ii. Note the appointment was subject to approval by the Standards Commission Scotland.

Signed .....

Councillor Shamin Akhtar  
Chair of the East Lothian Integration Joint Board



## EAST LoTHIAN INTEGRATION JOINT BOARD - ROLLING ACTIONS LOG

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Meeting Date: 22 May 2025

No.	Agenda Item	Meeting Date	Action	Action Owner	Expected Completion Date	Comments
	2	20/03/2025	To provide an update on the proposals for a Musselburgh, Day Centre	Laura Kerr	22/05/2025	Report included on the agenda for 22 May meeting.
	2	20/03/2025	To prepare an Action Log	Clerk	22/05/2025	First draft of Action Log included on the agenda for 22 May meeting.
	3	20/03/2025	To consider arranging a development session on the work of VCEL and Enjoyleisure			Action owner and completion date tbc
	4	20/03/2025	To include in future IJB meeting agendas regular updates/share minutes of meetings from the Audit & Risk Committee, Strategic Planning Group and Clinical Care & Governance Committee	Laura Kerr Claire Goodwin Clerk	n/a	Ongoing from 22/05/2025
Rec ii	5	20/03/2025	Formal budget offer from NHS Lothian to follow	Mike Porteous	22/05/2025	Included in the Finance report to the 22 May meeting
Rec ii	8	20/03/2025	Nomination of Hayley Barnett as IJB Standards Officer to be subject to approval by the Standards Commission	Paul Currie?	None stated	Confirm once formal approval received.





**REPORT TO:** East Lothian Integration Joint Board

**MEETING DATE:** 22 May 2025

**BY:** Chief Officer

**SUBJECT:** Reappointment of IJB Voting Member

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## **1 PURPOSE**

- 1.1 To inform the Integration Joint Board (IJB) of the reappointment of a voting member representing NHS Lothian.

## **2 RECOMMENDATIONS**

- 2.1 The IJB is asked to note the reappointment of Elizabeth Gordon as a voting member of the IJB for the maximum term of office.

## **3 BACKGROUND**

- 3.1 Ms Gordon was originally appointed as a voting member of the East Lothian IJB, representing NHS Lothian, with effect from 1 August 2022. Her term of office expired at the end of March 2025. NHS Lothian's Board met on 16 April 2025 and agreed to extend (retrospectively) Ms Gordon's appointment until 24 June 2025, and to reappoint her for a further 3-year term of office, effective from 25 June 2025.
- 3.2 NHS Lothian and East Lothian Council may each appoint four voting members, and these appointments don't require the approval of the IJB. All IJB members, except those where their membership is by virtue of their role, e.g. Chief Officer, are appointed to the IJB for a maximum term of office of 3 years. Thereafter, appointments may be renewed for subsequent terms.

## **4 ENGAGEMENT**

- 4.1 The appointment in this report has been discussed with the relevant nominating body.

## **5 POLICY IMPLICATIONS**

- 5.1 The recommendations in this report implement national legislation and regulations on the establishment of IJBs.

## **6 INTEGRATED IMPACT ASSESSMENT**

- 6.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy.

## **7 DIRECTIONS**

- 7.1 The subject of this report does not affect the IJB's current Directions or require an additional Direction to be put in place.

## **8 RESOURCE IMPLICATIONS**

- 8.1 Financial – None.  
8.2 Personnel – None.  
8.3 Other – None.

## **9 BACKGROUND PAPERS**

- 9.1 The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (SSI 2014 No.285).  
9.2 The Scheme of Integration of the IJB.

<b>AUTHOR'S NAME</b>	Fiona Currie
<b>DESIGNATION</b>	Committees Officer
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<b>DATE</b>	May 2025

**REPORT TO:** East Lothian Integration Joint Board

**MEETING DATE:** 22 May 2025

**BY:** Chief Officer

**SUBJECT:** Reporting Process: Lothian Strategic Development Framework (LSDF) & NHS Lothian Annual Delivery Plan

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## **1 PURPOSE**

- 1.1 To seek IJB approval with regards to a proposed approach whereby the East Lothian Integration Joint Board (IJB) and Strategic Planning Group (SPG) is regularly updated on: progress within the Lothian Strategic Development Framework (LSDF) pillars pertaining to delegated functions, and; the annual compilation and submission of the NHS Lothian Annual Delivery Plan (ADP).

## **2 RECOMMENDATIONS**

- 2.1 The IJB is asked to approve the proposed approach outlined in the body of the report and as discussed and agreed at the May meeting of East Lothian Strategic Planning Group (SPG).

## **3 BACKGROUND**

- 3.1 The Lothian Health & Care System (LHCS) bring together the five bodies with statutory responsibility for the strategic planning and commissioning of health and care services for people in Lothian: The four Lothian IJBs (including East Lothian IJB) and NHS Lothian.
- 3.2 The LSDF describes the shared strategic intent of the LHCS and sets out our shared plans over the next five years across six “Pillars”:
- Our role as an Anchor Institution;
  - Maternity, Children & Young People;
  - Mental Health, Illness & Wellbeing;
  - Primary Care;

- Scheduled Care;
- Unscheduled Care.

These plans are expressed within “Implementation Books”, which are refreshed each year and agreed by the Pillar Programme Boards.

- 3.3 Three of the six LSDF pillars reflect functions that are delegated to the East Lothian IJB: Mental Health, Illness and Wellbeing; Primary Care, and; Unscheduled Care. The Implementation Books for each of these pillars reflect the strategic intentions of the IJB, and the IJB’s Strategic Plan. To support collaboration, East Lothian HSCP colleagues are engaged in the tactical and/or working groups associated with each Programme. The Chief Officer is a member of the Mental Health Programme Board and Chair of the Unscheduled Care Programme Board, and East Lothian colleagues are also members of the Primary Care Joint Management Group, which oversees the Primary Care Pillar.
- 3.4 Progress against plans is reviewed and collated both at mid-year and at an end of year review, which informs the LSDF Annual Report.
- 3.5 It is proposed that LSDF Implementation Books relating to delegated functions, plus mid- and end- year review reports are shared with the Strategic Planning Group for discussion, with a view to examining plans and progress within delegated functions and identifying any items or issues for consideration by the IJB.
- 3.6 To maximise efficiency, it is proposed that these reports are presented to the IJB Strategic Planning Group by the Chief Officer in line with the “Lothian Planning Cycle” for 2025/26, whereby the LSDF Annual Report for 2024/25 is presented in May/June and the mid-year review in November/December.
- 3.7 Each territorial Health Board is required to produce an Annual Delivery Plan (ADP) in response to a Scottish Government commission.
- 3.8 The NHS Lothian ADP is customarily a blend of the actions we intend to take across the LHCS as part of the LSDF, and responses to specific asks from Scottish Government. As such, the ADP reflects LSDF Implementation Books, which may in turn be updated in response to the specific asks from Scottish Government.
- 3.9 As the LSDF is a shared strategic framework of the LHCS, of which East Lothian IJB is a constituent part, it is important that the ADP is subject to appropriate governance arrangements.
- 3.10 Going forward, it is proposed that NHS Lothian’s draft ADP is shared with the Strategic Planning Group for information and comment early in 2026 ahead of submission to Scottish Government. The final version of the ADP will also be shared with the IJB.

## **4 ENGAGEMENT**

- 4.1 IJB members may be aware of significant public and stakeholder engagement activity, which informed the development of the LSDF in 2021 and 2022. Stakeholders continue to be engaged as plans develop.

## **5 POLICY IMPLICATIONS**

- 5.1 NHS Lothian's ADP includes delivery priorities related to the LSDF and its associated Implementation Books. As the LSDF is a shared strategic framework for the Lothian Health and Care System, of which East Lothian IJB is a constituent part, it is important that the ADP is subject to the appropriate East Lothian governance arrangements.
- 5.2 Consideration of the LSDF pillars related to IJB delegated functions will be important as review of the East Lothian IJB Strategic Plan progresses. In turn, it is important that East Lothian continues to be engaged in the ongoing development of the LSDF and Implementation Books to ensure that any shared commitments reflect East Lothian IJB strategic objectives.

## **6 INTEGRATED IMPACT ASSESSMENT**

- 6.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy, in that it relates to the reporting process associated with the LSDF and the NHS Lothian ADP.

The LSDF has been through the NHS Lothian Impact Assessment process, and the IA report can be accessed here:

<https://org.nhslothian.scot/equality-human-rights/impact-assessments/>

## **7 DIRECTIONS**

- 7.1 No impact on directions.

## **8 RESOURCE IMPLICATIONS**

- 8.1 Financial – none
- 8.1 Personnel – The main resource associated with this proposal is the time of the officers required to collate and share progress reports. Resource implications are minimised through the alignment of this reporting with the Lothian Planning Cycle.

8.3 Other – none

## 9 BACKGROUND PAPERS

9.1 [Lothian Strategic Development Framework, April 2022.](#)

9.2 Reporting Process: Lothian Strategic Development (LSDF) & NHS Lothian Annual Delivery Plan – Report to East Lothian Strategic Planning Group (SPG), 1st May 2025.

**Appendices:** None

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<b>DATE</b>	13 <sup>th</sup> May 2025



**REPORT TO:** East Lothian Integration Joint Board

**MEETING DATE:** 22 May 2025

**BY:** Chief Officer

**SUBJECT:** Integrated Model of Day Centre and Dementia Meeting Centre in Musselburgh

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## **1 PURPOSE**

- 1.1 The purpose of this paper is to update IJB on the proposal to develop an integrated model of the existing Dementia Meeting Centre and a new Older People's Day Centre, agreed by SPG in May 2025.

## **2 RECOMMENDATIONS**

The IJB is asked to:

- 2.1 Note the findings in the SBAR which was considered at Strategic Planning Group
- 2.2 Agree the implementation of an integrated model of Dementia Meeting Centre and Day Centre.
- 2.3 Acknowledge the challenging financial environment facing the IJB and the need to ensure all developments deliver financially sustainable services.

## **3 BACKGROUND**

- 3.1 In October 2024, the IJB agreed to pause the development of a new Day Centre for Older People in the Musselburgh, Wallyford & Whitecraig areas due to the financial recovery programme.
- 3.2 A further review and business case was developed and considered by SPG. In summary, the business case highlighted:
- 3.2.1 Clear strategic alignment with established HSCP priorities including early intervention and prevention as well as commitments set out in the HSCP Dementia and Carers strategies.

- 3.2.3 Day services are a key aspect of intermediate care (identifying signs of illness early, reducing frailty and assisting rehabilitation) and provide support to people up to the end of life, making them key to the Planning for Older People's Services recommendations that were presented to the IJB in February 2025.
- 3.2.5 Analysis and engagement with stakeholders indicates a clear need for the centre; there remains a high level of unmet need for older people with complex needs in Musselburgh and surrounding areas and it is estimated that 84% would meet the criteria for a centre. The day centre will reduce pressure on existing services, allowing resources to be reallocated to those most in need.
- 3.2.7 Financial benefits include the comparative costs of Care at Home services, which are more expensive (£4.38 per hour for day centre and £23.00 per hour for Care at Home). The main financial benefits arise from opportunity cost savings - a comparison of delivering the direct care and the replacement care (for carers) indicates that the day centre is far more efficient (costs are 17% less than external providers and 38% less than internal providers). Day centres also provide an alternative to funding respite, reducing the pressure by an estimated £140,000 per annum for external providers. Day centres also provide an alternative and reduce and/or delay the need for more expensive Care Home placements.
- 3.2.8 The challenging financial environment the partnership is operating in, requires this development to deliver a financially sustainable service that ensures no additional pressures across the system.
- 3.2.9 A key finding of the review was that there was a significant unintended consequence of the delay in Musselburgh Day Centre, affecting the delivery of the local Dementia Meeting Centre (for people with mild to moderate dementia). The Meeting Centre members needs are now too complex for the centre to manage, but there is no service pathway.
- 3.2.10 The Dementia Meeting Centre is funded via a grant to Dementia Friendly East Lothian until March 2026.
- 3.3 Key benefits of the integrated model are identified as: a clearer pathway, better partnership working, better services for carers, community buy in, as well as financial efficiencies of moving to one provider through a reduction in management and other costs.
- 3.4 The main barrier to implementation of this model is the lack of designated premises. The approach taken has therefore been 1) identify and cost an interim solution for 12-18 months commencing April 2026 with existing providers and 2) link in with the East Lothian Council Asset review/place making project and other community partners to identify a longer term option from April 2027.

## **4 ENGAGEMENT**

- 4.1 A co-production approach has been taken to integration discussions, working with internal partners as well as communities and external stakeholders, including third sector providers, community partners, people with dementia, and carers.

## **5. POLICY IMPLICATIONS**

- 5.1 The commitment to develop the centre in Musselburgh is a key strand of the approved East Lothian Dementia Strategy. It is also aligned to the Carers Strategy and meets the IJBs Strategic Objectives set out below:

1. Developing services that are sustainable and proportionate to need
2. Deliver new model of community provision working with communities
3. Focus on prevention and early intervention
4. Enable people to have more choice and control and provide care closer to home as appropriate
5. Further develop / embed integrated approaches and services
6. Keep people safe from harm
7. Address health inequalities

## **6 INTEGRATED IMPACT ASSESSMENT**

- 6.1 The subject of this report has been through the Integrated Impact Assessment process. A significant number of negative impacts were identified, with a lack of mitigations noted:

[https://www.eastlothian.gov.uk/downloads/download/13653/elhscp\\_integrated\\_impact\\_assessmentequality\\_impact\\_assessments](https://www.eastlothian.gov.uk/downloads/download/13653/elhscp_integrated_impact_assessmentequality_impact_assessments)

## **7 DIRECTIONS**

- 7.1 D12I – Transforming Care for Older People and D14a – Carers Strategy

## **8 RESOURCE IMPLICATIONS**

- 8.1 The funding for the Musselburgh Day Centre was previously approved by IJB as part of the Community Transformation programme. Funding was identified for the new service from a redesign of internal transport provision which delivered savings of over £131k for investment in a new day centre.
- 8.2 In 2024/25 the funding for Musselburgh was paused as part of the Financial Recovery programme. However, the costs associated with the

development and delivery of the Musselburgh centre remain in budget for 2025/26 at £149k.

- 8.3 The proposed funding for the Day Centre element is based on benchmarked funding with the other centres of £149k. Integrating the model and utilising unallocated voluntary organisation funds of £44k (this is in addition to the financial recovery requirements) can deliver the day centre for £92k instead of £149k, a reduction of £57k or 38%.

**Original proposal**

Day Centre 149000

**Total 149000**

**New proposal**

Day Centre 149000

less 15% MC 12000

less vol org funds 45000

**Total 92000**

## **9 BACKGROUND PAPERS**

- 9.1 None

### **Appendix 1 – SBAR**

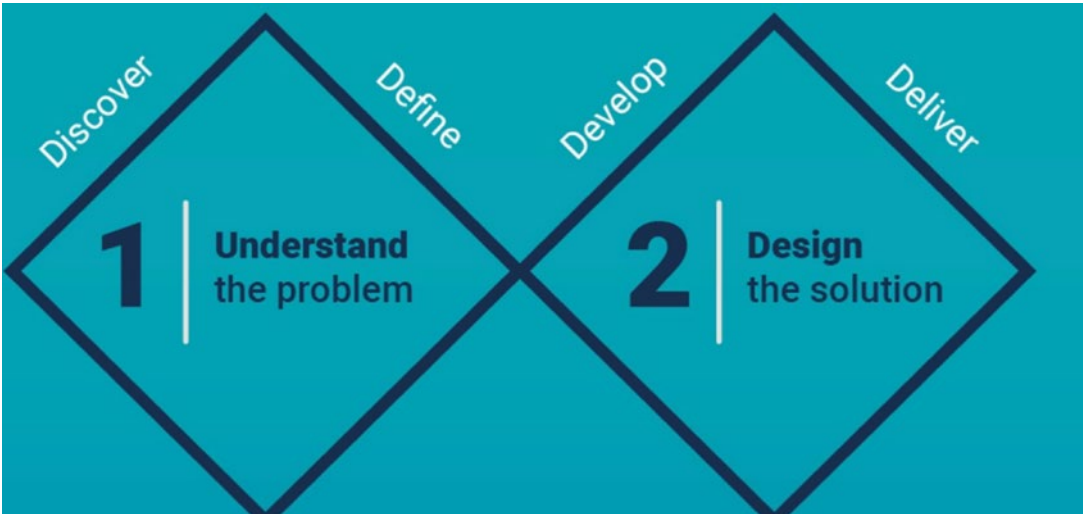
<b>AUTHOR'S NAME</b>	Christine Johnston
<b>DESIGNATION</b>	Service Manager – Strategic Planning & Commissioning
<b>CONTACT INFO</b>	Cjohnston5@eastlothian.gov.uk
<b>DATE</b>	01/05/25

## Appendix 1

**SBAR Date: 10/04/25**

**Completed By: Christine Johnston**

**Area: Musselburgh Area - Commissioning a Day Centre for Older People**

<b>Situation</b>	In October 2024, the IJB agreed to pause the development of a new Day Centre for Older People in the Musselburgh, Wallyford & Whitecraig areas due to the financial recovery programme. A further review and business case was presented to Strategic Planning Group in January 2025 and agreement was made to explore the development of an integrated model of Dementia Meeting Centre and Day Centre, noting that efficiencies from the integrated model will reduce the cost of the new service.
<b>Background</b>	A key finding of the day centre review was that there was a significant unintended consequence of the delay in Musselburgh Day Centre, affecting the delivery of the local Dementia Meeting Centre (for people with mild to moderate dementia). The Meeting Centre members needs are now too complex for them to manage, but there is no service pathway.
<b>Assessment</b>	<p><b>Key findings</b></p> <p>Using the Scottish Approach to Service Design noted below, workshops and conversations took place with key partners and stakeholders.</p>  <p>The difference between Meeting centre and Day Centre approaches, culture and service delivery were considered (see appendices). Key differences are the social model of the Meeting Centre, focussing on citizenship, rights and agency and being community led, with the Day Centre focussed on support for people with complex conditions including delivery of personal care. A significant finding is that Meeting Centre members will in time become Day Centre members. In the 2 years of the grant funding for the Meeting Centre, many of the members needs have increased and they need a day centre. Discussions covered funding, employees and volunteers, opportunities for development community spaces, and potential partnerships to create a</p>

flexible, sustainable model that could meet diverse community needs and aspirations. The group explored options for gradually expanding services while maintaining the cultures of the existing Meeting Centre and the Day Centre approach, finding ways to share resources and learning to mutual benefit.

### **Benefits**

- There is potential for smoother transitions as support requirements change and the opportunity to maintain community connections and relationships which will make transitions more positive.
- Looking at the links will also provide a clearer model with movement of people across levels and types of support and we can learn from.
- There is a compelling case for a Day Centre in Musselburgh with a clear evidence base
- There is an opportunity to create an integrated model connecting support for people with mild to moderate dementia onwards via the meeting centre, day centre, and outreach services.
- Day centre and meeting centre models are different but share a focus on providing person-centred care that supports older people living with dementia (in Day Centre other conditions) and care-partners/families
- Better working together, which could include co location, could provide seamless support and preserve the unique benefits of the meeting centre approach.
- Avoids competing for scarce resources and working together to generate revenue, make best use of scarce resources and support sustainability
- Potential to share resources/costs across to mutual benefit
- Meeting Centres Scotland can provide useful input to the group on how the model develops over time

### **Challenges**

- Lack of available designated buildings. Day Centre would need more defined, designed and dedicated space. The Meeting centre, Dementia Cafe and Friendship Groups are more social and flexible, but do need a level of separation as people share personal experience
- Startup costs for equipment/ furniture/ transport- all day centres have a minibus
- Care inspection requirements differ for meeting vs day centres. There is a national agreement for Meeting centres re regulation.
- Defining the model and what we mean by 'integration' and an 'integrated approach' - preserving distinct cultures/approaches of each part - need to maintain clear distinctions between meeting centre and day centre models whilst learning from each other
- Governance arrangements
- Care Inspectorate regulations impact service design, Meeting Centre is not registered with the Care Inspectorate

### **Carers**

- Older people's day centres are the key service providing breaks to carers of older people, many of whom are older people themselves.

- Meeting centres support both the person living with dementia and their care partner to adjust to the changes a diagnosis of dementia can bring, helping people adjust and reducing the need for further supports in future

### **Strategic alignment**

Development of this integrated model is in line with ELHSCPs strategic objectives to:

1. Develop services that are sustainable and proportionate to need
2. Deliver new models of community provision, working collaboratively with communities
3. Focus on early intervention and prevention
4. Enable people to have more choice and control and provide care closer to home
5. Further develop/ embed integrated approaches and services

Co-ordinated support for people and carers from diagnosis, adjusting to the change this brings and living with dementia longer term are key to achieving many of ELHSCPs carers strategy outcomes:

1. Carers are identified and can access support
2. Carers are well informed and have access to tailored and age appropriate information and advice throughout their caring journey
3. Carers are supported to maintain their own physical, emotional and mental wellbeing
4. Breaks from caring are timely and regularly available
5. Carers can achieve a balance between caring and other aspects of their lives and are supported to have a life outside their caring role

### **Funding**

Cost savings of £145k have been delivered in 2024/25 as part of the financial recovery programme and £60K will go towards the overall financial position in 2025/26.

In exploring the Integrated approach, a further £45k revenue funding has been identified to allocate to this new service from reallocation from voluntary organisation budget. By integrating these two key services for people living with dementia and their carers and identifying a single provider, costs can be significantly reduced.

#### **Original proposal**

Day Centre	149000
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<b>Total</b>	<b>149000</b>
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#### **New proposal**

Day Centre	149000
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less 15% M/Centre	12000
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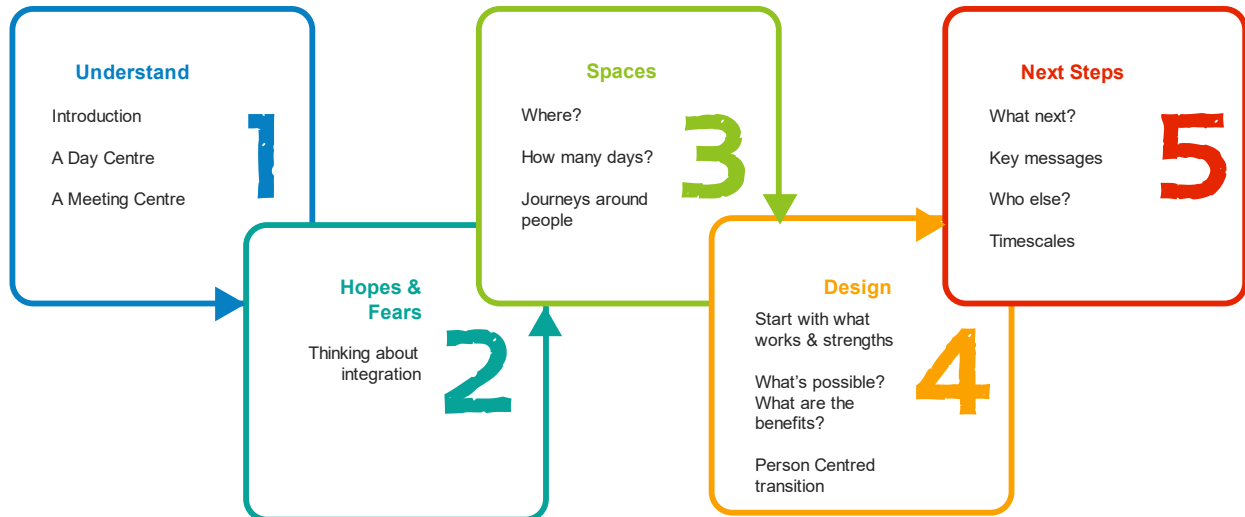
less vol org funds	45000
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<b>Total sought</b>	<b>92000</b>
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	<p><b>Short term plan (2026-2027)</b> A community partner and existing provider with experience in delivery of day services in East Lothian has been involved in the service design process and considers this proposal viable and deliverable in the short term. A community base has been identified in which a building based service could be delivered 2 days a week initially with 5 day a week outreach.</p> <p><b>Medium term plan (2026-2030)</b> The HSCP have good relationships with community partners including the Fisherrow Trust, The Hollies and VCEL and they have all expressed interest in working with the HSCP to find a local bases for the day service in Musselburgh area in the medium term.</p>
<b>Recommendations</b>	<p>Development of the Integrated model with one provider should commence and be phased over several years, to build a sustainable model and identify suitable building base in the longer term. The proposed timeline is</p> <ol style="list-style-type: none"> <li>1. April 2025- March 2026 – continuation of the existing Meeting Centre model</li> <li>2. April 2026 – commence new day service with a mix of day centre (2 days), outreach (5 days) and Meeting Centre (2 days) based in shared community space</li> <li>3. August 2026/by April 2027 at latest- move to 5 day a week service for day centre</li> </ol> <p>Appraisal of this option was carried out in relation to the criteria set out in appendix 2 and meets the established criteria in terms of desirability, viability and sustainability.</p>

# Session outline

## Integrating Meeting Centre and Day Centre



## MC & DC: key differences

### Meeting Centre

- Dementia only
- Social model, citizenship, rights and agency
- May be multiple conditions
- Invitation, people decide, personal plans developed
- 10-12.30
- Community setting
- Stigma dementia but less on 'club' – new idea, language
- Own initially, vol driver then Taxis
- 14 members over a week (2 sessions)
- Av 9 per session (max 13)
- Most come 2 days
- Late 11s
- Team – 3 people, with 1 on site?
- Focus on members as active part of local community – wider support and impact starting to be articulated
- Little contact with health professionals
- Free but payment under discussions
- Led by members for members, we are alongside, creating spaces and opportunities

### Day Centre (established model in East Lothian)

- Older people more widely, large proportion of dementia
- Respite for carers huge element of support
- Complex conditions & personal care
- Referral/ assessment although high number of self/family referrals
- Usually open 10 – 3. Mix of sessions/patterns, person centred
- Embedded in local communities, some purpose built/designed, usually sole/main user of building
- Stigma re DC, age
- Day Centre bus, adaptations, chairs, etc
- Approx 30 people over 5 days
- Approx 16 per session
- Person centred attendance, ranges between 1 and 5 days
- Full lunch
- Team - 4/5 people plus volunteers
- Outreach – different types, widens reach
- Regular liaison with range of professionals, primary care & AHP - arrange
- Members pay £10 -15 per day
- Members/clients/service users are supported and enabled

## Appendix 2: Criteria for options appraisal

Desirability: does the option	Viability: does the option	Sustainability: does the option
<ul style="list-style-type: none"> <li>Deliver the project vision?</li> </ul>	<ul style="list-style-type: none"> <li>Appear feasible i.e. can it be delivered in time and within the headline budget?</li> </ul>	<ul style="list-style-type: none"> <li>Provide evidence of best use of resources and assets and address sustainability of the building/s?</li> </ul>
<ul style="list-style-type: none"> <li>Help service users achieve better outcomes and a positive user experience?</li> </ul>	<ul style="list-style-type: none"> <li>Address potential negative impact on service users/ carers identified in IIA?</li> </ul>	<ul style="list-style-type: none"> <li>Provide continuity of service or lessen any impact of change?</li> </ul>
<ul style="list-style-type: none"> <li>Deliver flexibility and accessibility of services?</li> </ul>	<ul style="list-style-type: none"> <li>Allow partners to discharge relevant statutory duties?</li> </ul>	<ul style="list-style-type: none"> <li>Allow for the development of new models of funding including social enterprise?</li> </ul>
<ul style="list-style-type: none"> <li>Reduce carer stress?</li> </ul>	<ul style="list-style-type: none"> <li>Expose Partnership to risk of challenge (e.g. procurement/subsidy controls)?</li> </ul>	<ul style="list-style-type: none"> <li>Make the best use of facilities / avoidance of waste including energy, supplies, equipment, resources, and staff and services user time?</li> </ul>
<ul style="list-style-type: none"> <li>Ensure innovative, high quality and holistic services?</li> </ul>	<ul style="list-style-type: none"> <li>Deliver adequate capacity for the numbers of potential users over a 10 year period?</li> </ul>	<ul style="list-style-type: none"> <li>Deliver services in facilities which are easy to access, e.g. parking and transport, building access, and the facility itself?</li> </ul>
<ul style="list-style-type: none"> <li>Develop supportive and inclusive communities?</li> </ul>	<ul style="list-style-type: none"> <li>Ensure Legal &amp; Human rights compliance?</li> </ul>	<ul style="list-style-type: none"> <li>Ensure safe and appropriate facilities to meet the needs of users, carers and staff?</li> </ul>
<ul style="list-style-type: none"> <li>Lessen any negative impact on service users &amp; carers wellbeing identified in IIA?</li> </ul>	<ul style="list-style-type: none"> <li>Appear feasible in terms of the local market of service providers?</li> </ul>	<ul style="list-style-type: none"> <li>Meet the needs of those people who will transition from young people's services?</li> </ul>

**REPORT TO:** East Lothian Integration Joint Board

**MEETING DATE:** 22 May 2025

**BY:** Chief Finance Officer

**SUBJECT:** IJB Finance Report

7

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## 1 PURPOSE

- 1.1 The purpose of the report is to update members on the final 2024/25 financial position for the IJB and present the Final NHS Lothian 2025/26 funding offer for consideration.

## 2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- 2.2 Note the final financial position for 2024/25 and the additional funding confirmed by partner bodies to enable the IJB to deliver a break-even position.
- 2.3 Note the final delivery of efficiencies reported.
- 2.4 Note the final Reserves position reported.
- 2.5 Agree to accept the final funding offer for 2025/26 from NHS Lothian.

## 3 BACKGROUND

- 3.1 The February IJB Finance paper reported the year to date and forecast Quarter 3 financial position for the IJB. A year to date overspend of £3.085m was highlighted and projected overspend of £3.559m was presented.

### 2024/25 Final Financial Position

- 3.2 In **Table 1** below the final year-end financial position for Health and Council delegated services is summarised. The table also sets out any additional funding allocations confirmed from partner bodies to deliver a break-even year end position. It should be noted that all 2024/25 figures

have still to go through partner governance and external audit and as such remain draft at this point in time.

**Table 1**

<b>East Lothian IJB Financial Outturn 2024/25</b>			
	<b>Budget £m</b>	<b>Actual £m</b>	<b>Variance £m</b>
Core	103.618	104.169	(0.551)
Hosted	19.044	18.764	0.280
Set Aside	23.116	23.639	(0.523)
<b>Total</b>	<b>145.778</b>	<b>146.572</b>	<b>(0.794)</b>
Social Care	75.262	78.065	(2.803)
<b>Overall Total</b>	<b>221.040</b>	<b>224.637</b>	<b>(3.597)</b>
<b><u>Additional Funding</u></b>			
NHS	0.794		0.794
Council	2.803		2.803
<b>Final Position</b>	<b>224.637</b>	<b>224.637</b>	<b>(0.000)</b>

**N.B. The balances reported still have to be confirmed by the auditors of partner accounts and the auditors of the IJB accounts.**

- 3.3 Health delegated services reported a year end overspend of £0.794m comprising overspends in Core services and Set Aside services, offset by an underspend in Hosted services.
- 3.4 The Core position is driven primarily by a significant overspend in Prescribing offset by underspends across a range of services. Hosted services position reflects underspends in a number of services reduced by an overspend in Mental Health services. Within Set Aside services overspends were reported in Diabetes, Emergency Department, General Medicine and Geriatric Medicine, reflecting demand pressures.
- 3.5 Council delegated services are reporting an overspend of £2.803m for the year. The overspend primarily relates to care at home service pressures within Adult Social Care and Learning Disabilities services. In addition, LD services are reporting pressures relating to transport and clients transitioning from Children's services.
- 3.6 The above table reports an overspend of £3.597mm, after taking into account efficiencies delivered, for the year to 31 March 2025. Under the Scheme of Integration partner bodies are requested to make additional allocations to meet the overspend reported against their delegated services. Additional allocations of £2.803m from East Lothian Council and of £0.794m from NHS Lothian have been confirmed and the IJB is reporting a break-even position for 2024/25.

### 2024/25 Efficiencies

- 3.7 The IJB has been aware of the challenging level of planned efficiency delivery in 2024/25. **Table 2** below summarises the final position relating to recurring delivery of the planned schemes.

**Table 2**

<b>Final Efficiency Delivery Summary 2024/25</b>			
	<b>Planned Schemes £m</b>	<b>Schemes Delivered Recurringly £m</b>	<b>Over / (Under) Delivery £m</b>
Core	4.264	4.103	(0.161)
Hosted	0.498	0.207	(0.291)
Set Aside	0.374	0.490	0.116
<b>Total NHS</b>	5.136	4.799	(0.336)
Social Care	5.544	2.509	(3.035)
<b>Overall Total</b>	<b>10.680</b>	<b>7.308</b>	<b>(3.371)</b>

- 3.8 The NHS delivery has improved from the forecast position in the February IJB report, reflecting an over delivery against the Prescribing target. Council services delivery has moved favourably as some of the Amber categorised schemes have achieved their target. A total of £0.196m remains within the Amber category as the Council await a response from individual clients. Council schemes totalling £2.839m did not deliver and as indicated in the February IJB report all undelivered 2024/25 schemes will be reviewed and any viable schemes will be reinstated in a suitable timeframe.

### 2024/25 Reserves

- 3.9 At the start of the year the IJB held a combination of General and Earmarked Reserves, the latter being available only for certain elements of expenditure. **Table 3** below summarises the in-year movement in the balances within these reserves.

**Table 3**

<b><u>General Reserves 2024/25</u></b>	<b>Opening Balance £m</b>	<b>Closing Balance £m</b>
General Reserve	3.096	0.000
<b><u>Earmarked Reserves</u></b>	<b>Opening Balance £m</b>	<b>Closing Balance £m</b>
Sexual Health	0.039	
LD Health Checks	0.072	
MH Recovery & Renewal	0.279	0.279
Community Living Wage Fund	0.045	0.000
Carers	0.093	0.118
Community Development	0.720	0.000
Unscheduled Care Traunch 1		0.769
Unscheduled Care Traunch 2		0.300
<b>Total</b>	<b>1.248</b>	<b>1.466</b>

- 3.10 The IJB allocated the remaining £3.1m of its General Reserves to address the forecast in year overspend within Health delegated services, reducing the balance to zero at the year end. The absence of any General Reserves places greater importance on the financial management of allocated funds and the delivery of in year efficiency targets in full going forward.
- 3.11 At the start of the 2024/25 financial year the IJB held a number of Earmarked Reserves totalling £1.248m. Additional Earmarked Reserves totalling £1.154m were received during the year and £0.936m of Earmarked Reserves were allocated against relevant areas of spend during the year. The closing Earmarked Reserves balance totals £1.466m and will be carried forward to fund relevant costs in future years.

#### 2025/26 Final NHS Lothian Funding Offer

- 3.12 The IJB has received a final funding offer from NHS Lothian, following agreement of its financial plan at its April Board meeting. The offer is summarised below in **Table 4**.

**Table 4**

<b>East Lothian IJB Delegated Budget</b>		
		£'000
<u>Status</u>	<u>Allocation</u>	
Delegated Core		73,701
Hosted		16,887
Set Aside		20,842
Recurring Budget		111,430
GMS		15,845
<b>Total</b>		<b>127,275</b>

- 3.13 The covering letter containing the above offer is attached as **Appendix 1** and confirms it reflects the recurring budgets relating to services delegated to East Lothian IJB and includes an indicative GMS allocation in keeping with previous years. The letter also confirms that the Health Board will pass on East Lothian's share of the 3% uplift it will receive from Scottish Government.
- 3.14 Overall this funding offer meets the Scottish Government parameters as it is a "fair" offer that passes on all funding relating to IJB delegated services and it is recommended the IJB accept this funding offer
- 3.15 The IJB will recall the financial risks highlighted in relation to the budget offers from partners and 5 Year Financial Plan presented in the March Budget Setting paper which set out the challenging financial projections for future years. There are a number of emerging pressures which are already presenting challenges to the delivery of a break-even position for 2025/26, and it is clear that the focus needs to remain on how we can undertake transformational change and deliver financially sustainable services that meet the needs of the East Lothian population.

#### **4 ENGAGEMENT**

- 4.1 The IJB makes its papers and reports available on the internet.
- 4.2 The issues in this paper have been discussed with the IJB's partners but do not require further engagement.

#### **5 POLICY IMPLICATIONS**

- 5.1 There are no new policies arising from this paper.

## **6 INTEGRATED IMPACT ASSESSMENT**

- 6.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy.

## **7 DIRECTIONS**

- 7.1 This report does not require any new Directions at this stage.
- 7.2 The current Directions will be reviewed and revised where applicable to reflect the implications of the budget offers.

## **8 RESOURCE IMPLICATIONS**

- 8.1 Financial – there are no immediate resource implications from this report.
- 8.2 Personnel – none.
- 8.3 Other – none.

## **9 BACKGROUND PAPERS**

- 9.1 None.

### **Appendices:**

#### **Appendix 1: NHS Lothian Final 2025/26 Funding Offer Letter**

<b>AUTHOR'S NAME</b>	Mike Porteous
<b>DESIGNATION</b>	Chief Finance Officer
<b>CONTACT INFO</b>	mike.porteous@nhslothian.scot.nhs.uk
<b>DATE</b>	May 2025

Finance Director's Office  
NHS Lothian  
Mainpoint  
102 West Port  
Edinburgh  
EH3 9DN



Date 9 May 2025

Enquiries to Craig Marriott  
Email [craig.marriott@nhs.scot](mailto:craig.marriott@nhs.scot)

Dear Colleagues,

## EAST LOTHIAN IJB – BUDGET FOR 2025/26

I write further to my letter of the 10th March and the subsequent approval of the NHS Lothian Financial Plan by the Board of NHS Lothian on the 16th of April. At this stage, NHS Lothian cannot provide assurance on the achievement of a breakeven outturn for the health board next year with an underlying gap of £16m reported in the Financial Plan.

Further to the Scottish Government Budget announcement on 4<sup>th</sup> December 2023, 3% uplift for Health Boards in 2025/26 was set out. We will look to pass through to each IJB, based on budget shares, the baseline uplift settlement we receive.

Currently the recurring budget resource for East Lothian IJB is **£127m** before the 3% 2025/26 uplift is applied. This budget figure does include GMS budgets which although are non recurring in nature are assumed at this stage as part of the budget offer to be consistent with previous years. This figure does not include GMS uplift or Vaccination Allocations, nor does it include other allocations received non-recurrently from the Scottish Government. Table 1 shows the breakdown.

**Table 1 - East Lothian IJB Delegated Budget**

Status	Allocation	East Lothian IJB £'000
Delegated	Core	73,701
	Hosted	16,887
Set Aside		20,842
<b>Recurring Budget</b>		<b>111,431</b>
	GMS	15,845
<b>Total</b>		<b>127,276</b>

(based on recurrent budgets as of 23<sup>rd</sup> April 25, updated for latest SG Allocations)

We will continue to update you on any further changes to your budget offer, relating to additional funding expected as a result of any 2025/26 pay agreement.

I am keen to understand from East Lothian IJB how its Directions will shape the delivery of financial recovery savings in 2025/26 and the application of resources in support of financial balance.

Yours sincerely



CRAIG MARRIOTT  
Director of Finance

**REPORT TO:** East Lothian Integration Joint Board

**MEETING DATE:** 22 May 2025

**BY:** Chief Officer

**SUBJECT:** East Lothian IJB Equalities Outcomes 2025-2029 and  
East Lothian IJB Equalities Mainstreaming Report  
2023/2024

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## 1 PURPOSE

### 1.1 Equality Outcomes 2025-2029 and Equality Mainstreaming Report 2023-2025

This paper seeks approval from the IJB to finalise the East Lothian IJB Equality Outcomes 2025-2029 and the Equality Mainstreaming Report 2023-2025. A mainstreaming report covering the first two years of the [Equality Outcomes 2021-2025](#) can be viewed on [ELHSCP Equality and Impact Assessment webpage](#)).

## 2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Read the final draft of the Equality Outcomes 2025-2029 and:
  - Consider the suitability of the outcomes.
  - Approve the outcomes.
- 2.2 Read the Equality Mainstreaming Report 2023-2025 and:
  - Consider the content.
  - Approve the report.

## 3 BACKGROUND

### Equality Outcomes 2025-2029

- 3.1 East Lothian IJB is required to develop, publish and take action to achieve a set of Equality Outcomes that demonstrate its compliance with the [Public Sector Equality Duty](#). The outcomes must cover a 4-year period. East Lothian IJB Equality Outcomes 2025-2029 are at final draft

stage and have been published online in compliance with statutory requirements (published 30 April 2025).

- 3.2 The equality outcomes must align with [East Lothian IJB Strategic Plan](#). The narrative around the outcomes can also link other relevant outcomes nationally, in the Lothians and in East Lothian.
- 3.3 The equality outcomes East Lothian IJB approves and publishes should focus on the role it has **to direct, commission and plan delegated services** and **how the identified equality outcomes contribute to East Lothian IJB's statutory responsibility** to fulfil the Public Bodies Equality Duty general needs.

The [Public Bodies Equality Duty general needs](#) are 'to give due regard in the exercise of their functions to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not.'

- 3.4 A wide range of staff, third sector partners, community groups and individuals were involved in co-designing the outcomes. The final draft outcomes have broad support.

#### Equality Mainstreaming Report

- 3.5 The current [East Lothian IJB Equalities Outcomes 2021–2025](#) concluded on **31 March 2025**. East Lothian IJB must publish a report on its progress between **March 2023 and the March 2025** towards mainstreaming the general needs of the Public Sector Equality Duty.
- 3.6 The report must be accessible to the community, so different formats should be considered to suit a wide range of communication needs and meet public sector inclusive communication requirements.
- 3.7 A report covering the first two years of the Equality Outcomes 2021-2025 was published in April 2023 ([Equality Mainstreaming Report 2021-2023](#)).
- 3.8 The report offers a response to the outcomes identified and published in 2021. It also presents activity outside those outcomes that contributed the mainstreaming of the Public Sector Equality Duty general needs.

## **4 ENGAGEMENT**

#### Equality Outcomes 2025-2029

- 4.1 East Lothian IJB took part in pan-Lothian community engagement activities with local authorities and IJBs/HSCPs across East, West and Midlothian between November 2024 and January 2025. NHS Lothian also participated in this process.

- 4.2 A key part of these activities was the pan-Lothian Equality Outcomes online survey open to individuals, people working in a professional capacity in local authorities, health and social care, third sector partners and community organisations. The survey was based on the themes presented in the [‘Is Scotland Fairer?’ report: participation, living standards, education, justice, work and health](#). It included multiple choice and open text questions. The survey launched in November 2024 and closed on 31 January 2025.
- 4.3 The survey received 209 responses, 113 being for East Lothian (54% of all responses across East, West and Midlothian). The responses offered quantitative data on whether respondents agreed with a series of Lothian wide equality outcomes suggested by leads across Lothians and collected further suggestions for outcomes or ways to deliver them via open text questions.

## **5 POLICY IMPLICATIONS**

- 5.1 The Equality Outcomes 2025-2029 should explicitly contribute to the strategic objectives identified in the East Lothian IJB Strategic Plan.
- 5.2 The Equality Outcomes 2025-2029 may require changes to the [East Lothian IJB Engagement and Communication Strategy \(currently under review\)](#).

## **6 INTEGRATED IMPACT ASSESSMENT**

- 6.1 Once the Equality Outcomes 2025-2029 have been approved by IJB, an IIA will be completed (approximate date: June 2025).
- 6.2 The Equality Mainstreaming Report 2021-2025 does not require an IIA as it presents only what has already taken place.

## **7 DIRECTIONS**

- 7.1 This will depend upon the Equality Outcomes approved by the IJB and how they choose to fulfil them in practice.

## **8 RESOURCE IMPLICATIONS**

- 8.1 There may be some resources required over the course of the 2025-2029 Equality Outcomes period relevant to the outcome actions (e.g. staff time to develop training materials or attend workshop to co-design the East Lothian Model of Engagement etc).

## **9 BACKGROUND PAPERS**

- 9.1 [East Lothian Equality Outcomes 2021-2025](#)
- 9.2 [East Lothian Equality Mainstreaming Report 2021-2023](#).

**Appendices:**

East Lothian IJB Equalities Outcomes 2025-29

East Lothian IJB Equality Mainstreaming Report 2023-25

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## Forward

As we face a complicated health and social care financial climate, we would like to assure the people of East Lothian that the Integration Joint Board is committed to improving access, outcomes and inclusion for all through:

- Our service planning and delivery,
- Our sharing of information and,
- By providing opportunities for the community to co-design services and play a central role in decision-making.

As our population increases, we will need to plan services carefully and spend budgets wisely. We recognise that pressures caused by the cost-of-living crisis will be amplified in communities where people experience higher levels of income and employment deprivation and that this is directly linked to poorer health and social outcomes.

We commit to improving health outcomes for those living lives affected by poverty and disadvantage and will work with NHS Lothian, Public Health Scotland and East Lothian Council to improve outcomes and lives for the most vulnerable in East Lothian.

As our population becomes more diverse, we must seek to equip our staff, and the community we serve, with opportunities to learn about different cultures, beliefs and customs. Everyone deserves to feel welcome in their community and in their workplaces and we are committed to supporting racial, gender and disability equity in everything we do.

East Lothian is a fantastic place for all ages, lifestyles and abilities.

We intend to make decisions that support people to thrive at all stages of life, prioritising independence, an early intervention/prevention approach to health and social care and by empowering people to lead in their own health journey.

## Background Information

### What is the East Lothian Integration Joint Board?

The East Lothian Integration Joint Board (IJB) is the governing body that is responsible for allocating funds, planning delegated services and overseeing the delivery of health and social care in East Lothian.

Its role is to direct East Lothian Health and Social Care (East Lothian HSCP) to deliver services to the community in line with national standards and levels of service.

East Lothian HSCP is a cooperation of staff employed by East Lothian Council, NHS Lothian, contracted service suppliers and third sector partners to deliver health and social care services to the community.

The services that East Lothian IJB directs (delegated services) include:



Acute and Ongoing Care	Adult social work	East Lothian Rehabilitation Service	Community, Mental Health and Learning Disabilities
<ul style="list-style-type: none"><li>• East Lothian Community Hospital</li><li>• Internal care homes</li><li>• Hospital at home</li><li>• Care at home Services</li></ul>	<ul style="list-style-type: none"><li>• Care home assessment and review team</li><li>• Duty / adult social work</li><li>• Community review team</li><li>• Justice social work</li><li>• Mental health officers</li></ul>	<ul style="list-style-type: none"><li>• Discharge to assess</li><li>• Discharge without delay</li><li>• Community rehabilitation</li><li>• In-patient rehabilitation</li><li>• Fall prevention service</li><li>• Physiotherapy service</li><li>• Occupational therapy service</li></ul>	<ul style="list-style-type: none"><li>• Adult day services</li><li>• Adult learning disability services</li><li>• Community mental health team</li><li>• Intensive Home Treatment Team</li><li>• Psychological services</li><li>• CWIC mental health</li><li>• Substance use service</li></ul>

<b>Nursing and Quality</b> <ul style="list-style-type: none"> <li>• District Nursing</li> <li>• Care home nursing team</li> <li>• Palliative care</li> <li>• Health visiting team</li> <li>• School nursing</li> </ul>	<b>Planning and Performance</b> <ul style="list-style-type: none"> <li>• Strategic planning</li> <li>• Performance and improvement</li> <li>• Commissioned service</li> <li>• Workforce and organisational development</li> <li>• Communications and engagement</li> </ul>	<b>Primary Care</b> <ul style="list-style-type: none"> <li>• GP Contract (supporting medical practices)</li> <li>• HSCP managed primary care services including: <ul style="list-style-type: none"> <li>• Care When It Counts (CWIC) Service</li> <li>• Community Treatment and Care Service (CTACS)</li> <li>• Pharmacotherapy</li> <li>• Vaccination Programme</li> <li>• Community Link Worker Service</li> </ul> </li> </ul>
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East Lothian IJB directs services by creating a plan that sets out its strategic priorities over a three-year period ([Strategic Plan](#)). The current strategic priorities are:

- Developing sustainable health and social care services
- Focusing on early intervention and prevention
- Increasing access to community-based services
- Shifting the balance of care from hospital to homely settings
- Keeping people safe
- Tackling health inequalities

To advance strategic priorities, East Lothian IJB must identify the areas of East Lothian HSCP where action will take place to move towards the goals of the strategic priorities and issue instructions to the delegated service areas informing how the services should be delivered. These instructions are called Directions.



The East Lothian IJB can influence how services are delivered through their Directions and via their role in overseeing (checking) that services are meeting required standards for the community.

East Lothian IJB is legally required to satisfy a variety of Scottish and UK-wide requirements to demonstrate how they contribute as a publicly funded body to the aims of Scottish and UK government. This takes the form of complying with laws and duties outlined in the [Joint Working Act](#) and in other relevant guidance.

### Public Sector Equality Duty

The Public Sector Equality Duty is one of the duties that East Lothian IJB is responsible for as part of its contribution to the Scottish and UK public sector. The duty is part of Equality Act 2010, an act that sets out UK laws that seek to address inequality and discrimination.

The Duty has three aims, referred to as the 'general needs':

1. Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.
2. Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
3. Foster good relations between people who share a protected characteristic and those who do not.

### What are Equality Outcomes?

East Lothian Integration Joint Board is required by law to develop and publish information that sets out how it will fulfil its commitment to the Public Sector Equality Duty general needs.

Equality Outcomes define the ambitions a public body has that fulfil the Public Sector Equality general needs and improve life chances, experiences and health/social outcomes for the community we serve, our staff and the people that work with us to deliver services.

The Equality Outcomes East Lothian IJB commits to must cover a 4-year period. However, we are free to think and plan longer term if that assists us to achieve our equality aims.

This is the second East Lothian IJB Equality Outcomes, leading on from our [2021-2025 equality outcomes](#).

A report presenting some ways that East Lothian IJB has used its functional role as a planner and director of delegated services can be viewed via our website: [www.eastlothian.gov.uk/elhscp](http://www.eastlothian.gov.uk/elhscp).



East Lothian IJB Equality Outcomes 2025-2029 will contribute to East Lothian IJB's strategic objectives linking strategy, directions and services together through planning. They may also align with other East Lothian, Lothians, Scottish or UK-wide plans.

### How did East Lothian IJB decide on these Equality Outcomes?

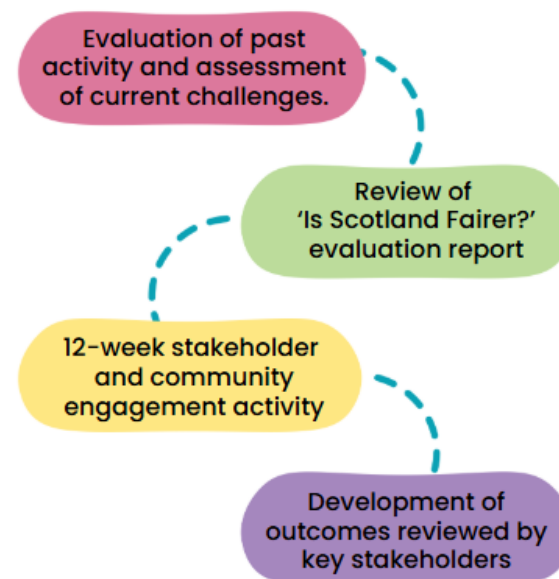
East Lothian IJB undertook a process of evaluation of past equality activity and a realistic assessment of its financial position and available health and social care data to help us understanding challenges in our community.

We reviewed the evidence that is published at a UK, Scottish, Lothian and East Lothian level, in particular the publication '[Is Scotland Fairer?](#)' and health data published by NHS Lothian intelligence and public health teams.

We took part in a 12-week stakeholder and community engagement activity with West and Midlothian local authorities, IJBs, HSCPs and NHS Lothian to gauge interest in and agreement with equality themes derived from the Fairer Scotland Report.

Engagement leads and equality professionals across Lothians worked together to draft a set of outcomes for each equality theme and tested them with our colleagues, third sector partners and the community via a range of conversations in existing forums and an online survey (Pan-Lothian Equality Outcomes survey).

We also asked our services managers and community facing staff their views on what steps would be most valuable to improving equality.



# Equality Outcomes

## Outcome 1: Participation and co-production



### Participation and co-production

**We will place human rights at the heart of our approach to community engagement.**

- We will take time to listen to the needs of our community, remove barriers to participation and empower people to participate in health and social care planning.
- We will build healthy, long-term relationships with the community based on transparency, honesty, trust and equality.



### **Public Sector Equality Duty:**

To advance equality of opportunity between people who share a protected characteristic and those who do not share it and to foster good relationships in the community.

### Why focus on participation?

As a public body we have a responsibility to co-produce health and social care options, planning and service changes with the community. Improving the functionality, quality, good will and trust in that process will help us and the community to understand our value to one another and our opportunities to collaborate.

Building long-term relationships with the community will help us to co-produce health and social care planning and commissioning as equals with different experiences, perspectives and skills to share.

To achieve this, we must understand our community, learn about their lives and listen to their priorities and needs. To do this we must understand where barriers exist and work together to decide how to tackle them. This may mean relating to each other in fundamentally different ways than we currently do.

Another way we can commit to better participation is to prioritise meeting the communication needs of everyone. Some communication needs are centred on different formats, languages and mediums of communication (videos, interactive web pages, BSL, different languages, Easy Read and braille formats). These can be related with a person having a protected characteristic and are legally supported, meaning we must meet the needs of people in these groups in particular contexts (Equality Act 2010).

We can better enable everyone in the community to feel welcome to join community engagement activities by being mindful of and take action to overcome the factors that can create barriers to participation, affect confidence and decrease the will to engage. Some of these barriers include:

- Lower literacy levels.
- Our use of jargon or acronyms.
- The venues selected for public engagement, their facilities and their functional roles (e.g. locations where people might attend community payback appointments, places without spaces for religious observance or breastfeeding, buildings that exclude people with limited mobility).
- The role of stigma as it relates to a wide range of experiences (drug and alcohol use, mental health, experience with the justice system).
- The health, social and income impacts of poverty.
- Family and gender-based violence.



## Community voices on participation

### Equality Outcomes Community Engagement Survey

93% of East Lothian survey respondents agreed that focussing on equality outcomes related to participation was key.

East Lothian received 69 community suggestions/comments on participation and ways to deliver the outcomes through the survey and additional suggestions via existing groups as relationships. These included comments on:

- Support for co-production (health and social care working as equal partners with the community to design services together).
- The role and importance of physical community facilities and amenities in hosting and promoting community participation and in building vibrant towns and the role of public transport and active travel links in helping people in more rural communities to be able to get there.
- The value of working with our third sector partners and grass roots community groups to hear the voices of the most vulnerable in the community and understand more about the barriers they face in communicating their needs, interests and experiences in health and social care planning.
- Support for enabling the participation of older people by meeting their needs for participating. This means not relying on online or technology-based participation.
- The benefits of supporting people in the community that are already offering their time and skills to play and more central role in health and social care.
- Support for providing training to all staff on equity, equality impact assessment, participation and human rights so they can better understand, serve and amplify the voices of the community through their professional roles.
- A need to understand the role of poverty and stigma in community willingness to engage with health and social care and the wide ranges of ways poverty and stigma limit health, income and social opportunities for people living lives affected by them.



### Actions to develop participation and co-production

- ➡ We will work with our partners to understand the barriers to participation experienced by individuals who are comfortable speaking to our third sector / community partner groups however feel unable to express their needs to HSCP / IJB.
- ➡ With our third sector partners and the community we will identify, commit to and carry out activities that help us meet the needs of everyone, remove barriers to participation and enable everyone to feel they have a seat at the table.
- ➡ East Lothian IJB will direct, enable and support the co-production of an East Lothian model of community engagement that places people at the centre of options appraisal, planning, decision making and evaluation. The model will focus on inclusivity, community empowerment and meeting the diverse communication, physical and social needs of everyone.
- ➡ East Lothian IJB will integrate the Independent Community Panel into its Programme Boards and governance structures, supporting and empowering the panel to become a key source of community voices in East Lothian.
- ➡ We will work East Lothian Council, NHS Lothian and other peer cross the Lothians to achieve actions identified in BSL plans in 2024.
- ➡ We commit to improving the accessibility of our communications by making efforts to understand and meet the needs of service users and engagement audiences. For example, producing materials in languages other than English, including BSL, and providing large font, easy read or braille formats to meet a broad variety of needs.

## Outcome 2: Dignity and Respect



### Dignity and respect

#### **Everyone is treated with dignity and respect.**

- People of all abilities, ages, races and ethnic backgrounds, religions, sexual orientations, genders and /or those experiencing social and health disadvantages feel they are treated with dignity and respect.
- Staff have an awareness of different cultures that supports them to carry out their role.



#### **Public Sector Equality Duty:**

To eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity between people who share a protected characteristic and those who do not share it and to foster good relationships in the community.

### Why focus on dignity and respect?

Recognising and maintaining dignity and respecting each other makes for a better society overall.

It removes barriers that could be contributing to people with some characteristics not accessing services and supports that people without those characteristics benefit from. If we can improve dignity and respect for everyone, it can help us to address health, social and income inequalities.



The Equality Act 2010 legislates that people who have a protected characteristic must not experience discrimination, harassment, victimisation or unequal treatment that stands out as different to the way that do not share that protected characteristic are treated.

This applies both at work (staff working within services that are delegated to EL IJB) and when the community accesses health and social care services. A good way to improve equal access and eliminate discrimination is by focussing on practical ways we can help preserve dignity and show our respect for different types of people through considerate planning and delivery of our delegated services.



### Community views on dignity and respect

‘Delivery of all services should prioritise relationships. An understanding of trauma supports the provision of environments, services and interactions which respect and support everyone’. Community member comment, Pan-Lothian Equality Survey 2024.



### Actions to ensure dignity and respect

- ➔ We will work with our third sector partners and other community groups to understand more about how different groups are feeling in relation to feeling respected when accessing health and social care services.
- ➔ Meeting People’s Needs:
  - Together with our third sector partners and the community we will identify, commit to and carry out activities that help us meet community needs for dignity and respect. We will define behaviours that demonstrate respect and share this information with staff that deliver our delegated services.
  - Together with the staff that deliver services delegated to or commissioned by us, we will identify, commit to and carry out activities that help us meet community needs for dignity and respect, define behaviours that demonstrate respect and address the barriers caused by any unmet needs.

- ➡ East Lothian IJB will direct, enable and support the co-production of an East Lothian Charter that sets out how both staff working in delegated services/contracted organisations can expect to feel respected and how we can preserve the dignity of community members and the staff that interact with them through our delegated services.
- ➡ We will work East Lothian Council, NHS Lothian and other peers across the Lothians to support and achieve actions identified in similar plans.
- ➡ We will respond to any comments and feedback on the process with open minds. We will 'listen to understand'. We will take interest in expressions or feelings of defensiveness we witness or notice in ourselves in response to someone else expressing their experience with dignity and respect.
- ➡ We will develop systems to address behaviours that do not meet the standards established in our Charter.
- ➡ We will ensure staff delivering our services are supported to behave with cultural sensitivity. This may mean training or sharing information gathered from the community.

## Outcome 3: Anti-racism



### Anti-racism

#### **We will be an anti-racist organisation.**

- Service users and staff feel supported and confident to report racism.
- Managers and team leaders feel equipped and confident to address reports of racism, harassment or unequal treatment.



#### **Public Sector Equality Duty:**

To eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity between people who share a protected characteristic and those who do not share it and to foster good relationships in the community.

### Why focus on anti-racism?

Substantial evidence exists of the negative impacts of racism on mental health and wellbeing, career opportunities, safety, equal access to services and equality of health outcomes. As the East Lothian community and the people that work delivering services delegated to us become more racially diverse, we want to ensure that our planning and management supports excellent relations between people of all racial and ethnic backgrounds and promotes equality of access to dignity and respect, social and work opportunities, justice and health services.

We want to ensure that our efforts towards understanding personal experiences and equipping staff to talk about race related issues will translate into positive health and social outcomes for everyone.

NHS Lothian has made a training film to help people understand experiences of staff with racism, why it's important to be anti-racist and what this looks like in practice. Link to film: [Understanding racism](#)



## Community evidence

- An Equality and Human Rights Commission Inquiry gathered evidence of poor treatment of BME people in health and social care workplaces. Many BME workers felt that others were treating them in a negative or unfavourable way because of their race or nationality.
- A Mental Welfare Commission review examining racial inequality across in Scotland found differences in the way the Mental Health Act is applied when BME people are detained for mental health care and treatment compared to White Scottish People, particularly between Black and White Scottish women.



## Actions that demonstrate we are committed to being an anti-racist organisation

- ➡ We will work with our third sector partners, community groups and the staff delivering our delegated services to understand more about whether they feel that have experienced racism, the sort of behaviours, comments or treatment they received and what would have improved their experience (either what happen to them or how the situation was managed).
- ➡ We will direct staff responsible for the commissioning and oversight of services to embed requirements to meet public sector race equality standards in tender documents and assessments (and our East Lothian Charter, when created), establish robust reporting mechanisms for racist incidents and address the resolution of incidents in a way acceptable to the public sector under applicable laws and duties.

- ➡ Staff will receive training specific to their roles and responsibilities that will enable them to improve their confidence in talking about, reporting and addressing racism in a health and social care setting.
- ➡ A communications campaign will be undertaken to offer information about the options staff working in our delegated services have for raising incidents of racism and what they can expect from the response.
- ➡ A communications campaign will be undertaken to offer information about options service users have for raising incidents of racism and what they can expect from the response.

## Outcome 4: Enabling independence



### Enabling independence

#### **We will encourage and enable independence.**

- We will work collaboratively across our organisation and with partners to support individuals to be more independent, to enable them to live more fulfilling lives.

For example, we will provide demonstrations of assistive technology to support individuals at home, we will provide travel training (building the ability and confidence to use public transport) and provide a rehabilitative approach to care to encourage individuals, where possible, to remain independent at home.



#### **Public Sector Equality Duty:**

To advance equality of opportunity between people who share a protected characteristic and those who do not share it and to foster good relationships in the community.

### Why focus on enabling independence?

Helping people to establish and maintain independence has a range of positive effects on physical and mental health, confidence, life opportunities and autonomy. This equality outcome will benefit a range of people, for example:

- Young people becoming adults experiencing independence for the first time.
- People with physical and learning disabilities.
- Individuals being supported by mental health or substance use services.

- People gaining independence after periods of homeless or custodial sentences.
- Individuals leaving situations who benefit from additional protection (e.g. people who have experienced abuse or crime).
- People in older age groups seeking to maintain an independent life that compliments their changing health and needs.



### Community voices on enabling independence

The Planning Older People's Services (POPS) consultation in 2023 and 2024 identified a priority from the older population of East Lothian to remain independent in their homes for as long as possible.

A number of comments were received from the community during the Pan-Lothian Equality Outcomes Survey that supported opportunities for people with learning disability to receive support to gain skills to navigate day to day scenarios independently. This was also raised as an important opportunity during the Equality Impact Assessment conducted on the Health and Social Care Partnership's draft Transport Policy in early 2025.



### Actions to enable independence

- ➡ We will support the transition of young people to adult services with careful policy, planning and commissioning that fosters independence e.g. travel training for young adults to assist them in learning the skills to navigate active travel and public transport effectively, staffed demonstration home showing the range of assistive technologies a person can access to remain independent in their home for longer at any age.
- ➡ Together with our third sector and community partners, we will identify how we can most meaningfully track progress towards supporting independence.

## Outcome 5: Addressing Health Inequalities



### Health inequalities

#### **We aim to reduce health inequalities by addressing their root causes.**

- Our staff and community have a greater awareness of the role of poverty in unequal mental and physical health outcomes.
- Our services and those commissioned by us will be trauma-informed, stigma aware, simple to access and focussed on prevention / early intervention.



#### **Public Sector Equality Duty:**

To eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity between people who share a protected characteristic and those who do not share it and to foster good relationships in the community.

### Why focus on health inequalities?

Healthy life expectancy (the average number of years a person would expect to live in good health) in East Lothian is approximately 8 years less for people living in the poorest households than for people living in the wealthiest. The reasons for this are complex, but evidence points to a number of intersecting pressures centred around unequal health, social and income opportunities that compound over the course of a person's life.

By acknowledging and finding out more about the factors that influence health inequalities, we can work with the community, our partner organisations (East Lothian Council, NHS Lothian), our third sector partners and community organisations to find ways to affect change to the root causes. This joined up approach offers the community, especially those living with the highest levels of disadvantage and those compounded by older age a chance to live healthier, more fulfilling lives.



## Community voices on health inequalities

81% of East Lothian survey respondents agreed that focussing on equality outcomes related to health inequalities was key.

East Lothian received 114 community suggestions/comments on health inequalities and ways to deliver the outcomes through the survey and additional suggestions via existing groups as relationships. These included comments on:

- Strong support for prevention of poor physical and mental health through opportunities to learn about healthy living and to be active and participate in sports, especially in adulthood.
- Support for improving access to GP services.
- Support for mental health services for all ages, especially services that help people before their mental health takes a serious/dangerous decline.
- Support for focussing health inequality funding on those that need it most, especially families experiencing poverty related health inequalities across the generations.
- The need to support people with learning disabilities, especially adults.
- The need to take action to support men's health, especially mental health and suicide prevention.
- Access to more specialised health services in East Lothian.
- Meeting the language communication needs of everyone to eliminate barriers to accessing services (e.g. better promotion/awareness of translation services, more information available in BSL).



### Actions to reduce health inequalities

- ➡ We will work with East Lothian Council's team responsible for the Poverty Plan and support them in their goals through our service planning and commissioning.
- ➡ We will embed training on poverty related inequalities in East Lothian HSCP Learning and Development.
- ➡ We will identify health inequality benchmarks via NHS Intelligence Team data and the East Lothian Joint Strategic Needs Assessment and decide upon targets for improving key health inequality metrics.
- ➡ We will work with Volunteer Centre East Lothian to explore the opportunities presented by the life challenges/personal coaching data mapping software they are trialling (Signal).
- ➡ We will launch our Single Point of Contact for Mental Health telephone service.
- ➡ We will collaborate with NHS Lothian and local partners to establish a forum on suicide prevention. The forum will join up different types of work being done to support mental health crises before they escalate.



## Participation and co-production

### **We will place human rights at the heart of our approach to community engagement.**

We will listen to needs, remove barriers, and empower people to participate in health and social care planning.

We will build healthy, long-term relationships with the community built on transparency, honesty, trust and equality.



## Dignity and respect

### **Everyone is treated with dignity and respect.**

People of all abilities, ages, races and ethnic backgrounds, religions, sexual orientations, genders and /or those experiencing social and health disadvantages feel they are treated with dignity and respect.

Staff have an awareness of different cultures that supports them to carry out their role.



## Anti-racism

### **We will be an anti-racist organisation.**

Service users and staff feel supported and confident to report racism.

Managers and team leaders feel equipped and confident to address reports of racism, harassment or unequal treatment.



## Enabling independence

### **We will encourage and enable independence.**

We will work collaboratively across our organisation and with partners to support individuals to be more independent, to enable them to live more fulfilling lives.



## Health inequalities

### **We aim to reduce health inequalities by addressing their root causes.**

Our staff and community have a greater awareness of the role of poverty in unequal mental and physical health outcomes.

Our services and those commissioned by us will be trauma-informed, stigma aware, simple to access and focussed on prevention / early intervention.





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## Background information

### What is equality?



Equality is about creating a fairer society where everyone can participate and has the opportunity to fulfil their potential.

When we experience equality of opportunity, we have higher chances of positive outcomes in our lives. Supporting equality involves enabling people to access places, information, services, work and social opportunities. It fosters embracing our differences and the things that bring us together as a community.

- ✓ Actively removing barriers that prevent people from participating equally is a central part of equality.
- ✓ Acting to improve equality is a fundamental way to offer dignity and respect to those around us, and to honour human rights.
- ✓ Listening to and making efforts to understand the needs of everyone, not just the majority.

The Public Sector Equality Duty was created by the UK government to formalise the role of public authorities in contributing to a more equal society. It is sometimes known as the [General Equality Duty](#). Public authorities in Scotland are also required to comply with rules created by Scottish Government, known as [specific duties](#).

The Public Sector Equality Duty requires UK public authorities (organisations that are publicly funded to benefit the public) to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act 2010,
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not,
- Foster good relations between people who share a protected characteristic and those who do not.

Both the general and specific duties are closely related to Equality Act 2010, a UK law that sets out what is legal and not legal in different contexts (work, personal care, in the community etc). The Equality Act 2010 identifies nine protected characteristics that people may have. These characteristics are legally protected, which means that these characteristics cannot be the basis or cause of a decision or action as this may put the person at a disadvantage in comparison to a person that does not have this characteristic.

References to protected characteristics will feature throughout this report. The protected characteristics are:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation



### What is an Equality Mainstreaming Report?

As a public authority, East Lothian Integration Joint Board are required to produce and publish an equality mainstreaming report every two years. This is one of the ways that we demonstrate our commitment to and compliance with the Public Sector Equality Duty (PSED).

This report should communicate in a meaningful and simple way how the East Lothian Integration Joint Board has met the requirements of the Public Sector Equality Duty over the last two years.

## What is the East Lothian Integration Joint Board?

East Lothian Integration Joint Board (IJB) is the governing body that is responsible for allocating funds, planning delegated services and overseeing the delivery of health and social care in East Lothian.

Its role is to direct East Lothian Health and Social Care (East Lothian HSCP) to deliver services to the community in line with national standards and levels of service.

East Lothian HSCP is a cooperation of staff employed by East Lothian Council, NHS Lothian, contracted service suppliers and third sector partners to deliver health and social care services to the community.

The services that East Lothian IJB directs (delegated services) include:



<b>Acute and Ongoing Care</b> <ul style="list-style-type: none"> <li>East Lothian Community Hospital</li> <li>Internal care homes</li> <li>Hospital at home</li> <li>Care at home Services</li> </ul>	<b>Adult social work</b> <ul style="list-style-type: none"> <li>Care home assessment and review team</li> <li>Duty / adult social work</li> <li>Community review team</li> <li>Justice social work</li> <li>Mental health officers</li> </ul>	<b>East Lothian Rehabilitation Service</b> <ul style="list-style-type: none"> <li>Discharge to assess</li> <li>Discharge without delay</li> <li>Community rehabilitation</li> <li>In-patient rehabilitation</li> <li>Fall prevention service</li> <li>Physiotherapy service</li> <li>Occupational therapy service</li> </ul>	<b>Community, Mental Health and Learning Disabilities</b> <ul style="list-style-type: none"> <li>Adult day services</li> <li>Adult learning disability services</li> <li>Community mental health team</li> <li>Intensive Home Treatment Team</li> <li>Psychological services</li> <li>CWIC mental health</li> <li>Substance use service</li> </ul>
<b>Nursing and Quality</b> <ul style="list-style-type: none"> <li>District Nursing</li> <li>Care home nursing team</li> <li>Palliative care</li> <li>Health visiting team</li> <li>School nursing</li> </ul>	<b>Planning and Performance</b> <ul style="list-style-type: none"> <li>Strategic planning</li> <li>Performance and improvement</li> <li>Commissioned service</li> <li>Workforce and organisational development</li> <li>Communications and engagement</li> </ul>	<b>Primary Care</b> <ul style="list-style-type: none"> <li>GP Contract (supporting medical practices)</li> <li>HSCP managed primary care services including: <ul style="list-style-type: none"> <li>Care When It Counts (CWIC) Service</li> <li>Community Treatment and Care Service (CTACS)</li> <li>Pharmacotherapy</li> <li>Vaccination Programme</li> <li>Community Link Worker Service</li> </ul> </li> </ul>	

East Lothian IJB directs services through creating a plan that sets out its strategic priorities over a three-year period ([Strategic Plan](#)). The current strategic priorities are:

- Developing sustainable health and social care services
- Focusing on early intervention and prevention
- Increasing access to community-based services
- Shifting the balance of care from hospital to homely settings
- Keeping people safe
- Tackling health inequalities

To advance strategic priorities, East Lothian IJB must identify the areas of East Lothian HSCP where action will take place to move towards the goals of the strategic priorities and issue instructions to the delegated service areas informing how the services should be delivered. These instructions are called Directions.



The East Lothian IJB can influence how services are delivered through their Directions and via their role in overseeing (checking) that services are meeting required standards for the community.

East Lothian IJB is legally required to satisfy a variety of Scottish and UK-wide requirements to demonstrate how they contribute as a publicly funded body to the aims of Scottish and UK government. This takes the form of complying with laws and duties outlined in the [Joint Working Act](#) and in other relevant guidance.

## Update on Equality Outcomes 2021-2025

In 2021, East Lothian IJB committed to take action on five equality outcomes:

1. **Equitable access to services** - People know what support and services are available and know how to access them
2. **Equitable access to premises** - People with protected characteristics are able to access our premises easily and find them easy to use
3. **Keeping people safe** - We will protect people at risk in our communities.
4. **An inclusive place to work** - We will be proactive in developing an inclusive staff culture at all levels.
5. **Mental health** - We are committed to supporting better mental health for all



A mid-point progress report covering 2021 – Spring 2023 was published in April 2023. [You can view the report here.](#)

## 1. Equitable Access to Services

People know what support and services are available and know how to access them



### What we did

A broad suite of work has been done to improve community understanding of support and services available to them. This was initially led by the Senior Communications Officer, implementing a systematic approach to clear, inclusive communication delivered to the community via formats suited to their needs.

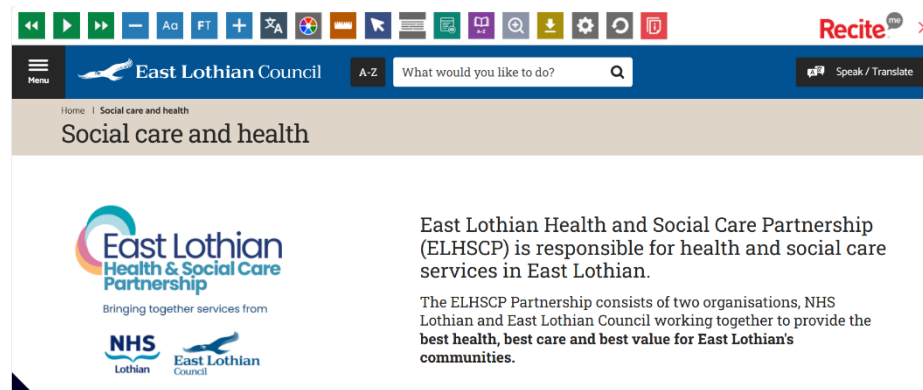
### How it contributes to mainstreaming equality

Improving the accessibility and range of communication types has multiple benefits to the community and strongly supports our commitment to inclusion via eliminating barriers to accessing information and participation, meeting the communication needs of everyone and empowering people to steer their own health and social care journey through informed choices.

### Improved online information

We reviewed our webpages improving its usability and accessibility. This has simplified the way the community accesses our information making it easier for people to find and access services. The focus was on providing an online information resource where webpage navigation was in tune with the customer journey, their challenges and needs, directing them to services, and how to access them, rather than simply presenting what services are available.

The website has built in features using the tool “Recite Me”, that assist the public to access our online content. This provides options for website content to be read aloud, translated into different languages, change the background colour and magnify text.

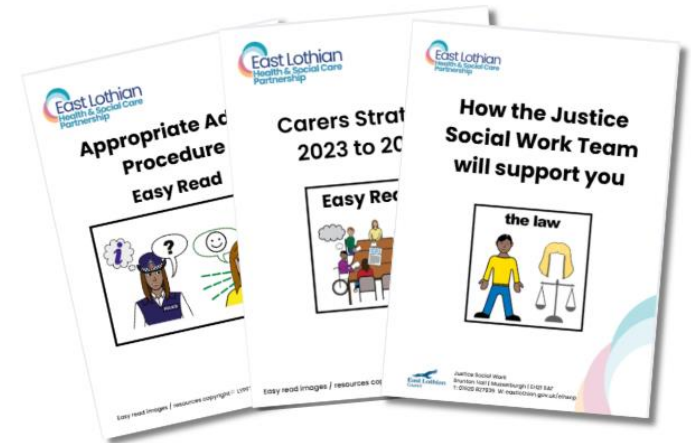


## Easy Read

We are especially proud of our improvements in providing community information in [Easy Read format](#). In 2024, our teams were empowered to create their own Easy Read documents based on an Easy Read image library carefully created by our communications professionals and shared with staff. Guidance was produced to assist people in understanding the purpose and benefits of the Easy Read format.

It has resulted in:

- 7 easy read documents for adult support and protection including advice for adults, a 'next steps' brochure, a communication highlighting the rights of service users, information about procedures, case conferences and a service user questionnaire
- 2 service strategies in converted to Easy Read (Carers Strategy 2023-26 and Dementia Strategy 2023)
- 4 easy read versions related to the [Shared Lives](#) initiative (Shared Lives Week 2023 and 2024, Duncan's Story and the Shared Lives recruitment campaign 2024/2025)
- 1 Justice Social Work easy read brochure related to how the social work justice team can support service users
- 1 guardianship letter
- 1 brochure explaining annual health checks aimed at people with learning disabilities.



## 2. Equitable Access to Premises

People with protected characteristics are able to access our premises easily and find them easy to use



As an Integration Joint Board with responsibility for planning and commissioning delegated health and social care services, this outcome does not sit within an area that we can control. The IJB does not own or operate spaces but directs them in spaces owned or operated by ELC, NHS Lothian or our partners (e.g. care homes).

In order to avoid double reporting, we will not present what our partners, ELC and NHS Lothian have done for accessibility.

We will ensure in the future that our outcomes fall within areas that we can influence. In order to do this, we will adopt the NHS Lothian format of equality outcomes that lists the actions we plan to take beneath the outcomes. This will help us to check the applicability of future outcomes to our areas of responsibility to avoid pledging to take action on things we cannot influence.

### 3. Keeping People Safe

We will protect people at risk in our communities



#### What We Did

We have taken actions to improve collaborative working across East Lothian and recognise the risks presented by drug and alcohol misuse. Specifically, identifying some of the reasons people turn to drugs and alcohol, and promoting recovery by addressing those reasons while supporting a range of treatment paths. When we work effectively with our partners NHS Lothian, East Lothian Council and local third sector organisations we are better equipped to provide holistic care that recognises the complexities of life and how different challenges affect each other.

#### How it contributes to mainstreaming equality

Keeping people safe begins with understanding the types of things that can lead to people becoming vulnerable. Addressing health, housing, social and economic challenges reduces personal risks to people and improves their chances of living a life that is safe, comfortable, healthy and fulfilling.

By embedding partnership working with the third sector and East Lothian Council and NHS Lothian, we recognise that people are looking for solutions that explicitly recognise the complexities of life rather than find solutions for discrete issues separate from the whole. By focusing on the whole person, we can assist people to notice when they are becoming more vulnerable and support them to take action to prevent issues from escalating or intervene early in potentially unhealthy life choices.

#### Supporting people to overcome challenges

We created a webpage called Moving On which aims to signpost people in the process of overcoming all sorts of challenges to services that can help them move towards a more positive future.

The website uses simple images to point people towards services that assist with managing money, training, employment, addiction, women's wellbeing, men's health and wellbeing, housing, mental health and victim support. [www.eastlothian.gov.uk/moving-on](http://www.eastlothian.gov.uk/moving-on)

### Drug and alcohol recovery

We have expanded the opening hours of our drug and alcohol support telephone services, increasing the capacity of the service to work with people that reach out for support with recovery.

[www.eastlothian.gov.uk/substance-use](http://www.eastlothian.gov.uk/substance-use)

We have created a simplified patient information leaflet that outlines step by step what to expect when converting from prescribed Methadone to Buvidal so patients can make an informed decision about their treatment. This helps people that have become dependent on Methadone to transfer to Buvidal as part of their recovery, helping them to take control of their lives and move towards a better future.

Good mental health care at an early stage of challenges can vastly improve outcomes for people and reduce their chance of experiencing a crisis. Whilst this is a crucial aspect to keeping people safe in East Lothian, we will outline our progress in the stage below.

#### 4. We will be proactive in developing an inclusive staff culture at all levels



As an Integration Joint Board, we have very limited control over staff culture initiatives conducted by our partners that employ the staff that deliver our delegated services (NHS Lothian, East Lothian Council, third sector and private contractors that are commissioning to deliver services on our behalf).

Where we can influence staff is through:

- Training opportunities
- Commissioning – via tenders for services

Regrettably, this outcome is where we have made least progress however, we will take a different approach in Equality Outcomes 2025-2029. We will focus on creating a charter to illustrate good behaviour which honours dignity and respect. The charter will incorporate positive examples and the consequences for demonstrating behaviours which fall below standard.

The Equality Outcomes 2025-2029 (Dignity and Respect and Anti-Racism) are a recalibration and extension of this outcome. We have ambitious plans to make meaningful, sector leading progress in the first half of the outcomes period.

## 5. Mental Health

We are committed to supporting better mental health for all



### What We Did

We established a group of individuals across East Lothian involved in direct or indirect work affecting mental health and wellbeing. We provided the group with opportunities to meet regularly to discuss issues arising in the community and within health, social care and emergency services.

We also focused on designing new approaches to suicide prevention. Data suggests that suicide affects some groups of people disproportionately and through our approaches we hope to reduce suicides and support individuals and families to move towards hope.

### How it contributes to mainstreaming equality

Mental health challenges are at the core of a range of different health, social and justice issues affecting the community. When we focus on supporting mental health, we can improve outcomes for some of the most vulnerable in our community. When we talk about mental health, we can identify some groups that are affected disproportionately to the general community. These groups include men, women post-partum and during menopause, older people, people participating with the justice system, people from gypsy/Roma/traveller communities, the fishing community, the farming community, people struggling with gambling and debt and people using drugs and alcohol as an aid to mentally coping. If we can improve access to mental health support, we can improve lives across the community, not just those suffering with poor mental health but also their families.

### Mental Health Partners Group

The Mental Health Partners Group is a collection of third sector mental health and advocacy organisations, emergency services representatives and health and social care staff. The group has approximately 90 members and meets every two months to raise issues and share information about what is going on and services available. It is a forum where people can communicate across different parts of the community and services to better support everyone to look after their mental health.

### Mental Health and Wellbeing Information Hubs

The community told us that it needed to be easier to find support and wellbeing opportunities. We worked with Public Health to develop information hubs across all East Lothian localities that provide information about resources to support mental health and wellbeing.

The Adult Mental Health Team has established a drop-in mental health event every Wednesday at the Wellbeing Hub at East Lothian Community Hospital offering the community a chance to find out about the mental health and wellbeing opportunities available to them.

### Suicide prevention

The Adult Mental Health Team has established a collaboration with East Lothian Council and local mental health partners to identify gaps in preventative mental health services that could improve outcomes for people struggling with feelings of suicide. The result of the collaboration is a suicide prevention focussed forum that will be established in early 2025.

## Other ways we fulfilled the Public Sector Equality Duty (PSED)

### 1. Eliminating discrimination and other unlawful conduct

#### What we did

- Co-designed new eligibility criteria for carers to more realistically measure the impact caring had on carer's lives in order to eliminate indirect discrimination.
- Enhanced our model of Day Centre provision to include community-based support which meets the needs of those who don't want to or are unable to access support based at premises used by us.

#### How it contributes to mainstreaming equality

Realigning the eligibility criteria for carers offers a number of important improvements for carers:

- It centres carer voices and experiences in planning and assessment.
- It improves our understanding of the impacts of caring on the carer and ways that they experience discrimination in more subtle ways. When we understand the impacts better, we can identify ways to eliminate the causes of discrimination where we can through our planning and directions.
- The overall aim is to improve outcomes for carers, improve their opportunities and recognise their key role working alongside health and social care.

Co-designing these criteria with the community and their representatives ensured we were taking a human-rights approach to planning. By improving our Day Centre provision model, we are improving access to community-based support for people that might otherwise be excluded from services delivered in premises that we use. This eliminates discrimination experienced by this group of people, some of which are among the most vulnerable in society. When we plan in a way that addresses incidental exclusion, we are bringing more inclusive priorities to the heart of planning and direction which is an important step in the right direction.

## 2. Advancing equality of opportunity

What we did:

### Prolonging independent living

We enabled people living in East Lothian that require home adjustments to understand what was available to them to support independent living at home. The [Well Wynd Hub](#) is a model living space containing different technologies and supports that help people at risk of losing their independence to continue living in their homes for longer. Physiotherapy and Occupational Therapy staff run assistive technology drop-in events at the Tranent hub to showcase the different ways that people can use supports to stay living independently in their homes for longer. (Article: [Drop in events showcasing technology to support independent living](#))

### Used our role as planners and commissioners to take a co-production approach to service strategy

Demonstrated commitment to co-commissioning as a part of community/HSCP co-production.<sup>1</sup>

- Planning for Older People's Services – You can learn more about the engagement/co-production of the plan on its [engagement webpage](#) and by reading [the final update to the Planning for Older People's Services Independent Community Panel](#) (this includes the plan).
- Dementia Strategy – You can learn more about the Dementia Strategy co-production process through the [Strategy's IIA](#).
- Support for Carer's Procurement (commissioning) process and tender paperwork <sup>2</sup> - Our Planning and Commissioning Officer worked closely with carers and groups representing them across East Lothian to understand what was their key priorities and concerns were in relation to receiving support and what we should know in relation to [eligibility criteria and replacement care](#). The result was [a number of changes to the tender prior to its release](#) that best reflected the voices of the community. The tender was released in late 2024 and awarded in early 2025.

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<sup>1</sup> [Equality Act 2010](#) Section 149: 'involves having due regard, in particular, to the need to:(b)take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it; (c)encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.'

<sup>2</sup> 149c) Committed to co-commissioning as a part of co-production (East Lothian Commissioning Strategy 2023-2025)

### Developed new means of improving access

We directed services and allocated budgets to enable new ways of organising assessments, triaging, discharging and supporting patients to improve access overall.

We took innovative action to free up appointment space or beds for people with complex or specific health needs by establishing:

- [CWIC Direct Appointments Service](#) – Working towards improving access to GP appointments for patients with complex needs, disabilities, pregnant people and children (under age 12) by drastically improving the speed of onward referrals and same day assessments for less complex health needs via the CWIC Direct Appointments Service.
- [Mental Health and Wellbeing Hubs across the county](#) – We committed to and delivered new approaches to community mental health support through improved mental health and wellbeing information in high traffic community spaces such as libraries and East Lothian Community Hospital.
- [Physiotherapy In-Reach Project \(Royal Infirmary Edinburgh\)](#) – East Lothian Physiotherapists and Occupational Therapists visited patients admitted to Royal Infirmary Edinburgh to provide information about community and home-based care packages available to them. This intervention improved patient discharge substantially and honoured our strategic commitment to offer community, home-based or home-like locations for care.
- Increased capacity for [Care at Home](#) packages to support the flow of patients from hospital environment to home-based and community care.<sup>3</sup>

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<sup>3</sup> Direction 21 Unscheduled care - Increased care capacity for Hospital to Home (pg 17). Link to strategic object to deliver care at home.

‘East Lothian deliverables supported by this funding are as follows:

- Increased care capacity for Hospital to Home.
- Creation of a Single Point of Contact targeting prevention of attendance and admissions at RIE.
- Increased Social Worker and Community Care Worker capacity to support assessment over 7 days at the RIE front door.
- Increased Allied Health Professional (AHP) capacity to support 7-day service at the RIE front door. ‘

### How it contributes to mainstreaming equality

Helping people to establish and maintain independence has a range of positive effects on physical and mental health, confidence, life opportunities (employment and social) and autonomy. Our progress in this outcome assisted people of all ages to realise their potential for independence working with technology and allowed greater numbers to remain living in their homes. The groups most positively impacted include adults experiencing living independence for the first time, people with physical and learning disabilities and people in older age groups seeking to maintain an independent life that compliments their changing health and needs.

By embedding equality and community voices into our role as planners and strategic commissioners, we improve equality of opportunity by ensuring we are planning and commissioning in the way that the community would like us to. This in turn improves our own internal processes and helps us to better understand the people that we serve.

By increasing capacity through directing resources (Care at Home) and improving assessment process (CWIC Direct) we ensure that equality of opportunity to access services improves and that people receive the right care at the right time.

## Fostering Good Relations

### What we did

Established long-term, high quality community engagement groups:

- Mental Health Partners Group (outlined in the Mental Health section of this report).
- Carer's panel - Carers of East Lothian continue to develop their carers panel which was included in the service specification, to empower carers to use their collective voice for action, carers now engaged with local businesses and GP's to bring about change.
- Independent Community Panel (initially an Older People's Services Independent Community Panel).

Laid the foundations for a co-designed activity to establish a care/carer charter promoting cultural understanding between people being cared for and the staff that care for them.

### How it contributes to mainstreaming equality

All these actions contribute to establishing the structures, forums and relationships for embedding community voices firmly into the centre of planning services and promoting deep, practical understanding between people in the community with different characteristics.

Creating the Mental Health Partners Group established a space for raising and collaborating to solve mental health issues experienced in the community including challenges with accessing services. One of the key achievements of this group was the discussions which led to decisions to establish a simplified, streamlined, trauma informed and person-centred way to access mental health services in East Lothian (Single Point of Contact for Mental Health – covered in the Mental Health section above).

**REPORT TO:** East Lothian Integration Joint Board

**MEETING DATE:** 22 May 2025

**BY:** Chief Officer

**SUBJECT:** Strategic Workforce Plan 2025-28

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9

## **1 PURPOSE**

- 1.1 Presentation of ELHSCP Strategic Workforce Plan 2025-28 to the Integration Joint Board.

## **2 RECOMMENDATIONS**

The IJB is asked to:

- 2.1 Note the Workforce Plan 2025-2028 and its contents.
- 2.2 Agree the Workforce Plan for 2025-2028.

## **3 BACKGROUND**

- 3.1 As will be required by Scottish Government of all IJB's, the Strategic Workforce Plan 2025-28 has been developed.
- 3.2 From the 2022-2025 Workforce plan, we have managed to achieve:
- the introduction of an ELHSCP organisational Induction Course
  - distribution of an ELHSCP Staff Development and Wellbeing newsletter to all ELHSCP staff.
  - structuring and maintaining a corporate ELHSCP recruitment process.
  - utilising Modern Apprenticeship funding for more than 100 staff to obtain a relevant qualification.
  - introducing Graduate Apprenticeships in Business Management.

- 3.3 Following on from these successes, over the next three years we propose to:
- introduce a first line managers induction which would introduce supervisory processes to new managers.
  - increase the number of social workers who hold a Practice Educator qualification which will allow the Partnership to host more social work student placements.
  - work with the necessary employability and educational teams to ensure that the Foundation Apprenticeship in Social Services and Healthcare is introduced to East Lothian schools.
- 3.4 Within the last financial year, additional funding has been required from Scottish Government to provide an improved performance in Unscheduled Care which included the expansion of the Discharge to Assess team and creation of the Prevention and Early Intervention social work team.
- 3.5 Since the publication of the last workforce plan, the Workforce Development team have had a reduction in facilities and accommodation available to deliver some training and development to Partnership staff.
- 3.6 ELHSCP would benefit from being able to deliver in-house SVQs and other similar qualifications and training normally outsourced to other providers. This would not only benefit our staff but encourage students within East Lothian high schools into a career within ELHSCP. However, due to financial pressures the development of this post is on hold.

## **4 ENGAGEMENT**

- 4.1 All General Managers and teams within the Partnership and our partners have been consulted in the writing of this document.

## **5 POLICY IMPLICATIONS**

- 5.1 None.

## **6 INTEGRATED IMPACT ASSESSMENT**

- 6.1 Although the subject of this report does not directly affect the wellbeing of the community or have a significant impact on equality, the environment or economy, it will go through an Integrated Impact Assessment process to ensure that no impacts are identified. Any feedback will be brought back to the IJB for discussion.

## **7 DIRECTIONS**

- 7.1 D19a – East Lothian Workforce Plan 2022-25 will need to be updated to reference the duration of the new plan, 2025-28.

## **8 RESOURCE IMPLICATIONS**

- 8.1 Financial – A non-recurring funding of £50,000 would be required to implement internal delivery of SVQs to our staff and East Lothian High Schools, as outlined in the plan. Once established, the delivery would be funded by Skills Development Scotland. All other actions can be delivered within current budgets.
- 8.2 Personnel – No additional staffing required, identifies ongoing workforce issues.
- 8.3 Other – None

## **9 BACKGROUND PAPERS**

- 9.1 None.

**Appendix:** ELHSCP Strategic Workforce Plan 2025-28.

<b>AUTHOR'S NAME</b>	Nikki Donald
<b>DESIGNATION</b>	Organisational and Workforce Development Manager
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<b>DATE</b>	May 2025



# WORKFORCE PLAN

2025 – 2028



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# DIRECTOR'S FOREWORD

Our ability to deliver high quality, sustainable, accessible services that support East Lothian citizens to live independent, healthy lives, relies on the unwavering commitment and dedication of our staff. They are our greatest asset. Valuing, supporting and investing in our workforce is one of East Lothian Health and Social Care Partnership's key priorities.

East Lothian's population continues to increase and is ageing at a rate higher than other areas of the county. Even with reduced resources, staffing pressures and financial uncertainties, our teams have shown they are adaptable, agile and embrace everything that is thrown at them.

Over the past two years, our teams have undergone rigorous assessment and inspection across Adult Social Work, Support and Protection Services, Social Care, Care Homes, ongoing LCAS and applications for Endoscopy JAG Accreditation. Their efforts and achievements have been recognised with high praise. However, it is their response to evaluation, the way they have developed strategies, identified alternative practices, and delivered remedial change that is impressive. Showcasing their promise to improve service delivery and user outcomes, all while working within strict financial parameters.

Our collective teams have worked collaboratively, extending partnership and alliances. Have identified best practice and reacted to change at a heightened pace. Under pressure they have responded with innovation, challenging the status quo, and become leaders in identifying and delivering alternative means of care delivery.

This Workforce Plan highlights the challenges facing our organisation and collective services. It sets out an agenda which has been designed to address these challenges and capitalise on existing strengths and opportunities.

The Plan provides a framework which supports the development of flexible and sustainable staffing models with increased community partnerships including the third and education sector, to support and increase our workforce.

Our goal is to shape the future of health and social care through innovative thinking, collaborative working, and promoting personal independence. To achieve this, our focus is on building, enriching and supporting our experienced, skilled, resourced and professional workforce to meet the significant challenges that exist in health and social care within East Lothian, so they can support our citizens.

With the continued dedication and strength of our workforce, we have the essential qualities needed to rise to the challenges ahead.

I am immensely proud and incredibly grateful to every member of the Health and Social Care Partnership team. I thank them for all that they do and for all that we can, and will, achieve collectively and collaboratively going forward.



Fiona Wilson, Chief Officer

# BACKGROUND

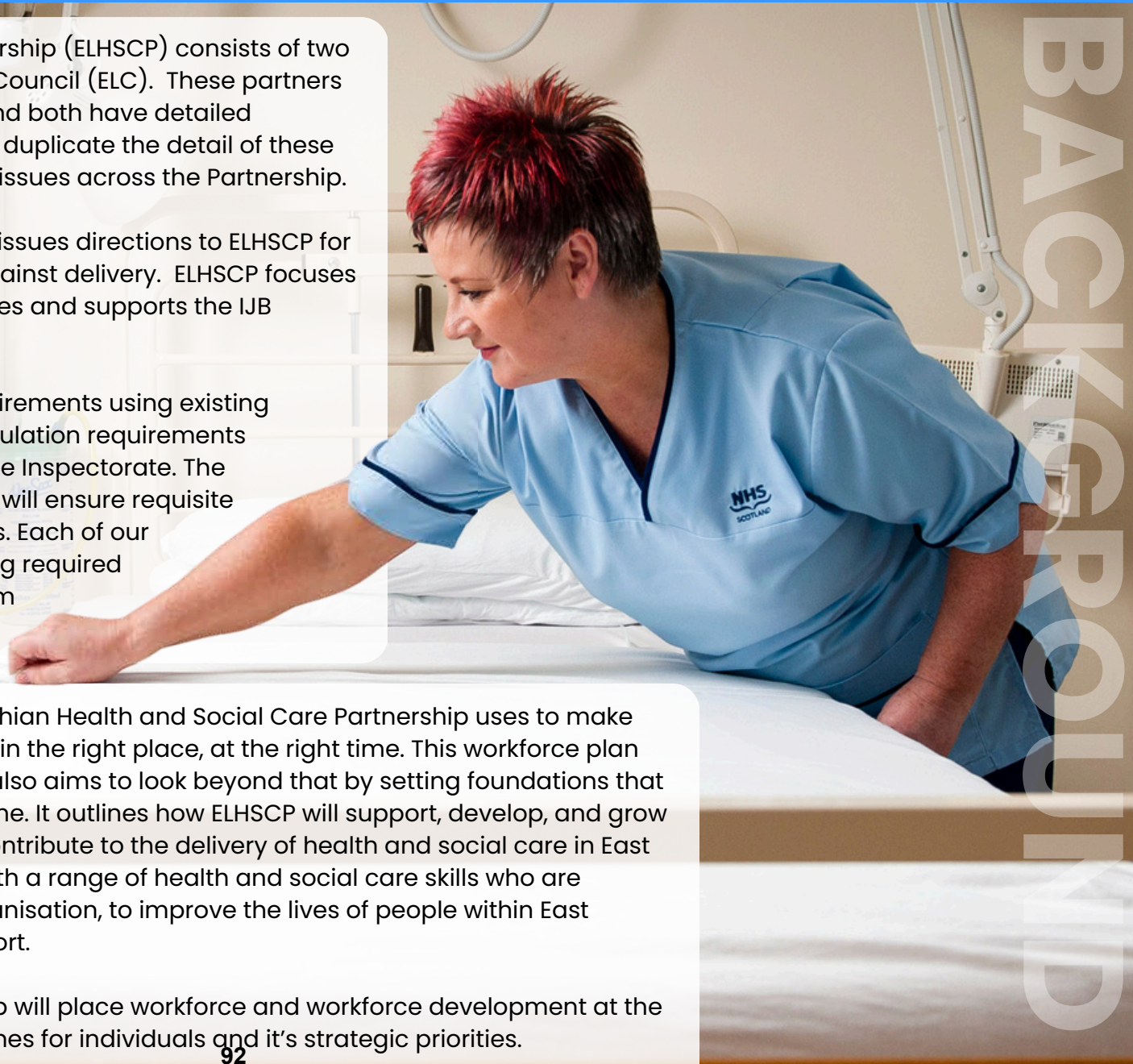
The East Lothian Health and Social Care Partnership (ELHSCP) consists of two partners: NHS Lothian (NHSL) and East Lothian Council (ELC). These partners remain the employers of staff within ELHSCP, and both have detailed workforce plans. As a result, this plan does not duplicate the detail of these plans but builds on these to address common issues across the Partnership.

The Integration Joint Board (IJB) sets strategy, issues directions to ELHSCP for service delivery, and monitors performance against delivery. ELHSCP focuses on the delivery of health and social care services and supports the IJB Strategic Plan.

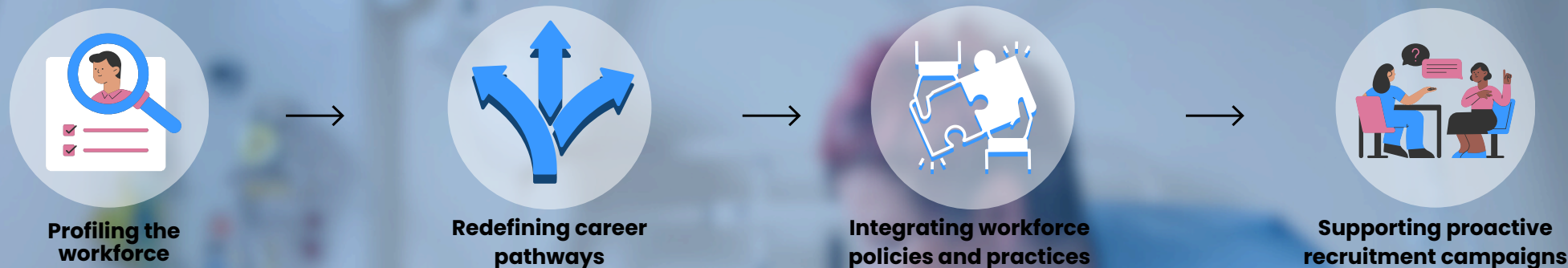
ELHSCP will continue to monitor workforce requirements using existing planning measures, meeting statutory and regulation requirements alongside ongoing audit/inspection by the Care Inspectorate. The Health and Care (Staffing) (Scotland) Act 2019 will ensure requisite levels of staff are in place to meet expectations. Each of our partners will take a lead on the annual reporting required under the act, but we will work closely with them to ensure that ELHSCP fulfils the requirements.

Workforce planning is the process that East Lothian Health and Social Care Partnership uses to make sure it has the right people, with the right skills, in the right place, at the right time. This workforce plan focuses on the 3 years from 2025 to 2028, but also aims to look beyond that by setting foundations that will deliver requirements for many years to come. It outlines how ELHSCP will support, develop, and grow the capacity and abilities of the people who contribute to the delivery of health and social care in East Lothian. The paid workforce includes people with a range of health and social care skills who are committed to working together in a single organisation, to improve the lives of people within East Lothian who need health and social care support.

East Lothian Health and Social Care Partnership will place workforce and workforce development at the core of how ELHSCP delivers on positive outcomes for individuals and its strategic priorities.



ELHSCP will therefore work with partners to deliver integrated workforce planning which will include:



**The Workforce Development Plan concentrates on the following principles:**

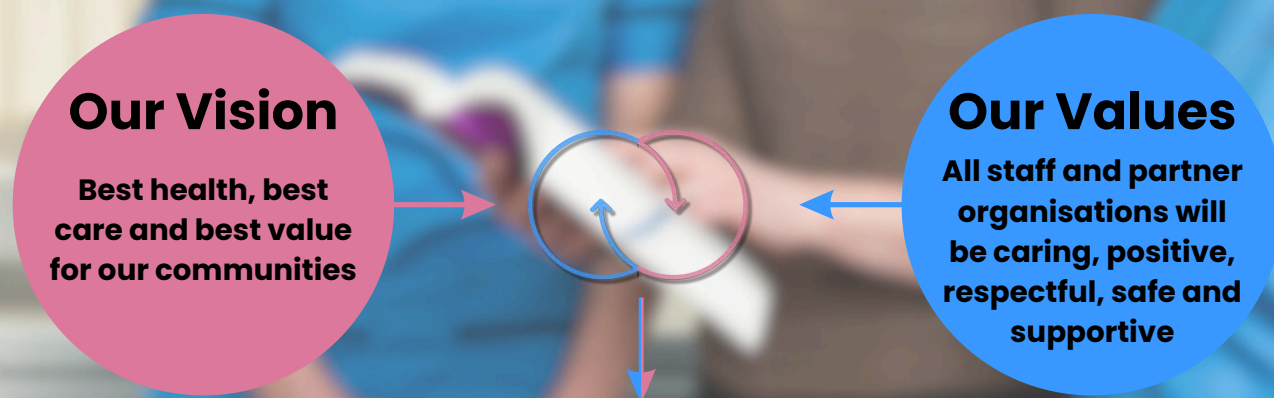
- Ensure that the focus of Partnership Workforce Development activity is on developing knowledge, skills and competencies that support the delivery of Partnership goals and outcomes;
- Ensure that development needs are accurately identified and aligned with strategic priorities;
- Ensure that workforce development and training is undertaken via effective and efficient delivery methods and implemented in a timely manner;
- Ensure evaluation of workforce development and training activity at varied levels to ensure it is fit-for-purpose;
- Use a range of different approaches to meet development needs, ensuring an appropriate blend of delivery methods (i.e. online, in-person, vocational);
- Ensure that resources available within ELHSCP for workforce development and training are used as effectively as possible and capacity for doing so within ELHSCP explored, before resources are procured out with;
- Adopt a needs-based and flexible (rather than a 'one-size fits-all') approach, as appropriate; and
- Maximise opportunities for inter-professional / inter-agency learning.

All ELHSCP General Managers were asked to respond with a workforce plan for their area. The workforce plan aims to set a baseline with regards to workforce information and data, which can then be referenced in future to identify and determine relevant trends and themes.

# Partnership

We have taken a partnership approach in the development of our Workforce Plan. Our long-established collaborative approach ensures joined up working with our local statutory, independent, voluntary, and third sector partners and Trade Unions. All of whom make a significant contribution to ensure that East Lothian is a safe, secure, and attractive place to work. Underpinning this is a need to attract people to a career in health and social care and to sustain the workforce by ensuring rates of pay as well as terms and conditions of employment are competitive and fair but also to make sure that staff feel valued.

By considering all the aspects we need to approach workforce planning, ELHSCP will ensure that we recognise all the contributions and support obtained from our staff and sustain these as we move forward. The action plan will be reviewed regularly at our Workforce Planning & Organisational Development Steering Group. The scale of ELHSCP's remit and activities is extensive, and the workforce plan will never, nor should it attempt to, address every single aspect of ELHSCP's operation. The purpose of the workforce plan therefore is to establish, in broad terms, how best to ensure the workforce delivers ELHSCP's vision, values, and aims whilst encompassing the values of both NHS Lothian and East Lothian Council, as the respective employers.



## To ensure that our health and social care services are:

- Joined up for service users
- Taking account of the particular needs of individual service-users and their circumstances in different parts of the country
- Respecting our service-users' rights and take account of their dignity
- Taking account of the way that our service-users participate in their communities
- Protecting and improve our service-users' safety
- Improving the quality of our services and ensure that they are planned and delivered in a way that is engaged with our communities

In developing workforce plans, there is significant cross over with our partners, NHS Lothian and East Lothian Council, to ensure that work plans are interlinked and comprehensive. This ensures the output from the workforce plan presents a cohesive picture of health and care workforce need across East Lothian.

Our Workforce Planning & Development Steering Group consists of Senior Management and functions as a high-level strategic oversight group. It is responsible for advising senior management and the Workforce Development team on the planning, implementation, evaluation and review of learning and development, recruitment and staffing issues and any other related workforce matters within ELHSCP. The Group works with the guidance and support of key business partners from both partner organisations and the Workforce Development teams to assist in the management of risks relating to the delivery of workforce planning and development priorities within the services and the wider partnership.

### **Staffing groups and services across ELHSCP include:**

- Acute and Ongoing Care Services
- Adult Social Work Services
- Chalmers Sexual Health Centre
- Community Mental Health Team
- Community Nursing
- East Lothian Rehabilitation Service
- Learning Disabilities Team
- Outpatients Team
- Planning and Performance Teams
- Primary Care
- Substance Use Service

# Community of East Lothian

East Lothian currently has an estimated population of 108,972. This is a 3% increase since 2018, compared to 0.9% growth across Scotland in the same period. East Lothian has the second largest increase nationally. The population is projected to increase by a further 2.1% by the year 2025 and 4.1% by 2028 (compared to 0.5% and 0.9% across Scotland).

Our population of adults aged over 64 currently accounts for 20.9% of the population, with those of working age 50.9% of current population. The ongoing trends show that by 2028, adults aged over 64 will account for 23.4% of the population and those of working age for 49.1% of the population.

Although there are several housing developments which have been or are being built throughout the region, the cost of the property does not attract people who work in Health and Social Care, so the north and east of the region become very difficult to recruit staff to, including bank or locum shifts, due to the distance and lack of public transport networks into these areas.

The migration of families into the area has also increased the number of schools and school aged children who require immunisations, with an extra 60,000 childhood vaccinations delivered annually. The teams who cover services provided within the education estate are now covering over 400 schools. They have a very rigid agenda to enable them to include all schools, but recent teacher and school staff strikes which have caused the closure of the schools have delayed their services and had a knock-on effect to the schedule of vaccinations.

Age	2018	2022	2025	2028
0-15	19350	19533	19322	19009
16-24	10092	9803	10127	10770
25-44	24103	25400	26234	26439
45-64	31075	31077	30605	30212
65-74	11733	12419	13181	14460
75+	9437	10740	11772	12513
Overall increase of over 65s since 2018		1989	3783	5803
% of population over 65	20%	21.3%	22.4%	23.8%

(National Records of Scotland)



**10,000+ new homes  
planned in East Lothian**

**More people living longer  
with complex needs and  
long-term conditions.**



It is likely that demand for community services will continue to rise due to the ageing population and rise in baseline population levels in East Lothian. There is significant new housing capacity in East Lothian, in addition to the projected increase in the over 65 and specifically over 75 population which is higher than national average.

We would previously, on average, receive 9 new referrals each week for rehabilitation. This has now doubled as the demand for rehabilitation services increases due to the population expansion from the addition of 10,000 new properties, and because children, younger people and adults are living for longer with complex health conditions, (which can be long-term and multiple).



**Rehabilitation referrals  
have doubled from 9 to 18  
per week**



As the older population is predicted to increase at the same time as the working age population remains static (a trend repeated across Scotland), this means that at the same time as demand for services is likely to be increasing, it could be more challenging to employ the workforce to meet this demand. The increase in citizens' age across our county means that more than ever we require a workforce which is innovative, collaborative, and which can find solutions amongst the most challenging of scenarios.



**Many unpaid carers  
provide 50+ hours of care  
per week**

**Cancelled care visits at  
short notice lead to stress  
and burnout**

Where unpaid care is already in place, the carers have told us about the impact it has on them when one of their few care visits are cancelled by the provider with little notice, meaning that they must step back in to provide basic care. Many carers are already providing over 50 hours of care per week and the support from care providers is a lifeline to them, allowing them a reprieve to cope and continue caring. Many of the unpaid carers are older or have additional needs themselves, putting them at risk of illness or injury by doing more for their loved ones. With the expectation that unpaid carers will support people where a package of care is not available or is unreliable, the result can be further financial hardship for the carers who are already facing serious hardship. In line with our strategic aims more people are now cared for at home or in a homely environment, but that also means that unpaid carers are providing more complex support. Many parents are caring for children with complex disabilities and providing nursing level care, while others care for people with dementia which can cause stress and distress. Resource to support breaks for carers is also very limited, meaning that carers can't access the breaks that they need to maintain their own health and wellbeing.

## Financial impact

As with all public sector organisations, East Lothian's IJB is currently facing exceptional financial pressures. In these times of financial uncertainty, it is important that we keep up with local demand whilst managing to do all of this with less resources. Although the population of East Lothian has increased in recent years, the budget afforded to the IJB has not increased in line with the population and therefore demand.

We have identified that there are some workforce gaps that are being plugged using bank and agency staff due to difficulties in recruiting and to cover longer term absences. These resources come at a premium cost, so we have identified the areas where this is a particular issue and will recruit permanent staff to cover the posts to put ELHSCP workforce spend into a more stable financial position.

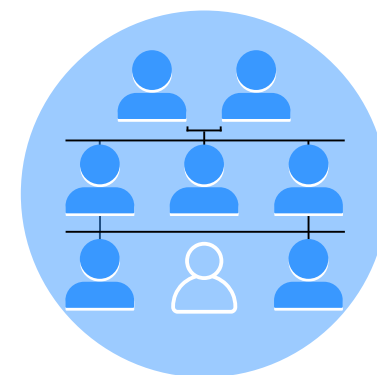
Although budgets are having an impact at organisational level, they are also having an impact on individuals as the cost of living continues to increase. Amongst other things, this affects the ability of some to be able to get to work as they will rely on personal vehicles due to the rurality of and lack of public transport to some of our workplaces.

The current cost of living situation is having a noticeable impact on mental health which not only puts pressure on our mental health teams, but also increases the number of staff who are absent from work. New figures from Scotland's Census show the number of people who reported having a mental health condition more than doubled between 2011 and 2022. In 2022 617,100 people reported in the census that they had a mental health condition. The increase from 4.4% to 11.3% of the population was the biggest change across the range of categories listed in the census question on health conditions. Mental health is the biggest cause of our staff being absent from work, with around 2% of our staff being absent for this reason at any given time.

Our Community Payback Team are leading on an initiative to tackle clothing poverty. The monthly 'Big Pick' events take any reusable clothing that has been handed in at the East Lothian recycling centres and offer them to sale at an affordable price of £3 per kilo to the community of East Lothian. This not only addresses the problems of clothing poverty and reducing waste, but any money raised from these events is given back to local charities that work with ELHSCP.



**Population growth vs flat budget**



**Workforce gaps and agency spend**



**Cost of living and mental health**

# WORKFORCE OVERVIEW

This plan has been created in liaison with our partners' workforce development teams and the workforce in general. It will outline what the workforce will need to deliver successful outcomes, highlight what actions ELHSCP need to take to deliver the future workforce.

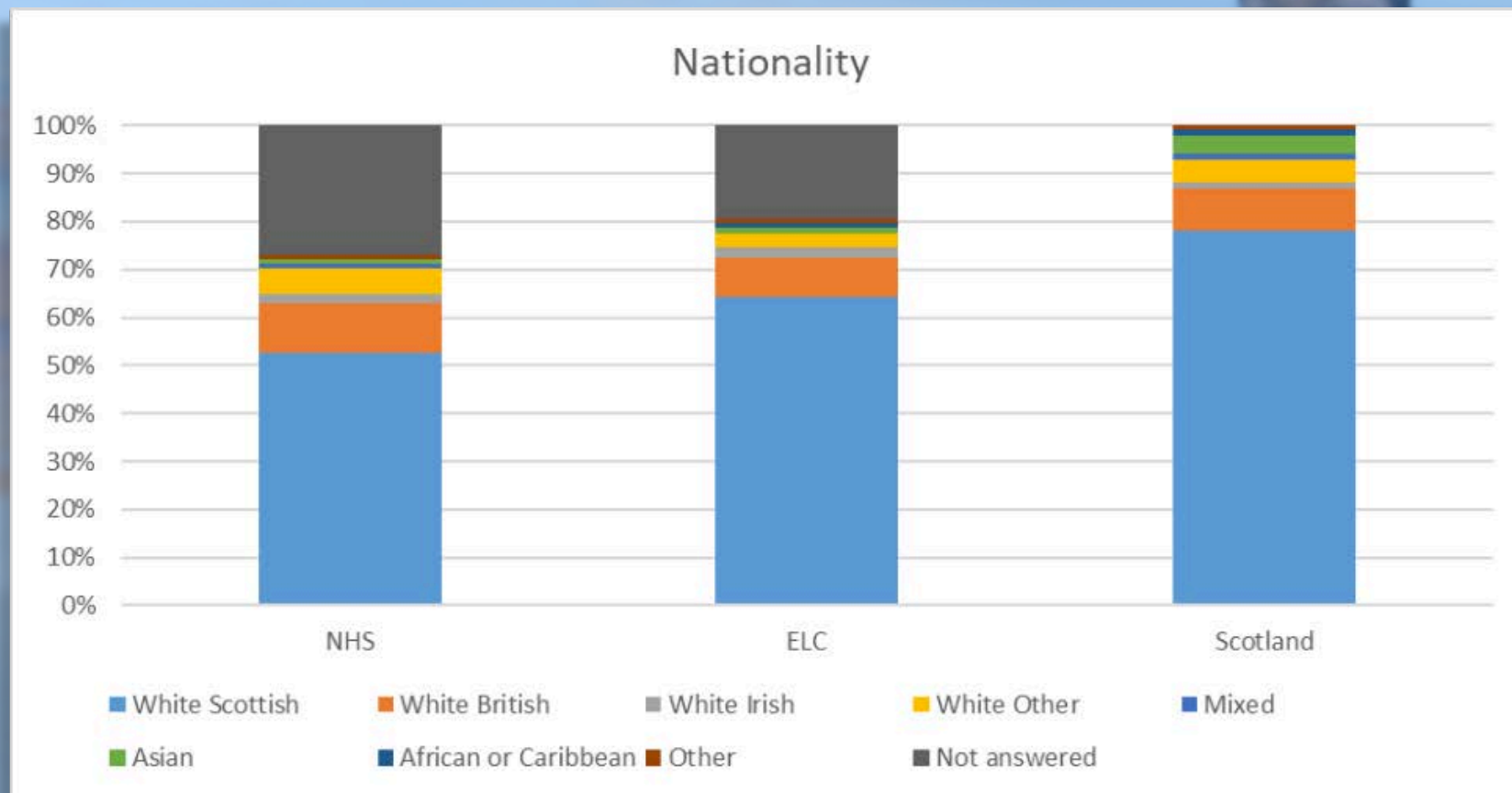
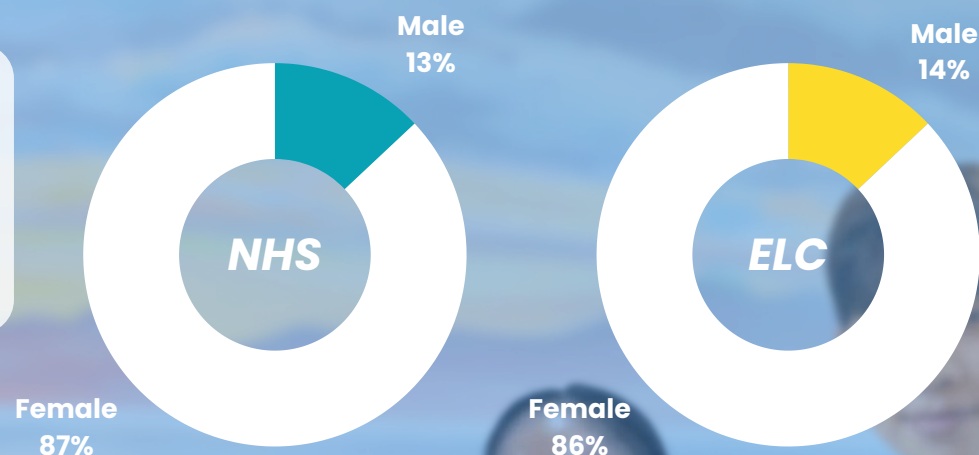
Since the collation of the 2022-2025 workforce plan, our workforce has risen from 1,114 to 1,215 WTE with the addition of another 290 WTE staff in hosted services across Astley Ainslie Hospital and Chalmers Sexual Health Centre.

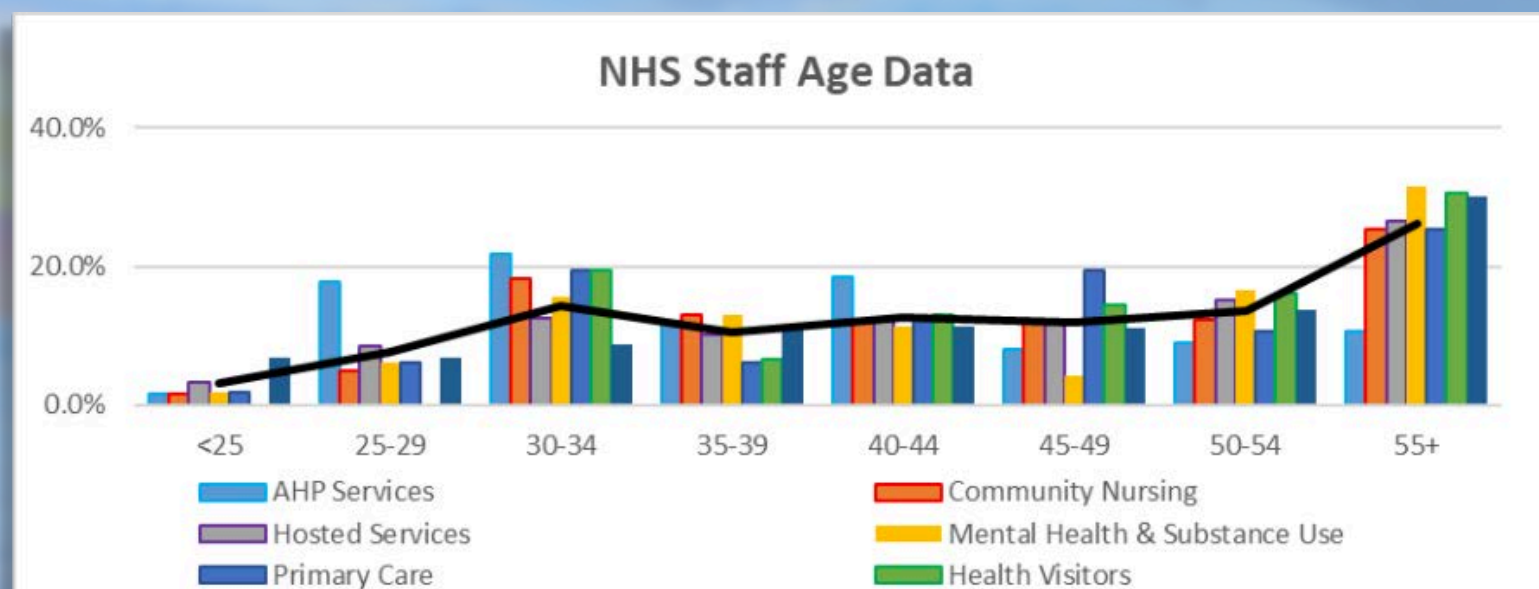
We have a very diverse workforce with a wide array of characteristics. As this information is voluntary under GDPR, we have limited specific information on the makeup of our workforce to allow us to report on it. In some areas, up to 26% of staff have either chosen not to or have been unable to update their personal data on our systems. Some community-based staff have little or no access to the necessary systems to allow them to update their information.

From the information that we do have, this shows that we have proportionally less white Scottish staff in our teams than the overall community of Scotland, which means that our workforce is more nationally diverse than the population of Scotland.



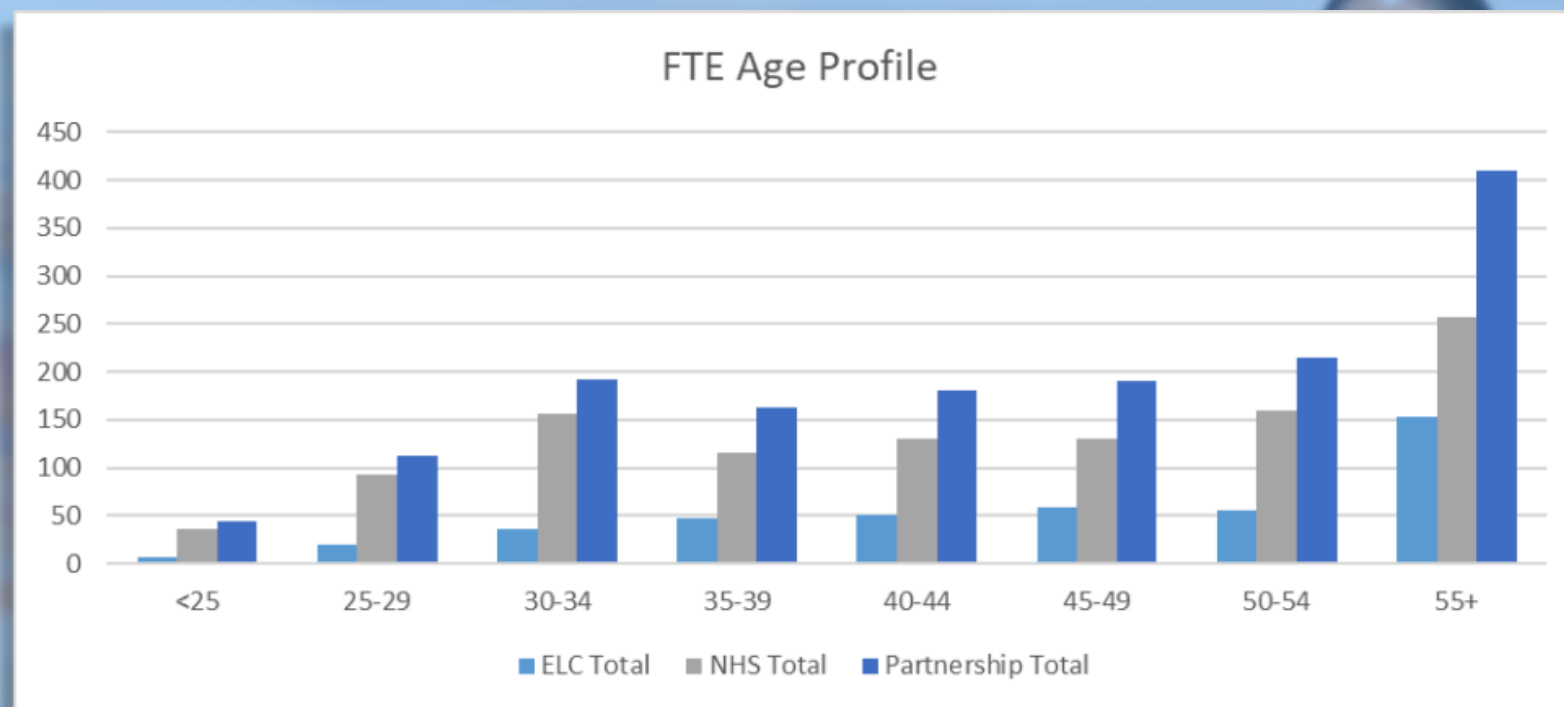
As the professions within health and social care typically attract female workers, we are likely to always have a proportionately high number of female staff within the Partnership. However, we continue to encourage male applicants into our roles and can see an increase in male staff in some areas.





In ELHSCP, we are fortunate to have a skilled, dedicated workforce. However, the age profile of that workforce indicates a potential skills shortage due to staff retireals over the next few years.

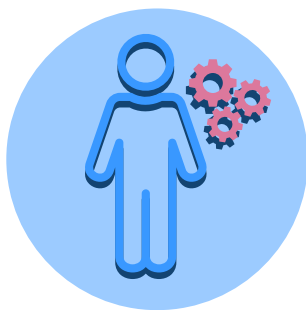
The charts show that over 40% of the ELHSCP workforce is aged over 50. This is an area that requires our attention, in that, a significant part of our older workforce is likely retire over the next 10-15 years. This part of our workforce is very skilled and knowledgeable, and this could give us a significant skills gap if we do not take steps to address it.



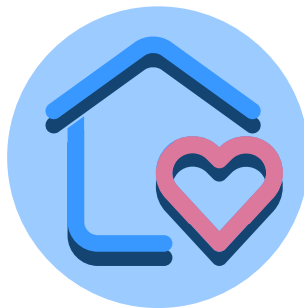
# Workforce Drivers

As we move through the delivery of our plan, there is a need to reconsider how some of our services are delivered, to ensure ELHSCP is delivering the right services, to the right people, in the most effective way possible.

**Our Workforce Plan will take account of:**



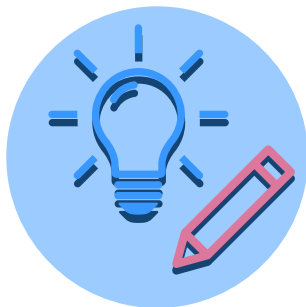
**Staff roles**



**Workplace from which  
care is delivered**



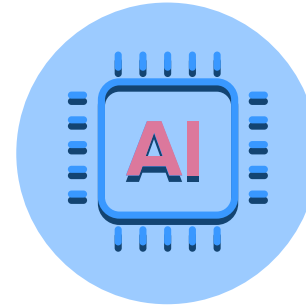
**Training/upskilling our  
current workforce**



**Skills required**



**Pattern of work  
required to support  
our service users**



**Technology and  
digital opportunities**

During the lifetime of this Workforce Plan, it will have to take account of how these changes will re-shape the workforce.

A combination of innovation and strategic planning will help ELHSCP identify and deliver the workforce it requires (in terms of volume and skills), and when and where it is required (in terms of effective and efficient deployment).

**Key objectives are:**

- Provide support, training, and development opportunities to upskill accordingly.
- Maximise opportunities to attract a new workforce to ELHSCP through various methods including apprenticeships, work placements and recruitment.
- Develop a flexible workforce able to respond to future needs and demands.
- Meet the requirements of existing and developing legislation, but also be guided by national, regional and local strategy & policy.
- Reduce absence levels.

The long-term aim for health and social care in Scotland is for people to live longer, healthier lives at home or in a homely setting and have a health and social care system that:

- is integrated;
- focuses on prevention, anticipation and supported self-management;
- will make care and treatment at home the norm in a community setting;
- focuses on care being provided to the highest standards of quality and safety, whatever the setting, with the person at the centre of all decisions; and
- ensures people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

# WORKFORCE JOURNEY

## PLAN → ATTRACT → TRAIN → EMPLOY → NURTURE

It is important for ELHSCP to promote integrated ways of working, equity, quality and breadth of learning.

These will include:

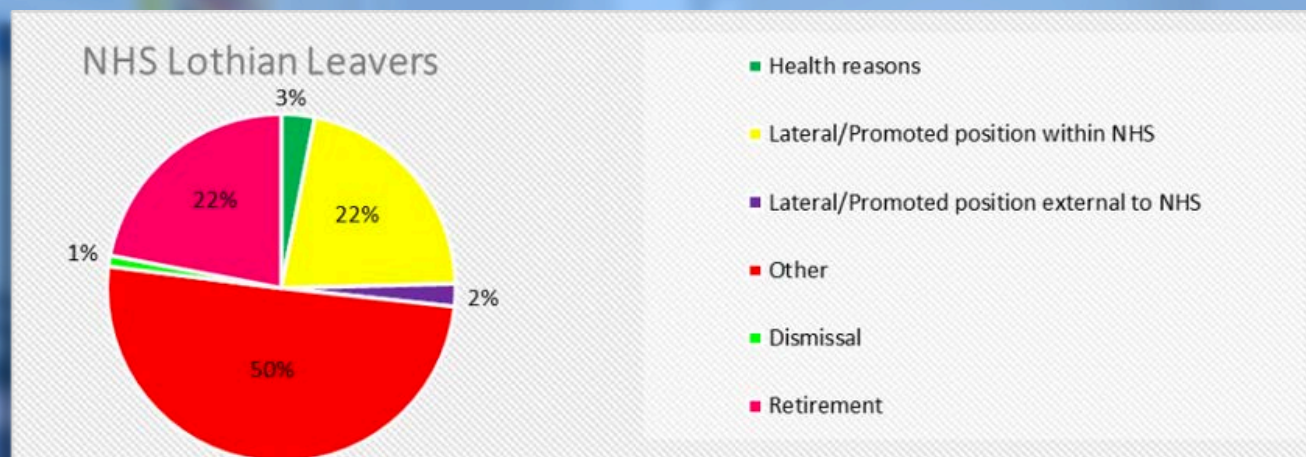
- Induction, statutory, mandatory and core training and development;
- Professional registration requirements;
- Supervision, appraisal and practice development;
- Continuing Professional Development;
- Career development (including supporting student placements);

We collect information about the reasons why people leave ELHSCP. We try to gain a better understanding of the reasons employees move jobs and to gather their views and insights into workplace issues. This information is vital to improve service delivery and address critical recruitment and retention issues.

Over the last two years we have had a turnover of 15% staff across all of our teams. As over 50% of these resignations have not reported reasons, it is difficult to analyse the reasoning behind this. Of the staff who did provide reasons why they were leaving, 31% of the ELC staff were appointed to other public sector posts and 44% of the NHS staff to other NHS posts which are likely due to the development opportunities that have been available to them within ELHSCP.

Analysis of the data can contribute to our approach to improving employee retention and helps us devise action plans to make any necessary improvements in specific areas to counter the potentially costly and disruptive effect that high levels of employee turnover can have.

The following charts illustrate the reasons why our staff left ELHSCP between April 2022 and March 2024.



The Workforce Development Team will allow for more development opportunities to be delivered internally, but also for better products to be sourced externally. This will include better leadership pathways and talent management, improved succession planning and training needs analysis. The team deliver a regular Development & Wellbeing Newsletter which will allow staff a singular point of information on what is available to them.

# Step 1: Plan

The generic recruitment of nursing staff across the NHS Lothian estate means that most of our advertising is grouped along with all other similar posts throughout Lothian. If someone is specifically looking for a post within East Lothian, it is not easy to find and likely to be missed. We will now request that a 'spotlight' is placed on these adverts to ensure that it is highlighted that the post is based in East Lothian to attract more applicants.

Succession planning will permit better talent identification and management, allowing for better development opportunities and pathways into promoted positions. Staff within certain areas of work will be given the opportunity to temporarily swap positions with others who do the same role as them but in a different team. This will allow staff to broaden their knowledge within their role to give them a better opportunity to progress into promoted posts. Nursing teams have already carried out this activity to increase resilience across their services.

A training needs analysis has been completed for all roles within the partnership to ensure that we can better understand the growing needs of each of the teams of staff. However, more intricate skills matrices are required and will be completed to understand the more unique needs of each individual member of staff in subjects such as digital literacy.

## Staffing Requirements

### Our workforce will:

- Have the skills, knowledge, experience and motivation to deliver the highest quality services;
- Be flexible and adaptable around our changing organisational needs;
- Be resilient to change and instigate, as well as adapt to, changes in service delivery;
- Work in an increasingly integrated way across ELHSCP;
- Celebrate roles including specialisms and synergies;
- Be a workforce that delivers with an emphasis on quality;
- Be a workforce supported to deliver quality services in the most efficient way.

# Nursing

Due to previous difficulties in recruiting qualified nurses into some staff nurse or district nursing posts, it was identified that if there were minimum numbers of qualified nurses (B5) on shifts, some of the other vacancies could be filled with B4 Assistant Practitioners. This change in establishment was overseen by the Chief Nurse at the time. It has created a more resilient workforce and has eased the pressure sufficiently and allowed the services to continue to be delivered safely.

Additionally, year after year there continues to be significant spaces that are unfilled in university nursing courses across all disciplines which means that there are a reduced number of staff entering the workforce in qualified positions. There are alternative routes to qualification for staff beginning their careers in unqualified nursing posts if they have chosen not to go straight into university when they have left school or decided upon a change of career. If they begin in the band two Clinical Support Worker role, they have an opportunity to complete SVQs and HNCs to prepare them for a part-time degree course which will enable them to progress into the band 5 staff nurse post.

Similarly, where there has been difficulty in recruiting specialist doctors or consultants to certain posts, we have recruited B6 nursing practitioners and B7 advanced practitioners into these to cover the essential clinical parts of the role.

Scottish Government have recognised that many band 5 nurses have been working at a level which is higher than the agreed rate for the role, so it has been agreed to review the Agenda for Change system and in particular the B5 nursing roles for staff working across NHS Scotland – this will allow all B5 nurses to have their job re-evaluated if they can evidence that they have been working above the B5 grade since April 2023. This is likely to have a significant impact on retention of staff at this level.

# Social Work

## Student Placements

Through hosting student placements from Scottish universities, we will increase prospective future social workers' knowledge of East Lothian and encourage them to apply for vacancies within East Lothian. ELHSCP will continue to accept placements from universities, but we have only two active Practice Educators within our Adult Social Work teams, so this limits the number we can take on without employing external PEs. Social Workers have been offered the opportunity to complete the Graduate Certificate in Practice Learning (GCPL), but staff are concerned that the commitment they need to make to studying alongside their current caseloads means that it will be too challenging to achieve the qualification. In light of this, we will release staff from some of their day-to-day duties to undertake Practice Educator training. We will sponsor two social workers a year to obtain their GCPL to ensure we can build a robust workforce and generate the next generation of social work workforce for East Lothian. When our teams host social work students, their universities pay us a placement fee, this will allow us to continue funding the qualifications.

## Mental Health Officers (MHO)

Although we can fund staff to complete the Mental Health Officer award, the staff must leave their own post for a period of eight months to allow them to complete this. Scottish Government previously provided funding for a backfill Social Worker to cover the post for the duration of the study, but as they no longer do this the teams cannot afford to lose a member of staff for that period without any cover. This has meant that we have not been able to offer sponsorship for this qualification for the academic year 2024/5 and may not be able to fund it in further years until the financial situation becomes more stable. This means that if any of our current MHOs leave their post, we will not have any internal staff who will have the correct qualifications to apply for the vacancy and a general shortage across Scotland may mean that the posts sit vacant for longer periods.

# Social Care

Since the previous Workforce Plan was published in 2022, we have seen the closure of Eskgreen Care Home, The Abbey and Belhaven Hospital and Care Home. During the run up to these closures, the affected staff were supported into alternative employment with their employer (either NHS or ELC), where that was their preference, or with options for leaving the organisation.

The different terms and conditions used by both partners meant that there were variances in the options available to staff. As ELC employs less than 5000 staff, there were less choices available for redeployment. Where redeployment was not possible and retiral or alternative work was not an option, staff were offered redundancy. However, NHS Lothian employs more than 25,000 staff so had opportunities for redeployment for all staff. Where initial offers of redeployment posts were not accepted by staff, those staff will be held in a pool awaiting alternative offers of redeployment.

All Social Care teams within the Partnership – Care Homes, Care at Home, and Day Services – require SVQs in Social Services and Healthcare (SSHC) or equivalent for their SSSC registration, with their role determining the minimum level required. For staff who do not meet the minimum requirement, we utilise the Modern Apprenticeship funding to help them achieve an SVQ in SSHC, however, to enable their further development we will offer them the level above that required for registration so that they can progress their career to the next level without having to complete another similar qualification in quick succession. Between 2022-2024 we were able to put a number of social care staff through one of the SSHC qualifications by utilising Skills Development Scotland's Modern Apprenticeship funding.

Qualification	Number Completed	Number in Progress
SVQ2 SSHC	11	12
SVQ3 SSHC	40	17
SVQ4 SSHC (Technical)	13	2
SVQ4 Care Services Leadership & Management	3	3

(Correct as of January 2025)

Our workforce holds a variety of qualifications which meet the requirements of employers and regulatory bodies. The skills of all workers are perhaps not fully understood or utilised effectively which may restrict movement across the sector. The creation of clearer development pathways within will go some way to address this, but staff in Care Homes and in Homecare are being given the opportunity to complete further qualifications in preparedness for future development and promotion.

# Allied Health Service

Request for Assistance is a referral service where the East Lothian public, carers and health or social care professionals (with consent) can call the new single point of contact to speak to an experienced Occupational Therapist or Physiotherapist to seek advice and support. They will be signposted, or following detailed conversation, be allocated to a therapist, or placed on a waiting list if their needs are not urgent. By having early referral discussions, we can understand what is most important. This enables us to ensure those telephoning for advice can be given this on the same day instead of waiting for assessment.

Over the period of a year, we found that approximately a third of telephone calls require advice on self-management or signposted to alternative and more appropriate services. A third of these callers are seen within 10 days and the remainder are placed on a waiting list. This has allowed for a reduction in waiting lists, improved efficiencies, managed client expectations and reduced complaints. In having reduced waiting times and ability to see people at their point of need we should see a reduction in the functional decline of the population which will have an impact on reduction in care, equipment and adaptation provision thereby minimising intervention, maximising independence.

People are staying at home longer with an increased number of longer-term conditions and frailties. The physiotherapy and occupational therapy teams are providing more rehabilitation and reablement within clients' homes to help them to fulfil their wish to remain at home.

# Business Support

As all the Health and Social Care teams evolve, their business support needs change.

Most of the Business Support staff are supporting several teams with different administrative tasks. This attempts to provide a resilient, multifunctional team who can support one another and provide cover during periods of intense activity or during absences.

However, this often means that the focus is on one area meaning that other areas are left without the necessary cover.

A service review is being completed to ensure that they are not working in isolation and provide resilience across the HSCP, and its business support functions as required.

# Sexual and Reproductive Health Service

East Lothian Health and Social Care Partnership now host the Lothian Sexual and Reproductive Health Service (LSRHS) based at Chalmers Hospital on behalf of NHS Lothian. There is increasing demand for this service within the Lothians due to the growing population but also the size of the student population in the area. This is having an impact on the capacity of local GPs, so more young people are utilising the services available within Chalmers.

A trial of sending STI testing kits through the post to patients has been successful so will be rolled out nationally. This has reduced the time required by clinical staff to administer these tests. Further remote services like this will be considered to allow staff to concentrate on other core services that require in-person appointments.

Socio-economic factors all play a big part in the varying demand on the services provided within the facility – currently the high cost of living is having an impact, so less people are choosing to have children therefore have an increased need for the services. As the requirements fluctuate, it is important that medical and clinical staff are skills mixing to ensure that the services are always available. More of the clinics available will become nurse-led to reduce the number of medics required.

## Step 2: Attract

It is evident that the recruitment and retention of staff in health and social care sectors is an increasing challenge. There are real issues in terms of a lack of available trained staff, especially in social care, or indeed people willing to be trained to take on such a challenging role. This is being experienced across the country due to a national shortage of staff and an ageing workforce. Our challenge is to identify what ELHSCP should change in terms of current service models, and what actions we can take to attract people into employment within Health and Social Care careers in East Lothian.

Videos have been shot by Health and Social Care teams to showcase the myriad jobs and pathways within ELHSCP. These are used to encourage recruitment into the more difficult to fill posts. Recruitment includes a robust selection process and improved on-boarding and induction package for successful candidates which empowers our workforce to start work with the knowledge and skills to be able to work confidently in their role.

In recognising the importance of increasing the number of young people employed by us, ELHSCP engages with High Schools, HEIs and local employment agencies to ensure that we attract young people to a career in Social Care via apprenticeships and entry pathway posts. One of these methods would be to introduce Foundation Apprenticeships in Social Services and Healthcare but there are not yet any local providers for this pathway. ELHSCP have encouraged more use of the Modern Apprenticeship Scheme within the organisation. Candidates are supported and assessed by qualified SQA assessors. Although this is currently outsourced, our longer-term aim is to have an internal team who will be able to deliver this and the Foundation Apprenticeships across East Lothian. This will be essential for our future workforce needs and to ensure continuity of service as our disproportionate number of older workers retire. We will continue to work with East Lothian Works, who source the FAs for East Lothian high schools, to find a way of ensuring that the qualification is delivered to local students to attract the workforce of the future.

The Foundation Apprenticeship would hopefully increase the number of younger people who are interested in these roles. Currently there are a high proportion of staff in these roles who are approaching retirement age, and they will typically be replaced by staff aged over 50. Increasing the training and qualifications available to care staff will increase opportunities for them to develop into promoted posts, so the hope is that these pathways will make the role more enticing to younger people. Modern Apprenticeships will also be used for young people who have already left school who would like to obtain a qualification and have a pathway to follow.

All roles that do not have a specific requirement for health or social care qualification will now be advertised as an integrated post, giving the successful candidate the choice of whether to work under NHS or ELC terms and conditions in the hope that this attracts more candidates to apply for the posts.



## Step 3: Train

As part of the pay settlement for Agenda for Change staff in 2023-24, it was agreed that staff would be provided with protected learning time for AfC staff working in NHS Scotland. Work is ongoing to finalise the number of monthly hours that staff will be given for this protected time. Once it has been agreed it will be implemented across all our NHS staff.

Following on from this, many of our teams that include Council staff have also agreed to implement protected learning time for those staff as well.

Learning and development is essential to our efforts to improve both the wellbeing and retention of staff, building diverse and complementary skills throughout our systems. Under the Health and Care (Staffing) (Scotland) Act 2019, we have a statutory duty to appropriately train and develop our staff. In particular, line managers should ensure staff have access to the equipment and time that they need to complete the mandatory training required to safely carry out their job, whether it be in-person or on one of our learning management systems.

A supervisory induction programme will be introduced for all staff who are moving into their first supervisory role or joining ELHSCP in a supervisory capacity and will also be available for staff who are interested in development into a supervisory role. This will not only give staff the advanced knowledge that they need but will also provide an introduction into supervisory and leadership skills.

ELHSCP will continue to work with ELC and NHS and offer the leadership programmes that are provided across both organisations. All ELHSCP staff are encouraged to use the Leading to Change website and app as it offers a range of leadership development programmes, opportunities, and support for staff at all levels, roles, and career stages in the sector. Any additional leadership training that is required by certain teams or positions are developed and provided as necessary.

The Scottish Government and COSLA have a shared ambition that the workforce is 'trauma informed'. There is a specific range of knowledge and skills required across the workforce, depending on role and remit in relation to people who have experienced trauma. NHS Education Scotland continue to develop a suite of training and learning resources to support local delivery and have trained some ELHSCP staff to deliver stages of this programme. The basic level of training is built into our induction training to ensure that everyone who joins ELHSCP has a basic knowledge. Further training is delivered to all other staff, the level of training delivered will depend on their post.



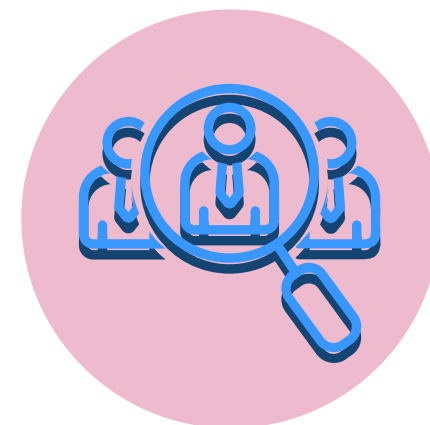
## Step 4: Employ

Linking and co-ordinating with the workforce planning activity across the partner organisations, ELHSCP will need to build on its success to improve recruitment and retention prospects. Developing clearer career pathways for the wide range of employment opportunities, participating in the social inclusion agenda and apprenticeship schemes, and engaging with higher education institutes are necessary to promote the recruitment and retention of workers from the local area. These are key strategies in promoting the Youth Employment Strategy.

By providing student placements across ELHSCP in specialisms such as Social Work, Nursing and Allied Health we are promoting ELHSCP as an employer. To allow us to continue to offer placements, we will ensure that we have the right staff to provide the support and education that the students require.

In ELHSCP we hold weekly recruitment scrutiny meetings to discuss all posts that have been put forward for advertisement and recruitment. Each post is discussed individually to identify if there is anything that can be done differently to cover the vacancy or if the vacancy is critical and is essential to ensure that we are identifying any transformation opportunities.

Any prospective scope for redeployment is also discussed in relation to staff who have been displaced within ELHSCP before being offered to the wider NHS or ELC redeployment pools. This allows us to retain staff from ELHSCP in ELHSCP.



## Step 5: Nurture

An improved induction programme has been introduced to ensure that all staff, whether they are coming on-board under an NHS or East Lothian Council contract will have access to the same information. This helps to set the scene on how NHSL and ELC work together, the development opportunities that are available and the wellbeing initiatives that are being run across the Partnership.

The Chief Officer attends these sessions in person to welcome new staff into the organisation, to let them know that she is in touch with all staff throughout ELHSCP, not just the senior managers, for the duration of their employment with us. In addition, all of the General Managers attend to introduce themselves which allows new staff to see who their managers are and have the opportunity to ask any questions. This has broken down barriers and made the managers more approachable to all staff.

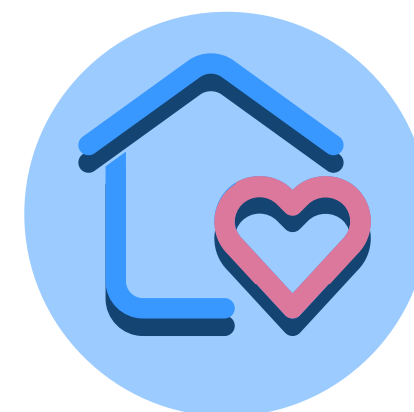
It is important that all staff have an opportunity to discuss their development with their line manager in addition to day-to-day communication and regular one to ones. Annual appraisals are encouraged throughout ELHSCP, and uptake figures are monitored. We encourage staff and their managers to have these conversations to ensure that aspirations are documented, and opportunities identified for specific development which will in turn aid the succession planning process. Between February and December 2024, the uptake rate of appraisals across all teams went from 39% to 62%.

This will allow staff to have better control over their own development and, over and above their mandatory and essential training, will be able to decide what their own requirements are. ELHSCP want to ensure that we are supporting staff in developing a career path to support the retention of our skilled staff as a priority.

Internally we have begun to use Graduate Apprenticeships for staff who are looking to develop within ELHSCP in their chosen career path. As there are currently limited qualifications being offered in this scheme, the Business Management degree has particularly benefited our Business Support staff. However, it is hoped that further qualifications will be added to this list and will include Social Work qualifications in the very near future.

### We must:

- **Equip our staff with the skills they need to deliver better outcomes for them and our service users;**
- **Enable and upskill all of those who need support, focusing on their abilities and what they can do, rather than limitations;**
- **Consider ways in which we can make careers in Health & Social Care in East Lothian more attractive;**
- **Consider options to make the best use of our resources to deliver our services in the most effective and efficient way.**



# Staff Engagement



Evidence shows us that having engaged, healthy staff leads to increased productivity and a more effective workforce overall. How our workforce feels when they are at work is key to the successful delivery of high-quality outcomes for our citizens. Staff engagement is therefore a key element needed to help ELHSCP workforce meet the range of challenges that it faces and to deliver our key priorities. By involving staff in decisions and communicating clearly with them, we will seek to maintain and improve staff morale, especially during periods of significant change. Engagement needs to happen at all levels of ELHSCP, from the big picture initiatives to day-to-day communication between staff, managers, and executives.

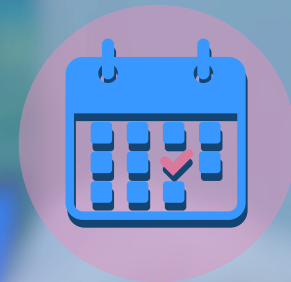
Whilst many programmes of work will be underway already within partner organisations there is a need to ensure that this work is harmonised across all areas.

**We have:**

- Developed a staff development and wellbeing newsletter which keeps staff informed of how to look after themselves and their staff.
- Created a Communications Team to ensure that our staff and the public are kept up to date with developments within the HSCP. The team have also raised the profile of East Lothian as a positive place to work and recognised as leading HSCP in the delivery of HSC services.
- Introduced more meetings for senior managers, both as an organisation and within their professional groups, to ensure that all relevant information is communicated with them to share amongst their teams. This includes the introduction of senior management team meetings where all senior managers, and not just general managers, are invited to share and hear about matters affecting the wider Partnership. The Social Work teams have introduced subgroups for governance and learning and development to ensure that all social work teams are aware of what is affecting each of them.

A significant amount of engagement activity has already taken place with more planned, as we continue to build on this for the best outcomes of our staff and communities. This has included:

- Using feedback from staff opinion via surveys (i.e. iMatter) – suggestions for improvement, training, and best practice.
- Develop and implement a programme of additional engagement opportunities for staff including newsletters which will reach and engage with all staff, including those who have limited or no access to computers at work.
- Continue to work with key partners in the Joint Partnership Forum and link in with local groups as and when required to ensure fair representation and open discussion.

**Newsletters produced****More senior management meetings****Surveys conducted**

**We will:**

- Ensure respective organisational staff are fully briefed, engaged and aligned to supporting the Workforce Development Plan.
- Ensure managers and leaders establish and embed staff engagement systems and process as the norm in their working practices to ensure that staff can engage timeously with managers on issues.
- Continue to develop and maintain a range of communication and feedback channels with staff, providing clear, consistent information through a range of different media.
- Take forward a review of workforce policies and procedures with a view to harmonisation across partner organisations, where practicable, and to support team working for integration.



**Staff  
briefings**



**Staff  
engagement**



**Communication and  
feedback**



**Policies and  
procedures**

# Staff Wellbeing

Wellbeing of staff remains a focus of Organisational Development. Both East Lothian Council and NHS Lothian invest in significant employee wellbeing programmes with particular focus on staff Mental Health. Some of these initiatives include:

- **Wellbeing Wednesday** weekly emails sent out by ELC with useful information, hints and tips for improving physical and mental wellbeing.
- **Eastspace** is East Lothian's online source of mental health and wellbeing information managed by Health in Mind. The website provides information about local mental health and wellbeing services and support.
- **Wellbeing Webinars** run by NHS Lothian.

Specifically, within ELHSCP there are lots of wellbeing initiatives run throughout from a central point or by individual teams dependent on what activities fit in with their work. Some teams have been actively encouraged by their managers to take a ten-minute wellbeing walk during their shift which particularly helps staff who would ordinarily spend all day sitting at a desk.

Lothian Work Support Services (LWSS) offer occupational therapy assessment & rehabilitation to assist our HSCP employees who are struggling with their health and work or who are currently absent from work and want help to return. They help our employees to better manage their health and work needs through a managed process of advice, supported self-management, coaching and work focused therapies (vocational rehabilitation). Workplace and transferable skills assessments can be undertaken for job support & redeployment purposes.

The Workforce Development team now publish and share a regular Development and Wellbeing Newsletter. It includes tips for wellbeing and resilience with details of any wellbeing events that are coming up, and information on all of the different 'awareness days' that are coming up such as Mental Health Awareness. Also, details of any training or development sessions that are available directly from ELHSCP and both the NHS and council networks, but also anything which is likely to be relevant to our workforce that is available through various free websites such as OpenLearn. Additionally, it contains various articles which puts a spotlight on various teams or specialties within the Partnership and introduces managers who some staff may never get the opportunity to meet otherwise.

GREATix is a tool that allows staff to record positive experiences and interactions within the workplace. When a colleague has carried out something outstanding, it can be recorded on the system, and they will receive a notification from GREATix on their notable performance. Whether they've gone the extra mile, excelled in their role, or shown kindness, logging the details on GREATix is a quick and easy way to recognise their efforts.

We are currently in the process of rolling out and promoting GREATix to all ELHSCP staff. We will raise awareness through our Staff Newsletter, through regular wellbeing communications, and through posters at our various staff premises. Staff only need to fill out a short nomination form on the staff member they'd like to nominate for a GREATix, then that person will receive a personalised certificate with the details of their recognition. The GREATix recipients will be celebrated through the ELHSCP Staff Newsletter which we hope will boost and improve staff moral and celebrate the amazing work our staff do.

In the second half of 2024 we held several on-site Staff Wellbeing Roadshows to promote the services, resources, and tools we have in place to support staff wellbeing. We have had some great conversations with staff and managers about what support is available. They have also generated conversations with different departments on what they currently do to support and promote their individual team wellbeing and suggestions on what they think could be done to support their wellbeing better. From these conversations we will reach out to each department within ELHSCP to nominate a Wellbeing Champion for their team/department so that we can co-ordinate a full partnership wide Wellbeing Team, ensuring that all areas are aware of the resources available to them. This will also allow us to have a bigger collective group of staff across the partnership to share wellbeing ideas and resources with, which in turn will make our staff Wellbeing feel much more meaningful, inclusive, and visible to all.



**Development and wellbeing newsletter**



**Improved ways for feedback**



**Wellbeing champion**

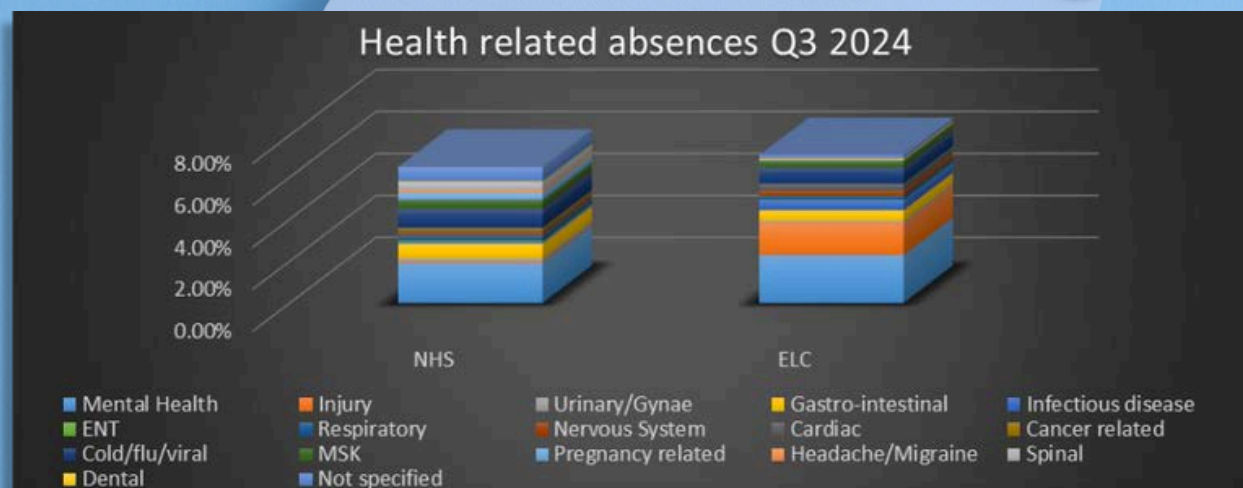
# Health Related Absences

Mental health illnesses remain the most prevalent reasons for health-related absences across the Partnership. This has been a constant trend with this accounting for around a quarter of all absences at any given time.

Mental health conditions tend to be hidden due to stigma and fear of discrimination, and research has shown that work is the biggest cause of stress which can stop people performing at their best so a culture of fear and silence around mental health is costly to employers. As so many of our staff absences are related to mental health, we now offer Mental Health First Aid courses which have given managers the tools to recognise a range of mental health conditions, how to start a supportive conversation and when and how to signpost a person to seek appropriate professional help. They learn about the first aid action plan for mental health, can put it in place and know how to implement a positive mental health culture in the workplace.

## Absence Clinics

We now run monthly absence clinics to support our line managers where advice and support from our Chief Officer, Employee Relations/Human Resources, staff unions and LWSS is given to our HSCP managers to help them to better understand the absence management processes used by both of our partners. The clinics are in place to assist the managers in understanding what options they have to offer help and support to their staff through the many wellbeing platforms on offer to assist staff to have safe and open conversations which will help them to return to work.



# Support and Flexibility

Through workforce reviews across all teams within ELHSCP to ensure financial scrutiny, some roles have been identified where more collaborative working will provide efficiencies. For example, within the Learning Disabilities team, it was recognised that social workers and nurses were independently visiting clients to obtain similar information, so collaborative working now means that only one visit is carried out, saving time for staff, and meaning less interruptions to the client.

Monthly Adult Social Work staff briefings are open to all staff also through MS Teams. Some of these sessions now include guest speakers from other departments or external agencies, information updates and professional practice updates providing essential communication and engagement.

Access to managers on a regular 1:1 basis is consistently offered where the main aim of the conversation is to ascertain the wellbeing of the staff and how their workload is impacting on them. This is predominantly through MS Teams for colleagues who continue to work from home and continues to be reinforced. This continues to be the platform for most formal and informal meetings throughout ELHSCP.

The Workforce Development Team provide support to managers in building team relationships, leadership & cultural improvement. We use the Clarity 4D profiling tool which is designed to improve people's understanding of different communication preferences amongst their colleagues. This knowledge allows them to flex their communication style in line with their audience, creating clarity, reducing confusion and aiding efficiency. The team create bespoke sessions for each team they work with to ensure that any ongoing issues are addressed, and their strengths are celebrated to encourage cohesion within the team, promote better working practices with an aim to retaining staff in their roles and teams.



**Collaborative working**



**Staff briefings**



**1:1 Meetings**



**Team building**

# ORGANISATIONAL CHANGE

There are several services that have outgrown the premises that they currently occupy. Work is ongoing to identify buildings that are already owned by ELC or NHS which have space for these services to move to. The Edington Cottage Hospital in North Berwick has had a complete reorganisation of the services offered there. It now offers out-patient facilities, in particular the musculoskeletal clinics and vaccination clinics instead of inpatient beds. This has allowed the facility to serve a larger section of the community.

Most of the Social Work teams were transferred out of Randall House in 2023 into a space within John Muir House which is roughly half the size. This has meant that there is now a requirement for teams to desk-share and ensure that working from home is a consideration where possible, although social workers must be office based for at least 60% of their working week. Along with losing office space, there has also been a loss of meeting rooms and training space which were allocated specifically to the Social Work teams.

This has meant that no ad-hoc training can be organised due to the limited number of training rooms that are available and the fierce competition with all other teams within the Council to book these. The rest of the team that had been based within Brunton Hall in Musselburgh, which has now been identified for demolition due to the expense of replacing parts of the building affected by RAAC, will move out in 2025, some to John Muir House with their colleagues, and the remainder to a repurposed council building elsewhere in East Lothian.

The Care When It Counts (CWIC) service provides same day treatment for acute illnesses for patients registered at certain GP surgeries within East Lothian. This is a nurse led service which reduces the requirement for patients to always see a GP with their conditions. When this was first launched, patients would have to go through their GP surgery to be directed to the CWIC service, but they can now refer themselves directly there which has reduced the volume of calls going through the GP surgeries.



The Care When It Counts Mental Health (CWIC MH) service position was established as part of East Lothian's response to the Primary Care Improvement Plan and the service acts as a primary care mental health service.

However, as the service has developed, the required increased link to Intensive Home Treatment Team (IHTT) and Community Mental Health Team (CMHT) have become more acute, so the service now sits within the Mental Health and Learning Disabilities structure, however, will continue to interface with the primary care oversight group and change board.

In completing this work, the CWIC MH service now forms part of a new model, aligning primary care and community mental health services.

This has allowed services to work in partnership, to ensure people access the right care and treatment at the right time and ensure that there is a clear mental health services pathway for those who need them. It has also provided the opportunity to work alongside other service to promote early intervention and mental health and wellbeing, with the aim that it will reduce demand on community and specialist services.



# Digital Agenda

The vision of Scotland's Digital Health and Care Strategy published in 2022 is 'To improve the care and wellbeing of people in Scotland by making best use of digital technologies in the design and delivery of services. To achieve our aims, and ultimately our vision, we will focus on six priority areas –

- **Digital access** – People have flexible digital access to information, their own data and services which support their health and wellbeing, wherever they are.
- **Digital services** – Digital options are increasingly available as a choice for people accessing services and staff delivering them.
- **Digital foundations** – The infrastructure, systems, regulation, standards, and governance are in place to ensure robust and secure delivery.
- **Digital skills and leadership** – Digital skills are seen as core skills for the workforce across the health and care sector.
- **Digital futures** – Our wellbeing and economy benefits as Scotland remains at the heart of digital innovation and development.
- **Data-driven services and insight** – Data is harnessed to the benefit of citizens, services and innovation.

As resources reduce and the opportunities offered by new technology increase, our Workforce Strategy will reflect the impact of these changes on both the delivery of care and the development of our workforce. ELHSCP have created a Digital and Data Programme Board to look at the areas of:

- Digitally Supported Health and Social Care
- Digital Systems and Infrastructure
- Data and Informatics
- Digital Skills and Leadership

As this is a new programme board for ELHSCP the aim is to have all of the delivery groups functional and producing outputs within 2025.

The KIND Network is an MS Teams learning platform across the knowledge, information, and data (KIND) workforce which allows all of our HSCP staff to join online learning sessions in the digital transformation of health and care. Some of the topics include Power automate Data, Excel, Power BI, Tableau, Web Applications etc. The learning sessions cater for all learning levels, with different courses running from beginner level to advanced level. They also run 1-hour online events with data analysts and have regular 'book of the week' suggestions.

We currently use and promote this learning source through our newsletter, staff development emails and TURAS learn to help staff within the HSCP to learn, grow and access training relevant to their roles, focussing on how skills are changing in response to health and care service needs and digital transformation.

### **Near Me**

Since 2020, there has been an increase in use of the Near Me video appointment platform. This has allowed our health professionals to see patients who have appointments rather than just speaking with them over the telephone as often the physical appearance of someone can assist the staff in better understanding their needs. Although in person appointments are available again, Near Me is being used far more regularly than it had been prior to the pandemic as it benefits those who are not near one of the clinics, who may have mobility issues or a lack of transport to get them there.

### **Lone Working**

Lone Workers can face risks during their working day – they may be exposed to abuse or violence, accidents, or sudden illness. Due to this ELHSCP are providing our Lone Workers with a Reliance Protect Personal Safety Device. This is a fully maintained service with support for the device users and their managers including an all year-round 24-hour response service to handle all Red Alert incidents. The roll out to Adult Wellbeing staff teams commenced in 2019 and although the roll-out had not went as planned in the initial stages, training has now been rolled out and all staff who require one have access to them. Once usage of the devices improves, we will be able to ensure that all staff can have an individual device allocated to them.

What	How	By Who	Review Period	Target Completion Date
Consider quality improvements within all Health and Social Care teams.	Use feedback from iMatter for improvement and identifying best practice.	GMs to consider feedback and develop plans.	Plans created annually and reviewed monthly.	Ongoing
Introduce first line manager induction.	Liaise with senior managers to establish requirements and write material.	Workforce Development Team with input from GMs.	Every quarter until established.	April 2027
Introduce SW Graduate Apprenticeships to develop staff already working within ELHSCP.	Identify staff who have potential to progress within ELHSCP but require additional qualifications to meet requirements.	Workforce Development Team.	Ongoing until launched by Scottish Government.	Ongoing
Increase the number of Social Work Practice Educators we have in our Social Work teams.	Identify staff prepared to take on the role and sponsor them to carry out the required qualification by utilising student placement fees paid to ELHSCP.	Workforce Development Team with support from Social Work GM.	Annually	Ongoing
Individual skills matrices to be completed by each member of staff to identify personal skills gaps.	Identify essential skills for each post and discuss with staff members their ability level.	Individual managers with support from Workforce Development Team.	Quarterly	June 2026
Ensure that Foundation Apprenticeships in Social Services and Healthcare are delivered within East Lothian.	Create capacity within Workforce Development Team to deliver this internally or identify an external provider to do this on our behalf	East Lothian Works supported by Workforce Development Team.	6 monthly	September 2026
Confirm all teams are using Greatix to enable more staff recognition.	Roll out Greatix to all teams within ELHSCP to ensure awareness and usage of the system.	Workforce Development team with support from Quality Improvement team.	Quarterly	November 2025
Complete service review of all ELHSCP Business Support teams.	Meetings with all personnel based within Business Support across ELHSCP to review posts and organisational requirements.	Operational Business Manager	Quarterly	April 2026
Assess and mitigate impact from Agenda for Change settlement (reduced working week and protected learning time).	Review skill mix and service models to manage workload.	Service managers for all NHS teams affected	Quarterly	December 2026
Ensure all staff are qualified as per updated registration requirements.	Review changing registration requirements and ensure staff add or update their qualifications when required.	Service managers with support from Workforce Development	Six monthly	Ongoing

