



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

**THURSDAY 26 JUNE 2025
VIA DIGITAL MEETINGS SYSTEM**

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Voting Members Present:

Councillor S Akhtar
Mr J Blazeby
Dr P Cantley
Mr A Cogan (Chair)
Councillor L Jardine
Councillor C McFarlane

Non-voting Members Present:

Ms L Byrne	Mr D Hood
Ms M McNeill	Mr M Porteous
Ms F Wilson	

Officers Present from NHS Lothian/East Lothian Council:

Ms L Berry	Ms M Burton
Ms C Goodwin	Ms J Jarvis
Ms L Kerr	Mr R McGill
Mr N Munro	Ms I Nisbet
Mr G Whitehead	

Additional Persons Present:

Councillor L Allan

Clerk:

Ms F Currie

Apologies:

Councillor J Findlay
Ms E Gordon
Mr D Binnie
Mr D Bradley
Ms S Gossner
Dr J Hardman
Dr K Kasengele
Dr C Mackintosh

Declarations of Interest:

None

The Chair welcomed everyone to the meeting, which was being held remotely.

He 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 will be publicly available.

1. MINUTES FOR APPROVAL: EAST Lothian IJB ON 22 MAY 2025

The minutes of the IJB meeting on 22 May were approved.

2. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 22 MAY AND ROLLING ACTIONS LOG

The following matters arising from the minutes on 22 May were discussed:

Page 3 (Item 6) – In response to a question from Councillor Akhtar, Laura Kerr advised that a press release had been issued, funding confirmed, and they were currently looking for suitable premises. She said that a further update would be provided early next year.

Page 5 (Item 7) - Fiona Wilson and Mike Porteous confirmed that they were keeping track of new monies and allocations to ensure that the IJB received its share. Mr Porteous said he would update the IJB when allocations were received. The Chair said that members should be assured that monies would be appropriately allocated when they became available.

Rolling Actions Log:

The Chair confirmed that he would continue with verbal updates for his Chair's Report. He also advised that the Clinical Care Governance Committee reports would be picked up once they had been considered by the Health Care Governance Committee.

Post Meeting Note:

VCEL and Enjoy Leisure presentations will form part of the development session on 29 January 2026. This action has been removed from the Rolling Actions Log.

3. CHAIR'S REPORT

The Chair drew attention to the letter from Caroline Lamb on the publication of the Health and Social Care Service Renewal Framework (SRF) and the Population Health Framework which had been circulated to IJB members prior to the meeting. He encouraged members to review the contents of the letter and 4 supporting documents which would form part of future development session planning. He welcomed the continuing shift from hospital to community care although he noted that there was very little mention of IJBs which would need some further reflection.

Jonathan Blazeby agreed with the proposed inclusion in planning for development session and suggested that these should also be considered as part of the review of the Strategic Plan. Ms Kerr confirmed that they would be tied into the first draft of the new Strategic Plan and would provide a helpful emphasis on moving forward work with the Third Sector.

4. MEMBERSHIP CHANGES FOR THE IJB AND AUDIT & RISK COMMITTEE

A report was submitted by the Chief Officer informing the Integration Joint Board (IJB) of a change to its voting membership; and seeking nominations and IJB approval for a change to the membership of the Audit & Risk Committee, and appointment of a new Chair for the Committee.

Ms Wilson presented the report setting out the background and recommendations. The Chair thanked Councillor Jardine for her contributions to the IJB and Audit & Risk Committee, and he welcomed Councillor Allan to the IJB.

It was noted that 3 members of the Audit & Risk Committee were not present to give their views on nominations for a replacement Chair, and it was agreed that the IJB would delegate authority to the Committee to elect a new Chair at its next meeting in September 2025.

Following a request for nominations for a replacement East Lothian Council voting member of the Audit & Risk Committee, it was agreed that Councillor Akhtar would replace Councillor Jardine on the Committee.

Decision

The IJB agreed:

- (i) to note the appointment of Councillor Liz Allan as a voting member of the IJB, replacing Councillor Lyn Jardine.
- (ii) that Councillor Akhtar would replace Councillor Jardine as an East Lothian Council voting member on the Audit & Risk Committee; and
- (iii) to delegate to the Audit & Risk Committee members the authority to appoint a new Chair. This appointment to be made at the Committee's September meeting.

5. REVIEW OF THE EAST Lothian IJB STRATEGIC PLAN

A report was submitted by the Chief Officer providing the IJB with an update on progress in relation to the review of the East Lothian IJB Strategic Plan; and presenting proposed draft strategic objectives and delivery priorities to the IJB for consideration prior to commencement of the next stages of development

Claire Goodwin presented the report providing further detail on the draft strategic priorities, which had been reduced from 7 to 3, and the rationale for each. She advised that public engagement work would be carried out during the summer, the feedback would be used to prepare a draft plan by September. They remained on track to deliver the final draft Strategic Plan for approval by the IJB in December

Councillor Akhtar commented on the need for a stronger emphasis by partners on shifting the balance of care to support transformational change. Although she acknowledged that without more investment from government in local services and early intervention and prevention, it may be difficult to achieve such change. She also wished to see a stronger focus on housing, particularly in meeting mental health needs.

Councillor McFarlane expressed concern about the recruitment and retention of staff to support a shift in the balance of care and to ensure that appropriate community services would be available to those discharged from hospital.

The Chair acknowledged that staffing would be a significant challenge for the IJB over the next 5 years.

Councillor Jardine highlighted the IJB's contributions to the Council's housing strategy. She suggested that another area of influence should be the new Local Development Plan which was currently being prepared, especially in considering how best to address some of the challenges of an ageing population.

Mr Blazeby said that the document was a very good start and very easy to read. He agreed that having 3 strategic objectives was sensible but emphasised that the plan needed to be evidence-led, and, at present, more evidence was needed. He asked for further detail on the feedback received to date and whether it would be possible to have a summary paper including feedback from other IJBs and partners. He felt that this would help members to better understand the options. He also said it would be helpful to understand if there were any stark differences in the proposed direction within the feedback received to date.

Ms Goodwin advised that feedback had been captured in a spreadsheet and there had been a presentation to a recent development session on the main themes. She said that officers would continue to capture engagement feedback in that way to get a sense of ongoing themes. While the current document reflected the high-level themes which were the subject of engagement work earlier in year, that would change with further consultation. To date, the engagement had been with contacts within and familiar with the Health & Social Care Partnership. A more diverse range of opinions was expected in the next stage of consultation, and it would be a challenge to incorporate these views.

Mr Blazeby also pointed out that language was important, and they needed to be clear about what they meant by transformational change. Ms Goodwin agreed and said she would try to ensure that the language used in the plan was clear and that it reflected the language used within other key documents.

Ms Wilson thanked members for their comments. She said that the draft plan was progressing positively, and that consultation and engagement was something that was done well in East Lothian. She addressed concerns about shifting the balance of care noting that there had been great progress in the last 6 months with fewer delays and services supporting people better than before.

The Chair noted that this was a very important piece of work, and he invited members to approve the recommendations contained in the report.

Decision

The IJB agreed to:

- i. Note progress to date and next steps planned in relation to the review of the current IJB Strategic Plan.
- ii. Consider the proposed draft strategic objectives and delivery priorities and provide feedback.
- iii. Approve the proposed draft strategic objectives and delivery priorities as the basis for wider engagement and for the development of a revised IJB Strategic Plan Consultation Draft.

6. REVIEW OF THE EAST LoTHIAN IJB DIRECTIONS

A report was submitted by the Chief Officer presenting recommendations regarding the East Lothian IJB Directions 2025-26 for consideration and approval by the IJB.

Ms Goodwin presented the report informing members that the recommendations regarding the 2025-26 Directions were based on a review of existing Directions and reflected updated budget information for the current financial year. She drew attention to the changes outlined in report and confirmed that, as part of the IJB's Directions policy, they would continue to actively consider whether Directions needed to be revised during the year and any changes would be brought to the IJB, if required.

Ms Goodwin responded to questions from Councillor Akhtar and Mr Blazeby on engagement, the practical effect of the Directions for officers liaising with delivery partners, enforcement, and performance management.

Mr Porteous advised on the finance aspects of the Directions and how this was used to direct spending and provide clarity on the flow of funds.

Ms Kerr provided information on the role of delivery groups, programme boards and the Strategic Planning Group in monitoring delivery and identifying issues which needed to be addressed.

Decision

The IJB agreed to:

- i. Consider and approve the 2025-26 East Lothian IJB Directions contained at appendices 1 and 2.
- ii. Note that active consideration should continue to be given to the introduction of additional directions as and when required, and that these should be developed in line with the IJB Directions Policy.

7. 2024/25 DRAFT (UNAUDITED) ANNUAL ACCOUNTS

A report was submitted by the Chief Finance Officer presenting the IJB's draft (unaudited) Annual Accounts for 2024/25 to the Board.

Mr Porteous presented the report and summarised the content of the draft accounts. He thanked colleagues for their help in pulling together the information in such a short timescale. He advised that the final (audited) accounts would be brought back to the IJB for sign off in September.

The Chair noted that the draft accounts had been considered and accepted by the Audit & Risk Committee.

Mr Blazeby queried the process for audit and approval and the involvement of the Audit & Risk Committee. Mr Porteous outlined the process by which the IJB was bound in preparing, considering and approving its annual accounts, including the role of external audit.

The Chair added that the accounts of IJB partners were also audited which should provide additional assurance.

Patricia Cantley, a member of the Audit & Risk Committee, said she was satisfied that the committee had appropriately followed process in reviewing the draft accounts.

Ms Kerr clarified that the IJB was being asked to consider and agree that the draft accounts should go forward for audit. The final agreement of the accounts would happen later.

Mr Blazeby said that he understood the process but did not necessarily agree with it. He suggested that consideration might be given in the future to challenging this process.

The Chair said he looked forward to seeing the audited accounts and hearing view of the external auditors in due course.

Decision

The IJB:

- i. Considered the IJB's draft (unaudited) Annual Accounts: and
- ii. Agreed that the draft annual accounts could be published and presented for audit.

8. CARERS STRATEGY YEAR 2 UPDATE

A report was submitted by the Chief Officer updating the IJB on work towards the Outcomes in East Lothian's Carers Strategy 2023-2026; and highlighting the proposed legislation giving every carer the "Right to a Break".

Maria Burton presented the report advising members that there would be a development session in August. She outlined the key points of the report, in particular the priority area of breaks for carers and continuing to maximise the carer voice through the panel and advisory groups. She also drew attention to the new 'Right to a Break' which was part of the Care Reform Bill passed on 10 June, and which would place specific duties on the Health & Social Care Partnership.

Ms Burton replied to questions from Councillor Akhtar, Dr Cantley, Isobel Nisbet and Mr Blazeby. She provided further information on providing support to increase capacity for breaks or respite for carers, increase the range of breaks and getting feedback on all types of breaks, not just respite. She agreed to provide an update on the rehabilitation service as part of the forthcoming development session.

Lesley Berry added that the rehab service was hugely valued and had garnered interest from other parts of the UK.

In response to further questions, Ms Burton provided details of the number of carers within the county and the current range of support and breaks available through social work services and third sector organisations. She acknowledged that the new legislation would have a significant impact, not least because there was no new funding attached to it, and it was difficult to assess how many carers currently had access to breaks.

Councillor Akhtar thanked Ms Burton for her leadership in this work and offered her thanks to all community partners without whom it would be impossible to deliver these

services. She noted that East Lothian was the fourth highest provider of breaks in Scotland.

Mr Kerr agreed that Ms Burton was doing an amazing job, and that East Lothian was often recognised for the unique and innovative support provided to its carers.

The Chair endorsed these comments on behalf of IJB.

Decision

The IJB agreed to:

- i. Note progress towards stated Outcomes in Year 2 (2024-25), as summarised in section 3.4 of the report and detailed within appendix 1; and
- ii. Note proposed action plan for continuing work in Year 3 (2025-26), within appendix 2.

9. IJB ANNUAL REPORTING SCHEDULE

A report was submitted by the Chief Officer informing the IJB of the annual reports required to come to the Board for review and approval, in line with the Public Bodies (Joint Working) Scotland Act 2014 and the East Lothian IJB Integration Scheme.

Neil Munro presented the report explaining that the schedule included reports which had to be presented annually to the IJB, and it also reflected comments from a recent audit report highlighting gaps in reporting. The schedule had been discussed with officers within the HSCP.

Responding to a question from Mr Blazeby, Mr Munro highlighted reports which had been not been presented regularly in recent years. He added that the schedule would help by highlighting the reports that should be coming forward to the IJB.

Decision

The IJB agreed to the annual reporting schedule provided at section 3.5 of the report.

10. TRANSFER OF TELECARE (TEC) SERVICES

A report was submitted by the Chief Officer presenting to the IJB a proposal to transfer the management of Telecare (TEC) service from the East Lothian Rehabilitation Service (ELRS) to East Lothian Council, Communities and Partnerships Customer Services Contact Centre; and seeking approval for this transfer.

Ms Berry presented the report outlining the background and explaining the rationale behind the proposed transfer from ELRS to the Contact Centre.

The Chair noted that this seemed a sensible and logical thing to do.

Councillor Akhtar asked a number of questions about mitigation of the debt transferred with the service. She felt uncomfortable about passing that debt onto one of the IJB's partners.

Ms Berry and Ms Kerr explained that this sum was in relation to client debt rather than budget debt. Work was underway with social work colleagues to review debts individually and offer help to clients where possible. Mr Porteous added the Council had its own debt management team which worked on behalf of all services they delivered for the IJB. In addition, the income generation aspect of the Telecare service would also move to the Council and would be of benefit to it going forward.

Ms Wilson said officers had worked closely with Council staff and there had been oversight by the Council's Executive Management Team and others before this proposal had been brought to IJB.

Raymond McGill said that his team had felt that it was important to highlight the debt to understand more about how the service was being delivered. They also wanted to ensure that those who required the service were receiving it, and that those who couldn't afford to pay did not miss out, while also making sure that those who could pay did pay.

Mr Blazeby felt that the proposal made a lot of sense and that it probably should have been done some time ago. He asked why this was being discussed at the IJB as it felt like an operational matter.

Ms Kerr explained that it was a significant change to a service sitting within the HSCP and it was right that the IJB was consulted.

Mr Blazeby commented that as there was no impact on clients and no change to the level of service; he was happy to agree the proposals.

Dr Cantley asked why an Integrated Impact Assessment (IIA) had not been carried out and whether clients were missing out due to cost factors. Ms Kerr explained the rationale for not completing an IIA. She advised that there were mechanisms in place to ensure that those who couldn't afford to pay for the service could still receive it.

Dr Cantley noted this response but said she still had concerns that some people who need the service may not be getting access to it due to financial issues.

Mr McGill acknowledged the point and said that they had long heard a desire nationally to make the service more widely available, but this had not happened for a variety of reasons.

Ms Nisbet added that the appeals group looked at the risks to the individual as well as the money aspect when reviewing cases.

Decision

The IJB agreed to:

- i. Note and approve contents of the report as summarised below:

Approval of Staffing resources and budget transfers

It is proposed the existing staffing resources and associated budgets, including income generated from service charges be transferred to Communities and Partnerships, Customer Services - Contact Centre to ensure the continued management of the Telecare Service.

Transfer of Business Administration Support

Approval sought to transfer 21 hours from ELRS Business Administration Support allowing the continued the essential provision of administration support to the Telecare (TEC) service.

Governance and Reporting Structure

To maintain consistent professional oversight. Agree and establish a dedicated HSCP point of contact to for continual professional and clinical Social Work and Allied Health Professional governance. Agreement of regularity of contact and two-way reporting with HSCP and East Lothian Council to maintain transparency and accountability.

11. APPROVED MINUTES OF THE AUDIT & RISK COMMITTEE ON 18 MARCH 2025 (FOR NOTING)

The IJB agreed to note the minutes of the Audit & Risk Committee meeting on 18 March 2025.

DRAFT

Signed

Mr Andrew Cogan
Chair of the East Lothian Integration Joint Board

EAST LOTHIAN INTEGRATION JOINT BOARD - ROLLING ACTIONS LOG

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Meeting Date: 25 September 2025

No.	Agenda Item	Meeting Date	Action	Action Owner	Expected Completion Date	Comments
1	3	22/05/25	Development session to discuss the SG's health and social care recovery programme work	Chair/Fiona Wilson/Neil Munro	None stated	
2	10b	22/05/25	Summary of the Clinical & Care Governance Committee annual report to be presented to the IJB	Sarah Gossner	September 2025?	Chair advised that this would be picked up following the report's presentation to NHSL's HCGC
3	3	23/06/25	Health and Social Care Service Renewal Framework (SRF) and the Population Health Framework to form part of development session planning	Chair/Fiona Wilson/Neil Munro	None stated	
4	5	23/06/25	Take on board feedback from IJB members on draft strategic objectives and delivery priorities with a view to producing a draft strategic plan in September	Claire Goodwin	25 September 2025	Complete?
5	7	23/06/25	Publication of the draft annual accounts and submit for audit	Mike Porteous	30 June 2025	Complete
6	8	23/06/25	To provide an update on the rehabilitation service as part of the development session on the Carer's Strategy	Maria Burton	August 2025	Complete?



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 25 September 2025

BY: Chief Officer

SUBJECT: East Lothian IJB Annual Performance Report 2024-25

4

1 PURPOSE

- 1.1 To present the draft East Lothian Integration Joint Board Annual Performance Report for 2024/25.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Review the draft IJB Annual Performance Report for 2024/25 and provide feedback as appropriate.
- 2.2 Approve the draft Annual Performance Report for publication subject to any changes required to reflect IJB feedback.

3 BACKGROUND

- 3.1 The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to publish an Annual Performance Report (APR) covering the period 1st April to 31st March each year.
- 3.2 The draft East Lothian IJB Annual Performance Report for 2024-25 can be found at Appendix 1. Based on information gathered from across Health and Social Care Partnership services, the APR provides an overview of performance over the year.
- 3.3 The APR includes details of performance in relation to the National Integration Indicators set by the Scottish Government, alongside a set of further indicators developed by the Ministerial Strategic Group (MSG) for Health and Social Care.
- 3.4 Comparisons with national data and time series data is included for each indicator, along with commentary on the 2024-25 performance and links to information on related activity in the body of the report.

- 3.5 Performance against the National Integration indicators during 2024-25 can be seen to be positive, with East Lothian's position having improved or remained around the same for 7 out of 10 indicators. East Lothian's position was ahead of the Scottish level for 8 out of 10 indicators, in line with the Scottish average for one indicator and just slightly poorer than average for one indicator.
- 3.6 The APR also includes a narrative describing progress made throughout the year in relation to activity outlined in the Annual Delivery Plan for 2024-25. Examples of service development and improvement activity are included, along with case studies illustrating the outcomes delivered by services.
- 3.7 A section outlining Financial Performance is included towards the end of the APR. The report introduction highlights the challenging financial context the IJB operated within during 2024/25 and notes that ongoing financial uncertainty at a national level means that the IJB will continue to be faced with further difficult decisions over the coming years.

4 ENGAGEMENT

- 4.1 No specific engagement was carried out in relation to the development of the Annual Performance Report.

5 POLICY IMPLICATIONS

- 5.1 Development and publication of an IJB Annual Performance Report reflects the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.

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 Consideration of directions is not required in relation to the Annual Performance Report.

8 RESOURCE IMPLICATIONS

This paper has no specific resource implications.

9 BACKGROUND PAPERS

- 9.1 None.

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DATE	17 th September 2025

2024/25

Annual Performance Report



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Introduction

Welcome to this year's Annual Performance Report. In it you will read about our performance, including ways in which we have continued to develop health and social care services in East Lothian during 2024/25.

The achievements described have been made possible by the hard work and commitment of our staff who have adapted, innovated, and responded to the numerous and varied challenges that have come their way.

You will also see examples of how we have worked with third and independent sector colleagues and local community groups to support the health and wellbeing of East Lothian residents, developing new and innovative ways of responding to individual needs. The support of these groups has been crucial in delivering services in 2024/25, supporting the IJB to meet its strategic objectives.

This report covers a year in which the Integration Joint Board (IJB) continued to work within a challenging financial context. Over the year, services worked to deliver a programme of efficiency measures agreed by the IJB. This included a range of operational schemes along with a number of larger individual schemes related to service redesign.

The IJB recognises that, whilst financial recovery activity will continue to be necessary to balance budgets and to help ensure longer term sustainability, the safety and wellbeing of service users, patients and carers remains paramount. The challenge of balancing these factors was reflected in a report to the IJB by the Professional Leads¹ in December. The report highlighted concerns regarding the impact of the ongoing delivery of efficiencies on the ability of services to meet professional standards.

Projected overspends for future years, and ongoing financial uncertainty at a national level mean that the IJB will be faced with further difficult decisions in future years. We are committed to early and ongoing financial planning to ensure that our budget decisions are well informed and support the most effective and efficient use of resources.

Work began at the start of 2025 to review the current IJB Strategic Plan, with a view to agreeing an updated plan by the end of the year and covering the period up to 2030. Development of a revised IJB Strategic Plan will be based on extensive stakeholder engagement along with close consideration of the challenges and opportunities that are likely to be presented over the lifetime of the plan.

¹ Professional leads for Social Work, Allied Health Professionals and Nursing and the Clinical Director.

About this Report

East Lothian Integration Joint Board agreed its current Strategic Plan in October 2022. The Plan identifies the IJB's 7 strategic objectives for 2022-25:

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

An Annual Delivery Plan (ADP) is produced yearly outlining planned activity to support delivery of the IJB's strategic objectives for the coming year. Responsibility for delivery of activities detailed in the ADP is assigned to either Change Boards² or to specific HSCP Officers / Teams. The East Lothian Strategic Planning Group maintains oversight and monitors progress in relation to the ADP.

This Annual Performance Report describes how East Lothian Health and Social Care Partnership (ELHSCP) services have contributed to the delivery of the East Lothian IJB Strategic Objectives during 2024/25. The report's structure is based on the 7 strategic objectives, with a section dedicated to each of these.³ There is also a section outlining performance in relation to National Integration Indicators and one on financial performance.

As noted above, work began at the start of 2025 to review and update the IJB Strategic Plan.

You can view the current East Lothian IJB Strategic Plan for 2022-2025 [here](#).

² Work took place during 2024/25 to review our Change Board structure with revisions resulting in the introduction of new 'Programme Boards' for 2025/26 – these build on the previous Change Board structures and will continue to evolve, including in response to the revised IJB Strategic Plan once it is place.

³ Many of the activities described in the main report contribute to more than one Strategic Objective. However, for practical reasons the Annual Performance Report is structured so that each activity is matched to the Strategic Objective it is most relevant to.

National Integration Indicators – How We Performed

The Scottish Government published a Core Suite of 23 National Integration Indicators in 2015. The Ministerial Strategic Group for Health and Social Care later developed a set of additional indicators. Between them, these indicators provide a means for Health and Social Care Partnerships to measure progress in delivering the National Health and Wellbeing Outcomes.

The tables below provide the more recent available data for each of these indicators, along with the figure for Scotland and trend information where available / appropriate. Data for the Core Suite of Indicators is published on the Public Health Scotland website, the most recent publication can be found [here](#).

Core Suite of National Indicators

(i) Scottish Health and Care Experience Survey (2023/24)

Nine of the national integration indicators are based on data from the biennial Scottish Health and Care Experience (HACE) survey. As the HACE survey results are only ever two years, they are not included them in this year's Annual Performance Report – the most recent HACE survey results were reported in 2023/24 and included in last year's IJB Annual Performance Report (which you can view [here](#)).

(ii) Operational Performance Indicators

The Core Suite of indicators includes a number of indicators based on hospital and other health and social care service activity, along with data from National Records of Scotland's death records. Performance against each of these indicators is shown below.

It should be noted that, where indicated (indicators 12, 13, 14, 15 and 16), the figures given are for calendar year 2024. Calendar year 2024 is used as a proxy for 2024-25 due to the national data for 2024-25 being incomplete at the time of publication. We have done this following guidance from Public Health Scotland and to improve consistency between our report and other Health and Social Care Partnerships.

Overview of performance against indicators

Looking across the National Indicators, East Lothian's position improved or remained at around the same level for 7 out of 10 indicators. When compared to Scottish rates, East Lothian's position was better than average for 8 out of 10 indicators; in line with the average for one indicator and slightly poorer than average for one indicator – this was in relation to the percentage of adults with intensive care needed receiving care at home where East Lothian's rate was 1% lower than the national rate (noting that there was little variation on this across IJBs).

A decline in position can be seen in relation to the premature mortality rate for under 75 year olds (National Indicator 11), although East Lothian's level was still significantly below the Scottish average. A declining position is also evident in relation to delayed discharge for the over 75 age group (National Indicator 19), although again, East Lothian's position was positive in comparison to the Scottish level (activity to address delays and support hospital flow is covered fully at pages 21-22 below).

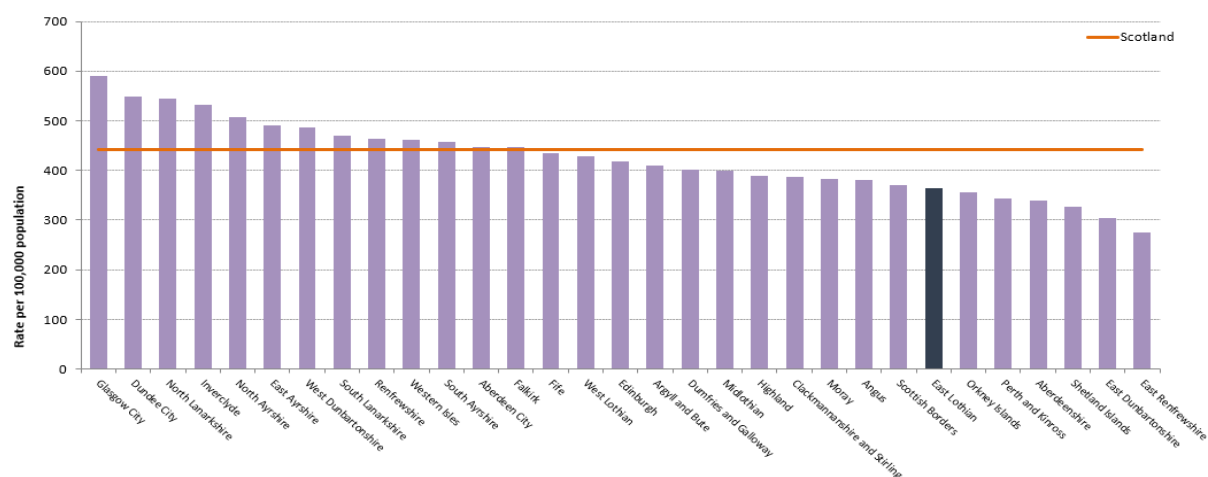
Comparison with the previous year is only possible for 5 of the Ministerial Steering Group (MSG) indicators. East Lothian's position improved in relation to three of these; declined slightly for the indicator related to A&E attendances; and declined more significantly in relation to delayed discharges.

National Indicator 11 - Premature mortality rate for people aged under 75 per 100,000 persons (by calendar year)

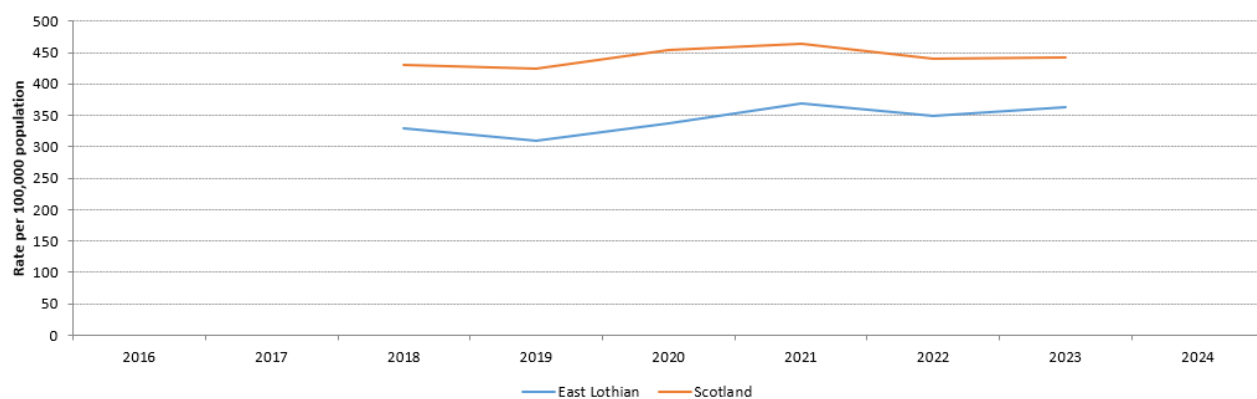
	2018	2019	2020	2021	2022	2023	Figures showed that the premature mortality rate for people under 75 years of age increased for East Lothian during 2023, although this was still below the Scottish level.
East Lothian	330	309	338	370	350	363	
Scotland	430	424	455	463	441	442	

Linked activity in Annual Performance Report – Activity across all IJB Strategic Objectives contributes to overall population health and wellbeing in East Lothian. Activity in relation to health inequalities is of specific relevance – see pages 67–68.

Scottish Comparison (East Lothian in black)



Time Series – East Lothian

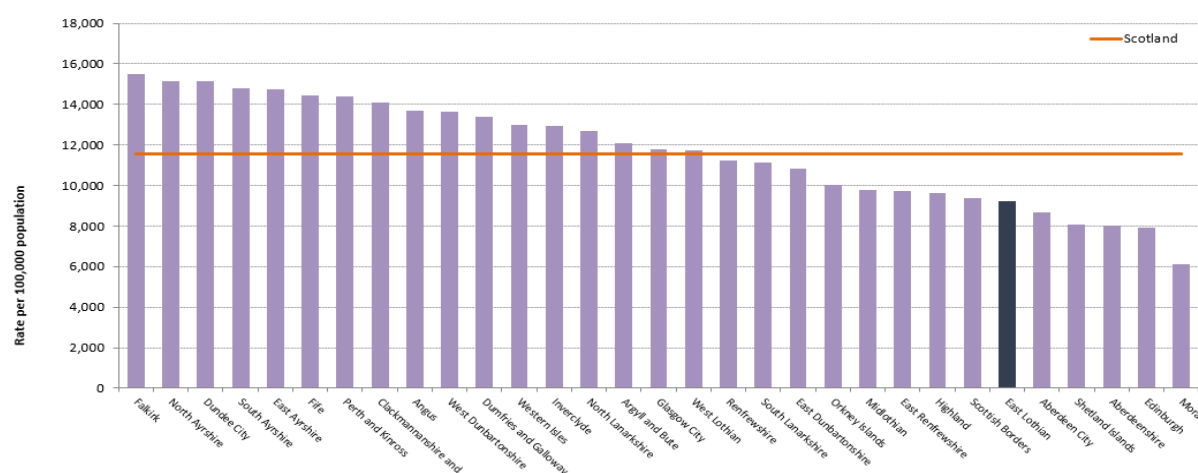


National Indicator 12 – Emergency admission rate for adults per 100,000 persons

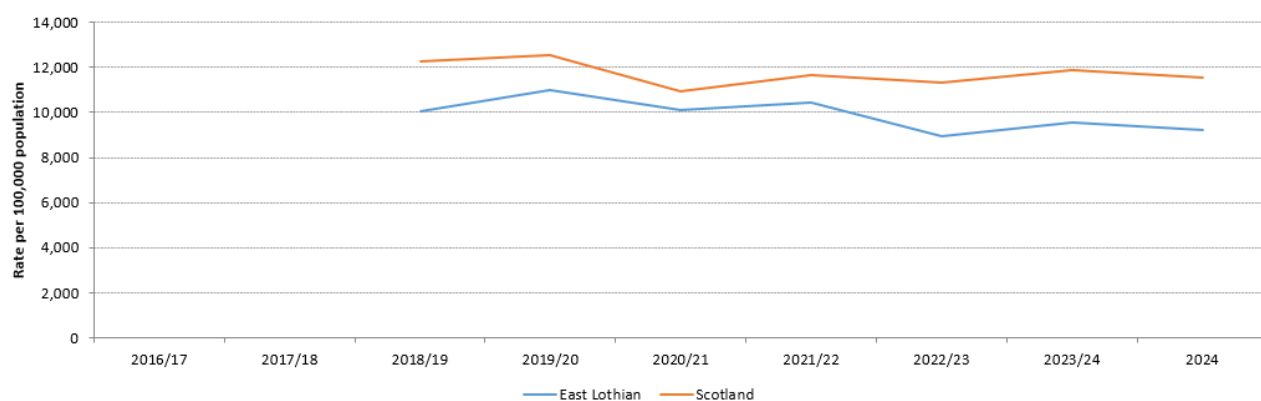
	2019/20	2020/21	2021/22	2022/23	2023/24	2024	East Lothian's emergency admission rate reduced in 2024 and continued to be lower than the Scottish rate.
East Lothian	10,978	10,091	10,442	8,939	9,545	9,204	
Scotland	12,532	10,965	11,645	11,318	11,859	11,559	

Linked activity in Annual Performance Report – Our services continue to take a multi-disciplinary approach to identifying and responding to individual need, planning care and support that helps to prevent avoidable hospital admission. Ongoing development of the East Lothian 'Home First' model and Single Point of Access will further strengthen our activity in this area - see pages 21–25 and case study on page 47.

Scottish Comparison (East Lothian in black)



Time Series – East Lothian

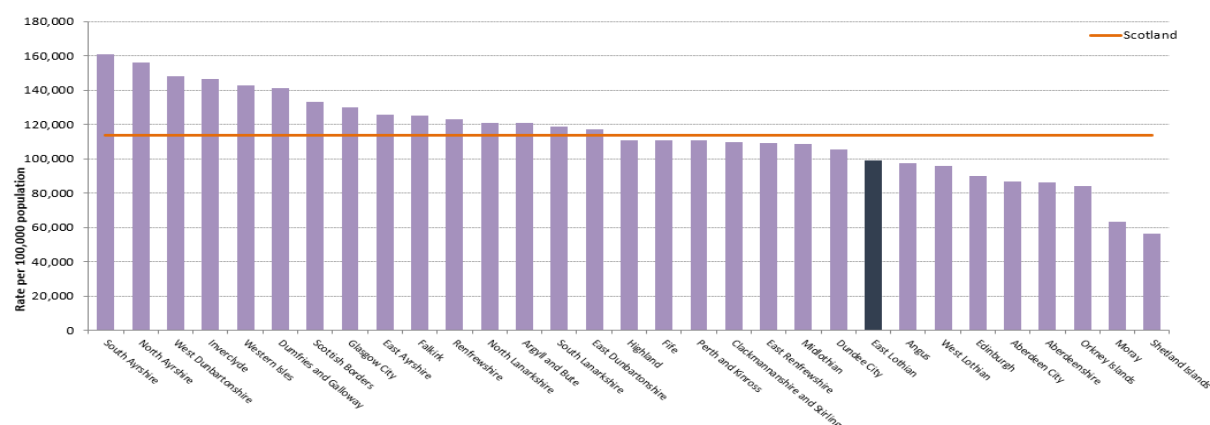


National Indicator 13 – Emergency bed day rates for adults (per 100,000 population)

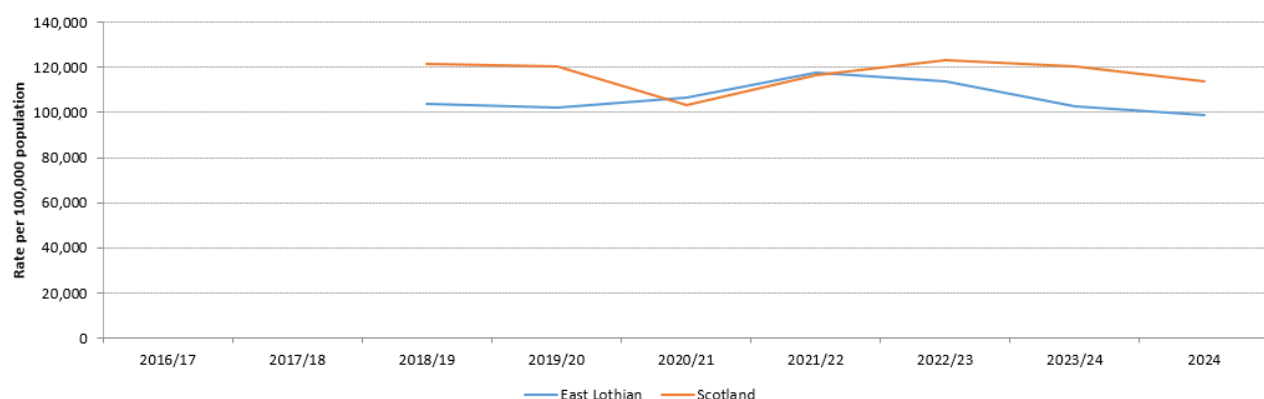
	2019/20	2020/21	2021/22	2022/23	2023/24	2024	The East Lothian emergency bed day rate reduced in 2024 and remained significantly below the Scottish rate.
East Lothian	102,101	106,657	117,489	113,986	103,044	98,923	
Scotland	120,677	103,433	116,389	123,061	120,407	113,627	

Linked activity in Annual Performance Report – Services continue to work on a multi-disciplinary basis to closely monitor East Lothian patients in hospital to help reduce the length of stay **see pages 21–25.**

Scottish Comparison (East Lothian in black)



Time Series – East Lothian

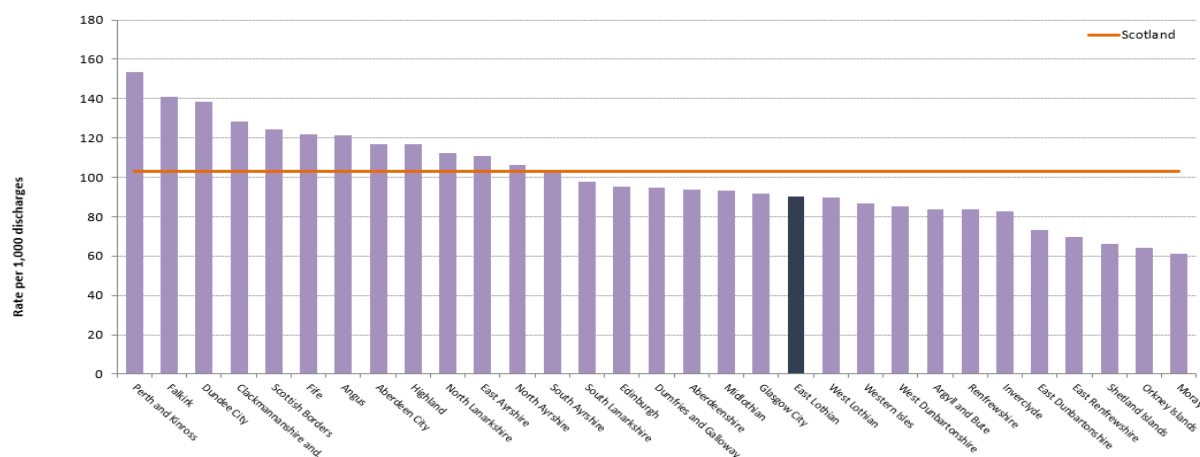


National Indicator 14 – Readmission to hospital within 28 days of discharge (rate per 1,000 discharges)

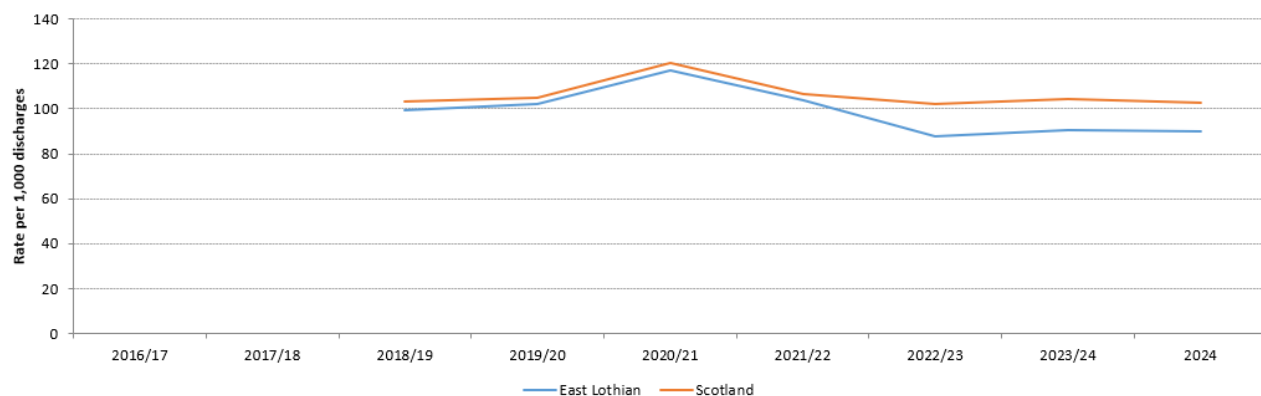
	2019/20	2020/21	2021/22	2022/23	2023/24	2024	The readmission rate for East Lothian improved slightly compared to the previous year and remained below the Scottish rate.
East Lothian	102	117	104	88	91	90	
Scotland	105	120	107	102	104	103	

Linked activity in Annual Performance Report – Our effective, multi-disciplinary approach to discharge planning helps to reduce readmission, as does the provision of appropriate care and support post-discharge, including through care at home services **see pages 21–25**. Services such as VCEL’s Community First Service also play a key role **see pages 31-32**.

Scottish Comparison (East Lothian in black)



Time Series – East Lothian

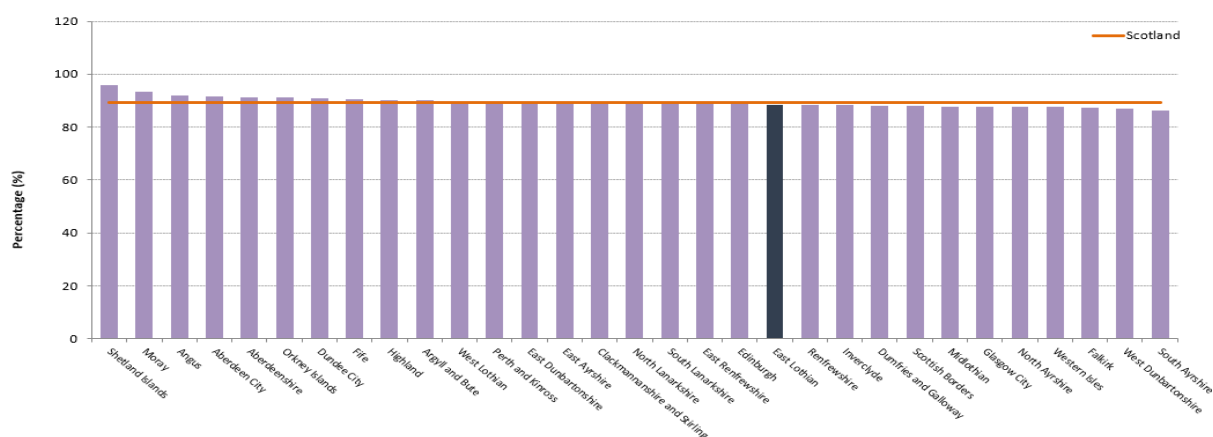


National Indicator 15 – Proportion of last 6 months of life spent at home or in a community setting

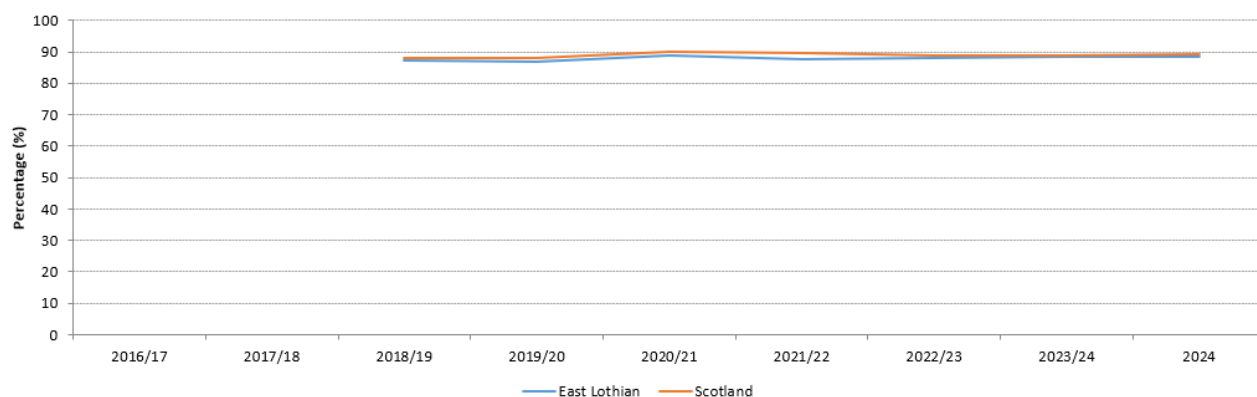
	2019/20	2020/21	2021/22	2022/23	2023/24	2024	There was a small improvement in the percentage of last 6 months of life spent at home or in a community setting, with the East Lothian level now in line with the national average.
East Lothian	87%	89%	88%	88%	88%	89%	
Scotland	88%	90%	90%	89%	89%	89%	

Linked activity in Annual Performance Report – We continued to develop our approach to providing palliative and end of life care aimed at providing choice whilst reducing the reliance on hospital admission see page 55.

Scottish Comparison (East Lothian in black)



Time Series – East Lothian

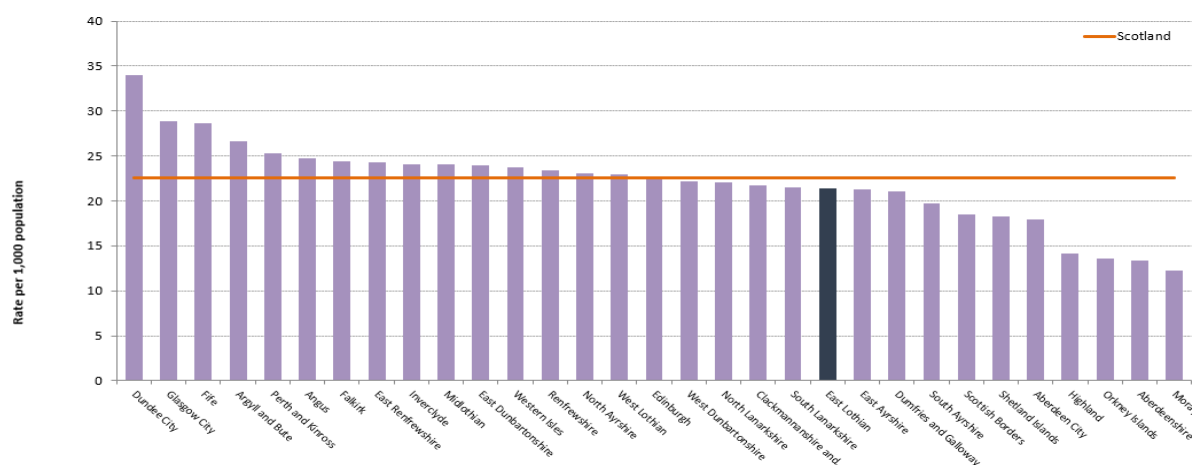


National Indicator 16 – Falls rate per 1,000 population aged 65+

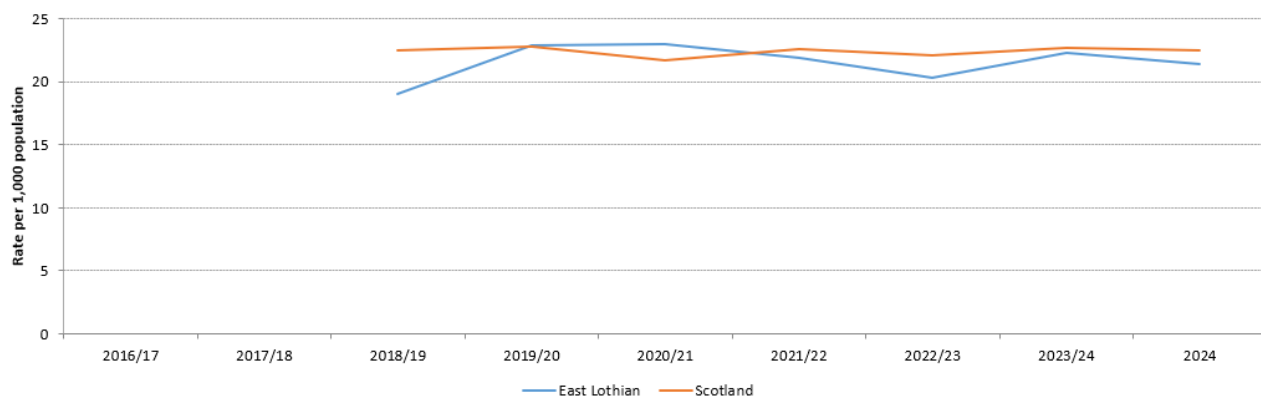
	2019/20	2020/21	2021/22	2022/23	2023/24	2024	There was a decrease in the falls rate for 2024, with the rate remaining below the Scottish rate.
East Lothian	23	23	22	20	22	21	
Scotland	23	22	23	22	23	23	

Linked activity in Annual Performance Report – Falls prevention and management continued to be a delivery priority during 2024/25 – **see page 38** for details of work carried out by our Fall’s Service.

Scottish Comparison (East Lothian in black)



Time Series – East Lothian

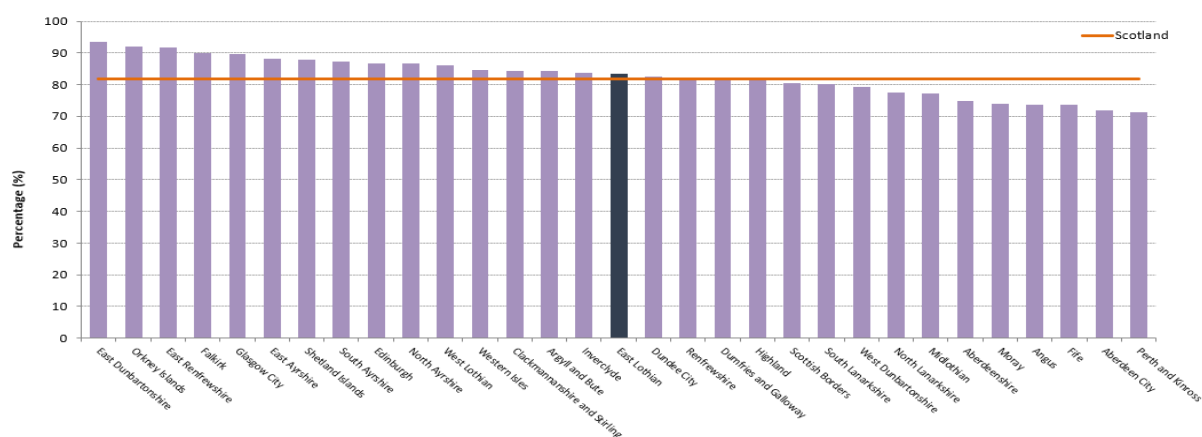


National Indicator 17 – Proportion of care services graded ‘good’ (4) or better in Care Inspectorate inspections

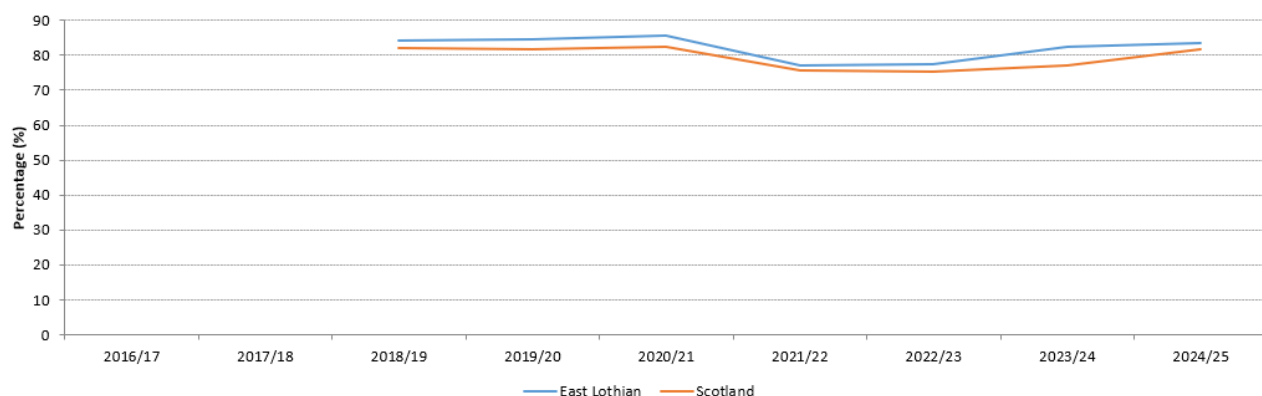
	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	The proportion of East Lothian care services graded ‘good’ or better has been consistent over the past two years and slightly ahead of the national level.
East Lothian	85%	86%	77%	77%	83%	83%	
Scotland	82%	83%	76%	75%	77%	82%	

Linked activity in Annual Performance Report – Our Care Home Team provides clinical care and educational support across Care Homes. Support is also provided by our Planning and Performance Team and through Quality Improvement support – see **pages 26-29**.

Scottish Comparison (East Lothian in black)



Time Series – East Lothian

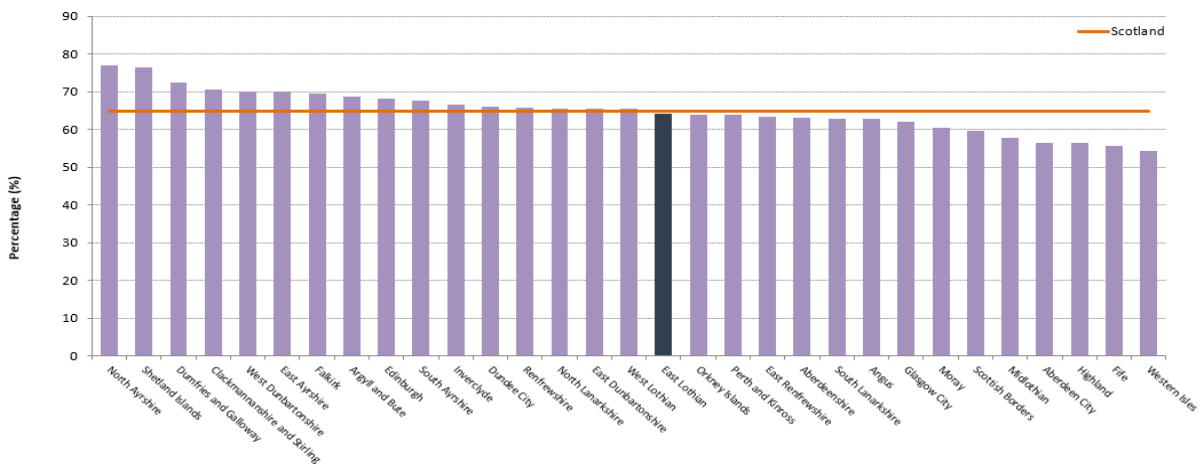


National Indicator 18 – Percentage of adults with intensive care needs receiving care at home

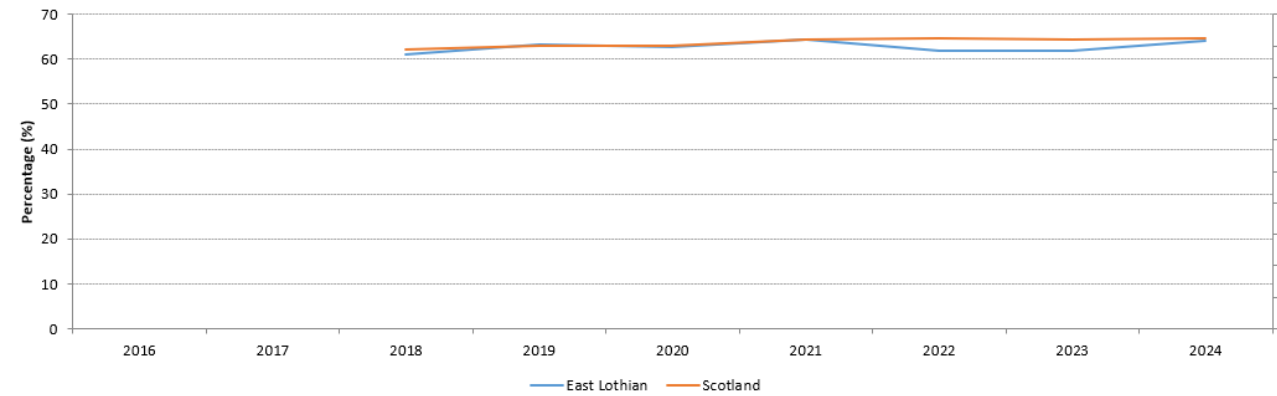
	2019	2020	2021	2022	2023	2024	There was an increase in the % of adults with intensive care needs receiving care at home, with East Lothian moving closer to the Scottish rate.
East Lothian	63%	63%	64%	62%	62%	64%	
Scotland	63%	63%	64%	65%	65%	65%	

Linked activity in Annual Performance Report – We continue to develop our services to support people to live at home or in a homely setting where possible. Work was carried out during 2024/25 to develop at Care at Home Strategy providing a roadmap for our ongoing development of services – **see pages 23-24.**

Scottish Comparison (East Lothian in black)



Time Series – East Lothian



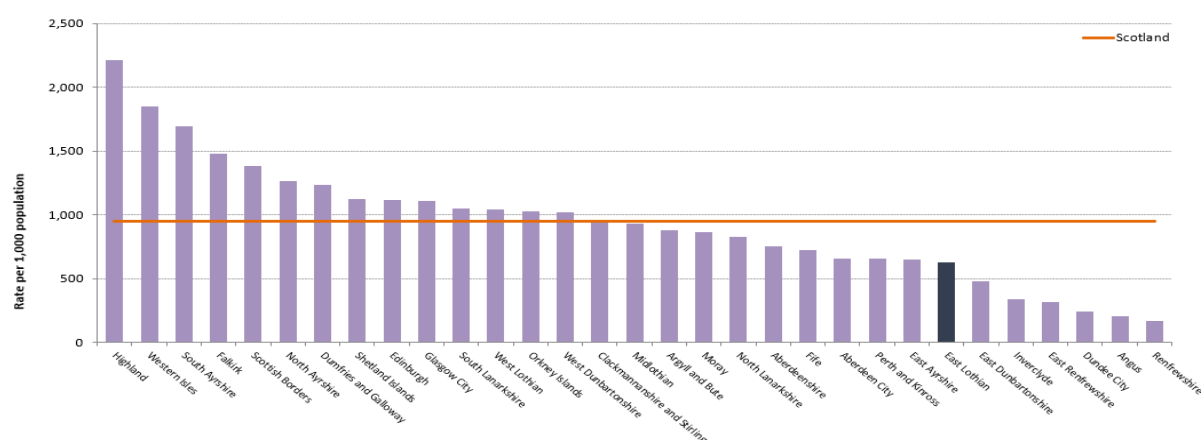
National Indicator 19 – Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population

	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	The number of bed days related to hospital delays for the over 75s increased significantly during 2024/25, while still remaining below the Scottish level.
East Lothian	327	258	153	194	224	626	
Scotland	774	484	748	883	867	952	

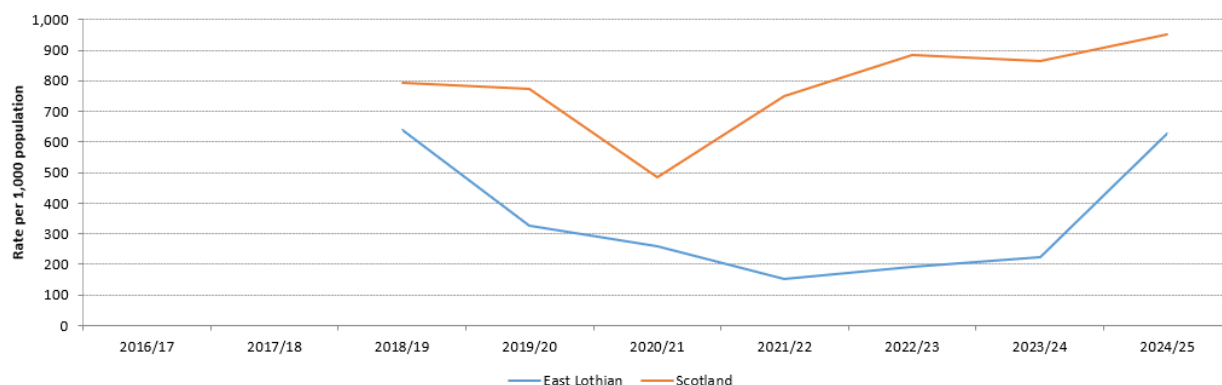
Linked activity in Annual Performance Report – Pressures across the health and social care system contributed to an increase in delays for East Lothian patients. This reflected the national picture resulting from continued high levels of demand combined with the impact of ongoing budget constraints and reductions in service capacity.

Activity to support hospital flow and minimise delays included continued close monitoring and management of East Lothian patients and the ongoing development of our Home First approach. Additional Scottish Government investment in the latter part of the year enabled us to increase capacity and further bolster this approach, including through a new Single Point of Access – **see pages 21-25**.

Scottish Comparison (East Lothian in black)



Time Series – East Lothian



There are a further five National Indicators which cannot be reported on currently as national data is not available or there is no nationally agreed definition for the indicator as yet. These indicators are:

- Indicator 10 - % of staff who say they would recommend their workplace as a good place to work.
- Indicators 20 - % of health and care resources spent on hospital stays where the patient was admitted in an emergency.
- Indicator 21 - % of people admitted to hospital from home during the year, who are discharged to a care home.
- Indicator 22 - % of people who are discharged from hospital within 72 hours of being ready.
- Indicator 23 - Expenditure on end of life care costs in last 6 months per death.

Ministerial Strategic Group (MSG) Indicators

The indicators shown below were developed by the Ministerial Strategic Group for Health and Social Care. Health and Social Care Partnerships have been required to set their own targets for each of these indicators – East Lothian's are shown in the table below. These figures are based on reports released for management information only. Due to different configuration of services, figures for the hospital / hospice categories may not be comparable across partnership areas, with this in mind, Scottish comparisons are not included. An analysis of the data by East / West localities is available at Appendix 1.

Indicator	2019/20	2020/21	2021/22	2022/23	2023/24	2024	Commentary
1. Number of Emergency Admissions (18+)	9,028	8,267	8,489	7,586	8,341	8,098	Emergency admissions reduced from the previous year. See pages 21-25
2i. Number of Unscheduled Hospital Bed Days – Acute (18+)	67,652	67,239	73,569	77,144	71,629	69,890	Unscheduled hospital bed days reduced from the previous year. See pages 21-25
2ii. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (18+)	2,900	6,725	7,141	7,250	7,047	6,072	Issue with data – comparison not valid at this point. See pages 21-25
2ii. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (65+)	2,493	6,577	6,921	6,973	7,017	6,072	Issue with data – comparison not valid at this point. See pages 21-25

2iii. Number of Unscheduled Hospital Bed Days – Mental Health (18+)	14,001	12,632	13,271	13,654	13,030	11,709	The number of mental health unscheduled bed days reduced. See pages 21-25
3. New Accident and Emergency attendances (18+)	21,305	17,923	21,229	21,266	21,407	21,485	Accident and Emergency attendances were at a similar level to the previous year. See pages 21-25
4. Total number of Bed Days lost to delays (all delays and all reasons 18+)	4,506	3,878	2,672	3,251	3,638	8,275	The total bed days lost to delays increased significantly in 2024. See pages 21-25
5. Percentage of last six months of life spent in community setting	87.0%	88.7%	87.6%	87.9%	88.6%	-	Data not yet available via MSG data set, however, see National Indicator 15 above. See page 55
6. Percentage of the population at home – supported and unsupported (aged 65+)	96.8%	96.6%	96.6%	96.6%	96.9%	-	Data not yet available via MSG data set, however local data suggests no change from the previous year. See pages 23-24

Strategic Objective 1 – Develop services that are sustainable and proportionate to need

Planning Older People's Services

Our Planning Older People's Services (POPS) work concluded with the publication of our final report and recommendations, which were approved at the Integration Joint Board at its February 2025 meeting. The final report provides an overarching summary of the engagement activity undertaken at each stage of the project, starting with the outcomes of the Community Hospitals and Care Home's Change Board in early 2023, to the feedback gathered from the 12-week public engagement and consultation period between September to December 2024.

The report made six specific recommendations for the Integration Joint Board to consider. All of which were agreed by the IJB.

Report Recommendations:

- 1) East Lothian IJB should adopt the four suggested priorities (palliative and end of life care; polypharmacy; intermediate care; and technology) and embed them within the refreshed Strategic Plan and updated Programme Board structure. The findings and specific suggestions contained within the report should be progressed further by relevant Senior Managers and Officers as part of the revised Programme Board structure.
- 2) The East Lothian IJB should retain and develop the Independent Community Panel as a key engagement and participation function. The Panel should form part of a strategic planning and decision-making feedback loop that ensures key stakeholders, particularly those with lived experience, are informed and consulted on key discussions and developments on an ongoing basis.
- 3) ELHSCP Officers should update and refresh our existing engagement and communications strategies to reflect the role of the Independent Community Panel and take consideration of other key project findings such as: raising awareness of services; accessibility of information; use of technical language; and accessible information standards.
- 4) When considering further financial recovery actions for 2024/25 and working towards a balanced budget position for 2025/26 and beyond as part of the East Lothian IJB 5-year financial plan, officers should remain mindful of the findings of this report, with particular reference to building community capacity and exploring innovative and sustainable intermediate care services.
- 5) ELHSCP Officers to continue to collaborate with NHS Lothian Public Health, East Lothian Council Area Partnership Health and Wellbeing sub-groups, 3rd sector partners / interfaces and community

groups to explore and develop early intervention and prevention approaches that support IJB strategic priorities and deliver intermediate care and support.

6) ELHSCP Officers to continue to work with NHS Lothian Public Health and East Lothian Council data analysts to improve our Joint Strategic Needs Assessment and use of data and analytics when it comes to informing strategic decision making and service development.

The IJB have committed to progress the recommendations of the POPS project and partners across the Health and Social Care Partnership will now concentrate on ensuring that each recommendation is progressed with a number of the work streams being adopted as part of the newly established Programme Board structure.

We would like to take this opportunity, once again to offer our sincere thanks to everyone who has been involved in the Planning Older People's Service Project, especially our Independent Community Panel members. It would not have been possible to come to these conclusions and recommendations without your valuable input. We additionally look forward to working with the Independent Community Panel on an ongoing basis, building on the foundations that were achieved during the POPS project.

East Lothian Home First

Our services continued to develop and embed a 'Home First' approach during 2024/25, focusing on ensuring that people get the care and support they need to remain at home; reducing the need for hospital admissions, and enabling people to return home from hospital as soon as possible.

Home First is a national initiative based on a multi-disciplinary, collaborative approach to providing coordinated community based care. By working collaboratively, services are able to quickly identify the best option to meet each patient's needs and outcomes – recognising that a hospital bed should not be the default choice.

From an organisational perspective, a Home First approach helps to deliver a rapid response; supports patient flow; reduces length of stay and delayed discharge rates, improves patient experience; and ensures that hospital beds are allocated to those who need them most.

Home First recognises that assessment and rehabilitation does not always have to take place in a hospital bed and may be more appropriate and effective in a person's home environment. Prevention is also a key objective, through early assessment and planning so that appropriate support can be put in place to keep people at home and to maintain their independence.

Diagram 1 below shows the HSCP teams playing a role in the East Lothian Home First approach. Services provided by independent providers and community and third sector organisations are also key in providing support to people at home as part of this overall approach.

Diagram 1 – East Lothian Home First Approach



During the year, we continued to closely monitor and manage East Lothian patients in hospitals via our daily Activity Huddle. The Activity Huddle brings together staff from HSCP services, along with HSCP managers, and colleagues from acute hospital sites. Meetings are held online and provide a daily opportunity to review East Lothian patients across all Lothian hospitals, helping to deliver a proactive, multidisciplinary approach to tracking and monitoring patients and planning their discharge home. We introduced use of FlowMap in early 2025 to further support this activity – this provides a platform for live patient tracking and communication, facilitating real-time updates and enabling timely decision-making.

We also continued to deliver our Care Home Huddle and introduced a new Care at Home Huddle to ensure efficient use of available Care at Home resources. All of our Huddles are chaired by members of the Core Management Team on a rotational basis, providing strong leadership and supporting rapid decision making and escalation when required.

Towards the end of 2024, the Scottish Government committed additional investment to support initiatives aimed at reducing delayed discharge and easing pressure on acute hospital inpatient beds. East Lothian was successful in securing funding to support the recruitment of additional staff across Care at Home, Rehabilitation, and Social Work teams, providing additional capacity and allowing delivery over 7 days a week.

Recruitment to the new posts took place in the latter part of 2024/25, as did work to establish a new professional Single Point of Access (SPOA). The new SPOA simplifies referral routes for health and social care; reduces delays and duplication; and supports a timely, effective, multi-disciplinary response.

Despite the range of activity described pressures across the system contributed to an increase in delays for East Lothian patients during the year (see page 15 above for related data). These pressures were felt across Scotland and were the result of ongoing growth in demand combined with the continued impact of ongoing budget constraints and reductions in service capacity.

The occupancy rate for acute hospital beds is also useful performance measure in relation to hospital flow providing a fuller picture when viewed alongside data on delays. East Lothian performed well in this respect during 2024/25, with occupancy levels within or below the allocated bed base throughout the year.

By the end of 2024/25, delayed discharges had reduced significantly from the higher levels seen earlier in the year, sitting at 15.6 delays per 100,000 population by April 2025 (comparing favourably to the Scottish Government target of 28.4 per 100,000 population).

Care at Home Services

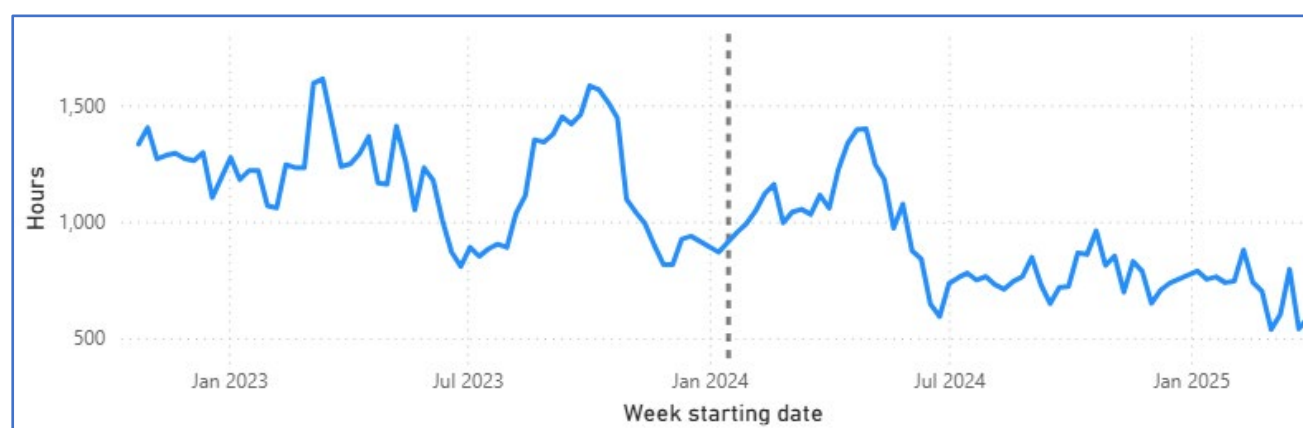
Care at Home services in East Lothian are delivered by a combination of HSCP managed services and services delivered by external providers. At the end of 2024/25, 84% of care at home hours were delivered by external providers and 16% by internal HSCP services.

HSCPs are required to report weekly to the Scottish Government on 'unmet need'. This includes providing data on the number of people who have been assessed as requiring social care but who are still waiting for a package of care and the number of hours of care still to be delivered. This provides an effective measure of the extent to which social care provision is meeting local need.

Graph 1 below shows that the level fluctuated throughout the year, the number of hours of unmet need was lower at the end of 2024/25 compared to the start (reducing from 1,058 hours to 587) and lower than the previous year.

As described above further improvements were made in relation to the close monitoring and operational management of care at home resources, including through the introduction of a new Care at Home Huddle. The Care at Home Huddle brings together colleagues from across services to take a multi-disciplinary approach to the operational oversight of care at home delivery, including the matching of available resources to individual need.

Graph 1 – Hours of care at home to be provided – East Lothian (weekly)⁴



Care at Home 'Test of Change'

The Strategic Planning Group and Care at Home Change Board agreed to form a Locality Project Team in May 2024 to undertake a Test of Change programme.

The Test of Change took place during a 12-week period over winter 2024 and was based on a Community and Care Coordination approach. This included adopting strengths-based conversations

⁴ Source - Whole System Pressures Dashboard – NSS / Public Health Scotland / Scottish Government

to identify people's needs and priorities, along with improvements to both hospital and community assessment. The approach also incorporated enhanced care coordination involving Allied Health Professionals, Adult Social Work, and Community First colleagues in identifying care and support, including considering alternative options to formal care services, with a particular focus on local support.

Evaluation of the initiative identified evidence that the approach had been successful in terms of improving outcomes for individuals; diverting people from care at home services or reducing the number of hours they needed; preventing hospital admission; supporting timely hospital discharge; and delivering financial savings.

A final report recommending that the approach taken by the Test Change be rolled out and adopted on a permanent basis has informed the development of a five-year Care at Home Strategy that will be considered by the IJB in autumn 2025.

Mental Health Inpatient Beds

Work continued throughout 2024/25 to reduce the number of East Lothian mental health inpatient bed days, with the ongoing ambition to work within our commissioned bed base⁵ of 8 acute adult beds, 1 adult IPCU⁶ bed and 6 adult rehabilitation beds at the Royal Edinburgh Hospital. Whilst East Lothian inpatient bed use continues to vary throughout the year, as shown in Graph 2 below, the trendline demonstrates a gradual decrease in the average use of acute mental health beds.

Graph 2 – East Lothian Mental Health Inpatient Bed Use



⁵ East Lothian IJB commissions NHS Lothian to deliver Mental Health inpatient services (beds).

⁶ Intensive Psychiatric Care Unit.

Alongside the three times weekly local mental health “Activity Huddle”, East Lothian teams participate in daily flow huddles within ELHSCP and REAS, to support hospital flow by reducing unnecessary admission and ensuring timely hospital discharge. The key focus is upon PDDs⁷ and collaboration across services (for example, ICAT, Housing and Adult Social Work).

There are a range of services in East Lothian that can contribute to keeping people out of hospital where appropriate. These include the PTS (Psychological Therapy Service); CWIC MH (Care When it Counts Mental Health service); and DBI (Distress Brief Intervention) – you can read about some of these under Strategic Objective 3 below.

Commissioning

Health and social care services delegated to East Lothian IJB are delivered in a number of ways. Whilst the majority of services are directly provided by the HSCP or via ‘hosted’ or ‘set-aside’ arrangements, a significant proportion are delivered via commissioning arrangements with third and independent sector providers.

The approach we take to commissioning is important in terms of helping to ensure that commissioned services are provided in a way that reflects our vision and values and contribute to the delivery of our strategic objectives. Our strategy sets out our commissioning intentions and key market messages, including our commitment to an outcome focussed approach, and ethical commissioning that takes into accounts factors beyond price, including fair work, staff terms and conditions, trade union recognition, sustainability of services, equality, and environmental impact. Meanwhile, our Market Facilitation Statement aims to help the IJB, HSCP and service providers to plan future service delivery by setting out key pressures and summarising current supply and anticipated demand.

The current East Lothian HSCP Commissioning Strategy and associated Market Facilitation Statement run from 2022 to 2025 and as such are due to be updated to reflect the refreshed IJB strategic plan and priorities. The IJB strategic plan and priorities are currently being refreshed and once this concludes later in 2025, the strategy and statement will be reviewed and updated to ensure alignment.

Supporting Sustainable Care Home Provision

We continued to focus on a home first approach for people discharged from hospital, with the aim of increasing the proportion of people going home as opposed to be begin discharged to a care home placement. This approach helps to deliver the best outcomes for individuals and reflects a common desire for people to remain at homes for as long as possible. This also helps to ensure that care home

⁷ PDD (Planned Date of Discharge) should be identified at the earliest possibly opportunity in a patient’s hospital stay and should involve engaging with the patient, carer, and family to plan for when the person is likely to be discharged.

placements (especially those at national care home rate) remain available for people with the highest level of need, which is crucial to remain within budget.

The Social Work Hospital Discharge Team grew in the last year with the addition of two posts (redeployed from a different team), increasing the team's capacity to plan complex discharge back home. This expanded Hospital Discharge Team, with strengthened supervisory management, brought enhanced skills and improved knowledge of community provisions, contributing to the team being able to support more people to return home.

Key elements supporting our responsive hospital discharge approach include:

- Maintaining strong links with the Patient Flow and Inreach teams as well as East Lothian Community Hospital (ELCH) ward staff, helping with early conversations.
- Early social work intervention through positive working relationships with ward staff, particularly in ELCH, e.g., attendance at key decision making meetings with families and at regular ward meetings. This also helps families consider alternatives to care home placements, where appropriate, at an earlier stage.
- Increased capacity to look at complex discharges home.
- Continued good working relationships with the care homes to help minimise care home vacancies – waiting lists maintained for each home and regular communication with managers.
- Links with adult social work team to prioritise care home admissions for those at risk of hospital admission from the community, balancing with the need to ensure patient flow out of the hospitals.
- Advice and guidance provided to hospital staff re social work processes, attending daily huddles and ensuring there is good communication between NHS / social work teams.
- Continuous focus on Home First and keeping assessments up to date as people progress through the hospital system with changing needs and circumstances.
- Participation in twice daily hospital huddles to ensure a joined-up approach with early intervention in hospital admissions.

The impact of work to support people to return to and remain in their own homes for as long as possible can be seen in the reduction in average length of time older people tend to live in care homes at the end of their lives.

Graph 3 - Average Length of Stay in Care Homes (Years)

As well as hospital discharge work, the team continued to work directly with individual care homes providing a social work service to residents. This included carrying out routine annual reviews, responding to incidents within care homes (for example, mediation to prevent placements breaking down or resolving financial disputes), and providing Adult Support and Protection for residents.

The Care Inspectorate inspects our care homes and care at home services to assess the quality of care. Inspection grades across East Lothian care homes improved over the course of 2024/25 with 8 out of 17 homes (47%) achieving grades of 5 or above in the 'Key Question – Wellbeing'. Additionally, East Lothian now has 5 homes on the National Care Home Contract receiving the enhanced quality award where services not only receive grades of 5 in Wellbeing but also achieve at least one other 5 in any other area inspected. At present no care homes are below a grade of 3 and there have been no Large Scale Investigations over the course of 2024/25.

Table 1 below shows grades reported for our internal care homes in 2024/25.

A new purpose-built care home was opened by Mansfield Care in Gateside Haddington, in March 2025 replacing the previous Hilton Lodge building in the town centre. This increased capacity from 22 beds to 60 beds and will provide care for both residential and nursing level clients.

The NHS Care Home Team have also continued to roll out their services, aiming to provide clinical care and educational support across all East Lothian Homes and are now working in both Lammermuir Nursing Home and the new Hilton Lodge at Gateside. Only one home remains to be covered by the team, and they are continuing to recruit to be able to further expand their services.

Table 1 - Care Inspectorate Grades:

6	Excellent	3	Adequate
5	Very Good	2	Weak
4	Good	1	Poor

Name of Establishment	Date of CI report	Wellbeing	Leadership	Staffing	Setting	Care & Support	Quality Award
Nursing Homes							

Astley House	03/09/2024	5	5	5	4	4	Yes
Drummohr	16/04/2025	4	4	4	4	4	
Fidra Nursing Home	17/03/2025	5	N/A	5	N/A	N/A	Yes
Haddington Care Home	28/11/2024	4	4	4	3	4	
Harbour House	22/05/2024	4	4	4	5	4	
Lammermuir House	24/04/2024	3	4	4	3	3	
Muirfield Nursing Home	17/09/2024	5	5	5	5	5	Yes
Tantallon House	18/04/2024	3	3	3	4	3	
Tranent Nursing Home	07/06/2024	4	4	4	4	3	
Tyneholm Stables	04/12/2024	4	4	4	4	4	
Hilton Lodge	16/01/2024	5	5	N/A	N/A	N/A	
Residential Homes							
Leuchie House	18/03/2025	6	N/A	5	N/A	N/A	
Carberry	14/01/2025	5	N/A	5	N/A	N/A	Yes
Florabank	04/05/2023	4	4	N/A	N/A	4	
St Anne's Care Home	13/12/2024	5	N/A	5	N/A	N/A	Yes
Linkfield	26/06/2024	4	N/A	4	N/A	N/A	
Crookston	22/01/2025	5	N/A	5	N/A	N/A	

Closure of Care Homes

The IJB made a decision in March 2024 to permanently close the Abbey Residential Home and Belhaven Nursing Home (managed by the HSCP). This was part of wider financial recovery programme and related to the age and condition of both buildings and the challenge this presented in terms of meeting care and safety standards for staff and residents.

Steering groups and project plans for both the Abbey and Blossom House care home closures were introduced at the start of the financial year and engagement and communication with staff, residents and families was key to planning and delivery.

The remaining care home residents had been successfully relocated to new placements by the end of summer 2024 and the sites were decommissioned and handed back to East Lothian Council (Abbey Care Home) and NHS Lothian (Blossom House).

Thirty-four residents were successfully moved onto alternative placements over the course of March to August 2024 and the sites were decommissioned and handed back to East Lothian Council (Abbey Care Home) and NHS Lothian (Blossom House).

Furniture and equipment from the homes was distributed among our private providers where possible. The HSCP received significant support from East Lothian Council Human Resource colleagues during the project with staff being given the opportunity to trial alternative placements in other departments and limiting the number of redundancies as a result.

Strategic Objective 2 – Deliver new models of community provision, working collaboratively with communities

We continue to develop and deliver innovative approaches to social care, working alongside communities and third sector partners and adopting a ‘co-production’ approach where possible. Some examples of activity during 2024/25 are included below.

Resource Coordinator Service

Our Resource Coordinator service continued to offer a valuable community based service for adults with a learning disability. The service aims to develop groups and opportunities linked to people’s identified outcomes and assessments. In 2024/25, over 150 people accessed activities offered across the county based in a range of community buildings. Sessions included health and wellbeing, life skills and education.

Throughout the year, Resources Coordinators worked closely with community organisations to develop new opportunities. During 2024/25, this included working with Our Community Kitchen in Tranent and Haddington and opening up opportunities in relation to garden maintenance at Tynebank in Haddington.

People using the service were also supported to take part in a variety of college programmes at Edinburgh College’s Milton Road Campus, with opportunities at Sighthill Campus also being explored. The achievements of participants was recognised with twenty-five people from East Lothian taking part in a graduation ceremony in June 2025.

Resource Coordinators also continue to link with community partners to gather information about what is available in communities and provide valuable signposting to individuals and professionals on local opportunities.

Neighbourhood Networks

Neighbourhood Networks support vulnerable adults many with learning disabilities, physical disabilities and mental health issues to live an active, healthy life, within their own homes and through their local communities. The aim of Neighbourhood Networks is for members to learn essential life skills; become more independent; benefit from peer support; and become less reliant on paid support.

Each Network has up to ten members who all live locally. At the moment there are five networks - Musselburgh, Musselburgh Transitions, Tranent, Dunbar/Haddington, and Dunbar/Haddington Transitions (the Transitions Networks support young people moving to adult services). At the end of

2024/25, Neighbourhood Networks were supporting 30 members, 4 associate members, and 4 independent members.

The service has carried out analysis of outcome achieved by member and identified significant progress across outcome areas – outcomes currently focused on include:

- Money Management
- Life Skills
- Digital Inclusion
- Health & Wellbeing
- Employment / Volunteering
- Community Participation
- Confidence & Self Esteem
- Independent Travel
- Friendships & Relationships

Feedback from members demonstrates the impact involvement can have:

‘I want to say thank you, you have fair cheered me up. The group is great, and I feel like I’m getting back to my old self. I trusted staff very quickly and I find it hard to trust people. I’m feeling optimistic and I haven’t felt that in a long time’.

‘I have made great friends since joining Neighbourhood Networks. I feel that without NN my life would be totally different, and I would struggle with money and friendships. My confidence has grown greatly, and I am happy to take on new challenges’.

Due to funding reductions, Neighbour Networks have restructured their staff team and will make some changes to the delivery model, resulting in a slight reduction in the service’s capacity going forward.

East Lothian Community First Service

Community First (delivered by VCEL with funding from East Lothian HSCP) provides support to people who are struggling with their health and wellbeing, helping them to access community services. It also provides support to people leaving hospital, as well as helping to prevent hospital admission / readmission.

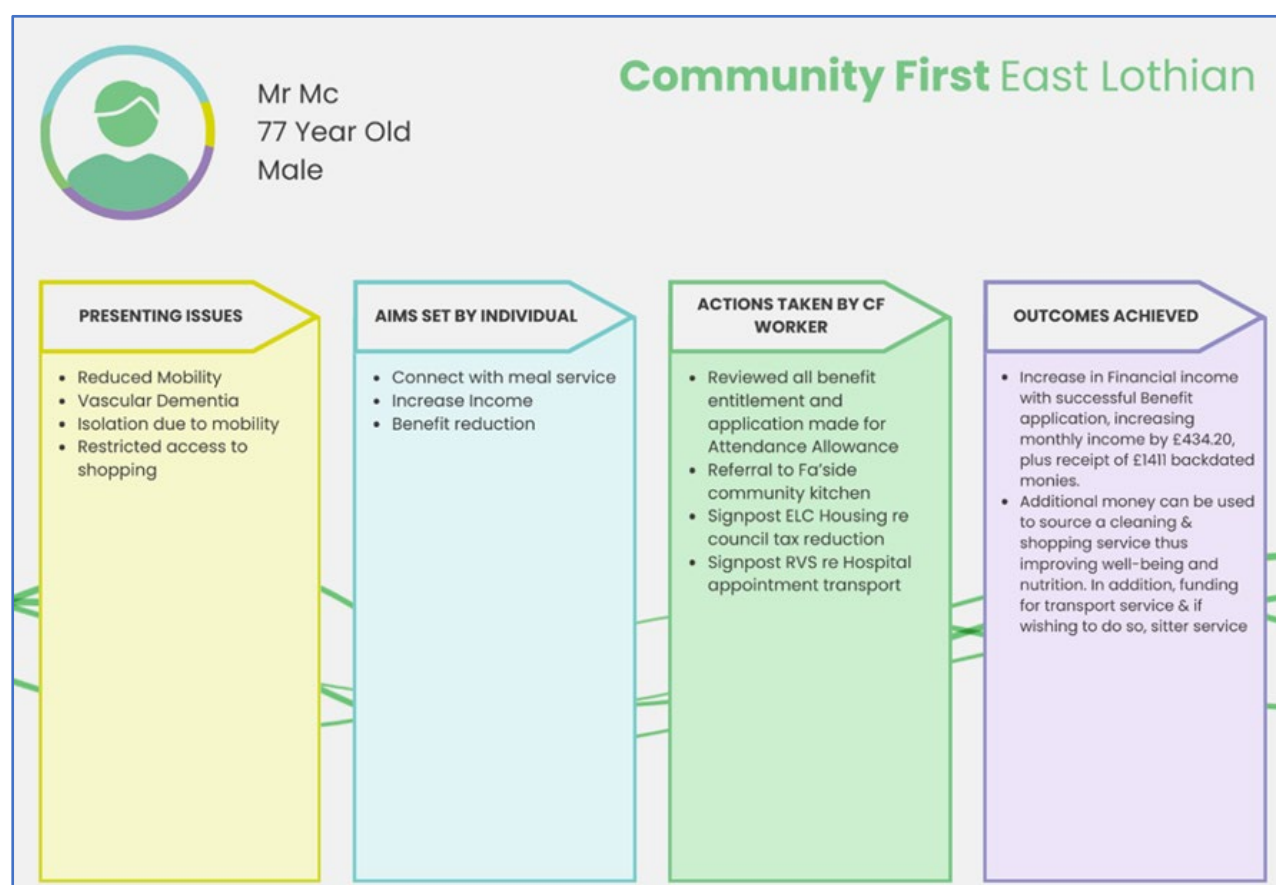
Community First is a trusted, relational, and proven early intervention model. It bridges the gap between communities and services, reduces crisis demand, and supports the vision of empowered, healthy, and resilient communities.

Community First aligns directly with the IJB Strategic Plan, and national frameworks such as the Health and Social Care Service Renewal, Population Health Framework, and the Prevention and Early Intervention agenda.

In response to feedback, the service lowered its age criteria from 35+ to 18+ during 2024/25. A total of 402 referrals were received across the year (up from 326 the previous year) and 355 individuals and 66 carers were supported by the service.

Through its activities, Community First contributed to preventing delayed discharges; avoiding carer breakdown; alleviating loneliness; and supporting independent living. The service has also helped people to navigate systems, make informed choices, and rebuild confidence. The service has a ripple effect, impacting positively not only individuals, but also on their families and communities.

Community First – Example of Impact



Musselburgh Meeting Centre – A Place To Be Me

Dementia Friendly East Lothian (DFEL) opened the Musselburgh Meeting Centre in April 2023, bringing a new, evidence-based approach to supporting people living with dementia and care-partners. The Meeting Centre receives grant funding from East Lothian IJB for this development project, and HSCP staff have been involved in supporting the development of this work.

Meeting Centres are social clubs offering warm and friendly expert support to people with mild to moderate dementia, families, and friends. They are a valuable community resource, helping people adjust to the psychological, social, and practical changes dementia brings.

DFEL continued to deliver the Musselburgh Meeting Centre over 2024/25 and have been exploring pathways to offering people support at an earlier stage. The introduction of a 3rd day has been offered to people referred but waiting for assessment and potential diagnosis. Research and lived experience suggest that supporting people living with dementia and care-partners helps them to adjust to the many changes dementia brings, improving quality of life and independence. The Meeting Centre is a flexible resource for care-partners and people living with dementia. Some care partners join sessions, others drop in for a cuppa or join events and celebrations. The Centre also hosts a carers-space facilitated by Open Arms Carers and a weekly friendship group for people who need less support but enjoy the many benefits of being with people in the same boat.

The development project also provides learning and experience to support Meeting Centres in other communities and exploring how we might deliver an integrated model of dementia meeting centre and day centre in Musselburgh.

Musselburgh Day Service for Older People

East Lothian IJB are due to make a decision on progressing with an integrated model of day centre and meeting centre for the Musselburgh, Wallyford and Whitecraig area. In October 2024, the IJB agreed to pause the development of a new Day Centre for Older People in this area 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.

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 them to manage, but there is no service pathway.

Key benefits of the integrated model would be - 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.

Participation and Engagement

During 2024/25, IJB supported the trialling of a new approach to community engagement focusing on:

- Building long-term, high-quality relationships with people in the community already well connected across the county in a variety of ways and through different organisations and forums.
- Foregrounding the voices of people with lived experience of a range of health and social care issues, services and interventions to better understand and show respect for these experiences.
- Taking a human-rights approach to enabling participation through meeting people's social, communication and access needs.

Good progress was made during the year, beginning with a series of sessions with a group of community members who had contributed greatly to the co-design of the Planning for Older Peoples Services project (see page 19 above). This included the group brainstorming ways to connect with people who have not engaged with health and social care planning previously to encourage them to participate in relation to topics that are important to them.

The approach continues to develop and will include the establishment of:

An Independent Community Panel (ICP) – a group of community members with lived experience of a range of health and social care issues (champions) who will use their community connections and skills to reach out to others with lived experience who do not feel ready to participate in this type of forums directly. ICP members will speak with IJB members / HSCP staff at senior level meetings and will participate in equality and fairness impact assessments; championing and communicating the concerns, suggestions and needs of the broader community.

A Lived Experience Network - A network of contacts that already work with the community in a direct capacity that can help the IJB / HSCP connect with lesser heard voices and with those experiencing barriers to accessing the things they need to thrive. The aim will be to meet community members in settings that they already visit or feel comfortable in order to learn about their lives. This will assist in providing a deeper sense of participants needs and priorities to inform the planning, commissioning, and codesign of health and social care services.

Strategic Objective 3 – Focus on prevention & early intervention

East Lothian Rehabilitation Service (ELRS)

East Lothian Rehabilitation Service (ELRS) delivers a wide range of services in East Lothian. More information on these services and their performance during 2024/25 can be found in the ELRS Annual Report (available on the East Lothian IJB web pages). The information below provides a summary of activity related to delivery priorities detailed under Strategic Objective 3 in the HSCP's Annual Delivery Plan. ELRS services also contribute the IJB's other Strategic Objectives, with reference to other ELRS activities throughout this report.

Technology Enabled Care

TEC (Technology Enabled Care) is used to help people remain as active, independent, and safe as possible in their own homes and in the wider community. TEC can be used alongside, or as an alternative to care provision, helping to reduce demand on services.

The HSCP Telecare team carries out assessments and delivers interventions at the Well Wynd Hub; during home visits; or via phone calls. A range of equipment can be provided including community alarms and pendants; devices to help detect falls; and environmental sensors to keep people safe (for example, in relation to fire safety).

During 2024/25:

- There was a continued growth in referrals to the Telecare team and ongoing pressure on workload due to its role in supporting the analogue to digital transition.
- The number of people using the Telecare service increased slightly from 2,536 at the start of the year to 2,598 at the end.

Consumer technology⁸ is transforming healthcare by supporting people to manage their health and live independently, aligning with Scotland's Digital Health and Care Strategy. To realise this potential, ELRS Consumer Technology Pathway aims to help people live independently, safely and stay connected through the use of accessible digital tools and everyday technology through upskilling staff and engaging public.

Since 2018, ELRS has built a consumer technology hub, initially led by a Specialist Occupational Therapist and later expanded to include a Specialist Physiotherapist and a team of digital champions. The service evolved from a specialist role into a multi-professional model, ensuring consumer technology is integrated across all assessments and care pathways.

⁸ Consumer technology refers to digital tools and devices that people can use directly to manage, monitor or improve their health and wellbeing.

Key activities during 2024/25 included:

- Staff training and development in relation to technology enabled care and available solutions – delivered to ELRS staff and other colleagues across the HSCP. Over 100 staff took part in training during 2024/25.
- Public education and engagement – including drop-in clinics at the WellWynd Hub and pop-up events across East Lothian to raise awareness and promote self-management. 49 members of the public attended these over the year.
- One-to-one technology assessments – individual assessments provided at WellWynd or in people's homes – focused on complex needs and provide tailored recommendations. 91 interventions were completed in 2024/25.

Ongoing work will focus on expanding training across the HSCP; increasing public and professional engagement; growing the digital champion network; collaborating with universities and technology providers; and supporting ongoing development through Continuing Professional Development and leadership programmes.

Digital Platform – Access to a Better Life in East Lothian

'Access to a Better Life in East Lothian' is a digital platform providing information and tools to support people to manage their own health and wellbeing. The platform includes information on self-management, and details of how to contact and self-refer to ELRS services, as well as an interactive Body Map and Smart House.

In April 2024, ELRS transitioned the content of 'Access to a Better Life in East Lothian' (ABLE) to the East Lothian Council website (it had previously been hosted by ADL SmartCare). This decision followed a comprehensive evaluation of the platform's effectiveness, which identified low user engagement alongside increasing subscription costs. To ensure the sustainability of digital support for residents, ELRS redeveloped the platform's key features within a more streamlined and cost-effective framework.

Drawing on user feedback and lessons learned from the original platform, particular attention was paid to reducing the number of steps required to access core information— making the digital journey easier and more accessible for users with varying levels of digital confidence. The popular Smart Home resource, previously an interactive element within ABLE, was reimagined into a simplified model.

Ongoing user feedback is being sought through the existing patient engagement survey which is now hosted on the new ELRS website. This allows for continuous improvement with clinical services and for positive feedback to be fed back to the staff groups.

Analysis of use of the site during 2024/25 showed:

- 17,659 people had used the site, and there had been 21,339 views.
- Activity increased throughout the year with an average of 1,462 users visiting the site per month.

You can visit the digital platform [here](#).

Falls Prevention & Management

Falls can have a significant impact on people's health and wellbeing, making early intervention and prevention a priority. Falls are the most common cause of emergency hospital admission for adults in Scotland, resulting in significant financial costs and putting pressure on hospital beds, care packages and rehabilitation services.

The Falls Service's work covers three main strands:

- **1:1 input** – provided to patients that require 1:1 support due to a history of falls or having been identified as being at risk of falls or of having a fear of falling – patients are referred to the service by health professionals. 274 people were referred for 1:1 support during 2024/25.
- **'Steady On' falls prevention classes** – 14-week low level strength and balance classes delivered to groups in community settings. 97 people were referred to classes during 2024/25.
- **MOSIAC alerts** – responding to fall alerts from the Emergency Care Service (ECS) following a fall at home that required ECS support. Falls team carry out a home visit or telephone intervention. A total of 2,191 referrals were received this way during 2024/25.

Priorities for the 2025/26 financial year will be to continue the shift towards a preventative approach, with increased and sustained provision of Falls Prevention classes, as well further strengthening of collaboration with primary care services. Development of a vestibular service will also continue, with the view to establishing a referral pathway within East Lothian.

Mental Health & Wellbeing – Prevention & Early Intervention

Many people will experience issues with their mental health at some stage in their lives. For some, these issues will be more complex and require a higher level of treatment and support from mental health services. For others, issues may be less complex, and will benefit from early, lower-level interventions to support individuals to cope and to improve their own mental wellbeing. This section describes developments that took place during 2024/25 in relation to services providing a preventative / early intervention approach (wider mental health provision is covered in other parts of the report).

CWIC Mental Health

The CWIC (Care When it Counts) Mental Health service aims to promote a holistic, person-centred, and trauma-informed model of supported self-management to promote mental health and wellbeing and is staffed by a multi-disciplinary team of Mental Health Nurses and Mental Health Occupational Therapists. The team provides mental health assessment and offers brief intervention as required, for example, in relation mood and anxiety management. The services is closely linked in with GP Practices and Community Mental Health Services to ensure joined up pathways of care.

In preparation for the launch of the Mental Health Single Point of Contact in March 2025, the service embarked on an appointment resetting plan with a target of new appointments offered within 5 working days. This target was achieved in time for the launch date and continues to be the case.

The CWIC Mental Health service is important in the delivery of the new Mental Health Single Point of Contact (SPOC) (see page 39 below) in terms of its key objective of providing quick access. Prior to introduction of the SPOC, the team embarked on an appointment resetting plan and has been successful in offering new appointments within a 5-day target since the SPOC was launched.

Feedback from people accessing the service more recently has been very positive regarding the ease of accessibility and timely response.

Distress Brief Intervention (DBI)

Progress continued during 2024/25 with embedding the Distress Brief Intervention (DBI) service in East Lothian, offering accessible support to people in distress. People referred to the DBI service are seen quickly and provided with compassionate, problem-solving support, wellness, and distress management planning, supported connections and signposting. The aim is to reduce immediate distress for people and to empower them to develop the ability to manage future distress. The service is funded by East Lothian IJB and delivered by Penumbra.

People can be referred to the East Lothian DBI service by our IHTT (Intensive Home Treatment Team) and CWIC MH services, as well as newly established pathways through MHAS (the mental health out of hours service), Police Scotland, and the Scottish Ambulance Service.

To date, over 800 referrals have been made to the East Lothian DBI service, with an average of 50 referrals a month. Predominant presenting problems have been stress and anxiety; depression and low mood; and suicidal ideation. The most common contributory factors have included relationships; past adverse / traumatic life experiences; and life coping skills. Support is delivered by trained Mental Health and Wellbeing Practitioners during pre-scheduled appointments (either over the phone, by videocall or face-to-face at Penumbra's Musselburgh office) and lasts for a period of between 14 and 21 consecutive days.

Mental Health and Wellbeing Information

A Mental Health and Wellbeing Information Hub development working group has been established in collaboration with Public Health and involves a wide range of partners including mental health services, transport, connected communities, libraries and the third sector. The working group has been mapping current hub activity and planning to ensure all that all 6 locality areas have regular information hubs to enable communities to access the information they need. A whole person / whole family lens is being taken, as well as an early intervention and prevention approach to mental health and wellbeing.

EASTSPACE Digital Platform, run by Health in Mind, continues to provide information based on the 6 locality areas and organised by themes (for example, money advice, housing, mental health and wellbeing). We are looking to further develop this to include live capacity, wait times and to give us information about what information people are accessing the most.

A Mental Health Partners Group has been developed partnership with VCEL. This provides a forum for groups and organisations with both direct and indirect involvement in supporting mental health and wellbeing, with the purpose of increasing awareness of services and support avoidable and building collaborative working. The Partners Group now has around 100 partners signed up including NHS Lothian, East Lothian Council, Police Scotland, the Scottish Fire and Rescue Service, along with a wider range of third sector organisations. Members meet via TEAMS every 2 months to share information and discuss topics of shared interest (partners can book slots to share information / pose topics).

Looking ahead, the Mental Health Partners Group is planning a suicide prevention networking event in June 2025. This event will look at current provision as well as identifying what needs to be developed in relation to suicide prevention in East Lothian going forward.

Strategic Objective 4 – Enable people to have more choice and control and provide care closer to home

Primary Care services in East Lothian have changed significantly since the inception of the IJB with more choice of services available, which has improved accessibility, quality, and patient outcomes.

Where patients in the past would have contacted their General Practitioner, there are now more options for patients as the HSCP has developed primary care teams and the role of the community pharmacist has expanded to offer services through the Minor Ailments Scheme, Pharmacy First and Pharmacy First Plus.

HSCP primary care services continue to develop to improve patient experience and make efficient use of the funding and resources available. The following provides a description of development activity during 2024/25. You can find out more information about primary care services [here](#).

Care When It Counts (CWIC)

The Care When it Counts (CWIC) service supports GP practices by offering same-day appointments with a team of clinical professionals.

With a growing population and increasing demand for healthcare in East Lothian, improving patient access to services is a key priority. A new model, CWIC Direct, offering direct telephone access to the CWIC service, was initially piloted at Inveresk Medical Practice (IMP), and expanded in December 2024 to include Harbours Medical Practice (HMP), Tranent Medical Practice (TMP), and Riverside Medical Practice (RMP). Early data from the 12-week pilot suggest this model can improve access, reduce strain on GP practices, and enhance patient experience.

Over the 56-day pilot period a total number of 6,161 calls were received and 70% of these were answered in less than 5 minutes (44% answered in less than 1 minute). This resulted in 7,631 appointments with 87% being carried out face to face and 13% by photo submissions or over the telephone. 26% of patients who called were signposted to other services (e.g. MSK, Mental Health, Pharmacy First, etc).

Practices raised concerns that patients in higher deprivation areas might face barriers travelling to Musselburgh. However, demographic data showed similar usage rates across deprivation quintiles, matching practice population profiles. This suggests CWIC Direct is accessible across socioeconomic group.

The overall sentiment of patient feedback was Positive (78%) with neutral/mixed (14%), and the main themes identified as speed of contact, staff care, and reliability driving strong endorsement.

CWIC Direct Pilot - Patient Feedback:

- Would you use CWIC Direct again instead of contacting your GP first? - 70% of respondents said 'yes', 27% were unsure, and only 3% said 'no'.
- Was it convenient to travel to Musselburgh? - 95% said they found it convenient.
- Do you want service to continue? - 84% said 'yes'.
- Likelihood to recommend the service or use again? - 93% said 'likely' or 'fairly likely'.

The CWIC Direct pilot showed promising results. The service managed a significant call volume, with the majority of patients receiving timely responses and face-to-face appointments. Patient satisfaction was high, with strong support for the model to continue.

The pilot suggested that CWIC Direct could be a sustainable and scalable model to improve patient access across East Lothian and may be used as a case study for wider implementation across NHS regions.

The CWIC multidisciplinary team has a strong improvement culture and a clear focus on providing high quality care. Their approach was recognised nationally with the team shortlisted for the final of Team of the Year in the National GP awards and a poster was also presented at the NHS Scotland event showcasing the pilot and improvement to patient access to the service.

Community Treatment and Care Service (CTACS)

The Community Treatment and Care Service (CTACS) is a nurse-led service delivering clinics across East Lothian. CTAC provides a range of services to patients of all ages in a treatment room setting.

During 2024/25, CTACS service improvements included the clinical development of its Band 6 nurses, supporting them to expand their roles by undertaking prescribing qualifications. This initiative will play a vital part in the ongoing development of CTACS by enabling the staff team to better respond to the needs of patients in a timely and effective manner. Whilst this is still in the early stages, progress so far has been encouraging, with the first Band 6 successfully completing their training during 2024/25.

Prescribing training and support is part of a broader service development strategy across our Primary Care Improvement Plan (PCIP) services. As a key component of our care model, we are empowering our PCIP services to take on more clinical responsibility and play a greater role in decision-making. This has clear benefits for our staff in terms of their professional development and support but also

reduces the need for patients to see their GP and means that patients receive treatment quicker, leading to better patient outcomes.

Pharmacotherapy Team

One of the key activities for the HSCP's Pharmacotherapy Team is the carrying out of polypharmacy reviews. These are in-depth reviews of complex medicines regimes which aim to improve safety and effectiveness of medicines, often in patients who live with multiple health conditions. The Planning for Older People's Services (POPS) engagement identified polypharmacy reviews as a priority in relation to services for older people going forward (see page 19 above).

Of our eleven pharmacists who work regularly in GP practices, seven are trained to deliver polypharmacy reviews. The main focus so far has been working collaboratively with the Care Home Team to carry out polypharmacy reviews for Care Home patients, however, a smaller number of reviews have been carried out for other patients. Each GP practice has a session each week which is set aside for the pharmacist conducting polypharmacy reviews, they can access advice from a Medicine of the Elderly consultant fortnightly and have robust peer review to discuss challenging cases.

Having gained experience of carrying out reviews for Care Home patients, the team is now looking to further expand with other patient groups, including:

- Patients attending Day Centres.
- Patients supported by Care at Home services.
- Patients with compliance aids.

There are significant challenges to the delivery of polypharmacy reviews related to:

- Increases in GP practice workload are being absorbed by the team leaving less time for polypharmacy reviews.
- The pool of pharmacists available is small.
- Limited availability of the senior pharmacist to train remaining team members.
- Securing a suitable clinical space to review patients.
- Competing demand with other work such as prescribing efficiencies.

However, options are being considered to improve staff availability to undertake further reviews.

Right Care, Right Place

As described above, primary care services have changed significantly in recent years, with more services now being delivered outwith GP practices, and people being encouraged to access different primary care options without having to go via their GP.

As well as the HSCP delivered PCIP services listed above, individuals can go directly to NHS Inform, NHS 24, or their local pharmacy for support. Other primary care services include local dentists and opticians.

During 2024-25 we continued to deliver a Primary Care Communication Plan aimed at raising awareness of the range of services available, providing information on how to access them, and encouraging people to contact these services directly rather than going to their GP first. This included further development of the Primary Care Health Services web content that had been launched the previous year.

East Lothian Community Hospital Outpatient and Day Services

East Lothian Community Hospital (ELCH) provides local inpatient care, as well as an ever-growing number of outpatient services and clinics, reflecting our Strategic Objective to provide care closer to home where possible.

The number of outpatients seen in OPD1 ELCH has grown from around 30,000 in the last years of Roodlands Hospital⁹ to just over 57,000 appointments offered in 2024/25, with the DNA (Did Not Attend) rate sitting at 6.2%. This figure does not include the number of appointments accommodated at ELCH whilst the Princess Alexandra Eye Pavillion (PAEP), including the Dental Rooms was being refurbished where we offered 62 sessions per week to the Ophthalmology Service.

A further 5,093 patients attended the Endoscopy and Minor Procedure Unit (an increase from 4,637 the previous year), with a DNA rate of 6.6% down from the previous year's figure of 9.1%.

Across all out-patient services delivered at ELCH (Mental Health, CTAC, Vaccinations, Dentistry, Podiatry, etc.) the total number of attendances was 114,021 with a DNA rate of 6.0%, down from 6.6% the previous year.

Key developments for ELCH outpatient and day services during the year included:

- Escalating the number of nurse-led minor operations clinics at ELCH with 356 appointments attended in 2024/25, a slight increase from the previous year.

⁹ The transfer of Roodlands Outpatient Department to the new East Lothian Community Hospital began in March 2018, with all other services moving to ELCH by the end of 2019.

- New clinics in OPD1 (Out Patient Department 1) - including an expansion of the Travel Immunisation Clinic from two to three days per week, a combined nurse led and consultant Parkinson's Clinic, a Multiple Sclerosis Clinic and Trauma Orthopaedic Clinic, incorporating a Physiotherapy Clinic.
- The continued expansion of both Dermatology and Ear Nose and Throat (ENT) Clinics.
- Training of a member of staff in OPD to deliver optical coherence tomography in the department. This has allowed delivery of an ophthalmology clinic at ELCH previously held in the Princess Alexandra Eye Pavillion.
- Increasing the capacity and use of the Endoscopy and Day Services Unit at ELCH. Developments this year included the hosting of Plastic Surgery lists previously only available in St John's Hospital. This helped to reduce waiting times and reduced travel for East Lothian residents.
- The provision of both gynaecological and urological diagnostic procedures, including trans perineal prostate biopsies which are now nurse led - a first in NHS Scotland.
- Training of staff in Endoscopy in the management of Central Vascular Access Devices (CVAD), as well as midlines, this has allowed the unit to deliver out-patient antibiotic therapy 5 days per week to local residents who previously would have to travel to the Western General Hospital. The management of CVADs as allowed us to work in association with the Edinburgh Cancer Centre to offer line management to oncology / haematology patients to provide care closer to home and reduce journeys into Edinburgh.
- Offering training courses at ELCH in both endoscopy and colonoscopy as well as endoscopic ultrasound procedures to trainees from across the UK. These courses are income generating for NHS Lothian and have helped to raise the profile of the hospital.
- Increasing the length of Ultrasound Clinics and offering Endoscopy sessions on Saturdays throughout January, February, and March to address appointment backlogs and to offer more patient choice.
- Continuing to work with the Haematology Unit at the Edinburgh Cancer Centre to provide Intravenous (IV) therapy at ELCH as an alternative to travelling to the Western General. Endoscopy staff have trained to manage the haemochromatosis service and no longer require a nurse to travel from the WGH.
- Expanding the service to include older East Lothian residents who require treatment for anaemia via either blood transfusion or intravenous iron therapy.

Re-imagining Adult Social Work

We continued to develop and improve our Adult Social Work services during 2024/25, with services continuing to play a critical role in enabling people to live safely and independently, while responding to an increasingly complex landscape of demographic pressures, system demand, and workforce challenges.

At the heart of transformation is the way social work connects with people—not only as recipients of support, but as experts in their own lives. We continue to shift from a gatekeeping function to a partnership model with those we support, where social workers build strong, compassionate, and empowering relationships that enable people to have real choice and control and develop resilience.

Key developments during 2024/25

- Introduction of a unified assessment and care management pathway, reducing duplication and enabling smoother transitions between teams and services.
- Growth in Self-Directed Support (SDS) uptake, supported by learning and information sessions, targeted reviews, and strengthened SDS processes.
- Improved practice quality, through reflective supervision, peer audits, self-evaluation and shared learning events anchored in strengths-based, trauma-informed, and outcomes-driven approaches.
- Clearer performance oversight, including audit cycles on timeliness, recording quality, care planning standards, and compliance with statutory duties.

A major strand of transformation has been the implementation of a new operational screening procedure aligned to Home First principles and prevention of hospital admissions (see page 21 above). This procedure strengthens our ability to provide timely, proportionate responses at the point of referral, with a focus on early intervention, rapid stabilisation, and community-based alternatives to hospitalisation.

Screening is now delivered through our front-door/duty system, using a structured triage process and decision-making framework. Key features include:

- Screening decisions within 4 hours of referral, prioritising individuals at risk of deterioration, carer breakdown, or imminent admission.
- Clear escalation pathways into Home First and rapid access to re-ablement or community alternatives.

- Real-time recording using structured note templates to track interventions aimed at early support and admission avoidance.

Adult Social Work - Case Study

Sadie, an 84-year-old woman living alone in Dunbar¹⁰, was referred to Adult Social Work Services through the Single Point of Access (SPOA) after her GP raised concerns about repeated falls, social isolation, and carer strain affecting her daughter, Anne. Although Sadie was not medically unwell, there was a high risk of unnecessary hospital admission due to her growing dependency, loneliness, and unsafe mobility within her home.

Intervention Pathway

1. Timely Screening and Early Decision-Making

Within 2 hours of referral, the duty social worker completed triage using the new Home First-aligned screening template. Sadie was prioritised for a same-day joint visit with the Community Frailty Nurse and Community Care Worker.

2. Integrated Assessment and Rapid Response

The strengths-based assessment identified Sadie's desire to remain at home, her fear of being a burden, and a recent deterioration in mobility due to lack of confidence following a fall. The assessment was co-produced with Sadie and her daughter, leading to an emergency OT referral and a Care Plan developed within 24 hours.

3. Use of Flexible Self Directed Support Option 2

Sadie was supported to access a blended care-at-home package using Self-Directed Support Option 2, enabling Anne to choose a local provider with whom Sadie felt comfortable. This offered continuity and enhanced trust. Digital sensors and a community alarm were installed through the TEC (Technology Enabled Care) team within 48 hours.

4. Community Connectors and Loneliness Reduction

A "social prescription" was arranged via a Community Link Worker, reconnecting Sadie with a local walking group and church lunch club. Transport was coordinated through our third-sector partners.

Outcomes Achieved

- No hospital admission occurred, despite two flagged risk indicators.
- A follow-up review at 6-weeks showed improved wellbeing, a reduction in falls, and stronger engagement with community networks.
- Sadie's daughter reported reduced carer stress and a more sustainable balance between caregiving and her employment.

¹⁰ Case studies are intended to illustrate how services work in practice and are not related to real patients or service users.

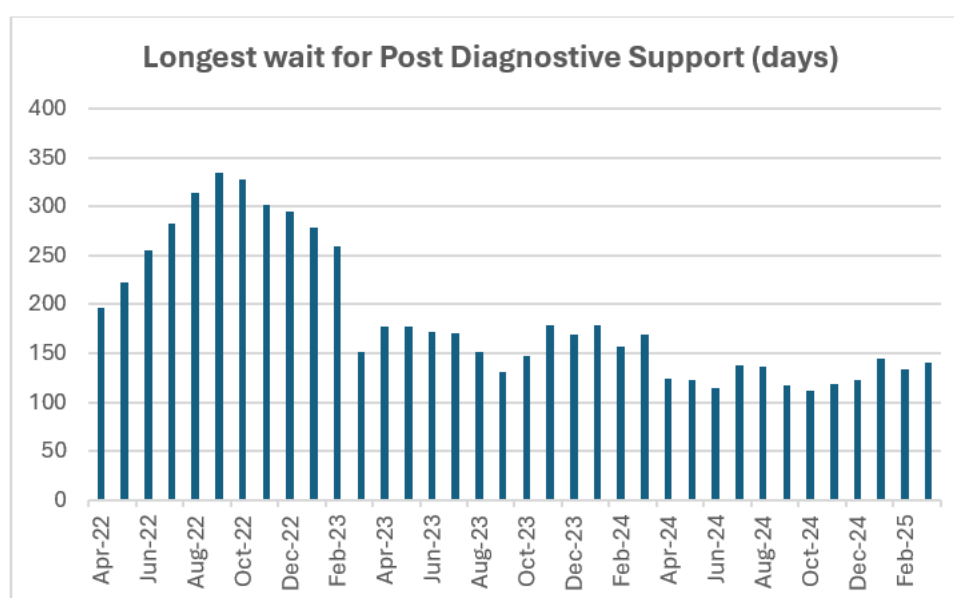
- The Care Plan and Review were fully completed within the 28-day performance target.

Dementia

Post Diagnostic Support

Post Diagnostic Support is provided on behalf of ELHSCP by Alzheimer Scotland. This is offered for one year following a diagnosis dementia and uses their 5 Pillar Model. During PDS, people are offered advice and support to help them understand their condition and to signpost them to services they may find helpful. PDS can also assist with the development of a person-centred plan, as well as providing support for carers.

Alzheimer Scotland's 3.5 full time equivalent link workers continue to overperform against their contract terms and by December 2024 were providing a high of 197 people with PDS. The waiting list for the service as of March 2025 is currently at 60 people with the longest waiting time in 2024 at a period of 4.4 months.



Alzheimer Scotland have also introduced new Post Diagnostic Support groups for those on the waiting list to help increase uptake of PDS support. The groups ran for the first time in 2024 with the first session being held in Musselburgh. 29 people with dementia attended as well as 30 carers. The groups are designed to follow the 5-pillar model to demonstrate what is offered during the one-year formal support, and to introduce people to their link workers. To date 100% of people who attended the groups went on to sign up for formal PDS support. The groups also help to promote informal peer support among attendees.

Dementia Strategy

There has been progress in several key areas within the East Lothian Dementia Strategy and is shared with the ELHSCP Dementia Special Interest Group.

- Work is ongoing to finalise an improved dementia information resource which combines key contacts of local and national services to provide a guide to help people who are diagnosed with dementia and their carers. The resource will be tested with people with lived experience via the Musselburgh Meeting Centre and the Alzheimer Scotland Dementia Cafés before this is developed into an online version.
- Alzheimer Scotland has increased the number of dementia cafés in East Lothian to include an additional monthly café in Prestonpans.
- Day centres are continuing to develop outreach services to support carers of older people living in the community, including those with dementia.
- ELHSCP took part in the Re-think Dementia Campaign run by the Scottish Government and developed in Partnership with the National Dementia Lived Experience Panel. The campaign aimed to reduce stigma associated with dementia and encourage people to get a diagnosis. The government is currently evaluating the impact of the campaign.
- Ward 2 and 4 in East Lothian Community Hospital were accepted onto the Health Improvement Scotland Stress and Distress Improvement Programme with the wards working with HIS to develop an area for meaningful activity to reduce stress and distress in hospital wards. Learning from the programme will be rolled out to wider wards. A local East Lothian care home, Tyneholm Stables was also chosen to participate in the programme.
- Alzheimer Scotland have been working with ELHSCP and local GP practices around increasing access to future care plans for people with dementia. All those who receive Post Diagnostic Support will now be offered the chance to have key information from their plan logged on their GP records to provide emergency services and other professionals with this information in the event of a hospital admission. The aim is that a better understanding of the person's circumstances will help reduce stress and distress on admission.
- ELHSCP has held exploratory meetings with STAND in Fife (roving Meeting Centre model) and Alzheimer Scotland Community Connections model to understand good practice in other areas as part of the work to develop increased community activities for people with dementia in East Lothian.

Supporting Carers

East Lothians second local Carers Strategy was published in June 2023 and will help to guide activity in this area over the next three years. Highlights from the second year of implementation are summarised below, under each of the strategy outcomes. Full details of we said, we did update to the carers strategy action plane will be published here: [carers strategy downloads](#)

Outcome 1 - Carers are identified and can access support.

Both our adult and young carers services continue to identify new carers every year, Carers of East Lothian (CoEL) provide active support to over 1,500 carers every year (between 500 and 600 of these are new to CoEL each year). Our Young Carers Service continue to help young people identify as carers; new registrations have reached 270 in 2024/25 with over 700 young carers now registered with the service.

This year our Young Carers service introduced an ID card for young carers, ensuring they are recognised and valued as young carers as well as giving them access to local offers and discounts.

In 2024/25 we supported the pilot of a hospital based carer support worker to identify more carers of people in East Lothian Community Hospital and ensure they are meaningfully included in hospital discharge planning. This role has been highly valued by carers and staff, creating an independent party who can advocate for carers rights and facilitate communication between carers and hospital staff giving better outcomes for everyone. Funding has been agreed to continue this over the next two years.

Outcome 2 – Carers are well informed and have access to information and advice.

An open tender was issued in January 2025 for providers to bid for the contract to provide adult carer support services across East Lothian for up to six years. Carers of East Lothian (CoEL) were again successful in securing this contract providing sustainability for carer advice, information and support services and providing the “one stop shop” carers have asked for.

We have worked to ensure information is available to carers at the time they need it and in a format they can access it, we continue to develop different ways of sharing information including; production of a carers rights video for carers rights day in November 2024, in person carer education sessions through Alzheimer’s Scotland Dementia cafes and education and wellbeing sessions for carers such as positive parenting and empowerment workshops.

Welfare rights advice is available to all carers, in the last 6 months 289 carers received welfare rights advice and a further 202 accessed CoEL’s benefits enquiry helpline. East Lothian Councils financial inclusion team can offer support where there are issues around access to benefits.

Outcome 3 - Carers are supported to maintain their own physical, emotional, and mental well-being.

The revised Adult Carer Support Plan (ACSP) has been in use for over a year and with its introduction we have worked to ensure this is the basis for a good conversation focused on what matters most to the carer and what kind of support will make a difference to them.

Carers have access to a wide range of opportunities for peer support with groups in local areas and with specific focus, new groups in this year include; Men who care, Venturing Outs outdoor adventure group and MILANs carer support group for people from South East Asian Communities.

Carers have access to counselling through the carers centre and many wellbeing activities. They can access funding to support wellbeing through Time for Me or individual carer grants from the HSCP.

Outcome 4 – Breaks from caring are timely and regularly available.

Access to breaks remains a priority with feedback from local carers and national reports highlighting that too few carers have access to the breaks they need to maintain their own health and wellbeing and achieve a balance between caring and other things that are important to them.

In 2024/'25 funding available for breaks through Carers of East Lothians (CoEL) Time for Me funding contribution was increased to £50,000 reflecting the need for this early and preventative support. CoEL launched as a Respite partner in 2024 and even with being a small Local Authority area and starting in June East Lothian had the 4th highest number of Respite breaks taken.

Carers Act funding continues to be invested in local organisations best placed to support breaks from caring, such as Day centres for older people, Leuchie's at Home service and through Volunteer Centre East Lothians Community First project.

East Lothian Councils Young Carers Service continue to extend and diversify the breaks available to young people with caring responsibilities adding; Fostering compassion, Karele equine therapy, Dukes art school and Yarrow cookery school.

Outcome 5 – Carers are supported to have a life outside of their caring role and can achieve a balance between caring and other aspects of their lives.

The review of East Lothians Carers eligibility criteria highlighted the importance of being able to achieve a balance as a key outcome in supporting carers linking closely with access to breaks.

The focus in this year has been on carer awareness in employers, making more businesses carer aware and offering support to carers, promoting the Carer Positive awards and carers rights/ needs with our local employability supports. We have also been working with schools to increase understanding of competing demands on Young Carers time and supported Young Carers Action Day theme of "Give me a break". We celebrated Knox academy being recognised with the first We Care Awards in East Lothian

Outcome 6 – Carers and young carers are respected as Equal Partners, involved in planning and delivering care and support for those they care for, and their voices are heard and supported.

CoEL continue to deliver Think Carer training aimed at professionals supporting carers and are designing a bite size input suitable for team meetings to act as an introduction to the topic, we also promote NHS Education for Scotland Equal Partners in Care modules.

Local carers voices have been promoted through communication campaigns sharing carers stories and for example in our carers rights campaign video.

Carers voices are heard and represented through different networks such as the Carers programme board, the Mental Health Partners Group and the Children and Young Peoples forum and carers feedback has been meaningfully included in the HSCP impact assessment process.

Engagement with CoEL's carers panel and the Young Carers forum is ongoing to ensure carers voices are heard and central to planning locally.

Carers are included in planning for new models of support, for example in the Meeting Centre development project.

Outcome 7 – Local communities are supported to be carer friendly.

The HSCP have a communications plan and take opportunities to promote carer awareness through campaigning and information sharing.

The Carers Change Board continued to oversee developments around carer support and has an advisory role in agreeing use of the Carers Act budget allocation from Scottish Government. A number of local organisations and groups were funded in 2024/25 to expand local carer support in their communities including Dunbar Dementia Carers, MILAN, Thrive, Circle and Venturing Out.

Carers budget information.

The IJB receives funding, via East Lothian Council, from Scottish Government to support the implementation of the Carers Act. We routinely update the Change Board during the financial year on the funding, expenditure incurred to date and projected expenditure.

Funding increased over a 5 year period following the implementation of the Carers Act (Scotland) 2016 reaching £1.549 million in 2023/24.

Funding for 2024/25 remains the same with ELHSCP receiving £1.549 million with no expectation of any further increases.

Palliative and End-of-Life Care

Our Strategic Plan highlights our commitment to delivering high-quality palliative and end-of-life care through a number of multidisciplinary teams in home, community, and hospital settings. Our aim is to provide patients with choice whilst reducing the reliance on acute hospital beds in favour of community-based care. This approach provides the care needed by patient whilst also supporting families and carers.

During 2024/25:

- Our Hospital to Home and Care at Home services worked closely with Hospice at Home to provide care packages in the community.
- District Nursing and East Lothian Palliative Care Team worked together to support end of life care in people's homes where this was their wish.
- Our Palliative Care Team continues to work closely with St Columba's colleagues in relation to the virtual ward. This provides support for up to 14 days for people in their own home when they would otherwise require inpatient admission to a hospice to meet their palliative care needs.
- The Palliative Care Team delivered a monthly wellbeing group to support people to make contact with others and to access additional support services. The team works collaboratively with partners to deliver the group, for example, with St Columba's delivering 'fatigue management' and 'compassionate neighbours' sessions. The team also deliver complimentary therapy sessions to help support symptom management and relaxation
- The Palliative Care Team introduced 'Bunny Buddies' to help foster open communication and bring comfort, helping children in families facing end-of-life-care and bereavement. You can read more about Bunny Buddies [here](#).
- Two of our care homes are participating in the Marie Curie Project 'Achieving a Good Death in Care Homes' research into practice. Our Quality Improvement and Care Home Support Team are helping with this.

The Planning Older People's Services engagement programme and hurdle criteria exercise (see page 19 above) identified palliative and end of life care an area for further consideration during the next stage of the programme. It has been agreed to carry out a review and mapping of current provision to identify any gaps and / or opportunities for service development.

Strategic Objective 5 – Develop and embed integrated approaches and services

Integration and Multi-Disciplinary Working

We continued to develop integrated approaches to service delivery during 2024/25, with colleagues from across teams and disciplines working together to deliver more effective planning, assessment, and care.

There are examples of integrated, multi-disciplinary approaches throughout this Annual Report, reflecting the considerable progress made to date in relation to the integration of health and social care services in East Lothian.

Pathways

We identified reviewing patient pathways as one of our delivery priorities under Strategic Objective 5. The term ‘patient pathways’ refers to the journey from a person’s initial contact with a service, through to their subsequent interaction with the service and related services, through to discharge when appropriate.

Review of access to Mental Health Services

Last year we reported on progress with the review of access to mental health services and described activity aimed at improving access and patient pathways. Progress continued during 2024/25, culminating in the launch of a new Mental Health Single Point of Contact (SPOC) in March 2025.

The introduction of the new East Lothian Mental Health SPOC reflects the following Scottish Government priorities of:

- Improving access to treatment;
- Prevention (preventing illness and proactively meeting needs);
- Achieving the highest attainable standard of physical / mental health;
- Getting it Right for Everyone;
- Strong redirection policies at the ‘front door’ (the first point of access).

The approach also helps with the management of workload and provide safer and quicker transitions to care, based on a model that is recovery and treatment focused.

The design of the SPOC pathway is based on the work of Kate Malcomess and the evidence based Care Aims approach – this embraces the following principles:

- A population-based approach that manages demand by managing the referral boundary and supporting public / workforce responsibility.

- An outcomes-centred approach, focusing on the reasons for intervention before the type or amount of input delivered.
- Provision of services that are high quality, value for money, and efficient, and which empower people and equip them to lead the process of achieving their personal outcomes.
- Promotion of self-help and personal responsibility.

The East Lothian SPOC model:

- Provides a clear approach to triage / referral decisions, helping to achieve the best possible outcomes for people asking for help from mental health services.
- Supports a strengths-based, outcomes focussed approach to assessment.
- Increases collaboration across the referral boundary and improves interagency, inter-disciplinary and transition relationships.
- Enables same day assessment, allowing a number of requests to be met at the point of referral through self-management approaches.
- Takes a Whole System approach to patient flow beyond 'bed-management' and 'risk assessment'.
- Efficiently manages patient flow and ensures patients receive the most appropriate level of care from the outset, reducing unnecessary escalation and hospital admission.

Early feedback from those contacting the SPOC has been positive, with people suggesting they were grateful to be listened to and for being able to get advice at their first point of request for help.

ADHD and ASD Assessment Pathways

The ADHD¹¹ pathway doubled its capacity for assessments during 2024/25 by assigning a full-time nurse in addition to the already established part time nurse assessors. It is anticipated that this additional capacity will result in an estimated 200 assessments being completed in the coming year. However, the current waiting list sits at around 1,200 patients, with 449 further patients added over the year. The pathway remains consultant led, with ongoing training to build a nurse led model over time. This service is continuously being reviewed through the Local and Pan Lothian working groups.

ASD¹² commissioned assessments were paused in 2023/24 due to a governance issue with assessment outcomes unable to be recorded in TRAK. As a result, the waiting list has grown to approximately 552 patients.

¹¹ Attention Deficit Hyperactivity Disorder.

¹² Autism Spectrum Disorder.

Older Adult Mental Health Services

Older Adult Mental Health Services continued to develop and deliver effective, streamlined mental health support for older adults. During 2024/25, activities included:

- Twice weekly huddles involving community and inpatient services, supporting collaborative working, and helping to ensure smooth and timely discharges to either community based care or further 24 hour care.
- Social Work attendance at Multi-Disciplinary Team meetings on a weekly basis, either in person or via Teams to improve the communication across the partnership.
- A weekly huddle involving all services providing support to care homes to help further develop joint working and information sharing, as well as providing an opportunity to benefit from input from the Care Inspectorate.
- Attendance of members of the team at the Care at Home Huddle weekly to enable joint working with ICAT (the Integrated Care Assessment Team) and care providers.
- Supporting people living in their own homes who have severe and enduring mental illness, including those with dementia. This included close collaboration with external providers and voluntary organisations to provide a wider range of support options reflecting individual need.
- Working with Meeting Centres Scotland, Dementia Cafes, Dementia Friendly East Lothian and other organisations to provide evidence to support continued funding to these organisations. Also providing staff support and information to carers and service users to improve community links with health and provide sign posting to other help and support, including befriending, during the current financial climate (see page 32 above).
- Delivering a memory assessment in either a clinic or in the patient's home linking in with the Post Diagnostic Support Service provided on a commissioned basis by Alzheimer Scotland. Alzheimer Scotland provide the five pillars model for those with mild to medium cognitive impairments. The Community Mental Health Team (CMHT) provides the 8 pillars model to those with moderate to severe cognitive impairments.
- The provision of mental health care to those residing in care homes and other 24-hour facilities has been challenging since losing all three nurses who were dedicated to these roles. As an intermediate measure, the Community Psychiatric Nurses from the Community Mental Health Team (CMHT) have been providing input where required. The potential development of an Advanced Nurse Practitioner and a Stress and Distress Practitioner to provide mental health support and advice in care homes is now being explored.

Meeting Housing Needs

Housing Contribution Statement

East Lothian's Local Housing Strategy (LHS) 2024-2029 was adopted in April 2024 following extensive engagement during which over 1,300 voices were heard. To ensure that health was strongly embedded within the LHS, a Health Integrated Impact Assessment (HIIA) was facilitated by Public Health Scotland's Population Health Team, with a range of stakeholders taking part in a workshop to consider the health impact of the draft LHS.

Further work took place over 2024-25 to develop a Housing Contribution Statement (HCS). Housing Contribution Statements are a statutory requirement and provide a bridge between the Local Housing Strategy and the IJB Strategic Plan. The HCS was developed by East Lothian Council's Housing Services, in partnership with HSCP colleagues and was agreed at the December 2024 meeting of the IJB – the full Statement can be viewed [here](#).

The Housing, Health and Social Care Strategy Group will continue to help support partnership working at a strategic level across relevant Council and HSCP services and will play a key role in developing and overseeing activity related to the HCS.

Elder Street

Elder Street in Tranent is a 24/7 supported accommodation and rehabilitation resource for up to 6 people facing mental health challenges that are impacting on their day-to-day functioning. The provision focuses on offering between 6 and 18 months of supported accommodation as part of people's journey back to maximum independence. The service is provided by Penumbra, with inreach support from several external providers.

In October 2024, a pause on admissions was put in place due to significant water damage in the building along with associated health and safety risks. Repairs are ongoing with an anticipated completion date in August / September 2025. During this period the number of residents reduced to two and the service was adapted on a temporary basis to provide outreach. Staffing and contract price were reduced accordingly in agreement with all parties. A collaborative working group have used the pause to strengthen processes and pathways to maximise service quality and flow and a decision was made to make all flats single tenancies reducing capacity from 10 to 6 but in doing so avoiding complexities around sharing and therefore improving recovery journey and flow.

Learning Disability

The Learning Disability Social Work team continued to work closely with colleagues in East Lothian Council's housing department to ensure that our service users are appropriately matched to housing. Primarily this is focussed on identifying new housing stock that can be utilised under a core and cluster

model. Over this last year, a new core and cluster was established in Windygoul, Tranent supported by Carr Gomm.

Over the next year it is anticipated that we will establish another core and cluster in the Tranent area, service users have already been identified to move into these properties once a support provider has been identified.

The Social Work team send a representative to the Re-Housing Panel every month to contribute to discussions over whether service users should be awarded the full points available.

Transitions

Planning for young people's transition from child to adult services is already well established in East Lothian, with transition referrals made at an early stage and contact and multidisciplinary meetings taking place on a regular basis.

The Learning Disability team has been leading on the development of a Transitions Policy and Procedure document which is mostly complete and awaiting signing off from the appropriate governance groups before implementation. The document is anchored in the Principles of Good Transitions from the Scottish Transition Forum.

For 2024/25 the LD team had 10 referrals including 2 Looked After and Accommodated Children (LAAC), all transitions have planned support identified, outcomes are a mixture of centre-based support; respite; universal services and staying in school.

Ongoing work with partners in Education and Children's Services is planned to ensure a shared understanding of eligibility criteria. Eligibility criteria can differ in Adult Services from Children's Services and managing expectations is important to support a smooth transition and avoid disappointment.

For 2025/26 onwards it has been agreed that Adult Social Work Team will now take full ownership of transition referrals for young people without diagnosed learning disabilities.

Strategic Objective 6 – Keep people safe from harm

Adult Support and Protection

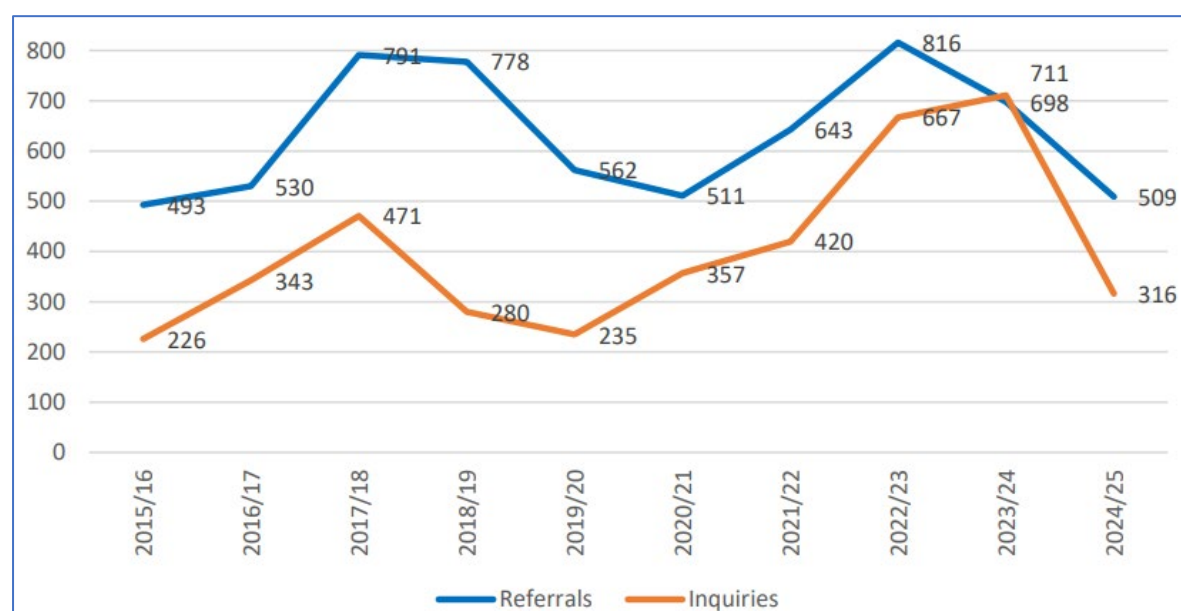
Detailed data in relation to the East Lothian and Mid Lothian Adult Support and Protection performance is reported in the EMPPC Annual Report which is available on the EMPPC website. Quarterly newsletters describing Public Protection activities and including articles on a range of related topics are also available on the website.

East Lothian Health and Social Care Partnership has robust internal quality assurance arrangements in place, with a quarterly Oversight Group meeting to review performance, audit findings, and emerging themes across Adult Social Work Services. The service has benefited this year from the appointment of a dedicated Adult Support and Protection Quality Assurance Lead roles who has laid down the foundation for future reporting, bringing consistency of approach and supporting Scottish Government and local reporting requirements. Reporting into both the Social Work Governance and Clinical and Care Governance Committee, the Quality Assurance Lead post has delegated accountability for ASP performance and improvement with operational oversight of all Adult Support and Protection activity, auditing, and data.

Activity levels

There were 509 referrals categorised as Adult Protection in East Lothian during 2024/25. During the year there was a routing of more Adult Support and Protection referrals to general Adult Social Work duty rather than an Adult Support and Protection inquiry, which we can see in both the reduction in inquiries and conversion rate returning to the levels seen in 2020/21 and 2021/22 (see Graph 5 below). Managerial oversight provided assurance that assessment and support needs were addressed although not progressed under Adult Support and Protection.

Graph 5 – East Lothian ASP referrals and inquiries by year



Key highlights during 2024/25 included:

- Enhancement of the ASP Management Screening Decision, a tool used to provide rationale, evidencing defensible decision making when downgrading an ASP Referral before moving through our Social Work Duty system.
- Continued audit activity with regular 'dip' audits; peer audits; focussed audits in relation to screening of police concerns; and cross-team audits. Finding of audits fed into continuous improvement cycle utilising an embedded SMART Audit System.
- Full implementation of the revised ASP Code of Practice.
- Strengthening the use of chronologies and SMART risk management plans.
- Expanded multi-agency audit activity using the Care Inspectorate tool used in joint inspection.
- Continued strong performance in timely inquiry completion.
- Initiation of Care Inspectorate-aligned ASP self-evaluation.

Looking ahead to 2025/26, we plan to:

- Continue alignment to minimum national dataset reporting requirement.
- Commence a comprehensive self-evaluation aligned with the Care Inspectorate's Quality Framework for ASP which will help us to critically reflect on our practices, systems, and impact. This self-evaluation is part of our commitment to continuous improvement and ensures we remain aligned with national expectations while being responsive to local needs and risks.
- As part of our continuing work on developing our approach to communications, we will engage with partner agencies and local communities in the coming year to promote Adult Support and Protection as everyone's responsibility.

Reducing Harm From Substance Use

MELD Contact Service

The MELD (Midlothian and East Lothian Drugs) Contact Service continues to provide information and advice regarding substance use. Acting as a first point of contact for people wishing to engage in recovery services, the Contact Service offers a brief assessment and triage on to appropriate services to meet the needs of the individual, including access to the East Lothian Substance Use Service (ELSUS) Same Day Access to Treatment clinic. The service currently operates from 9am to 9pm, Monday to Friday.

During 2024/25:

- There were 1,556 enquiries to the Contact Service; 270 of these were during the Out of Hours service (up from 1,286 and 159 the previous year).
- 66 people were directed to East Lothian Substance Use Service following a triage assessment (up from 25 the previous year).
- 52 people were directed to East Lothian Same Day Access Treatment Clinic.
- 376 people were triaged to MELD following assessment (up from 311 the previous year).

MELD is also commissioned to order, distribute, and report on Take Home Naloxone (THN) and Nyxoid Kits¹³ and distributed 258 kits during 2024/25 (up from 258 kits the previous year).

Medication Assisted Treatment (MAT) Standards

The introduction of Medication Assisted Treatment (MAT) Standards is a key element of the Scottish Government's strategy to tackle the rise in drug related harms and deaths and to promote recovery. MAT Standards are described as 'evidence-based standards to enable the consistent delivery of safe, accessible, high-quality drug treatment across Scotland'.

Responsibility for implementation of the MAT Standards lies with health and social care service providers, including HSCPs. The MAT Standards framework has a number of elements aimed at ensuring Medication Assisted Treatment is accessible, safe, effective, and based on a person-centred approach.

The Scottish Government set a target for the full implementation of MAT Standards 1 to 5 by April 2023, followed by Standard 6-10 being fully implemented by April 2026. East Lothian HSCP has worked with Midlothian and East Lothian Drugs and Alcohol Partnership (MELDAP) to deliver a level of performance ahead of both target dates and have been assessed as green (fully implemented) for all ten standards. Activity related to implementation of the MAT Standards included:

- Same day access for assessment and treatment remains ongoing, with assessment slots available 5 days a week.
- Supporting people to make an informed choice about medication options and dosage in primary and secondary care settings. This has resulted in a continued steady uptake of Buvidal (long-acting buprenorphine). Currently over 50% of the MAT caseload is prescribed Buvidal and it remains a popular choice for those entering treatment.

¹³ Naloxone is a medication that temporarily reverses the effects of opioid overdose and is available to anyone at risk of overdose. Naloxone is available in injectable form or as a intra-nasal spray (Nyxoid).

- Ensuring that people who have experienced a Near Fatal Overdose (NFO) are contacted within 24 to 72 hours after services have been notified and provided with harm reduction advice and support and encouragement to engage with treatment services. over 75% of people are contacted within 24hrs. This work has extended to directly screening Police VPD's and offering support where appropriate. These are also followed up within the 24-72hr timescale.
- Joint working with BBV team to promote the update of BBV testing/re-testing. This has involved staff training/case finding/drop in clinics.
- Low threshold cafes in Tranent and Prestonpans are now established as low threshold access to treatment.
- Three lived experience sessions have taken place to obtain the views of service users and funding is being sought to offer sessions on a more regular basis.
- Over 75% of the staff group are trained in delivering Tier 1 psychological interventions.
- Well established alcohol pathway offering pre detox planning / coping skills to promote self-management.

Case Study

Patient A¹⁴ contacted the service after receiving information from a friend who was using the Assertive Outreach Service. They had a long term history of problematic substance use and were looking to access injecting equipment provision, as they were using both heroin and cocaine intravenously several times a day.

They had attended the Community Drug Problem Service years ago for a prescription of methadone but stated that they had no desire to engage with East Lothian Substance Use Service (EL SUS) for Medication Assisted Treatment (MAT), at that time, as they knew it would mean attending the pharmacy daily to have their medication supervised and felt this was stigmatising for them.

Patient A was resistant to accessing support from services as they felt this had not been helpful in the past. The Assertive Outreach Service began visiting Patient A on a weekly basis using the provision of injecting equipment as a way of engaging with them. Patient A also agreed to undertake Naloxone training and accepted a supply of Naloxone.

¹⁴ Case studies are intended to illustrate how are services work in practice and are not related to real patients or service users.

The Assertive Outreach Service and Patient A spent time discussing safer injecting and other harm reduction measures during their appointments. After a period of time, Patient A agreed to testing for Blood Borne Viruses (BBV) and engaged well with the EL SUS BBV nurse.

As someone living on their own and using both heroin and cocaine intravenously daily patient A was at high risk of a drug related death. Through the weekly appointments, psychoeducation was provided and risks discussed. Patient A eventually agreed to phone the MELD Contact Service and ask for a same day access to treatment appointment for medication assisted treatment (MAT).

Patient A engaged with EL SUS and initially opted for methadone as their MAT choice, as they had been prescribed this in the past. They became stable on 100mg methadone and 30mg diazepam. Due to Patient A being stable on a MAT prescription, their use of heroin reduced significantly, they ceased intravenous use and converted to smoking heroin and stopped using cocaine.

Patient A's reduction in substance use meant his peer group changed as they had stopped mixing with a number of associates who also use substances, this resulted in Patient A feeling isolated and his mood became low. Patient A was referred to Mid and East Drug Service (MELD) and was allocated a peer worker to support with reintegration back into the community.

During the months following the initiation of methadone Patient A struggled to completely cease their heroin use. Following discussion with their keyworker Patient A decided that they wanted to convert to Buvidal (long-acting buprenorphine) as they thought this would be a deterrent to using heroin. The pharmacological nature of Buvidal reduces the efficacy of any additional opiates used and can often be motivating factor for individuals as they get no benefit from using heroin on top of this medication. To safely commence Buvidal, individuals need to be in a significant state of opiate withdrawal. As this can be difficult to achieve when converting from methadone, due to its long-acting nature, Patient A opted for an admission to the Ritson Clinic to undergo this conversion.

The Ritson admission was a success, and Patient A is now prescribed Buvidal. They report to have ceased heroin use, and this is evidenced by toxicology results. The focus moving forward is to support Patient A to find structure and meaningful activity.

Justice Social Work

The Justice Social Work Service Plan 2024-27 vision is to 'balance the risks and needs of people on the justice pathway to promote public safety and social parity' with outcomes and priorities for:

- Greater equality of opportunity
- Delivering engagement and interventions that address offending behaviour
- Promoting early intervention and prevention activities
- Offering robust community sentences that hold people to account for their offending behaviour and provide sentencers with alternatives to custody
- Through partnership arrangements support service user transitions into, through and out of the justice system to enable independence
- Work across disciplines to assess risk of serious harm delivering risk management strategies and plans that protect the public

Key service developments for 2024/25 included:

- The Big Pick – this project is run by those undertaking unpaid work in the community and has already donated over £3,000 to local charities.
- We were able to offer places on a Trauma Informed Report Writing course in line with the Scottish Government Transformational Change Programme 1 – to deliver person-centred and trauma-informed justice services.
- We commissioned a bespoke full day BASW-delivered course on Professional Curiosity, although there were mixed views from attendees the value and importance of 'just one more question' is recognised across the service
- Managing STP40 – following the ever growing prison population, East Lothian worked with partners across the Scottish Prison Service estate to manage the early release of prisoners at the 40% part of their custodial terms, rather than the previous 50%. Such releases will now all be at 40% unless the convictions are for domestic abuse or sexual offences.
- Caseload Management System – following on from the Setting the Bar Report and the implementation of an updated Supervision Policy, the service have devised and implemented a Caseload Management System. Its benefits in helping to identify areas of key strain and limited flex has been noted by team members and is used as and when required, rather than as a standardised bi-monthly or quarterly activity.
- In November 2024, the service completed their self-evaluation as part of the Care Inspectorate review of governance and assurance in Justice Social Work. This activity was supported by all team members with a collegiate response to performance activities across all aspects of the service.

Focus on Community Payback Work Team

In Spring 2024, the Community Payback Work Team Service began delivering on the 'Model for Practice' which aims to address key areas of need and deprivation by those required to undertake unpaid work in the community as part of a community sentence. The model has three key areas:

- Clothing poverty – by running monthly Big Picks the service is able to address some aspects of clothing poverty by giving local people the chance to buy clothing at significantly reduced rates and, where applicable, provide free shoes to children
- Transport poverty – by collecting, fixing and then donating bicycles to individuals and community groups, the service supports those with limited resource for travel and, by default, improves activity and wellbeing for those in receipt of a bicycle
- Food poverty – not only does some of the profit from the Big Pick get donated to foodbanks, but we are continuing to establish a network of developing unused ground to offer local residents and communities the chance to grow their own fruit and vegetables. This project is still in its infancy, but we are committed to increasing our reach across the county.

Detailed information and data on wider performance is available in the Justice Social Work Annual Report and the Chief Social Work Officer Annual Report, both of which are published late autumn and are available on the East Lothian Council website.

Strategic Objective 7 – Address health inequalities

The inclusion of Strategic Objective 7 in the IJB Strategic Plan reflects the IJB's recognition of the key role it plays in relation to reducing health inequalities¹⁵ in East Lothian.

Many of the activities described in this report contribute to reducing health inequalities. However, a number of specific activities also took place during 2023/24 to further develop our approach to reducing health inequalities, some of these are described below.

Developing Our Understanding of Health Inequalities

Work to develop a new Joint Strategic Needs Assessment¹⁶ (JSNA) took place during 2024/25. Led by Public Health colleagues, the development of the JSNA has helped to further develop our understanding of health inequalities and contributing factors. The new JSNA will be a key document in informing the review and update of the IJB's Strategic Plan and will also continue to be a valuable resource in relation to the development of wider strategic planning activities.

You can view the current JSNA [here](#).

IJB members took part in a Development Session during the year to enhance their understanding of equality and community engagement. The session focused on:

- IJB members specific role in assuring community engagement takes place at the right time; is of the right standard; and includes a broad range of community voices.
- The role of IJB members in ensuring compliance with equality legislation and public sector duties and helping them to consider how they carry out this role in practice.

The session included an interactive exercise looking at an example court case brought against an IJB. This case ruled that an impact assessment and community engagement carried out by the IJB was unsatisfactory in terms of being carried out too late and not involving the right people. East Lothian IJB members found this exercise instructive, particularly in terms of them being able to identify missed opportunities where IJB members could have spoken up.

¹⁵ Health inequalities can be defined as systematic, unfair differences in the health of the population that occur across social classes or population groups. Find out more about health inequalities [here](#)

¹⁶ You can read more about the Joint Strategic Needs Assessment process [here](#).

Equality and Fairness Impact Assessments

A new suite of Equality and Fairness Impact Assessment paperwork was developed during to 2024 in order to strengthen the approach to assessing the impact of policy development and decision making in terms of equality and fairness. The new documentation aims to:

- Present the impacts and recommendations identified during the assessment process to decision makers more succinctly, prioritising voices with lived experience.
- Provide a clear, accurate record of factors to be monitored over time to gauge impact during the implementation of decisions / policies.
- Present a more comprehensive impact assessment report suitable for community audiences, supporting their understanding of the equality and fairness impacts identified and how these were considered and reflected in the final decision or policy.

Equality Outcomes 2025-2029

The process of co-designing Equality Outcomes with the East Lothian community for the period 2025-2029 began late in 2024 with the new set of outcomes agreed upon in Spring 2025. These outcomes align strongly with the IJB Strategic Objectives and work actively towards supporting and achieving these through reducing barriers to access and participation, eliminating discrimination and embedding considerations of impacts on everyone in East Lothian (but especially the most vulnerable) in planning and commissioning.

The Equality Outcomes agreed for 2025-2029 are:

Outcome 1: Participation and Co-production - We will place human rights at the heart of our approach to community engagement.

Outcome 2: Dignity and Respect - Everyone is treated with dignity and respect.

Outcome 3: Anti-Racism - We will be an anti-racist organisation.

Outcome 4: Enabling Independence - We will encourage and enable independence.

Outcome 5: Addressing Health Inequalities - We aim to reduce health inequalities by addressing their root causes.

You can find out about some of the way in which we will achieve these outcomes [here](#).

Our Financial Performance 2024/25

East Lothian Integration Joint Board is funded by financial allocations from its partners – East Lothian Council and NHS Lothian. These allocations include funding provided by the Scottish Government to local Authorities to support the delivery of the Real Living Wage for the providers of adult social care. These funds make up the budgets that the IJB has available to deliver the functions (services) delegated to it by the partners. The operational management of these services is provided by the partners who also provide the financial information that informs the reported financial position for the IJB.

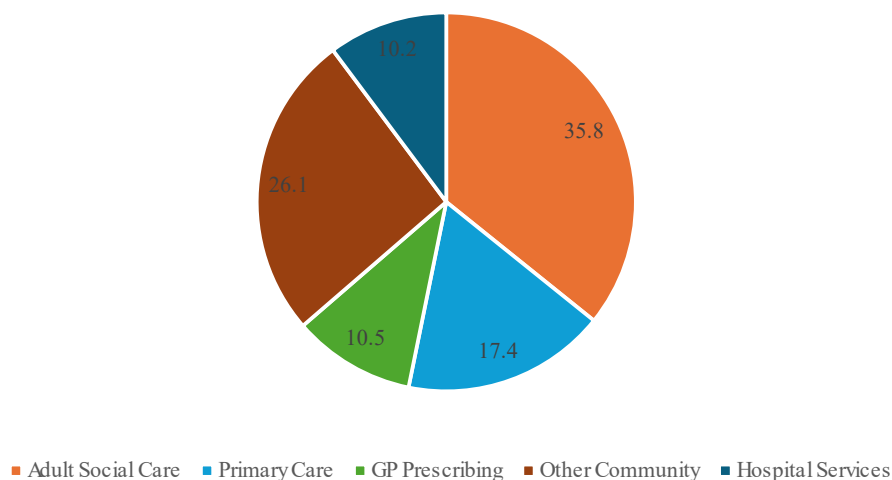
The IJB reported a break even position for 2024/25, however this was only achieved after receiving additional funds from NHS Lothian and East Lothian Council, and the use of the IJB's reserves.

IJB Budgets	Annual Budget £000's	Expenditure 2024/25 £000's	Variance £000's
Health - Core Services	116,937	120,584	(3,647)
Health - Hosted Services	19,044	18,764	280
Health - Set Aside Services	23,116	23,639	(523)
Adult Social Care	75,262	78,065	(2,803)
Position before Adjustments	234,359	241,052	(6,693)
Addition Funds from NHS Lothian	794		794
Addition Funds from East Lothian Council	2,803		2,803
Transfer from Reserves		(3,096)	3,096
Final 24/25 Position	237,956	237,956	(0)

The overspend reported reflects increased pressures relating to GP Prescribing, and significant pressures relating to demand for acute health services (at the Royal Infirmary of Edinburgh and the Western General Hospital) and social care services across East Lothian.

The chart below shows percentage of the IJB's funds that are spent on providing social care services, community health services, hospital based services, and the services provided by GPs and other Primary Care practitioners in East Lothian.

Percentage Spend on Health & Social Care in 2024/25



Reserves

At the start of the financial year the IJB held both earmarked reserves (funds held for specific purposes) and general reserves (funds used to support the management of financial risk) totalling c.£4.344m. The IJB received and used significant levels of earmarked reserves during the year. It also utilised the remaining general reserve balance resulting in closing earmarked reserves balance of £1.5m.

2025/26 Financial Outlook

The IJB's five year financial plan has been updated to reflect the most recent planning assumptions and financial projections. It is projecting a financial pressure of £4.2m for 2025/26 reflecting increased demand for services. As part of the budget setting paper approved by the IJB at its March 2024 meeting, a range of efficiency plans have been agreed which bring the 2025/26 position back into balance.

Appendix 1 – Ministerial Steering Group Indicators by East Lothian Localities

Indicator	Locality	2019/20	2020/21	2021/22	2022/23	2023/24	2024
1. Number of Emergency Admissions (18+)	EL East	3,260	2,932	3,162	2,787	3,041	2,960
1. Number of Emergency Admissions (18+)	EL West	5,770	5,332	5,320	4,792	5,300	5,138
2i. Number of Unscheduled Hospital Bed Days – Acute (18+)	EL East	26,742	24,773	29,600	28,782	27,825	27,548
2i. Number of Unscheduled Hospital Bed Days – Acute (18+)	EL West	40,799	42,084	43,640	48,242	43,804	42,342
2ii. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (18+)	EL East	576	2,153	3,099	3,243	3,212	2,602*
2ii. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (18+)	EL West	2,324	4,572	4,052	3,996	3,735	3,470*
2ii. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (65+)	EL East	523	2,131	3,028	3,248	3,282	2,602*
2ii. Number of Unscheduled Hospital Bed Days – Geriatric Long Stay (65+)	EL West	1,970	4,446	3,893	3,719	3,735	3,470*
2iii. Number of Unscheduled Hospital Bed Days – Mental Health (18+)	EL East	8,273	6,144	6,921	6,358	7,299	4,906*
2iii. Number of Unscheduled Hospital Bed Days – Mental Health (18+)	EL West	5,728	6,488	6,383	7,355	5,731	6,803*
3. New Accident and Emergency attendances (18+)	EL East	6,763	5,849	7,405	7,166	7,146	7,155
3. New Accident and Emergency attendances (18+)	EL West	14,542	12,074	13,821	14,100	14,261	14,330
4. Total number of Bed Days lost to delays (all delays and all reasons 18+)	EL East	2,469	1,615	1,040	1,277	1,347	3,099
4. Total number of Bed Days lost to delays (all delays and all reasons 18+)	EL West	2,241	2,294	1,601	1,912	2,227	4,958

* Figures for these indicators may be affected by data completeness.

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 25 September 2025

BY: Chief Officer

SUBJECT: Review of the IJB Strategic Plan – Consultation Draft

5

1 PURPOSE

- 1.1 To provide the Integration Joint Board with an update on progress in relation to the review of the East Lothian IJB Strategic Plan.
- 1.2 To present a IJB Strategic Plan Consultation Draft to the IJB for information.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Note progress to date in relation to the review of the current IJB Strategic Plan and development of a Consultation Draft (Appendix 1 of this report).
- 2.2 Note the next steps in the review process, including in relation to consultation and engagement being carried out to inform further development of the Strategic Plan.

3 BACKGROUND

- 3.1 Under the Public Bodies (Joint Working) (Scotland) 2014 Act, Integration Joint Boards (IJBs) are required to develop a Strategic Plan setting out arrangements for carrying out the integration functions in their geographic area.
- 3.2 At its February 2025 meeting, the IJB agreed the proposed approach presented in relation to the review of the current IJB Strategic and the development of a revised Strategic Plan.
- 3.3 In the intervening months, a range of engagement activities have taken place to inform the development of an initial set of high level strategic

objectives and delivery priorities for inclusion in the revised IJB Strategic Plan. These were presented to the IJB at its June 2025 meeting and, along with the additional of contextual and background information form the basis of the Consultation Draft included at Appendix 1.

3.4 The Consultation Draft has 2 main sections:

- Section One (pages 3 to 15) - provides a brief background to the development of the IJB Strategic Plan, along with a summary of the contextual information that has been taken into consideration in developing the draft strategic objectives / delivery priorities.
- Section Two (pages 16 to 41) – outlines the proposed strategic objectives, describing the rationale for these, and identifying potential strategic delivery priorities in relation to each objective.

On completion, the final version of the Strategic Plan will also have a number of linked documents, including a Consultation and Engagement Report; the East Lothian Joint Strategic Needs Assessment; and an Integrated Impact Assessment for the Plan.

3.5 The Consultation Draft is now being used as the basis of formal consultation with prescribed consultees as required under the statutory guidance. This will include presentation of the draft at a number of forums, including East Lothian Council CMT (Core Management Team) and Cross Party Working Group meetings; and NHS Lothian Board, CMT, and SPPC (Strategic Planning and Performance Committee).

3.6 Wider community engagement on the draft strategic objectives and delivery priorities has been ongoing through the summer and will continue through the autumn in parallel with the formal consultation stage. A range of resources have been developed to support this wider engagement, including an engagement pack for use by community organisations and an online survey. All of these resources are available on the IJB pages of the East Lothian Council website [here](#).

3.7 Work has also begun on the development of a draft Annual Deliver Plan that will begin to outline planned activity in relation delivery of the Strategic Plan (once approved by the IJB). Alongside, a draft timeline will be developed to map key milestones anticipated over the lifetime of the Plan.

3.8 Details of recent / next steps in the IJB Strategic Plan review are contained at Appendix 2. These include:

- Public engagement over the summer period and into the autumn (July – October);
- Presentation of Consultation Draft to the SPG and IJB (September);
- Formal engagement on the Consultation Draft in line with statutory guidance (September – end of October);
- Development of advanced draft based on consultation feedback (November);

- Presentation of advanced draft to SPG for final back (20th November);
- Further revision as required (late November / early December);
- Presentation of a final draft of the revised IJB Strategic Plan to the IJB for approval (18th December).

4 ENGAGEMENT

- 4.1 Details of consultation and engagement planned in relation to the development of the Strategic Plan are outlined in the 'East Lothian IJB Strategic Plan Development – Consultation & Engagement Plan'.

5 POLICY IMPLICATIONS

- 5.1 The report relates to the planned approach to revise the current East Lothian IJB Strategic Plan, with a view to developing a revised Strategic Plan to cover the period 2025-2030.

6 INTEGRATED IMPACT ASSESSMENT

- 6.1 An Integrated Impact Assessment (IIA) will be carried out in the autumn once an advanced draft of the Strategic Plan has been developed, prior to it being submitted to the IJB in December 2025. Individual IIAs will continue to be carried out in relation to any planned service developments of other activity in aimed at delivering the strategic priorities identified in the final IJB Strategic Plan.

7 DIRECTIONS

- 7.1 East Lothian IJB directions will be reviewed and updated as necessary once the East Lothian IJB Strategic Plan for 2025-2030 has been agreed.

8 RESOURCE IMPLICATIONS

- 8.1 Financial – The IJB current and projected financial position will be a key consideration in identifying the strategic priorities defined in its revised Strategic Plan.
- 8.2 Personnel – Current and anticipated workforce challenges will be considered throughout the review, and the Strategic Plan will link to the Workforce Plan.
- 8.3 Other – None.

9 BACKGROUND PAPERS

9.1 [East Lothian IJB Strategic Plan 2022-25.](#)

9.2 [Health and Social Care – Strategic Plans: Statutory Guidance](#)

Appendix 1 – Strategic Plan, Consultation Draft

Appendix 2 – Strategic Plan, Review Timeline

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East Lothian Integration Joint Board
2025-2030
Strategic Plan
Consultation Draft – September 2025

About this Consultation Draft

This document is a Consultation Draft of the East Lothian Integration Joint Board Strategic Plan for 2025-2030.

The content developed so far is based on consideration of the national and local context which will impact on the planning and delivery of health and social care services in East Lothian over the next five years. This draft also reflects feedback gathered through a range of engagement activity over the last 6 months.

We are now seeking wider views on this Consultation Draft. Feedback gathered will inform further development, helping us work towards a final version of the IJB Strategic Plan by December 2025.

Further information and options for sharing your views on the Consultation Draft can be found [here](#).

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Section 1 – Background & Context

About East Lothian Integration Joint Board

East Lothian Integration Joint Board (IJB) governs the East Lothian Health and Social Care Partnership (ELHSCP) which delivers community health and social care services in East Lothian. The arrangements for the IJB and HSCP are set out in the [IJB's Integration Scheme](#).

The key functions of IJBs are set out in legislation, they are to:

- Prepare a Strategic Plan for all delegated functions.
- Allocate the integrated budget to deliver the aims of the Strategic Plan.
- Oversee the delivery of services.

Functions delegated to IJBs include:

- Adult social care services.
- Adult primary and community health care services.
- Some elements of adult hospital care.

The full list of services delegated to East Lothian IJB are shown at Appendix 4 (to be added).

Health and Social Care Partnerships (HSCPs) bring together NHS Board and Local Authority staff to develop and deliver integrated adult health and social care services, using a budget allocated by the NHS and Local Authority and in line with nationally agreed outcomes and targets.

More information about the East Lothian Integration Joint Board and Health and Social Care Partnership can be found [here](#).

The East Lothian IJB Strategic Plan

This East Lothian Integration Joint Board (IJB) Strategic Plan outlines the IJB's priorities for the next five years. Importantly, the IJB Strategic Plan provides a framework for IJB decision making, including in relation to the use of financial and other resources. It also ensures that HSCP services are clear about the IJB's priorities and are working towards these, as well as communicating the IJB's priorities to its partners and other stakeholders.

In developing the Strategic Plan, we have taken into account the following:

- The East Lothian Context – Demography and Population Health.
- Financial and Other Resources.
- The National Strategic Landscape.

- The Local Strategic Landscape.
- Feedback gathered through consultation and engagement activity (existing feedback and feedback generated by activity specific to the Strategic Plan development).

A summary of the main points related to each of these is included in the Strategic Plan, with links to where further information can be found (including in a number of Supporting Documents developed as part of the IJB Strategic Plan review and development process and included at Appendix 1).

Delivering the East Lothian IJB Strategic Plan

The activity required to deliver the IJB Strategic Plan objectives is detailed in an **Annual Delivery Plan (ADP)**. The ADP is reviewed and updated every 6 months, enabling any revision needed in response to local or national developments (for example, changes to national strategy or the introduction of new legislation). Review of the ADP also allows for alignment with the IJB's budget position, ensuring that planned activity reflects resource availability (for example, including financial recovery actions where required).

Delivery of the activity detailed in the ADP is delivered by HSCP services and reflected in individual **Service Plans** which are reviewed every 6 months. Where activity is more complex and / or cuts across multiple service areas activity will be planned via a **Change / Transformation Programme** overseen by one of the IJB's **Programme Boards**.

Diagram 1 below illustrates the relationship between these elements.

A Whole System Approach

The need for organisations to work collaboratively to take a whole system approach to health and social care service provision has never been more important. Furthermore, addressing the factors that contribute to poor health in order to improve population health and reduce health inequalities necessitates a strong collaborative, whole system approach.

Collaboration, partnership, and whole system working are themes that run throughout this Strategic Plan. East Lothian has a solid foundation to build on in this respect, with much of the progress made by the IJB to date involving close partnership working with local and Lothian partners.

Diagram 1- IJB Strategic Plan – Approach and Delivery

East Lothian IJB Strategic Plan:

- Provides the framework for IJB decision making, including in relation to the use of financial and other resources.
- Ensures that HSCP services are clear about the IJB's priorities and are working towards these (and that individual Service Plans are aligned).
- Communicates the IJB's priorities to its partners and other stakeholders.



Annual Delivery Plan:

- Provides details of planned activity in relation to delivery of IJB Strategic Plan objectives / priorities for the current year.
- Reviewed every 6 months and updated to reflect any new developments or changes to the local or national context (e.g., legislative / changes to national strategy) and to align with budgets / resource availability.
- May also be reviewed and updated in response to consultation / engagement feedback.
- Actions then incorporated in Transformation / Change Programmes; Service Plans; other Strategies / Actions Plans (see below).



Transformation / Change Programmes:

- Specific Programmes focused on key areas of development, transformation, or change identified in the Annual Delivery Plan.
- Overseen by individual Programme Boards.



HSCP Service Plans:

- Service Plans are in place for each HSCP Service.
- Identify service level activity needed in relation to the Annual Delivery Plan (alongside wider Service priorities).



Other Strategies / Action Plans:

- Existing Strategies / Actions Plans reviewed to include any additional activity needed in relation to the Annual Delivery Plan.
- Examples include the Carers, Dementia and Commissioning Strategies.

The East Lothian Context

Demography and Population Health

East Lothian's population has increased significantly in recent years, growing by 11.6% in the 10 years from 2013 to 2023 – the second highest percentage growth rate in Scotland for that period (behind Midlothian). The most recent estimate puts the population of East Lothian at around 112,300 people.¹

It is projected that the East Lothian population will continue to increase over the coming years to around 121,743 people by 2043. Overall, it is estimated that the population will have grown by 15.1% from 2018 to 2043, the equivalent of almost 16,000 additional people².

Over this period, the only the youngest age group (aged 0-15) is projected to decrease in size, with an estimated reduction of 1.1%. The largest growth will be seen in the older population, with a projected 40.8% increase in the over 65 age group and a 93.4% increase in over 75s. The working age population is set to grow by 11.5%.³

Population growth is significant in terms of considering future need for health and social care service provision. An increase in the older population is of particular significance in terms of their higher use of health and social care services. Figures show that 77% of people receiving social care support in Scotland are 65 and over⁴ and that older adults are disproportionate users of health services. This includes having more healthcare appointments, taking a higher number of medications, being admitted to hospital more often, and requiring longer hospital stays. People aged 65 and over also make up 70% of emergency hospital admissions in Scotland⁵.

2022 Census data shows the proportion of the East Lothian population reporting a range of specific health conditions. The most common type of health issue reported was a 'long-term illness, disease, or condition' (21.3%) which included conditions such as arthritis, cancer, diabetes, and epilepsy.

The proportion of people reporting a mental health condition in the Census increased significantly from the previous Census, rising from 3.8% in 2011 to 10.3% in 2022. Although there was a rise in across all age groups, the most significant increase was in the younger age groups, rising from 2.6% to 14.8% for those aged 16-24 and from 5.1% to 18.3% for 25-34 year olds.

¹ National Records of Scotland (NRS), 2023.

² National Records of Scotland (NRS), 2020.

³ National Records of Scotland (NRS), 2020. (NRS), 2020.

⁴ People who Access Social Care and Unpaid Carers in Scotland, Scottish Government, 2023.

⁵ Health and social care strategy for older people: consultation analysis, Scottish Government, 2022.

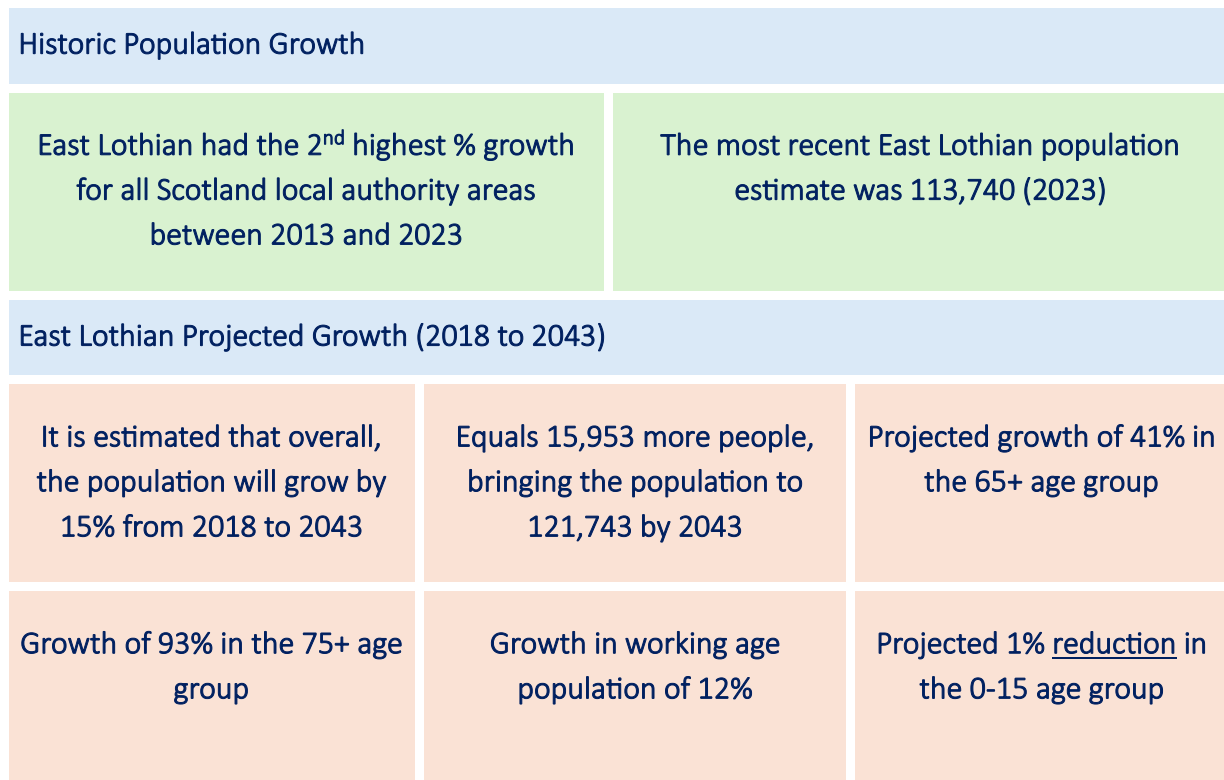
The rise in the number of people living with multiple long-term conditions (MLTCs) has been identified as one of the most significant challenges facing health services nationally, both currently and in the coming decades. The proportion of people with MLTCs increases as people age, so is an issue for East Lothian given the projected growth in the older population.

Burden of disease studies use a single composite measure to show years lost because of early death and years lost in terms of people living with poorer health / disability. The three leading grouped causes of ill-health and early death in East Lothian are cancers, cardiovascular diseases and neurological disorders. The leading individual causes of ill-health are low back and neck pain, depression and headache disorders, while the leading cause of early death are ischaemic heart disease, Alzheimer’s and other dementias, and lung cancers.

The Scottish Burden of Disease Study⁶ indicated that the national annual disease burden will increase by 21% by 2043, despite an overall reduction in the Scottish population over that period, largely as a result of ageing population and the growing number of people living with chronic disease.

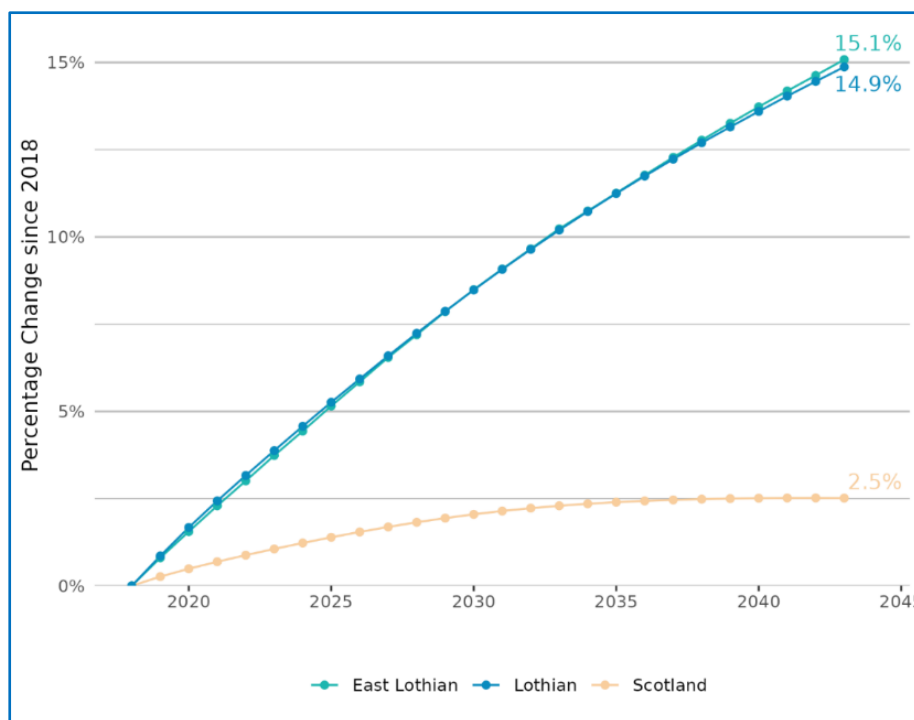
Comprehensive information on the East Lothian population is available in the [East Lothian Joint Strategic Needs Assessment \(JSNA\)](#) (link not available yet)

Diagram 2 – Demographic Change



⁶ Public Health Scotland, 2022.

Graph 1 – East Lothian Projected Population Growth 2018-2043 (NRS 2020)



Health Inequalities

Health outcomes are not equal across the East Lothian population, with certain groups consistently experiencing poorer outcomes. These groups include people with ‘protected characteristics’ (under the 2010 Equality Act), but also individuals who are disadvantaged for a range of other reasons, including social and economic factors.

There is a strong relationship between life expectancy and deprivation, with higher deprivation being linked to lower life expectancy. This can be seen through analysis of Scottish Index of Multiple Deprivation (SIMD)⁷ data. Whilst overall life expectancy in East Lothian is higher than the Scottish level, men living in the least deprived areas can expect to live around 8 years longer than those in the most deprived. For women, those in the least deprived areas can expect to live around 6 years longer.⁸

There are a range of ‘drivers’ (shown in the illustration below) that impact on health and wellbeing outcomes. Clearly the provision of good quality, accessible health and social care is important. However, the drivers of population health go beyond health and social care provision, with the social, economic and environmental conditions in which people are born,

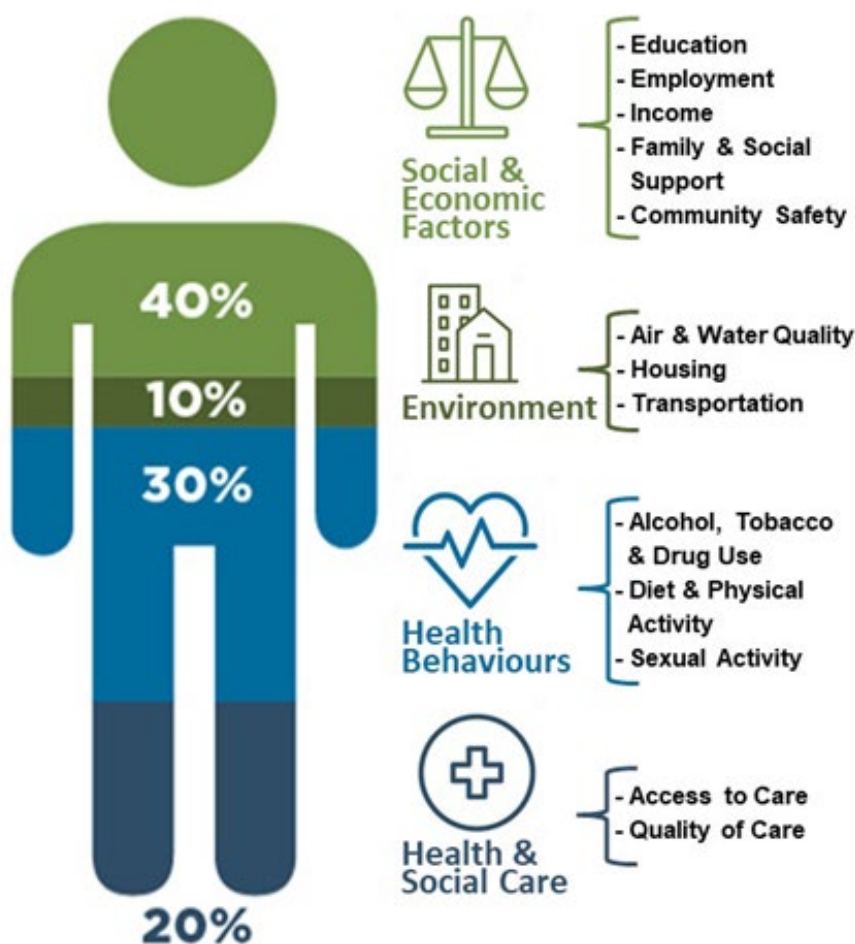
⁷ Note that SIMD data only provides insight into area-based deprivation and not people living in less deprived areas who are experiencing deprivation linked to their individual circumstances.

⁸ East Lothian Mean Life Expectancy at Birth by Sex and SIMD Quintile, 2019-2023 (NRS, 2024h)

live, work, and age heavily influencing health outcomes – these are often referred to as ‘the wider determinants of health’.

The [Scottish Government’s Public Health Framework](#) reflects the need to take a whole system approach to improving health. IJBs have a lead role in the strategic planning and commissioning of accessible, good quality local health and social care services, as well as working as part of a wider system approach to improving health and wellbeing. This approach is dependent on partners working collaboratively, both operationally and strategically, including through alignment of their strategic priorities.

Drivers of Health and Wellbeing⁹



⁹ Infographic is adopted from Chief Medical Officer for Scotland Annual Report 2022-23 (Scottish Government, 2023a). Caution is warranted in interpreting the percentage breakdown because the drivers of health variation are not mutually exclusive.

The Financial Context

Integration Joint Boards (IJBs) throughout Scotland have continued to face increasing pressure on budgets, having to achieve savings year on year to deliver balanced budgets. Inflationary pressures; pay settlements; and the rising cost of treatments and prescriptions have added to this challenge. For East Lothian, additional pressure has come from Scottish Government funding not reflecting the population growth in the area.

To date, IJB budget gaps have largely been bridged by non-recurring savings; leaving vacancies unfilled; and making use of reserves – none of which provide a sustainable solution for the longer term.

Whilst the East Lothian IJB financial outlook for 2025/26 improved from the previous year, five-year projections suggest that budget gap will increase in subsequent years, rising to over £31.5 million by 2029/30 if no action is taken.

East Lothian IJB has already carried out a range of efficiency measures and made a number of difficult decisions regarding service provision. However, given the financial projections, further measures will be needed to deliver the significant savings required.

Concerns have been expressed about the impact of further financial recovery measures, including the cumulative impact of having to deliver savings year on year. IJB discussion has focused on the challenge of delivering a balanced budget whilst ensuring that services continue to be delivered at the level needed to reduce harm and keep people safe. The importance of continuing to invest in prevention and early intervention approaches has also been highlighted in terms of helping to mitigate against some of the projected rise in service demand resulting from demographic pressures.

The IJB's Five-Year Financial Plan will continue to be reviewed to ensure that it aligns with the strategic objectives and delivery priorities identified in the Strategic Plan. Consideration of budget positions will be a key part of producing the Annual Delivery Plan (the Annual Delivery Plan sets out how the IJB's strategic objectives will be delivered in each year of the Strategic Plan).

The National Strategic Context

There are **three interconnected frameworks at a national level that outline the strategic approach to health and social care reform in Scotland**. These frameworks have been key in informing the development of the East Lothian IJB Strategic Plan. They are:

- Health and Social Care Service Renewal Framework (2025-2035)
- NHS Scotland Operational Improvement Plan (2025-26)
- Scotland's Population Health Framework (2025-2035)

The key priorities identified in each of these documents are described in brief below.

It is expected that national strategy will continue to evolve and that the IJB Strategic Plan and / or Annual Delivery Plan may need to be revised in light of any changes, however, any revision would be subject to the required engagement and governance processes.

There are a number of additional national strategic documents that have also been considered in the development the IJB's Strategic Plan and will continue to be significant as we deliver the Plan – these are listed at **Appendix 2**.

Health and Social Care Service Renewal Framework

The Health and Social Care Service Renewal Framework (SRF) identifies the Scottish Government's vision for health and social care as:

‘a Scotland where people live longer, healthier, and more fulfilling lives’.

The SRF is described as a ‘high level guide’ for change and notes that NHS Boards and IJBs will be held accountable for collaborating on the planning and delivery of services within the principles of the Framework – making this a key document in the development of East Lothian IJB's Strategic Plan.

The SRF identifies five key principles for change, along with a number of major areas for change – these are shown in **Diagram 3** below. The East Lothian IJB Strategic Plan strategic objectives and delivery priorities can be mapped directly to each of these principles / major areas for change.



Source : Health and Social Care Service Renewal Framework (2025-2035)

NHS Scotland Operational Improvement Plan 2025-26

The NHS Scotland Operational Improvement Plan identifies a number of **short-term improvements to NHS service delivery across Scotland** in line with the broader health and social care renewal agenda.

Although the objectives set out in the Operational Improvement Plan are specific to the year covered (2025-26), they link directly to the SRF principles and are reflective of the direction of travel – they include:

- Improving access to treatment and reducing waiting times.
- Shifting the balance of care from acute services to community-based care.
- Improving access to health and social care services through digital and technological innovation.
- Prioritising prevention to ensure we work with people to prevent illness and more proactively meet their needs.

This and subsequent NHS Operational Improvement Plans has a direct impact on East Lothian HSCP services through their involvement in the improvements outlined. Working with partners through the Lothian Health and Care System¹⁰ will be key to delivering improvements.

Scottish Government Population Health Framework 2025-2035

The Scottish Government Population Health Framework outlines **a whole-system approach to improving population health and tackling health inequalities**. The need to work across sectors is identified, with the involvement of national and local governments, public sector partners, community organisations and businesses. The Framework emphasises the requirement to address the root causes of poor health and to focus on prevention and early intervention.

The Framework is built around five overlapping drivers of health and wellbeing, these are:

- Building a prevention-focused system.
- Addressing the social and economic determinants of health.
- Supporting healthy places and communities.
- Enabling health living.
- Ensuring equitable access to health and social care.

Addressing health inequalities is a theme across the IJB Strategic Plan, as well as being directly reflected in the strategic objective ‘Reducing Health Inequalities’.

¹⁰ Lothian Health and Care System includes NHS Lothian and the 4 Lothian Integration Joint Boards – Edinburgh, East Lothian, Midlothian, and West Lothian.

The Local Strategic Context

Partnership working at a Lothian and East Lothian level is, and will continue to be, key to the effective delivery of health and social care services. As identified in the national strategies outlined above, **a whole-system approach, with strong partnership working and collaboration** is essential if we are to meet the challenges ahead and be successful in improving population health and tackling health inequalities.

Working in Partnership at an East Lothian Level

IJB delegated functions are delivered operationally by our delivery partners, East Lothian Council and NHS Lothian, with services collectively described as the East Lothian Health and Social Care Partnership (ELHSCP). Both the Council and NHS Lothian also deliver further services that, whilst not delegated to the IJB, are key to the health and wellbeing of the local population (for example, scheduled hospital care and housing).

This interconnectedness means that effective partnership working between NHS Lothian, East Lothian Council and the IJB is required to support a whole-system approach. Strong leadership is a key element of this, and progress continues to be made in developing collaborative, tripartite working at a senior level between the IJB Chief Officer; East Lothian Council Chief Executive; and NHS Lothian Chief Executive.

Our Third Sector partners also play a key role in relation to health and social care and are represented by VCEL (Volunteer Centre East Lothian) on IJB governance structures. The sector provides a wide range of services related to health and social care, including services commissioned on behalf of the IJB, and has particular strength in relation to innovation and coproduction and in delivering early intervention and prevention activities.

Community Planning brings together a wider range of local partners to form the East Lothian Partnership (ELP). ELP partners include:

- East Lothian Council
- NHS Lothian
- Police Scotland
- The Scottish Fire and Rescue Service
- Scottish Enterprise
- VCEL (Volunteer Centre East Lothian)
- Edinburgh College

ELP is required to produce a **Local Outcome Improvement Plan (LOIP)** defining a shared vision and local priorities agreed by partners.

Although IJBs are not statutory partners in Community Planning Partnerships, the alignment of IJB Strategic Plans and Local Outcome Improvement Plans is recognised as important in terms

of harnessing the collective resources of local partners to deliver optimal outcomes, particularly in terms of improving population health and reducing health inequalities through a whole-system approach¹¹.

The East Lothian LOIP is currently undergoing review, with the expectation that a revised LOIP will be agreed in 2026. HSCP officers will continue to feed into the review process to help ensure alignment.

Working in Partnership at a Lothian Level

At a Lothian level, East Lothian IJB is a part of the Lothian Health and Care System (LHCS), along with NHS Lothian and the other three Lothian IJBs (Edinburgh, Midlothian, and West Lothian).

The Lothian Strategic Development Framework (LSDF) outlines the strategic direction for the Lothian Health and Care System (LHCS) over a five-year period from 2022 up to and including the 2027-28 financial year. The LHCS includes the five bodies with responsibility for the planning, commissioning, and delivery of health and social care services in the Lothians:

- NHS Lothian Board
- East Lothian IJB
- Edinburgh IJB
- Midlothian IJB
- West Lothian IJB

THE LSDF has 6 'pillars', 3 of which relate to service areas delegated to the IJB – **Unscheduled Care; Primary Care; and Mental Health, Illness and Wellbeing**. A Programme Board is in place to oversee delivery of each of these pillars and includes senior representation from the four Lothian IJBs and NHS Board. As such, this provides an effective mechanism for strategic planning at a pan Lothian level.

East Lothian IJB will continue to explore opportunities to work collaboratively with Lothian neighbours, including in relation to areas of activity outwith the current LSDF, for example, in relation to social work and social care.

Again, strong links and collaboration at leadership level across organisations is key to harnessing the signification potential of partnership working at a Lothian level.

¹¹ This is a central tenet of the Scottish Government Population Framework 2025-35.

Section 2 – Strategic Objectives & Delivery Priorities

Strategic Objectives at a Glance

East Lothian IJB's strategic objectives for 2025-2030 are shown below – full details, including the rationale behind each of these, along with related strategic delivery priorities are presented from pages 17-41.

Strategic Objective 1

Transformation and Change

‘We will transform, or significantly change, how services are planned and delivered to ensure that population needs can be met as effectively as possible within the resources available, whilst continuing to prioritise the outcomes that matter to individuals.’

Strategic Objective 2

Prevention, Early Intervention, and Self-Management

‘We will continue to invest in services and activities that focus on prevention and early intervention and that support people to look after their health and wellbeing.’

Strategic Objective 3

Reducing Health Inequalities

‘We will prioritise the delivery of services to improve health and social care outcomes for those most disadvantaged in our communities and will work with partners to address the factors that contribute to health inequalities.’

Strategic Objective 1 – Transformation and Change

We will transform, or significantly change, how services are planned and delivered to ensure that population needs can be met as effectively as possible within the resources available, whilst continuing to prioritise delivery of the outcomes that matter to individuals.

Why is this a strategic objective for the IJB?

The need for health and social care services in East Lothian will continue to grow over the lifetime of the Strategic Plan...

- East Lothian's population has increased significantly in recent years and continued growth is projected.
- Population growth will result in a continued rise in pressure on public services, including health and social care services.
- For East Lothian, the largest growth is in the older population (65+), with an even higher percentage growth in the over 75s age group.
- People typically need more support from health and social care services as they age, so growth in the older population is particularly significant for the IJB when developing its Strategic Plan.

Meeting this growing need within the resources available will be increasingly challenging, meaning that we need to make significant changes to how we plan and deliver services....

- In common with IJBs across Scotland, East Lothian has faced increasing financial pressure in recent years, and this is set to become even more challenging.
- Financial recovery measures have already been implemented and difficult decisions made.
- Significant changes are now needed in relation to how we plan and deliver health and social care services to meet growing demand within available resources.
- In some cases, further transformational change will be required.
- The challenge is how we continue to improve outcomes for individuals whilst reducing costs.
- Taking a whole system approach, working collaboratively with our partners, will be essential in delivering the change needed. This includes partnership working at an East Lothian level, as well as with Lothian partners within the Lothian Health and Care System.

We need to engage with the public and other stakeholders to ensure that services continue to meet need effectively and that changes do not cause unfair disadvantage.....

- The level of service change needed will require further difficult decisions to be made and a shift in culture and expectations.
- Changes will potentially be unpalatable, and this adds to the challenge.
- Engagement with communities and other stakeholders will be important as new approaches are developed.
- We need to ensure that we assess the impact of any changes, including the impact on people with protected characteristics and on those more vulnerable as a result of social, economic, or other life circumstances.

This objective reflects the Scottish Government strategic direction....

- The Health and Social Care Service Renewal Framework (SRF) outlines a comprehensive transformation agenda for the delivery of health and care in Scotland.
- The SRF describes the significant challenges faced by the health and care system and suggests- *‘we must respond strongly to these challenges and see them as introducing both necessities and opportunities to transform how the health and social care system works for the people of Scotland. We are grasping this opportunity through bold reform to health and social care.’*
- National strategy also emphasises the need to take a whole system approach to improving population health and reducing health inequalities.

Strategic delivery priorities- what do we need to prioritise to deliver this strategic objective?

Focusing on the strategic delivery priorities below will help us to achieve this strategic objective. Further details, including timescales and targets, will be included in Annual Delivery Plans developed for each year of the Strategic Plan. In addition, there are a number of strategies / programmes already in place, or planned for development, that will provide direction (these are highlighted in *bold italics* below).

1.1 Continuing to shift the balance of care from hospital to community settings.

Shifting the balance of care from hospital to community settings has been a key strategic objective for the IJB since its introduction.

Significant progress has been made in developing ‘Intermediate Care Services’ that provide support to people at home as opposed to hospital inpatient provision. These services deliver better outcomes for individuals; reduce pressure on hospital beds; and make more efficient use of resources. ‘Intermediate Care Services’ in East Lothian include Care at Home; Hospital to Home; Discharge to Assess; Enhanced Discharge to Assess; Day Services; the Emergency Care Service; and the Falls Service. The range of commissioned services delivered by third sector partners are also crucial, including, for example, Day Centres for older people and Community First, an early intervention community provider.

Activity to support the Lothian wide Unscheduled Care Programme and ongoing development of the ‘Home First’ model in East Lothian will help further progress the shift in the balance of care from hospital to community. The challenge will be to continue to move service provision in this direction and to ensure that this is reflected in the allocation of budgets.

The reallocation of financial and other resources will be required to support this ongoing shift from hospital to community. This will include the review of set-aside and hosted services arrangements and associated budgets.

Specific activity required over the lifetime of the Strategic Plan will include:

- Ongoing participation in the pan Lothian *Unscheduled Care Performance Improvement Programme*, supporting a whole system approach to reducing pressure on acute services and bed based care.
- Continued development of the East Lothian ‘Home First’ model approach and the Single Point of Access supporting both hospital discharge and prevention of admission.
- Ongoing investment in and development of Intermediate Care Services, including delivery of the recommendations from the Planning for Older People Services programme report.

- Implementation of the *Care at Home Strategy* priorities – to include improving the efficiency and effectiveness of care at home allocation and ensuring that care at home is no longer treated as the default option for care.
- Working with partners to move to an integrated budget for the IJB to help progress flexible use and reallocation of resources from acute to community (reflecting shifts in service provision). This will include working with NHS Lothian colleagues and the wider Lothian Health and Care System to review the use of set-aside budgets.

1.2 Delivering services that are ‘outcome focused’ – planned around individual’s needs and reflecting what is important to them.

Developing services that are ‘outcome focused’ means that services are planned around individual need and what is important to the person receiving the service. Outcome focussed approaches help to ensure that services are appropriate and proportionate, promoting independence and, where appropriate, reducing reliance on formal services.

This principle already underpins much of HSCP service delivery and commissioning of services, and will continue to underpin service development, including in relation to the transformation agenda.

Revisiting and improving our approach to the implementation of Self Directed Support (SDS)¹² in East Lothian will be a key area of focus going forward. The overall aim of this work will be to support and enable people to achieve the outcomes that are important to them to lead full and meaningful lives.

Given the growing pressure on formal health and social care services, we need to help facilitate the use of alternative support to help people achieve their outcomes where appropriate (for example, through services delivered by third sector and community partners).

Specific activity required over the lifetime of the Strategic Plan will include:

- Ongoing development of strengths / asset-based assessments by Adult Social Work teams.
- Redevelopment of the *East Lothian Self-Directed Support (SDS) Plan* to guide improvement work in relation to the use of SDS in East Lothian. This will be driven by an SDS Delivery Group, with oversight by the Intermediate and Social Care Programme Board.
- Continuing to take an outcome focused approach to health and social care commissioning (as outlined in the *East Lothian HSCP Commissioning Strategy*).

¹² Self-Directed Support (SDS) gives people choice and control over how their social care is planned and delivered. The Social Care SDS (Scotland) Act 2023 defines values and principles in relation to SDS.

1.3 Developing a Primary and Community Health Care Programme reflecting current and projected demand and identifying key priorities for development and investment.

For the vast majority of people, their main contact with healthcare services will be through primary care, with dentist and GP appointments accounting for the highest proportion of contacts.

In East Lothian, primary care services include those provided by GPs, dentists, opticians, and pharmacy, along with a range of services managed and delivered directly by the Health and Social Care Partnership (HSCP).¹³

Given what we know regarding the anticipated increase in demand across all services, future pressure on primary care is clearly an area of concern. Activity is needed to look at current and projected demand to inform the strategic planning and delivery of primary care services that are able to meet future population needs. Supporting General Practice sustainability and resilience must be a key priority within this, alongside the ongoing development of HSCP managed primary care services.

Specific activity required over the lifetime of the Strategic Plan will include:

- Development of a *Primary and Community Health Care Programme* covering all primary care services, based on analysis of current and projected demand and identifying key priorities for development and investment.
- Establishment of a Delivery Group to deliver the Primary and Community Health Care Programme, with oversight from the Primary Care Programme Board.
- Ongoing participation in work to deliver HSCP priorities within the *Pan Lothian Primary Care Programme* as part of the Lothian Strategic Development Framework.

¹³ Often referred to as 'Primary Care Improvement Plan' or 'PCIP' services.

1.4 Developing Community Mental Health Services to support the shift of mental health provision from acute to community settings.

Shifting the balance of care from acute to community settings is also a priority in relation to mental health service provision. Operationally, HSCP services continue to deliver activity to prevent unnecessary hospital admission; reduce the length of stay and preventing delayed discharge for patients in mental health inpatient settings. However, ongoing service development and resource allocation will be required to ensure there is sufficient capacity within community mental health services to continue to support this shift, as well as to meet any increase in demand resulting from demographic or other factors.

Specific activity required over the lifetime of the Strategic Plan will include:

- Development of a *Community Mental Health Strategy* to support the planning and delivery of community mental health services to meet current and projected demand and to support the ongoing shift of provision from acute to community settings.
- Working with partners and potentially neighbouring IJBs to develop supported housing options for people in the community as an alternative to or following hospital admission.
- Ongoing participation in Pan Lothian Improvement Programmes as part of the *Lothian Strategic Development Framework* (including programmes relating to Adult Mental Health Discharge Without Delay; Older People Mental Health Discharge Without Delay; and Redesign of Mental Health Unscheduled Care Improvement Programmes).
- Participation in Lothian Adult Neurodiversity Pathways Group to develop whole system patient pathway discussions.

1.5 Working with third sector partners to deliver new and innovative services, including through collaborative and coproduction approaches.

Third sector organisations in East Lothian have a strong track record of delivering new and innovative service models and are well placed to work with communities to deliver collaborative and coproduction approaches. Development of third sector provision also makes a valuable contribution in terms of promoting community cohesion and resilience, reducing social isolation, and supporting inclusion.

We will continue to strengthen our relationship with our third sector partners, including through exploring further opportunities to work with the sector to develop new and innovative approaches to service delivery.

Specific activity required over the lifetime of the Strategic Plan will include:

- Working with the third sector to coproduce a ‘Compact’ setting out the principles underpinning the relationship between the sector and the IJB and recognising the sector’s key role.
- Implementing the *East Lothian HSCP Commissioning Strategy and Market Facilitation Statement*, updating these as required to ensure that they fully reflect the IJB’s commitment to the third sector.
- Reviewing and updating the *East Lothian HSCP Engagement and Participation Strategy* to strengthen the approach to community engagement and participation in line with Health Improvement Scotland’s Quality Framework for Community Engagement and Participation and Planning with People Guidance.

1.6 Developing the use of digital technology to enhance and transform services.

The use of digital technology offers significant opportunities to enhance and transform how we deliver health and social care in East Lothian. Digital options can help make better use of available resources, as well as supporting self-management and playing a role in prevention and early intervention.

This includes the use of digital technology in people's homes, but also by health and social care services in a range of other settings. Technology can include things like alarms, monitoring devices, and telecare equipment, but also the development of online / digital options for accessing services and online resources providing information and advice.

Digital technology is already used by HSCP services, most notably by the East Lothian Rehabilitation Service (ELRS), including, for example, in relation to the Technology Enabled Care (TEC) Service. We now need to explore and develop opportunities to expand the use of technology across all of our service areas.

An increase in the use of digital technology to provide alternatives to 'in-person' appointments and other contacts has not been seen to the extent anticipated in the wake of the Covid pandemic, with face-to-face contact remaining the default for most services. However, providing more appointments remotely has the potential to improve access; increase efficiency; and maximise use of staff capacity.

Specific activity required over the lifetime of the Strategic Plan will include:

- Development of an *East Lothian HSCP Digital Innovation Strategy* to identify, develop, and deliver opportunities to use digital solutions to support the delivery of health and social care (with oversight by the Digital and Data Programme Board).
- Ongoing work to increase the proportion of appointments and other patient / service user contacts taking place remotely with the use of digital technology.
- Ensuring that any developments under this priority consider the risk of 'digital exclusion' and take steps to mitigate against this risk, including through retaining non digital options if needed.

1.7 Developing services to meet the projected demand for palliative and end of life care, including in people's homes and community settings.

National projections indicate that the number of people requiring palliative and end of life care will increase significantly as the population ages. We need to ensure that we have services in place to respond to this growth in need, particularly in terms of providing palliative and end of life care and support to people at home or in community settings.

The Planning for Older People's Services (POPS) project's [Final Report](#) recommended that palliative and end of life care should remain a key strategic priority in the revised IJB Strategic Plan and that a Palliative and End of Life Care Strategy / Delivery Group be formed within the IJB Programme Board structure.

Specific activity required over the lifetime of the Strategic Plan will include:

- Development and delivery of an *East Lothian Palliative and End of Life Care Strategy*, including reflecting the recommendations in the Planning for Older People's Services (POPS) project's [final report](#) . This work will be led by a Delivery Group with oversight by the Intermediate and Social Care Programme Board.

1.8 Working with partners in the Lothian Health and Social Care System to deliver shared priorities and identify opportunities for collaboration.

East Lothian IJB, along with the three other Lothian IJBs and NHS Lothian form the Lothian Health and Care System (LHCS). The Lothian Strategic Development Framework (LSDF) sets out LHCS priorities for the next five years up to 2027-28.

Specific activity required over the lifetime of the Strategic Plan will include:

- Continuing to work with Lothian Health and Care System (LHCS) partners through a range of forums to deliver the *Lothian Strategic Development Framework* (LSDF) and other shared priorities.
- Exploring further opportunities for collaborative working with other Lothian IJBs to deliver efficiencies and develop service provision (including work already under discussion with Midlothian HSCP on Community Mental Health Pathways).
- Taking forward discussion with LHCS partners to review current arrangements for set-aside and hosted services (including with regard to budget arrangements) and to look at opportunities for efficiencies and potential budget reconfiguration.

Strategic Objective 2 – Prevention, Early Intervention, and Self-Management

We will continue to invest in services and activities that focus on prevention and early intervention and that support people to look after their health and wellbeing.

Why is this a strategic objective for the IJB?

Investing in prevention and early intervention reduces the need for health and social care support in the longer term and delivers better outcomes for individuals....

- We know that projected population growth and demographic change will lead to an increase in demand for health and social care services over the lifetime of this Strategic Plan.
- Investing in prevention and early intervention will help to mitigate against some of this increase in demand by improving the overall health and wellbeing of the East Lothian population at all life stages.
- Investment will also help to keep people well for longer; maintaining their independence into older age; and reducing or delaying their need for more intensive, and potentially more expensive care and support.
- There are a wide range of other activities and interventions that focus on early intervention and prevention that are not within the direct remit of the IJB (for example, wider NHS Lothian and Public Health Scotland activities) – however, the importance of involvement in a wider system approach is recognised (see also Strategic Objective 3 below).

This objective reflects the Scottish Government strategic direction....

- The Scottish Government Health and Care Service Renewal Framework sets out five key principles for renewal – one of these being the ‘Prevention Principle’ which is described as shifting the focus from reactive treatment to early intervention and prevention.
- The Framework also identifies a major area for change as ‘enhancing services that prevent disease, enable early detection and effectively manage long-term conditions’.

Strategic delivery priorities- what do we need to prioritise to deliver this strategic objective?

Focusing on the strategic delivery priorities below will help us to achieve this strategic objective. Further details, including timescales and targets, will be included in Annual Delivery Plans developed for each year of the Strategic Plan. In addition, there are a number of strategies / programmes already in place, or planned for development, that will provide direction (these are highlighted in *bold italics* below).

As well as the priorities below, the operational delivery of HSCP services will continue to contribute to achieving this Strategic Objective through existing activities and approaches that focus on prevention, early intervention and self-management.

2.1 Delivering services that support people to remain active and independent.

Services delivered by Allied Health Professionals (AHPs)¹⁴ are key in supporting people to remain active and independent so they can live independently, in their own home, for as long as possible. In East Lothian, these services are delivered by the East Lothian Rehabilitation Service and include physiotherapy, occupational therapy, falls prevention, telecare, and pain management.

Alongside directly provided services, ELRS staff have developed a range of self-help guides and interactive online tools providing information and advice. ELRS also provides information and advice specifically on the use of consumer technology (Smart TEC) to support independence and keep people safe, and this is an area of potential development as technology continues to develop and improve.

Third sector and community organisations play a key role in delivering services that support people to be active, engaged and independent and to connect with their local community. As noted above, one of the strengths of the sector is organisations' ability to innovate and respond flexibly, as well as to work collaboratively with communities to develop services that reflect what people want and need.

Specific activity required over the lifetime of the Strategic Plan will include:

- Continuing to ensure appropriate levels of investment in ELRS and other HSCP delivered services that support people to remain active and independent.
- Ongoing development of activity to support 'self-management' of health issues to enable people to remain active and independent.

¹⁴ Allied Health Professionals (AHPs) are a group of clinicians who provide care to people across a range of care pathways and in a variety of settings, including Occupational Therapists and Physiotherapists.

- Development of Early Intervention and Prevention MDT Polyclinics providing clinic-based assessment and rehabilitation involving a range of disciplines.
- Further development of opportunities for the use of consumer and other technology to support independence and self-management (as part of the delivery of an *East Lothian HSCP Digital Innovation Strategy*– see priority 1.6 above).
- Commissioning services focused on preventative and early intervention approaches that are outcome / recovery focussed and promote independence, participation and self-management (as laid out in the *East Lothian HSCP Commissioning Strategy*).
- Continued collaboration with third and community sector partners to develop and deliver activities supporting prevention, early intervention, and self-management, including exploring opportunities for innovation and coproduction with communities.
- Working with Public Health Scotland colleagues and other partners through Community Planning to support their delivery of prevention and early intervention activities (see also Strategic Objective 3 below).

2.2 Right care, in the right place, at the right time

Ensuring services are quick and easy to access is key to delivering prevention and early intervention approaches. Accessible services mean people are more likely to engage at an early stage and to continue to access and benefit fully from the care and support available. For the HSCP, this includes continuing to develop services that are as local as possible and that can be accessed directly, and, where appropriate, via alternatives to ‘in-person’ appointments.

Primary care plays an important role in relation to prevention, early intervention and self-management of conditions, so we need to continue to ensure that people are able to access the primary care services they need as quickly and easily- both services delivered by General Practices and those managed and delivered by the HSCP.¹⁵

We have already made a number of changes to the primary care services delivered directly by the HSCP to make them quicker and easier to access through the development of new delivery models and pathways. We have also improved information on primary care services (including an online directory), helping to guide people to the service best placed to meet their needs.

As noted above (delivery priority 1.1) we have developed a Single Point of Access to streamline hospital discharge through an integrated Multi-Disciplinary Team (MDT) approach. The next phase will focus on creating a prevention of admission pathway, bringing together a wide range of community-based services to support primary care and individuals at high risk of admission.

We know that more people are reporting issues related to mental health and recognise the importance of interventions that provide support as early as possible to help address these issues and to prevent them from becoming more serious or debilitating. The same is true in relation to services that provide early intervention for people experiencing difficulties related to drug and alcohol use.

Specific activity required over the lifetime of the Strategic Plan will include:

- Delivery of priorities within the *Primary and Community Health Care Programme* that focus on further improving the accessibility of primary care services.
- Implementation of Phase 2 of the Single Point of Access to develop an admission prevention pathway that brings together a wide range of community based services to support primary care and individuals at high risk of admission.
- Ongoing development of the Mental Health Single Point of Access model to improve access to mental health services ‘at the front door’.
- Continued investment in Mental Health services providing early intervention – including the CWIC Mental Health and Distress Brief Intervention services.

¹⁵ HSCP managed primary care services include CWIC, CTAC, Vaccinations, and Pharmacotherapy teams.

- Continuing to develop and deliver substance use services that provide quick and easy access to information, advice, and support - including access to treatment where appropriate¹⁶.

¹⁶ Including through ongoing delivery of the national Medication Assisted Treatment (MAT) Standards.

2.3 Responding to the increase in people living with multiple long-term conditions.

The number of the people in East Lothian living with one or more long-term condition¹⁷ continues to increase. National figures and projections on the proportion of the population living with multiple long-term conditions (MLTCs), also known as multimorbidity, is of particular concern and is considered to be one of the most significant challenges facing health and social care services now and in the future. In general, the prevalence of MLTCs increases as people get older, but also tends to increase with higher levels of deprivation.

Planning and delivery of healthcare services that meet the needs of people with long-term conditions, including support with self-management, needs to be a key delivery priority for the IJB.

Specific activity required over the lifetime of the Strategic Plan will include:

- The identification and delivery of priorities related to the management of long-term conditions (as part of the development of the *Primary and Community Health Care Programme*).
- These priorities should include multi-disciplinary approaches; early intervention to prevent or slow down the progression of conditions; and activity to support self-management.

¹⁷ ‘Long term conditions’ are defined as those that persist over an extended period and may require lifelong management – for example, diabetes, arthritis, heart disease, and respiratory conditions such as COPD.

2.4 Developing a multi-disciplinary approach to the management of frailty.

The growth in the older population will be of particular significance as this demographic group has the highest use of health and social care services. As the older population increases, so will number of people living with one or more long term health condition and / or with challenges related to ageing, including frailty.

Falls continue to be the most common cause of emergency hospital admission for adults in Scotland. Falls put pressure on hospital beds and often lead to people requiring new or additional social care and rehabilitation services. Falls can result in reduced confidence and increased frailty for older people, significantly reducing their health, wellbeing, and independence.

Specific activity required over the lifetime of the Strategic Plan will include:

- Development and delivery of *East Lothian Frailty Programme* to implement a multi-disciplinary approach to the management of frailty across primary and community care services in line with Health Improvement Scotland (HIS) Frailty Standards.
- Linking in with other Lothian IJBs and NHS Lothian as part of pan Lothian work on frailty.
- Further development of the local approach to the prevention and management of falls in East Lothian, including involvement in the pan Lothian multidisciplinary group delivering the *Lothian Falls Framework*.
- Creation of an early intervention Vestibular Pathway targeting those at risk of falls as a result of vestibular dysfunction.

2.5 Improving health and wellbeing from an early age.

Prevention and early intervention from pregnancy, through to early years, and on into childhood and adolescence is important in terms of improving overall population health, leading to better health outcomes throughout adulthood and reducing the need for health and social care support.

Although children’s social work services are not delegated to the IJB in East Lothian, there are a number of HSCP healthcare services provided to children and families (including, for example, primary care services; health visiting; and school nursing). HSCP services also work with parents and other adults within families, so are part of the multi-disciplinary approach to supporting the whole family.

Specific activity required over the lifetime of the Strategic Plan will include:

- Continuing to strengthen partnership working through active involvement in the East Lothian Children’s Strategic Partnership to deliver the priorities identified in the *Children’s Services Plan*.
- Ongoing development of HSCP teams involvement in multi-disciplinary working across services and organisations to identify and respond to needs within families.
- Involvement the development of ‘whole family support services’ to provide families with effective, early help.

2.6 Supporting people living with dementia to remain active, socially connected, and supported in their local community.

Rates of dementia are expected to increase significantly over the next 25 years. The impact of a dementia diagnosis is wide ranging, not only for the person with dementia, but also for families and carers. The East Lothian Dementia Strategy outlines the IJB's commitment to ensuring that people living with dementia remain active, socially connected, and supported within their local communities.

Specific activity required over the lifetime of the Strategic Plan will include:

- Delivery of related priorities within the *East Lothian Dementia Strategy* - including expansion of Post Diagnostic Support (PDS), as well as broader services across the entire dementia care pathway.
- (Note- the IJB has an existing commitment to the delivery of these and other priorities within the East Lothian Dementia Strategy – the Strategy can be viewed in full [here](#).)

2.7 Supporting carers' health and wellbeing to enable them to continue in their caring role.

The number of people providing unpaid care will continue to grow as the population ages and the percentage of people living with a limiting health condition or disability increases. Unpaid carers play a crucial role, supporting people to live at home and often avoiding or reducing their need for support from formal social care services.

Providing support to carers is important in terms of promoting their health and wellbeing and enabling them to continue to in their caring role.

Specific activity required over the lifetime of the Strategic Plan will include:

- Delivery of priorities within the *East Lothian Carers Strategy* related to supporting carers' health and wellbeing to enable them to continue in their caring roles.
- (Note- the IJB has an existing commitment to the delivery of these and other priorities within the East Lothian Carers Strategy – the Strategy can be viewed in full [here](#).)

Strategic Objective 3 – Reducing Health Inequalities

We will prioritise the delivery of services to improve health and social care outcomes for those most disadvantaged in our communities and will work with partners to address the factors that contribute to health inequalities.

Why is this a strategic objective for the IJB?

We know that there are health inequalities in East Lothian....

- Evidence shows that people living in parts of East Lothian with higher levels of deprivation and / or with other disadvantageous living circumstances, have significantly poorer health outcomes.
- There are a range of socio-economic and other factors, often described as the ‘wider determinants of health’, that impact on health outcomes – these include, poverty, education, housing, employment, and access to services. It is suggested that as much as 80% of what effects health is out with the health and social care system.¹⁸

The IJB must ensure that the services it is responsible for contribute to improved outcomes for all, and that it contributes to a whole system approach to addressing health inequalities....

- The IJB has responsibility to ensure that health and social care services delegated to it are resourced, planned, and delivered in a way that ensures they are accessible to everyone.
- Importantly, a number of services delivered by the HSCP meet the specific needs of the most disadvantaged groups in our communities- for example, Substance Use Services; Justice Social Work; Adult Protection; and Learning Disability Services.
- The IJB needs to ensure that these key services continue to be prioritised and adequately resourced in order to keep people safe; to prevent harm; and to reduce disadvantage.
- Many of the services that directly impact on socio-economic outcomes do not fall within the IJB remit. However, the IJB has a role to play in the whole system approach needed to address health inequalities.

Health inequalities need to be addressed by working with partners as part of a ‘whole system approach’....

- Because of the range of contributory factors, health inequalities need to be addressed by community planning partners working collaboratively, both strategically and operationally.

¹⁸ Scotland’s Population Health Framework 2025-35.

- The Scottish Government Population Health Framework identifies that partners must work collaboratively ‘through a whole system approach’ to address the social and economic determinants of health and to support health places and communities.
- The Framework also identified ‘ensuring equitable access to health and social care’ as a priority.

Strategic delivery priorities- what do we need to prioritise to deliver this strategic objective?

Focusing on the strategic delivery priorities below will help us to achieve this strategic objective. Further details, including timescales and targets, will be included in Annual Delivery Plans developed for each year of the Strategic Plan. In addition, there are a number of strategies / programmes already in place, or planned for development, that will provide direction (these are highlighted in *bold italics* below).

As well as the priorities below, the operational delivery of HSCP services will continue to contribute to achieving this Strategic Objective through existing activities and approaches that focus on achieving better outcomes for all service users.

3.1 Working with partners to support a whole system approach to tackling health inequalities.

As noted above, health inequalities are the result of a range of socio-economic factors collectively known as ‘social determinants of health’. These include factors that are impacted by services that are not the direct responsibility of the IJB (for example, education, housing, welfare, and employability services). However, given the need for a whole system approach to addressing health inequalities, priority needs to be given to working with partners both strategically and operationally to help address the issues that result in poorer health outcomes.

Specific activity required over the lifetime of the Strategic Plan will include:

- Developing IJB / HSCP participation in Community Planning and other Strategic Partnerships to develop a whole system, collaborative response to the issues that negatively impact on health outcomes (including through involvement in the development and delivery of the *East Lothian Partnership’s Local Outcome Improvement Plan*).
- Working with partners through the Housing, Health, and Social Care Strategy Group to drive collaborative working in relation to the *Housing Contribution Statement*.
- Working with Public Health Scotland partners to build upon our understanding of population health data to help inform service development and prioritise the use of resources (including through the ongoing development Strategic Needs Assessment work).

3.2 Delivering services that contribute to reducing inequality.

We have a direct responsibility to ensure that the health and social care services we deliver are appropriate and sensitive and that they have effective arrangements in place to ensure that the most vulnerable and potentially excluded groups in our communities are able to fully benefit from them.

Specific activity required over the lifetime of the Strategic Plan includes:

- Carrying out robust Integrated Impact Assessments (IIAs) to identify potential adverse impacts of service changes or developments on people with protected characteristics or those potentially disadvantaged due to other factors.
- Delivering the equalities outcomes detailed in the *East Lothian IJB's Equalities Outcomes for 2025-29* and reporting on progress through publication of annual Equality Mainstreaming Report.
- Continuing to develop service models and approaches that increase the accessibility of services for the whole population (see 2.2 above).
- Continuing to strengthen partnership working at an operational level, working with colleagues from across organisations to develop and deliver collaborative approaches to identifying and responding to individual need.
- Ongoing development of HSCP teams involvement in multi-disciplinary working across services and organisations to deliver 'whole family support', providing families with effective, early help.
- Ongoing activity, including staff training and development to ensure that our services are Trauma Informed.¹⁹

¹⁹ Trauma Informed services 'recognise where people are affected by trauma and adversity, and that respond in ways that prevent further harm, support recovery, address inequalities and improve life chances' - more information can be found [here](#).

3.3 Prioritising service delivery at the level needed to keep people safe and to reduce the risk of harm.

As noted above, continuing to ensure that key frontline services can be delivered at the level needed to keep people safe and reduce the risk of harm must be an overarching priority for the IJB. This includes the provision of statutory social work functions which are crucial in meeting the needs of some of the most vulnerable and disadvantaged groups in our communities.

Specific activity required over the lifetime of the Strategic Plan will include:

- Ongoing monitoring and oversight to ensure that service provision can effectively meet demand.
- Continued development of services to keep people safe and reduce harm, including in relation to prevention and early intervention approaches (see Strategic Objective 2 above).
- Strengthening of collaborative and multidisciplinary working to identify and address individual needs.

Appendix 1- Strategic Plan Development- Supporting Documents

The Supporting Documents listed below (links to be added once documents are complete) have been produced as part of the development of the East Lothian IJB Strategic Plan for 2025-2030.

- East Lothian Joint Strategic Needs Assessment (2025)
- Development of the East Lothian IJB Strategic Plan- Consultation and Engagement Report
- East Lothian IJB Strategic Plan- Integrated Impact Assessment
- East Lothian Housing Contribution Statement

Appendix 2- National Strategies, Frameworks, and Legislation

The three frameworks setting the national strategic context for health and social care development and delivery are detailed above – these are:

- Health and Social Care Service Renewal Framework (2025-2035)
- NHS Scotland Operational Improvement Plan (2025-26)
- Scotland's Population Health Framework (2025-2035)

In addition, there are a number of other strategies and frameworks that are also significant in the development and delivery of health and social care functions delegated to IJBs.

These include:

- Ageing and Frailty Standards
- Carers (Scotland) Act 2016
- Dementia Strategy
- Digital and Health Care Strategy
- Framework for Community Health and Social Care Integrated Services
- Health and Social Care Data Strategy
- Health and Social Care National Workforce Strategy
- Housing (Scotland) Act 2021
- Learning Disabilities, Autism, and Neurodivergence Bill *
- Mental Health and Wellbeing Strategy
- National Care Service Bill *
- National Health and Wellbeing Outcomes Framework
- National Mental Health Strategy
- Palliative Care Strategy: Palliative Care Matters for All
- Preventative and Proactive Care Programme
- Public Bodies (Joint Working) (Scotland) Act 2014
- Statutory Guidance on Health and Social Care Integration

* Denotes Bills going through the legislative process.

Appendix 3- Local Strategies and Frameworks

There are a range of local strategies and frameworks alongside the IJB Strategic Plan. These have been considered in the review of the Strategic Plan and will continue to be significant in the development and delivery of health and social care services in East Lothian.

- East Lothian Council Plan 2022-27
- East Lothian Local Development Plan 2028 (East Lothian Council)
- East Lothian Local Housing Strategy 2024-29 (East Lothian Council)
- East Lothian Local Transport Strategy 2018-24 (East Lothian Council)
- Lothian Strategic Development Framework (NHS Lothian)
- NHS Lothian Annual Delivery Plan
- NHS Lothian Work Well Strategy
- NHS Lothian Falls Strategy
- East Lothian Poverty Plan 2024-28
- The East Lothian Plan 2017-27 (East Lothian Community Planning Partnership)
- East Lothian Independent Advocacy Strategy 2024-28
- East Lothian Children's Services Plan 2023-26 (East Lothian Community Planning Partnership)
- Community Justice Local Outcome Improvement Plan

East Lothian IJB / HSCP Strategic and Plans

There are a number of additional IJB and HSCP strategies and plans in place that align with the IJB Strategic Plan, these include:

- East Lothian Carers Strategy 2023-26
- East Lothian Dementia Strategy 2023-28
- East Lothian HSCP Commissioning Strategy 2022-25
- East Lothian HSCP Equalities Outcome Plan 2021-25
- East Lothian HSCP Participation and Engagement Strategy 2023-25
- East Lothian IJB Five Year Financial Plan
- East Lothian IJB Workforce Plan 2022-25
- East Lothian Independent Advocacy Strategy 2024-28

Appendix 2: East Lothian IJB Strategic Plan Development

	Description	Timescale
Analysis of existing evidence from previous engagement / feedback.	<ul style="list-style-type: none"> Analysis of evidence and feedback already gathered via engagement and feedback processes – key themes to be fed into the IJB Strategic Plan Review. 	February – April 2025
Stage 1 Engagement	<ul style="list-style-type: none"> Initial key stakeholder engagement focusing on high level elements of the Strategic Plan (Vision, Strategic Objectives, Strategic Priorities). 	February – June 2025
Development of draft Strategic Objectives and Delivery Priorities	<ul style="list-style-type: none"> Development of proposed draft Strategic Objectives and Delivery Priorities. Presented to June IJB for feedback / approval. 	June 2025
Stage 2 Engagement and development of Consultation Draft	<ul style="list-style-type: none"> Engagement over the summer period to gather views on draft Strategic Objectives and Delivery Priorities. Development of Consultation Draft informed by stage 1 and stage 2 engagement feedback. 	July - August 2025
SPG approval of Consultation Draft	<ul style="list-style-type: none"> Consultation Draft to go to SPG for approval prior to formal consultation stage. 	SPG meeting on 4 th September 2025
Stage 3 Engagement on Consultation Draft	<ul style="list-style-type: none"> Statutory engagement on Consultation Draft (with prescribed stakeholders as per statutory guidance). Including sharing of Consultation Draft with NHS Lothian and East Lothian Council senior leaders. 	September – 31 st October 2025
IIA on Consultation Draft	<ul style="list-style-type: none"> Date to be confirmed 	To be confirmed
Development of Advanced Draft	<ul style="list-style-type: none"> Feedback from statutory engagement stage used to inform development of an Advanced Draft. Advanced Draft to the SPG for final feedback. 	SPG meeting on 20 th November 2025
Development of Final Strategic Plan	<ul style="list-style-type: none"> Further revision carried out as required to produce final version for presentation to the IJB. 	20 th November – 11 th December
Final Strategic Plan to IJB for approval	<ul style="list-style-type: none"> Final Strategic Plan submitted to the IJB for consideration / approval. 	IJB meeting on 18 th December
Completion of feedback loop	<ul style="list-style-type: none"> Communication on publication of IJB Strategic Plan, including report on consultation / engagement feedback and how this is reflected in the final Strategic Plan. 	January 2026
Engagement will continue to inform the delivery of strategic priorities, and the formation of Annual Delivery Plans linked to the IJB Strategic Plan.		Ongoing

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 25 September 2025

BY: Chief Officer

SUBJECT: Midlothian and East Lothian Drugs and Alcohol Partnership (MELDAP) Annual Reporting Survey Report 2024/25

6

1 PURPOSE

- 1.1 This report is to brief the Integration Joint Board on the MELDAP Annual Reporting Survey for 2024/25 submitted to the Scottish Government in June this year

2 RECOMMENDATIONS

The IJB is asked to note the content of this report.

3 BACKGROUND

- 3.1 MELDAP's primary aim is to co-ordinate the design, commissioning and delivery of alcohol and drug services across East Lothian and Midlothian, to ensure that these services are needs led, recovery focused, based on evidence of what makes a difference and are delivered in an effective, efficient way. A key component in the achievement of this aim will be that services are designed around the needs of people who use and need our services, and their families who play an integral part in their design and evaluation.

MELDAP also aims to:

- Reduce the harm to individuals and promote recovery from substance use
- Protect children and young people from the effects of parental substance use

- Promote early intervention to prevent the harmful use of alcohol and drugs
 - Develop high quality services responsive to the changing needs of people who use our services
 - Challenge the stigma and discrimination people who use substances experience.
- 3.2 The Annual Report format and requirements have changed significantly over the last few years. This reflects the focus on the undertaking of other specific requirements related to the National Drugs Mission and Implementation of the 10 Medication Assisted treatment (MAT) Standards.
- 3.3 Most of the Annual Reporting Survey is designed to allow ADP's to "check" boxes to confirm what is in place in the ADP area.
- 3.4 Scottish Government required responses in the following areas.
- Surveillance and Data Informed
 - Resilient and Skilled Workforce
 - Lived and Living Experience
 - Stigma Reduction
 - Fewer people develop problem substance use
 - People most at risk have access to treatment and recovery.
 - People receive high quality treatment and recovery services.
 - Quality of life is improved by addressing multiple disadvantages.
 - Children, families, and communities affected substance use are supported.

Specific areas to highlight for the IJB are:

3.5 Monitoring, Surveillance and Response

- 3.5.1 MELDAP disseminates all relevant Rapid Action Drug Alerts and Response (RADAR) reports to key services and receives weekly Near Fatal Overdose [NFO] data from NHS Lothian which are monitored by MELDAP staff.
- 3.5.2 Unusual data in terms of a sudden increase in NFO is discussed with Substance Use Services, third sector partners and required outreach actions are implemented.
- 3.5.3 SUS and third sector staff make it as easy as possible for people to use Welsh Emerging Drugs and Identification of Novel Substances [WEDINOS] through the use of stamp address envelopes.

3.5.4 A protocol allowing the role and responsibilities of an 'action group' has been agreed with key partners to allow a rapid response to a sudden unexplained increase in drug poisonings.

3.5.5 There is a MELDAP Harm Reduction Group which meets quarterly to share information about emerging local trends as well as suggest improvement actions for example:

- Home drug-testing strips
- Doubling up of Naloxone kits issued
- Introduction of Accuvein machines
- Support for stimulant users, including 'health MOT'.

3.6 Staff Wellbeing

3.6.1 Staff wellbeing was identified as a area for improvement in the MELDAP Medication Assisted Treatment [MAT] submission to Public Health Scotland.

3.6.2 The plan identified a number of improvement activities to reduce staff absence and turnover.

1. Organisational Support
2. Training and Skill Development
3. Emotional and Psychological Well-being
4. Workplace Environment and Culture
5. Psychological First-Aid.

3.7 Reducing Stigma

3.7.1 Promoting recovery and the stories by people in recovery through initiatives such as the Recovery Cafes which are open to the wider community and recovery booklets developed by people themselves.

3.7.2 The introduction of Low Threshold cafes where people, even if intoxicated will be welcomed.

3.7.3 Running Naloxone events in public spaces (Tesco) opens up dialogue with public.

3.7.4 Using people's real life stories, Recovery Road to humanise people who use and used drugs and other substances.

3.7.5 The use of person first language and the provision of training to a wide range of partners.

3.7.6 Making it as easy as possible for people with LLE to become involved in decision making structures.

- 3.7.7 Included as an improvement action (MAT 9) in recent submission to Public Health Scotland [PHS] MAT Implementation Support Team [MIST].

3.8 Prevention and Early Intervention

- 3.8.1 MELDAP continues to promote the importance of early intervention/engagement and preventative activities through its commissioned children and family services [MYPAS, Children First] as well as partner agencies.
- 3.8.2 The partnership document, Positive Approaches to Risk is an example of this as is MELDAPs participation in the inter-agency CAPSU training.
- 3.8.3 MELDAP and our services continue to support the Women's Supper Club to engage women with childcare responsibilities who chose to use substances.

4 ENGAGEMENT

- 4.1 The services funded by MELDAP were involved in providing data and outcomes for the Annual Reporting Survey. The survey itself was unanimously approved by the MELDAP Strategic Group before it was submitted to the Scottish Government under very tight timescales.

5 POLICY IMPLICATIONS

- 5.1 Both the Annual Reporting Survey and the highlighted areas noted in Section 3 evidence the requirements of meeting elements of Scottish Government priorities and national drugs policy (Rights, Respect and Recovery) as well as the MELDAP Delivery Plan 2024-27.

6 INTEGRATED IMPACT ASSESSMENT

- 6.1 The new project or service 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 need a new direction and has no implications for the current direction:
- 7.2 Substance Misuse Services – Ref D15k - NHS Lothian and East Lothian Council are directed to work collaboratively with Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP) and third sector providers and to further develop and improve the multi-agency approach in relation to access to alcohol and drug support services. Development

should be in accordance with statutory / regulatory requirements where applicable and aiming to meet both local and national targets, including MAT (Medication Assisted Treatment) Standards.

8 RESOURCE IMPLICATIONS

- 8.1 There are no resource implications as the work of services and the partnership is within financial resources.

9 BACKGROUND PAPERS

- 9.1 None

Appendix 1: MELDAP Annual Reporting Survey Report 2024/25

AUTHOR'S NAME	Fiona Wilson
DESIGNATION	Chief Officer
CONTACT INFO	fiona.wilson@nhs.scot
DATE	17/09/2025

Appendix 1: MELDAP Annual Reporting Survey Report 2024/25:



Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2024/25

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission to reduce drug deaths and improve lives, as well as activities relating to alcohol **during the financial year 2024/25**. This will not reflect the totality of your work but will cover areas where you do not already report progress nationally through other means.

The survey is composed of single option and multiple-choice questions with a limited number of open text questions. We want to emphasise that the multiple-choice options provided are for ease of completion and it is not expected that every ADP will have all of these in place.

This survey includes questions from across drug and alcohol policy areas. It has been designed to collate as many asks as possible from Scottish Government to minimise requests throughout the year. There is a combination of established questions which enable comparison year on year and new questions that reflect current and anticipated future data needs.

We do not expect you to go out to services to respond to questions relating to activities undertaken by them in your area. Where questions refer to service level activities, we are interested in the extent to which you are aware of these as ADP.

The data collected will be used to better understand progress at a local level and will inform:

- [National monitoring of the National Mission to reduce drug deaths and improve lives](#);
- The work of the ongoing [evaluation of the Nation Mission](#), including the economic evaluation;
- The work of advisory groups including those supporting the programmes around Whole Family Approach, surveillance, and residential rehabilitation among others;
- The work of national organisations which support local delivery; and
- Future policy planning around drugs and alcohol.

Findings will be published as [Official Statistics](#) in the autumn. The publication reporting on the [2023/24 ADP survey](#) is available on the Scottish Government website. We plan to publish data from closed answer (quantitative) questions at an ADP level to enable best use of the survey data and ensure transparency. Data from closed answer (qualitative) questions will be shared with Public Health Scotland and their commissioned research teams to inform drug and alcohol policy monitoring and evaluation, where excerpts and/or summary data

may be used in published reports and will be subject to FOI requests. You may still wish to publish your return, as in previous years.

The deadline for returns is Friday 13th June 2025. Your submission should be signed off by the ADP and the IJB. We are aware that there is variation in the timings of IJB meetings, so if sign off is not possible by the date of submission, please indicate this when you provide your return and advise an expected sign off date if possible.

If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email at substanceuseanalyticalteam@gov.scot.

Cross-cutting priority: Surveillance and Data Informed

Question 1

Which Alcohol and Drug Partnership (ADP) do you represent?

Lothian MELDAP ADP

Question 2

Which groups or structures were in place at an ADP level to inform surveillance and monitoring of alcohol and drug harms or deaths? Mark all that apply with an 'x' – if drug and alcohol deaths are reviewed at a combined group, please select both 'Alcohol death review group' and 'Drug death review group'.

[multiple choice]

- ☐ Alcohol death review group
- ☐ Alcohol harms group
- ☒ X Drug death review group
- ☒ X Drug trend monitoring group/Early Warning System
- ☐ None
- ☐ Other (please specify):

Question 3

3a. Do Chief Officers for Public Protection receive feedback from drug death reviews? Mark with an 'x'.

[single option]

- ☒ X Yes
- ☐ No
- ☐ Don't know

Question 4

Please list what local and national structures are in place in your ADP area for the monitoring and surveillance of alcohol and drug harms and deaths. Please describe how these have been used to inform local decision making in response to emerging threats (e.g. novel synthetics) in the past year. [open text – maximum 2,000 characters]

MELDAP disseminates all relevant Rapid Action Drug Alerts and Response (RADAR) reports to key services and receives weekly Near Fatal Overdose [NFO] data from NHS Lothian which are monitored by MELDAP staff. Unusual data in terms of a sudden increase in NFO is discussed with Substance Misuse Services and third sector partners. A protocol allowing the role and responsibilities of an 'action group' has been agreed with key partners to allow a rapid response to a sudden unexplained increase in drug poisonings. The group includes representation from health, third-sector, peer workers, police, MELDAP and council communication departments to develop clear and consistent messaging with set timescales for action. There is a MELDAP Harm Reduction Group which meets quarterly to share information about emerging local trends as well as suggest improvement actions; home drug-testing strips, Accuvein machines, support for stimulant users for example.

Question 5

5a. Have you made specific revisions to any protocols in the past year in response to emerging threats (e.g. novel synthetics, trends in cocaine, new street benzos, etc.) ? Mark with an 'x'.

[single option]

X Yes

No

5b. Please provide details of any revisions

[open text – maximum 500 characters]

Introduction of home drug testing strips for Xylazine, Nitazenes and Fentanyl. These strips are also used in clinical settings.

Question 6

Please describe ways in which you routinely engage with commissioned services in your ADP area (e.g. through online surveys, reporting databases, email or phone communication, ADP representation on governance or advisory structures, events etc.).

[open text – maximum 1000 characters]

There is an Operational Manager's Group that meets quarterly allowing partners from different disciplines to share information including emerging trends. Services were involved in a series of consultation events, including online questionnaires as part of process of developing the MELDAP Delivery

Plan (2024-27). There is a programme of Quality Improvement meetings with all services. MELDAP is also represented on key strategic groups and reports regularly to groups such as Critical Services Oversight Group [CSOG], Integrated Joint Board [IJB] and Public Protection Improvement Group. The MELDAP Commissioning and Performance Group receives performance data from services. There is also a programme of service presentations to this group.

Cross-cutting priority: Resilient and Skilled Workforce

Question 7

7a. What is the whole-time equivalent¹ staffing resource routinely dedicated to your ADP Support Team as of 31 March 2025?

[numeric, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	4.00
Total vacancies (whole-time equivalent)	0.00

7b. Please list the job title for each vacancy in your ADP Support Team on the 31 March 2025 (if applicable).

[open text – maximum 500 characters]

None

Question 8

Please select any initiatives you have undertaken as an ADP that are aimed at improving employee wellbeing (volunteers as well as paid staff). Mark all that apply with an 'x'

[multiple choice]

Training and awareness

X Promotion of information and support initiatives

X Provision of training on issues including trauma awareness and crisis management

X Other (please specify): REACH Advocacy training

Workplace support

¹ Note: whole-time equivalent (WTE) is a unit of measurement that indicates the total working hours of employees in relation to a full-time position. It helps to standardise and compare staffing resource across different teams or organisations. A full-time employee is equal to one whole-time equivalent. For part-time employees, divide their hours by the whole-time equivalent. For example, if a part-time employee is required to work 7.5 hours per week and a 'full-time' position is considered to be 37.5 hours, the WTE would be 0.2 (7.5 hours / 37.5 hours).

- X Flexible working
- X Implementation of risk assessment for work at home and in the workplace
 - Inclusive workplace initiatives (including staff networks and wellbeing champions)
- X Provision of occupation health services
 - Staff recognition schemes
 - Use of disability passports
- X Workload management
 - Other (please specify):

Institution-provided support

- X Provision of coaching and supervision for staff and volunteers
- X Provision of counselling for staff and volunteers
 - Other (please specify):

Wellbeing activities

- X Drug and/or alcohol death reflective sessions
 - Peer support groups
 - Provision of mindfulness courses/learning materials
 - Social and physical activities
 - Other (please specify):

Engagement

- Participation in local Clinical Care Governance Meetings
- Undertaking of staff needs assessments and engagement to understand wellbeing needs
- X Regular meetings about staff pressures with senior and junior staff
 - Other (please specify):

Other initiatives which don't fit in these categories (please specify):

The quality of inclusive leadership and management based on the belief that people are an organisation's best resource. Being interested in employee's well-being beyond the workplace and knowing staff as individuals. Staff wellbeing was identified as an area for improvement in the MELDAP Medication Assisted Treatment [MAT] submission to Public Health Scotland. The plan identified a number of improvement activities to reduce staff absence and turnover.

These were:

1. Organisational Support

2. Training and Skill Development
3. Emotional and Psychological Well-being
4. Workplace Environment and Culture
5. Psychological First-Aid.

Cross cutting priorities: Lived and Living Experience

Question 9

9a. Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience who are using services you fund? Mark all that apply with an 'x'.

[multiple choice]

- ☒ X Engagement with recovery communities
- ☒ X Experiential data collected as part of the Medication Assisted Treatment (MAT) programme
- ☒ X Feedback / complaints process
- ☒ X Lived / living experience panel, forum and / or focus group
- ☒ X Questionnaire / survey
- ☐ No formal mechanism in place
- ☐ Other (please specify): This is included as part of Quality Improvement visits to services.

9b. In the past year, have members of any of the following groups with lived and/or living experience participated in any of the above engagement mechanisms? Mark all that apply with an 'x'.

[multiple choice]

- ☒ X People who are current or former employees or volunteers at the ADP or drug and/or alcohol services
- ☒ X People who are not employed at the ADP or at drug and/or alcohol services
- ☒ X People who are currently accessing treatment or support for problem **drug** use (may include treatment for problem alcohol use)
- ☒ X People who are currently accessing treatment or support for problem **alcohol** use
- ☒ X People with living experience of drug and/or alcohol use who are not currently receiving treatment or support
- ☒ People who are experiencing homelessness
- ☒ X Women
- ☒ X Young people
- ☐ Other (please specify):

Question 10

10a. In what ways are **people with lived and living experience** able to participate in ADP decision-making? Mark all that apply with an 'x'.
[multiple choice]

Through ADP board membership

Through a group or network that is independent of the ADP

X Through an existing ADP group/panel/reference group

Through membership in other areas of ADP governance (e.g. steering group)

Not currently able to participate

Other (please specify):

MELDAP commissioned a service (Access to Industry) to engage with people to see they ways they would like to be involved. The use of Collective Advocacy has also been used to explore how this might form the basis of a LLE Forum. MELDAP have developed options for a collective advocacy approach that will ensure Lived. Living Experienced [LLE] communities are able to input into decision making process until end of the national mission.

10b. In what ways are **family members** able to participate in ADP decision-making? Mark all that apply with an 'x'.
[multiple choice]

Through ADP board membership

X Through a group or network that is independent of the ADP

X Through an existing ADP group/panel/reference group

Through membership in other areas of ADP governance (e.g. steering group)

Not currently able to participate

Other (please specify):

Question 11

What mechanisms are in place within your ADP to ensure that services you fund involve people with lived/living experience and/or family members in their decision-making (e.g. the delivery of the service)? Mark all that apply with an 'x'.
[multiple choice]

X Asked about in reporting

Stipulated in our contracts

None

Other (please specify): Part of Quality Improvement visits. Will be included as a requirement in all new or updated contracts.

Cross cutting priorities: Stigma Reduction

Question 12

Within which written strategies or policies does your ADP consider stigma reduction for people who use substances and/or their families? Mark all that apply with an 'x'.

[multiple choice]

☒ X ADP strategy, delivery and/or action plan

☐ Alcohol deaths and harms prevention action plan

☐ Communication strategy

☐ Community action plan

☒ X Drug deaths and harms prevention action plan

☒ X MAT standards delivery plan

☒ X Service development, improvement and/or delivery plan

☐ None

☐ Other (please specify): MELDAP has addressing stigma as one of its priorities in its Delivery Plan and has delivered stigma training to partners.

Question 13

Please describe what work is underway in your ADP area to reduce stigma for people who use substances and/or their families.

[open text – maximum 2,000 characters]

Promoting recovery and the stories by people in recovery through initiatives such as the Recovery Cafes which are open to the wider community and recovery booklets developed by people themselves. The introduction of Low Threshold cafes where people, even if intoxicated will be welcomed. This approach has, for some, acted as a route into treatment. Running Naloxone events in public spaces (Tesco) opens up dialogue with public. Using people's real life stories, Recovery Road to humanise people who use and used drugs and other substances. The use of person first language and the provision of training to a wide range of partners. Making it as easy as possible for people with LLE to become involved in decision making structures. Included as an improvement action (MAT 9) in recent submission to Public Health Scotland [PHS] MAT Implementation Support Team [MIST].

Fewer people develop problem substance use

Question 14

How is information on local treatment and support services made available to different audiences at an ADP level (not at a service level)? Mark all that apply with an 'x'.

[multiple choice]

	In person (e.g., at events, workshops, etc)	Leaflets / posters	Online (e.g. websites, social media, apps, etc.)
Non-native English speakers (English Second Language)		X	
People from minority ethnic groups			X
People from religious groups			X
People who are experiencing homelessness			X
People who are LGBTQI+			X
People who are pregnant or peri- natal			X
People who engage in transactional sex			X
People who have been involved in the justice system			X
People with hearing impairments and/or visual impairments			
People with learning disabilities and literacy difficulties		X	
Veterans			X
Women			X
None of the above			
Other (please specify			

Question 15

Which of the following education or prevention activities were funded or supported² by the ADP?³ Mark all that apply with an 'x'.

[multiple choice]

	0-15 years (children)	16-24 years (young people)	25 years+ (adults)
Campaigns / information	X	X	
Harm reduction services		X	X
Learning materials	X	X	X
Mental wellbeing	X	X	X
Peer-led interventions			X
Physical health	X	X	X
Planet Youth			

² Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

³ Note: activities which are not relevant for older age groups have been shaded out to avoid confusion on completion of this question.

Pregnancy & parenting			
Youth activities	X	X	
Other (please specify)			
None			

Risk is reduced for people who use substances

Question 16

16a. Please select in which settings each of the following harm reduction initiatives are delivered in your ADP area. Mark all that apply with an 'x'.
[multiple choice]

	Supply of naloxone	Hepatitis C testing	Injecting equipment provision	Wound care
Community pharmacies	X		X	
Drug services (NHS, third sector, council)	X	X	X	X
Family support services	X			
General practices				
Homelessness services	X			
Hospitals (incl. A&E, inpatient departments)	X			
Justice services	X			
Mental health services	X			
Mobile/outreach services	X		X	X
Peer-led initiatives				
Prison	X	X		
Sexual health services				
Women support services	X			
Young people's service				
None				
Other (please specify)				

16b. Please provide details about any changes to settings in which harm reduction initiatives have been delivered in the past year. Please describe the changes and any reasons for these changes.
[Open text- maximum 2,000 characters]

Use of Home Drug Testing Strips is offered to all high risk individuals, for example, experienced NFO and to anyone who continues to choose to use drugs.

Question 17

17a. Which of the following harm reduction interventions are there currently a demand for in your ADP area? (Either where the intervention is not currently provided or where demand exceeds current supply). Mark all that apply with an 'x'.

[multiple choice]

X Drug checking

X Drug testing strips

X Harm reduction advice and support in relation to psychostimulants

X Heroin Assisted Treatment

Naloxone availability in public facilities (e.g. pre-stationed naloxone, naloxone box etc.)

X Provision of foil

X Safe supply of substances

Safer drug consumption facility

X Safer inhalation pipe provision

Other (please specify):

SUS and third sector staff make it as easy as possible for people to use Welsh Emerging Drugs and Identification of Novel Substances [WEDINOS] through the use of stamp address envelopes. However, there is a time lag which could be reduced by the development of a Scottish based service. Legislation guidance seems slow to react to the changing face and pace of drug use, for example, provision of inhalation pipes.

17b. Please provide any details (e.g. scale of demand, source of requests, whether current demand exceeds supply etc.).

[open text – maximum 500 characters]

Many NFO invariably involve poly-drug use with cocaine and crack cocaine seen in increasing numbers. Drug Misuse Death data shows the drugs most implicated in deaths; cocaine and street benzos being most referenced. There is evidence of the emergence of Nitazenes and Xylazine. Alcohol is in some way implicated also.

Question 18

18a. Do you have an adequate supply of naloxone in your ADP area to meet general needs? Mark with an 'x'.

[single option]

- X Yes
- No
- Unsure

18b. Within the context of a more toxic and unpredictable drug supply which may require higher doses of naloxone to be administered, do you have adequate supply of naloxone in your ADP area to meet demand if a significant incident were to occur? Mark with an 'x'.

[single option]

- X Yes
- No
- Unsure

People most at risk have access to treatment and recovery

Question 19

Which partners within your ADP area have documented pathways in place, or in development, to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? Mark all that apply with an 'x'.

[multiple choice]

	NFO pathway in place	NFO pathway in development
Community recovery providers		
Homeless services		
Hospitals (including emergency departments)	X	
Housing services		
Mental health services		
Police Scotland		
Primary care		
Prison		
Scottish Ambulance Service	X	
Scottish Fire & Rescue Service		
Specialist substance use treatment services	X	
Third sector substance use services	X	
Other (please specify)		

Question 20

Which, if any, of the following barriers to implementing NFO pathways exist in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

- Further workforce training required
- High staff turnover
- Insufficient funds
- X Issues around information sharing

- Lack of leadership
- X Lack of ownership
- Lack of physical infrastructure
- X Lack of staff to support out of hours or extended core business hours
- X Workforce capacity
- None
- Other (please specify):

Question 21

In what ways have you worked with justice partners⁴? Mark all that apply with an 'x'.

[multiple choice]

Strategic level

- X ADP representation on local Community Justice Partnership
- Contributed to strategic planning
- X Coordinated activities between justice, health or social care partners
- X Data sharing
- X Justice organisations represented on the ADP (e.g. COPFS, Police Scotland, local Community Justice Partnership, local Justice Social Work department, prison)
- Provided advice and guidance
- Other (please specify):

Operational level

- Provided funding or staff for a specialist court (Drug, Alcohol, Problem Solving)
- X Raised awareness about community-based treatment options (partners involved in diversion from prosecution or treatment-based community orders)
- X Supported staff training on drug or alcohol related issues
- Activities to support implementation of MAT standards
- Other (please specify):

Service level

- Funded or supported:
- Navigators for people in the justice system who use drugs

⁴ Note: 'justice partners' includes Community Justice Partnerships (CJPs), Justice Social Work departments, Prisons and Young Offender Institutes, Police, Crown Office and Procurator Fiscal Service (COPFS), Scottish Courts and Tribunals Service (SCTS), Sacro, and third sector organisations that specifically serve people involved with the criminal justice system.

X Services for people transitioning out of custody

Services in police custody suites

Services in prisons or young offenders' institutions

Services specifically for Drug Treatment and Testing Orders (DTTOs)

X Services specifically for people serving Community Payback Orders with a Drug or Alcohol Treatment Requirement

Other (please specify):

Question 22

Which activities did your ADP support at each stage of the criminal justice system? Mark all that apply with an 'x'.

[multiple choice]

	Pre-arrest ⁵	In police custody ⁶	In courts ⁷	In prison ⁸	Upon release ⁹
Advocacy or navigators					
Alcohol interventions					X
Drug and alcohol use and treatment needs screening					X
Harm reduction inc. naloxone					X
Health education & life skills					X
Medically supervised detoxification					X
Opioid Substitution Therapy					X
Psychosocial and mental health based interventions					
Psychological and mental health screening				X	X

⁵ Pre-arrest: Services for police to refer people into without making an arrest.

⁶ In police custody: Services available in police custody suites to people who have been arrested.

⁷ In courts: Services delivered in collaboration with the courts (e.g. services only available through a specialist drug court, services only available to people on a DTTO).

⁸ In prison: Services available to people in prisons or young offenders' institutions in your area (if applicable).

⁹ Upon release: Services aimed specifically at supporting people transitioning out of custody.

Recovery (e.g. café, community)					X
Referrals to drug and alcohol treatment services				X	X
Staff training					
None					
Other (please specify)					

Question 23

What barriers to accessing support, if any, are there in your area for people who are involved in the justice system? Mark all that apply with an 'x'.
[multiple choice]

Lack of accessibility to mainstream alcohol and drug services and support services (such as lack of transport options)

Lack of services tailored specifically to people who are on Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other community orders

Lack of specific pathways for people who are involved in the justice system

Lack of support for people who are involved in the justice system after receiving treatment

Services with entry requirements which exclude people convicted of specific offences (such as arson)

Services with entry requirements which exclude people on Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other community orders

X None

Other (please specify):

Question 24

What types of residential services are available in your area which can be accessed by people who are subject to Community Payback Orders, Drug Treatment and Testing Orders, Supervised Release Orders and other community orders to access support? Mark all that apply with an 'x'.
[multiple choice]

X Mainstream residential rehabilitation services (i.e. those who are open to anyone)

Mainstream residential services other than rehabilitation (e.g. recovery housing)

Residential services specifically targeted to people involved in the justice system, such as Turnaround or other service (please specify which services):

X Mainstream stabilisation/crisis services

Other (please specify):

Question 25

25a. Do you have drugs and alcohol testing services in your ADP area for people going through the justice system on an order or licence? Mark all that apply with an 'x'. [multiple choice]

X Yes, for alcohol

X Yes, for drugs

No

Unsure

25b. Who provides testing services for drugs and/or alcohol? Mark all that apply with an 'x'.

[multiple choice]

	Alcohol testing	Drugs testing
Private provider		
NHS addiction services		
Other local provider (please specify)	Would negotiate, via the community Justice Outreach Nurse, who will do the testing and where that would take place.	Would negotiate, via the community Justice Outreach Nurse, who will do the testing and where that would take place.
Other arrangement (please specify)	X	X
Not applicable		

25c. What methods are used for drugs and/or alcohol testing? Mark all that apply with an 'x'. [multiple choice]

	Alcohol testing	Drugs testing
Handheld devices	X	X
Spit tests	X	X
Urine tests	X	
Electronic monitoring		
Patches		
Other (please specify)		
Not applicable		

People receive high quality treatment and recovery services

Question 26

What **screening options** are in place to address alcohol harms? Mark all that apply with an 'x'.

[multiple choice]

☒ Alcohol hospital liaison

☒ Arrangements for the delivery of alcohol brief interventions in all priority settings

☐ Arrangement of the delivery of alcohol brief interventions in non-priority settings

☐ Fibro scanning

☐ Pathways for early detection of alcohol-related liver disease

☐ None

☐ Other (please specify):

Question 27

What **treatment options** are in place to address alcohol harms? Mark all that apply with an 'x'.

[multiple choice]

☒ Access to alcohol medication (e.g. Antabuse, Acamprase, etc.)

☒ Alcohol hospital liaison

☒ Alcohol-related cognitive testing (e.g. for alcohol related brain damage)

☒ Community-based alcohol detox (including at-home)

☒ In-patient alcohol detox

☒ Pathways into mental health treatment

☒ Psychosocial counselling

☒ Residential rehabilitation

☐ None

☐ Other (please specify):

Question 28

28a. Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? Mark all that apply with an 'x'.

[multiple choice]

☐ Availability of aftercare

☐ Availability of detox services

☐ Availability of stabilisation/crisis services

☐ Challenges accessing additional sources of funding

☐ Current models are not working

- Difficulty identifying all those who will benefit
- Further workforce training required
- Geographic distance
- X Insufficient base funding
 - Insufficient staff
 - Lack of awareness of residential rehabilitation among potential clients
 - Lack of awareness of residential rehabilitation amongst referrers
 - Lack of bed capacity within ADP area
 - Lack of specialist providers
 - Lack of transportation to travel to available capacity
 - Scope to further improve/refine your own pathways
 - Variation in prices from different providers
 - Waiting times
- None

Other (please specify):

The budget provided to ADPs in total is £5 million per year. This presents a challenge to provide a continuum of care that provides a range of options for people. The Lothian board wide service delivery model poses potential challenges for the ADP to fully explore residential rehabilitation placements provided by service providers out with the geographical area. Individual drug patterns also pose a challenge as several providers are not able to offer detoxes as part of their model.

28b. What actions are your ADP taking to overcome these barriers to residential rehabilitation?

[open text – maximum 500 characters]

MELDAP continues to work with partners to fully explore service delivery options and maximise potential funding mechanisms. The ADP is not able to influence external service providers to incorporate detoxification as part of the service they deliver.

Question 29

29a. Have you made any revisions in your pathway to residential rehabilitation in the last year? Mark with an 'x'.

[single option]

- X No revisions or updates made in 2024/25
- Yes - Revised or updated in 2024/25 and this has been published
- Yes - Revised or updated in 2024/25 but not currently published

29b. If yes, please provide brief details of the changes made and the rationale for the changes.

[open text – maximum 500 characters]

The residential rehabilitation pathway will be revised in accordance with the work being undertaken throughout Scotland in partnership with Healthcare Improvement Scotland.

Question 30

Are there any specific groups in your ADP area who do not have their needs met by the current residential rehabilitation provision (for reasons such as lack of appropriate models of care, inadequate capacity, the location of services or any other factors)? Mark all that apply with an 'x'.

[multiple choice]

Lesbian, gay or bisexual people

People from minority religions

People on OST

People who are experiencing homelessness

People who are involved in the justice system

People who are pregnant or perinatal

People with child dependents

People with co-occurring mental health problems

People with council tenancies

People with specific physical health condition, including long term illness and disability

Trans people

Women

None

Other (please specify):

The model for family approaches has limited capacity within the national treatment system. There are limited approaches to support people who require an inpatient detox prior to accessing residential rehabilitation. This poses a challenge to fully incorporate a continuum of care.

Question 31

31a. Which, if any, of the following barriers to implementing the Medication Assisted Treatment (MAT) standards exist in your area? Mark all that apply with an 'x'.

[multiple choice]

Accommodation challenges (e.g. appropriate physical spaces, premises, etc.)

Availability of stabilisation/crisis services

Burden of data collection and reporting

Challenges engaging with GPs

Difficulty identifying all those who will benefit

Further workforce training is needed

X Geographical challenges (e.g. remote, rural, etc.)

X Insufficient funds

Insufficient staff

Lack of awareness among potential clients

Lack of capacity

X Scope to further improve/refine your own pathways

Waiting times

None

Other (please specify):

31b. What actions is your ADP taking to overcome these barriers to implementing MAT in your ADP area?

[open text – maximum 500 characters]

Staff can arrange for taxis to take people to SUS if they are seeking 'same day start' or face significant challenges making initial appointment. Increased use of Buvidal reduces the frequency of visits to SUS. Assertive outreach nurses provide support to all GP surgeries in East Lothian. Partner services are encouraged to help people obtain a bus pass, which for some has been hugely beneficial.

Question 32

Other than opioids, which substances are currently the highest priority in your ADP area for treatment and support? Please rank the substances of concern in your area in order of priority – add a number to all that apply, with 1 being highest priority.

[ranking]

3 Alcohol

6 Cannabis/cannabinoids

2 Cocaine, and other stimulants

5 Ketamine

4 Pregabalin/gabapentin

3 Street benzos

1 Polydrug use (please specify any most common combinations of drugs):
Heroin, street benzos, stimulants and alcohol

Other (please specify):

Question 33

Which of the following treatment and support services are in place specifically for **children and young people using alcohol and/or drugs**? Mark all that apply with an 'x'.¹⁰

[multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)			X
Diversionary activities		X	X
Employability support			
Family support services		X	X
Information services		X	X
Justice services			
Mental health services (including wellbeing)		X	X
Opioid Substitution Therapy			X
Outreach/mobile (including school outreach)		X	X
Recovery communities			X
School outreach		X	X
Support/discussion groups (including 1:1)		X	X
Other (please specify)		Homeless accommodation outreach	There is a gap for 16-17 year olds and OST

Quality of life is improved by addressing multiple disadvantages

Question 34

Do you have specific treatment and support services in place for the following groups? Mark all that apply with an 'x'.

[multiple choice]

	Yes	No
Non-native English speakers (English Second Language)		X
People from minority ethnic groups		X

¹⁰ Note that treatment and support services which are inappropriate for younger age groups have been shaded out to avoid confusion on completion of this question.

People from religious groups		X
People who are experiencing homelessness	X	
People who are involved in the justice system	X	
People who are LGBTQI+	X	
People who are neurodivergent	X	
People who are pregnant or peri-natal		X
People who engage in transactional sex		X
People with hearing impairments and/or visual impairments		X
People with learning disabilities and literacy difficulties		
Veterans		X
Women	X	
Other (please specify)		

Question 35

35a. Are there formal joint working protocols in place to support people with co-occurring substance use and mental health diagnoses to receive mental health care? Mark with an 'x'.

[single choice]

☒ Yes

☐ No

35b. Please provide details.

[open text – maximum 500 characters]

A protocol for MAT 9 was submitted to PHS. MAT Substance Use Services and mental health services along with third-sector partner are co-located in same buildings.

Question 36

What arrangements are in place within your ADP area for people who present at substance use services with mental health problems **for which they do not have a diagnosis**? Mark all that apply with an 'x'.

[multiple choice]

☐ Dual diagnosis teams

☒ Formal joint working protocols between mental health and substance use services specifically for people with mental health problems for which they do not have a diagnosis

☒ Pathways for referral to mental health services or other multi-disciplinary teams

☒ Pathways for referral to third sector services for mental health support

Professional mental health staff within services (e.g. psychiatrists, community mental health nurses, etc)

X Provision of joint appointments for those with co-occurring mental health problems and problem substance use

Provision of mental health assessments for people who are presenting with mental health problems

None

Other (please specify):

Question 37

How do you as an ADP work with support services **not directly linked to substance use** (e.g. welfare advice, housing support, etc.) to address multiple disadvantages? Mark all that apply with an 'x'.

[multiple choice]

X By representation on strategic groups or topic-specific sub-groups

By representation on the ADP board

X Through partnership working

X Via provision of funding

Not applicable

Other (please specify): Independent Advocacy

Question 38

Which of the following activities are you aware of having been undertaken in ADP funded or supported¹¹ services to implement a trauma-informed approach? Mark all that apply with an 'x'.

[multiple choice]

X Engaging with people with lived/living experience

X Engaging with third sector/community partners

X Provision of trauma-informed spaces/accommodation

Presence of a working group

Recruiting staff

X Training existing workforce

None

Other (please specify):

Question 39

¹¹ Note: 'supported' refers to where the ADP provides resources of some kind (separate from financial, which is covered by "funded"). This could take the form of knowledge exchange, staffing, the supply of materials (e.g. learning templates, lending them a physical location), etc.

39a. Does your ADP area have specific referral pathways for people to access independent advocacy? Mark with an 'x'.

[single option]

X Yes

No

Don't know

39b. If yes, are these commissioned directly by the ADP? Mark with an 'x'.

[single option]

X Yes

No

Don't know

Children, families and communities affected by substance use are supported

Question 40

Which of the following treatment and support services are in place for **children and young people affected by a parent's or carer's substance use**? Mark all that apply with an 'x'.¹²

[multiple choice]

	Up to 12 years (early years and primary)	13-15 years (secondary S1-4)	16-24 years (young people)
Advocacy			
Carer support			
Diversions activities		X	X
Employability support			
Family support services	X	X	X
First aid training			
Information services		X	X
Mental health services	X	X	X
Outreach/mobile services	X	X	X
School outreach	X	X	X
Social work services			
Support/discussion groups		X	X
Other (please specify)			

Question 41

¹² Note support services which are likely to be inappropriate for younger age groups have been shaded out to avoid confusion on completion of this question.

Which of the following support services are in place **for adults** affected by **another person's substance use**? Mark all that apply with an 'x'.

[multiple choice]

- ☒ Advocacy
- ☒ Commissioned services
- ☒ Counselling
- ☒ One to one support
- ☒ Mental health support
- ☒ Naloxone training
- ☒ Support groups
- ☐ Training
- ☐ None
- ☐ Other (please specify):

Question 42

42a. Do you have an agreed set of activities and priorities with local partners to implement the [Holistic Whole Family Approach Framework](#) in your ADP area? Mark with an 'x'.

[single option]

- ☒ Yes
- ☐ No
- ☐ Don't know

42b. Please provide details of these activities and priorities for 2024/25.

[open text – maximum 500 characters]

MELDAP continues to promote the importance of early intervention/engagement and preventative activities through its commissioned children and families services as well as partner agencies. The partnership document, Positive Approaches to Risk is an example of this as is MELDAPs participation in the inter-agency CAPSU training. Funding has been allocated to sustain the Women's Supper Club and Lunch Club settings to engage women with child care responsibilities who chose to use substances.

Question 43

When did your ADP most recently conduct an audit or needs assessment of the support currently available in your area for children, young people and adults affected by a family member's substance use? Mark with an 'x'. [single option]

- ☐ 2020/21
- ☐ 2021/22
- ☐ 2022/23

2023/24

2024/25

X None undertaken in the past 5 years

There are plans to undertake one in 2025/26

Unsure

Question 44

Which of the following services supporting a Family Inclusive Practice¹³ or a Whole Family Approach are in place in your ADP area (for people with family members both in and not in treatment)? Mark all that apply with an 'x'.

[multiple choice]

X Advice

X Advocacy

X Benefits and debt advice

Mentoring

X Peer support

X Personal development

X Social activities

X Support for self-care activities

Support for victims of gender based violence and their families

X Youth services

None

Other (please specify): Parenting support, programmes (Parents Under Pressure)

Question 45

What support would be helpful to facilitate the implementation of a Family Inclusive Practice or a Whole Family Approach? Mark all that apply with an 'x'.

[multiple choice]

X Additional funding

X Additional resources

Advice to support setting up of lived and living experience forums/co-production methods

X Guidance at a national level

X Information shared from other services

X Sharing of participation tools

¹³ Family Inclusive Practice is a collaborative approach where professionals actively involve a person's family and social networks in care, proactively ask about the needs of the whole family, to ensure all family members are supported.

Workforce training

Analytical support (please specify any details):

Other (please specify):

Question 46

What mechanisms are in place within your ADP area to ensure that services adopt a family inclusive practice? Mark all that apply with an 'x'.

[multiple choice]

☒ Asked about in their reporting

☐ Prerequisite for our commissioning

☐ Regular training provided to services

☐ None

☐ Other (please specify): Will be included as a requirement in all new or updated contracts.

Question 47

In what ways do you work with the Children's Service's Planning Partnership (CSPP) in your area? Mark all that apply with an 'x'.

[multiple choice]

☒ ADP representation on CSPP

☒ Co-location of services

☐ Co-management of projects

☐ Coordinated activities

☐ Coordinated living and lived experience co-production approaches

☐ Co-ordination around staff training

☒ CSPP representation on ADP

☐ Data sharing

☐ Integrated planning

☐ Joint interpretation of data and evidence at a strategic level

☐ Joint referrals to relevant services

☒ Knowledge sharing

☐ Pooled funding

☐ Shared and joint outcomes

☐ Shared assessment of local needs

☐ None

☐ Other (please specify):

Finances

Question 48

How much funding does the ADP receive from the following sources? Please provide details on the amount of funding which is received.

Health board: £ 355,190

Local authorities: £ 227,680

Funding from other grant funder(s) (such as Corra and Inspiring Scotland Foundation): £ 0

Other (please specify source and how much funding) N/A: £ 0

Question 49

49a. How often do you provide financial reports for you ADP area? Mark all that apply with an 'x'.

[multiple choice]

Monthly

X Quarterly

Six monthly

Annually

Other (please specify):

49b. Who is financial reporting provided to? Mark all that apply with an 'x'.

[multiple choice]

X IJB/IA Chief Financial Officer

IJB/IA Chief Officer

X ADP Chair

X Other (please specify): Health and Social Care Partnership Managers

49c. Do you have a dedicated finance officer or team within the ADP? Mark with an 'x'. [single option]

Yes

X No, the ADP coordinator undertakes this as part of their role

No, finances are managed externally to the ADP

X Other (please specify): HSCP Finance Teams support ongoing reporting

Question 50

50. Please describe what financial system(s) are used to manage finances in your area (i.e. Oracle, Efin, Excel spreadsheets).

Efin for NHS spend; Council financial ledger for Social Care spend - both are combined into excel files for reporting.

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 25 September 2025

BY: Chief Officer

SUBJECT: Care At Home – A New Strategic Direction

7

1 PURPOSE

- 1.1 To present a new Care at Home strategy aimed at improving delivery of both community based and funded care services, while supporting system change, to enhance outcomes for individuals and unpaid carers

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Approve the Care at Home Strategy (Appendix)
- 2.2 Note that the SPG has agreed to the development of an Implementation Plan to be led by General Managers.

3 BACKGROUND

- 3.1 There is currently limited capacity to meet the current and projected demand for Care at Home services, which means care is primarily allocated to individuals assessed as being at high risk and can involve long waits for care to become available.
- 3.2 This is predominantly caused by recruitment and retainment challenges, compounded by constrained financial resources and a focus on cost containment.
- 3.3 To address this, a shift in approach is needed—one that rethinks how care is coordinated and delivered to better respond to varying levels of need and promote earlier intervention.
- 3.4 A system-wide approach has been adopted under the Care at Home Change Board/Delivery Group and its associated project workstreams to explore potential changes and improvements, namely the Locality Project Test of Change. Findings of the Locality Project work were considered and agreed at Strategic Planning Group and underpin the new strategy.

- 3.5 This system wide approach spans multi-disciplinary preventative and early intervention efforts within communities and third sector partners, as well as statutory responsibilities such as assessment, commissioning, and the allocation of limited funded services.
- 3.6 As set out in the strategy, transforming Care at Home provision requires:
- The design and implementation of a locality-based care coordination model that embeds collaborative decision making into the Care at Home allocation process, ensuring that available capacity is responsive to the needs of the local population.
 - Engagement with service users, communities, commissioned partners, and HSCP colleagues to 1) Clarify expectations around a preventative, self-management approach and 2) Communicate the strategic direction of Care at Home resources, which prioritises support for individuals with critical and substantial needs.
- 3.7 The strategy also sets out key enablers including:
- Holistic support planning, making better use of community resources at the preventative and early intervention stage.
 - Robust assessments of need that effectively manage risk in line with the HSCP Eligibility Criteria for accessing support services in East Lothian for social care service users and carers ([see link](#)).
 - Promoting asset and strengths-based conversations that support an outcomes focused approach, aligned with ongoing improvements in the delivery of Self-Directed Support.
 - Refining coordinated responses to changing needs through wider multidisciplinary team (MDT) assessments and reviews.
 - Applying a clustering approach in localities to strengthen coordination between internal and external Care at Home providers as part of the care co-ordination model.

4 ENGAGEMENT

- 4.1 In 2023, CapGemini Consultants carried out extensive engagement across all areas of Adult Social Care, including with externally commissioned providers. Their findings are incorporated in the Care at Home Strategy.
- 4.2 VCEL, through their Community First service, were a key partner in the Test of Change within the Locality Project. Their work helped shape emerging change themes through direct engagement with individuals, families and communities and they will be key partners in implementation.

5 POLICY IMPLICATIONS

- 5.1 The implementation process will identify any policies in scope.
- 5.2 The Strategy aligns with the following IJB strategic objectives:
- SO1 Develop Services that are sustainable and proportionate to need.
 - SO2 - Deliver new models of community provision, working collaboratively with communities.
 - SO3 - Focus on Prevention and Early Intervention.
 - SO4 - Enable people to have more choice and control and provide care closer to home.
 - SO5 - Further develop/embed integrated approaches and services.
 - SO6 - Keep people safe from harm.
 - SO7 - Address Health Inequalities.

6 INTEGRATED IMPACT ASSESSMENT

- 6.1 An Integrated Impact Assessment will be carried out during the development of the Implementation Plan.

7 DIRECTIONS

- 7.1 East Lothian Council delivery of social work and social care services – ref DC.4

8 RESOURCE IMPLICATIONS

- 8.1 The Implementation Plan can be delivered using existing leadership and team resources.
- 8.2 A key priority will be to assess the level of investment required to successfully deliver the strategy, taking into account population changes and current unmet demand.
- 8.3 The Implementation Plan will outline:
- The projected capacity needed for Care at Home services over the course of the strategy
 - The recommended commissioning approach
 - The funding required to support both the delivery of care and the implementation of the care coordination model, including early intervention strategies.

9 BACKGROUND PAPERS

9.1 None

Appendix 1: Care at Home Strategy (TEXT ONLY)

Appendix 2: Care at Home Strategy (FULL VERSION)

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APPENDIX 1
Care at Home Strategy
East Lothian Health and Social Care Partnership
2025- 2030

1. Foreword

There must be a systematic change to the way care at home is provided, if we are to continue to meet people's care at home needs. There are a lot of fantastic people doing excellent work every day in all parts of East Lothian but the system cannot cope with current demands for care at home. The vital role that unpaid carers play needs particular attention to ensure they are able to continue to provide support and so support the Care at Home sector. As well as support from community providers and the third sector to support people to stay well in their own homes.

Something has to change quickly. Doing more of the same is therefore not an option. The system for providing care at home is complex and ever-changing, involving people, their carers and a multitude of agencies.

We know that staying in their own homes and communities is vitally important to people with health and social care needs and it makes economic sense to sustain this. Lasting improvements can only be achieved when those who need the support, or directly provide it, are equal partners in deciding how services are put together and delivered. Citizens and families need to do as much as they can for themselves, with front-line professionals supporting people to manage their own risks and take more responsibility for their own well-being.

If we are to achieve the ambition of supporting people in their own homes or a homely setting and avoid more costly responses, resources need to be re-directed from more acute forms of care and treatment and into the community setting. But the system must be set up to support this shift. We have a number of examples of how delivering care earlier or in a different way has supported the care at home sector, but that alone will not deliver sustainable solutions to meet new demands. A systematic change is required. All sources of community-based support, including suitable housing, should be aligned to maximise their impact and avoid duplication. East Lothian IJB are in an ideal position as they direct integrated health and social care services across East Lothian to look at all available resources and use data and research to help inform priorities for investment whilst managing an ever-increasing financial pressure.

2. Executive Summary

People in East Lothian want to live in their own homes, and when needed receive good quality care and support to stay independent and well. Engagement shows that people want flexible, consistent support that focusses on their personal well-being outcomes. Families, carers and communities are the foundation of care and support at home. As demand for care increases, we need to make changes to address some real challenges. This will need to include new ways of designing care at home and making sure services are properly resourced.

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Our vision for change

ELHSCP will work with the community, the independent care sector and the HSCP's to improve the delivery of care at home services. We will improve our assessments of need to ensure it is holistic and focussed on outcomes and not an assessment for a care at home service. To make this happen, we need to:

1. Make sure people who need care and support, and carers, are equal partners who can use their skills and experiences to help make decisions and provide support and care in a sustainable way.
2. Care at home needs to be built around communities. We need to support carers to continue caring, and communities to offer support. ELHSCP needs to harness the strength of the communities and use the support of all services available to ensure wellbeing outcomes are met.
3. Care at home needs to support personal outcomes and support from elsewhere to meet different needs. The assessment of need and the subsequent meeting of those agreed needs and outcomes must be clear and various resources available to meet those needs, not just a reliance on Care at Home. The response needs to be co-ordinated around the individual so all services whether statutory, third sector or from family and friends are able to work together to provide the best outcomes for the individual.
4. Make sure the workforce has the knowledge, skills and values to provide care at home. The workforce is critical; they need to be valued, reliable, competent and confident.

3. Introduction

People in East Lothian want to live in their own homes and communities with the support they need, when they need it. This is even when they have complex health, care and support needs.

Care at Home is a service that supports people to live at home. It is provided by organisations who are regulated by the Care Inspectorate but also by individuals who are employed through a Direct Payment/ Option 1 under SDS.

However, Care at Home is not able to support all the people who have been assessed as having health and social care needs. The market is therefore heavily supported by

- Unpaid carers
- Community supports such as day centres for older people and community day support for adults with Learning Disabilities, Mental Health or physical disabilities.
- Volunteers
- Health Services

Effective care at home makes it possible for people to stay in their own homes for longer, preventing early admissions to care homes, reduces hospital admissions and ensures timely discharge from a hospital setting.

Care at Home needs to be reliable, consistent, flexible and promote independence at all times.

This strategy draws on the work presented by Cap Gemini's analysis of care at home in East Lothian completed in 2023 ¹ and the delivery of a pilot project 'The Locality Model' delivered over a 12 week period from November 2024 to February 2025. Plus, the data gathered from the delivery of Care at Home services across East Lothian.

There are a number of challenges in delivering Care at Home across Scotland and East Lothian is not unique in trying to address these challenges. What is evident from the consultation and from the data is that Care at Home is only one part of the whole Health and Social Care System and in order to deliver a safe and effective Care at Home service we must take a whole system approach.

- Focus on what is important to the individual who requires support. Committing to strength based conversations with people.
- Recognise the importance of unpaid carers, in providing support but also in supporting them in their care giving role.
- Supporting assessment of need to take a holistic community approach to accessing support – 'Care at Home' must not be the default.
- Focus of early intervention, reducing and delaying the need for a care at home service.

All whilst reflecting relevant legislation and adhering to Health and Social Care Standards.

4. The Case for Change

4.1. The Current Picture

Demographics

East Lothian witnessed the largest growth in population of all Scottish local authorities in the 11 years from 2011 to 2022 (based on 2022 census figures). Projections forecast further high levels of growth in the East Lothian population over the next 20 years. An increase in the proportion of the population within the older age cohorts is also projected.

The projected population growth will further add to the pressure on health and social care services. The increase in the older population is particularly significant given that 76% of people in receipt of health and social care services in Scotland are aged 65 or over².

Historic Growth - Key Points

- East Lothian population grew by 24.6% from 2001 to 2022 – the highest rate of growth in Scotland.
- In 2022, 9.8% of the East Lothian population was 75+, higher than the Scottish level of 9%.

¹ S:\Strategy & Policy\CAH WORKING GROUP\CAPGEMINI\PRESENTATIONS and Report\Analysis of CAH Service Provision 10 March 2023

² [Integration Joint Boards' Finance and performance 2024 | Audit Scotland](#)

- The Scottish Government's funding allocation did not increase to reflect population growth over this period (East Lothian's grant for 2023/24 was the third lowest per head of population for Scotland).

Projected Growth - Key Points

- It is projected that East Lothian's population will have grown by 15.08% between 2018 and 2043. This will bring the population to an estimated 121,743 by 2043 (from 105,790 in 2018).
- The number of people aged 75+ is projected to almost double to 18,338 by 2043 (a 94% increase from 9,437 in 2018).
- The number of people in the 65 to 74 age group is set to increase by 22.76% to 14,404 (from 11,733).
- The projected increase is higher than the Scottish rate in both of the older age cohorts (the Scottish increase is estimated at 70.6% for the 75+ age group and 7.6% for the 65 to 74 age group).
- The position for people being supported with Learning and Physical Disabilities has remained relatively static, however the level of complexity of support required has increased. This is seen particularly for people with Learning Disabilities who with improved health and social care are living longer.

4.2. Care at Home Demand

A review of Care at Home services in 2022/23 showed that demand in the preceding 4 years had remained relatively stable and that the pressures faced (at the time of reporting) were not due to increases in demand, but the result of instability in the external providers market, due mainly to smaller providers closing down as they were no longer financially viable and transformation work to support a more community based approach to support.

Although demographic change had not appeared to be impacting on demand at this point, it was noted that this was likely to bring significant challenges going forward. The report included modelling of several different scenarios reflecting both demographic change and cost pressures.

- Whilst the total number of Care at Home service users had been relatively stable over the period studied, a reduction in service user numbers was evident from March 2020 at a rate of around -2.59% per annum.
- Although the number of service users had decreased, there was no significant change in the number of hours provided. This was the result of an increase in the number of hours required by the under 65 cohort as a result of increasing level and complexity of need for individuals within this group.
- The number of people receiving care at home support from an external provider decreased from the outbreak of the pandemic (at a rate of 5% per annum), with in-house provision having to increase to offset this loss. The number of hours delivered by external providers decreased by 13% over the period studied (2022- 2023) .

- The increased reliance on internal care at home services, provided at a higher unit cost along with inflationary pressures, resulted in a significant increase in the cost of providing Care at Home services over the period looked at 24% of the total cost in 2022/23 draft outturn was in relation in-house services, a rise of 12% compared to the 2018/19 outturn.

4.2.1. Required Capacity for Care at Home

Based on current practice, care at home data and predicted future demand, we require to fund a further 2100 hours of Care at Home services. Developments as detailed in this Strategy will support a more robust and sustainable requirement for Care at Home services, which would also better align the financial position of the IJB.

Further work within the HSCP is required to establish the demand for a CAH hospital discharge service with a primary focus on rehab and hospital discharge and the requirement for ongoing support within the community, which supports both the prevention agenda as well as the ongoing demand for services.

4.3. Workforce

Care at home relies on a stable workforce, who feel valued with the right skills knowledge and opportunity for training and career development. However, financial pressures have led to lower rates of pay and high staff turnover within the independent sector. Despite the dedication of many staff and the exceptional lengths staff go to, to deliver support often working alone in the community it is a role which struggles to earn the status it deserves.

With regards to Internal Care at Home services there have been improvements in retention of staff over the last year. Internal NHS services has seen an increase in staff numbers and investment through Unscheduled Care funding. This has increased overall internal care at home services to around 3,400 hrs per week.(April 2025).

East Lothian HSCP has a detailed Workforce Strategy and Action Plan 2025-2028, which details the work to support the internal CAH services and other workforce which support the HSCP services including AHP's social work, nursing staff etc.

4.4. Carers

The impact that unpaid carers have on supporting the health and social care system is substantial. It is estimated that the financial value to health and social care from unpaid carers in Scotland is approximately £15.9 billion per year. From the 2022³ carers census the number of unpaid carers in East Lothian was 13,147.

“With Scotland’s population ageing and more people living longer with multiple health conditions, and at the same time, our health and social care systems struggling to meet

³ [Carers Census 2022-23 Scotland](#)

*demand, we expect to see more carers providing intense caring roles of over 35 hours per week.*⁴

It is essential ELHSCP is able to support these carers in their caring role. Providing a break from caring on a regular basis and also providing Care at Home for the cared for person are ways of ensuring carers can continue in their carers role.

4.5. Financial Position

The current budget for all Care at Home services within ELC is £21,746 million per annum. However, the forecasted spend for 2024-25 is £25,409million. This results in an end of year financial gap of £3.6 million. This equates to approximately 3000hrs per week of unfunded care This is in addition to the people who have been assessed as requiring Care at Home and remain on a waiting list.

4.5.1. Unscheduled Care Funding (NHS) March 2025

Funding	Total care Staff	Approx Care Hours per week
£1,686,000	37.8 WTE	900 hrs

Scottish Government provided funding via NHS Lothian, which East Lothian HSCP used to recruit staff to support hospital discharge, including supporting 'Enhanced Discharge to Assess' (ED2A). Once the support to discharge is stable then the proposal is to support the unmet need within the community.

Although it is recognised that increasing Care at Home does and will support the system, it is a short-term fix as demand will again outstrip capacity. It is therefore important that we continue to look at alternatives to Care at Home and improvements in the initial conversations staff have with people requiring HSC services. In addition, improved communication between all 'support services' involved in someone's life is critical.

5. WHY CHANGE IS NEEDED

East Lothian needs a consistent approach to care at home. It must be built around individuals, families, carers and communities.

ELHSCP's Strategic Plan 2022-25⁵ draws on the "Framework for Community Health and Social Care Integrated Services", highlighting its core components, namely:

Promoting healthy, independent living by supporting people to:

- Adopt an assets-based approach.
- Manage their own conditions.
- Connect with their communities.
- Live independently at home or in a homely setting.

Making services more accessible and responsive by developing:

- First Point of Contact.
- Anticipatory Care Planning.

⁴ [Valuing Carers Scotland Report](#)

⁵ East Lothian Strategic Plan 2022-2025

- Reablement within all services.
- Short-term, targeted interventions to meet more complex need.

Improving outcomes by working more effectively to deliver:

- Fully integrated community teams.
- Teams aligned to General Practice.
- Seamless working with acute care.
- Enhanced care in care homes and supported accommodation.

The approach to Care at Home needs to better reflect ELHSCP's Strategic Plan, to better reflect the outcomes the service should deliver, and to create a viable service model for the future.

This change will need to impact:

1. **The Assessment**, particularly the initial conversation with individuals & their existing support networks
2. **Community Engagement**, developing more capacity in the community.
3. **Care coordination**, engaging all people involved in someone's care to know who to talk to & exploring how to find a better way to supporting people, which focuses on all available support not just Care at Home.
4. **Commissioning**, paying the fair amount for care, creating greater room for innovation in care delivery, developing a care economy that is viable for the long term. Commissioning a range of services to meet need and not just different care providers delivering the same service.
5. **Tech-enabled care**, to use technology in the right way & for the right people, reducing the need for short visits and reducing risk

6. KEY ACTIONS

1. Assessments

Care at Home and how it is delivered is still in the most part, decided by an initial Assessment of need. These assessments are carried out in someone's own home or in hospital if the individual is requiring support at home prior to being able to leave hospital.

The assessments can be carried out by a number different professionals, including Occupational Therapists, Nurses, Social Work or Social Care Staff. The assessments are Multidisciplinary and will include feedback from other health professional such as GP's as well as unpaid carers and providers of support.

The assessment process needs to focus on the outcome requirements for the individual and should not be an assessment for a service. The assessment should, start from a point of 'strength based conversation', where family, friends and communities are considered as part of the assessment. The importance of all these factors has in supporting a persons outcomes needs to be considered and the use of Care at Home should form only one part of the overall support and meet the more complex, high level needs of an individual. This holistic approach to assessments results in outcomes being achieved.

As important as how the assessment is carried out is when it is carried out, most notably assessments are most often requested and provided in times of crisis- at point of hospital discharge, after a fall at home etc. It is why it is important that initial assessments are reviewed soon after the initial crisis assessment and support has been put in place.

The review needs to be able to measure if the outcomes for the individual are being met as a result of the support being given, and the support remains at all times in line with Health and Social Care Standards. The assessment and review outcomes as well as the cost of the service should all be clear to the individual in receipt of these services.

It is well recognised that the longer support is in place the more dependent an individual can become. This is especially true around care at home that is given immediately after a crisis intervention. Having a rehab focus to Care at Home support ensures that individuals are given the right support at the right time and do not become 'deconditioned' and require more support for a longer period of time⁶.

Strengths based conversations, focusing on what matters to the individual should be embedded across all Health and Social Care engagement with individuals to maximise the evidence-based benefits across the system. This will contribute to reshaping statutory service and community enablers in achieving prevention, rehabilitation and self-management around health and social care needs.

2. Community Development

A key area to improve the delivery of Care at Home is to ensure there are adequate and robust community supports to complement and enhance the delivery of care at home service. This idea of 'community assets' is detailed in works by Prof. John L. McKnight and Cormac Russell who have researched how building an Asset-Based Community Development system can provide the right conditions to help support people in their own homes and communities. The resources they identify are as follows⁷;

- a. **Contributions of Residents:** The gifts, skills and passions and knowledge of residents, which are contributed towards the collective wellbeing of their community.
- b. **Associations** are clubs, groups, and networks of unpaid citizens, who create the vision and implement the actions required to make their vision, visible, and of consequence.
- c. **Local Institutions,** The nature of an institution that is community oriented is that it acts as a resource toward community wellbeing and aims to be supportive not directive. The goal of such supportive institutions is to enable citizenship and interdependence at the center of community life. Supportive institutions consider citizens to be the primary inventors of community wellbeing in a democracy, and see their role as cheering on that inventiveness and serving while walking backwards.
- d. **Local Places:** Small, local, bounded places, that people relate to as their shared place: neighbourhood, village, town and so on, provide an optimal threshold within which these resources, can be brought into right relationship with each other to become connected and mobilized. As well as providing an ideal context for gift exchange, hospitality and revealing abundance, local bounded places are replete with all manner of practical resources that are essential to community life.
- e. **Exchange:** In the non-monetary world, there are three forms of exchange: 1) the exchange of intangibles, 2) the exchange of tangibles, and 3) use of alternative currencies. In the commercial world 4) there is a fourth form of exchange in the shape of money.

⁶ [Relationship between hospitalisation and functional and cognitive impairment](#)

⁷ [Asset Based Community Development](#)

- f. **Stories:** Local culture, or 'the community way' often finds expression within stories of the people and the 'ways' they have learned through time to survive and thrive within their home places. Hence the sixth resource that enables shared visioning and productivity are community stories.

Within East Lothian we have a strong third sector and vibrant communities. The challenge is to be able to access and support the communities which will in turn support Health and Social Care services.

3. Care Coordination.

Highlighted during a number of engagements, with communities, users of health and social services as well as staff who deliver the services, is the need for a joined up approach to the delivery of all services, and a single point of contact to support navigation through the Health and Social System.

Care Co-ordination offers this approach and along with increasing community capacity supports the move away from Care at Home being used to deliver all outcomes. It also allows services both statutory and those delivered by the independent and voluntary sector to work in a more integrated way.

Engaging with all the people involved in someone's care, knowing who to talk to and when is key to exploring a better more sustainable way to support people.

A care coordination model would focus on a Locality Model and support all the individuals in that local and would have a multi-disciplinary approach involving;

- Social Work Staff
- Allied Health Professionals
- Community Nursing
- Community Supports
- Care at Home Supports

This approach would allow a focussed holistic approach on each individual which removes the emphasis on, ongoing Care at Home and looks at alternatives to a care at home service where possible.

4. Commissioning.

The current market in 2025 for Care at Home is split by 30% internal services (ELC and NHS services) and 70 % external services for people over 65 yrs. Under 65's are supported 97% by external providers and 3% by the internal service.

The balance between internal services and external is important to manage. The 'pull' of staff to what can be seen as better paid Council and NHS posts can cause instability in the care market. The care market is finite, and it is long recognised to have reached saturation point. It is also established that the base cost of Care at home delivery is almost 30% higher for internally delivered services.

Since 2020 ELHSCP have increased the delivery of internal services by around 20%. This was in response to a failing external market and a recognition that the cost of managing a high number of providers with a small number of hours was unsustainable for both provider and the HSCP.

Although procurement processes follow a strict ethical commissioning process which allow for certain stipulation to providers to adhere to fair working practices within in East Lothian including paying staff the Real Living Wage, the majority of providers employ staff on 'task based' salary. This means although paid at least the Living Wage, staff are paid only when delivering care. This results in a perverse incentive to continue to deliver care even if the outcome has been met. This increases people's dependency on care and puts further strain on the limited care at home resource.

The Fair Work Framework outlines key themes of: Effective Voice, Opportunity, Security, Fulfilment and Respect, which further forms an evidence base that change actions in commissioning can positively impact on workforce development. [Fair Work Framework](#)

Consideration for collaborative style approaches to CAH commissioning can support providers to respond collaboratively to population needs, alongside a Locality focused Care Co-ordination system model.

4.1 Capitation/Block Contracts

Provision of block contracts or a 'Capitated' model whereby Providers are contracted on a geographical location and funded to deliver support to a certain number of individuals and therefore it is based on the person rather the hours required, can help to improve providers terms and conditions of employment. However, the HSCP would need to ensure its assessments and reviews were outcome focused. Without this focus on outcomes rather than hours, the contracting for and delivery of care remains on a time and task bases.

East Lothian will aim to have CAH capacity reflective of actual population need at any one time enabling the right amount of support at the right time which also supports the avoidance of hospital admissions and prevents delays to hospital discharge.

East Lothian are keen to move towards an outcome-based capitated budget for providers and note the following pro's and cons.

Pros

- As a capitated payment is not linked to how much care is provided, providers have the flexibility to spend money on services they think will secure the best outcome for the service users.
- The potential for more integrated care and evidence that professionals work more closely together when working under a capitated budget.
- Evaluations of programmes elsewhere show they are more cost-effective than other payment systems.

Cons

- Providers are paid regardless of what they deliver - enabling them to provide as little care as possible to minimise costs.
- They do not necessarily take into account changes in levels of demand.
- Services delivered by different organisations require significant capabilities on the provider side - e.g. coordination between primary and secondary care.

4.2 Provider Capacity

Provider size is crucial to the delivery of external provision. New providers coming into the area are most at risk of collapse if they deliver fewer than 500hrs per week. The HSCP is unable to pay above the average rate for Care at Home provision which in 2025/26 is £23.81 per hour. An hourly rate which is only sustainable for medium (500 hrs- 1500 hrs per week) providers. As the organisation grows there appears to be a critical position where providers need to move to around 2500 hrs to become sustainable at an affordable rate for the HSCP. Capacity within East Lothian including the internal services means there are around 4 main providers mainly providing to people under 65. These 4 providers account for 80-90% of the external market. Therefore, new providers who can often provide care immediately but ultimately not sustainably come into the market for short periods of time. It is important that ELHSCP control the market ensuring providers are supported to become sustainable and procured to allow for improved terms and conditions of employment for external provision.

To support providers, the HSCP will work to reduce the amount of travel time associated with the delivery of the Care at Home services. Rural areas will be supported by the Internal service who have better access to transport and can access electric and non electric vehicles so cost is not passed onto the care worker nor is an additional expensive for a provider who may not have sufficient contracted hours to fund a vehicle.

Care packages will be clustered to ensure providers are not crossing over each to provide services. This may mean service users experience a change in provider and communication around these changes will be key.

4.3 Option 1 (Direct Payment) / Option 2.

These purchase options under the Social Care (Self-directed Support) (Scotland) Act 2013, are to allow people to purchase alternative support that the HSCP is unable to provide. The legislation is in place to give people who have assessed care needs more choice and control over the support they receive. However, in practice these options are often used to purchase care that is not immediately available through Option 3 and allows individuals to pay additionally to secure a normally smaller more expensive care at home provider.

The options are often seen as the last resort, to be used if ELHSCP have been unable to source an option 3 provider. As we secure the option 3 market, we should see the number of SDS options 1 and 2 reducing and those who do choose those options do so to make an active choice to purchase support that is not available via option 3, that will offer them more control and choice around how their care is delivered, rather than to bypass a waiting list for Care at Home.

Actions include adopting system wide change in conversation at the time of assessment, to focus on what matters to the individual and can be supported by SDS Improvement Planning.

5. Tech-enabled Care

As care at home is challenged by increasing demand, underfunding and the lack of an appropriately skilled workforce, technology in it's many forms is seen as way to address some of these issues.

It will be important to invest in both staff training and public education into the use of technology in the right way & for the right people to reduce the need for short visits and reducing risk of leaving people with no support if the use of Technology in care is to be successful.

We will look to consider two aspects of technology in relation to Care at Home

1. The Technology that is available to support providers to deliver care in the most effective and efficient way- for example reducing travel time for care staff, improving lone working, being able to record visit times etc.
2. The use of technology to reduce the need for a care at home service, or to improve the delivery of the support to an individual such as Robotics, sensors, tracking and monitoring, home testing and increasingly the exploration of Artificial Intelligence.

There is a Digital and Data Programme Board within East Lothian that will take forward workstreams around both Telecare and Digital solution



Care at home Strategy 2025 – 2030

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There must be a systematic change to the way care at home is provided, if we are to continue to meet people's care at home needs. There are a lot of fantastic people doing excellent work every day in all parts of East Lothian but the system cannot cope with current demands for care at home. The vital role that unpaid carers play needs particular attention to ensure they are able to continue to provide support and so support the Care at Home sector. As well as support from community providers and the third sector to support people to stay well in their own homes. Something has to change quickly.

Doing more of the same is not an option.

The system for providing care at home is complex and ever-changing, involving people, their carers and a multitude of agencies.

We know that staying in their own homes and communities is vitally important to people with health and social care needs and it makes economic sense to sustain this. Lasting improvements can only be achieved when those who need the support, or directly provide it, are equal partners in deciding how services are put together and delivered. Citizens and families need to do as much as they can for themselves, with front-line professionals supporting people to manage their own risks and take more responsibility for their own well-being.

If we are to achieve the ambition of supporting people in their own homes or a homely setting and avoid more costly responses, resources need to be re-directed from more acute forms of care and treatment and into the community setting. But the system must be set up to support this shift. We have a number of examples of how delivering care earlier or in a different way has supported the care at home sector, but that alone will not deliver sustainable solutions to meet new demands. A systematic change is required. All sources of community-based support, including suitable housing, should be aligned to maximise their impact and avoid duplication. East Lothian IJB are in an ideal position as they direct integrated health and social care services across East Lothian to look at all available resources and use data and research to help inform priorities for investment whilst managing an ever-increasing financial pressure.

People in East Lothian want to live in their own homes, and when needed receive good quality care and support to stay independent and well. Engagement shows that people want flexible, consistent support that focusses on their personal well-being outcomes. Families, carers and communities are the foundation of care and support at home. As demand for care increases, we need to make changes to address some real challenges. This will need to include new ways of designing care at home and making sure services are properly resourced.

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Care at home makes sure that as many people as possible are supported in their own homes.

The care at home service can touch on all aspects of your daily life in your own home

- Care Inspectorate

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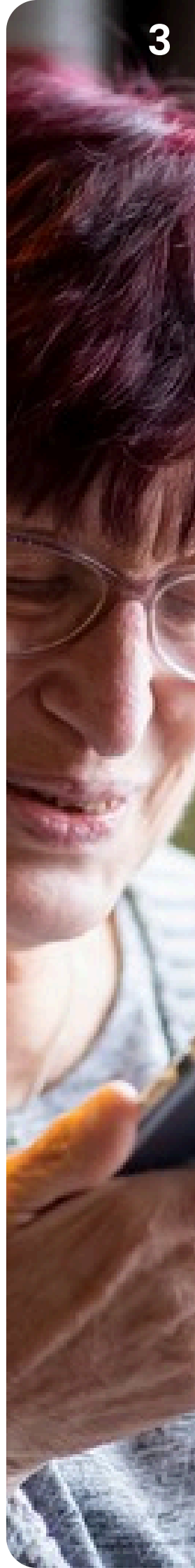
Our vision for change

ELHSCP will work with the community, the independent care sector and the HSCP's to improve the delivery of care at home services. We will improve our assessments of need to ensure it is holistic and focussed on outcomes and not an assessment for a care at home service.

To make this happen, we need to:

1. Make sure people who need care and support, and carers, are equal partners who can use their skills and experiences to help make decisions and provide support and care in a sustainable way.
2. Care at home needs to be built around communities. We need to support carers to continue caring, and communities to offer support. ELHSCP needs to harness the strength of the communities and use the support of all services available to ensure wellbeing outcomes are met.

3. Care at home needs to support personal outcomes and support from elsewhere to meet different needs. The assessment of need and the subsequent meeting of those agreed needs and outcomes must be clear and various resources available to meet those needs, not just a reliance on Care at Home. The response needs to be co-ordinated around the individual so all services whether statutory, third sector or from family and friends are able to work together to provide the best outcomes for the individual.
4. Make sure the workforce has the knowledge, skills and values to provide care at home The workforce is critical; they need to be valued, reliable, competent and confident.



People in East Lothian want to live in their own homes and communities with the support they need, when they need it. This is even when they have complex health, care and support needs.

Care at Home is a service that supports people to live at home. It is provided by organisations who are regulated by the Care Inspectorate but also by individuals who are employed through a Direct Payment/Option 1 under Self Directed Support.

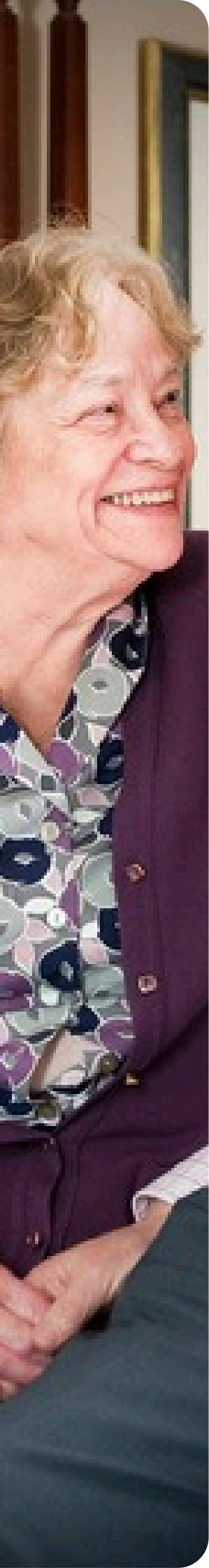
However, Care at Home is not able to support all the people who have been assessed as having health and social care needs. The market is therefore heavily supported by:

- **Unpaid carers**
- **Community supports such as day centres for older people and community day support for adults with Learning Disability, Mental Health or physical disabilities.**
- **Volunteers**
- **Health Services**

Effective care at home makes it possible for people to stay in their own homes for longer, preventing early admissions to care homes, reduces hospital admissions and ensures timely discharge from a hospital setting.

Care at Home needs to be reliable, consistent, flexible and promote independence at all times.

This strategy draws on the work presented by Cap Gemini's analysis of care at home in East Lothian completed in 2023 and the delivery of a pilot project '**The Locality Model**' delivered over a 12 week period from November 2024 to February 2025. Plus, the data gathered from the delivery of Care at Home services across East Lothian.



There are a number of challenges in delivering Care at Home across Scotland and East Lothian is not unique in trying to address these challenges. What is evident from the consultation and from the data is that Care at Home is only one part of the whole Health and Social Care System and in order to deliver a safe and effective Care at Home service we must take a whole system approach.

- Focus on what is important to the individual who requires support. Committing to strength based conversations with people.
- Recognise the importance of unpaid carers, in providing support but also in supporting them in their care giving role.
- Supporting assessment of need to take a holistic community approach to accessing support – ‘Care at Home’ must not be the default.
- Focus of early intervention, reducing and delaying the need for a care at home service.

All whilst reflecting relevant legislation and adhering to Health and Social Care Standards

4.1 The Current Picture

Demographics

East Lothian witnessed the largest growth in population of all Scottish local authorities in the **11 years from 2011 to 2022** (based on 2022 census figures). Projections forecast further high levels of growth in the East Lothian population over the **next 20 years**. An increase in the proportion of the population within the older age cohorts is also projected.

The projected population growth will further add to the pressure on health and social care services. The increase in the older population is particularly significant given that **76% of people** in receipt of health and social care services in Scotland are aged **65** or over [1].

Historic Growth – Key Points

- East Lothian population grew by **24.6%** from 2001 to 2022 – the highest rate of growth in Scotland.
- In 2022, **9.8%** of the East Lothian population was **75+**, higher than the Scottish level of **9%**.
- The Scottish Government's funding allocation **did not increase** to reflect population growth over this period (East Lothian's grant for 2023/24 was the **third lowest per head** of population for Scotland).



[1] Integration Joint Boards' Finance and performance 2024 | Audit Scotland

Projected Growth – Key Points

- It is projected that East Lothian's population will have grown by **15.08%** between 2018 and 2043. This will bring the population to an estimated **121,743 by 2043** (from 105,790 in 2018).
- The number of people aged **75+** is projected to almost double to **18,338 by 2043** (a 94% increase from 9,437 in 2018).
- The number of people in the **65 to 74** age group is set to increase by **22.76% to 14,404** (from 11,733).
- The projected increase is **higher** than the Scottish rate in both of the older age cohorts (the Scottish increase is estimated at 70.6% for the 75+ age group and 7.6% for the 65 to 74 age group).
- The position for people being supported with Learning and Physical Disabilities has remained **relatively static**, however the level of **complexity of support required has increased**. This is seen particularly for people with Learning Disabilities who with improved health and social care are living longer.

4.2 Care at Home Demand

A review of Care at Home services in 2022/23 showed that demand in the preceding 4 years had remained relatively stable and that the pressures faced (at the time of reporting) were not due to increases in demand, but the result of instability in the external providers market, due mainly to smaller providers closing down as they were no longer financially viable and transformation work to support a more community based approach to support.

Although demographic change had not appeared to be impacting on demand at this point, it was noted that this was likely to bring significant challenges going forward. The report included modelling of several different scenarios reflecting both demographic change and cost pressures.

- Whilst the total number of Care at Home service users had been relatively stable over the period studied, a reduction in service user numbers was evident from March 2020 at a rate of around -2.59% per annum.
- Although the number of service users had decreased, there was no significant change in the number of hours provided. This was the result of an increase in the number of hours required by the under 65 cohort as a result of increasing level and complexity of need for individuals within this group.
- The number of people receiving care at home support from an external provider decreased from the outbreak of the pandemic (at a rate of 5% per annum), with in-house provision having to increase to offset this loss. The number of hours delivered by external providers decreased by 13% over the period studied (2022- 2023).
- The increased reliance on internal care at home services, provided at a higher unit cost along with inflationary pressures, resulted in a **significant increase** in the cost of providing Care at Home services over the period looked at **24%** of the total cost in 2022/23 draft outturn was in relation in-house services, a rise of **12%** compared to the 2018/19 outturn.

4.2.1 Required Capacity for Care at Home

Based on current practice, care at home data and predicted future demand, we require to fund a further 2100 hours of Care at Home services. Developments as detailed in this Strategy will support a more robust and sustainable requirement for Care at Home services, which would also better align the financial position of the IJB.

Further work within the HSCP is required to establish the demand for a CAH hospital discharge service with a primary focus on rehab and hospital discharge and the requirement for ongoing support within the community, which supports both the prevention agenda as well as the ongoing demand for services.

4.3 Workforce

Care at home relies on a stable workforce, who feel **valued** with the right skills, knowledge and opportunity for training and career development. However, **financial pressures** have led to lower rates of pay and high staff turnover within the independent sector. Despite the dedication of many staff and the **exceptional lengths** staff go to, to deliver support often working alone in the community it is a role which struggles to **earn the status it deserves**.

With regards to Internal Care at Home services there have been improvements in retention of staff over the last year. Internal NHS services has seen an increase in staff numbers and investment through Unscheduled Care funding. This has increased overall internal care at home services to around **3,400 hrs per week**. (April 2025).

East Lothian HSCP has a detailed Workforce Strategy and Action Plan 2025–2028, which details the work to support the internal CAH services and other workforce which support the HSCP services including AHP's social work, nursing staff etc.

4.4 Carers

The impact that unpaid carers have on supporting the health and social care system is substantial. It is estimated that the financial value to health and social care from unpaid carers in Scotland is approximately **£15.9 billion per year**. From the 2022 [2] carers census the number of unpaid carers in East Lothian was **13,147**.

With Scotland's population ageing and more people living longer with multiple health conditions, and at the same time, our health and social care systems struggling to meet demand, we expect to see more carers providing intense caring roles of over 35 hours per week.

[3]

It is essential ELHSCP is able to support these carers in their caring role.

Providing a break from caring on a regular basis and also providing Care at Home for the cared for person are ways of ensuring carers can continue in their carers role.

[2] [Carers Census 2022–23 Scotland](#)

[3] [Valuing Carers Scotland Report](#)

4.5 Financial Position

The current budget for all Care at Home services within ELC is **£21,746,000** per annum. However, the forecasted spend for 2024-25 is **£25,409,000**. This results in an end of year financial gap of **£3.6 million**. This equates to approximately **3000hrs per week of unfunded care**. This is in addition to the people who have been assessed as requiring Care at Home and remain on a waiting list.

4.5.1 Unscheduled Care Funding (NHS) March 2025

Funding	Total Care Staff	Approx Care Hours Per Week
£1,686,000	37.8 WTE	900 hrs

Scottish Government provided funding via NHS Lothian, which ELHSCP used to recruit staff to support hospital discharge, including supporting 'Enhanced Discharge to Assess' (ED2A). Once the support to discharge is stable then the proposal is to support the unmet need within the community.

Although it is recognised that increasing Care at Home does and will support the system, it is a short-term fix as demand will again outstrip capacity. It is therefore important that we continue to look at alternatives to Care at Home and improvements in the initial conversations staff have with people requiring HSC services. In addition, improved communication between all 'support services' involved in someone's life is critical.

East Lothian needs a consistent approach to care at home. It must be built around individuals, families, carers and communities. ELHSCP's Strategic Plan 2022-25 [4] draws on the "Framework for Community Health and Social Care Integrated Services", highlighting its core components, namely:

Promoting healthy, independent living by supporting people to:

- Adopt an assets-based approach.
- Manage their own conditions.
- Connect with their communities.
- Live independently at home or in a homely setting.

Making services more accessible and responsive by developing:

- First Point of Contact.
- Anticipatory Care Planning.
- Reablement within all services.
- Short-term, targeted interventions to meet more complex need.

Improving outcomes by working more effectively to deliver:

- Fully integrated community teams.
- Teams aligned to General Practice.
- Seamless working with acute care.
- Enhanced care in care homes and supported accommodation.

[4] East Lothian Strategic Plan 2022-2025

The approach to Care at Home needs to better reflect ELHSCP's Strategic Plan, to better reflect the outcomes the service should deliver, and to create a viable service model for the future.

This change will need to impact:

1. **The Assessment**, particularly the initial conversation with individuals & their existing support networks
2. **Community Engagement**, developing more capacity in the community.
3. **Care coordination**, engaging all people involved in someone's care to know who to talk to & exploring how to find a better way to supporting people, which focuses on all available support not just Care at Home.
4. **Commissioning**, paying the fair amount for care, creating greater room for innovation in care delivery, developing a care economy that is viable for the long term. Commissioning a range of services to meet need and not just different care providers delivering the same service.
5. **Tech-enabled care**, to use technology in the right way & for the right people, reducing the need for short visits and reducing risk

6. KEY ACTIONS

1. Assessments

Care at Home and how it is delivered is still in the most part, decided by an initial Assessment of need. These assessments are carried out in someone's own home or in hospital if the individual is requiring support at home prior to being able to leave hospital.

The assessments can be carried out by a number of different professionals, including Occupational Therapists, Nurses, Social Work or Social Care Staff. The assessments are Multidisciplinary and will include feedback from other health professional such as GP's as well as unpaid carers and providers of support.

The assessment process needs to focus on the outcome requirements for the individual and should not be an assessment for a service. The assessment should, start from a point of 'strength based conversation', where family, friends and communities are considered as part of the assessment. The importance of all these factors has in supporting a persons outcomes needs to be considered and the use of Care at Home should form only one part of the overall support and meet the more complex, high level needs of an individual. This holistic approach to assessments results in outcomes being achieved.

As important as how the assessment is carried out is when it is carried out, most notably assessments are most often requested and provided in times of crisis- at point of hospital discharge, after a fall at home etc. It is why it is important that initial assessments are reviewed soon after the initial crisis assessment and support has been put in place.



The review needs to be able to measure if the outcomes for the individual are being met as a result of the support being given, and the support remains at all times in line with Health and Social Care Standards. The assessment and review outcomes as well as the cost of the service should all be clear to the individual in receipt of these services.

It is well recognised that the longer support is in place the more dependent an individual can become. This is especially true around care at home that is given immediately after a crisis intervention. Having a rehab focus to Care at Home support ensures that individuals are given the right support at the right time and do not become 'deconditioned' and require more support for a longer period of time [5].

Strengths based conversations, focusing on what matters to the individual should be embedded across all Health and Social Care engagement with individuals to maximise the evidence-based benefits across the system. This will contribute to reshaping statutory service and community enablers in achieving prevention, rehabilitation and self-management around health and social care needs.

[5] Relationship between hospitalisation and functional and cognitive impairment



2. Community Development

A key area to improve the delivery of Care at Home is to ensure there are adequate and robust community supports to complement and enhance the delivery of care at home service. This idea of 'community assets' is detailed in works by Prof. John L. McKnight and Cormac Russell who have researched how building an Asset-Based Community Development system can provide the right conditions to help support people in their own homes and communities. The resources they identify are as follows [6];

A – Contributions of Residents: The gifts, skills and passions and knowledge of residents, which are contributed towards the collective wellbeing of their community.

B – Associations are clubs, groups, and networks of unpaid citizens, who create the vision and implement the actions required to make their vision, visible, and of consequence.

C – Local Institutions, The nature of an institution that is community oriented is that it acts as a resource toward community wellbeing and aims to be supportive, not directive. The goal of such supportive institutions is to enable citizenship and interdependence at the centre of community life. Supportive institutions consider citizens to be the primary inventors of community wellbeing in a democracy, and see their role as cheering on that inventiveness and serving while walking backwards.

D – Local Places: Small, local, bounded places, that people relate to as their shared place: neighbourhood, village, town and so on, provide an optimal threshold within which these resources, can be brought into right relationship with each other to become connected and mobilized. As well as providing an ideal context for gift exchange, hospitality and revealing abundance, local bounded places are replete with all manner of practical resources that are essential to community life.

[6] [Asset Based Community Development](#)

E – Exchange: In the non-monetary world, there are three forms of exchange: 1) the exchange of intangibles, 2) the exchange of tangibles, and 3) use of alternative currencies. In the commercial world 4) there is a fourth form of exchange in the shape of money.

F – Stories: Local culture, or ‘the community way’ often finds expression within stories of the people and the ‘ways’ they have learned through time to survive and thrive within their home places. Hence the sixth resource that enables shared visioning and productivity are community stories.

Within East Lothian we have a strong third sector and vibrant communities. The challenge is to be able to access and support the communities which will in turn support Health and Social Care services.

3. Care Coordination

Highlighted during a number of engagements, with communities, users of health and social services as well as staff who deliver the services, is the need for a joined up approach to the delivery of all services, and a single point of contact to support navigation through the Health and Social System.

Care Co-ordination offers this approach and along with increasing community capacity supports the move away from Care at Home being used to deliver all outcomes. It also allows services both statutory and those delivered by the independent and voluntary sector to work in a more integrated way.

Engaging with all the people involved in someone’s care, knowing who to talk to and when is key to exploring a better more sustainable way to support people.

A care coordination model would focus on a Locality Model and support all the individuals in that local and would have a multi-disciplinary approach involving;

- Social Work Staff
- Allied Health Professionals
- Community Nursing
- Community Supports
- Care at Home Supports

This approach would allow a focussed holistic approach on each individual which removes the emphasis on, ongoing Care at Home and looks at alternatives to a care at home service where possible.

4. Commissioning

The current market in 2025 for Care at Home is split by 30% internal services (ELC and NHS services) and **70%** external services for people over 65 yrs. Under 65's are supported **97%** by external providers and **3%** by the internal service.

The balance between internal services and external is important to manage. The 'pull' of staff to what can be seen as better paid Council and NHS posts can cause instability in the care market. The care market is finite, and it is long recognised to have reached saturation point. It is also established that the base cost of Care at home delivery is almost **30%** higher for internally delivered services.

Since 2020 ELHSCP have increased the delivery of internal services by around 20%. This was in response to a failing external market and a recognition that the cost of managing a high number of providers with a small number of hours was unsustainable for both provider and the HSCP.

Although procurement processes follow a strict ethical commissioning process which allow for certain stipulation to providers to adhere to fair working practices within in East Lothian including paying staff the Real Living Wage, the majority of providers employ staff on 'task based' salary. This means although paid at least the Living Wage, staff are paid only when delivering care. This results in a perverse incentive to continue to deliver care even if the outcome has been met. This increases people's dependency on care and puts further strain on the limited care at home resource.

The Fair Work Framework outlines key themes of: Effective Voice, Opportunity, Security, Fulfilment and Respect, which further forms an evidence base that change actions in commissioning can positively impact on workforce development. [Fair Work Framework](#)

Consideration for collaborative style approaches to CAH commissioning can support providers to respond collaboratively to population needs, alongside a Locality focused Care Co-ordination system model.

4.1 Capitation/Block Contracts

Provision of block contracts or a 'Capitated' model whereby Providers are contracted on a geographical location and funded to deliver support to a certain number of individuals and therefore it is based on the person rather than the hours required, can help to improve providers' terms and conditions of employment. However, the HSCP would need to ensure its assessments and reviews were outcome focused. Without this focus on outcomes rather than hours, the contracting for and delivery of care remains on a time and task basis.

East Lothian will aim to have CAH capacity reflective of actual population need at any one time enabling the right amount of support at the right time which also supports the avoidance of hospital admissions and prevents delays to hospital discharge.

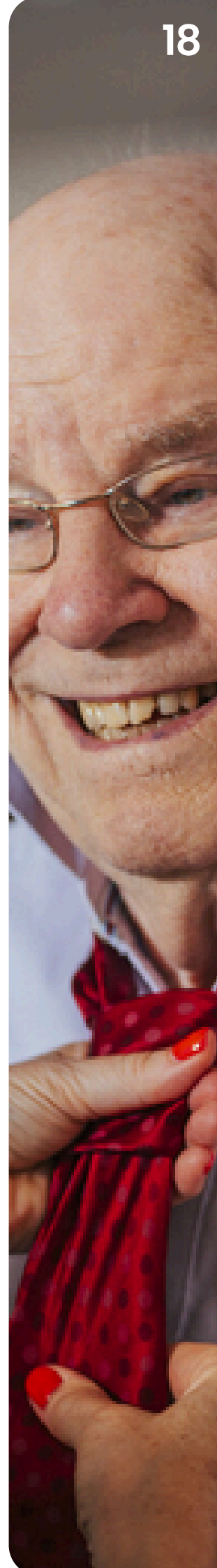
East Lothian are keen to move towards an outcome-based capitated budget for providers and note the following pro's and cons.

Pros

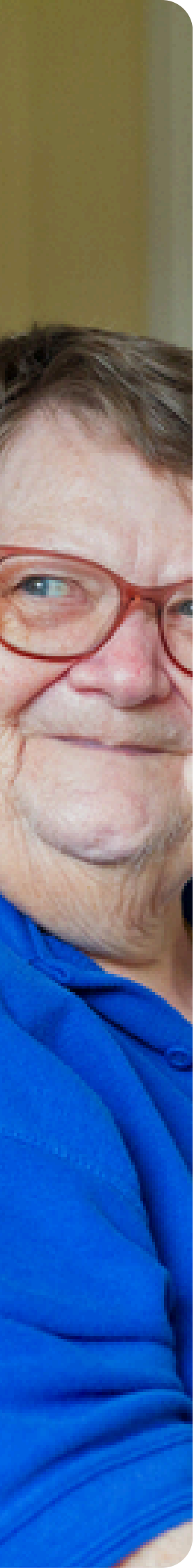
- As a capitated payment is not linked to how much care is provided, providers have the flexibility to spend money on services they think will secure the best outcome for the service users.
- The potential for more integrated care and evidence that professionals work more closely together when working under a capitated budget.
- Evaluations of programmes elsewhere show they are more cost-effective than other payment systems.

Cons

- Providers are paid regardless of what they deliver – enabling them to provide as little care as possible to minimise costs.
- They do not necessarily take into account changes in levels of demand.
- Services delivered by different organisations require significant capabilities on the provider side – e.g. coordination between primary and secondary care.



4.2 Provider Capacity



Provider size is crucial to the delivery of external provision. New providers coming into the area are most at risk of collapse if they deliver fewer than 500hrs per week. The HSCP is unable to pay above the average rate for Care at Home provision which in 2025/26 is £23.81 per hour. An hourly rate which is only sustainable for medium (500 hrs- 1500 hrs per week) providers. As the organisation grows there appears to be a critical position where providers need to move to around 2500 hrs to become sustainable at an affordable rate for the HSCP. Capacity within East Lothian including the internal services means there are around 4 main providers mainly providing to people under 65. These 4 providers account for 80-90% of the external market. Therefore, new providers who can often provide care immediately but ultimately not sustainably come into the market for short periods of time. It is important that ELHSCP control the market ensuring providers are supported to become sustainable and procured to allow for improved terms and conditions of employment for external provision.

To support providers, the HSCP will work to reduce the amount of travel time associated with the delivery of the Care at Home services. Rural areas will be supported by the Internal service who have better access to transport and can access electric and non electric vehicles so cost is not passed onto the care worker nor is an additional expensive for a provider who may not have sufficient contracted hours to fund a vehicle.

Care packages will be clustered to ensure providers are not crossing over each to provide services. This may mean service users experience a change in provider and communication around these changes will be key.

4.3 Option 1 (Direct Payment) / Option 2.

These purchase options under the Social Care (Self-directed Support) (Scotland) Act 2013, are to allow people to purchase alternative support that the HSCP is unable to provide. The legislation is in place to give people who have assessed care needs more choice and control over the support they receive. However, in practice these options are often used to purchase care that is not immediately available through Option 3 and allows individuals to pay additionally to secure a normally smaller more expensive care at home provider.

The options are often seen as the last resort, to be used if ELHSCP have been unable to source an option 3 provider. As we secure the option 3 market, we should see the number of Self Directed Support options 1 and 2 reducing and those who do choose those options do so to make an active choice to purchase support that is not available via option 3, that will offer them more control and choice around how their care is delivered, rather than to bypass a waiting list for Care at Home.

Actions include adopting system wide change in conversation at the time of assessment, to focus on what matters to the individual and can be supported by Self Directed Support Improvement Planning.



5. Tech-enabled Care

As care at home is challenged by increasing demand, underfunding and the lack of an appropriately skilled workforce, technology in its many forms is seen as a way to address some of these issues.

It will be important to invest in both staff training and public education into the use of technology in the right way & for the right people to reduce the need for short visits and reducing risk of leaving people with no support if the use of Technology in care is to be successful.

We will look to consider two aspects of technology in relation to Care at Home:

- The Technology that is available to support providers to deliver care in the most effective and efficient way- for example reducing travel time for care staff, improving lone working, being able to record visit times etc.
- The use of technology to reduce the need for a care at home service, or to improve the delivery of the support to an individual such as Robotics, sensors, tracking and monitoring, home testing and increasingly the exploration of Artificial Intelligence.

There is a Digital and Data Programme Board within East Lothian that will take forward workstreams around both Telecare and Digital solution



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 25 September 2025

BY: Chief Finance Officer

SUBJECT: IJB Audited Annual Accounts for 2024/25

8

1 PURPOSE

- 1.1 This report presents the IJB's annual accounts for 2024/25.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- i. Note the IJB's Audited Annual Accounts for 2024/25.
 - ii. Note the Draft Annual External Audit Report for East Lothian IJB for 2024/25.
 - iii. Note the anticipated recommendation of the IJB's Audit and Risk Committee
 - iv. Approve the IJB's Annual Accounts for 2024/25 for sign off and publication.

3. BACKGROUND

- 3.1 As a body governed by section 110 of the Local Government Scotland Act (1973) and the appropriate regulations and subsequent Acts, the IJB must prepare a set of Annual Accounts. The accounts must fulfil the requirements of the Act and the regulations and must give a true and fair view of the IJB's financial position.
- 3.2 The accounts are reviewed by an Independent Auditor who will report their findings to the IJB's Audit & Risk Committee which will allow the auditors to bring any matters to the committee's attention. If there are no issues arising from the auditors' report, then the committee can recommend the IJB approve the Annual Accounts for publication.
- 3.3 The auditor's report is unqualified - that is that the auditors consider that the accounts meet the regulations and requirements of the Act and that the accounts are a true and fair view of the IJB's financial position.

- 3.4 The Audit & Risk Committee will receive the audited accounts and the auditors report at their meeting on 23rd September 2025. It is anticipated that the Committee will recommend the IJB accepts these accounts and approves them for publication. The accounts will then be signed electronically by the IJB's Chair, the Chief Officer, the Chief Finance Officer and the appointed auditor at the close of IJB Board meeting.

4 ENGAGEMENT

- 4.1 The IJB makes its papers and reports available on the internet.

5 POLICY IMPLICATIONS

- 5.1 This paper is covered within the policies already agreed by the IJB.

6 INTEGRATED IMPACT ASSESSMENT

- 6.1 There are no implications for health inequalities or general equality and diversity issues arising directly from the issues and recommendations in this paper.

7 DIRECTIONS

- 7.1 There are no implications for any directions.

8 RESOURCE IMPLICATIONS

- 8.1 There are no immediate resource implications from this report.

9 RISK

- 9.1 None

10 BACKGROUND PAPERS

- 10.1 None

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DATE	September 2025

Appendix 1 - East Lothian IJB Audited Annual Accounts for 2024/25

Appendix 2 - Draft Annual Audit Report for East Lothian IJB 2024/25.



APPENDIX 1

East Lothian Integration Joint Board

Audited Annual Accounts 2024/25

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Management Commentary

Introduction

The management commentary considers the work that the Integration Joint Board (IJB) has undertaken during the financial year 2024/25 and then describes the financial performance for the financial year ended 31 March 2025. It further provides an overview of the key messages relating to the role, remit, members, objectives and the strategy of the East Lothian IJB.

Audit Arrangements

Under arrangements approved by the Accounts Commission of Scotland, the auditor with responsibility for the audit of the accounts of East Lothian Integration Joint Board for the period 1 April 2024 to 31 March 2025 is John Boyd (Audit Scotland), 102 West Port, Edinburgh EH3 9DN.

The Role and Remit of the IJB

The purpose of integration is to improve care and support and therefore the health and wellbeing outcomes for people who use health and social care services. It will make sure that they are listened to, involved and take part in decisions about their care and how it is delivered. It is a significant change in how the strategic planning and delivery of services happens with a range of partners – individuals, local groups and networks, communities and organisations, including patients, service users, carers and the third and independent sectors.

The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) requires Local Authorities and Health Boards to integrate the strategic planning of a substantial number of health services and functions and most social care functions.

The functions delegated to the IJB by East Lothian Council (the Council) and NHS Lothian are as follows:

- Adult Social Care
- Criminal Justice
- Primary Care Services (GP Practices, Community Dentists, Community Pharmacies and Community Opticians)
- Mental Health Services
- Physical and Learning Disabilities Services
- Community Health Services
- Community Hospital Services
- Unscheduled Care Services (services that are generally delivered from the Royal Infirmary of Edinburgh, the Western General Hospital and St. John's Hospital)

The IJB sets the strategic direction for these delegated functions through the development of a Strategic Plan, to enable it to plan and deliver these strategic outcomes at an overall health and social care level. It gives Directions to the Council and NHS Lothian for the operational delivery of functions and the resources available to them for this.

East Lothian IJB is an Integration Authority set up under the Public Bodies (Joint Working) Act (2014). It is a 'body corporate', that is a separate legal entity. The IJB is constituted through its Integration Scheme which was prepared by East Lothian Council and NHS Lothian and presented to Scottish Ministers in March 2015. The Integration Scheme was approved by the Scottish Parliament in June 2015 and the first meeting of the IJB took place on 1 July 2015. The IJB assumed formal responsibility for these functions in April 2016 including the budgets for the delivery of these functions.

The Strategic Plan

The strategic plan of each IJB must be reviewed and approved by the IJB every 3 years. East Lothian IJB approved its third Strategic Plan on 15 September 2022, this covers 2022 to 2025. A link to the plan is below:

https://www.eastlothian.gov.uk/download/downloads/id/33015/east_lothian_ijb_strategic_plan_2022_-_25.pdf

The process of monitoring the progress of the Strategic Plan and the development of that plan is managed by the IJB's Strategic Planning Group. This group is supported by five Programme Boards reflecting the IJB's strategic priority areas for change.

These focus on: intermediate and social care, enabling health, primary care, digital and data and carers. Under each Programme Board sits specific delivery groups that take forward projects as directed by the Programme Board.

Work to review the current IJB Strategic Plan began in early 2025. Engagement with partners and other key stakeholders throughout 2025 will inform the development of a revised Plan, covering the period from 2025 to 2030, which will be presented to the December meeting of the IJB for approval. The new plan will be reviewed after 3 years and any updates will be made at that stage.

Review of the IJB's Integration Scheme

The IJB's Scheme of Integration was revised by the IJB's partners in September 2023 and approved by Scottish Ministers. The next review of the Integration Scheme will be in 2028 unless otherwise directed by Scottish Ministers.

IJB Membership

The IJB comprises eight voting members, made up of four elected members appointed by East Lothian Council and four NHS Lothian non-executive directors appointed by NHS Lothian. There are a number of non-voting members of the Board, including the IJB Chief Officer, Chief Finance Officer, medical and nursing professional advisors, representatives for Carers and third party organisations and staffing representatives.

The IJB met virtually 8 times during the financial year 2024/25. The membership of the IJB as at 31 March 2025 was as follows:

Member	Nominated/Appointed by	Role
Councillor Shamin Akhtar	Nominated by East Lothian Council	Chair (Voting Member)
Andrew Cogan	Nominated by NHS Lothian	Vice Chair (Voting Member)
Jonathan Blazeby	Nominated by NHS Lothian	Voting Member,
Elizabeth Gordon	Nominated by NHS Lothian	Voting Member
Patricia Cantley	Nominated by NHS Lothian	Voting Member
Councillor Carol McFarlane	Nominated by East Lothian Council	Voting Member
Councillor Lyn Jardine	Nominated by East Lothian Council	Voting Member, Chair of Audit & Risk Committee
Councillor Jeremy Findlay	Nominated by East Lothian Council	Voting Member
Fiona Wilson	Ex officio	Chief Officer (non-voting member)
Michael Porteous	Ex officio	Chief Finance Officer (non-voting member)
Claire MacDonald	Appointed by IJB	Independent sector representative (non-voting member)
Maureen Allan	Appointed by IJB	Third sector representative (non-voting member)
David Binnie	Appointed by IJB	Carer representative (non-voting member)
Marilyn McNeill	Appointed by IJB	Service User representative (non-voting member)
Dr Claire Mackintosh	Nominated by NHS Lothian	Registered Medical Practitioner (not GP) (non-voting member)

Member	Nominated/Appointed by	Role
Lindsey Byrne	Ex Officio	Chief Social Work Officer (non-voting member)
Liam Kerr	Nominated by NHSL Unions	Interim NHS Staff Representative (non-voting member)
Dr John Hardman	Nominated by NHSL	Registered Medical Practitioner (GP) (non-voting member)
Darren Bradley	Nominated by ELC Unions	ELC Staff Representative (non-voting member)
David Hood	Ex Officio	Head of Operations (non-voting member)
Sarah Gossner	Ex Officio	Chief Nurse (non-voting member)
Dr Kalonde Kasangele	Ex Officio	Public Health (non-voting member)
Vacant	Nominated by the GP Forum	GP representative (non-voting member)
Vacant	Appointed by IJB	Specialist in Substance Abuse (non-voting member)

Changes in Membership:

- Jonathan Blazeby replaced Fiona Ireland as a Health nominated voting member from 1 May 2024.
- Dr Kalonde Kasengele replaced Dr Philip Conaglen from 20 June 2024 as Public Health representative.
- Darren Bradley filled the vacant role as East Lothian Council Union representative from 26th September 2024.
- Following David King's retiral Michael Porteous became Interim Chief Finance Officer on 16th December 2024 and was appointed permanently to the role on 3rd March 2025.

The IJB's Operations for the Year

The IJB delivers its Strategic Plan through its directions to its partners and monitors the performance against these directions at the Strategic Planning Group and through reports to the IJB.

The 2024-25 East Lothian IJB Directions were approved at its meeting on 27 June 2024 and subsequently issued to delivery partners NHS Lothian and East Lothian Council.

The 2024-25 directions included 2 new directions to the partners:

- Direction 19a – to support the delivery of the East Lothian HSCP Workforce Plan which will be monitored by the Workforce Steering Group and through service workforce plans.
- Direction 20 – to implement the decision at the March 2024 IJB meeting to close the Belhaven Hospital Site. This will be overseen by a dedicated Operational Group.

The IJB produces an Annual Performance Report (as required by the Scottish Government) which lays out its ambitions, achievements and a range of performance indicators. The IJB's

Annual Performance Report (APR) for 2024/25 will be presented to the September 2025 meeting for approval, before being submitted to the Scottish Government and published online. The APR will give a detailed account of activity along with validated data on the National and Ministerial Strategic Group Performance Indicators (published in July), including comparison of performance against previous years and national figures.

In advance of the APR being published, the following pages highlight some of key activities delivered in relation to IJB delegated functions during the year. Although the content is organised broadly under the IJB's strategic objectives, there is considerable overlap, with many activities relating to two or more objectives.

Developing services that are sustainable and proportionate to need / embedding integrated approaches and services.

The following activities supported delivery of these objectives during 2024/25:

- Ongoing development of activity in relation to preventing hospital admission; maintaining patient flow, and reducing bed occupancy and length of stay for patients. This activity includes a number of daily “Huddles” to support multi-disciplinary oversight, as well as implementation of Planned Date of Discharge; Rapid Rundowns: and Day of Care Audits.
- Continued investment in and development of Intermediate Care Services supporting the shift in care from hospital to community. Examples of Intermediate Care Services include:
 - Care at Home
 - Hospital at Home
 - Community Respiratory Pathway
 - Hospital to Home
 - Falls Service
 - Musculoskeletal Physiotherapy
 - Discharge to Assess
 - Emergency Care Service
- The further development of the Home Care / Hospital to Home integrated service to improve efficiency and create additional capacity within internal care at home. Implementation of the ‘One Plan’ system during the year also increased the effectiveness of planning and coordination.
- The introduction of a Care at Home (CAH) Huddle to provide integrated oversight of the Care at Home system, optimising the use of internal and external Care at Home resources to meet need.
- Delivery of the Enhanced Discharge to Assess project (commenced in February 2024), bringing together the Discharge to Assess (D2A) therapists, Emergency Care Service (ECS), and Care Capacity and Flow Team to facilitate timely discharge of East Lothian patients by responding to their initial care needs.
- Continued delivery of Inreach of East Lothian Allied Health Professional (AHP) and nursing staff in acute sites, working closely with acute colleagues and Flow Team to help prevent delays for East Lothian patients.

- Active involvement in the NHS Lothian Unscheduled Care (USC) Programme Board (with the East Lothian IJB Chief Officer chairing the Board). This work has involved securing additional Scottish Government funding to support the East Lothian element of the NHS Lothian USC Improvement Programme in December 2024. In the early part of 2025, work was underway to implement a 7-day a week, 'Home First' Single Point of Access model in East Lothian, making use of the additional funding to recruit 53.8 additional (whole time equivalent) staff across teams to deliver this approach.
- Ongoing close monitoring and management of the use of mental health inpatient beds to maintain bed occupancy at an appropriate level. This has been supported by delivery of a local multi-disciplinary clinical huddle three mornings a week. The huddle drives flow through mental health services from inpatient to the IHTT (Intensive Home Treatment Team) and CMHT (Community Mental Health Team).
- Activity to develop a Single Point of Contact for Adult Mental Health following extensive work to review 'front door' access to mental health services. This will provide a telephone number that can be used by clients, family, friends, health professionals, and organisations involved with individuals. A team of experienced clinicians will provide same day call back so that the first clinical contact will be an opportunity for a meaningful conversation influenced by the Request for Assistance model. This reflects a 'no wrong door' approach.

Delivering new models of provision, engaging and working collaboratively with communities

The following activities supported delivery of this objective during 2024/25:

- Our approach to commissioning health and social care services continued to be underpinned by our Commissioning Strategy and associated Markey Facilitation Statement, helping to ensure that commissioned services are provided in a way that reflects our visions and values and contributes to the delivery of the strategic objectives outlined in the 2022-25 Strategic Plan.
- The 'Planning for an Ageing Population' programme continued throughout the year, with extensive engagement activity culminating in the presentation of a final report to the IJB in early 2025. The report identified 4 key priorities for strategic planning: Palliative and end of life care; Polypharmacy; Intermediate Care; and Technology.

Other recommendations agreed by the IJB included:

- Further development of the Independent Community Panel that had evolved during the process.
- Consideration of community capacity and opportunities to explore innovative and sustainable community-based options when budget planning.
- Continuation of work with partners to explore and develop early intervention and prevention approaches to deliver intermediate care.

- The Strategic Planning Group and the CAH Change Board agreed to the formation of a Locality Project Team in May 2024 which undertook a Test of Change programme, with 'Community First' testing the impact on demand for CAH, impact on hospital discharge, individual and carer outcomes and cost. Changes adopted following the Locality Project, were a strengths approach to care co-ordination at a local and community level (identifying preventative and alternative care and support opportunities), supported by improving hospital and community assessments, Allied Health Professional and Care resource co-ordination, and identifying commissioning and strategic opportunities across external and internal Care at Home services.
- Carers – The delivery of the Carers Strategy has continued, with delivery of the 2 year action plan. After a successful procurement process Carers of East Lothian were awarded the Adult Carers support contract in March 2025 for a 2+2+2 year term. Another success in 2024/25 was funding an MHO within the Social Work team to review the outstanding 172 private guardianships. This was successfully completed and processes established to ensure the reviews are kept up to date moving forward.

Prevention and early intervention

The following activities supported delivery of this objective during 2024/25:

- Prevention and early intervention is an integral part of services provided by teams across the Partnership, both directly and through funding or third sector initiatives.
- In particular, the East Lothian Rehabilitation Service (ELRS) delivers a range of services based on a prevention and early intervention approach, with the aim of supporting people to stay as active and independent in their own homes for as long as possible.
- Work continued during 2024/25 to promote the use of assistive technology to support daily living. This included running a public drop-in event by the East Lothian Technology Enabled Care Team to showcase ways technology can help (for example, the use of smart home devices, mobility aids, and communication tools). New TEC (Technology Enabled Care) core training for community and inpatient staff has also been delivered to support clinicians to include digital and technology options in core assessments.
- Activity around falls and falls prevention is another example of early intervention and prevention, with ongoing work to embed an integrated falls pathway; develop a falls database and dashboard; introduce falls clinics; and develop strength and balance classes.
- Continuing delivery of an approach by Adult Social Work to reduce the time people wait for a social work assessment. The model is designed so that as many cases as possible are dealt with by the Duty system at the 'first point of contact', rather than people being added to a waiting list. This quick response can help to prevent situations deteriorating and needs potentially becoming more significant.

Enabling choice and control and providing care closer to home

The following activities supported delivery of this objective during 2024/25:

- Delivery of a Care Home ‘Home First’ Project aimed at reducing the use of care home placements by supporting the option of discharge home over discharge to a care home where appropriate. This approach helped to reduce the use of care home places and to ensure that available places were being used effectively, making provision for those with the highest level of need.
- The East Lothian Advance Physiotherapy Practitioner (APP) Service piloted the use of shared decision making as a key element of the assessment and treatment for those self-referring with knee pain. This included the use of processes from NHS Lothian’s Realistic Medicine Toolkit. Following positive evaluation, learning is being shared with the wider team and the tools and processes developed will be included in the Realistic Medicine Toolkit for wider use.
- Ongoing delivery and development of a range of primary services managed by East Lothian HSCP, including:
 - Community Treatment and Care (CTAC) Service
 - Primary Care Vaccination Team
 - Pharmacotherapy Service
 - Care When it Counts (CWIC) Service

The Partnership continued to deliver a Primary Care Communications Plan to ensure people are aware of the full range of primary care services and how and when to access them.

- Piloting CWIC Direct to trial enabling patients to access the CWIC Service directly without the need to go through their GP. The East Lothian CWIC Service supports General Practice in East Lothian by offering same-day appointments with medical professionals within a multidisciplinary team and currently covers 4 practices. Following positive feedback, the CWIC Direct model will be continued, and further development explored.
- Continued development of the outpatient services and clinics offered at East Lothian Community Hospital (ELCH). During 2024/25, this included the addition of a chronic anaemia service (blood & iron infusion) and outpatient intravenous antibiotic treatment (moved from Western General Hospital and delivered by HSCP staff).
- Use of space within the Outpatient Department was reviewed to ensure better utilisation of clinical space. This enabled ELCH to accommodate clinics temporarily relocated from Edinburgh Eye Pavilion.

Keeping people safe from harm

The following activities supported delivery of this objective during 2024/25:

- HSCP services continued to work with partners through the Midlothian and East Lothian Drug and Alcohol Partnership (MELDAP) to reduce the harm caused by substance use and provide timely, effective and accessible support. This included delivery of the 'Contact Service' providing easy access to advice and support.
- In relation to Substance User Services, East Lothian successfully implemented Scottish Government MAT (Medication Assisted Standards) Standards 1-10 to full green status. This was ahead of expectations and demonstrating strong performance in the national context.
- The Justice Social Work team continued to work on the development of a wider range of options for unpaid work (Community Payback Orders). This includes unpaid work activities reflecting priorities around equality and the environment, for example 'Big Pick', Bike Workshops, and Allotments. Capacity to deliver placements was also increased through the recruitment of additional temporary supervisors.
- An initial meeting of a multi-agency Suicide Prevention Forum was held, and a decision was made to extend the Forum to cover children, young people and adults to promote a joined up approach and to support involvement across services, including third sector partners.
- East Lothian Independent Advocacy Steering Group finalised its draft Strategic Plan in January 2024 following an extensive needs assessment and engagement activity with service users and 3rd sector providers. The Plan was approved by the IJB in April 2024.

Addressing health inequalities

- The IJB continued to make progress with respect to the statutory requirement to mainstream the general needs of the Public Sector Equality Duty in relation to its role in planning, directing and commissioning its delegated responsibilities. The IJB's approach is outlined in the East Lothian IJB Equalities Outcomes plan for 2021-25. Progress is described in the Equalities Mainstreaming Report for 2023-25 (reported to the May 2025 meeting of the IJB).
- East Lothian IJB took part in a pan-Lothian community engagement programme in late 2024 / early 2025, working alongside Midlothian and West Lothian IJBs / HSCPs and NHS Lothian to gather views on revision of the existing equalities outcomes. This informed the development of a new East Lothian IJB Equalities Outcomes plan covering the period from 2025 to 2029 which was subsequently approved at the May 2025 meeting of the IJB.
- Work is underway to develop a new East Lothian Joint Strategic Needs Assessment (in partnership with Public Health, LIST and Public Health Intelligence) which will be available in early 2025 and will help to inform the revision of the current IJB Strategic Plan.

Local Housing Strategy

- East Lothian's Local Housing Strategy (LHS) 2024-2029 was adopted in April 2024 following extensive engagement during which over 1,300 voices were heard. In December 2024 the IJB agreed the Housing Contribution Statement as it related to

the Housing Strategy, ensuring the IJB'S strategic Plan and ELC's Housing strategy are linked with shared outcomes, actions and investment decisions.

- The current IJB direction on housing will need to be revised to reflect the challenges and opportunities as set out in the Housing Contribution Statement 2024-2029, and current and planned joint working between ELC Housing and the HSCP.

The key challenges remain:

- Homelessness
- Delivering Accessible Home and Adaptations.

The Housing Strategy outlines how these challenges will be addressed in East Lothian with the Support of the IJB.

The IJB's Financial Position at 31 March 2025

For the year to 31 March 2025 the IJB recorded a deficit of £2,877,000. That meant the costs incurred in delivering the IJB's functions, by NHS Lothian and East Lothian Council, were greater than the income it received from NHS Lothian and East Lothian Council. The IJB agreed to fund this deficit from its reserves.

The IJB began the 2024/25 financial year with a balanced budget but faced a number of challenges to ensure that position materialised:

- The IJB had used a significant element of its available reserves to break even in 2023/24, increasing the financial risk to the IJB.
- There were a number of underlying financial pressures across Health and Council delegated services, particularly in Prescribing and Social Care services, impacting on the financial position.
- The IJB set a challenging efficiency programme as a key element of its delivery of a break even position at year end. The programme included a range of operational schemes and several larger individual schemes to deliver service redesign across both Health and Social Care services. Some of the larger service redesign schemes slipped in their delivery trajectory resulting in a reduced level of efficiencies in year. These schemes will deliver their planned savings in full in 2025/26. Some of the planned 2024/25 schemes did not deliver their efficiencies at all.

Regular Finance Reports to the IJB forecast an overspend at the year end and in October 2024 the IJB agreed to release its remaining General Reserves to support pressures within Health delegated functions in-year.

In December 2024 the IJB was presented with a paper outlining the risks in adhering to Professional Standards associated with the current and planned programme of fiscal recovery actions, associated efficiencies and service reductions across East Lothian Health and Social Care Partnership (HSCP), as assessed by professional leads for Social Work, Allied Health Professionals and Nursing and the Clinical Director.

In response to the financial pressures of current and projected budget overspends East Lothian HSCP management team and service managers developed recovery plans for all

services managed and hosted by East Lothian HSCP throughout 2024/25. This has involved scrutiny of all aspects of budget spend across all services to deliver savings. In year it was not possible to deliver all savings plans whilst still delivering safe and effective services. The safety and wellbeing of service users, patients and their carers remains of paramount importance and the IJB agreed that continued efforts would be made to ensure efficiency in service delivery, but that any further pressure on the IJB budget in order to deliver a balanced budget, may reduce the ability to achieve positive health and wellbeing outcomes for East Lothian residents.

At the year end the IJB had an in-year overspend in both its health and social care delegated functions. In addition to the planned release of reserves the IJB received a further non-recurring allocation of £794,000 from NHS Lothian at the end of the year to fund the year end overspend recorded within the Health delegated functions, and a further £2,803,000 of non-recurring funding from East Lothian Council at the end of the year to fund the year end overspend within the Council delegated functions. Taking these additional non-recurring allocations into account the IJB broke even at the year end. The table below summarises the year end position and how it was arrived at.

Year-end Position	Health £000's	Social Care £000's	Notes
Income	162,193	69,046	1
Expenditure	165,845	71,869	2
Surplus/ (Deficit)	(3,652)	(2,823)	
Planned use of reserves	2,858	20	3
Operational Position	(794)	(2,803)	
Additional Funding	794	2,803	4
Position at Year end	0	0	

Notes

1. This is the income received from the partners (East Lothian Council and NHS Lothian) in 2024/25 prior to receipt of additional allocations from both partners to support the year-end position.
2. This is the expenditure incurred by the partners in the delivery of the IJB's delegated functions for 2024/25.
3. The IJB carried funding from 2023/24 which it planned to use in 2024/25 through its reserves. This funding has been used as planned in 2024/25. The Health balance includes the release of £3,096,000 of General Reserves.
4. Both partners made additional non-recurrent allocations to the IJB in 2024/25 in order to allow the IJB to break even overall.

Funding for the Integration Joint Board

The IJB is funded exclusively by its partners – East Lothian Council and NHS Lothian – to deliver functions (also known as services) that the partners have delegated to the IJB. The funding from NHS Lothian is split into 3 broad areas:

- **Core Funding** – this is funding for health services delivered directly in East Lothian. This includes the running costs of local hospital services (e.g. staffing, infrastructure, medical supplies) and community health services, Medical General Practitioners services (local GPs), and a share of other primary care services (General Ophthalmic Services, General Dental Services and General Pharmaceutical Services).
- **Hosted Funding** – the funding for the East Lothian share of services delivered and managed on a pan-Lothian basis by NHS Lothian. For example Sexual Health services based at Chalmers Hospital.
- **Set Aside Funding** – this is the budget ‘set-aside’ by NHS Lothian on behalf of the IJB representing East Lothian’s share of delegated unscheduled care services managed by NHS Lothian’s Acute Services and delivered at the Royal Infirmary of Edinburgh, The Western General Hospital and St John’s Hospital at Livingston. These services are listed below:
 - Accident and Emergency
 - Cardiology
 - Diabetes
 - Endocrinology
 - Gastroenterology
 - General Medicine
 - Geriatric Medicine
 - Rehabilitation Medicine
 - Respiratory Medicine
 - Various support services for the above

East Lothian Council’s funding is for the delivery of Adult Social Care services.

The IJB receives funding offers from its partners each year, which it assesses, and bases its acceptance on Scottish Government guidance issued as part of its own budget setting process. At its March 2025 meeting the IJB accepted the offer from East Lothian Council. Following its Board meeting in April 2025 NHS Lothian made its final funding offer to the IJB which the IJB accepted at its May 2025 meeting.

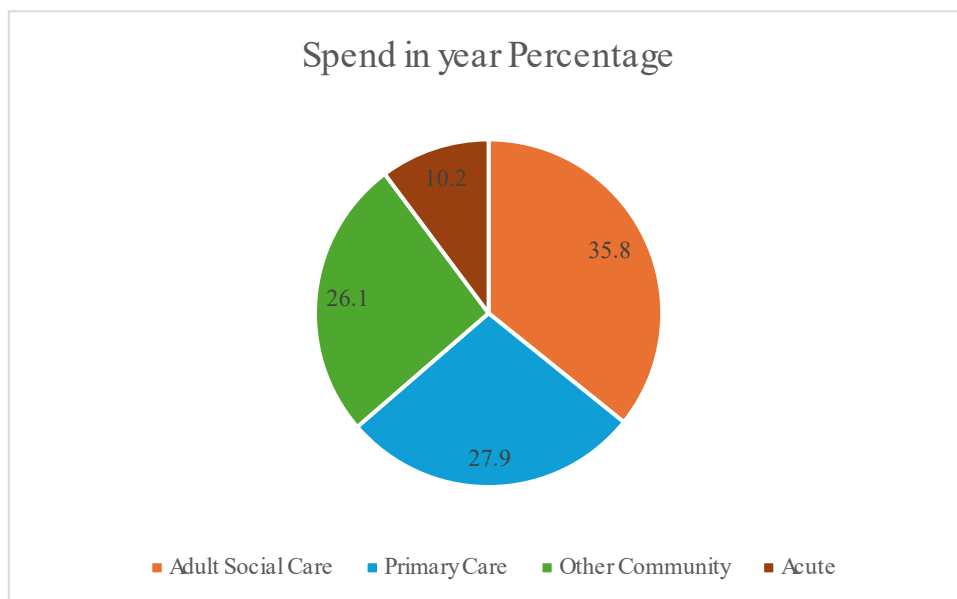
Reserves

The IJB held an opening Reserves balance of £4,343,000 on 1 April 2024, comprising a General Reserve of £3,096,000 and Earmarked Reserves of £1,248,000. During the year further Earmarked funding was received and planned use of Earmarked funds was actioned, leaving a balance on the Earmarked Reserve of £1,466,000. The agreed release of the remaining General Reserve balance to support the IJB’s financial position in year means the IJB no longer holds a General Reserve which will increase the financial risk going forward.

IJB Spending Profile

The Chart below shows how the IJB has spent its funds in 2024/25. The services are grouped under 4 main areas of spend:

- Adult Social Care including funding for elements of service funded through NHS income
- Primary Care Services (GPs, GP Prescribing, Community Pharmacists, Community Opticians, Community Dental services)
- Other Community Health services (local community hospitals, community nursing services, community allied health professionals and East Lothian's share of pan-Lothian hosted services)
- Acute Services (East Lothian's share of the Acute Services delegated to IJBs)



Consideration of the 2025/26 and projected financial position

The IJBs Five Year Financial Plan was updated and presented to the March 2025 IJB meeting along with the partner funding offers and a budget setting proposal which enabled the IJB to agree and set a balanced budget for 2025/26.

The balanced budget position reflects the following:

- The funding offers from the partners were fair and the level of additional resources received from the partners was higher than it had been in recent years, enabling the IJB to address some of the underlying pressures within overspending services.
- A robust programme of planned efficiencies totalling £4,170,000, including the full year effect of some of the service redesign schemes identified and partially delivered in 2024/25.

The work to enable a balanced budget to be set identified a range of financial risks and challenges that have been shared with the IJB and that will have to be managed should they occur.

The provision of regular monthly finance reports to the IJB providing robust timely financial information will highlight the need for additional efficiencies should a break-even position not be forecast.

Key risks, challenges and uncertainty

Looking beyond 2025/26 the IJB's Five Year Financial Plan projected a challenging local and national financial landscape with a number of risks and uncertainties:

Population Growth

- the growth in the population of East Lothian in recent years is expected to continue, increasing the demand for services
- the aging demographic of East Lothian inhabitants is also expected to increase the demand for services
- there is a risk that funding will not increase in line with demand leading to new or increased pressures in future years.

Workforce

- the availability and retention of suitably skilled staff continues to be a challenge for Health and Social Care services. A revised Workforce Plan for 2025-2028 will provide a framework for the development of future staffing models.

National Financial Landscape

- In setting its budget for 2025/26 the Scottish Government have indicated an intent to progress with reform within Health and Social Care placing increased emphasis on a stepped change in service redesign. This requires further focus on transformational change within IJBs, greater forward planning and collaborative working to ensure the best outcomes for the population of East Lothian.

Andrew Cogan
Chair

Fiona Wilson
Chief Officer

Michael Porteous
Chief Finance Officer

Statement of Responsibilities**Responsibilities of the Integration Joint Board**

The Integration Joint Board is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is the chief finance officer.
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.
- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland act 2003).
- Approve the Annual Accounts for signature.

I confirm that these Annual Accounts were approved for signature at a meeting of the East Lothian Integration Joint Board on 25th September 2025.

Signed on behalf of East Lothian Integration Joint Board

Andrew Cogan
Chair

Responsibilities of the Chief Finance Officer

The Chief Finance Officer is responsible for the preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the Chief Finance Officer has:

- Selected suitable accounting policies and then applied them consistently
- Made judgements and estimates that were reasonable and prudent
- Complied with legislation
- Complied with the local authority Accounting Code (in so far as it is compatible with legislation).

The Chief Finance Officer has also:

- Kept adequate accounting records which were up to date
- Taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of the East Lothian Integration Joint Board at the reporting date and the transactions of the East Lothian Integration Joint Board for the year ended as at 31 March 2025.

Michael Porteous
Chief Finance Officer

Remuneration Report

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

Remuneration: IJB Chair and Vice Chair

The voting members of the IJB are appointed through nomination by East Lothian Council and NHS Lothian Board. Nomination of the IJB Chair and Vice Chair post holders alternates between a Councillor and a Health Board representative.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. Neither the Chair nor the Vice Chair appointments had any taxable expenses paid by the IJB in 2024/25. The Chair of the IJB at March 2025 was Councillor Shamin Akhtar (East Lothian Council) and the Vice Chair was Andrew Cogan (Non-executive director, Lothian Health Board)

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore no pension rights disclosures are provided for the Chair or Vice Chair.

NHS Lothian no longer automatically offers another full day's remuneration for being the Board's Lead Voting Member on an IJB. Instead, non-executive remuneration is based on an individual's overall estimated time commitment, which can include multiple memberships of Board committees and IJBs as well as other responsibilities, not just as committee chairs or lead voting members of the IJBs. No specific remuneration is therefore available for the vice chair of the IJB.

Remuneration: Officers of the IJB

The IJB does not directly employ any staff in its own right, however, specific post- holding officers are non-voting members of the Board.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the IJB has to be appointed and the employing partner has to formally second the officer to the IJB. The employment contract for the Chief Officer will adhere to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the IJB.

The Chief Officer of the IJB is Fiona Wilson. Fiona has a joint role as Director of Health and Social Care for East Lothian Council and the Joint Director of the East Lothian Partnership.

As in previous years it has been agreed, 50% of total remuneration is to be shown in the accounts of the IJB as the remuneration as the Chief Officer of the IJB.

Chief Finance Officer

Although the costs of the Chief Finance Officer are not included in the charges made to the IJB by either partner, given the S95 role of the Chief Finance Officer and in the interests of transparency, the remuneration of the Chief Finance Officer is included below. During 2024/25 the role of the Chief Finance Officer was filled on an interim basis by David King until 6 December 2024. For the period 1 April 2024 to 6 December 2024 the Chief Finance Officer was remunerated by NHS Lothian but was not superannuated. David King also undertook the role of Chief Finance Officer for Midlothian IJB. NHS Lothian have provided the total costs of having employed David King during this time and half of these costs will be shown here (the other half shows in Midlothian IJB). From 16 December the role of Chief Finance Officer was undertaken by Mike Porteous on an interim basis. Following a formal interview process Mike Porteous was permanently appointed to the Chief Finance Officer post on 3 March 2025 and has 2 roles – the IJB’s Chief Finance Officer and an operational role in NHS Lothian’s finance department as a Finance Business Partner. Accordingly 50% of the total remuneration for Mike Porteous has been charged to East Lothian IJB.

Other Officers

No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

Total for	Senior Employees	Total for
2023/24	Salary, Fees & Allowances	2024/25
£		£
53,564	Fiona Wilson, Chief Officer	60,577
15,038	Claire Flanagan, Chief Finance Officer	-
10,272	David King, Interim Chief Finance Officer	23,522
-	Michael Porteous, Chief Finance Officer	12,283

Notes:

David King ceased employment on 6th December 2024. He was remunerated through the NHS Lothian Staff bank arrangement.

Mike Porteous commenced on 16 December 2024. His full year equivalent is £42,294 in 2024/25.

In respect of officers’ pension benefits, the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers.

Pension Disclosure

The IJB however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

	Employer Pension Contributions			Accrued Pension Benefits at	
	For year to				
	31/03/2024	31/03/2025		31/03/2024	31/03/2025
	£k	£k		£k	£k
Claire Flanagan	9	-	Pension	22	-
			Lump Sum	55	-
Fiona Wilson	22	14	Pension	35	42
			Lump Sum	93	106
Michael Porteous	-	3	Pension	-	33
			Lump Sum	-	85

Note: The Employer Pension contributions for the year to 31 March 2025 are 50% of the total amount for each individual reflecting the dual roles they have with the IJB and the HSCP. The full year equivalent for the Chief Officer is £27k and £6k for the Chief Finance Officer.

Disclosure by Pay Bands

Pay band information is not separately disclosed as all staff pay information has been disclosed in the information above.

Exit Packages

The IJB did not support nor did it direct to be supported by its partners for any exit packages during 2024/25.

Andrew Cogan
Chair

Fiona Wilson
Chief Officer

Annual Governance Statement

East Lothian IJB

Introduction

The Annual Governance Statement explains the ELIJB's governance arrangements and system of internal control and reports on their effectiveness.

Scope of Responsibility

The ELIJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.

To meet this responsibility, the ELIJB has established arrangements for governance which includes a system of internal control. The system is intended to manage risk to support the achievement of the ELIJB's policies, aims and objectives. Reliance is also placed on NHS Lothian and East Lothian Council's (the partners) systems of internal control that support compliance with both organisations' policies and promotes achievement of each organisation's aims and objectives, as well as those of the ELIJB. The system can only provide reasonable and not absolute assurance of effectiveness.

The Governance Framework and Internal Control System

The Board of the ELIJB comprises voting members, nominated by either NHS Lothian or East Lothian Council, as well as non-voting members including a Chief Officer appointed by the Board.

The ELIJB governance processes reflect the changing context of integration and are consistent with the 7 core principles and recommendations of the CIPFA/SOLACE Framework 'Delivering Good Governance in Local Government' (2016) and the supporting guidance notes for Scottish authorities. The overall aim of the Framework is to ensure that: resources are directed in accordance with agreed policy and according to priorities; there is sound and inclusive decision making; and there is clear accountability for the use of those resources in order to achieve desired outcomes for service users and communities.

The main features of the governance framework and internal control system associated with the seven core principles of good governance defined for the ELIJB Local Code in existence during 2024/25 included:

A. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting rule of law

The roles and responsibilities of Board members and statutory officers and the processes to govern the conduct of the Board's business are defined in the Scheme of Integration which was approved by the Board and NHS Lothian in June 2022 and by the Scottish Government in July 2023, which serves as the approved constitution, and Standing Orders,

a revision of which was approved by the Board in March 2020, to make sure that public business is conducted with fairness and integrity.

The Ethical Standards in Public Life (Scotland) Act 2000 provides for Codes of Conduct for local authority councillors and members of relevant public bodies. As a Public Body listed in schedule 3 of the Act, the ELIJB is required to produce and for members to adhere to a Code of Conduct, which was adopted by the Board in June 2022 reminders have been provided to the IJB in October 2023 and 2024 and all members have signed the Code of Conduct.

The ELIJB is dependent upon arrangements within the partner organisations for areas such as:

- ensuring legal compliance in the operation of services;
- handling complaints;
- ethical awareness training and whistleblowing policies and procedures;
- staff appointment and appraisal processes which take account of values and ethical behaviour;
- identifying, mitigating and recording conflicts of interest, hospitality and gifts; and
- procurement of goods and services which are sustainable, represent value for money and which reinforce ethical values.

Other areas where the ELIJB places significant reliance on arrangements in place within the partner organisations are set out in the remainder of the statement.

The Chief Officer is responsible for ensuring that agreed procedures are followed and that all applicable statutes and regulations are complied with.

Professional advice on the discharge of duties is provided to the Board by the ELIJB Chief Officer supported by Chief Financial Officer, Chief Internal Auditor and Board Clerk as appropriate.

B. Ensuring openness and comprehensive stakeholder engagement

Board meetings are held in public unless there are good reasons for not doing so on the grounds of confidentiality.

Unless confidential, decisions made by the Board are documented in the public domain.

Community engagement was encouraged as part of the development of the Scheme of Integration and the Strategic Plans of the Health and Social Care Integration Joint Board were developed following consultations with interested parties including members of the public. The Board approved the ELIJB Participation and Engagement Strategy 2023-25 in May 2023.

C. Defining outcomes in terms of sustainable economic, social, and environmental benefits

The vision, strategic objectives and outcomes are reflected in the East Lothian Integration Joint Board Strategic Plan 2022-25 which was approved in September 2022 and has been

updated to reflect on-going assessment of need and priorities following public consultation. The new IJB strategic plan is being developed over 2025 with a final version to be agreed in January 2026 taking into account the revised financial and risk context. The plan will be reviewed after 3 years to ensure relevance and if significant change is required as result of financial environment.

Implementation is underpinned by the core and specific directions approved by the ELIJB Board in June 2024 and the ELIJB Strategic Plan – Annual Delivery Plan for 2024-25 also approved by the ELIJB Board in June 2024.

ELIJB Formally adopted the CIPFA FM Code at its meeting in December 2022. Regular review of the financial plans has been ongoing with the review at the ELIJB in April 2024 with the approval of the Revised Five Year financial plan 2024/25.

A Further Revision of the IJB's Five Year Financial Plan was approved by the Board in October 2024. In October 2024 an unusual decision to expend during the financial year the IJB's remaining c. £3.1 million general reserve to support the projected overspends in the IJB's Health budget was approved by a majority vote of the Board. A review of the reserves policy of the IJB is now scheduled for the 2025/26 financial year.

D. Determining the interventions necessary to optimise the achievement of the intended outcomes

In determining how services and other courses of action should be planned and delivered, the ELIJB has a statutory responsibility to involve patients and members of the public. The Board approved the ELIJB Participation and Engagement Strategy 2023-25 in May 2023.

The ELIJB Strategic Plan is based on consultation throughout its review and the approach to developing the 2025-2030 strategic plan was agreed by the ELIJB in February 2025.

The ELIJB has issued Directions to the partners for service delivery in June 2024.

E. Developing the entity's capacity, including the capability of its leadership and the individuals within it

The ELIJB Chief Officer is responsible and accountable to the Board for all aspects of management including promoting sound governance and providing quality information/support to inform decision-making and scrutiny.

Regular meetings are held between the Chief Officer and the Chair and Vice Chair of the ELIJB. The ELIJB Chief Officer also meets regularly with representatives from the partner organisations.

Members of the ELIJB Board are provided with the opportunity to attend Development Sessions relevant to their role.

A 3 year Workforce Plan 2022-25 was created, approved and published in February 2023 to help ensure it has the right people, with the right skills, in the right place, at the right time to support the delivery of its strategic objectives and priorities. A Strategic Workforce Plan 2025-28 has been drafted and is being reviewed through IJB Governance Processes.

F. Managing risks & performance through robust internal control & strong public financial management

The ELIJB Chief Officer has overall responsibility for directing and controlling the partnership to deliver health and social care services. The ELIJB Board is responsible for key decision-making.

The ELIJB has approved a Risk Strategy and Risk Policy through the Audit & Risk Committee in December 2022 and risk reporting continues to each Audit & Risk Committee. However, IJB standing orders require the Risk Management Policy and the risk appetite and tolerance levels will be approved and defined by the ELIJB Board which will be completed in 2025.

The ELIJB Chief Financial Officer is responsible for the proper administration of all aspects of the ELIJB's financial affairs including ensuring advice is given to the Board on all financial matters.

The ELIJB's system of internal financial control is dependent upon the framework of financial regulations, regular management information (including Revenue Budget Monitoring reports to the Board), administrative procedures (including segregation of duties), management supervision and systems of delegation and accountability within the partner organisations.

The ELIJB also relies upon the partners for:

- Counter fraud and anti-corruption arrangements; and
- Management of data in accordance with applicable legislation.

G. Implementing good practices in transparency, reporting, and audit to deliver effective accountability

The Shared Chief Internal Auditor of East Lothian Council is the ELIJB's Chief Internal Auditor whose role is to provide an independent and objective annual opinion on the effectiveness of the ELIJB's internal controls, risk management and governance. This is carried out in conformance with the Public Sector Internal Audit Standards for the 2024-25 financial year and will be in conformance with Global Internal Audit Standards as amended for the UK Public Sector.

The ELIJB responds to the findings and recommendations of Internal Audit, External Audit, Scrutiny and Inspection bodies. The ELIJB Audit and Risk Committee is integral to overseeing assurance and monitoring improvements in internal controls, risk management and governance.

An Annual Performance Report for 2024/25 is being prepared to outline progress against strategic objectives over the year. The last Annual Performance Report for 2023/24 was approved by the Board in June 2024.

The unaudited Annual Accounts and Report for 2024/25 set out the financial position in accordance with relevant accounting regulations and was submitted in draft to the June 2025 Board meeting.

Review of Adequacy and Effectiveness

The ELIJB is required to conduct an annual review of the effectiveness of its governance framework.

The review was informed by: an annual self-assessment carried out by Internal Audit against the ELIJB's Local Code of Corporate Governance; Internal Audit reports for the ELIJB; External Audit reports for the ELIJB; relevant reports by other external scrutiny bodies and inspection agencies; and relevant partners' (NHS Lothian and East Lothian Council) Internal Audit and External Audit reports.

In respect of the four improvement areas of governance identified by the ELIJB in 2023/24, there have been developments during the year in all four of these. Specifically, Structure and Governance Review of Change Boards was implemented through the strategic planning group in January 2025. The HSCP Performance Framework was approved by the IJB Board who are monitoring the implementation of the framework through the performance reports submitted to the Board. The IJB approved a revised Model publication scheme in June 2024 and published the scheme online in July 2024. Significant work has been ongoing during 2024/25 and continues on the IJB Five Year Financial Plan with regular reporting to the IJB Board. A new permanent Chief Finance Officer was approved in December 2024 and appointed in January 2025 to support this process and the delivery of efficiencies across work programmes.

Improvement Areas of Governance

The review activity outlined above has identified the following areas where further improvement in governance arrangements can be made to enhance compliance with the CIPFA/SOLACE Framework 'Delivering Good Governance in Local Government' (2016):

- The Internal Audit Report on Recovery Plan Monitoring highlighted that whilst the IJB approved recovery plans and Board members had access to information on the progression of these plans through Development Sessions no formal reporting framework on the delivery of the recovery plans was in place. Some reporting of the delivered savings has been completed within quarterly finance reports during the 2024/25 financial year reporting and this will continue to be enhanced during 2025/26.
- The East Lothian IJB has never formally approved a Local Code of Governance in line with the CIPFA/SOLACE Framework 'Delivering Good Governance in Local Government' (2016). As further guidance has recently been published by CIPFA in May 2025 a review of the Local Code of Governance will be completed and presented to the IJB in 2025 for approval.
- The East Lothian IJB Audit & Risk Committee approved a Risk Strategy and Policy following a review in December 2022, however the ELIJB Standing orders require the ELIJB Board to approve the Risk Management Policy and define the risk appetite and associated risk tolerance levels, a formal review is being undertaken and a revised Policy will be submitted for formal approval to the Board in 2025.

- The Revised IJB Five year financial Plan 2025/26 to 2029/30 as presented to the March 2025 ELIJB Board indicates total financial pressures of £30.3m over the plan period. The paper highlighted that recent IJB development sessions have focussed on the need for continued efficiency programmes delivering a combination of Grip and Control and Transformational change schemes which result in recurring savings. The 2025/26 budget requires £4.17 million delivered efficiencies to provide a breakeven position and continued focus on delivering efficiencies both in year and in future years will be required to provide a sustainable financial position for East Lothian IJB.
- Following the decision in the middle of the financial year for East Lothian IJB Board to expend the remaining General Reserve of £3.1 million in support of the Health budgets ELIJB has no General reserves. As a result of the lack of any current general reserves and the challenging financial position a review of the ELIJB reserve policy will be completed during the 2025/26 financial year.

The implementation of these actions to enhance the governance arrangements in 2025/26 will be driven and monitored by the ELIJB Chief Officer in order to inform the next annual review. Internal Audit work planned in 2025/26 is designed to test improvements and compliance in governance.

Conclusion and Opinion on Assurance

It is our opinion that reasonable assurance can be placed upon the adequacy and effectiveness of the ELIJB's governance arrangements and system of internal control, while recognising that further improvements are required to fully demonstrate compliance with the CIPFA/SOLACE Framework 'Delivering Good Governance in Local Government' (2016) in order for the ELIJB to fully meet its principal objectives. Systems are in place to regularly review and improve governance arrangements and the system of internal control.

Andrew Cogan
Chair

Fiona Wilson
Chief Officer

Independent Auditor's Report

Independent auditor's report to the members of East Lothian Integration Joint Board and the Accounts Commission

Reporting on the audit of the financial statements

Opinion on financial statements

I certify that I have audited the financial statements in the annual accounts of East Lothian Integration Joint Board for the year ended 31 March 2025 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet, and notes to the financial statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2024/25 (the 2024/25 Code).

In my opinion the accompanying financial statements:

- give a true and fair view of the state of affairs of the East Lothian Integration Joint Board as at 31 March 2025 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2024/25 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the [Code of Audit Practice](#) approved by the Accounts Commission for Scotland. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report. I was appointed by the Accounts Commission on 2 December 2022. My period of appointment is five years, covering 2022/23 to 2026/27. I am independent of the East Lothian Integration Joint Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the East Lothian Integration Joint Board. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern basis of accounting

I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the East Lothian Integration Joint Board's current or future financial sustainability. However, I report on the East Lothian Integration Joint Board's arrangements for financial sustainability in a separate Annual Audit Report available from the [Audit Scotland website](#).

Risks of material misstatement

I report in my Annual Audit Report the most significant assessed risks of material misstatement that I identified and my judgements thereon.

Responsibilities of the Chief Finance Officer and East Lothian Integration Joint Board for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing the East Lothian Integration Joint Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the body's operations.

East Lothian Integration Joint Board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- using my understanding of the local government sector to identify that the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003 are significant in the context of the body;
- inquiring of the Chief Finance Officer as to other laws or regulations that may be expected to have a fundamental effect on the operations of the East Lothian Integration Joint Board;
- inquiring of the Chief Finance Officer concerning the East Lothian Integration Joint Board's policies and procedures regarding compliance with the applicable legal and regulatory framework;
- discussions among my audit team on the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the East Lothian Integration Joint Board's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited parts of the Remuneration Report

I have audited the parts of the Remuneration Report described as audited. In my opinion, the audited parts of the Remuneration Report have been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

The Chief Finance Officer is responsible for the other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

My responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

My opinion on the financial statements does not cover the other information and I do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement

In my opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which I am required to report by exception

I am required by the Accounts Commission to report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- I have not received all the information and explanations I require for my audit.

I have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to my responsibilities for the annual accounts, my conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in my Annual Audit Report.

Use of my report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 108 of the Code of Audit Practice, I do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

John Boyd FCPFA

Audit Scotland

8 Nelson Mandela Place

Glasgow

G2 1BT

Financial Statements

Comprehensive Income and Expenditure Statement

This statement shows the cost of providing services for the year according to accepted accounting practices. Where the impact on the General Fund is amended by statutory adjustments this is shown in the Movement in Reserves Statement.

Gross Expenditure 2024/25 £000's	Income 2023/24 £000's	Net Expenditure 2023/24 £000's		Gross Expenditure 2024/25 £000's	Income 2024/25 £000's	Net Expenditure 2024/25 £000's
160,470		160,470	Health Delegated	165,845		165,845
66,930		66,930	Social Care Delegated	71,869		71,869
227,400	0	227,400	Cost Of Services	237,714	0	237,714
	(221,621)	(221,621)	Taxation & non- specific grant Income		(234,837)	(234,837)
227,400	(221,621)	5,779	(Surplus)/Deficit on Provision of Services	237,714	(234,837)	2,877
			5,779	Total Comprehensive (Income) and Expenditure		2,877

Movement in Reserves Statement

This Statement shows the movement in the year on the different reserves held by the East Lothian IJB.

	General Fund Balance £000s	Total Usable Reserves £000s
Movement in Reserves during 2023/24:		
Opening Balance as at 1/4/2023	(10,122)	(10,122)
Total Comprehensive Income or Expenditure in 2023/24		
Surplus/(Deficit) on Provision of Services	5,779	5,779
Closing Balance as at 31/3/2024	(4,343)	(4,343)
Movement in Reserves during 2024/25:		
Opening Balance as at 1/4/2024	(4,343)	(4,343)
Total Comprehensive Income or Expenditure in 2024/25		
Surplus/(Deficit) on Provision of Services	2,877	2,877
Closing Balance as at 31/3/2025	(1,466)	(1,466)

Reserves

The Integration Joint Board is permitted to set aside future amounts of reserves for future policy purposes. These reserves normally comprise funds that are set aside for specific purposes; and funds which are not earmarked for specific purposes but are set aside to deal with unexpected events or emergencies. They are created by appropriating amounts out of revenue balances. When expenditure to be funded from a reserve is incurred, it is charged to the appropriate service in that year and thus included in the Comprehensive Income and Expenditure Statement. Movements in reserves are reported in the Movement in Reserves Statement.

Useable Reserves

East Lothian IJB had both a general reserve which can be used to mitigate financial consequences of risks and other events impacting on the IJB's resources and an earmarked reserve which contains funds earmarked for specific purposes. East Lothian IJB has an earmarked reserve which can be used to mitigate financial consequences of risks and other events impacting on the specific project budget.

Balance Sheet

The Balance Sheet shows the value, as at 31 March 2025, of the assets and liabilities recognised by the Board. The net assets of the Board are matched by the reserves held.

2023/24 Total £000's		2024/25 Total £000's
	Current Assets	
4,343	Short Term Debtors	1,466
	Current Liabilities	
	Short Term Creditors	
4,343	Total Assets less current Liabilities	1,466
	Capital and Reserves	
4,343	General Fund	1,466
4,343	Total Reserves	1,466

The unaudited accounts were authorised for issue on 26th June 2025.

Michael Porteous
Chief Finance Officer

Notes to the Financial Statements

1. Significant Accounting Policies

General Principles

The Financial Statements summarises the IJB's transactions for the 2024/25 financial year and its position at the year-end of 31 March 2025.

The IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2024/25, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. The historical cost convention has been adopted.

Accruals of Income and Expenditure

Activity is accounted for in the year that it takes place, not simply when settlement in cash occurs. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the IJB
- Income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet
- Where debts may not be received, the balance of debtors is written down.

It should be noted that the above principles are those applied by the partners (NHS Lothian and East Lothian Council). The IJB has funded these partners to deliver the delegated functions and these partners have charged the IJB as above.

Funding

The IJB is wholly funded through funding contributions from the statutory funding partners, East Lothian Council and NHS Lothian. Expenditure is incurred in the form of charges by the partners.

Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partner. Consequently, the IJB does not present a 'Cash and Cash Equivalent' figure on the Balance Sheet.

The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the IJB's Balance Sheet. Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.

Employee Benefits

The IJB does not directly employ staff. Staff are formally employed by the partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report.

Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event, settlement of the obligation is probable, and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the IJB's Balance Sheet but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the IJB's Balance Sheet but is disclosed in a note only if it is probable to arise and can be reliably measured.

The IJB has no provisions, contingent liabilities or contingent assets at 31 March 2025.

Reserves

The IJB's only Useable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can use in later years to support service provision. As noted above, the IJB had reserves of £1,466,000 at 31 March 2025.

Indemnity Insurance

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Lothian and East Lothian Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide. The IJB holds separate indemnity insurance through its membership of the CNORIS scheme; the charge for this in 2024/25 was £3,000.

Unlike NHS Boards, the IJB does not have any 'shared risk' exposure from participation in CNORIS. The IJB participation in the CNORIS scheme is therefore analogous to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration is provided for in the IJB's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

2. Events After the Reporting Period

The Annual Accounts were authorised for issue by the IJB. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2025, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

3. Short Term Debtors

The IJB's short term debtors are broken down as follows:

	2023/24 £000's	2024/25 £000's
Funding due from NHS Lothian	4,205	1,348
Funding due from East Lothian Council	138	118
Total	4,343	1,466

Amounts owed by the East Lothian Council are stated on a net basis; that is the creditor balances relating to expenditure obligations incurred but not yet settled in cash terms are offset against the funds they are holding on behalf of the IJB.

4. Reserves

The IJB's useable reserve is broken down as follows:

	2023/24 £000's	2024/25 £000's
Community Living Change Fund	45	0
Carers	93	118
Locally Committed Programmes	1,109	1,348
Earmarked General Fund Reserves	1,247	1,466
Uncommitted General Fund Reserves	3,096	0
Total Usable Reserves	4,343	1,466

5. Taxation and Non-Specific Grant Income

2023/24 £000's		2024/25 £000's
63,809	Contributions from East Lothian Council	71,850
157,812	Contributions from NHS Lothian	162,987
221,621	Total	234,837

The contributions received by East Lothian IJB represent the funding provided by the Partners (East Lothian Council and NHS Lothian).

6. Corporate Services

Included in the above costs are the following corporate services:

2023/24 £000's		2024/25 £000's
54	Staff (Chief Officer)	61
3	CNORIS	3
33	Audit Fee	34
90	Total	98

Note – the Audit fee above is in relation to the fee for the external audit for 2024/25. The appointed auditor did not provide any non-audit services during the year.

7. Related Party Transactions

As partners with the East Lothian Integration Joint Board both East Lothian Council and NHS Lothian are related parties and the material transactions with these bodies are disclosed in these accounts. While the IJB is not charged by its partners for the costs of its CFO, the IJB is charged by both partners for the costs of the Chief Officer.

There are elements of expenditure which are shown against NHS Lothian but where the resources are used by social care services delivered by East Lothian Council, being Resource Transfer and the Social Care fund. Resource Transfer relates to funds which have been agreed to be moved annually from health to support social care services and the social care fund is an investment in social care made through a Scottish Government allocation but which was actioned through the NHS. These funds total £10.9m.

2023/24 Income £000's		2024/25 Income £000's
157,812	NHS Lothian	162,987
63,809	East Lothian Council	71,850
221,621	Total	234,837

2023/24 Expenditure £000's		2024/25 Expenditure £000's
160,470	NHS Lothian	165,845
66,930	East Lothian Council	71,869
227,400	Total	237,714

2023/24 Net Transactions £000's		2024/25 Net Transactions £000's
(2,658)	NHS Lothian	(2,857)
(3,121)	East Lothian Council	(20)
(5,779)	Total	(2,877)

2023/24 Debtors £000's		2024/25 Debtors £000's
4,205	NHS Lothian	1,348
138	East Lothian Council	118
4,343	Total	1,466

8. VAT

The IJB is not a taxable entity and does not charge or recover VAT on its functions. The VAT treatment of expenditure and income within the accounts depends upon which of the partners is providing the services as these bodies are treated differently for VAT purposes.

East Lothian Integration Joint Board

2024/25 Annual Audit Report - Draft



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Accessibility

You can find out more and read this report using assistive technology on our website www.audit.scot/accessibility.

Key messages

Audit of the annual accounts

- 1 The annual accounts contain an unqualified audit opinion providing reasonable assurance that they are free from material misstatement.
- 2 There were no significant findings or key audit matters to report.

Wider scope and Best Value audit

- 3 The East Lothian Integration Joint Board (the IJB) has effective and appropriate arrangements in place for Financial Management; Vision, Leadership and Governance; and Use of Resources to Improve Outcomes.
 - 4 A five year medium term financial plan has been developed including recovery actions for 2025/26. The IJB should work with its strategic partners to develop a strategic and operational plan to deliver health and social care services in a financially sustainable way. This should incorporate scenario plans around service levels, financial assumptions and funding levels.
 - 5 Financial sustainability remains a significant risk to the IJB's strategic objectives and the IJB faces challenging decisions to support the delivery of services within the financial resources available.
 - 6 East Lothian Integration Joint Board has effective and appropriate arrangements in place for securing Best Value.
-

Introduction

Purpose of the Annual Audit Report

1. The purpose of this Annual Audit Report is to report the significant matters identified from the 2024/25 audit of East Lothian Integration Joint Board (the IJB) annual accounts and the wider scope areas specified in the Code of Audit Practice (2021).
2. The Annual Audit Report is addressed to East Lothian Integration Joint Board, hereafter referred to as 'the body' and the Controller of Audit, and will be published on Audit Scotland's website in due course.

Appointed auditor and independence

3. John Boyd, of Audit Scotland, has been appointed as external auditor of the body for the period from 2022/23 until 2026/27. As reported in the Annual Audit Plan, John Boyd as engagement lead and the audit team are independent of the body in accordance with relevant ethical requirements, including the Financial Reporting Council's Ethical Standard. There have been no developments since the issue of the Annual Audit Plan that impact on the continued independence of the engagement lead or the rest of the audit team from the body, including no provision of non-audit services.

Acknowledgements

4. We would like to thank the body and its staff, particularly those involved in preparation of the annual accounts, for their cooperation and assistance during the audit. We look forward to working together constructively over the remainder of the five-year audit appointment.

Audit scope and responsibilities

Scope of the audit

5. The audit is performed in accordance with the Code of Audit Practice, including supplementary guidance, International Standards on Auditing (ISA) (UK), and relevant legislation. These set out the requirements for the scope of the audit which includes:

- An audit of the financial statements and an opinion on whether they give a true and fair view and are free from material misstatement.
- An opinion on statutory other information published with the financial statements in the annual accounts, namely the Management Commentary and Annual Governance Statement.
- An opinion on the audited part of the Remuneration Report.
- Conclusions on the body's arrangements in relation to the wider scope areas: Financial Management; Financial Sustainability; Vision, Leadership and Governance; and Use of Resources to Improve Outcomes.
- Reporting on the body's arrangements for securing Best Value.
- Provision of this Annual Audit Report.

Responsibilities and reporting

6. The Code of Audit Practice sets out the respective responsibilities of the body and the auditor. A summary of the key responsibilities is outlined below.

Auditor's responsibilities

7. The responsibilities of auditors in the public sector are established in the Local Government (Scotland) Act 1973. These include providing an independent opinion on the financial statements and other information reported within the annual accounts, and concluding on the body's arrangements in place for the wider scope areas and Best Value.

8. The matters reported in the Annual Audit Report are only those that have been identified by the audit team during normal audit work and may not be all that exist. Communicating these does not absolve the body from its responsibilities outlined below.

9. The Annual Audit Report includes an agreed action plan at [Appendix 1](#) setting out specific recommendations to address matters identified and includes details of the responsible officer and dates for implementation.

The body's responsibilities

10. The body has primary responsibility for ensuring proper financial stewardship of public funds, compliance with relevant legislation and establishing effective arrangements for governance, propriety, and regularity that enables it to successfully deliver its objectives. The features of proper financial stewardship include:

- Establishing arrangements to ensure the proper conduct of its affairs.
- Preparation of annual accounts, comprising financial statements for the body that gives a true and fair view and other specified information.
- Establishing arrangements for the prevention and detection of fraud, error and irregularities, and bribery and corruption.
- Implementing arrangements to ensure its financial position is soundly based.
- Making arrangements to secure Best Value.
- Establishing an internal audit function.

National performance audit reporting

11. The Auditor General for Scotland and the Accounts Commission regularly publish performance audit reports. These cover a range of matters, many of which may be of interest to the body and its Audit and Risk Committee. Details of national and performance audit reports published over the last year can be seen in [Appendix 2](#).

Audit of the annual accounts

Main judgements

The annual accounts contain an unqualified audit opinion providing reasonable assurance that they are free from material misstatement.

There were no significant findings or key audit matters to report.

Audit opinions on the annual accounts

12. The body's annual accounts were approved by the board on 25 September 2025 and certified by the appointed auditor on 25 September 2025. The Independent Auditor's Report is included in the body's annual accounts, and this reports that, in the appointed auditor's opinion, these were free from material misstatement.



Audit timetable

13. The unaudited annual accounts were received on 30 June 2025 in accordance with the agreed audit timetable.

Audit Fee

14. The audit fee for the 2024/25 audit was reported in the Annual Audit Plan and was set at £34 thousand. There have been no developments that impact on planned audit work required, therefore the audit fee reported in the Annual Audit Plan remains unchanged.

Materiality

15. The concept of materiality is applied by auditors in planning and performing an audit, and in evaluating the effect of any uncorrected misstatements on the financial statements or other information reported in the annual accounts.

16. Broadly, the concept of materiality is to determine whether misstatements identified during the audit could reasonably be expected to influence the decisions of users of the annual accounts. Auditors set a monetary threshold when determining materiality, although some issues may be considered material by their nature. Therefore, materiality is ultimately a matter of the auditor's professional judgement.

17. Materiality levels for the audit of the body were determined at the risk assessment phase of the audit and were reported in the Annual Audit Plan, which also reported the judgements made in determining materiality levels. These were reassessed on receipt of the unaudited annual accounts. Materiality levels were updated and these can be seen in [Exhibit 1](#)].

Exhibit 1

2024/25 Materiality levels for the body

Materiality	The body
Materiality – set at 2% of gross expenditure	£4.754 million
Performance materiality – set at 75% of materiality. As outlined in the Annual Audit Plan, this acts as a trigger point. If the aggregate of misstatements identified during the audit exceeds performance materiality, this could indicate further audit procedures are required.	£3.565 million
Reporting threshold – set at 5% of materiality.	£0.237 million

Source: Audit Scotland

Significant findings and key audit matters

18. ISA (UK) 260 requires auditors to communicate significant findings from the audit to those charged with governance, which for the body is the Performance, Finance & Audit Committee.

19. The Code of Audit Practice also requires public sector auditors to communicate key audit matters. These are the matters that, in the auditor's professional judgement, are of most significance to the audit of the financial statements and require most attention when performing the audit.

20. In determining key audit matters, auditors consider:

- Areas of higher or significant risk of material misstatement.
- Areas where significant judgement is required, including accounting estimates that are subject to a high degree of estimation uncertainty.
- Significant events or transactions that occurred during the year.

21. There are no significant findings or key audit matters to report.

Qualitative aspects of accounting practices

22. ISA (UK) 260 also requires auditors to communicate their view about qualitative aspects of the body's accounting practices, including accounting policies, accounting estimates, and disclosures in the financial statements.

Accounting policies

23. The appropriateness of accounting policies adopted by the body was assessed as part of the audit. These were considered to be appropriate to the circumstances of the body, and there were no significant departures from the accounting policies set out in the Code of Practice on Local Authority Accounting in the United Kingdom (the Code).

Accounting estimates

24. No significant accounting estimates were identified as having been employed by management in preparing the financial statements.

Disclosures in the financial statements

25. The adequacy of disclosures in the financial statements was assessed as part of the audit. The quality of disclosures was adequate, with additional levels of detail provided for disclosures around areas of greater sensitivity, such as related party transactions.

Significant matters discussed with management

26. All significant matters identified during the audit and discussed with the body's management have been reported in the Annual Audit Report.

Audit adjustments

27. No audit adjustments were required to the financial statements greater than the reporting threshold of £0.237 million.

Significant risks of material misstatement identified in the Annual Audit Plan

28. Audit work has been performed in response to the significant risks of material misstatement identified in the Annual Audit Plan. The outcome of audit work performed is summarised in [Exhibit 2, \(page 10\)](#).

Exhibit 2

Significant risk of material misstatement in the financial statements

Risk of material misstatement	Planned audit response	Outcome of audit work
<p>Fraud caused by management override of controls</p> <p>Management is in a unique position to perpetrate fraud because of management's ability to override controls that otherwise appear to be operating effectively.</p>	<p>The audit team will:</p> <ul style="list-style-type: none"> • Agree balances and transactions to East Lothian Council and NHS Lothian financial reports/ledger/correspondence. • Assurances will be obtained from the auditors of East Lothian Council and NHS Lothian over the completeness, accuracy and allocation of income and expenditure. • Review of significant adjustments at year end where we consider there to be greatest risk of material misstatement through management override of controls. • Review of financial monitoring reports during the year. • Evaluate significant transactions outside the normal course of business. • Assess the adequacy of controls in place for identifying and disclosing related party relationships and transactions in the financial statements. 	<p>From carrying out the planned audit procedures, we have not identified any indication of material misstatement in the financial statements through fraud or error caused by management override of controls.</p>

Source: Audit Scotland

Prior year recommendations

29. The body has made some progress in implementing the agreed prior year audit recommendations. For actions not yet implemented, revised responses and timescales have been agreed with the body and are outlined in [Appendix 1](#).

Wider scope and Best Value audit

Conclusion

The IJB has effective and appropriate arrangements in place for Financial Management; Vision, Leadership and Governance; and Use of Resources to Improve Outcomes.

A five year medium term financial plan has been developed including recovery actions for 2025/26. The IJB should work with its strategic partners to develop a strategic financial and operational plan to deliver health and social care services in a financially sustainable way. This should incorporate scenario plans around service levels, financial assumptions and funding levels.

Financial sustainability is a significant risk to the IJB's strategic objectives and the IJB faces challenging decisions to support the delivery of services within the financial resources available.

The body has effective and appropriate arrangements in place for securing Best Value.

Audit approach to wider scope and Best Value

Wider scope

30. As reported in the Annual Audit Plan, the wider scope audit areas are:

- Financial Management.
- Financial Sustainability.
- Vision, Leadership and Governance.
- Use of Resources to Improve Outcomes.

31. Audit work is performed on these four areas and a conclusion on the effectiveness and appropriateness of arrangements the body has in place for each of these is reported in this chapter.

Best Value

32. The duty on auditors to consider the arrangements in place to secure Best Value applies to the body as it falls within section 106 of the Local Government (Scotland) Act 1973.

33. Consideration of the arrangements the body has in place to secure Best Value has been carried out alongside the wider scope audit.

Significant wider scope and Best Value risks

34. Audit work has been performed in response to the significant wider scope and Best Value risks identified in the Annual Audit Plan. The outcome of audit work performed is summarised in [Exhibit 3](#).

Exhibit 3

Significant wider scope and Best Value risks

Significant risk	Planned audit response	Outcome of audit work
<p>Financial sustainability</p> <p>The 2024/25 Q3 financial position showed a projected overspend for the year of around £3.5m with some savings planned for 2024/25 expected to be delivered in 2025/26.</p> <p>The latest Financial Plan 2024/25 -2028/29 showed the IJB facing significant and increasing overspends against forecast budgets for the current year onwards. The IJB continues to be faced with significant financial challenges, and with having to make difficult decisions for the foreseeable future</p>	<p>The audit team will:</p> <ul style="list-style-type: none"> • Review financial plans developed and assess the appropriateness of the financial plans and any assumptions made. • Assess if financial plans developed are aligned to East Lothian IJB's strategic priorities. • Review financial monitoring reports to assess the financial position, including progress of partner bodies in achieving planned savings. • Review controls in place and updates to financial plans to assess financial sustainability. 	<p>Audit work performed found:</p> <ul style="list-style-type: none"> • The body has developed medium term financial plans which are appropriate to its circumstances. • The cost and demand pressure assumptions made in the financial plans are reasonable. • The financial plans developed are aligned to the body's Strategic Commissioning Plan and priorities. <p>Conclusion: The body has made appropriate arrangements to develop and implement medium term financial plans which are linked to its Strategic Commissioning Plan and priorities. However, a more strategic approach to financial and operational planning is required to deliver health and social care services in a financially sustainable way.</p>

Source: Audit Scotland

Conclusions on wider scope audit

Financial Management

35. The audit work performed on the arrangements the body has in place for securing sound financial management found that these were effective and appropriate. This judgement is evidenced by the body:

- having clear and up-to-date policies and procedures, for example, financial regulations and scheme of delegation, in place that ensure effective financial management.

- having suitably qualified and experienced staff leading the finance function, which has sufficient skills, capacity, and capability to effectively fulfil its role.
- having effective arrangements in place for the scrutiny of arrangements that support sound financial management, and effective scrutiny and challenge provided by the Audit & Risk Committee.

36. The IJB does not directly incur expenditure or employ staff, other than the Chief Officer and Chief Financial Officer. All funding and expenditure for the IJB is incurred by partner bodies and processed in their accounting records.

37. The IJB accepted the 2024/25 budget offers from both partner bodies in March 2024. For NHS Lothian the indicative budget offer was £113.604 million, pending conclusion of their financial planning process, and for East Lothian Council the budget offer was for £74.977 million. A projected funding gap of £10.8 million was closed through identification of savings proposals in order to set a balance budget for 2024/25. During 2024/25 the financial plan was regularly updated to reflect changes to planned expenditure and to update funding received.

38. The IJB had in year overspends against budget on both its health and social care delegated functions resulting in additional funding of £0.794 million being received from NHS Lothian and £2.803 million from East Lothian Council. These were primarily through demand led pressures on costs.

39. Prior to the 2023/24 financial year, the IJB had a target of maintaining levels of reserves equivalent to at least 2% of turnover. However, the net deficit incurred by the IJB for 2023/24 led to reserves falling below this level (£4.343m at 31 March 2024, 1.95% of turnover). The 2024/25 year-end deficit on provision of services of £2.877 million has had the effect of reducing the general fund reserves from £4.343 million to £1.466 million.

40. The proposal to utilise unearmarked reserves to support the projected 2024/25 overspend in the IJB's health budget was approved by a majority vote of the IJB at its meeting held 24 October 2024. We note that an assurance review of this decision was carried out by Internal Audit, which concluded that this was a competent decision of the Board and that, based on the resulting financial position of the IJB, a review of the reserves policy is required and will be taken forward by the Chief Finance Officer during 2025/26.

41. The Board are presented with finance and budget monitoring reports on a quarterly basis, with additional reporting produced when required (for example when the financial plans are updated).

42. Financial performance reporting is sufficient. Specific cost overspends are disclosed on an exception basis if significant. While the financial

performance reports are high-level in nature, they contain sufficient information for the Board to make informed decisions once supplemented with the additional verbal context provided by the CFO in presenting the reports. From our review of IJB minutes, we note that this has continued in the current year.

43. We have also noted from our review of IJB minutes that the finance reports have been presented to the Board on a timely basis by the respective CFOs throughout the year and have been subject to adequate scrutiny and challenge by the IJB members.

44. Financial reporting information is adequate but going forward, and as financial challenges increase, the Board would benefit from having more detailed analysis of expenditure and savings information. The IJB should consider including more underlying detail in its financial reporting perhaps by using appendices to provide the detail behind the headline figures and highlights currently provided.

45. The East Lothian IJB does not have its own financial systems and instead relies on information from partner bodies' financial systems. All financial transactions are therefore processed under the partner bodies' internal controls.

46. As part of our audit approach, we sought assurances from the external auditors of NHS Lothian and East Lothian Council. Neither the health board nor council auditor reported any significant weaknesses that could result in a material misstatement in the accounts of the IJB.

47. The Interim Chief Finance Officer (CFO) arrangement in place from end of September 2023 continued during 2024/25 until December 2024, when a new CFO took on the role on an interim basis until 3 March 2025, from when they were appointed as CFO on a permanent basis. The new CFO retains an operational role in NHS Lothian's finance department and only 50 % of their time is considered to be spent on ELIJB duties. Given the size and nature of ELIJB, the arrangement is considered satisfactory in relation to the financial management/S 95 Officer role for the IJB.

Internal audit assurance

48. Internal audit provides the IJB with independent assurance on risk management, internal control and corporate governance processes. East Lothian IJB's internal audit function is provided through a joint approach utilising the internal audit functions of NHS Lothian and East Lothian Council.

49. The Annual Internal Audit Opinion and Report 2024/25 was submitted to the Audit and Risk Committee on 3 June 2025. The internal audit opinion was that reasonable assurance can be placed on the overall adequacy and effectiveness of the IJB's framework of governance, risk management and control for the year to 31 March 2025.

50. In the public sector there are specific fraud risks, including those relating to payments and other claims made by individuals and organisations. Public sector bodies are responsible for implementing effective systems of internal control, including internal audit, which safeguard public assets and prevent and detect fraud, error and irregularities, bribery, and corruption

51. The IJB has appropriate arrangements in place to prevent and detect fraud or other irregularities. We are not aware of any specific issues we require to bring to your attention.

Financial Sustainability

52. The audit work performed on the arrangements the body has in place for securing financial sustainability found that these were effective and appropriate. This judgement is evidenced by the body:

- making appropriate arrangement to develop medium term financial plans and linking these to its Strategic Commissioning Plan and priorities.
- having effective arrangements in place for identifying risks to financial sustainability over the medium term, and understanding medium term demand pressures that could impact on available resources.
- having savings plans in place to manage forecast budget deficits, and a reserves strategy in place to manage the use of reserves if the required level of savings cannot be met.

53. East Lothian IJB maintains rolling five-year medium-term financial plans to forecast future financial performance and levels of reserves. These plans are kept under regular review to reflect changes to budgets and projected levels of expenditure. The previous iteration of the 5 year FP was approved by the IJB in April 2024. The five-year plan covering the period 2025/26 to 2029/30 was presented to the Board in March 2025, when they were asked to note the scale of the projected financial challenges, which was for forecast cumulative funding gaps of £30.283m (£13.689m for Health and £16.594m for Council). An updated five year financial plan is expected to be produced in December 2025.

54. The IJB faces significant short and medium-term challenges to its financial sustainability, with future net deficits expected to exceed the current reserves balance;

55. During the current year, we have observed that the IJB continued to identify recovery actions to meet short term funding gaps but there is still a lack of a longer-term strategy (i.e. beyond five years) to ensure the IJB's financial sustainability in the longer term.

56. We reported in our 2023/24 AAR in relation to financial sustainability that the IJB's commissioned services and delivery mechanisms need to be transformed in order to be sustainable in the long term and the IJB's long-term strategy needs to be further developed in order to address this.

57. As a result of these issues, the following recommendation has been made, with further details outlined in [Appendix 1](#).

Recommendation 1

Financial Sustainability

The IJB should work with its strategic partners to develop a strategic financial and operational plan to deliver health and social care services in a financially sustainable way. This should incorporate scenario plans around service levels, financial assumptions and funding levels .

Vision, Leadership and Governance

58. The audit work performed on the arrangements the body has in place around its Vision, Leadership and Governance found that these were effective and appropriate. This judgement is evidenced by the body:

- having a Strategic Commissioning Plan in place, supported by Operational Plans, that clearly set out its vision, strategy, and priorities and reflect the pace and depth of improvement required to realise these in a sustainable manner.
- involving service users, delivery partners, and other stakeholders in the development of its vision, strategy, and priorities to ensure these align to their needs.
- having clear financial reporting in place, both internally and externally, and effective scrutiny and challenge provided by the Audit & Risk Committee.
- having effective governance arrangements in place in general, as reflected in the Annual Governance Statement included in the accounts.

59. The IJB continues to have well established governance arrangements, with the Board being supported by the work and oversight of the Audit and Risk Committee. We consider the governance structures in place at the IJB are consistent with those that we would expect of a body of this type.

60. We have reviewed the minutes, and attended meetings, of the Board and the Audit and Risk Committee during the year. From our review, we have found that the meetings are conducted in a professional manner with an appropriate degree of scrutiny and challenge by members.

61. We consider that governance arrangements are appropriate and support effective scrutiny, challenge and decision making.

62. The IJB's Vision is set out in its Strategic Plan, which also outlines the IJB's Values, Strategic Objectives and Delivery Priorities. The current Plan was approved by the Board in 2022 and covers the years from 2022 to 2025.

63. Development of the IJB Strategic Plan 2025-2030 is in progress. Stakeholder engagement on the strategic plan draft has been underway since late 2024 through the Strategic Planning Group and other relevant sources. During August, September and October 2025, this engagement has been extended to the East Lothian community to gather the required opinions on whether the IJB has understood community needs and priorities for health and social care.

64. The currently proposed Strategic Objectives are:

- Transform or significantly change services to meet the needs of the population with resources available
- Prioritise prevention, early intervention and self-management measures
- Reduce health inequalities

65. It is expected that the final draft of the updated Strategic Plan will be presented to the Board for approval in December for publication January 2026.

Use of Resources to Improve Outcomes

66. The audit work performed on the arrangements the body has in place around its Use of Resources to Improve Outcomes found that these met minimum statutory requirements but should be developed further to include performance targets and identify mitigating actions where necessary.

67. Management commentaries included in the annual accounts should provide information on a body, its main objectives and the principal risks faced. It should provide a fair, balanced and understandable analysis of a body's performance as well as helping stakeholders understand the financial statements.

68. The management commentary in the annual accounts provides a summary of the main service achievements during the year, and includes information on performance against the IJB's strategic objectives and outcomes. For each strategic objective there are details of activities which supported delivery of the particular objective during 2024/25 but no commentary on whether performance was good or bad. There remains a lack of specific targets and performance against such targets. The IJB's internal and external reporting on performance could be improved by setting performance targets.

69. The Public Bodies (Joint Working) (Scotland) Act 2014 requires the IJB to produce an annual performance report covering areas such as assessing performance in relation to national health and wellbeing outcomes, financial performance and best value, reporting on localities, and the inspection of services. The Annual Performance Report for 2024/25 is currently being prepared for publication

70. As noted in our 2023/24 Annual Audit Report, the IJB's Annual Performance Report for 2023/24 was presented to the Board in June 2024 and published on the IJB's website in September 2024. It contained information on the IJB's performance against the Scottish Government's National Integration Indicators which confirmed that the IJB continued to perform significantly better than the national average. It also covered the six Ministerial Steering Group performance measures reporting an improvement in most measures where up to date data was available.

71. The IJB has adequate arrangements in place for measuring and reporting performance, but these arrangements should incorporate performance targets to demonstrate improvement in performance or alert management to declining performance.

Conclusions on Best Value

72. Integration Joint Boards have a statutory duty to have arrangements to secure Best Value. To achieve this, IJBs should have effective processes for scrutinising performance, monitoring progress towards their strategic objectives and holding partners to account.

73. The IJB's statutory equalities reporting, financial reporting and performance reporting arrangements demonstrate key aspects set out in the statutory Best Value guidance. In our 2022/23 Annual Audit Report, we recommended that the IJB should consider formal self-assessment against Best Value guidance to demonstrate how it complies with its statutory Best Value duties.

74. A paper was presented to the Audit & Risk Committee in June 2024 where it was recommended and agreed that a formal Best Value framework be adopted.

75. At a meeting of the IJB held 19 December 2024, and supported by the Chief Internal Auditor, a Best Value Annual Compliance Review was carried out. It considered the IJBs actions and delivery of the duties of best value against the seven broad themes per the 2020 SG Guidance, informed by Audit Scotland guidance on how an IJB might deliver best value as a non-operational body which delivers no direct services.

76. A Best Value Compliance Statement 2023/24 was agreed, addressing each of the seven best value themes as they applied to the IJB, providing assurance to the IJB that its duty of Best Value is being met.

77. The IJB noted that this review should properly be undertaken prior to preparation of the annual accounts in June of each year, and become integral to the Annual Governance Statement within the Annual Accounts. It was agreed, therefore, that the next such review would be presented at its June 2025 meeting, however, that review has not yet taken place. A further such review should be carried out prior to the end of 2025/26 for reporting in the Annual Governance Statement 2025/26.

Appendix 1

Action plan 2024/25

2024/25 recommendations

Matter giving rise to recommendation	Recommendation	Agreed action, officer and timing
<p>1. Financial Sustainability</p> <p>The IJB has annual financial plans and medium term financial forecasts. The forecasts do not contain assumptions around projected funding levels, budget gaps or plans in place to address these. A longer term financial strategy is needed to identify and plan for future funding and expenditure pressures.</p> <p>Risk: Given the scale of the financial pressures faced, it will require a more strategic approach to address these. There is a risk that without such a longer term approach to financial planning, the nature and extent of some future risks to financial sustainability may not be identified.</p>	<p>The IJB should work with its strategic partners to develop a strategic financial and operational plan to deliver health and social care services in a financially sustainable way. This should incorporate scenario plans around service levels, financial assumptions and funding levels.</p>	<p>Accepted</p> <p>The IJB will develop a longer term financial planning process that seeks to address the projected financial challenges and incorporates transparent and collaborative working with our partner bodies.</p> <p>Responsible officer</p> <p>Chief Finance Officer</p> <p>Agreed date</p> <p>By 31 March 2026</p>

Follow-up of prior year recommendations

Matter giving rise to recommendation	Recommendation, agreed action, officer and timing	Update
<p>b/f 1. Financial Sustainability [2023/24 AAR]</p> <p>The IJB's five-year financial plan includes projected net deficits which exceed the IJB's current reserves.</p> <p>Risk – the IJB does not have sufficient reserves to fund its projected future net expenditure.</p>	<p>The IJB should complete its work in identifying medium-term and long-term savings and efficiencies in order to achieve a financially sustainable position. This will include introducing transformational change to allow the IJB to deliver health and social care services in a sustainable way.</p>	<p>This recommendation has been superseded by the above Financial Sustainability recommendation from the 2024/25 Annual Audit Report.</p>
<p>b/f 2 Financial Sustainability [2022/23 AAR]</p> <p>The IJB's medium term financial plan identifies a funding gap of £13.964m before savings measures. Identified savings are not enough to close the gap. Service transformation will be needed to ensure services remain within the available resource constraints.</p> <p>Risk – the IJB's strategic plans are not financially sustainable.</p>	<p>The IJB should identify savings measures to address the funding gap over the 5-year period of its medium-term financial plan. The IJB should engage with its partners to identify financially sustainable service delivery options.</p>	<p>This recommendation has been superseded by the above Financial Sustainability recommendations from the 2024/25 and 2023/24 Annual Audit Reports.</p>

Matter giving rise to recommendation	Recommendation, agreed action, officer and timing	Update
<p>b/f 3 Strategic Financial Planning [2022/23 AAR]</p> <p>The IJB's medium term financial plan covers a 5-year period and supports the IJB's strategic aims. Robust scenario planning could assist IJB members with strategic decision making in the context of increasing financial pressures and uncertainty over future funding.</p> <p>Risk – the IJB's strategic vision and decision making is not fully supported by a sustainable financial plan.</p>	<p>The IJB should develop robust scenario planning to support members' strategic decision making in the context of increasing uncertainty over future funding and increasing financial pressures.</p>	<p>Work in Progress</p> <p>This will be progressed as part of the ongoing development of the IJB's financial planning process.</p>
<p>b/f 4 Performance reporting [2022/23 AAR]</p> <p>The IJB's performance reporting is unclear on whether performance is in line with expectations. It contains few targets and is not explicit on whether targeted improvement actions are planned for areas of concern.</p> <p>Risk – the IJB does not manage its performance effectively</p>	<p>The IJB should expand its performance reporting to report whether performance is in line with targets and to report on mitigating actions planned in areas where performance is not in line with expectations.</p>	<p>Work in Progress</p> <p>Performance reporting still requires to incorporate performance targets and processes for mitigating actions to be identified and progress reported.</p>

Matter giving rise to recommendation	Recommendation, agreed action, officer and timing	Update
<p>b/f 5 Compliance with Best Value statutory duties [2022/23 AAR]</p> <p>The IJB does not have arrangements in place to demonstrate how it delivers Best Value. It has key elements such as financial and performance reporting in place but does not report an overall assessment of its delivery of Best Value.</p>	<p>The IJB should consider formal self-assessment against the Best Value guidance to demonstrate how it complies with its statutory Best Value duties.</p>	<p>Work in Progress</p> <p>A self-assessment review was carried out December 2024 which provided assurance to the IJB that its duty of Best Value was being met.</p> <p>A further such review should be carried out prior to the end of 2025/26 for reporting in the Annual Governance Statement 2025/26.</p>

Appendix 2

Supporting national and performance audit reports

Report name	Date published
Local government budgets 2024/25	15 May 2024
Integration Joint Boards: Finance and performance 2024	25 July 2024
Transformation in councils	1 October 2024
Alcohol and drug services	31 October 2024
Fiscal sustainability and reform in Scotland	21 November 2024
Public service reform in Scotland: how do we turn rhetoric into reality?	26 November 2024
NHS in Scotland 2024: Finance and performance	3 December 2024
Auditing climate change	7 January 2025
Local government in Scotland: Financial bulletin 2023/24	28 January 2025
Transparency, transformation and the sustainability of council services	28 January 2025
Sustainable transport	30 January 2025
Integration Joint Boards: Finance bulletin 2023/24	6 March 2025
Integration Joint Boards finances continue to be precarious	6 March 2025
General practise: Progress since the 2018 General Medical Services contract	27 March 2025

East Lothian Integration Joint Board

2024/25 Annual Audit Report - Draft - Draft



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REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 25 September 2025

BY: Chief Finance Officer

SUBJECT: IJB Finance Report

9

1 PURPOSE

- 1.1 This report sets out the Quarter 1 (Q1) Financial review position for the IJB, provides an update on the monitoring and delivery of efficiencies and lays out the current reserves position for the IJB. It also provides an update on the Financial Planning process.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- i. Note the financial position reported as part of the Quarter 1 Review
 - ii. Note the year-to-date delivery of efficiencies
 - iii. Note the current Reserves position for the IJB.
 - iv. Note the ongoing Financial Planning process work

3 BACKGROUND

- 3.1 The IJB set a balance budget for 2025/26 at its March meeting. The forecast financial position for this year highlighted a gap of £4.170m which would be closed through a combination of efficiencies and collaborative working across all 4 IJBs and with NHS Lothian to address the Set Aside pressures and deliver a balanced outturn position for 2025/26.
- 3.2 The March budget setting position is presented in **Appendix 1** for information

Quarter 1 Financial Review

- 3.3 The allocation of uplift, policy and pressure funding received from partner bodies is highlighted below.

Health & Social Care

- Pay and eNIC uplift to fully fund forecast increased costs allocated to relevant pay budgets

Health

- Additional non pay uplift allocated to Prescribing budget

Social Care

- Real Living Wage and Free Personal & Nursing Care allocated across relevant budgets
- Pressure funding allocated to Learning Disabilities & Mental Health, Adult Social Work and Acute & Ongoing Care services.

- 3.4 The impact of these funding allocations is included in Table 1 below which summarises the Quarter 1 financial position for the IJB.

Table 1

<u>East Lothian IJB Q1 Financial Position 2025/26</u>				
	Budget £m	YTD Budget £m	YTD Actual £m	Variance £m
Core	98.585	25.985	25.734	0.251
Hosted	18.631	4.577	4.701	(0.124)
Set Aside	23.525	5.799	6.226	(0.427)
Total	140.741	36.361	36.661	(0.300)
Social Care	81.221	17.313	17.286	0.028
Overall Total	221.962	53.675	53.947	(0.272)

- 3.5 The reported position is based on overspends within Hosted and Set Aside health services offset by an underspend in Core services, and a small underspend within Social Care services. Giving a total Q1 overspend of (£0.272m). Health services are forecasting an overspend of (£0.155m) for the year to 31 March 2026, and Social Care services are forecasting break even after the release of earmarked reserves. This gives a Q1 forecast year end position of a (£0.155m) overspent.
- 3.6 Whilst the Q1 reflects the budget load and uplift allocation processes for both organisations there was some ongoing alignment and review work to be completed, primarily within the health services, to ensure budgets

are correctly phased and actual costs are being captured and forecast accurately.

- 3.7 The month 4 position presents a year end forecast of (£0.064m). This assumes break even for Social Care service and overspends within Hosted and Set Aside services offset by an underspend in Core Health services. Whilst the forecast is moving in the right direction its is still early in the reporting and forecasting process and the Q2 report will provide a better indication of the in year and forecast year end position.

Efficiencies

- 3.8 The programme of efficiencies underpinning the budget setting exercise are also set out in **Appendix 1**. Table 2 below provides a summary of the Q1 delivery of the planned efficiency programme for 2025/26.

Table 2

Q1 Efficiency Delivery Summary 2025/26				
	Planned Schemes £m	YTD Planned £m	YTD Delivered £m	YTD Over / (Under) Delivery £m
Health	3.369	0.803	0.497	(0.306)
Social Care	0.801	0.200	0.193	(0.007)
Overall Total	4.170	1.003	0.690	(0.313)

- 3.9 The Q1 position indicates a shortfall on the delivery of planned efficiencies to date, primarily within Health. This largely relates to the delivery of Prescribing efficiencies where the planned delivery is phased in equal monthly amounts and the actual delivery is more variable, especially at this point in the year.

Risks and Pressures

- 3.10 Whilst the Q1 financial position and the M4 update forecast a very small overspend against budget there are still financial risks and pressures that may materialise as the year progresses. These are summarised below:
- Pay awards – have been agreed for Council staff however full funding has yet to be received from the Scottish Government.
 - Prescribing – only 1 month of actual expenditure is included in the Q1 position making it difficult to project spend across the financial year at this stage.

- Inflationary costs - the impact of inflation on the costs of delivering social care services from third parties remains uncertain

Reserves

- 3.11 In order to provide the IJB with an update on all the available funding relating to IJB business and its planned utilisation a summary of the Earmarked reserves is provided. The IJB utilised the remainder of its General Reserve in 2024/25. The remaining Earmarked Reserves brought into this financial year are detailed in Table 3 below. These reserves will be released against relevant costs in 2025/26 and any additional funding will be added to the remaining balance of the relevant Earmarked Reserve.

Table 3

	2025/26 £m
Mental Health Recovery & Renewal	0.279
Carers	0.118
Unscheduled Care	1.069
Earmarked General Fund Reserves	1.466
General Fund Reserves	-
Total Usable Reserves	1.466

- 3.12 These reserves will be released against relevant costs in 2025/26 and any additional funding will be added to the remaining balance of the relevant Earmarked Reserve.

Financial Planning

- 3.13 The IJB's 5 Year Financial Plan will be updated over the coming weeks to reflect revised planning assumptions across the national and local landscapes. The updated plan will be brought to the IJB when completed.
- 3.14 Following a productive session with our General Managers we are working to identify and develop medium to longer term transformational programmes of work in response to the projected financial challenges. Our approach is founded on collaborative working and transparency with our partners to ensure a shared understanding of the outcomes.

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 INTEGRATED IMPACT ASSESSMENT

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

6 DIRECTIONS

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

7 RESOURCE IMPLICATIONS

- 7.1 Financial – there are no immediate resource implications from this report.
- 7.2 Personnel – none.
- 7.3 Other – none.

8 BACKGROUND PAPERS

- 8.1 None

Appendix 1 IJB Budget Setting and Efficiencies Plan Tables 2025/26

AUTHOR'S NAME	Mike Porteous
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DATE	September 2025

APPENDIX 1

<u>2025/26 Budgets</u>	Health	Council	Total IJB
	£m	£m	£m
<u>Recurring Pressures</u>			
Baseline Pressures	(2.853)	(2.740)	(5.593)
Growth and Other Commitments	(1.528)	(4.176)	(5.704)
Pay and Price Projected Increases	(2.142)	(1.338)	(3.480)
Total Pressures and Commitments	(6.523)	(8.254)	(14.777)
<u>Recurring Uplifts</u>			
Pay	1.900	1.338	3.238
Policy		3.207	3.207
Growth and Pressures	1.254	2.908	4.162
Total Recurring Resources	3.154	7.453	10.607
Projected Gap	(3.369)	(0.801)	(4.170)

<u>2025/26 Efficiencies</u>	Health	Council	Total IJB
	£m	£m	£m
Projected Gap	(3.369)	(0.801)	(4.170)
<u>Efficiencies Identified</u>			
Grip & Control	1.872	0.074	1.946
Service Redesign	1.157	0.727	1.884
Total Efficiencies	3.029	0.801	3.830
Additional Efficiencies	0.340		0.340
Projected Position	0.000	0.000	0.000