



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

**THURSDAY 26 MARCH 2026
VIA DIGITAL MEETINGS SYSTEM**

Voting Members Present:

Mr A Cogan (Chair)
Mr J Blazeby
Ms E Gordon
Councillor S Akhtar
Councillor L Allan
Councillor C McFarlane
Councillor G McGuire (sub. Councillor J Findlay)

Non-voting Members Present:

Mr D Binnie	Ms L Byrne
Ms S Gossner	Dr K Kasengele
Mr M Porteous	Ms F Wilson
Ms M Allan	Mr L Kerr
Mr D Hood	

Officers Present from NHS Lothian/East Lothian Council:

Ms L Kerr
Ms K Thornback
Ms J Jarvis
Ms A Stuart
Mr G Whitehead
Ms I Nisbet
Ms C Goodwin
Ms G Neil

Observers Present:

Ms L Blackshaw
Mr L Doult
Mr R Middlemiss

Clerk:

Ms B Crichton

Apologies:

Councillor J Findlay (sub. Councillor G McGuire)
Dr P Cantley
Dr C McIntosh

Declarations of Interest:

None

The clerk read the data protection statement. The meeting was being held remotely and would be made available as a webcast via the Council's website in order to allow the public access to the democratic process in East Lothian. East Lothian Council and NHS Lothian were data controllers under the Data Protection Act 2018. Data collected as part of the recording would be retained in accordance with the Council's and NHS Lothian's policies on record retention, and the webcast of the meeting would be publicly available for up to five years.

The clerk confirmed the attendance of Committee members by roll call.

The Chair formally welcomed observers from the NHS' Talent Management Programme joining the meeting.

1. MINUTES FOR APPROVAL: EAST LOTHIAN IJB ON 26 FEBRUARY 2026

The minutes of the IJB meeting on 26 February were approved.

2. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 26 FEBRUARY AND ROLLING ACTIONS LOG

The following matters were discussed from the previous minutes:

IJB Service User Representative: Fiona Wilson advised that there had been two expressions of interest in the Service User Representative vacancy, one of whom appeared to wish to pursue the post.

Entitlement to breaks for carers: The Health and Social Care Partnership's (HSCP's) response to the Scottish Government consultation on the right to breaks for unpaid carers would be made through the Carers' Programme Board, and officers would also facilitate collation of responses from Integration Joint Board (IJB) members.

Weight management medicines – response to Scottish Government: Later in the meeting, Ms Wilson shared that Laurie Eyles had raised some of the discussions under the weight management medicines item from the February IJB meeting with the Scottish Government, and said that Ms Eyles was pleased that the IJB remained enthusiastic about making a response.

Action Log

01/26: The Chair noted that all actions were due to be picked up through the Annual Delivery Plan and performance reporting, which would be presented to the May meeting of the IJB.

Maureen Allan asked about incorporating the contribution from sector partners and community activity within the new Performance Framework. Claire Goodwin, Assistant Strategic Programme Manager, advised that she was in the process of mapping key performance indicators against strategic delivery priorities, and would pick up with Ms Allan on the matter of recognising and reflecting the third sector.

Responding to further questions from Jonathan Blazeby, Ms Goodwin advised that presentation of a draft of the Annual Delivery Plan was scheduled for the May Strategic Performance Group (SPG) meeting; this would subsequently be brought to the May or June meeting of the IJB, depending on whether the draft was in an advanced state. Mr

Blazeby asked further questions about how this tied in with finance, and the Chair suggested that Ms Goodwin contact Mr Blazeby with further input.

02/26: The Chair noted that the engagement packs had been recently sent to IJB members.

03/26: The Chair noted that consideration of further positive recognition for partnership and collaborative work with communities was in progress.

4. CHIEF SOCIAL WORK OFFICER'S ANNUAL REPORT 2024-25

A report was submitted by the Chief Social Work Officer to present the Chief Social Work Officer's Annual Report for 2024-25.

Lindsey Byrne, Chief Social Work Officer and Head of Children's Services, spoke to the report. She set out the statutory requirement to produce the report and its content and breadth. She discussed her responsibility for governance of the Social Work profession in East Lothian, and work with Service Leaders to be able to offer assurance to the IJB, Councillors, and Chief Executive. She said the report was an opportunity to highlight efforts of Social Work and Social Care workforces. She explained that it was her job to assure members about Social Work practice, but to be open about the significant challenges faced as a result of growth, demand, and ever-expanding national policy expectations. She praised and conveyed gratitude to dedicated staff, who regularly went above and beyond to meet the needs of the people they served.

Ms Allan raised points about increased demands on services when resources were shrinking, and asked whether there had been any assessment of the community's capacity to pick up that demand. Isobel Nisbet, General Manager – Adult Social Work, recognised that work to strengthen collaboration with the third sector was needed to enable greater access to support, and said this work had already begun. Ms Allan thought that greater consideration was needed for those who had to pick up the additional demand to reduce demand on statutory services, such as families, organisations, and day centres. Laura Kerr, General Manager – Planning and Performance, agreed that third sector intervention in Social Work related to care at the prevention stage to take pressure off statutory services, and noted Ms Allan's points about financial ability to support the third sector in this work. She agreed that this could always be done better, and said the Health and Social Care Partnership (HSCP) would always look to continually improve in this area.

Responding to a question from Elizabeth Gordon on workforce planning, Ms Byrne was confident that East Lothian did not suffer a unique issue in terms of staff retention; she noted that East Lothian had seen a number of staff leave their posts to begin promoted posts within East Lothian. She advised that a new Workforce Planning Group for both Adult Social Work and Children's Social Work was focused on staff wellbeing; this included a new supervision policy to help staff focus on work/life balance, as well as development and training opportunities. Ms Wilson added that consideration was being given to creative models of recruitment to attract graduates, and to emulate models undertaken by NHS Lothian in Nursing recruitment.

Councillor McFarlane asked about the potential effect on hospital discharge if developers could be persuaded to build more homes that could be easily adapted to people's needs. Ms Wilson reported that Housing colleagues worked well with the HSCP, but that greater flexibility around housing would be welcomed. She noted that Leuchie House had also

provided support to discharge patients, and also acknowledged the importance of patient choice.

Mr Blazeby asked a number of questions on the timing of the report, reporting of data, and demands on staff. Ms Byrne explained that the Scottish Government dictated what should be in the report, and thought the format would change with the introduction of the National Social Work Agency. She explained that referrals figures and demand into services fluctuated, but reported that she was continuously told by frontline workers that the level of complexity coming into Social Work Services was completely different to where it was pre-pandemic. She discussed how the increase in the cost of living showed in people's presentation to Social Work. She discussed how the complexity of some cases meant that data did not show the full picture; she based her assessments on how staff felt, and made safe and manageable caseloads a priority. Ms Nisbet reiterated that the complexity of cases was increasing, and referenced a greater number of cases requiring input from managers. She highlighted the work of Workforce Groups in recruitment and retention, caseloads, mental health and wellbeing, and setting targets against the Performance Framework.

The Chair commented that, as financial challenges became greater and the IJB had to use data to guide its strategic choices, it was incumbent upon officers to ensure that data in reports was as robust as possible, and that the data reflected the realities of the decisions the IJB would have to make.

Mr Blazeby raised points about the timely issuing of reports, and having influence to make reports more relevant to the IJB to support decision making. He also noted concern that some was still not available to the CWSO a full 12 months after the end of the reporting period.

Ms Nisbet discussed services' preventative work. She also highlighted the duty system, which measured well across the country, to make sure service users had a first point of contact. Ms Wilson also added that the multidisciplinary team approach and preventative work was contributing to the data, and the importance of balancing this with the crisis work undertaken by Social Workers.

Responding to questions from Councillor Akhtar, Ms Byrne discussed the significant impact that would be experienced if Social Work failed to perform well in certain areas. She discussed performance as being about having a sufficient and well-trained workforce, and said services could not be delivered safely if there was a lack of well-trained staff. She considered the work of the Health Resource Group Partnership around workforce planning and the Performance Framework as being pivotal to be in a position to inform the IJB of the impact of caseloads versus staff level. She felt that decisions must be made around the impact that would be experienced should certain areas lack sufficient funding; it was important to avoid diminishing the workforce's ability to deliver good outcomes.

Councillor Allan asked about stabilising the workforce, and use of agency staff. Ms Byrne highlighted the culture of promoting flexible working, having a family-first approach, the supportive environment for staff, and training opportunities offered; she noted that exit interviews had not flagged issues that could be acted upon. Ms Nisbet discussed the process for the use of agency staff, and the limited circumstances in which the workforce would be supported with agency staff; agency staff were only ever used for 12 weeks at a time.

Councillor Akhtar thanked Ms Byrne and Ms Nisbet for the professional assurance offered to the IJB through their reports and contributions to development sessions. She asked that the IJB take every opportunity to raise awareness of the value of Social Work and Social Care in different fora.

Ms Byrne asked IJB members not to wait for the CSWO report if they required further information to aid decision making, and reports could be prepared for the IJB to provide more granular detail outwith the usual reporting cycle.

Decision

The IJB noted the content of the 2024-25 Annual Report of the Chief Social Work Officer, and the assurance about the provision of Social Work services in East Lothian. The IJB also noted the collective commitment to the protection and care of vulnerable children and adults across the county.

5. UPDATED LOTHIAN PSYCHIATRIC EMERGENCY PLAN

A report was submitted by the Chief Officer to present provide the IJB with the revised and updated multiagency Psychiatric Emergency Plan (PEP) for Lothian.

Karen Ozden, Nurse Director for Mental Health and Intellectual Disability in NHS Lothian, presented the report. She explained that this version of the PEP replaced the previous PEP developed in 2013. The PEP provided principles, guidance, and advice to all relevant partners about the legal detention of patients in accordance with mental health legislation. The updated PEP set out best practice to be followed in the event of someone requiring detention in hospital; it did not attempt to provide solutions to issues of resourcing within existing services that impacted on the operational delivery of the PEP, however, it highlighted the issue of transporting of patients to hospital as an area requiring further consideration by management teams. She advised that the PEP had already been approved by the Lothian Mental Health Programme Board, and the IJB was asked to endorse that approval for implementation in East Lothian. It was also recommended that HSCP management teams undertook a review of their performance against the PEP and take action against any existing gaps in resourcing that would potentially impact the safe, effective, and efficient management of psychiatric emergencies.

Ms Ozden provided background information on PEPs, which were locally-agreed arrangements outlining the roles and responsibilities of partners involved in responding to and managing any psychiatric emergency in the community. The agreed procedures were designed to minimise distress, trauma, harm, disturbance, and risk. She explained the requirement for the PEP in legislation, the various Acts considered within it, and discussed engagement involved in revising the PEP. She explained the updated PEP's relevance to IJB Directions and Strategic Objectives. She referenced lengthy discussions held about resourcing, and reiterated that the PEP had no financial or personnel implications, but only set out what happened in practice. She highlighted certain areas flagged in the review, such as the significant resource issues for the Scottish Ambulance Service. The Scottish Ambulance Service were currently responsible for transporting patients to hospital, causing significant delays to the availability to ambulances and personnel; this could have a domino effect on clinicians, particularly when there was a significant delay before a patient could be transferred to hospital. She noted the significant cost implications of the disruption of planned duties of clinical personnel.

Ms Ozden reported that Police Scotland had reaffirmed their position on their involvement in mental health events; their position was that they should only have involvement where a crime was being committed, or there was suspicion that a crime as to be committed, such as violence or disturbance; this would have a knock-on effect on the availability of staff to escort patients to hospital, which needed proper resourcing. She reported that advice was also being sought by NHS Lothian on the interpretation of the law in relation to Police Scotland's power to enter private premises and remove

people for the purposes of detention; she flagged that this would have an impact on clinical staff in terms of the safe escorting of patients to hospital, and possible additional delays, with police having to access warrants before they could take action. Ms Ozden also advised that a private ambulance service could be commissioned to transport patients to hospital, although she noted that this was out with the scope of the PEP review process.

Responding to questions from the Convener, Guy Whitehead, General Manager – Mental Health, explained that staffing patient escorts was more manageable within normal working hours, and discussed shift patterns within the Intensive Home Treatment Team (IHTT) which caused difficulty should a member of staff be called away in the evening; finding mitigations around this was critical, and he referenced cover arrangements with Midlothian's IHTT.

Responding to a point made by Ms Nisbet, Ms Ozden further discussed interpretation of the legislation by clinical staff, which they considered meant that Police Scotland *should* be involved when patients were detained under legislation; Ms Nisbet noted a reluctance from Police Scotland to be involved in removing a patient.

Responding to questions from Councillor Akhtar, Ms Ozden gave reassurance about the governance around the revised PEP, which had included representations from the four HSCPs and from various professions. It had also been taken through the governance routes of the various organisations involved. IJBs were now being asked to endorse NHS Lothian's approval, and local HSCPs would then implement the revised PEP.

Responding to points made by Councillor Akhtar and the Chair, David Hood, Head of Operations, discussed that a number of executive groups and fora were tackling the pressures existing in the overall system approach to mental health. He explained that the assessment undertaken by Ms Ozden was helpful because it raised questions from an operational perspective in terms of resourcing and strategic direction; he described the revised PEP as being part of a wider conversation to provide a system of high quality, safe, and effective mental health services across Lothian. He confirmed that he was supportive of the report's recommendations, and gave reassurance that the questions posed would be taken forward through the HSCP.

Responding to points raised by Mr Blazeby about the timing of the review, Ms Ozden highlighted changes around HSCPs when the review had originally been due. She also explained that many of the organisations had been going through their own changes, that the pandemic had caused delay, and that further delay had been by disagreement around processes. He proposed that a wider conversation around mental health and the strategic work ongoing through NHS Lothian happen within the next three months, and that this could be added to a development session to look at the strategic commissioning perspective. The Chair welcomed this conversation being added to a development session.

The Chair asked the IJB to approve the report's recommendations, and this was agreed.

Decision

The updated Lothian Psychiatric Emergency Plan had already been approved by the Lothian Mental Health Programme Board. The IJB therefore endorsed the approval to progress implementation in East Lothian.

The IJB also agreed that Health & Social Care Partnership (HSCP) Management Teams would undertake a review of their performance against the PEP and take actions to address any existing gaps in resourcing that would potentially impact the safe, effective, and efficient management of psychiatric emergencies.

6. UPDATE ON UNSCHEDULED CARE MONIES

A report was submitted by the Chief Officer to update the IJB on the investment by Scottish Government into NHS Lothian to improve unscheduled care (USC) performance in partnership with Lothian IJBs.

Ms Wilson presented the report, and provided background to the paper. She discussed the £2.6m spend, focused on Care at Home, Therapy, and Social Work. She explained that this had not been used to fund hospital beds but rather pushed out to transformational change around community-focused models for discharge without delay. A single point of access (SPOA) was also established to allow timely access to multidisciplinary input from both a discharge and community perspective. There was also an aim to create more therapy at home and to increase Adult Social Work input. Care at Home capacity was also fundamental to reduce waiting to support people at home.

Continuing, Ms Wilson provided a detailed activity update, and reported that the SPOA became live in spring 2025, and a community-facing SPOA became live in December. She advised that Discharge to Assess had been very successful, and had needed greater resource. There had also been additional recruitment to Social Work posts and internal Care at Home posts. She reported that East Lothian had shown steady improvement across performance indicators, with bed occupancy in Acute Care averaging between 79-82%, with the Scottish Government target being 85%. She also reported that delayed discharge was also measuring well. She reported that Guardianships and care home placements presented challenge, but still measured well, and a shift had been seen. There had been an improvement in length of stay across acute wards, and longer waits had reduced significantly since this funding. Community beds had also reduced, and complexity and acuity had changed. She advised that more people were being taken directly home and supported through pathways, and there had been an increase in Care at Home hours. There had also been an increase in the number of unscheduled care patients receiving the Rehabilitation Service, and fewer delays for Care at Home.

Ms Wilson also discussed the Lothian-wide challenge of the four-hour performance target, which, although there had been an improvement from January to July 2025, had then seen a deterioration from August to December, with particular challenges around Edinburgh and Midlothian getting to the target. She noted a number of improved metrics in length of stay, non-delayed patients, new delays added per day, and occupied bed days. She noted an 8% increase in attendances, so although metrics were improving, it was not resulting in the kind of improvement sought in the four-hour performance target. She highlighted some specific workforce shortages, and sudden losses of care home beds in Edinburgh. She advised that an IA would be planned for the SPOA, as this represented a significant change to service delivery.

Responding to questions from the Chair and Councillor Akhtar, Ms Wilson discussed the risks if the Scottish Government stopped providing this funding, and said that any money available was being sought. She advised that NHS Lothian had indicated that it would mitigate against the risk of the funding not recurring, due to the concern from the IJB. She advised that the majority of funding was spent on Care at Home, followed by Therapy, followed by Social Work. She discussed the confidence in East Lothian's good record and credibility from Acute Teams, giving greater confidence that the best direction of travel would be to enhance these pathways; the data now supported this. Ms Wilson said it was not known why A&E attendances were increasing, but pointed to a change in culture where the public was not willing to wait; the topic was being explored further.

Ms Gordon asked about the 8% increase in new inpatients, and Ms Wilson explained that those who had already been in the queue, but had not been able to get into hospital beds previously, could now get into beds; she explained that these individuals would be admitted for a relatively short period. She noted that pathways were not available in all areas yet, and sometimes it was quicker and more thorough to deliver the care when the patient was in a bed. Following audits around admissions, Ms Wilson said that she was confident that patients were being admitted for the right reasons.

Decision

The IJB agreed to:

- i. Note the NHS Lothian performance as a result of the Scottish Government Investment, particularly in the Royal Infirmary of Edinburgh (RIE);
- ii. Note East Lothian's contribution to improved unscheduled care performance through the delivery of a 'Home First' approach and the associated activities described in the report; and
- iii. Note the additional non-recurring and recurring investment to support sustained improvement in unscheduled care performance.

7. 2026/27 FUNDING OFFERS TO EAST Lothian IJB

A report was submitted by the Chief Finance Officer, setting out the funding offers from East Lothian Council and NHS Lothian to East Lothian IJB for 2026/27.

Mike Porteous, Chief Finance Officer, presented the report. He advised that East Lothian Council, having approved its budget in February, had provided the IJB with a final written funding offer, and NHS Lothian would provide its final written funding offer after taking its updated financial plan to the Board in April; it had provided an indicative funding offer in the meantime. On the East Lothian Council offer, he noted that the figure of £81.53m did not include £1.494m released to other delegated budgets; this had been returned to the Council and was no longer a delegated service. He assessed the Council's offer as fair and as meeting all Scottish Government guidelines in passing through funding received. He provided commentary on NHS Lothian's indicative funding offer, noting that the offer did not include the 2% uplifts announced in the Scottish Government budget for health boards, but indicated within the body of the letter that this would be passed to the IJB. Mr Porteous would bring back the final funding offer from NHS Lothian when it had been received.

The Chair acknowledged that both partners had provided offers which reflected Scottish Government guidance.

Responding to Councillor Akhtar's question about the share of additional funding for Social Care, Mr Porteous confirmed that we did not yet have this information, but he would make the IJB aware when he became aware of East Lothian's share. Councillor Akhtar also asked that information be provided on the resource allocated for the change from analogue to digital in core and cluster housing, and Mr Porteous agreed that this could be referenced in future budget papers.

Following a question from Ms Allan about funding for sustainability of the third sector and community support, it was established that there was no separate allocation within the funding offer letters, and that further discussion could be taken under the Budget Setting Report.

IJB members formally agreed the report's recommendations.

Decision

The IJB agreed to:

- i. Accept the East Lothian Council funding offer for 2026/27; and
- ii. Note the indicative funding offer from NHS Lothian and its principles, and that a final offer would follow in due course.

8. 2026/27 BUDGET SETTING

A report was submitted by the Chief Finance Officer to present the budget setting process and the proposal to set a balanced budget for 2026/27.

Mr Porteous presented the report. He highlighted the current challenges brought to light in the IJB's management of its financial position and dealing with the demand and growth pressures on its services; he referenced the overspend of £1.9m in financial year 2025/26, with NHS Lothian supporting the IJB to a break-even position. He pointed out that the challenges became greater looking ahead. He noted that development sessions had focused on identifying the financial gap for 2026/27 and a broad range of grip and control and invest-to-save efficiency schemes. He highlighted additional costs around pay awards, pay increases, growth, prescribing, the real living wage, free nursing and personal care, and other pressures, with both bodies passing on additional funding to address pressures and growth. He highlighted the gap of £3.743m, and the range of efficiencies in core, hosted, and set-aside services, which fully funded the gap and enabled the presentation of a balanced budget position for Council-delegated services. He advised that a gap remained in health-delegated services, sitting entirely within set-aside services. He highlighted the approach to dealing with this remaining gap, and proposed that the combination of efficiencies and the shared ambition and collaborative working would enable the IJB to set a balanced budget for 2026/27.

Continuing, Mr Porteous noted that NHS Lothian's financial planning indicated that it anticipated that if the 3% savings target was delivered in full, it would break even, and would support the IJB to break even. Mr Porteous also drew attention to: efficiency schemes; financial risk around the agenda for change reform in the areas of the reduced working week, the Band 5 to Band 6 regrading, and protected learning time; the pressures of prescribing; demographic growth; the ongoing reviews in community services and Care at Home delivery model, and the prevention and early intervention pilots; and strategic risks and collaborative working. In terms of the IJB's medium-term financial planning, he advised that the cumulative projected position of £22m did not reflect efficiencies or scenario plans. He noted that projections highlighted significant gaps year-on-year, so there was a need to begin planning to deliver transformational change where possible.

The Chair sought assurance that efficiency schemes would not impact upon the quality or volume of services, and Mr Porteous advised that this was the case. Mr Porteous reported that some efficiency schemes were going through impact assessments, but it was considered that the quality and volume of services would not be impacted. The IJB's approval of the budget would mean those efficiency schemes could go ahead.

Mr Blazeby made points relating to the lack of information about workforce assumptions, and how the budget setting was linked in with the Strategic Plan. He also asked whether the timing meant that service design and delivery had to proceed with business as usual this year. Mr Porteous noted that approval had been received at the last development

day to work up some of the bigger transformational schemes, and it was hoped that these would begin to make an impact; the IJB would be updated on progress. He noted that detail of the workforce was an operational matter, but efficiencies in terms of workforce would not impact on services. He noted that a part of this was looking to decrease the use of bank and agency staff, either through recruitment or having a more stable workforce.

In response, Mr Blazeby felt that the IJB lacked information about even high-level workforce assumptions, and considered that the IJB should understand where overall workforce numbers would be. The Chair agreed that this was a reasonable request as the IJB had to make more strategic choices, but noted that it did not prevent members agreeing the budget. Ms Wilson discussed some of the history of difficult decisions made by the IJB, and referenced a number of schemes being brought forward. She suggested that Michelle Carr and Nick Bradley could deliver a session around financial process, such as grip and control, since this huge pressure did not sit with the IJB to directly manage.

Councillor Akhtar expressed that she would welcome this session. She asked about how assumptions and estimates figures were arrived at, and Mr Porteous confirmed that both organisations worked with a one-year budget, and that assumptions and estimates reflected Scottish Government guidance. The Chair asked that this be included in development sessions.

Ms Allan asked that a mechanism be put in place to ensure that decisions being made were reflected in the Strategic Plan, especially in the commitment to prevention. She felt that there remained too heavy a reliance on being reactive and crisis-led, and that there was a lack of investment in community and third sector services. Ms Wilson agreed that this was a fair challenge, and that the majority of funding went into statutory services, but noted that efficiency schemes sought to move into the prevention space. She suggested that the tracker around unscheduled care work could be extended. Ms Allan said she wanted to understand how inroads were being made in this area, and welcomed a tracker.

The Chair asked IJB members to formally approve the balanced budget, and this was agreed.

Decision

The IJB:

- i. Agreed a balanced budget on the basis of the approach laid out at 3.12 of the report;
- ii. Approved the efficiency schemes set out in Table 2 and detailed in Appendix 1 of the report; and
- iii. Noted the updated Medium Term Financial Projections and the scale of the financial challenge they presented for the IJB over the coming years.

3. CHAIR'S REPORT

The Chair had attended an IJB Chair and Vice Chair's Network meeting; this had included helpful information on Primary Care and overall IJB finances, and presentations would be shared. He reported that many IJBs would not set a balanced budget next year, and he was keen for colleagues to understand where the East Lothian IJB sat within the overall scheme of IJBs, and how well it was performing on financial

indicators. He would have the presentation on Primary Care circulated, as well as a letter from the National Care Service on standards.

Responding to a question from Mr Binnie, the Chair explained that he had heard no indication that bailouts would be forthcoming for IJBs that did not manage to set a balanced budget; he expected that these IJBs would have significant financial challenges on the back of challenging decisions around the configuration of their services.

Signed

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Andrew Cogan
Chair of the East Lothian Integration Joint Board