



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

**THURSDAY 30 OCTOBER 2025
VIA DIGITAL MEETINGS SYSTEM**

1

Voting Members Present:

Councillor L Allan
Councillor S Akhtar
Mr J Blazeby
Dr P Cantley
Mr A Cogan (Chair)
Ms E Gordon
Councillor C McFarlane
Councillor G McGuire (*Substitute)

Non-voting Members Present:

Ms M Allan	Mr D Binnie
Mr D Bradley	Ms S Gossner
Dr J Hardman	Mr D Hood
Dr K Kasengele	Mr M Porteous
Ms F Wilson	

Officers Present from NHS Lothian/East Lothian Council:

Ms H Barnett	Ms L Berry
Mr P Currie	Ms C Goodwin
Ms J Jarvis	Mr E John
Ms L Kerr	

Clerk:

Ms F Currie

Apologies:

Councillor J Findlay*
Ms M McNeill

Declarations of Interest:

None

The Chair welcomed everyone to the meeting.

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

1. MINUTES FOR APPROVAL: EAST LoTHIAN IJB ON 25 SEPTEMBER 2025

The minutes of the IJB meeting on 25 September were approved.

2. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 25 SEPTEMBER AND ROLLING ACTIONS LOG

The following matters arising from the minutes on 25 September were discussed:

Page 4 (Item 6) – Councillor Akhtar referred to the helpful presentation from MELDAP and her suggestion of a future development session. The Chair supported this suggestion and asked that it be built into the development session programme

Rolling Actions Log:

The Chair sought members' agreement to close the items highlighted and this was agreed.

Laura Kerr provided an update on the first action; confirming that an update would be provided in around 6 months or as part of the normal reporting cycle.

3. CHAIR'S REPORT

The Chair had nothing to report as the recent partners meeting had been cancelled.

Councillor Akhtar reported that the last IJB Chairs and Vice Chairs meeting had focussed on housing and technology, and she had passed on the information to members. She also provided details of her attendance at the Carers of East Lothian AGM.

In response to a question from Jonathan Blazeby, Councillor Akhtar advised that the new legislation relating to breaks for carers had been discussed at a recent CoSLA meeting along with the need to ensure that local authorities received an appropriate level of support from the government to meet the expectations of carers.

Ms Kerr confirmed that the Programme Board for Carers was keeping abreast of developments in this area.

4. EAST LoTHIAN INTEGRATION JOINT BOARD MEMBER'S CODE OF CONDUCT

A report was submitted by the Standards Officer seeking approval of an updated East Lothian Integration Joint Board (IJB) Code of Conduct and reminding members of their personal responsibilities under the Code.

Hayley Barnett presented the report highlighting the minor drafting changes to the Code of Conduct which members were being asked to approve. She also gave a brief presentation on members' responsibilities under the Code including general conduct and declarations of interest.

Ms Barnett and Fiona Wilson responded to questions and the Clerk confirmed that IJB members were asked to sign the Code and complete an annual update of the register of interests. The Chair welcomed a proposal to include an annual training session on the Code as part of the development session programme, and he invited Ms Barnett to present this session.

Decision

The IJB:

- i. Agreed the amended East Lothian IJB Code of Conduct to maintain compliance with the Ethical Standards in Public Life etc. (Scotland) Act 2000.
- ii. Noted that it was each member's personal responsibility to comply with the Code.

5. HEALTHCARE GOVERNANCE COMMITTEE REPORT

A report was submitted by the Chief Officer updating the IJB on the HSCP annual report provided to the NHS Lothian Healthcare Governance Committee.

Sarah Gossner provided a detailed summary of the annual report highlighting some of the challenges facing services and some of the improvement way that was currently underway. The report provided an overall rating of 'moderate assurance' following an assessment of quality and safety of care across services. She advised that, while presented from a multi-disciplinary perspective, it was a health-based report, and that work was underway to consider how best to integrate reporting on social care and social work services.

For transparency, the Chair confirmed that he was also the chair of NHS Lothian's Healthcare Governance Committee.

In reply to questions from Mr Blazeby, Ms Gossner outlined the work undertaken on the recording and handling of complaints, as a result of a recent SPSO review. She also provided information on the level of data and analysis which had taken place when assessing services as part of the governance process and the detailed discussion which took place at the Committee.

Mr Blazeby thanked Ms Gossner for this explanation and suggested that when bring this report forward to the IJB in future she might include a short executive summary.

Ms Gossner acknowledged this point and, in response to a further question, she outlined the current and expected results of the improvement work undertaken on pressure ulcer care and treatment.

Ms Wilson and David Hood replied to questions from Councillor Akhtar the work being done to ease pressure on acute services. Ms Wilson referred to money received the previous year from the Scottish Government to support the front door of RIE, target delayed discharges and reduce bed occupancy. While money had been given on a recurring basis was subject to the board meeting its performance targets. East Lothian was only one part of the pan-Lothian picture and meeting future targets to secure funding was by no means certain. Mr Hood outlined the work being done locally in mental health

services to address bed occupancy and support patient flow at the Royal Edinburgh Hospital. East Lothian had the shortest length of stay of all 4 HSCPs.

Ms Wilson added that while they could evidence positive progress, they would like to see other areas do the same. However, they needed to consider the pace of change and acknowledge that not all IJBs in Lothian were at the same point in the transformation journey.

The Chair thanked members for a useful discussion.

Decision

The IJB agreed to note the content of the report which conformed with the standard reporting required to be presented to the IJB on an annual basis:

6. EAST Lothian HSCP Clinical and Care Governance Committee

A report was submitted by the Chief Officer updating the IJB on the HSCP Clinical and Care Governance Committee (CCGC).

Ms Gossner provided a detailed summary of her report which outlined the work undertaken as part of the review of governance structures. She drew particular attention to work on staff awareness and understanding, data collection and analysis, scheduling of meetings, and the presentation of just a few services at each meeting to allow for a more in depth discussion of the issues. She said that further work would take place in the spring to raise staff awareness of their role in clinical governance. She concluded that while good progress had been made over the past year, there was still some improvement work to be done.

John Hardman endorsed Ms Gossner's summary of the review and improvement actions.

Officers replied to questions from members. Ms Gossner and Dr Hardman explained that the functions of the short-life working group had been to look at the overall structure and function of meetings; mapping of governance structures across the HSCP and ensuring all processes linked together to allow issues to be escalated appropriately. Good progress had been made but there was still work to do. The working group would be closed once this work was complete.

Ms Gossner, Ms Kerr and Mr Hood provided further context to the IJB's role in clinical governance and how this report contributed to that. The IJB needed to be assured of the quality and effectiveness of the services which supported delivery of its strategic plan and a key part of that was being confident that appropriate governance structures were in place.

The Chair commented that NHS Lothian and East Lothian Council both had their own in-house processes for reporting governance issues, and these were separate to the arrangements for the IJB. Both he and Mr Blazeby acknowledged that it was not always clear how these processes were reconciled or what exactly should be the focus of the IJB's scrutiny.

Ms Kerr suggested that it might be useful to include a session on governance roles and responsibilities as part of the development session on the Code of Conduct.

Councillor Akhtar welcomed the paper and the suggestion of further clarity on roles and responsibilities, adding that it might be helpful to consider how the IJB communicates these structures more widely, as part of this session.

Ms Gossner commented on the importance of including all areas of the partnership in reporting, not just health. Ms Kerr reminded members that the Chief Social Work Officer annual report was presented annually to the IJB, and it should come forward at the next meeting.

Mr Hood suggested looking at what other IJBs were doing and the Chair said he would take this up at the next Chairs/Vice Chairs network meeting. He also supported the suggestion of including this in a development session.

Decision

The IJB agreed to note the content of the report.

7. FINANCE UPDATE AND FORECAST FOR 2025/26 AND 2026/27 FINANCIAL PLAN UPDATE

A report was submitted by the Chief Finance Officer laying out the Quarter 2 (Q2) financial position and updating the forecast position for 2025/26. The report also provided an update on the Financial Plan for 2026/27 and the financial planning process to the year end.

Mike Porteous presented the report highlighting the outcome of the Q2 review, the forecast overspend for the year, progress with efficiency measures, work on the 5-year financial plan and potential risks from future staff pay awards and the 2026/27 budget settlement from the Scottish Government which would impact the partners' financial planning.

Officers responded to questions from members. Mr Porteous outlined work taking place on a set of principles for all 4 Lothian IJBs to support a more accurate allocation of set aside services. Ms Wilson agreed that this service was a challenge as it sat outside of the day-to-day operational management of the HSCP.

The Chair suggested that a discussion on set aside should form part of the development session on finances taking place in November. Councillor Akhtar welcomed concurred.

Mr Hood replied to a further question on core and cluster accommodation and its role in supporting people being cared for closer to home and in the future housing strategy. He agreed to share information on the financial and other benefits gained from a recent development.

Mr Blazeby urged members and officers to reflect on the planning process for 2026/27, especially as the Scottish Government's budget announcement had been delayed to January. With a projected funding gap of £5M plus and future political uncertainties, they needed to be planning now and not leaving it until next April or May, and any discussions or decisions needed to be taken on the basis of a combined health and social care budget, rather than separately.

Mr Porteous pointed to the development sessions and business meetings scheduled before the end of March and confirmed that both the Council and NHS Lothian were aware of the need to prepare offers to allow the IJB to set a balanced budget by the end of this financial year. He added that members would have a more detailed understanding

of the position at the second development session; but that they were working on the basis that they would have a significant gap to fill.

Ms Wilson and Ms Kerr acknowledged the need to make further savings and address ongoing challenges and doing this using a joined-up approach across services, rather than considering each individually.

Councillor Akhtar reported that at a recent meeting of CoSLA's Health and Social Care board, all attendees agreed that this area was top of the list of pressures facing local and national government. She said it had been their understanding that there would be a 3 year settlement which may help future planning.

Decision

The IJB agreed to:

- i. Note the Q2 financial position and the updated forecast position for 2025/26.
- ii. Note the updated Financial Plan position for 2026/27.
- iii. Note the proposed Financial Planning Process for the remainder of the year.

8. APPROVED MINUTES OF THE AUDIT & RISK COMMITTEE MEETING ON 3 JUNE 2025 (FOR NOTING)

The Chair invited members to note the most recently approved minutes of the Audit & Risk Committee. The Clerk advised that while the Committee had been unable to appoint a Chair at its September meeting, it would do so at its next meeting on 2 December.

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: 18 December 2025

Action No.	Agenda Item	Meeting Date	Source & Action	Action Owner	Expected Completion Date	Comments
11/25	2. Matters Arising & Actions Log	30.10.25	Additional Question: Add a session from MELDAP into the programme of development sessions	Fiona Wilson/Claire Goodwin	None stated	
12/25	4. EL IJB Member's Code of Conduct	30.10.25	Additional Question: To include an annual training session on Standards as part of the development session programme and invite Hayley Barnett to give the presentation.	Fiona Wilson/Claire Goodwin	None stated	
13/25	6. EL HSCP Clinical & Care Governance Committee	30.10.25	Additional Question: To include a session on governance reporting and IJB responsibilities as part of the Standards session	Fiona Wilson/Laura Kerr	None stated	
14/25	6. EL HSCP Clinical & Care Governance Committee	30.10.25	Additional Question: Chief Social Work Officer annual report to be presented to the next IJB meeting	Lindsey Byrne	18.12.25	
15/25	6. EL HSCP Clinical & Care Governance Committee	30.10.25	Additional Question: To raise the issue of governance reporting and IJB responsibilities at the Chairs/Vice Chairs network.	Andrew Cogan (Chair)	None stated	
16/25	7. Finance Update	30.10.25	Additional Question: To include a discussion on Set Aside as part of the November development session on finances.	Mike Porteous	27.11.25	



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 18 December 2025

BY: Chief Officer

SUBJECT: Review of IJB Strategic Plan – Updated Timeline

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1 PURPOSE

- 1.1 To present an updated timeline for completion of the IJB Strategic Plan Review.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Note the updated timeline for the completing of the East Lothian IJB Strategic Plan Review, and that this was discussed and agreed at the November meeting of the Strategic Planning Group.
- 2.2 Note that that revised timeline has been needed due to the timing of delivery partners' governance meetings.

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 Strategy and the development of a revised Strategic Plan. This included a timeline outlining the key stages of the review, leading up to the presentation of a final version of the Plan to the December meeting of the IJB for approval.

- 3.3 A series of engagement and consultation activities have been carried out since to inform the development of the new Plan. These have included engagement with key stakeholders, as well as wider community engagement and formal consultation with prescribed consultees.
- 3.4 As part of the ongoing engagement, it had been anticipated that the draft Strategic Plan would be presented formally to delivery partners, NHS Lothian and East Lothian Council, for further consideration prior to the December IJB. However, timing of meetings has meant that this has not been possible. Given the importance of securing delivery partners support for the Strategic Plan and ensuring alignment with partners' strategic priorities, it was agreed by the Strategic Planning Group that presentation of the final Plan to the IJB be postponed to its meeting on the 26 February 2026.
- 3.5 An outline of the amended timeline for the remaining review activity is included at appendix 1.

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 prior to presentation of the final Strategic Plan to the IJB in February 2026. Individual IIAs will continue to be carried out in relation to any planned service developments of other activity 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 (currently under development).
- 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](#)

AUTHOR'S NAME	Claire Goodwin
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DATE	09/12/2025

East Lothian IJB Strategic Plan Development Timeline

	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. 	Feb – 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). 	Feb – 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 Sept 2025
Stage 3 Engagement on Consultation Draft	<p>Including:</p> <ul style="list-style-type: none"> Wider stakeholder / community engagement. Presentation at meetings as follows: <ul style="list-style-type: none"> NHS Lothian CMT (7th October) ELC Council Leadership Group (JSMOG) (10th November) ELC CMT (26th November) ELC / NHSL Partners Meeting (rescheduled - date to be confirmed) 	Sept – Nov 2025
IJB / SPG Development Session	<ul style="list-style-type: none"> As requested at Sept meeting of the IJB. 	27 th Nov 2025
Development of Advanced Draft	<ul style="list-style-type: none"> Development of advanced draft reflecting feedback gathered via engagement, delivery partner meetings, and IJB / SPG November Development Session. 	Dec 2025
Integrated Impact Assessment on Draft	<ul style="list-style-type: none"> Date to be confirmed. 	January 2026

APPENDIX 1 – East Lothian Integration Joint Board - 18TH December 2025

Advanced Draft to NHSL Board	<ul style="list-style-type: none"> NHS Lothian Board - February. 	NHSL Board meeting - 4 th February
Final IJB Strategic Plan approval	<ul style="list-style-type: none"> Final version to SPG on 5th Feb. Then to IJB for approval. Potential to also present draft Year 1 (2026/27) Annual Delivery Plan 	SPG meeting – 5 th February IJB meeting - 26th February
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: 18 December 2025

BY: Chief Officer

SUBJECT: Commissioning Strategy and Market Facilitation
Statement 2025-2030

5

1 PURPOSE

- 1.1 To seek approval of the draft *ELHSCP Commissioning Strategy and Market Facilitation Statement 2025-2030* prior to dissemination and publication.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Approve the draft *ELHSCP Commissioning Strategy and Market Facilitation Statement 2025-2030*.
- 2.2 Note the Commissioning Intentions and Key Market Messages on page six of the document.

3 BACKGROUND

- 3.1 This Commissioning Strategy and Market Facilitation Statement sit alongside and compliment the IJB Strategic Plan and priorities in that they outline how we aim to work with providers and potential providers of adult social care in order to:
 - 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.
 - 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.

- 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.

3.2 The document outlines our commissioning intentions and key market messages as follows:

- We will work with communities, providers, advocacy bodies, carers, supported people and staff when it comes to commissioning, designing, and developing services.
- We will focus our commissioning on preventative and early intervention approaches that are outcome / recovery focussed and promote independence, participation, and self-management.
- We will actively develop, support, and promote community-based service provision.
- We will endeavour to commission services which will provide support within an individual's own home, local community or in a homely setting ("Right care, in the right place, at the right time").
- We will promote an outcome focussed approach to health and social care commissioning and attempt to move away from high scale and low-cost delivery models which are primarily driven by profit margins. The Health and Social Care Partnership will promote collaboration and innovation when it comes to procurement.
- We will explore any collaborative commissioning opportunities.
- We will strive to commission services that make use of digital technology to enhance and transform services.
- We are committed to ethical commissioning in terms of decisions that consider factors beyond price, including fair work, terms and conditions, career pathways, trade union recognition and sustainability of services and the environment.
- Seek to address health inequalities and promote equity of access to services regardless of geography or population.
- Our commissioning strategy will support a healthy market across the board, which promotes improved outcomes and choice for supported people and carers.
- We will ensure that we remain compliant with all relevant legislation and national policy.

3.3 Key amendments and updates to the document include:

- Amalgamation of Commissioning Strategy and Market Facilitation Statement as one strategic document due to key similarities and repetition of content.

- Alignment of strategy and statement with revised IJB Strategic Plan and priorities.
 - Content streamlined and updated from an accessibility and readability viewpoint.
 - National and strategic context updated to reflect changes to health and social care landscape.
 - Commissioning intentions, priorities and key market messages updated in collaboration with wider Strategic Planning and Commissioning colleagues.
 - Reference to East Lothian Council and NHS Lothian as anchor institutions added.
- 3.4 Following an IIA screening exercise undertaking in collaboration with our Equalities and Engagement Officer (ELHSCP) it was deemed that no Integrated Impact Assessment was necessary for the revised document.
- 3.5 The updated document was signed off by the IJB Commissioning Board at their meeting on Tuesday 7th October 2025 and the Strategic Planning Group at their meeting on Thursday 20th November 2025.

4 ENGAGEMENT

- 4.1 Stakeholder engagement was a key element of the activity that took place to inform the development of our revised IJB Strategic Plan and priorities, and consequently this Commissioning Strategy and Market Facilitation Statement. An initial period of community engagement took place from July to October 2025 involving the Independent Community Panel / Lived Experience Network, workshops, group discussions and online approaches to gather the views of local people, third sector and community groups. This initial period was then followed by a formal consultation period on the draft document in September and October 2025.
- 4.2 Our Equalities and Engagement, and Senior Communications Advisor are currently scoping the production of an 'easy read' infographic that summarises the key points of this strategy / statement. It is hoped that this will assist in raising awareness of the key points.

5 POLICY IMPLICATIONS

- 5.1 The Commissioning Strategy and Market Facilitation Statement is intended to support and assist in the delivery of the IJB Strategic Plan and all its associated priorities.

6 INTEGRATED IMPACT ASSESSMENT

- 6.1 An IIA screening tool has been completed with the outcome that a full IIA exercise is not necessary as the strategy does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy. Any future commissioning or procurement activity that is undertaken in line with this strategy will be subjected to IIA screening with full exercises completed as necessary.

7 DIRECTIONS

- 7.1 The Commissioning Strategy and Market Facilitation Statement is intended to support and assist in the delivery of the IJB Strategic Plan and all its associated directions.

8 RESOURCE IMPLICATIONS

- 8.1 Financial – N/A
8.2 Personnel – N/A
8.3 Other – N/A

9 BACKGROUND PAPERS

- 9.1 Accompanying draft *ELHSCP Commissioning Strategy and Market Facilitation Statement 2025-2030*.

Appendices:

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East Lothian Integration Joint Board

Commissioning Strategy and Market Facilitation Statement 2025 – 2030

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Introduction

Key Priorities

The East Lothian Integration Joint Board (IJB) Strategic Plan (2025-2030) sets out the following strategic objectives:

Strategic Objective 1	Strategic Objective 2	Strategic Objective 3
Transformation and Change	Prevention, Early Intervention, and Self-Management	Reducing Health Inequalities
<p>‘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.’</p>	<p>‘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.’</p>	<p>‘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.’</p>

In order to deliver these the following strategic delivery priorities have been identified:

Strategic Objective 1 – Transformation and Change

- 1.1 Continuing to shift the balance of care from hospital to community settings
- 1.2 Delivering services that are ‘outcome focused’ – planned around individual’s needs and reflecting what is important to them
- 1.3 Developing a Primary and Community Health Care Programme reflecting current and projected demand and identifying key priorities for development and investment
- 1.4 Developing Community Mental Health Services to support the shift of mental health provision from acute to community settings
- 1.5 Working with third sector partners to deliver new and innovative services, including through collaborative and coproduction approaches
- 1.6 Developing the use of digital technology to enhance and transform services
- 1.7 Developing services to meet the projected demand for palliative and end of life care, including in people’s homes and community settings
- 1.8 Working with partners in the Lothian Health and Social Care System to deliver shared priorities and identify opportunities for collaboration

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

- 2.1 Delivering services that support people to remain active and independent
- 2.2 Right care, in the right place, at the right time
- 2.3 Responding to the increase in people living with multiple long-term conditions

- 2.4 Developing a multi-disciplinary approach to the management of frailty
- 2.5 Improving health and wellbeing from an early age
- 2.6 Supporting people living with dementia to remain active, socially connected and supported in their local community
- 2.7 Supporting carers' health and wellbeing to enable them to continue in their caring role

Strategic Objective 3 – Reducing Health Inequalities

- 3.1 Working with partners to support a whole system approach to tackling health inequalities
- 3.2 Delivering services that contribute to reducing inequality
- 3.3 Prioritising service delivery at the level needed to keep people safe and to reduce the risk of harm

'We need a new narrative for adult social care support that replaces crisis with prevention and wellbeing, burden with investment, competition with collaboration and variation with fairness and equity. We need a culture shift that values human rights, lived experience, co-production, mutuality and the common good.'

The end is human rights, wellbeing, independent living and equity, as well as people in communities and society who care for each other.

Nothing about me, without me'

Figure 1 - Derek Feeley, Independent Review of Adult Social Care in Scotland (2021)

East Lothian Council and NHS Lothian as an Anchor Institution

East Lothian Council

As part of [East Lothian's Community Wealth Building Charter](#) and anchor charter mission statement, East Lothian Partnership¹ is committed to long-term collaboration between East Lothian Anchor Institutions, supporting shared Community Wealth Building goals to improve collective wellbeing and create a strong, resilient and inclusive local and regional economy. This includes a commitment to the embedding of Community Wealth Building principles and reporting on progress to the East Lothian Partnership. The Partnership will:

- Work with, and encourage, wider local and regional Anchor Institutions in Community Wealth Building initiatives.
- Share highlights, success stories and promote best practice among Anchor Institutions and stakeholders.
- Monitor the implementation of the East Lothian Community Wealth Building Charter.
- Review policy and practice to deliver a more inclusive economy.

¹ The East Lothian Partnership is a group of organisations from across public, private, third and community sectors, working together to make life better for the people of East Lothian.

What is an Anchor Institution?

Anchor institutions are big organisations that have a major presence and impact in their local areas.



By adopting the right strategies, NHS boards, as anchor institutions, can help reduce poverty and inequalities.

<https://publichealthscotland.scot/anchors>

¹ <https://turasdata.nes.nhs.scot/media/j0vdm1ul/workforce-report-june-2022-formatted.pdf>. ² Figures as reported by NHS Scotland boards through DXC for 2022/23. ³ Public Health Scotland. Current NHS Hospitals in Scotland. PHS: Edinburgh; 2023. www.isdscotland.org/Health-Topics/Hospital-Care/Hospitals/

Figure 2 – [Five elements of an anchor institution diagram](#)

Commissioning Intentions and Key Market Messages

- We will work with communities, providers, advocacy bodies, carers, supported people and staff when it comes to commissioning, designing, and developing services.
- We will focus our commissioning on preventative and early intervention approaches that are outcome / recovery focussed and promote independence, participation, and self-management.
- We will actively develop, support, and promote community-based service provision.
- We will endeavour to commission services which will provide support within an individual's own home, local community or in a homely setting (*"Right care, in the right place, at the right time"*).
- We will promote an outcome focussed approach to health and social care commissioning and attempt to move away from high scale and low-cost delivery models which are primarily driven by profit margins. The Health and Social Care Partnership will promote collaboration and innovation when it comes to procurement.
- We will explore any collaborative commissioning opportunities.
- We will strive to commission services that make use of digital technology to enhance and transform services.
- We are committed to ethical commissioning in terms of decisions that consider factors beyond price, including fair work, terms and conditions, career pathways, trade union recognition and sustainability of services and the environment.
- Seek to address health inequalities and promote equity of access to services regardless of geography or population.
- Our commissioning strategy will support a healthy market across the board, which promotes improved outcomes and choice for supported people and carers.
- We will ensure that we remain compliant with all relevant legislation and national policy.

1	People are able to look after and improve their own health and wellbeing and live in good health for longer.
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5	Health and social care services contribute to reducing health inequalities.
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.
7	People who use health and social care services are safe from harm.
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9	Resources are used effectively and efficiently in the provision of health and social care services.

Figure 3 - [National Health and Wellbeing Outcomes Framework](#)

Background

What is Strategic Commissioning?

East Lothian Health and Social Care Partnership (ELHSCP) is responsible for the planning and delivery of all health and social care services for adults in East Lothian.

The Integration Joint Board (IJB) Strategic Plan and ELHSCP Commissioning Strategy and Market Facilitation Statement outline how we aim to work with current and potential providers of adult social care to meet our key strategic objectives.

We will refer to the [Fairer Scotland Duty](#) and evidential data alongside undertaking our own Integrated Impact Assessments, where necessary, in order to ensure our commissioning and procurement activity is inclusive to all equality groups and to those with protected characteristics. The Fairer Scotland Duty came into force on 1st April 2018 and places a legal responsibility on named public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.

We will work with providers to demonstrate the benefits they deliver for individuals and evidence the wider social impact they have in communities. We will continue to work with our providers to support evidence gathering of national, local and individual outcomes. All our commissioned and internal services will work towards our commissioning intentions.

Alongside the Commissioning Strategy and Market Facilitation Statement is the IJB Strategic Plan. The Strategic Plan establishes the vision, strategic objectives and priorities, and outlines the local and national outcomes. It will provide the strategic direction for how health and social care services will be shaped in this area in the coming years and describes the transformation that will be required to achieve this vision. The plan explains what our priorities are, why and how we decided upon them and how we will make a difference by working closely with partners.

It is a high-level approach which will also inform and feed into locality planning. The Strategic Plan describes how ELHSCP will make changes and improvements to develop health and social care services over the next five years. For context the Strategic Plan is underpinned by the following:

- Health and Social Care Service Renewal Framework (2025-2035)
- NHS Scotland Operational Improvement Plan (2025-26)
- Scotland's Population Health Framework (2025-2035)
- Social Care (Self-Directed Support) (Scotland) Act 2013
- The Care Reform (Scotland) Bill
- The Promise
- Local Housing Strategy and Housing Contribution Statement

Strategic Commissioning is a term which sounds complicated but put simply is the assessment and forecast of current and future needs and the linking of investment to services to meet these needs. However, the way we want to live our lives is influenced by national and local policies, changing demographics and societies changing expectations. For instance, many of us now want to live in our own homes, wherever possible, or we want choice around the type of care and support for our own needs and to fit with our own personal outcomes. Some of those shifts will involve a shift in services from hospital care to community-based care, to technology enabled health and social care and to

more integrated primary care and care at home services. There will also be a focus on the remodelling of care homes and homely environments where possible to providing models of living which support independence.

ELHSCP may also choose to provide small grant funding to community-based services, which are essential to support people living within communities and meet their personal outcomes. This will all be included within the Commissioning Strategy and Market Facilitation Statement.

Our approach to commissioning is collaborative, actively engaging with our current providers, potential providers and community representatives in the assessment of needs and identification of gaps in service provision. We will look at innovative solutions through options appraisal and evidence-based interventions, and support collaboration and partnership working between independent, voluntary and third sector providers and community groups to support service redesign.

Scottish Care defines social care as: *'The enabling of those who require support or care to achieve their full citizenship as independent and autonomous individuals. It involves the fostering of contribution, the achievement of potential, the nurturing of belonging to enable the individual person to flourish'*. We are currently presented with an opportunity to develop a new narrative on adult social care in Scotland, wherein it is seen as a human right distinct from but complementary to the human right of health. Having a choice of supports and being informed about that choice is critical to the implementation of a human rights-based approach to social care.

We will plan, co-ordinate and fund services in line with the [Christie Commission Principles](#) and the [Four Pillars of Public Service Reform](#) as well as other key policy drivers like the [National Health and Wellbeing Outcomes Framework](#), [the Health and Social Care Service Renewal Framework \(2025 – 2035\)](#), [the Self-Directed Support \(Scotland\) Act](#), [Mental Health Strategy](#), [Keys to Life](#), [the Care Reform \(Scotland\) Bill](#), [Building Back Better](#), [the Scottish Approach to Service Design](#), [the Place Standard](#), [The Promise](#) and local policy documents including our East Lothian Integration Joint Board Strategic Plan 2025-2030, ELHSCP Carers Strategy, East Lothian Council / ELHSCP Transitions Policy, ELHSCP Dementia Strategy, ELHSCP Joint Strategic Needs Assessment and the East Lothian Partnership Local Outcome Improvement Plan.

The ELHSCP is committed to working with our colleagues within Children's Services when it comes to commissioning services for young people who are entering adulthood. Any joint commissioning work will help ensure co-ordination of services to ensure that the transition from children to adult services is as seamless as possible and carried out in a person-centred way. Any transitions commissioning work will be undertaken with cognisance of [The 7 Principles of Good Transitions](#).

The Commissioning Strategy and Market Facilitation Statement will follow the recognised four steps of commissioning: Analyse, Plan, Do and Review in its format and layout. The strategy will be a live document, we are aware that there is often an 'implementation gap' and we will ensure this does not happen by developing SMART Action Plans and ensuring accountability and governance through the Strategic Planning Group and the Integration Joint Board.



Figure 4 - Commissioning cycle diagram

Who is the Commissioning Strategy and Market Facilitation Statement for?

This strategy is for all providers and potential providers of health and social care support, for community or social enterprise groups and for people who use, or work in, health and social care services. The strategy is for everyone who requires health and social care services across East Lothian including older people, people who have a learning or physical disability, carers, people experiencing poor mental health, adults in need of protection due to harm, those who require criminal or community justice services and young people transitioning to adult services. We will also ensure that services are accessible and inclusive to all genders, race and cultures.

Specifically, the strategy is for:

- Providers of health and social care support.
- Adult health services.
- Community organisations.
- People who need health and social care services or support.

- Families and carers who need health and social care services or support.
- Staff who work within the Health and Social Care Partnership.
- Social Enterprises.

What is the Governance?

The Governance of this document and the work within it, lies with the East Lothian Health and Social Care Partnership (ELHSCP) and the Integration Joint Board, supported by the Commissioning Board. The IJB has a budget of approximately £58 million allocated to its commissioned services via East Lothian Council across older people, learning disability, physical disability and mental health.

Commissioning Board

Responsibility for commissioning is delegated from the Integration Joint Board to the Commissioning Board. The Commissioning Board is chaired by the Chief Officer of the ELHSCP and includes representation from a wide range of operational specialities as well as receiving support from East Lothian Council Procurement, the Chief Financial Officer of the IJB and the appropriate Principal Accountant from East Lothian Council.

The Commissioning Board oversees the spend on external services and goods, including existing contracts that request a change in funding levels. All commissioning and procurement of services requires to be agreed by the Board, which helps to ensure that all external spend is traceable, agreed with full oversight, in line with the agreed IJB budget and adheres to the commissioning intentions and key market messages outlined within this document.

Models of Commissioning

We are committed to developing a Commissioning Strategy and Market Facilitation Statement which encompasses collaboration and quality services which meet the commissioning intentions as well as ensuring that we have best value, while not deflating the pay and conditions for social care workers.

We will develop a range of commissioning models that will include a mixture of traditional and collaborative agreements dependent upon the nature of the requirement and the options available. A table of all types of contracts is available at appendix 1.

Our expectation over the length of this strategy is to work towards long term, sustainable provision and as part of this, award longer term contracts and grants, securing funding for partners and allowing them to plan their provision into the future.

Specific commissioning activity will be informed by strategic decision making in the service area, this may involve redesigning services to better serve communities in a landscape that has changed since existing models were introduced. Our Procurement colleagues within East Lothian Council, through the work of the Commissioning Board, will be involved in this work to support colleagues to commission and procure services in a way that gives the best chance of achieving the desired outcomes and in line with the principles of this Commissioning Strategy and Market Facilitation Statement.

New models will look to address current challenges, particularly around sustainability of services. We will consider the impact that models of provision and the contracting arrangement have on sustainability, for examples: contract type; duration; payment arrangements; purchase volumes (i.e. block contracts vs spot purchase) and anything else that is relevant.

The way in which we embed ethical and collaborative principles at a local level to deliver support and solutions for better consistency of access, drive up quality and secure person-centeredness will be driven forward in line with the [Scottish Government's Guidelines for Ethical Commissioning and Procurement](#).

A co-production and supportive process involving good conversations with people needing support should replace assessment processes that make decisions over people's heads and must enable a full exploration of all self-directed support options that does not start from the basis of available funding. Giving people as much choice and control over their support and care is critical (Independent Review of Adult Social Care, Human Rights recommendation 7).

Co-production

Co-production is a term used to describe people who deliver services and people who use those services (those with lived experience) working collaboratively together to achieve better outcomes in local communities, for example **doing with, rather than doing to**. In addition to commissioning services directly, there is a role for the Health and Social Care Partnership in adopting principles of co-production to enable communities to realise the level of community-based support they aspire to.

In short, co-production can promote good relations across our communities and ensure that services delivered are relevant to the needs of our communities. Co-production can take place at different levels and includes:

- **Co-design** – working together to develop plans for new services.
- **Co-deliver** – working together to implement services.
- **Co-assess** – working together to evaluate the effectiveness of services.
- **Co-commission** – working together to develop commissioning plans and procure services.

Self-Directed Support

The principle of Self-Directed Support (SDS) is that people have informed choice about the way that their social care and support is provided to them. This means, in practice, that people who are eligible for social work services are assessed in a different, more meaningful way, using an outcome focussed approach, where 'what matters to them' is recorded. The support, or other interventions, to meet their personalised outcomes is co-produced. This can involve some creative and innovative solutions, putting the client and their family at the heart of these solutions, which is both empowering and can lead to reduced expenditure on paid support. Clients are informed of their individual budgets and offered the four SDS options on how they want their care arranged. The implementation of the Social Care (Self Directed Support) (Scotland) Act 2013 has taken time, mainly due to the change in processes, systems and culture that the policy demands.

With the introduction of Self-Directed Support Local Authorities are required to actively promote a variety of support and choice for those eligible for care and support. This means the way care and support are offered to individuals is changing and consequently the way we contract with organisations who offer care and support needs to change.

Commissioning via Self-Directed Support will still involve contracts, but instead of being top-down contracting with commissioners and providers in the driving seat, contracting should move towards a co-produced, assets-based approach, where the relationship between all the contracting parties (including supported people) is more equal and reciprocal with the supported person becoming the micro-commissioner.

Central to this change is how supported people are empowered to work with all the assets and resources available to them. The development of any new approaches must ensure that control of these is increasingly taken by supported people, and where appropriate their families and carers.

In addition providers will be assisted to implement new models of support to promote outcomes focussed delivery of care. We will ensure that they have the processes and systems in place to deliver these models.

There may be some instances where traditional block contracts will be of benefit to ensure sustainability.

All access to services starts with an assessment and this should be linked to people's personal outcomes, their assets and their strengths (good conversations):

- Feeling safe.
- Staying as well as you can (healthy).
- Having things to do (active, achieving).
- Seeing people (included, nurtured, relationships).
- Living where and as you want to live.
- Dealing with stigma.

All assessments will include and reflect the contribution of unpaid carers.

Procurement Services

We will comply with guidance on the Procurement of Care and Support Services 2016 (Best Practice), making use of the provisions of the Light Touch Regime (LTR), where appropriate, under the Public Contract (Scotland) Regulations 2015. The LTR allows consideration of wider factors when sourcing Health, Social Care and Education and legitimises their influence in decision making. These wider factors allow procurement activity to take account of the strategic vision of the Health and Social Care Partnership, for example, in relation to sustainability; improved outcomes; continuity; choice and affordability.

Monitoring of Outcomes

To support the delivery of the desired community outcomes we will work with our providers to develop a shared monitoring, evaluation and performance framework. We will develop the capacity of community organisations to deliver on the agreed outcomes whether that be set out in a commercial contract or in a Service Level Agreement for a grant.

We will continue to monitor against the National Health and Wellbeing Outcomes and will report on a quarterly basis.

Market Facilitation Statement

Based on a good understanding of need and demand, market facilitation is the process by which strategic commissioners ensure there is diverse, appropriate and affordable provision available to meet needs and deliver effective outcomes both now and in the future.

Market facilitation aims to ensure that choice and control are afforded to supported people through a sustainable market of different supports which deliver choice, personalisation, effectiveness, and

sustainability. Market facilitation means ensuring that there is an efficient and effective care market operating in East Lothian which meets the current and future needs of the local population. Achievement of those aims is based on collaborative and partnership working between stakeholders to offer outcomes based supports locally for people who need them.

Development and commissioning of reliable, sustainable service provision that meets required quality standards is fundamental for the safe care and effective treatment of supported people, and the ongoing development and planning of services. Market facilitation should help all stakeholders to take a strategic approach to understanding and meeting East Lothian's needs for health and social care services. Market facilitation also recognises the key role our partners have in contributing towards strategic planning, commissioning, and the economic growth of East Lothian as a whole.

We are committed to working with all third sector and independent care providers to develop and shape local services in line with IJB strategic priorities that deliver better outcomes for people who use services and enable them to retain their independence and remain within a homely setting for as long as possible. We will deliver our commissioning and market facilitation strategy by fully engaging with stakeholders, co-producing services, and models, regularly updating our needs assessments and market assessments.

Our IJB Strategic Plan and [Joint Strategic Needs Assessment](#) set out the East Lothian context in terms of demographic change, population health, health inequalities, finance and the key drivers of health and wellbeing.

Current Supply

Care Home

There are sixteen registered care homes for older people in East Lothian in 2025, one ELHSCP and fifteen privately operated homes. Twelve of these homes are at nursing level and four are at residential level. There is also one residential home for people under the age of 65, which supports those with a learning disability and sensory impairment.

Analysis of data over a ten-year period indicates that whilst private sector beds have continued to increase, registered bed levels in the Health and Social Care Partnership and independent sector have reduced. There are a higher proportion of care home beds in the North Berwick coastal and Tranent, Macmerry and Wallyford wards. Conversely there are few care home beds in the Dunbar and East Linton ward and none in the Preston, Seton and Gosford ward. ELHSCP would like to see a more equitable spread of care home placements throughout the area but are limited in our influence with private providers. Strategic Planning and Commissioning Officers continue to collaborate with Council Planners and providers on several potential future builds.

Analysis and population modelling completed by the Community Hospitals and Care Homes Provision Change Board in 2022 identified that it is likely there will be a need to replace 70 care home beds and provide up to 30 new care home beds to meet demand (this pre-dated the closure of Eskgreen and the development / opening of several other 3rd sector sites). The ELHSCP also has a strategic direction to provide care closer to home and as such is committed to increasing the offer of intermediate care to support people to remain at home and prevent admission to a care home.

There remain, however, gaps in the current local market that ELHSCP wish to address. There is currently a lack of local authority funded placements within care homes. Private providers are proportionally accepting more self-funding placements to make their care homes viable, creating pressure on the ability to source a place for local authority funded clients.

There are also challenges in accessing short breaks (respite), which is an ELHSCP strategic commitment within the carer's strategy. There is little appetite from private providers to become a respite provider and this is also reflected in other areas. Further work is taking place on this action, but this is a much-needed resource to support carers and supporting people to be at home for longer.

Care at Home

Care and Support services in East Lothian are delivered by a mix of providers across adult social care needs, including learning disability, mental health, neurodiversity, physical disability, and older adults. In November 2024, a new SDS Option 3 Framework was introduced to stabilise the market. It allowed existing providers to adjust pricing in response to economic pressures, while maintaining quality and affordability. It also enabled new providers to enter the market, with services co-designed to meet local needs. The Framework's flexibility allows applications throughout its six-year term, supporting future commissioning and market development.

A new Care at Home Strategy (2025–2030) will soon be published, focusing on:

- Locality-based care coordination
- Preventative, asset-based approaches
- Improved processes and resource allocation
- Innovative, responsive service delivery

The new SDS Option 3 Framework, together with existing support for SDS Options 1 and 2, equips ELHSCP with the tools to collaborate effectively with the market and deliver the Care at Home Strategy.

We also commission a 'core and cluster' service for adults over 16 living in their own tenancies, who following an outcome-based assessment, have been identified as requiring support for housing, health and social care needs. This service comprises both personal and non-personal care, including the requirement for overnight assistance, and is primarily for those with support needs related to autism, learning disabilities, mental health and physical disabilities.

Community Support

There are a wide range of Community Support providers in East Lothian and a mix of services, some of which are regulated by the Care Inspectorate. Many of these specialise in one area, for example, mental health, older people, learning disability or dementia. However, most community support providers are operating to very similar personal outcome and asset-based models and have adapted their practice to meet changing needs, e.g. older people's day services now provide outreach in their local community for their members and carers. Day and community services are a key aspect of intermediate care (identifying signs of illness early, reducing frailty and assisting rehabilitation) and provide support to people up to the end of life.

Providers range in size from small Community Interest Companies to large Charitable Organisations. Statutory provision tends to focus on building-based services. A key element in the Community Support market is developing community capacity and this key role is carried out by the 3rd Sector Interface in East Lothian managed by Volunteer Centre East Lothian.

The strategic objective for ELHSCP in relation to community support is for there to be a range of community support providers delivering meaningful activities for adults with complex needs and encouraging active citizenship, addressing the need for earlier intervention and preventative work.

A key aim is to encourage collaboration between providers. A recent example is commissioning an integrated model of day service for older people and dementia meeting centre. Key benefits of the integrated model are identified as: a clearer pathway, better partnership working, better services for carers, community buy in, as well as financial efficiencies.

Challenges include ensuring effective and accessible processes around Self-Directed Support (improvements would enable personal budgets to be more readily used for community support activities), developing clear and accessible pathways into services and the availability and cost of using community spaces to deliver services

Learning Disability

The Learning Disability market is supported by key local and national organisations across both Care and Support services (CAH), Community Day Support Services and Community partners, with specialism in Learning Disability and Complex needs.

Facilitation of the market is via the Option 3 Care and Support Framework, a new local Community Day Support Framework, block contracting, grant funding for employability services and option 1 and 2 mechanisms, which enable the planning and delivery of local service requirements.

Physical Disability and / or Sensory Impairment

There are several specialist providers operating in East Lothian to support people with a physical disability and / or sensory impairment. Many of the people supported have complex needs which also come under other groups or areas such as older people, learning disability, carers, and dementia. Recent activity has focussed on developing support for BSL users. There are some providers local to East Lothian but much of the market is regional or national in terms of providers. Providing early intervention and prevention, choice and control, and care options closer to home are key objectives.

Carers

ELHSCP invests Carers Act implementation funding to meet legal duties under the Carers (Scotland) Act 2016 with the aim of expanding carer services and support at a local level. Commissioned services provide advice, information and support services to adult and young carers while grant funding is available to a range of community support providers whose primary purpose may or may not be carer support but whose operations deliver significant benefit to unpaid carers. As a result of this investment ELHSCP can offer more in terms of early intervention and preventative support for carers, helping them continue in their caring roles and avoid crisis.

Significant investment, commissioning and market facilitation will be required to deliver on the upcoming legal right to a break for unpaid carers and this will start with engagement with local carers and carer support organisations.

Mental Health

East Lothian continue to offer a wide variety of mental health resources, aligned with its strategic objectives to support people to live independently, maintain health and wellbeing, and ensure access to the right support at the right time. These resources are accessible via a newly established single point of contact phone line, enabling individuals to be signposted or referred—based on assessed need—to appropriate services across NHS, HSCP, and third sector provision.

In line with ELHSCP's commitment to prevention, early intervention and self-management, some services remain directly accessible, and the continued commissioning of EASTSPACE, a digital database, promotes awareness of available supports including self-help options. Services are encouraged to adopt outcome-focused, asset-based approaches that foster hope, build resilience, and promote recovery.

Reflecting the strategic priority to reduce inequalities and improve access for all, Health in Mind delivers a Black and Minority Ethnic Peer Connecting Service offering one-to-one and group support for individuals over 18 and their families seeking to improve or manage their mental health and wellbeing. Health and equalities remain central to ELHSCP's current and future planning, ensuring that services are inclusive and culturally responsive.

Commissioning recovery services using the Wayfinder Model (a whole system approach to graded support) providing residential options in the community is a priority with consideration being given to potential shared provision across neighbouring localities.

ELHSCP is confident in the quality and diversity of its current provider landscape, which includes therapeutic, activity-based, one-to-one, and group support options. The Partnership will continue to work collaboratively with stakeholders to ensure a systemic, person-centred approach to commissioning and planning.

Technology Enabled Care (TEC)

East Lothian currently has a well-developed TEC service that utilises a variety of aids including falls detectors, epilepsy monitors, medicine dispensers, fire / carbon monoxide / flood detection sensors, door exit sensors and a response service via our established contact centre. These link back into the social work system where necessary with referrals to the Duty Team or the Emergency Care Service. Just Checking / Canary assessment digital tools are also available to monitor a person's movements in an inobtrusive manner, which helps to inform assessment for future intervention and support.

We are also developing a small-scale project within the learning disability core and cluster model to explore digital software and remote support options. This would form part of a person's planned care and support package enabling them to access their networks or be proactively engaged remotely. The aim is to complement in person care and support, increasing independence and reducing demand on in person care for low level supports. If this initial project proves successful consideration will be given to further roll out across care at home.

Strategic and Policy Context

We will ensure that we remain compliant with all relevant legislation and the following national and local policies:

National

- [NHS Scotland Operational Improvement Plan 2025 – 2026](#)
- [Scottish Government Population Health Framework 2025 - 2035](#)
- [Health and Social Care Service Renewal Framework](#)
- [Independent Review of Adult Social Care \(2021\)](#)
- [Care Reform \(Scotland\) Bill](#) (replaces the previous National Care Service [Scotland] Bill)
- [A Fairer Scotland for Older People \(2019\)](#)
- [Keys to Life Strategy \(2019 – 2021\)](#)

- [Mental Health Strategy \(2017 – 2027\)](#)

Local

- [East Lothian Integration Joint Board Strategic Plan 2023 – 2025](#)
- East Lothian Integration Joint Board Strategic Plan 2025 – 2030
- [East Lothian Plan 2017 – 2027](#)
- [East Lothian Local Housing Strategy 2024-2029](#)
- Midlothian and East Lothian Drugs and Alcohol Partnership Delivery Plan
- East Lothian Council Sustainable Procurement Charter
- [East Lothian Council Corporate Procurement Strategy 2023-28](#)
- [NHS Lothian Procurement Policy](#)
- [NHS Lothian Community Benefits in Procurement Procedure](#)
- [NHS Lothian Ethical Procurement Policy](#)
- East Lothian Council / ELHSCP Transitions Policy

Communications and Engagement

Stakeholder engagement was a key element of the activity that took place to inform the development of our IJB Strategic Plan and consequently this Commissioning Strategy and Market Facilitation Statement. Our ongoing engagement involves an independent community panel / Lived Experience Network, workshops, group discussions and online approaches to gather the views of local people, third sector and community groups supporting people with a range of needs and Health and Social Care Partnership colleagues involved in planning and delivering services.

Themes emerging from the engagement process helped to shape the strategic objectives and delivery priorities contained in the Strategic Plan and the commissioning priorities within this Strategy. These included:

- Reduced number of key strategic objectives that are both realistic and impactful
- Financial context
- Sustainability of service provision
- Transformation
- Early Intervention and Prevention
- Shifting the balance of care
- Health inequalities
- Partnership working
- Contribution of the third and community sector

The Health and Social Care Partnership are currently developing their Participation, Engagement and Communications Strategy, which will support the priorities and vision contained within the IJB Strategic Plan and Commissioning Strategy and Market Facilitation Statement.

Stages of the Commissioning Cycle

Analyse

ELHSCP Joint Strategic Needs Assessment

Comprehensive information on East Lothian and its communities is available in a [Joint Strategic Needs Assessment \(JSNA\)](#) document produced in collaboration with colleagues from the Local Intelligence Support Team (LIST) of Public Health Scotland.

The JSNA accompanies and informs the Strategic Plan and Commissioning Strategy and Market Facilitation Statement and will be updated regularly as new data becomes available. It will also inform ongoing service planning and progress monitoring across our work programmes.

The JSNA describes the rates of various long-term health conditions as well as mental health issues, dementia, physical disability, sensory impairments and weight across the East Lothian population and compares these with Scotland and/or Lothian. Where relevant, information is provided on associated admissions to acute hospitals. Information is also provided on lifestyle issues, covering smoking, drug and alcohol use and physical activity.

Plan

Regular review of this strategy and its priorities to ensure that it remains live and reactive to local / national needs and demands. The IJB Strategic Plan will be accompanied by an Annual Delivery Plan for each year, which will provide a detailed outline of how we will deliver our strategic objectives over the year. These Annual Delivery Plans will be closely monitored and updated regularly as progress is made and in response to any contextual changes that impact on our activity.

Do / Deliver

The responsibility for delivery of our Commissioning Strategy and Market Facilitation Statement sits with the Commissioning Board with support from the Health and Social Care Partnership Planning and Performance Team. Responsibility for commissioning is a delegated function from the Integration Joint Board.

Review

This Commissioning Strategy and Market Facilitation Statement has been developed using the recognised four steps of the Commissioning Cycle: Analyse, Plan, Do / Deliver and Review. The analyse step will primarily be undertaken by the Strategic Planning Group and various Programme Boards / Delivery Groups with the delivery and review steps then overseen by the Commissioning Board and Strategic Planning and Commissioning Team. The assessment and forecasting of future and current needs will take account of the priorities which embrace prevention, self-management, choice and community-based services.

Version History

Version	Date issued	Summary of changes
0.1	-	Initial draft of strategy.
0.2	10/09/25 Shared with key colleagues within Strategic Planning and Commissioning	Diagrams, links and content updated and amended. Title and content amended to incorporate Market Facilitation.

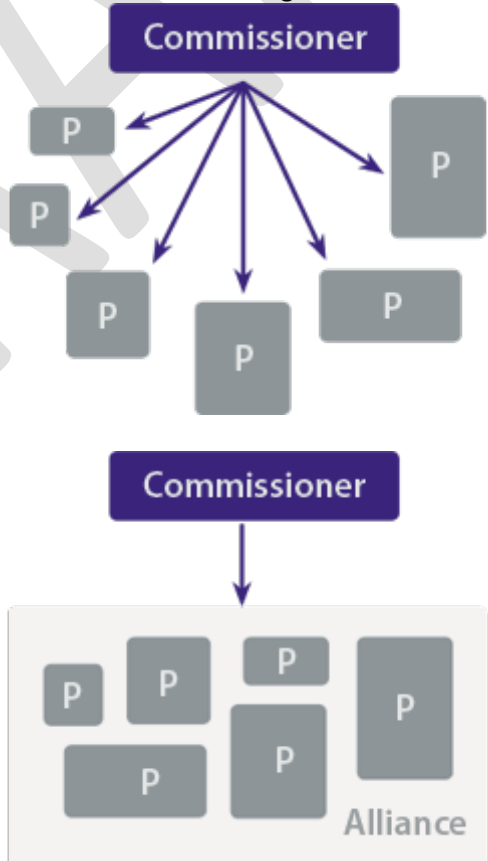
Version	Date issued	Summary of changes
0.3	Presented to IJB Commissioning Board on 7/10/25	Changes incorporated following feedback from key colleagues within Strategic Planning and Commissioning. Appendix 1 and 2 updated.
0.4	Presented to SPG meeting on 20/11/25	Number of minor amendments following Commissioning Board discussion.
0.5	Presented to IJB meeting on 18/12/25	East Lothian Council content added to anchor institution section and Core and Cluster information added to Current Supply section.

Appendix 1

Contract Types

Various types of contractual arrangements exist across the partnership. These are summarised in the table below:


Contract Type	Definition
Framework agreements	Established following a procurement process, a Framework is an agreement between one or more public bodies and one or more service providers which sets out the terms and conditions under which specific contracts (usually called 'call-off' contracts) can be entered into. In a framework agreement the volume of the service or goods and the timing of the requirement is often unknown when the agreement is established and is only specified at the time of the 'call-off'. An example of this in East Lothian would be the agreements for provision of Care at Home services.
Collaborative agreement	Established following a procurement process, a collaborative agreement is usually developed nationally (by another local authority / Health and Social Care Partnership, Scotland Excel or Scottish Procurement) with key stakeholders for use by local authorities. There is an example of this lead by Scotland Excel for the provision of Social Care Case Management systems.
Consortium approach	The consortium approach in social care procurement in Scotland refers to a collaborative model where two or more providers come together to jointly bid for a contract or deliver services under a shared agreement. This approach encourages partnership working between third sector organisations, SMEs, and community-based providers and supports smaller or specialist providers to participate in larger contracts they might not be able to deliver alone.
Grants	Payments made by the Partnership to third sector organisations to support their activities, an example of this could be one-off funding for the delivery of a community event or other time limited activity that the partnership values but that would not be viable without this funding. Grants should be allocated following a proportionate grant application / approval process.
Contracts for services / supplies	Established following a procurement process, a contract for services or supplies is an arrangement between 2 or more parties for the delivery of specified services / goods under set terms and conditions and in return for the agreed remuneration. Including block contracts, time and task and performance related / incentive-based models.

Contract Type	Definition
Spot purchase	Spot purchasing (or spot contracting) happens when a service is purchased by or on behalf of (for example, by a local authority) an individual. Services are purchased as and when they are needed and are purchased on an individual basis for a single user.
Bespoke agreements	Bespoke contracts are contracts that are tailored to fit the specific requirements of a project. Bespoke contracts are often used when standard form contracts are not suitable. The complexity of the project is one of the main factors that determines which type of contract makes the most sense.
Alliance contracting	<p>Alliance contracting is the term usually applied to project or service delivery where there is one contract between the owner / financier / commissioner and an alliance of parties who deliver the project or service. An alliance contract creates a collaborative environment without the need for new organisational forms. By having one alliance contract, all parties are working to the same outcomes and are signed up to the same success measures. There is a strong sense of your problem is my problem; your success is my success.</p> <p>Typically there is a risk share across all parties and any 'gain' or 'pain' is linked with good or poor performance overall and not to the performance of individual parties.</p> <p>The distinctions between alliance contracts and traditional service contracts are broken down in the diagram below:</p> 

Appendix 2

Priorities for reviewing existing contracts and processes

These are based on the cost of the contract, the risk associated with the contract and procurement regulations as well as the performance of the provider.

Priority One	Priority Two	Priority Three
<ul style="list-style-type: none">• Mental Health residential recovery services• Community mental health support• 8 pillar model of community support for dementia• Core and cluster support• Early intervention and prevention commissioning	<ul style="list-style-type: none">• Community Mental health grants• Right to a break	<ul style="list-style-type: none">• Sensory loss• Neurological conditions• Development of a specialist dementia unit for people with complex needs
 Collaborative Commissioning		

REPORT TO: East Lothian IJB

MEETING DATE: 18 December 2025

BY: Chief Social Work Officer

SUBJECT: Chief Social Work Officer Annual Report 2023-24

6

1 PURPOSE

- 1.1 This report presents to members the Chief Social Work Officer Annual Report for 2023-24. The report is attached at Appendix 1.

2 RECOMMENDATIONS

- 2.1 IJB is asked to note the content of the 2023-24 Annual Report of the Chief Social Work Officer (CSWO) and its implications for the provision of social work services in East Lothian and their role in assuring the safety and welfare of vulnerable children and adults across the county.

3 BACKGROUND

- 3.1 Section 45 of the Local Government (Scotland) Act, 1994 sets out that every local authority should have a professionally qualified CSWO. There is a statutory requirement for the CSWO to produce an annual report about the activities and performance of social work services across the council and the Health and Social Care Partnership.
- 3.2 The format for the report follows the template as set out by the government's Chief Social Work Advisor:
- Governance and accountability arrangements
 - What our data is telling us
 - Key achievements
 - Challenges
 - Workforce
 - Resources
- 3.3 The report reflects the strategic and operational delivery of services across children's (social work) services, justice, mental health and adult social work services. It provides an overview of the professional activity for social work in East Lothian through the delivery of the statutory functions and responsibilities held by the Chief Social Work Officer.

- 3.4 The report reflects the impact of growth in East Lothian. There is clear increased demand in a number of key areas including adult social work and children with disabilities. As communities continue to grow, East Lothian's population increase will always include some people with a range of complex needs. Services with a duty to support and protect people are experiencing an increase in demand but also an increase in people's individual needs. There continues to be significant numbers of people who are struggling to manage following long periods of austerity and co existing factors including addiction, mental health problems, physical ill-health, disability and poverty. All services also continue to experience a growing number of people of all ages affected by domestic abuse.
- 3.5 This report is an opportunity to highlight the efforts of our social work and social care workforce who work tirelessly to protect people from harm and to support them to live safely and as independently as possible in their own homes and communities. Social work services have a wide range of statutory duties and continuing to meet these in times of extreme financial pressure remains a challenge. As CSWO, it is my job to assure Members about social work practice in East Lothian and be open about the significant challenges the profession faces as a result of growth, demand and national policy expectations. I am confident that we are prioritising the right evidence-based practice and strategic development to ensure we are in the best position to continue delivering high quality services.
- 3.6 At a time where nationally, fewer people are entering the social work profession and more people are leaving, it is more important than ever to showcase the life changing impact social workers are having and to celebrate and value our workforce. I am proud to have the opportunity to share some of the many achievements from 2023-24, particularly the positive results from the joint strategic inspections of both adults and children at risk of harm. The assurance we can collectively take from these fantastic inspection reports is testament to the commitment and resilience of our social work workforce and the support of all managers and leaders. I am endlessly inspired by our workforce who truly want to make a difference to people's lives and wish to place on record my sincere gratitude for their hard work and commitment.

4 POLICY IMPLICATIONS

There are no direct policy implications of this report. However, the report highlights areas of practice, service delivery and policy that will be affected by national policy developments.

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 RESOURCE IMPLICATIONS

- 6.1 Financial – there are no direct financial implications arising from the report, however it does refer to the financial challenges facing the delivery of social work and social care services.
- 6.2 Personnel - None
- 6.3 Other – None

7 BACKGROUND PAPERS

- 7.1 Chief Social Work Officer Report 2023-24 attached at Appendix 1

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CHIEF SOCIAL WORK OFFICER

REPORT 2023–24

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Introduction

I am delighted to introduce the chief social work officer (CSWO) report for 2023-2024. It is a real privilege to present this information on behalf of the social work profession in East Lothian. No report could ever fully convey the complexity, pressure and risk that our workforce navigates, nor the dedication, energy and heart it takes to be alongside people. We strive for positive outcomes, often in the most difficult of circumstances.

This report will reflect and present a large amount of data and information. Behind every statistic is real people, living real lives which have somehow brought them into contact with social work services. Something significant has happened that means they required support, care, resource or protection. This has been provided within the parameters of a wide range of social work legislation which places specific duties on social work professionals and the Local Authority.

It is important that we do not forget the people in amongst the data and that we understand the legislative basis for all the work we deliver. Social work is never an optional extra, it is a critical frontline service with responsibility for the care and protection of our most vulnerable citizens.

The level of need and complexity in our communities has never been higher. People face significant challenges that make day to day life increasingly difficult to manage, including the cost-of-living crisis, barriers to accessing mental health support and more people than ever facing poverty and disadvantage. Demand for social work services in East Lothian continues to be significant and we continue to strive for positive outcomes, often in very difficult circumstances.

The report will outline our key achievements and challenges while showing a wide range of service specific data that will provide insight into service demand and performance. It also includes social work case studies to give readers more insight into our work and how it can transform lives.

It is always beneficial to take time to reflect on our performance, explore and be honest about where we can improve and to make space to recognise our achievements. It brings the importance of the social work and social care workforce into sharp focus, and I never take for granted the skills and commitment of our staff who regularly go above

and beyond to meet the needs of the people we serve. I would like to take this opportunity to convey my gratitude to them, their relentless passion for the work that they do and for continuing to make East Lothian a place that can take real pride and assurance in our social work practice.

Governance and Accountability

Social work and social care services play a vital role in championing and addressing the impact of poverty, inequality and risks in the lives of vulnerable people. These services are well-placed to inform the prevention and early intervention agenda that is embedded in the key strategic plans for East Lothian. Most social work functions take place within the context of joint operational working, with colleagues within the health and social care partnership, council services and across key partner agencies, including the third sector. The CSWO is a member of the council management team, a non-voting member of the Integration Joint Board (IJB) and is a member of the following key strategic partnerships that lead and direct the work to protect and improve the lives of vulnerable people:

- East and Midlothian Public Protection Committee
- East Lothian Partnership Governance Group
- East Lothian Children's Strategic Partnership
- East Lothian Community Justice Partnership
- Midlothian and East Lothian Drug and Alcohol Partnership

As CSWO, I regularly meet and report to the council's chief executive. I attend the East Lothian and Midlothian Critical Services Oversight Group (chief officer group) for public protection in an advisory capacity. I am a member of the public protection committee and sub-groups for performance and quality improvement and learning reviews. I chair the Lothian and Borders multi-agency public protection arrangements (MAPPA) strategic oversight group (SOG). As CSWO, I am a non-voting member of the IJB and a member of the clinical and care governance committee. The latter provides an important opportunity for oversight and assurance of key service and practice achievements and risks across adult and justice social work services.

Role of the CSWO in social work practice

There is a statutory requirement for all local authorities to appoint a professionally qualified CSWO who is registered with the Scottish Social Service Council (SSSC). This regulation is set out in Section 45 of the Local Government (Scotland) Act 1994. The role of the CSWO is to provide professional advice and guidance to Local Authorities, Integrated Joint Boards, Elected Members and officers in the delivery and associated risks of social work services.

As head of children's services and CSWO, it is necessary to balance the challenge of maintaining objectivity in line management and strategic decision-making, alongside accountability for professional practice standards and ensuring the safety of those who use our services. The human and financial impact of the pandemic and the cost-of-living crisis on council and IJB services continues to test this balance. It is essential for the CSWO to maintain a good understanding of practice, in order to remain connected to the core business and standards of assessing and responding to risk and need for vulnerable people. This is achieved through:

- The role of agency decision maker, endorsing decisions of the fostering and adoption panels.
- Authorising decisions about secure care placements and monitoring assessments and plans for young people whose liberty has been removed.
- Overseeing significant decision making in relation to resources and reviewing plans of children placed in external resources.
- Oversight of the performance and care governance framework in children's and adult services.
- Core member of multi-agency meetings (Large Scale Investigations and strategy meetings) to consider risks to service users in regulated care services.
- Strengthening the arrangements for oversight of local authority welfare guardianship applications.
- Single Point of Contact for Prevent¹;
- Monitoring of MAPPA business and co-chair of MAPPA 3 meetings.
- Member of learning review sub-group for public protection.

The CSWO supports the role of the IJB chief officer in providing professional assurance for social work practice in the services delegated to the IJB. Senior social work managers in adult services consult with the CSWO about practice issues. Regular meetings for social work managers across children's, justice and adult services with the CSWO provide important opportunities to discuss cross-cutting themes, feedback from national meetings such as the Social Work Scotland CSWO network and standing committees and an opportunity to reflect on practice challenges and dilemmas.

Children's Services

During 2023-2024, children's services continued its commitment to keep the Promise. Our desire to support children to thrive within resilient and loving families has remained a priority for service delivery and improvement. Hearing the voices of children and their families has continued to guide our individual, strategic and operational planning and we have worked to embed children's rights into everything we do.

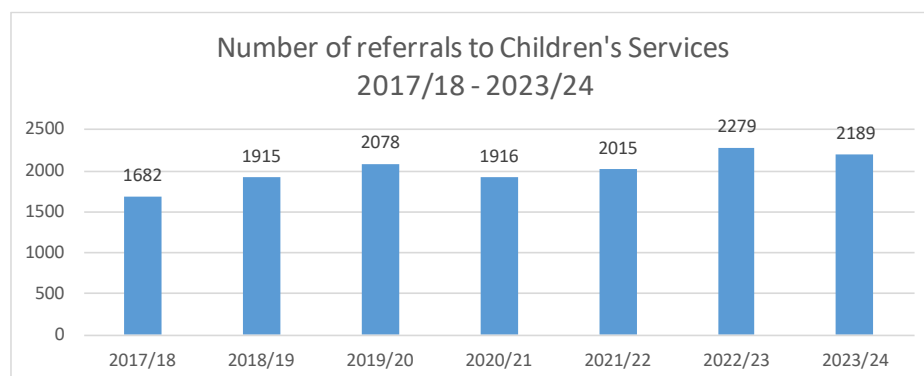
Children's services is placed within our education and children's services directorate. This is a well-established partnership, delivering an integrated service that seeks to get it right for all our children living, learning and belonging in East Lothian. Children's services provides support to children from pre-birth through to 26 years old for care experienced young people.

In October 2023, children's services relocated to a new office base. This move was a significant change for our social work workforce. Throughout the move, employee wellbeing and support was a priority. Children's services continue to be co-located within an open plan space enabling effective collaborative and partnership working across all social work teams including the senior management team.

What is our data telling us?

Referral activity data

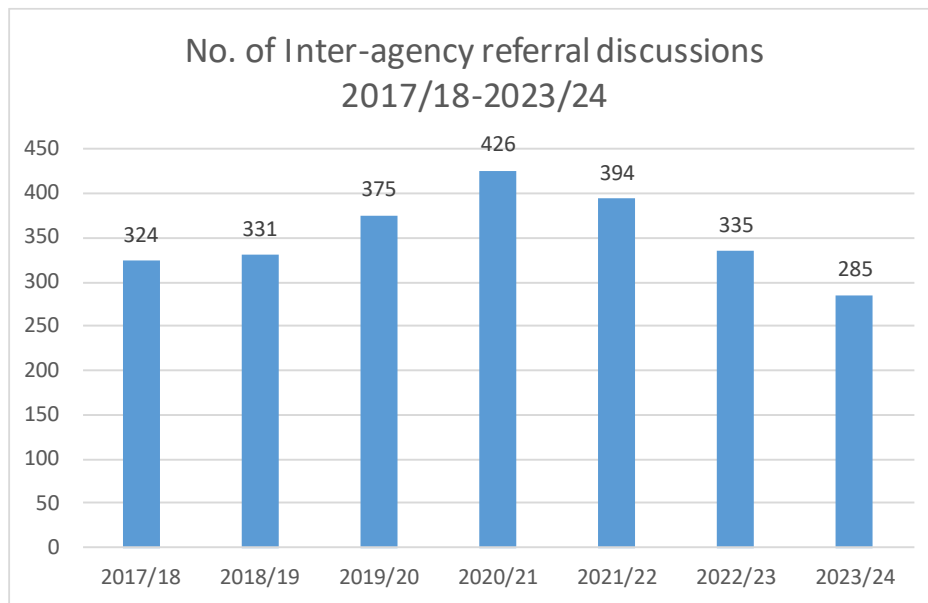
Our data tells us that referrals to children's social work have seen a slight reduction during 2023-2024. This is the first time we have seen a reduction in referrals in a four-year period. The forecast for the 2024 – 2025 would suggest referrals are set to increase again.



This data reinforces the importance of our partnership efforts in Getting It Right for Every Child (GIRFEC). Children's Services has continued to work alongside education, housing, finance, third sector and key partners to ensure families can access early support.

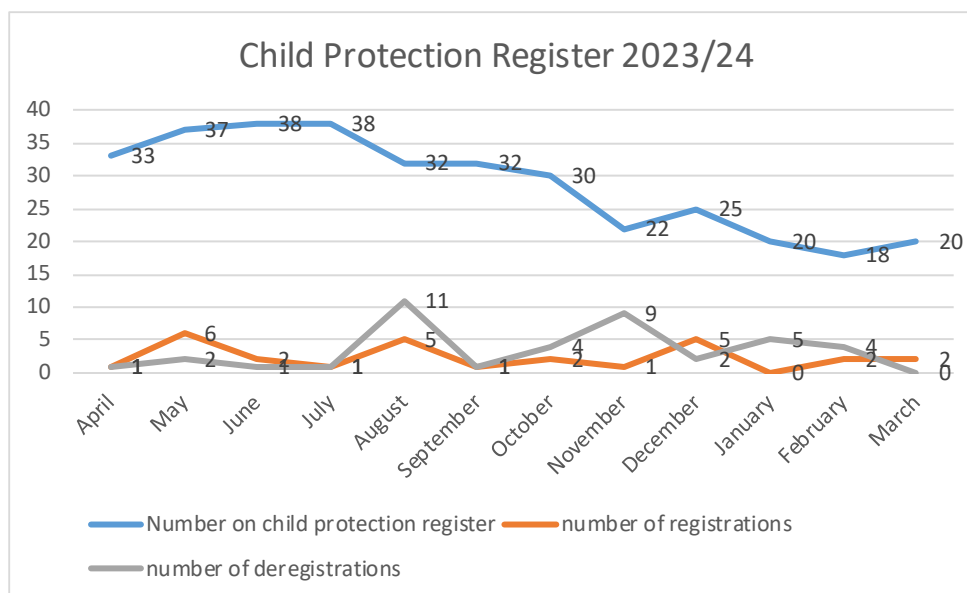
Interagency referral discussion

Due to the high-risk nature of child protection work, Inter-agency Referral Discussions (IRDs) are always the priority for children's social work services. IRDs involve senior officers from police, health and social work who jointly consider information that could indicate a child has been harmed or is at risk of significant harm. When information about a child potentially at risk of harm is received by one of the core agencies, an IRD is initiated within a shared electronic system (E-IRD). Each agency checks their own recording systems and shares any relevant information to help reach an agreement about the risk and what action is required. There has been a reduction in the number of Interagency Referral Discussions (IRDs) in the last year but this number will regularly fluctuate. We are confident that our IRD processes are robust, with an IRD Overview Group meeting fortnightly to review IRDs and the interim safety plans and undertake quality assurance activity.



Child protection activity data

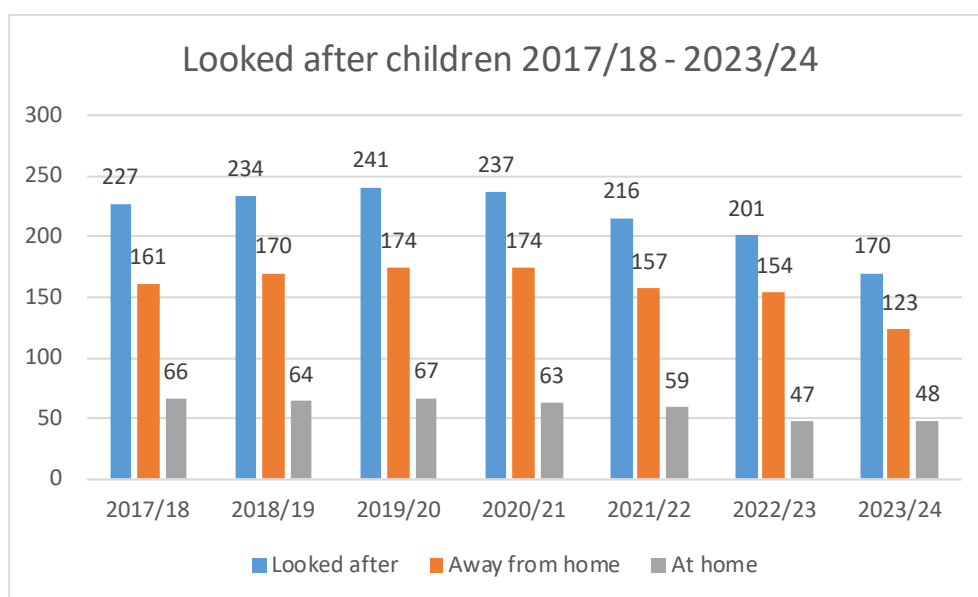
The number of children on the child protection register remains consistent with a slight decrease from last year. East Lothian has seen a drop in the number of children whose names are placed on the Child Protection Register over two Quarters in the period 2023-2024. The most common concerns at point of registration are parental ill-mental health, domestic abuse, and parental alcohol and drug use.



There has also been a reduction in the conversion of IRDs to Child Protection Registration. We believe these are possible indicators of the partnership's strengths in information sharing and safety planning at the earliest stage.

Looked after children

The overall number of East Lothian children who are looked after, both at home and away from home, continues to reduce. The number of children looked after in East Lothian in 2023/24 was 170 (this is a decrease of 15.4% from 2022/23). This reduction is in line with the national trend, and we believe this is related to our ongoing commitment to keep the Promise. Our leadership team encourage staff to think creatively about how to support families to stay together when it was safe to do so.



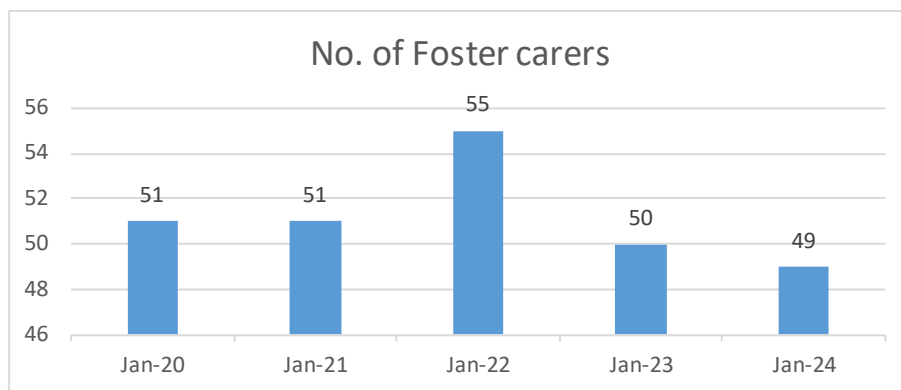
External residential childcare

Throughout 2023/24, we have continued to prioritise 'Belonging to East Lothian' and work in close partnership with education and key agencies to keep children with their families in their community. In March 2024, 20 young people were in external residential care. Our challenge remains in preventing other young people from moving out with East Lothian. Our internal residential provision and the fostering recruitment challenges has a significant impact on our efforts to keep children in East Lothian. We continue to review our internal resources with a view to increasing capacity, but this is particularly challenging within the current financial landscape.

Fostering

Our aim is to provide children who require foster care with a strong, loving care experience. Our fostering team continues to offer a high level of support and training to assist our foster carers in managing the daily issues they experience.

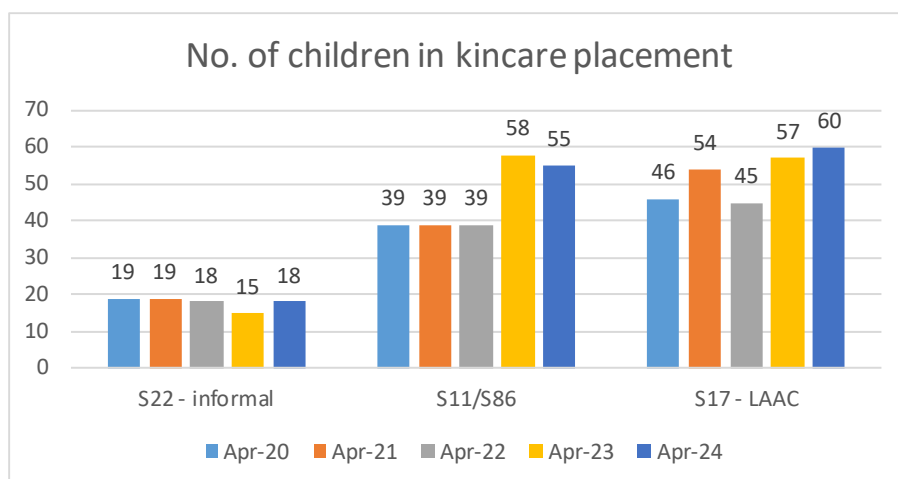
The number of children moving into foster care has remained lower than figures seen prior to 2020. There were 19 children requiring a care placement in 2023 – the same figure as in 2022. Between 2016 and 2020 this figure was consistently above 30. As stated in last year’s report, the reasons for this are reflective of our increased efforts to support families to keep children at home (or within the extended family), in keeping with the aims of the children’s services redesign and The Promise.



The fostering team has undertaken improvement work in preventing placement breakdown. Understanding the reasons behind placement breakdowns has led to improvements to the matching processes. In 2023/24, we have seen a reduction in the number of placement moves for children with five moves in 2023 as opposed to 19 in 2022.

Kinship care

Children’s services commitment to keeping families together is reflected through our ongoing investment in kinship care. Kinship care is considered the first option when parents cannot provide the care and safety that a child requires. Our numbers of kincarers has continued to grow from 102 in 2022/23 to 115 in 2023/24. Again, this is in line with our strategic plan and in keeping with the Promise.



Adoption and post adoption support

The demand for post-adoption support continues to grow, reflecting the challenges for some adoptive families who are struggling to cope with and meet the particularly complex needs of some children.

Support to children with a disability

Children's services provided a high level of support to children affected by disability and their families in 2023/24. We support children who have severe and enduring disabilities using a self-directed approach. Our work can often involve child protection and statutory looked after processes. We have seen an increase in the number of referrals to this team and a significant increase in complexity of need.

Number of children with disabilities receiving support:							
	2017	2018	2019	2020	2021	2022	2023
Direct Payment	45	47	57	70	89	95	125
Care at Home	30	35	33	36	16	7	9
Residential Respite in ELC	10	9	8	11	9	12	15
Residential Respite out with ELC	4	3	3	5	4	4	6
Children supported at home	113	132	135	117	148	176	180
Looked after away from home	10	8	5	4	4	10	9

Throughcare and Aftercare

The throughcare and aftercare (TAC) team works with young people in accordance with their developmental age and stage of their lives. Keeping the Promise, the team works to support lifelong connections between the young person and their family and beyond, to support them into adulthood.

As of 31st December 2023, there were 67 young people receiving an active aftercare service. 75 young people were assigned to the TAC duty service and can request support when they need to. Within the service, 28 young people have been supported to remain in fostering, residential or formal kinship care placements.

Young people seeking asylum

Children's services has developed its support and accommodation offer to unaccompanied and asylum-seeking young people. These young people may have been trafficked and arrived in East Lothian either spontaneously or via the National Transfer Scheme (NTS) which arranges the transfer of children throughout the UK.

As at March 2024, East Lothian is supporting 22 unaccompanied and asylum-seeking young people who are allocated with a worker from the throughcare and aftercare team.

During this reporting period, children's services recruited a dedicated Unaccompanied Asylum Seeking Children (UASC) worker who is based within the throughcare and aftercare team. This post works alongside housing support workers and health practitioners to ensure UASC young people have access to emotional, practical, and financial support. This continues to be an area of significant growth for East Lothian and we are working collaboratively with other council services to expand our housing and support offer.

Wellbeing and justice

Children's services provide support and intervention for children and young people who are in conflict with the law, with the aim of preventing further offending. We support the national priority to keep under 18-year-olds out of prison, reducing the use

of secure care and using community alternatives where possible. We have strengthened our focus on Early Effective Intervention and carried out 40 initial visits, of which 27 young people agreed to support. Our team received 33 referrals for diversion from court suitability assessments and worked directly with 11 young people regarding their harmful sexual behaviour.

Key Achievements within Children's Services

Strategic inspection of children at risk of harm

During the period 2023/24, the Care Inspectorate led on a joint inspection of services for children and young people at risk of harm. The inspection took place over six months and involved surveys, focus groups for staff, children, young people and their families, case record reading, the submission of a collaborative position statement and a wide range of documents.

Inspectors found important and East Lothian received the grade of Very Good for quality indicator 2.1 – impact on children and young people.

The inspection reported the following key messages:

- Children and young people were safer as a result of staff's effective recognition and response to risks and concerns.
- Partners worked well together using inter-agency referral discussions to plan responses if children and young people were at risk of harm.
- Staff were confident in their ability to recognise and report child abuse, neglect and exploitation, and assess and analyse risks.
- Most children and young people experienced positive relationships with staff that had helped to keep them safe.
- The Single Point of Access had enabled many children and young people to receive effective support for their mental health and wellbeing.
- Children and young people with very high levels of risk and need were being well supported by multi-agency staff to remain with family or in care settings locally.
- Children and young people had a very good awareness of their rights.

- Children and young people were being well supported by staff to participate, share their views and contribute to decision-making.
- Leaders, operational managers and staff shared high aspirations and a strong value base for the delivery of services.
- Leaders worked well together through clear governance structures and reporting arrangements. Staff had confidence in their leaders.
- Staff felt well supported through supervision arrangements, peer support and the support of their managers.

Signs of Safety

Children's services continue to develop Signs of Safety as our practice approach within all areas of social work practice. Within the model, our workforce strives to build effective relationships and use a strength-based, family first approach to keep children living safely within their own families wherever possible.

Using the signs of safety approach, practitioners work to spend quality time with children and their families. They facilitate positive conversations through Signs of Safety tools including 'the three houses' and presenting information to children through words and pictures. An audit of our signs of safety practice surveyed the views of parents and carers. 33 out of 35 parents and carers reported that their social worker listens to them and wants to understand their family.

Trauma-informed practice and trauma-responsive practice

Our commitment to embedding a trauma-informed and responsive approach across children's services is evidenced through our leadership team. As CSWO, I am the trauma champion and our trauma lead for East Lothian Council.

The impact of trauma and building worker resilience on our workforce continues to be a priority for children's services. We continue to support team development days and are committed to reviewing our supervision policy to ensure a greater emphasis is placed upon employee wellbeing.

Newly Qualified Social Worker (NQSW) implementation

In February 2024, children's services recruited a part time NQSW implementation lead to further develop our supported first year for newly qualified workers across children and adult services. As part of this work, we are developing a mentoring scheme for newly qualified workers as well as reviewing our induction and supervision guidance.

Realising children's rights

Children's services has worked with East Lothian Council departments to implement creative ways to uphold and promote children's rights. A council working group has been developing clear corporate and service level action plans that will support us in our next steps with the implementation of UNCRC. Children's services have been raising awareness of models of child participation and working to embed these within our individual, operational and strategic participation activity.

Participation, voice and listening

The East Lothian Champions Board is funded by East Lothian Council, NHS Lothian and Queen Margaret University as a partnership project delivered by Who Cares? Scotland. Through the board, care experienced young people themselves can influence improvements in the services and support available to them. Since it was first established, the Champions Board has employed seven care experienced young people into paid participation assistant posts. They have all since moved into further education or promoted employment.

During 2023/24, a total of 38 care experienced children and young people were supported by their independent advocacy worker from Who Cares? Scotland.

Children's Services continued to develop its use of Viewpoint as an additional tool for engagement with children. Partnership work with Who Cares? Scotland and education has informed a new survey for care experienced children. The fostering team also undertook a pilot of the Viewpoint MyStory app and plan to fully implement this with foster carers in 2024/25.

Family support

We provide outcome-focussed interventions to children and families, who require a longer-term social work service. The family support team starts working with families following a period of social work assessment. Family support time is a mix of parenting work, family time and individual work with children. Parents who have accessed family support have reported “I can see real improvement and it is so much better”. Another parent fed back “Things haven’t really changed”.

Scottish Child Interview Model (SCIM)

Our model for interviewing children changed to SCIM in June 2022. From this point until the end of July 2023, 60 joint interviews were undertaken using this model. The high disclosure rate evidences the benefits of the trauma-informed and responsive approach and the value of the preparation work to ensure children feel safe to talk to us. Every child can share their views on the process and their experience of the interview.

Share the Care

We successfully facilitated family activity days over Easter, Summer and October holiday periods supported by our Share the Carers. This work is delivered in partnership with the East Lothian Play Association, Active Schools, and the Arts Service to provide inclusive activities for all the family. Activity days have been a huge success for our children and families providing children with a disability and their families an opportunity to meet with other families. Feedback has been very positive with parents keen for us to find a way to continue delivering this crucial resource.

Life Story Therapy work

Children’s services is committed to embedding life story work into its fostering, adoption, kinship and residential care work. Life story work can be a therapeutic approach that helps children make sense of their past experiences, understand their identity, and develop a coherent narrative of their lives. Some children and young people who have experienced challenges and adversity may need a more intensive piece of work, and this is what we refer to as the Richard Rose Model of Therapeutic Life Story Work (TLSW). Through carefully guided sessions, children are encouraged

to explore their personal histories in a safe and supportive environment, enabling them to process trauma, build resilience, and foster a sense of belonging.

Throughcare and Aftercare support

Our young people have benefited from the following supports from the team and partnership agencies:

- Midlothian Young People's Advice Service (MYPAS) is a local third sector substance misuse support agency, which has worked in partnership with the TAC team to support young people to access substance misuse education and counselling.
- The TAC nurse who provides advice, guidance, and support to young people with all matters related to their health and wellbeing. They connect young people with the appropriate universal and targeted health services in the community.
- A monthly education, training and employment oversight meeting, with our partners, reviews individual young people and identifies opportunities tailored to their support needs and interests in line with the *No One Left* behind agenda. This also enables our partnership team to identify gaps in provision for education, training, and employment.
- All young people have a plan for leaving care that includes accommodation and support. The service works closely with housing colleagues to plan for appropriate housing options and to forecast future needs. However, the significant shortage of housing in East Lothian can impact this particular group of young people.

Youth justice and wellbeing

Our approach to young people with harmful sexual behaviour has expanded and we offer monthly consultation sessions to anyone who has concerns about the sexual behaviour of a young person they are working with. A new aspect to our work since April 2023 is carrying out custody reviews for young people under 21 in Polmont, we work alongside the prison and adult justice services to ensure the young person's wellbeing is promoted in a developmentally appropriate way.

One council commissioning

Throughout 2023/24, children's services has been strengthening our approach to joint commissioning and collaborative decision making about how we direct our resources. During this period, a register of commissioned services for children has been established. A commissioning process model was also developed with the aim of minimising the risk of duplicating spend of non-recurring funds across a range of services and recognising opportunities for collaborative working. Children's services also reviewed its processes for administering section 10 grants and is committed to setting up of a lived experience panel to aid decision making for the 2024/2025 Section 10 grant allocation.

Challenges within Children's Services

Population growth

East Lothian has a rapidly growing population and is one of only a few Scottish local authorities with an increasing child population (a forecasted increase of 17.1% by 2028/29 for P1 to S6 pupils based on the 2020 census roll). This is the second highest increase in Scotland. The Council's ongoing significant financial challenges and a growing population within East Lothian have created a challenging landscape when delivering services at all levels, but particularly around prevention and early intervention.

Workforce recruitment and retention

A national shortage of social work staff has impacted our recruitment and has resulted in a number of teams running at reduced capacity. Recruitment challenges continue to impact our ability to fully implement the redesign of our intake and assessment work.

Capacity within our internal provision

Our financial pressures are primarily driven by high-cost external placements for children whose needs cannot be met within East Lothian resources, compounded by the national and local fostering crisis. External placements result in significant and unsustainable budgetary pressures, and we know that most children who move out with East Lothian do not achieve the best possible outcomes. This is driving our changes in practice and culture and our aim is to meet the needs of children and young

people within their own communities. We continue to review our internal resources with a view to increasing capacity, but this is particularly challenging within the current financial landscape.

Foster carer recruitment

Like the national picture, foster carer recruitment has continued to be an area of challenge during 2023/24. Despite having significant number of enquiries, only four progressed to the 'Skills to Foster' training. However, they all moved on to be assessed as foster carers in 2024. For the first time, we used radio campaigns to generate interest in fostering with East Lothian. This is a costly method of recruitment, which did not yield the numbers of enquiries we had hoped for but did nevertheless raise the profile of foster care

Self-directed support options for children with a disability

Children's services has seen an increase in the number of referrals to the disability team and an increasing complexity of need. We know the impact of caring for a child with disability can cause significant pressure for families. The support provided by the team has led to improved outcomes for many children, including their ability to remain cared for within the family home.

The service's ability to meet the needs of children with disabilities has been significantly impacted by the lack of availability within care at home providers in East Lothian. Care at home providers who are on the East Lothian Council framework have been unable to accept new referrals for children who live at home throughout 2023/24. This has resulted in a shift away from care at home provision and towards direct payments so that the families can employ their own support via personal assistants. There is a concerning lack of balance within this support system that is resulting in a lack of choice and in some cases, an absence of support when it is most needed in the family home.

National Transfer Scheme (NTS)

The mandated NTS has resulted in higher numbers of unaccompanied asylum-seeking children living in East Lothian. As of March 2024, the Council is supporting 22

unaccompanied asylum-seeking children. With existing resources operating at capacity, it can be challenging to find suitable options for all children referred to us via the scheme. There is a risk we will reach a point where we are not able to comply with the NTS and we are working closely with housing and finance to increase our tenancy and support capacity as a matter of urgency.

Workforce highlights for children's services

A key priority for the children's services plan is to ensure we have a sufficient, confident, skilled, and supported workforce. The service has made a strong commitment to engaging with the frontline staff around their wellbeing and supporting long term solutions to maintain a strong, passionate and trauma-informed workforce. The following examples of investment in our workforce demonstrates our commitment to developing our workforce:

- Children's services sponsored two family support workers to complete their social work qualification through the Open University.
- Three candidates were sponsored to attend the post graduate Child Welfare and Protection course in September 2022.
- Two practitioners completed the post graduate practice educator course in January 2023.
- Child Protection Level 1 training has been delivered to 50 multiagency professionals across East Lothian between October 2023 and September 2024.
- 64 practitioners were trained in the four day Safe and Together approach and seven trained in the supervision element.
- In 2023, three social workers successfully completed the Child Welfare and Protection post graduate course and children's services have sponsored a further three who started in September 2024. There continues to be a high demand for professional courses across the service.
- Children's services currently have 15 qualified practice educators and one currently undertaking the course. Between 2023/24, nine students completed their placement within children's services. Two of those students have gained

permanent social work posts within children's services and we are currently supporting them through the early implementation of the NQSW supported year.

Children's services' resources

Children's services continue to face significant financial challenges which contributes to the magnitude of the financial pressures being faced by the Council as a whole. It is incredibly frustrating for the leadership team who are confident that we have created the right social work model to improve outcomes and reduce spend.

The total service budget for children's services during 2023/24 was £19,532,669 and out total spend was £21,585,61 resulting in an overspend of £2,052,943.

The financial pressures are primarily be driven by:

- High-cost external placements for children whose needs cannot be met within East Lothian resources.
- The national and local fostering crisis.
- The impact of the National Transfer Scheme for Unaccompanied Asylum Seeking children.

In this incredibly difficult financial climate, it is certainly a challenge to lead the service with such a considerable overspend and being acutely aware that this adds to the pressures that the wider Council are facing.

As CSWO, it is my role to provide assurance about social work practice and the management of risk in East Lothian. As Head of Children's Services, it is my role to provide financial assurance and deliver a balanced budget. At this time of significant demand and complex risk, these roles can be in conflict. We continue to make extremely complex decisions about what resources are required to mitigate risks to individuals and communities.

Adult Services

During 2023/24, adult services continued its commitment to provide early help to those requiring support. The priority has been to support people in their own homes and communities while ensuring that needs are identified quickly to avoid long waiting lists and potential escalation in concerns. Hearing the voices of adults and their families has continued to guide individual, strategic and operational planning and we recognise this as an area of improvement.

Adult services is part of the IJB with the CSWO holding responsibility for the governance of all adult social work functions. The partnership is well-established and after a significant change in leadership in 2022/23, relationships are effective and a range of initiatives to provide governance and quality assurance have been introduced.

In October 2023, adult services relocated to a new office base. The service continues to be co-located within an open plan space enabling effective collaborative and partnership working across all social work teams including the senior management team.

What our data is telling us?

Home First

A new 'Home First' Project started at the end of 2023, with the aim of increasing the proportion of people discharged home from hospital, as opposed to being discharged to a care home placement - reflecting the 'Home First' principles. The project is based on the need to ensure that available care home places are used for people with the highest level of need. Although this approach is in part driven by the need to deliver financial savings, it also results in better outcomes for individuals and reflects the desire for people to remain in their own homes for as long as possible.

The early stages of the project (December 2023 to March 2024) delivered a 5% reduction in people requiring care home places, reflecting our efforts to keep more people in their own home.

Quality Improvement Support to Care Homes

Early intervention and building trusting working relationships with providers has been key to supporting improvement work within care homes.

The 'Care Home Huddle' is a multi-disciplinary partnership that meets every two weeks to share information, monitor quality and support improvement work within East Lothian's registered care homes. Working alongside care homes to deliver support, education and training has improved engagement and ultimately support for residents. The number of Large-Scale Inquiries are beginning to reduce, and grades in East Lothian care homes are improving, with 82.5% of care homes graded 4 and above.

Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections:

	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
East Lothian	84%	85%	86%	77%	77%	82.5%
Scotland	82%	82%	83%	76%	75%	77%

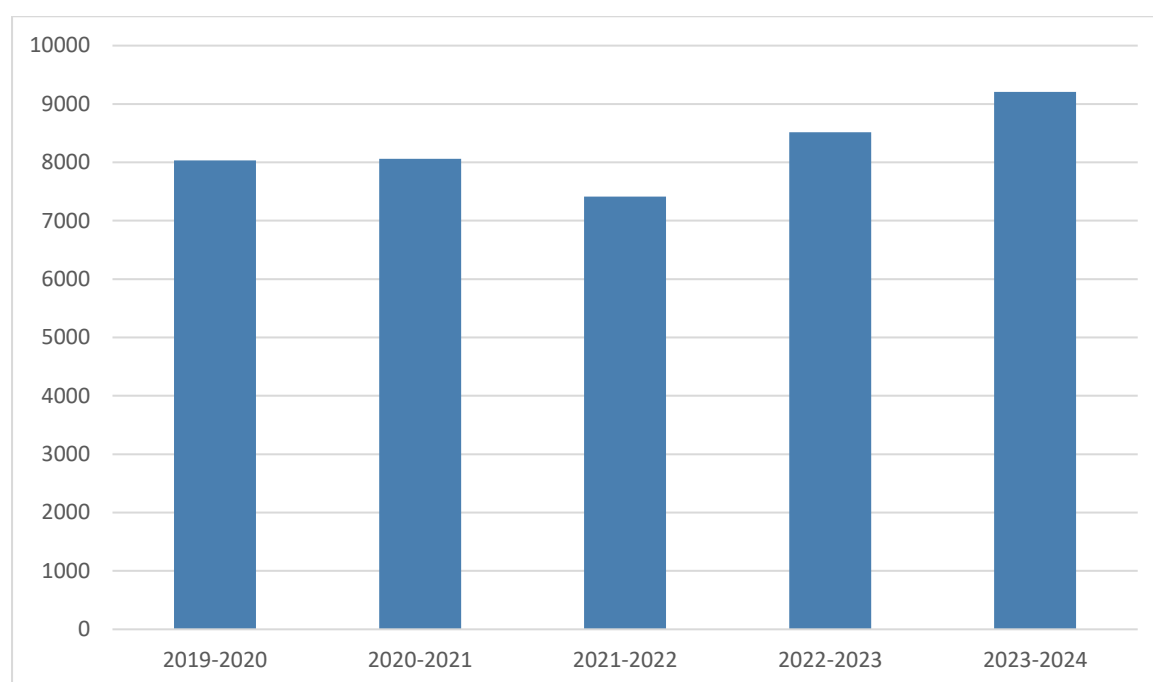
In 2023/24 social work played a key role in undertaking assessments and supporting families and residents during the closure programme of Eskgreen, The Abbey and Blossom House care homes. Social workers assisted people to understand and exercise their rights within the process and ensured residents and families had the information they needed to make informed decisions and choices about where their future needs could best be met.

Adult social work referrals

During 2023/24 approximately 9200 referrals were received to adult social work. This is an increase of 8% from 2022/23. The graph below shows a five-year trend for

referrals. As noted in the CSWO Report 2022/23, the significant rise (15%) in 2022/23 is linked to the dip in referrals in 2021/22 during the Covid-19 pandemic. However, comparison between 2019/20 and 2023/24 shows an overall rise of 13%. This is indicative of increasing service demands, resulting from population growth in East Lothian and the growing proportion of the population with increasingly complex needs due to disability and / or older age.

Adult social work referrals received

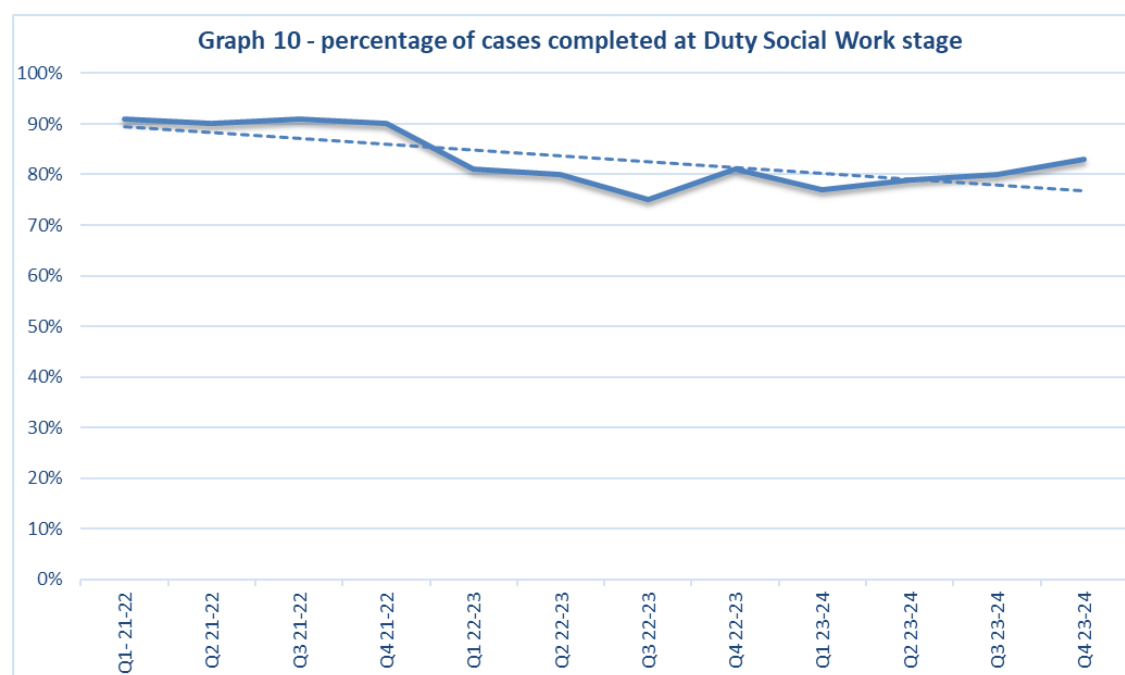


Early intervention and prevention

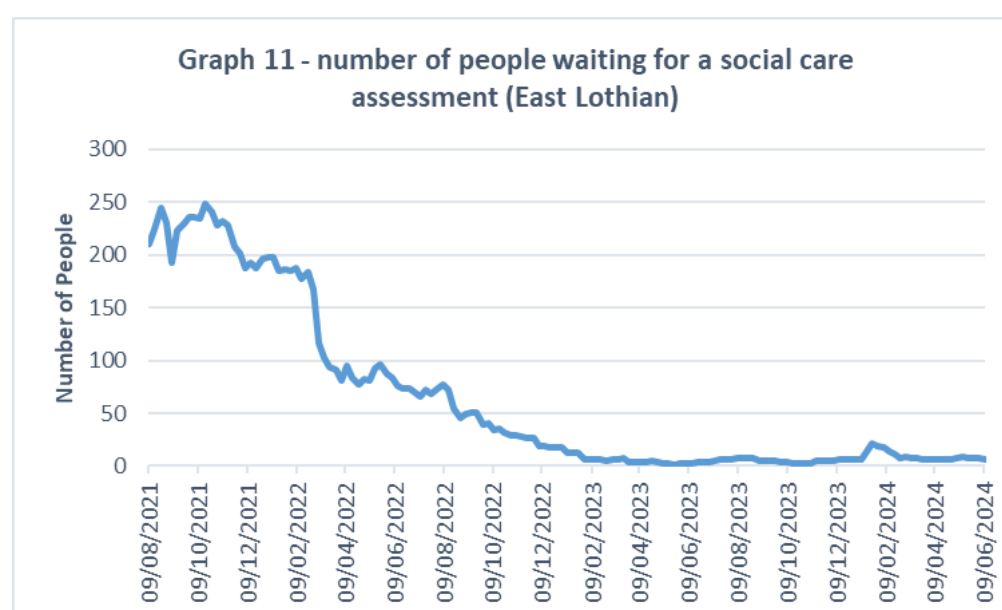
In 2021, the adult social work duty system was redesigned to focus on early intervention and prevention. This involves supporting as many people as possible at 'first point of contact' rather than using waiting lists for assessment. This approach keeps waiting times short and results in better outcomes for individuals by preventing situations deteriorating or a crisis emerging.

Where a more in-depth response is required, progression to allocation is taken forward within two weeks. Prompt allocation provides continuity of service and can reduce and prevent crisis.

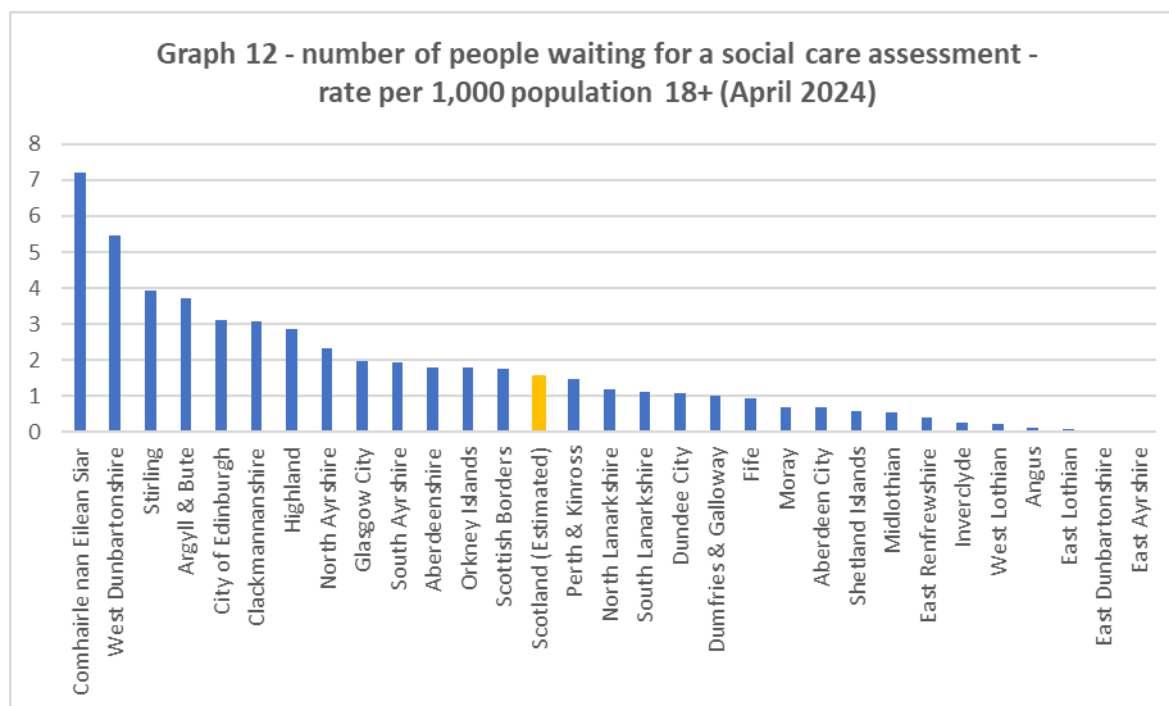
The graph below shows consistently that a high percentage of referrals are managed at first point of contact thus preventing unnecessary delays for assessment. During 2023/24 this rose from 77% at the start of the year to 83% by the end of quarter four.



The graph below shows a sharp reduction in the waiting list for assessment from the introduction of this model in 2021, with this being sustained throughout 2023/24.



Comparison across Local Authority areas is shown in the graph below, highlighting the strength of East Lothian's social work performance in a Scottish context.



Adult Support and Protection

We continue to develop our approach to performance management and improvement in relation to Adult Support and Protection (ASP) services during 2023/24, this included:

- Implementing updated Adult Support and Protection Procedures, ensuring alignment with the Scottish Government's revised Code of Practice.
- Developing our approach to data in compliance with revised national data requirements.
- Ongoing improvements to recording templates to ensure that the right information is captured to support evidence-based risk assessment.
- Carrying out a range of audit activity to feed into the continuous improvement cycle.
- Participating in a joint inspection of adult support and protection.

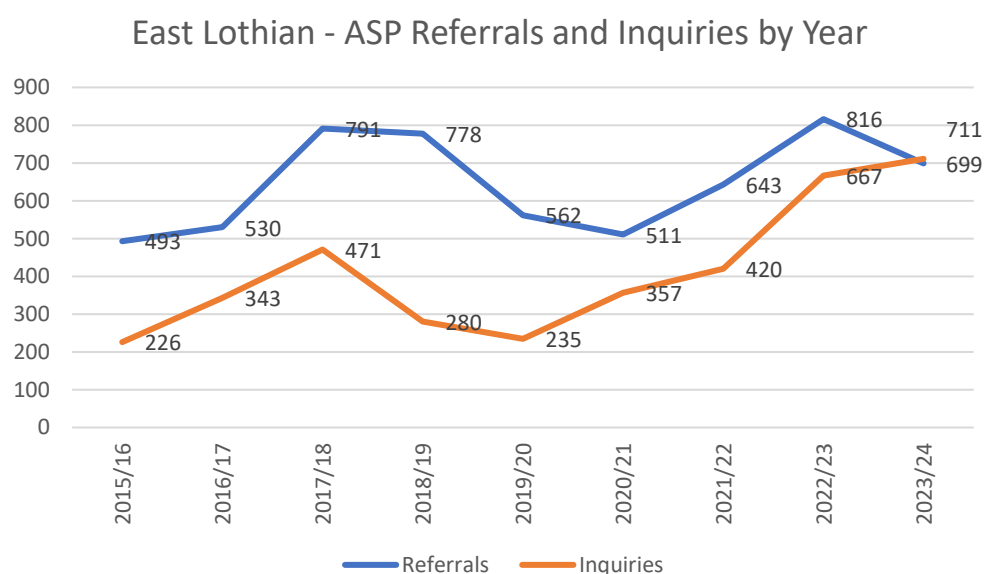
National minimum dataset

The National Minimum Dataset (NMD) for Adult Support and Protection was introduced nationally in Quarter 1, 2023/24. East and Midlothian Critical Services Oversight Group delayed implementation by one quarter, due to the need to make significant changes to social work recording systems, and the demand of the Joint

Inspection of Adult Support and Protection. The NMD was implemented in East Lothian in Quarter 2 (from July 2023). Prior to the introduction of the NMD, local indicators were in place to monitor patterns of referrals, inquiries, multi-agency attendance at case conferences and timescales for progression of work. These local indicators provided assurance to The Public Protection Committee and The Health and Social Care Partnership that arrangements for Adult Support and Protection work were keeping adults safe through timely intervention and support.

Activity levels 2023/24

A total of 711 Adult Support and Protection inquiries were completed in 2023/24, compared to 677 the previous year which is an increase of 34. For the first time the number of inquiries (711) undertaken under Adult Support and Protection in East Lothian exceeded the number of referrals (699) by 12. The number of referrals reduced from 2022/23 by 117.



We have observed positive cultural change over recent years in moving away from managing risk through a welfare approach towards more consistently utilising Adult Support and Protection inquiry as the most appropriate response. This approach is supported through increased operational oversight of Adult Support and Protection work generally which provides an explanation for the continued increase in the number of inquiries year on year.

The screening process has also been strengthened over the last two years, and we know from audit information submitted through the Adult Social Work Governance Group and Public Protection Performance and Quality Improvement Sub-group that it is robust and carried out in a timely manner. Operational managers report that discussions in supervision, and oversight of Adult Support and Protection work has increased confidence amongst team leaders and council officers in relation to decision making. This was evidenced within the inspection which noted that referrals dealt with by the duty system were handled in a timely manner and “all inquiries were completed in line with the principles of the legislation”, with “management oversight evident for almost all inquiries completed.”

Most inquiries related to adults living in their own home and the three most common types of harm which required investigatory powers were financial harm, self-harm and physical harm.

In 2023, the social work recording system was updated to improve the recording about a person’s wish to receive independent advocacy. The inspection recognised the work that had been done to actively promote advocacy.

Key Achievements within adult services

Adult Support and Protection Inspection

The joint inspection of adult support and protection took place in 2023 concluding with the publication of the report on 20th June 2023.

The inspection reported strengths in:

- The partnership’s robust approach to adult support and protection inquiries.
- Evidence of person-centred engagement and consultation with the adult at risk of harm throughout the delivery of key processes that supported effective consideration of risk.
- Effective social work management, support and supervision was consistently recorded and contributed to the effective delivery of key processes.
- Almost all adults at risk of harm who required a risk assessment had one completed. The quality of risk assessment had improved significantly following

the implementation of the TILS framework (type of harm, imminence, likelihood and severity of impact).

- The partnership's response to the demands of the pandemic.

The inspection highlighted the following priority areas for improvement:

- Procedural updates had not kept pace and should be updated as a priority.
- Findings from adult support and protection audits and improvement actions about risk management and chronologies should be fully implemented.
- A multi-agency approach to audit would strengthen joint improvement work. This should involve frontline practitioners from across the partnership.
- Relevant professionals should engage more collaboratively with critical processes. This includes attendance from police and health at case conferences and the consideration of second workers from all agencies.
- Strategic planning and improvement work should include feedback from, and engagement with adults at risk of harm with lived experience. This should be progressed as soon as possible.

This improvement activity is overseen by the social work governance group which reports to the clinical and care governance group under the IJB.

Social Work Governance Group

In 2023, we established a social work governance group within adult services to strengthen governance and quality assurance. The work plan of the group has involved:

- Development of a governance and quality assurance framework to ensure standards, systems, and processes are in place to monitor practice, and provide assurance that social work statutory duties are being delivered effectively.
- Collating data and intelligence to support performance and improvement work and monitor outcomes for those we support.
- Development and implementation of a social work risk register that regularly tracks existing and emerging risk and seeks to provide actions to mitigate concern.
- Self – evaluation against national standards.
- A programme of audits.

- Setting performance targets to support monitoring of statutory responsibilities e.g. justice, Mental Health Officer and adult protection statistics.
- Utilising feedback to inform service improvement e.g. from people in receipt of support, complaints and compliments.

Challenges within adult services

The Scottish Social Services 'Codes of Practice' set out the standards of practice and behaviour of everyone who works in social services in Scotland. As part of professional registration, social workers are required to work to these standards and continued registration requires evidence that they are being followed.

The principles within the legislative framework that social workers are required to work to and the Code of Practice they must follow are being challenged within the current financial and resource climate.

There are concerns about the impact of having to make further savings and efficiencies on the services provided for the people we support. Further resource challenges may:

- Reduce our ability to keep adults at risk of harm safe, protected and supported.
- Reduce preventative work that addresses risks proactively allowing early support to keep individuals safe, promote positive outcomes and thus reduce overall costs of social work delivery.
- Place an increased and imbalanced focus on crises intervention work.
- Potentially increase the use of interventions under legislation as risks escalate which is not in keeping with least restrictive principles social workers should be following.
- Cause delays and a reduction in the quality of social work interventions with a resulting impact on outcomes and staff morale.

Provision of care at home remains a challenge within East Lothian. We are aware of the additional pressure this will place on families who are caring for relatives and are

proactively trying to address this through our 'Home Care Change Board.' In 2024, daily multi-disciplinary meetings were established to maximise use of our home care resources and target those in most need. This has improved collaborative working, information sharing across agencies and shared capacity within internal and external provision, prioritising those in most need and reviewing and maintaining oversight of those awaiting care.

Developing the adult services workforce

Achieving good outcomes for people depends on having a skilled, confident, competent, and valued workforce of effective frontline practitioners that can deliver safe and personalised support via social work legislation.

In 2023 we established The Adult Social Work Learning and Development subgroup which seeks:

- To maintain strategic oversight of capacity to deliver services in line with legislative requirements.
- To ensure services are delivered by a skilled, knowledgeable, experienced, confident, motivated, and valued workforce. This has a focus on recruitment and retention, celebrating success, promoting standards, achieving practice improvement, and demonstrating continuous learning.
- To strengthen social work professional leadership and ensure staff are supported to access a range of training which maintains skills and competencies.
- To implement trauma-informed approaches that support the wellbeing of the workforce and contribute to improving the lives of those we support.
- To influence and shape policy and legislation relating to social work and integrated working.
- To use research and evidence informed approaches within our work.
- To promote the role, values, and contribution of social work within partnerships.
- To ensure processes are in place for sharing learning from national and local reports.

The work of this group has included:

- Development of a new supervision policy with a focus on maintaining wellbeing within the workplace.
- Embedding protected learning time within practice.
- Monitoring and ensuring professional development reviews are completed for every member of staff and mandatory training is up to date.
- Promoting the role values and contribution of social work within partnership working.

There is good representation from adult social work staff on national forums and working groups including the Social Work Scotland Standing Committee

Self-Directed Support

In 2024 we held two Self-Directed Support (SDS) workshops within adult services to enhance worker knowledge and skills and to promote practice in line with SDS values. Both workshops were well attended and open to workers across social work and social care.

SDS is now embedded within our social work training plan with further work on relationship-based practice being taken forward to enhance worker skills, practice, and autonomy. We have also updated our recording systems to support the use of SDS legislation, particularly around relationship-based practice and outcome-focussed work. We have reviewed and increased our public facing literature around direct payments to ensure people who need social care support have information to help inform their SDS choices and understand their rights.

Systems have been put in place to ensure the principle of choice is supported in hospital discharge planning and individuals are accessing their preferred option. Direct payments were previously being pursued as a means of expediting people moving out of hospital when there was no alternative care provider available. The service is now more person-centred and there is recognition that space and time is needed to consider the implications of taking on a direct payment and awaiting hospital discharge is not necessarily the most appropriate time to consider this.

Adult services' resources

Adult services continue to face significant financial challenges. The total service budget for adult services during 2023/24 was £70,024,505 and the total spend was £73,146,368 resulting in an overspend of £3,121,863. The £3.122m deficit was met by the use of earmarked reserves of £1.188m and general reserves of £1.934m.

2023/24 saw an increase of 8.24% on net spend since 2022/23 (from £67.578m to £73.146m).

The financial pressures are primarily be driven by the increase in:

- The population of older people.
- Levels of need and complexity.
- The cost of packages of care.
- The number of young people transitioning to adult services.

Social workers within adult services recognise their responsibilities to work within a balanced budget and in the past year have taken several actions to secure the financial position and provide sustainable services. Continued efforts will be made to ensure efficiency in service delivery but any further pressure to reduce services, may reduce the ability to achieve positive health and wellbeing outcomes for people who require services. Programmes of financial recovery must be balanced carefully with the delivery of statutory requirements or the ability of social care staff to meet practice standards and work in line with their Codes of Practice.

The focus for social workers will continue to be providing early support and maximising the independence of individuals and carers living in East Lothian whilst supporting their well-being and ensuring they are protected from harm as far as possible.

Justice Services

In 2023/24, justice social work delivered their service plan 2024/27, which sets out clear expectations to 'balance the risks and needs of people on the justice pathway to promote public safety and social parity'. The outcomes and priorities are:

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

Justice social work service activity

	2020/21	2021/22	2022/23	2023/24
Community Payback Orders (supervision)	78	95	102	113
Community Payback Orders (all requirements)	92	126	163	173
Community Payback Orders (unpaid work hours)	7226	11,371	13,710	10,942
Justice Social Work Reports (submitted)	128	170	241	280
Diversion from Prosecution Reports (submitted)	43	34	43	91
Supervised Bail and/or Electronic Monitoring	N/A	N/A	8	8
Structured Deferred Sentences	N/A	N/A	1	5
Statutory Throughcare (community/custody)	58	55	61	62
Voluntary Throughcare (custody/community)	24	46	42	28
Registered Sex Offenders (in the community)	11	19	32	25

MAPPA Category 3 (violent offences)	2	0	0	0
Caledonian Orders (domestic abuse)	16	23	30	20

The early intervention and prevention activity is increasing across justice social work. This is in keeping with the policy direction to keep people out of the justice system by delivering alternatives to prosecution, using structured deferred sentences and increasing the use of supervised and/or electric monitoring as an alternative to remand.

There is a continuous increase in the number of domestic abuse offences taking place in East Lothian. The courts continue to use reparative measures, for example standalone unpaid work requirements without the option to deliver offence-focused interventions to support behaviour modification or change. The gendered nature of domestic abuse needs to be a primary consideration when sentencing, so the use of behavioural change programmes can be supported.

Presumption against short term sentences (PASS) actively discourages the use of custodial sentences of 12 months or less. Of the East Lothian cohort of men in the Scottish Prison Service, those on short term sentences have ranged from 2.2% to 7.9% of the prison population.

Key achievements within justice social work

2023/24 has been a creative and exciting year for justice social work with a number of key service strengths that have delivered positive outcomes for service users, communities, families and victims.

Staffing

The team now has an excellent staffing mix with professional and paraprofessional staff delivering on risk and needs-based interventions. The impact of an increase in

senior practitioner and social work assistant resource has been of significant, allowing for co-working and mentoring options and a greater chance to address inequalities.

Resilience

Throughout 2023/24 there have been changes in expectation and demand as well as periods of staff disruption. This has required all team members to take on additional activities and undertake tasks not normally within their primary area of expertise, with the goal of improving outcomes.

Reporting

The service has robust reporting mechanisms in place and provides assurance on a quarterly basis to relevant senior leaders and forums. The service consistently performs well against the national data picture and has developed a range of mechanism to bring service user voice into the outcome focussed data sets.

Learning through practice

The service has engaged meaningfully with the Care Inspectorate expectations of practice review and practitioners are well attuned to the requirements for submitting Significant Incident Reports (SIRs) when required. The service submitted six SIRs in the reporting year which indicates the learning culture and respect for external scrutiny within the service.

Single points of contact

Within the themes of early intervention and prevention, community sentencing, custody/detention (non-statutory), statutory throughcare and delivering unpaid work/other activities each have a single point of contact. This allows colleagues, partners and senior leaders improved access to an individual with dedicated knowledge and skills.

Drug Testing and Treatment Orders (DTTO)

This service was previously delivered by colleagues in City of Edinburgh and following a number of challenges they closed their service to new referrals during 2022/23. This, in conjunction with the rollout of the Medically Assisted Treatment standards was the catalyst for a DTTO review within East Lothian. Following engagement with Scottish

Government, the Bar Association and Scottish Court and Tribunal Service, East Lothian chose to deliver an alternative form of drug treatment, through the Community Justice Outreach Nurse. Early indicators show this is better meeting the needs of local service users who require support with their substance use.

Key service developments and service user voice

The service introduced the *Justice Outcome Star* which is used with everyone who receives a service within the team. We are developing a reporting mechanism, so we are able to measure 'distance travelled' from the start to the end of any justice intervention(s). The service has introduced a Community Justice Outreach Nurse who is co-located with the justice team. They deliver substances related support including assessment and treatment planning, substitute prescribing including testing, psychosocial and education support, mental and physical health support and signposting for other services:

The service has been developing mechanisms to measure service user outcomes. The following data was generated from exit questionnaires for service users subject to statutory interventions, either Community Payback Orders or post-release orders and/ or licences. In 100% of cases the service user said:

- They were treated with respect and courtesy.
- They were seen on time and made to feel welcome.
- They understood their order.

In 95% of cases the service user reported their individual circumstances were fully taken into account. Of the people who had supervision, 87% reported completing offence focused work.

38% of all service users reported contact with other agencies for example:

- Heavy Sound (peer mentoring)
- Access to Industry (employability)
- Alcoholics Anonymous (and other 12 step programmes)
- Safe Families (parenting and relationship activities)
- Psychological Therapies (mental and emotional wellbeing)
- Occupational Therapy (physical support and wellbeing)

- Citizen's Advice Bureau (welfare support)

Of the respondents who completed unpaid work/other activity:

- 68% reported learning new skills
- 81% felt they had helped their community
- 74% felt they had given something back
- 71% said they had learnt from their mistakes
- 61% believed they had changed their behaviour and their life

This is good evidence of positive outcomes for families, community, victims and perpetrators, with individuals promoting their self-management and developing techniques or skills that can be used to promote future change and progress.

Challenges within justice social work

Increased austerity throughout 2023/24 resulted in service users with greater need and reduced internal resilience, often related to their trauma. This has resulted in practitioners experiencing increased symptoms of vicarious trauma which is a key risk in frontline social work roles. Arrangements were made to create a trauma-informed space which could be used for both service user meetings and reflective supervision sessions.

East Lothian's court services continue to be hosted by City of Edinburgh justice services, so there are some limitations in the influence and control East Lothian have during engagement with key partners. This can impact our timeous access to information relating to the use of remand and our paraprofessionals' ability to assess and recommend alternative options to sentencers. We continue to monitor this and explore how we can improve relationships and processes.

Mental Health Officer (MHO) Service

The statutory functions of an MHO are:

- The provision of reports for guardianship applications, guardianship renewal applications and intervention order applications under the Adult with Incapacity (Scotland) Act 2000, where orders relate to the personal welfare of adults.

- The provision of consultation, assessments, investigations and other legal duties under the Mental Health (Care & Treatment) (Scotland) 2003 Act, in relation to detentions, namely emergency and short-term detentions and Compulsory Treatment Order applications, the provision of social circumstances reports and applications for removal orders and warrants.
- Public protection in relation to mentally disordered offenders under the Criminal Procedures (Scotland) Act 1995 and 2003 Act, for example in relation to Compulsion Orders and Restriction Orders.

The MHO service provides a quarterly assurance report to the CSWO. This focuses on areas of strength and improvement along with critical data providing a service overview. Given the specialist nature of MHO services, the following is a summary of key activities to illustrate the work of the service during 2023/24.

Service Area	2020/21	2021/22	2022/23	2023/24
LA Guardianship (granted)	12	17	34	21
Private Guardianship (granted)	18	47	63	42
Extant Guardianships (31/03)	188	214	240	252
Emergency detention	39	37	76	56
Short term detention	92	89	109	119
MHO waiting list	26-34	11	0	0
CTO (Community – 31/03)	N/A	N/A	25	16
CTO (Hospital – 31/03)	N/A	N/A	18	45

Oversight of Private Guardianship

Following on from the success of the Adults with Incapacity project, throughout 2023/34 the service has focused on improving management and oversight to private guardians. Reviews for all indeterminate orders and those that have been active for ten or more years have been completed. A dedicated email address has been set up

which allows private guardians to access support and information to support them in the delivery of their duties. There have also now been in person engagement sessions with private guardians, linking in with Carers of East Lothian.

Waiting lists

Throughout this year the service has managed to meet the target of no private guardian applicant waiting more than six weeks for an MHO to be allocated to their case. This has been a huge achievement that has been recognised nationally, and impacted positively on team culture, eradicating the associated anxiety that waiting lists can have on team performance.

Practice forums

In December, the MHO team set up four weekly drop-in practice forums to support social work colleagues in the Learning Disability and Care Home Assessment and Review Team in their management of Local Authority guardianship orders. These forums provide the opportunity for social workers to discuss challenging cases and access peer support.

Mental health assessments

There has been a significant improvement in performance in relation to the completion of Social Circumstance Reports (SCRs) in East Lothian over the past few years. The completion rates have increased from 10% in 2020/21 to 35% in 2022/23, which is slightly higher than the national average of 33%. An audit of SCRs undertaken in East Lothian between May 2023 to September 2023 was concluded in October 2023 to gain a better understanding of our performance and identify possible barriers to further improvement.

Looking Ahead

2024/25 will continue to bring significant challenges for delivering social work and social care in East Lothian. The leadership teams across all sectors of social work are confident that we are prioritising the right evidence-based practice and strategic developments to ensure we are in the best position to deliver high quality services. The people we serve will remain at the heart of

everything we do.

We continue to find strength in collaboration with a wide range of partners and consistently seek ways to improve efficiency whilst constantly striving for the best possible outcomes.

As the forecast for public service finances remains challenging, the sector is deeply concerned about the impact to local resources. We will continue to focus on delivering services safely and meeting our statutory duties with professionalism and integrity.

It is critical that we remain focused on our workforce, recognising them as our greatest asset and ensuring they receive effective supervision, training and support to carry out these challenging roles. Creating a reflective learning culture is a shared priority across East Lothian Council and the East Lothian Health and Social Care Partnership and we remain dedicated to continuous development of staff at all levels of the organisations.

Our priority remains to support people across all services to receive the support they require at the right time, within their homes and families wherever possible.

In children's services we will:

- Diversify our approach to attracting and retaining skilled people who wish to foster for East Lothian Council.
- Review and increase the capacity in our internal resources to reduce the risk of children requiring care out with East Lothian.
- Introduce additional resources to support families in crisis and at risk of breakdown and to prevent children and young people from becoming accommodated.

In adult services we will:

- Continue our focus on improving early intervention and preventative approaches at our first point of contact with people.
- Increase our use of community and universal supports to reduce the number of people who need to receive statutory social work services.

- Embed Keeping People Safe as a new strategic priority for the IJB to allow for greater strategic oversight and scrutiny around Justice Social Work and Adult Support and Protection.

Despite incredibly challenging conditions, social work and social care services, together with partner agencies and unpaid carers remain committed to providing high quality care that supports and protects the most vulnerable people in our communities. In this reporting year we have been subject to two significant periods of external scrutiny which provides important assurance about how effectively we protect children and adults from harm in East Lothian.

I wish to place on record my thanks to all members of staff for the scale of the hard work they undertake. All staff should feel incredibly proud of the difference they make to individuals, families and communities and know they are recognised and hugely valued for all they do.

Lindsey Byrne

Chief Social Work Officer

Appendix 1

Reporting on outcomes through case studies

Case study 1 - initial assessment

The intake and assessment team received a referral for a mother, K, aged 17, who was care experienced. There were concerns around how she was adapting to motherhood, and she might have been struggling to care for her seven-month-old son, N.

K's background revealed numerous traumatic events. A strength in K's life was her weekly visits to a local youth service. K's social worker reached out to meet her there. Applying a trauma-informed lens, the worker linked in with K's youth worker and it took several weeks to gain her trust. They made sure that they were reliable and trustworthy, keeping to the agreed tasks, being transparent and offering choices whenever possible. The worker made it clear that she had a choice to partake in the assessment but assured the process would collate all the strengths and explore areas where she would benefit from some support.

Over time, K's trust in the social worker grew, and meetings take place at K's home. They take time to discuss life events and parenting strategies. K's confidence and self-care has improved. She now attends weekly CAMHS appointments. Little N is benefiting from their improved attachment which is greatly influenced by K feeling valued and her parenting strengths recognised.

Case study 2- child protection

R gave birth to her third child, who was initially on the child protection register. R's mental health remained stable throughout her pregnancy and continues to be stable.

When the social worker started working with R, they were aware of her previous difficulties with social services. She had felt unheard and perceived that people only saw only her trauma and mental health diagnosis. R struggled with people who she felt had authority.

To address this, the social worker emphasised R's rights and ensured she knew her engagement with social work was voluntary. The worker recognised her anxiety towards children's services and focused on promoting mental wellbeing rather than illness. The team around R were also encouraged to adopt this language to avoid retraumatizing her. Additionally, R was continually encouraged to share her views and she was offered advocacy.

By changing the language used and approach taken, R and her baby had a positive outcome. At nine months old, R's baby is no longer on the child protection register, and social work are moving towards closing the case.

R's significant personal work, combined with the trauma-informed practice, highlighted the importance of language and attitude when working with individuals who have experienced trauma. These circumstances show the impact of supportive, and empathetic practice in achieving positive outcomes.

Case study 3 - residential care

C is a young person in residential care. C was struggling to accept support from school, social work, and support agencies. Over the past year, he experienced separation from his siblings, moved home, and suffered the loss of two significant family members. Additionally, his social worker had recently changed, further destabilising his support network.

When he first met the residential worker, C was extremely shy and had low confidence. His traumatic experiences had left him feeling isolated and unsupported. Building a trusting relationship was crucial to help him re-engage with his education and support systems.

The worker focused on building a positive relationship with him. This involved listening and providing time and space for him to voice his thoughts and feelings and encouraging him to overcome challenges. They engaged in activities he enjoyed and he was given choices to foster a sense of control and autonomy. Allowing time for reflection and discussing topics that mattered to him, including bereavement, was also key.

Working closely with his new social worker and education providers, they created a wrap-around support system. They developed an education plan tailored to C's needs, which he felt comfortable with and happy to follow.

Since returning to school, C has made significant progress, passing National 4 subjects. He now sees his siblings regularly and continues to meet with his social worker, having a safe space to express himself and feel valued.

Case study 4 - post adoption support

J is a child with a diagnosis of autism. J has faced significant challenges in accessing mainstream education. His anxiety often led to highly dysregulated behaviour, including increased risk-taking, suicidal ideation, self-harm, and physical and verbal aggression towards his parents. This situation was distressing for the entire family.

The work with J and his family involved using a Self-Directed Support (SDS) approach. The family was provided with a personal budget through a payment card, allowing them to use the funds flexibly to support J. The key was to ensure that the outcomes for J were positive, focusing on relaxation and regulation.

The SDS budget covered the costs of horse-riding sessions at a specialised riding centre. This activity proved to be therapeutic for J, who found comfort and calmness in being around horses. The family experienced a more settled home environment, with J remaining at home and within his community. There were notably fewer incidents of self-harm or harm to others, demonstrating the effectiveness of the support provided. This case study highlights the importance of tailored, flexible support systems for children with complex needs, ensuring they can thrive in their home and community environments.

Case study 5 - supporting an unaccompanied asylum-seeking young person

S had been trafficked to East Lothian. S had travelled for several months across Europe from Iran/Iraq, fleeing conflict and persecution. S's parents were deceased and he became estranged from all other family members and friends due to displacement. S experienced physical and mental harm and was in forced labour situations.

S had no recourse to public funds while seeking asylum. He required support with accessing accommodation and a range of practical resources. The allocated worker supported S to access temporary emergency accommodation. S spoke no English and he was supported to access community support and college. The worker also supported S to visit places of worship, cafes where he felt safe, and meeting others who shared his language and dialect. S was supported to register with health services and access talking therapy for his sleeping difficulties and panic attacks. The worker played a role in advocating for S to ensure he received appropriate services.

After five years in the UK, S has gained asylum and indefinite leave to remain. He has a permanent tenancy and has navigated the pandemic's impacts on his income and isolation. S has passed his driving theory and practical tests, obtained a driving license, and is in work. He has friends and a girlfriend in the local community and is saving up to buy a car. S reports sleeping better since gaining indefinite leave to remain and has a better understanding of the impact of his experiences on his mental and physical health. He has offered assistance to homeless young people and feels secure and stable enough to do so. S plays football with young people from various nationalities, beliefs, and backgrounds and sometimes offers support to new arrivals in East Lothian, providing reassurance and guidance on progressing issues related to identity, safety, and belonging.

Case study 6 - continuing care

A 21-year-old female called M grew up in kinship care. M is passionate about the arts she actively participated in dramatic productions in East Lothian. M was supported with all areas of pathway planning including accessing college accommodation when she began studying theatre and drama at university. Her continuing care placement was maintained, allowing her to return home during holidays and weekends, and continue working in her local area. M has now completed her degree and has moved into a shared private rental with a friend. As she is now 21, continuing care is ending. M is being supported to apply for permanent accommodation in East Lothian for when her course ends. This support, along with the care leavers bursary, continuing care, rent assistance, and college and university support has enabled her to achieve success and reach her full potential.

Case study 7 - aftercare

B is an 18-year-old living in supported accommodation. He has faced significant challenges throughout his life. His father passed away when B was 9. B started using cannabis daily and his behaviour at home was challenging. B's school attendance dropped, and he moved to a placement within external residential childcare. At 16, B returned to East Lothian to live with his family, but this arrangement was unsustainable. He spent some time in B&B's before securing supported accommodation.

B struggled with feelings of rejection from his family and the frequent changes in his support workers. His aggression towards members of the TAC Team raised concerns about his ability to remain in supported accommodation. It was clear to his worker that his aggressive behaviour was often a response to feeling vulnerable and ashamed. B's pride made it difficult for him to ask for or accept help.

Over the past year, the TAC Team has collaborated closely with the accommodation providers to help B build trust with his new workers. A trauma-informed approach has been crucial in understanding B's behaviour. By maintaining clear boundaries and developing a personalised pathways plan, B has successfully remained in his supported accommodation. Recently, he moved into a self-contained flat in the accommodation. This positive development has led to an improvement in B's mental health, and he is increasingly accessing the support available to him. This case demonstrates the importance of building strong, supportive relationships.

Case study 8 – justice and wellbeing

A is a 15-year-old male who has been working with his social worker for eighteen months. A moved to residential care due to his experience of neglect as a result of his parents' mental health and substance use issues. A exhibited distress through substance use, absconding, and antisocial behaviour.

A's parents were supported to make major changes to their lives and were managing much better. A attended Heavy Sound, which provided a safe and supportive environment. The worker spent time with A, listening to him, talking about his distress at not being home. It seemed that much of his antisocial behaviour was fuelled by a

need for belonging and feeling disconnected from family, so he associated with other young people involved in antisocial behaviour.

Direct work was done with A and his parents with the aim of A making safer choices. A was also linked into MYPAS who supported him with his substance use. After a period of assessment and support, it was safe enough for A to return home with intensive support and he also participated in offence focussed work. A went back to mainstream school, is no longer subject to compulsory measures of supervision and is managing well at home with their family.

Case study 9 – discharge from hospital

A key skill in social work is building relationships with people at times of great stress in their lives.

D was referred to adult social work for discharge planning having been admitted to hospital. It was likely he needed more care than could be provided within his own home.

Discussions about long term care have major implications for individuals involved and their family. Spouses often have to come to terms with their loved one's illness and disability but also the possibility of living apart after decades of marriage. The costs of long-term care can also have significant financial implications for many families.

D had been a fit and active 80-year-old. A fall downstairs at home resulted in a severe injury and unexpected change in his life, and that of his family. Most significantly, the trauma experienced by his wife was pronounced. The social worker supported D, who was now significantly cognitively impaired, and his wife, with regular meetings, assessment, and case management for discharge planning. D's wife was the main contact for the social worker to liaise with. Along with the enormity of the decisions she was making, D's wife was living with the grief, loss, and trauma of this life changing event.

The social worker used trauma-informed practice, empathy led conversation and carer-focused support, to ensure that D's wife's needs were also supported. This included signposting and referrals to multidisciplinary colleagues, including benefit maximisation (following the unexpected loss in her shared income), referral to Carers of East Lothian(COEL), for emotional support, and signposting to community groups.

D's wife has since linked in and attended arts and crafts groups with other carers and has engaged with Welfare Rights and COEL for continuing support, where a carer's support plan was undertaken.

D was understandably unsettled on his admission to a local care home, and this caused his wife considerable anxiety. D's wife was supported by the care home with regular phone calls and meetings with the social worker and is now a regular attender at group family meetings in the home and an active volunteer. D is managing much better in his new home environment with family support being key to the success of the placement. Recent discussion with the care home evidences a positive outcome to this situation and the therapeutic benefit of social work input during times of trauma and loss.

Case study 10 – discharge from hospital

E had a history of non-engagement with professionals and was referred to adult social work. E's background was both chaotic and traumatic; she had a history of substance use and experience of domestic abuse. E's children were in the care of the Local Authority with one hour of supervised family time per week at the point of referral.

The social worker armed with the knowledge that support and intervention was likely to take time for the person to accept, persevered and was consistent in trying to make contact with E and did not close the case. The social worker was eventually able to undertake an initial home visit to meet with E. This visit was successful and over time E began to place trust in the social worker. This led to acceptance of an assessment, a referral to a specialist support provider and engagement with other professional agencies including the GP, MELD, the Community Mental Health Team, and Woman's Aid.

Sensitively over time, services gained important information about how to positively engage with E. As a result, through her positive experience with the social worker and access to services, E was able to address her substance use, whilst improving both her lifestyle and mental health. The positive changes E was able to make in her life impacted herself and her children, whom she now has increased contact with.

E continues to engage positively with services, taking part in regular reviews, seeking support and guidance when required. She has not returned to her previous lifestyle and for the first time in 10 years adult social work have not received a Police Concern Form in over six months.

E's story highlights the importance of relationship building, trauma-informed practice and understanding not only where a person is in their lives, but also the experiences they have had and the impact upon them.



Versions of this leaflet can be supplied in Braille, large print, audiotape or in your own language. Please phone Customer Services if you require assistance on 01620 827199

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REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 18 December 2025

BY: Chief Finance Officer

SUBJECT: Finance Update and Forecast for 2025/26 and Updated Delegated Functions

7

1 PURPOSE

This report provides the IJB with an update on the year to date and forecast financial position for 2025/26. It also updates the IJB on changes to the elements of functions delegated to the IJB by East Lothian Council.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Note the updated financial position and forecast for 2025/26.
- 2.2 Note the changes that East Lothian Council are making to the functions delegated to the IJB.

3 BACKGROUND

- 3.1 The Q2 financial review presented a year to date overspend of (£0.262m) and a forecast year end overspend of (£0.651m). The forecast overspend relates to pressures within the Prescribing and Set Aside services within Health delegated functions.
- 3.2 The IJB financial position has been updated for month 7 information and **Table 1** below summarises the year to date and forecast outcome.

East Lothian IJB Year to Date October Financial Position and Forecast 2025/26					
	Budget £m	YTD Budget £m	YTD Actual £m	Variance £m	Forecast £m
Core	106.413	62.925	63.078	(0.152)	0.038
Hosted	20.438	11.204	11.338	(0.134)	(0.102)
Set Aside	24.446	14.282	14.883	(0.601)	(1.010)
Total	151.297	88.411	89.299	(0.888)	(1.075)
Social Care *	81.530	42.636	42.429	0.207	0.000
Overall Total	232.827	131.047	131.728	(0.681)	(1.075)
* Social Care figures are estimates based on M6 figures					

- 3.3 The year to date position, based on the month 7 financial information from Health and an estimate of the month 7 position for Council delegated services, is an overspend of (£0.681m). The Council undertake exception reporting in the months between Quarterly Financial Reviews and their month 7 position reflects a pro rata movement from the year to date month 6 position.
- 3.4 The Core health services position has moved adversely reflecting an above trend movement in the Prescribing overspend. A reduction in the overall number of vacancies and an increase in bank spend are also contributing to the adverse movement.
- 3.5 The Hosted services overspend primarily falls within the Mental Health services where significant demand pressures continue.
- 3.6 The Set Aside forecast is driven by year to date overspends within a range of services including Geriatric Medicine, General Medicine, Respiratory Medicine and the Emergency Department.
- 3.7 The forecast for Council delegated services has not moved from its Q2 position and I am continuing to forecast break even for these services. The forecast year end position for the IJB is an overspend of (£1.075m) which sits entirely in Health delegates services. This is an adverse movement from the Q2 forecast and primarily reflects the impact of the increased monthly overspend in Prescribing. Work is ongoing to identify the drivers of the increase in spend and mitigating actions to bring the spend down.

Efficiencies

- 3.8 The Q2 efficiency update remains the most up to date information available. **Table 2** below provides a high level summary of the in year and forecast delivery for 2025/26.

Q2 Efficiency Delivery Summary 2025/26				
	Original Schemes £m	Updated Schemes £m	YTD Over / (Under) Delivery £m	Forecast Delivery £m
Health	3.369	3.744	(0.267)	3.477
Social Care	0.801	0.801	0.000	0.801
Overall Total	4.170	4.545	(0.267)	4.278

- 3.10 Health schemes are reporting some shortfalls in delivery, particularly within Hosted services and work continues to identify and deliver alternative schemes to close the gap. The IJB will be updated further in the next Finance report.

Transfer of Delegated Services back to East Lothian Council

- 3.11 There are several Council delegated services which have historically formed part of the annual funding offer made to the IJB by the Council. The IJB Integration Scheme does not formally include these services, and they were additional areas that the Council chose to include when the Scheme was established. These services are managed by the Head of Housing and the Head of Communities and Partnerships within the Council.
- 3.12 Following discussions at senior Partnership level it was deemed appropriate to return these budgets to the Council and allow the HSCP Director and the Head of Operations to focus on the services under their influence and control. The budgets are listed below for information.

<u>Other Delegated Budgets</u>	
	£m
Non - HRA Private Sector Housing Grant	0.256
HRA - Disabled Adaptations (Capital)	1.000
HRA - Garden Aid	0.238
Total Other Delegated Budgets	1.494
Telecare Services	(0.095)

- 3.13 The redesignation of these services from delegated to non-delegated will have no impact on the IJB's forecast financial position.

4 ENGAGEMENT

- 4.1 The IJB holds its meetings in public and makes its papers available to the public.

5 POLICY IMPLICATIONS

- 5.1 There are no new policy implications in the above paper.

6 INTEGRATED IMPACT ASSESSMENT

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

7 DIRECTIONS

- 7.1 This report does not require any new directions or amendments to those directions currently extant.

8 RESOURCE IMPLICATIONS

- 8.1 Financial – Discussed above
- 8.2 Personnel – None
- 8.3 Other – None

9 BACKGROUND PAPERS

- 9.1 IJB Finance Report – presented to the IJB at its October 2025 meeting

Appendices:

AUTHOR'S NAME	Mike Porteous
DESIGNATION	Chief Finance Officer
CONTACT INFO	Mike.porteous@nhs.scot
DATE	December 2025



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 18 December 2025

BY: Chief Finance Officer

SUBJECT: Finance Update and Forecast for 2025/26 and Updated Delegated Functions

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Total Other Delegated Budgets	1.494
Telecare Services	(0.095)

- 3.13 The redesignation of these services from delegated to non-delegated will have no impact on the IJB's forecast financial position.

4 ENGAGEMENT

- 4.1 The IJB holds its meetings in public and makes its papers available to the public.

5 POLICY IMPLICATIONS

- 5.1 There are no new policy implications in the above paper.

6 INTEGRATED IMPACT ASSESSMENT

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

7 DIRECTIONS

- 7.1 This report does not require any new directions or amendments to those directions currently extant.

8 RESOURCE IMPLICATIONS

- 8.1 Financial – Discussed above
- 8.2 Personnel – None
- 8.3 Other – None

9 BACKGROUND PAPERS

- 9.1 IJB Finance Report – presented to the IJB at its October 2025 meeting

Appendices:

AUTHOR'S NAME	Mike Porteous
DESIGNATION	Chief Finance Officer
CONTACT INFO	Mike.porteous@nhs.scot
DATE	December 2025



REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 18th December 2025

BY: Chief Finance Officer/Other

SUBJECT: IJB Reserves Policy

1 PURPOSE

- 1.1 The purpose of this report is to provide the IJB with a draft Reserves Policy for consideration and approval.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to:
- 2.2 Note the contents of this report
- 2.3 Approve and adopt the draft Reserves Policy as laid out in the Appendix to this report

3 BACKGROUND

- 3.1 The IJBs Financial Regulations set out that the IJB may hold reserves and the Chief Finance Officer will prepare a policy to hold and manage any such reserves which will be presented to the IJB for approval.
- 3.2 East Lothian Integration Joint Board (IJB) Reserves Policy was originally approved in March 2016 and has been in place ever since. This policy provides a framework for the purpose, use and governance of reserves to support sound financial management and sustainability.
- 3.3 At the end of 2024/25 financial year the IJB had released all its General Reserves and this triggered a review of the IJBs Reserves Policy to be undertaken by the IJB Chief Financial Officer in this financial year.
- 3.4 Reserves have an important role in enabling the IJB to manage the financial position and respond to unforeseen pressures.

- 3.5 Reserves are generally held for 3 purposes:
- To create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing – this forms part of the general reserves;
 - To create a contingent fund for unexpected events or emergencies - this too forms part of the general reserve
 - To create a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.
- 3.6 The current policy identifies a level of 2% of the annual revenue budget as a prudent level of general reserves.
- 3.7 The importance of reserves in public sector financial planning is strongly supported by the Chartered Institute of Public Finance and Accountancy (CIPFA). Key points from CIPFA's statement on reserves include:
- Reserves are a vital component of prudent financial management and support of a public body's ability to meet balanced budget requirements.
 - Reserves should be accumulated over time and play a central role in medium term financial planning.
 - Reserves are essential to enabling public bodies to manage the progressive reduction in public expenditure expected in the coming years.
- 3.8 A revised draft reserves policy is attached to this report and provides full detail to support the governance for creating and holding revenue reserves for the IJB.
- 3.9 The review, conducted in collaboration with officers and audit colleagues, concluded that the current policy provides a robust framework in terms of defining the purpose, use, and governance of reserves.
- 3.10 The policy review identifies a prudent level of general reserve to be 2% of the East Lothian IJB revenue budget.
- 3.11 Whilst this level of reserve would allow the IJB a degree of flexibility this must be proportionate and take cognisance of the level of savings required to be delivered within the revenue budget.
- 3.12 It is also important to acknowledge the increasing difficulty of achieving and maintaining a 2% general reserve. Recent years have seen an increasing focus on financial recovery actions and opportunities to generate and retain surplus balances have become more constrained.
- 3.13 The IJB does not in 2025/26 have the resources to fund a 2% general reserve and the projected financial landscape indicates it will find it difficult to do so in the coming years.

- 3.14 In recognition of the current financial challenges it is proposed to adopt a pragmatic stepped approach to rebuilding general reserves over a number of years. This will align with the Medium Term Financial Planning process underway and ensure that the Financial Plan and the revised Strategic Plan are aligned over a similar timeframe.

4 ENGAGEMENT

- 4.1 The IJB holds its meetings in public and makes its papers available to the public.

5 POLICY IMPLICATIONS

- 5.1 The Reserves Policy, if approved, will become one of the IJB's policies.

6 INTEGRATED IMPACT ASSESSMENT

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

7 DIRECTIONS

- 7.1 This report does not require any new directions or amendments to those directions currently extant

8 RESOURCE IMPLICATIONS

- 8.1 Financial – discussed above
- 8.2 Personnel – None
- 8.3 Other – None

9 BACKGROUND PAPERS

- 9.1

Appendices: Appendix 1 Draft Reserves Policy

AUTHOR'S NAME	Mike Porteous
DESIGNATION	Chief Finance Officer
CONTACT INFO	Mike.porteous@nhslothian.scot.nhs.uk

DATE	December 2025
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APPENDIX 1

Reserves Policy - Index

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3.	Operation of Reserves	3
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5.	Adequacy of Reserves	4
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7.	Accounting and Disclosure	5

1. Background

- 1.1 To assist local authorities (and similar bodies) in developing a framework for reserves, CIPFA have issued guidance in the form of the *Local Authority Accounting Panel (LAAP) Bulletin 55 – Guidance Note on Local Authority Reserves and Balances*. This guidance outlines the framework for reserves, the purpose of reserves and some key issues to be considered when determining the appropriate level of reserves. As the East Lothian Integration Joint Board has the same legal status as a local authority, i.e. a section 106 body under the Local Government (Scotland) Act 1973 Act, and is classified as a local government body for accounts purposes by the Office of National Statistics (ONS), it is able to hold reserves which should be accounted for in the financial accounts and records of the Integration Joint Board.
- 1.2 The purpose of a reserve policy is to:
- outline the legislative and regulatory framework underpinning the creation, use or assessment of the adequacy of reserves;
 - identify the principles to be employed by the Integration Joint Board in assessing the adequacy of the Integration Joint Board's reserves;
 - indicate how frequently the adequacy of the Integration Joint Board's balances and reserves will be reviewed; and
 - set out arrangements relating to the creation, amendment and use of reserves and balances.
- 1.3 In common with local authorities, the Integration Joint Board can have reserves within a usable category.

2. Statutory/Regulatory Framework for Reserves

Usable Reserves

- 2.1 Local Government bodies - which includes the Integration Joint Board for these purposes - may only hold usable reserves for which there is a statutory or regulatory power to do so. In Scotland, the legislative framework includes:

<i>Usable Reserve</i>	<i>Powers</i>
General Fund	Local Government Scotland Act 1973

- 2.2 For each reserve there should be a clear protocol setting out:
- the reason / purpose of the reserve;

- how and when the reserve can be used;
- procedures for the reserves management and control; and
- the review timescale to ensure continuing relevance and adequacy.

3. Operation of Reserves

3.1 Reserves are generally held to do three things:

- create a working balance to help cushion the impact of uneven cash flows and avoid unnecessary temporary borrowing – this forms part of general reserves;
- create a contingency to cushion the impact of unexpected events or emergencies – this also forms part of general reserves; and
- create a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

3.2 The balance of the reserves normally comprises of three elements:

- funds that are earmarked or set aside for specific purposes. In Scotland, under Local Government rules, the Integration Joint Board cannot have a separate Earmarked Reserve within the Balance Sheet, but can highlight elements of the General Reserve balance required for specific purposes. The identification of such funds can be highlighted from a number of sources:
 - future use of funds for a specific purpose, as agreed by the Integration Joint Board; or
 - commitments made under delegated authority by Chief Officer, which cannot be accrued at specific times (e.g. year end) due to not being in receipt of the service or goods;
- funds which are not earmarked for specific purposes, but are set aside to deal with unexpected events or emergencies; and
- funds held in excess of the target level of reserves and the identified earmarked sums. Reserves of this nature can be spent or earmarked at the discretion of the Integration Joint Board.

4. The Role of the Chief Financial Officer

4.1 The Chief Financial Officer is responsible for advising on the targeted optimum levels of reserves the Integration Joint Board would aim to hold (the prudential target). The Integration Joint Board, based on this advice, should then approve the appropriate reserve strategy as part of the budget process.

5. Adequacy of Reserves

- 5.1 There is no guidance on the minimum level of reserves that should be held. In determining the prudential target, the Chief Financial Officer must take account of the strategic, operational and financial risks facing the Integration Joint Board over the medium term and the Integration Joint Board's overall approach to risk management.
- 5.2 In determining the prudential target, the Chief Financial Officer should consider the Integration Joint Board's Strategic Plan, the medium term financial outlook and the overall financial environment. Guidance also recommends that the Chief Financial Officer reviews any earmarked reserves as part of the annual budget process and development of the Strategic Plan.
- 5.3 In light of the size and scale of the Integration Joint Board's responsibilities, over the medium term it is proposed that a prudent level of general reserves will represent 2% of revenue budget. This value of reserves must be reviewed annually as part of the Integration Joint Board Budget and Strategic Plan, and in light of the financial environment at that time. The level of other earmarked funds will be established as part of the annual financial accounting process.

6. Reporting Framework

- 6.1 The Chief Financial Officer has a fiduciary duty to ensure proper stewardship of public funds.
- 6.2 The level and utilisation of reserves will be formally approved by the Integration Joint Board based on the advice of the Chief Financial Officer. To enable the Integration Joint Board to reach a decision, the Chief Financial Officer should clearly state the factors that influenced this advice.
- 6.3 As part of the budget report the Chief Financial Officer should state:
- the current value of general reserves, the movement proposed during the year and the estimated year-end balance and the extent that balances are being used to fund recurrent expenditure;
 - the adequacy of general reserves in light of the Integration Joint Board's Strategic Plan, the medium term financial outlook and the overall financial environment;
 - an assessment of earmarked reserves and advice on appropriate levels and movements during the year and over the medium term; and

- if the reserves held are under the prudential level, that the Integration Joint Board should be considering actions to meet the level through their budget process.

7. Accounting and Disclosure

- 7.1 Expenditure should not be charged direct to any reserve. Any movement within Revenue Reserves is accounted for as an appropriation and is transparent. Entries within a reserve are specifically restricted to 'contributions to and from the revenue account' with expenditure charged to the service revenue account.