



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

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**THURSDAY 18 DECEMBER 2025
VIA DIGITAL MEETINGS SYSTEM**

Voting Members Present:

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

Non-voting Members Present:

Mr D Binnie	Ms L Byrne
Ms S Gossner	Mr D Hood
Dr K Kasengele	Ms M McNeill
Mr M Porteous	

Officers Present from NHS Lothian/East Lothian Council:

Ms L Berry	Mr P Currie
Ms J Jarvis	Ms L Kerr
Mr A Main	Mr G Whitehead

Clerk:

Ms F Currie

Apologies:

Mr A Cogan
Dr J Hardman
Dr C Mackintosh
Ms F Wilson

Declarations of Interest:

None

*In the absence of the IJB Chair, Andrew Cogan, the Vice Chair, Councillor Shamin Akhtar chaired the meeting.

The Chair welcomed everyone to the meeting.

The clerk advised that the meeting was being recorded and would be made available as a webcast 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 30 OCTOBER 2025

The minutes of the IJB meeting on 30 October were approved.

2. MATTERS ARISING FROM THE MINUTES OF THE MEETING ON 30 OCTOBER AND ROLLING ACTIONS LOG

The following matters arising from the minutes on 30 October were discussed:

Page 2 (Item 3) – the Chair provided an update on the legislation around breaks for carers. She advised that there would be a consultation on the draft regulations and it would be important for the IJB to provide a response to this.

Page 6 (Item 8) – responding to a question from Jonathan Blazeby, the Chair confirmed that Elizabeth Gordon had been appointed as Chair of the Audit & Risk Committee.

Rolling Actions Log:

Action 16/25 - Mike Porteous confirmed that the discussion on set aside took place at the development session on 27 November and that it would continue to be part of the 2026/27 budget-setting process. The action log would be updated to reflect this.

3. CHAIR'S REPORT

The Chair thanked Marilyn McNeill for her contributions as service user representative on the IJB over several years. She said that Ms McNeill had also taken a keen interest in the health and wellbeing groups within the Area Partnerships, as well as other projects, and her contributions there had been similarly valued.

Ms McNeill said that she had very much enjoyed her role and she welcomed the recent proposals for service user representatives to be given voting capacity, along with carers and third sector representatives.

The Chair reported on her attendance at several events including the Carers of East Lothian AGM, the VCEL annual conference, the ELCAP AGM, a CoSLA Health & Social Care Board meeting and a visit to Crookston Care Home.

Mr Blazeby asked about the IJB's response to the consultation on the proposed extension of voting rights to some non-voting members, noting that the period of responses had been quite brief. He said it would be useful to hear the views of other IJBs.

The Chair confirmed that she had provided feedback at the CoSLA Health & Social Care Board meeting reflecting on the positive experience of the East Lothian IJB.

Laura Kerr said that Andrew Cogan had made a response on behalf of the IJB following discussions with the Standards Officer and others considering the logistics and mechanics of such a move. She said that while there was support for the proposals there was some concern about how this would be achieved in practice. She indicated that one key consideration is how the IJB evidenced taking on board the opinions of non-voting members in a way that was clearly auditable. It was suggested that this be discussed at a future development session and the Chair agreed that this should be taken forward.

The Chair also offered to share with members some of the presentations from the events she had attended.

4. REVIEW OF IJB STRATEGIC PLAN – UPDATED TIMELINE

A report was submitted by the Chief Officer presenting an updated timeline for completion of the IJB Strategic Plan Review.

Ms Kerr presented the report explaining that the slight delay would allow the new Strategic Plan to be considered by the relevant committees of both partners, before being brought to the IJB for final approval. This was an essential part of the process.

Patricia Cantley welcomed the importance being placed on Integrated Impact Assessments (IIAs).

Ms Kerr replied to a question from Ms Gordon advising that while there was currently no formal extension of the current Strategic Plan to cover the gap, this may need to be considered should the new Plan be delayed any further.

Decision

The IJB agreed to:

- i. 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.
- ii. Note that that revised timeline has been needed due to the timing of delivery partners' governance meetings.

5. COMMISSIONING STRATEGY AND MARKET FACILITATION STATEMENT 2025-2030

A report was submitted by the Chief Officer seeking approval of the draft *ELHSCP Commissioning Strategy and Market Facilitation Statement 2025-2030* prior to dissemination and publication.

Andrew Main presented the report informing members that the strategy and statement had been simplified and combined into one document and had been refreshed to align with the new Strategic Plan. The document had been reviewed by the commissioning board and revised to take account of feedback, and would be published alongside the new Strategic Plan.

Responding to questions from members, Mr Main advised that the monitoring of progress would mostly align with progress against the Strategic Plan and would link into annual performance reporting. Both he and Ms Kerr confirmed the intention to produce a performance framework, although it was noted that a lot of progress against outputs in

the strategy would be spread across a wider approach to commissioning. Mr Main said he would be happy to have further discussions with colleagues about how to clearly demonstrate that they were delivering against outcomes and to bring an update to a future meeting of the IJB.

Replying to a final question, Mr Main said that the procurement strategy for individual commissioning would include flexibility to promote local markets and community wealth building.

Decision

The IJB agreed to:

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

6. CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2023/24

A report was submitted by the Chief Social Work Officer (CSWO) presenting to members the CSWO Annual Report for 2023-24.

The Chair noted that this 2023-24 report had been presented to Council in February 2025 and would usually have come to the IJB shortly after, however, this had not happened. Measures had been put in place to ensure it would not be missed in future.

Lindsey Byrne apologised for the delay in bringing forward the 2023-24 annual report and confirmed that the 2024-25 report was being finalised and would be presented to the IJB shortly after its presentation to Council in February 2026. Ms Byrne outlined the statutory background to the annual report, its scope and purpose, as well as drawing attention to some of the highlights from 2023-24, including two very positive inspection reports.

Ms Byrne responded to questions from Ms Gordon, Mr Blazeby and the Chair. She provided further information on links with universities, the reduction in the number of placements in recent years, although the majority still resulted in permanent positions, and other recruitment challenges. She said that the feedback she had received on the service suggested that, in many ways, the health and social care practice was sector-leading, particularly in mental health. East Lothian compared very well nationally but there was still room for improvement. She said that her role allowed her to have a window into practice and her level of assurance was high for social work practice in East Lothian.

Ms Byrne indicated that the 2024-25 report would provide an update about early intervention and prevention work. She also advised that the work to deliver the Equally Safe strategy in East Lothian would be shared with the IJB going forward.

The Chair said that Equally Safe should also be reflected in the IJB's Strategic Plan and action plan.

Mr Blazeby said he found the case studies in the report interesting and felt that they brought to life the work of the team.

Ms Byrne confirmed that links to further case studies would feature in the 2024-25 report. She acknowledged that it was not always easy to get across the skill set and practice staff were providing day-to-day.

The Chair commented that this was a critical frontline service and the report conveyed the complexities and pressures that staff had to navigate to support those who were struggling. Social work had a vital role in helping to address the impact of poverty and in the early intervention and prevention agenda. She thanked Ms Byrne for her report and for the reassurance offered from feedback received during the year.

Decision

The IJB agreed 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.

7. FINANCE UPDATE AND FORECAST FOR 2025/26 AND UPDATED DELEGATED FUNCTIONS

A report was submitted by the Chief Finance Officer providing the IJB with an update on the year to date and forecast financial position for 2025/26. It also updated the IJB on changes to the elements of functions delegated to the IJB by East Lothian Council.

Mr Porteous presented the report highlighting the updated figures for health and social care budgets. He advised that there had been some adverse movement due to the prescribing budget overspend almost doubling. He outlined one of the reasons for this and said that further investigation was underway. He stated that the forecast overspend for the year had increased to just over £1M, although this could be subject to change following expected prescribing rebates. There had been no change in the efficiencies position since his last report.

Mr Porteous also highlighted some changes in delegated functions resulting in some services, including telecare, no longer being delegated to the IJB. These services had always been delivered by the Council; however, they would now assume full budgetary control of these areas. He confirmed that there would be no financial impact for the IJB.

Mr Porteous and David Hood replied to questions from the Chair. Mr Hood confirmed that the strong clinical links between the telecare service and the HSCP would continue. Mr Porteous confirmed that he was continually looking for additional funding streams. He said that prescribing was the biggest overspend in the budget and discussion on how to manage this would form a key part of budget-setting for next year. He would provide a further update to the IJB at its February meeting and would bring forward the 2026-27 budget proposals at the March meeting.

Decision

The IJB agreed to:

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

8. REVIEW OF THE IJB RESERVES POLICY

A report was submitted by the Chief Finance Officer providing the IJB with a draft Reserves Policy for consideration and approval.

Mr Porteous presented the report outlining the review of the policy which had been triggered by a full release of the IJB's general reserves in 2024/25. He highlighted the important role the policy played in financial planning and the difference between general and earmarked reserves. The policy identified a prudent level of general reserve as 2%. However, in acknowledgement of the challenging financial landscape and the need to balance the budget, it also recommended a pragmatic approach to building up the general reserve.

Mr Porteous replied to questions from Mr Blazeby and the Chair. He agreed that the challenges were significant but it was important to have a policy in place. It would take several years and would involve weighing up the situation each year, considering whether the budget gap could be covered by efficiencies, and whether that then left room to generate reserves. Mr Porteous explained the purpose and protections for earmarked reserves and confirmed that both general and earmarked reserves belonged to the IJB and it was for the IJB to determine how they would be used.

Mr Porteous said that the IJB would be unlikely to be in position to generate reserves in the current financial year, as they were forecasting an overspend. A key start point in future years would be to ensure the IJB received fair funding from its partners to allow it to fund services and explore transformational change. Making changes to cover financial gaps year-to-year would allow the IJB to put something into reserves to provide flexibility to support further transformational change. He added that when discussing possible efficiencies, it would be important to discuss reserves as well.

The Chair commented that having reserves was important, as was applying for any additional funding that may become available in-year.

Decision

The IJB agreed to:

- i. Note the contents of this report
- ii. Approve and adopt the draft Reserves Policy as laid out in the Appendix to this report

Signed

Councillor Shamin Akhtar
Vice Chair of the East Lothian Integration Joint Board

EAST LOTHIAN INTEGRATION JOINT BOARD - ROLLING ACTIONS LOG

For Meeting Date: 26 February 2026

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	Add to the development session list; expected to be heard in 2027. Recommended for closure.
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	Add to the development session list; expected to be heard in 2027. Link to governance development session. Recommended for closure.
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	Add to the development session list; expected to be heard in 2027. Link to governance development session. Recommended for closure.
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	2023/24 report presented on 18.12.25.

						Recommended for closure.
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	Feedback from other IJBs to be included in a future development session; expected to be heard in 2027. Link to governance development session. Recommended for closure.
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	MP advised that a discussion on Set Aside took place at the development session. MP confirmed at IJB meeting on 18.12.25 that this would continue to be part of the 2026/27 budget-setting process. Recommended for closure.
17/25	3 Chair's Report	18.12.25	Additional Question: To discuss at a future development session the SG proposal to extend voting rights to IJB non-voting members representing carers, service users and the third sector.	Laura Kerr	None stated	As this has already been agreed by SG and they are proposing looking at a way forward, suggest closure. Recommended for closure.

18/25	3 Chair's Report	18.12.25	Additional Question: The Chair agreed to share some of the presentations from the events she had attended.	Councillor Akhtar	None stated	
19/25	5 Commissioning Strategy and Market Facilitation Statement	18.12.25	Additional Question: To discuss with colleagues how to clearly demonstrate delivery against outcomes and to bring an update to a future IJB meeting.	Andrew Main	None stated	Andrew Main will provide an updated paper in March for circulation.



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 26 February 2026
BY: Chief Officer
SUBJECT: Final East Lothian IJB Strategic Plan 2025-2030

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1 PURPOSE

- 1.1 To present the final version of the East Lothian Integration Joint Board (IJB) Strategic Plan for 2025-2030 to the IJB for approval.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Approve the final version of the East Lothian IJB Strategic Plan as presented at Appendix 1.
- 2.2 Note that an Annual Delivery Plan (ADP) for 2026/27 is currently under development and will be presented to the May meeting of the IJB. Progress on delivery of the ADP will be reported to subsequent meetings of the IJB.

3 BACKGROUND

- 3.1 Development of the revised IJB Strategic Plan began in early 2025. Feedback from the initial engagement phase informed the development of a Consultation Draft, which was presented to the Strategic Planning Group (SPG) and IJB in September 2025. Further engagement on this then shaped an Advanced Draft, which the SPG approved on 5 February, along with the recommendation that a final version be submitted to the IJB for approval. The final version is provided at Appendix 1.
- 3.2 Subject to IJB approval, this will become the IJB's Strategic Plan for the five-year period up to 2030. The Plan will be reviewed in year 3 to ensure it remains aligned with IJB priorities and reflects any significant changes to the local and/or national context.

- 3.3 Work has begun on the development of an Annual Delivery Plan (ADP) for 2026/27. This will outline the activity planned in relation to delivery of the IJB Strategic Plan objectives and delivery priorities in the coming year. Once completed, the 2026/27 ADP will be brought to the May meeting of the IJB for information, and progress on delivery will be reported to future meetings.

4 ENGAGEMENT

- 4.1 Development of the IJB Strategic Plan has been informed by engagement activity taking place throughout 2025. Over 800 pieces of feedback were collected during this process. Additional insights gathered through other IJB community engagement activities have also contributed to shaping the Plan.
- 4.2 Details of the engagement activity, together with a summary of the key themes emerging from the feedback, are provided at Appendix 2.
- 4.3 A more detailed community-focused publication will be published alongside the final Strategic Plan. This will set out how feedback influenced the content of the Plan, as well as explaining where suggestions could not be incorporated and the reasons for this.
- 4.4 Engagement with the IJB's delivery partners – NHS Lothian and East Lothian Council – has also been an important part of the process. Both organisations have expressed their support for the high-level strategic objectives and delivery priorities set out in the Plan.

5 POLICY IMPLICATIONS

- 5.1 The IJB Strategic Plan sets out its strategic objectives and delivery priorities for the period covered, subject to any agreed revision within that period. The Plan provides a framework for strategic decision making and will guide the use of financial and other resources. It is also a key document in relation to communicating the IJB's strategic priorities to partners and wider stakeholders.

6 INTEGRATED IMPACT ASSESSMENT

- 6.1 An Integrated Impact Assessment (IIA) session took place on 21 January with a diverse group of participants, including Health and Social Care Partnership (HSCP) staff from a range of services, commissioned partner organisation representatives, Carers of East Lothian, and VCEL.
- 6.2 No major negative impacts were identified. However, feedback informed a number of further adjustments to ensure that the Strategic Plan is fair, inclusive, and considerate of different equality needs.

6.3 The IIA report has been published and is available here: https://www.eastlothian.gov.uk/info/210558/social_care_and_health/12776/east_lothian_health_and_social_care_partnership_integrated_impact_assessments.

6.4 Individual IIAs will be completed as required for future service developments and other activities that support delivery of the IJB Strategic Plan objectives.

7 DIRECTIONS

7.1 East Lothian IJB directions will be reviewed and updated to reflect the revised IJB Strategic Plan once budget information is available for the 2026/27 financial year.

8 RESOURCE IMPLICATIONS

8.1 Financial – The IJB’s current and projected financial position has been a key consideration in determining the strategic priorities set out in the revised Strategic Plan.

8.2 Personnel – Current and anticipated workforce challenges will be considered throughout the review, and the Strategic Plan will link to the Workforce Plan.

8.3 Other – None.

9 BACKGROUND PAPERS

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

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

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Eden
Cottage

East Lothian Integration Joint Board Strategic Plan 2025–2030

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1: Background

About East Lothian Integration Joint Board

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

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

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

Functions delegated to IJBs include:

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

The full list of services delegated to East Lothian IJB are shown at Appendix 3.

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

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

Developing the East Lothian IJB Strategic Plan

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

In developing our Strategic Plan, we have reflected the Scottish Government's requirement to plan and commission services to deliver the outcomes set out in the [National Health and Wellbeing Outcomes Framework](#). As with our previous Strategic Plans, we have also applied the [Principles for Planning and Delivering Integrated Health and Social Care](#).

The content of the Strategic Plan reflects our consideration of the following contextual factors:

- The East Lothian context – demography and population health.
- Financial and other Resources.
- The national strategic landscape.
- The local strategic landscape.
- Feedback gathered through consultation and engagement activity (existing feedback and feedback generated by activity specific to the Strategic Plan development).

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

A review will be carried out at the three-year point, in line with the statutory guidance. If required, the Plan may be revised at that stage or at other points before the end date in response to any developments that impact significantly on the IJB's strategic direction and priorities.



Our Vision and Values

Our Vision describes our aspiration to deliver health and social care services to **‘support all people in East Lothian to live healthy lives, to achieve their potential to live independently and exercising choice over the service they use.’**

We do not have a distinct set of values specific to the IJB. Instead, our staff are guided by the values of our partner organisations- NHS Lothian and East Lothian Council – which together employ all HSCP colleagues. These values are set out below.

NHS Lothian Values:

- Care and Compassion.
- Dignity and Respect.
- Quality.
- Teamwork.
- Openness, Honesty and Reliability.

East Lothian Council Values:

- **Enabling** and encouraging everyone we work with to achieve their full potential.
- **Leading** by example and taking responsibility to improve ourselves and others.
- **Caring** for each other, or community and the work we do.

Engagement Feedback

Engagement activity to guide the development of this Strategic Plan took place throughout 2025. An **Engagement Summary Report** providing further detail of the process and how feedback was used is available [here](#) (link to be added)

Engagement activity took place during two stages:

Phase 1 focused on engagement with key stakeholders in IJB strategic planning, including IJB and SPG members, delivery partners, HSCP colleagues, and community organisations. Feedback from this phase informed the development of a Consultation Draft. We also drew on existing engagement insights from previous engagement activities to identify priorities that people had already highlighted.

Phase 2 took place over the summer and into the autumn and involved a broader range of stakeholders as well as more formal consultation with delivery partners. Feedback gathered during Phase 2 was integrated into the final version of the Strategic Plan.

Phase 2 respondents were broadly supportive of the high-level strategic objectives and delivery priorities outlined in the Consultation Draft, though some expressed concerns about the impact of the changes required to implement them. At the same time, respondents suggested ways to strengthen these priorities and offered ideas to help ensure they contribute to better outcomes for groups and individuals. These insights were valuable in terms of refining and strengthening the delivery priorities and will continue to inform and guide the next stage of delivery planning.¹

Analysis of the feedback identified several key themes that have informed the development of a set of Core Principles (outlined on pages 6 and 7). These Core Principles will guide the overall delivery of the Strategic Plan, shaping our conversations, supporting strategic decision-making, and informing the day-to-day delivery of services.



Detailed feedback in relation to specific topics was also shared with colleagues leading existing workstreams—including the Carers Strategy, Dementia Strategy and Workforce Plan – as well as with Community Planning colleagues.

As outlined in the Engagement Summary Report, information gathered through this, and other engagement activity has been added to a newly established, searchable database. This resource will provide a valuable reference resource to inform ongoing service delivery and development, foregrounding community and stakeholders voices in everything we do.

¹ Planned activity to deliver IJB strategic objectives and delivery priorities will be detailed in Annual Delivery Plans for each financial year.

2: Summary of Strategic Objectives & Core Principles

East Lothian IJB's strategic objectives for 2025-2030 are shown below – full details, including the rationale behind each of these, along with related strategic delivery priorities are presented from pages **21-44**.

Strategic objectives at a glance

Strategic Objective 1: Transformation and Change

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

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

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

Strategic Objective 2: Reducing Health Inequalities

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

In mapping out our delivery priorities it became clear that many of them linked to more than one strategic objective, with some aligning to all three. Feedback on the draft plan also highlighted this. We made a choices to retain this approach to ordering the priorities but have tried to indicate where individual priorities link to more than one objective.

Delivering our Strategic Objectives – Core Principles

Our approach to delivering our strategic objectives will be guided by a set of core principles. These principles have been shaped through discussion with partners and feedback from engagement activity. They will help to frame our conversations, guide strategic decision making, and inform the day-to-day delivery of services.

Whole System Working	<p>The need for organisations to work collaboratively to take a whole system approach to the provision of health services has never been more important. Improving population health and reducing health inequalities requires a collective effort, focusing on addressing the wider factors that contribute to poor health outcomes.</p> <p>Collaboration and whole system working are therefore key themes that run throughout this Strategic Plan. East Lothian has a strong foundation to build on in this respect, with much of the progress achieved by the IJB to date delivered through close partnership working with local and Lothian partners.</p>
Ambitious and Innovative	<p>We need to be ambitious if we are to meet the challenges ahead – this means that we need to be flexible in our thinking and approach and willing to innovate.</p>
Honest and Realistic	<p>The challenges ahead are significant and the changes needed will be difficult. We need to ensure that we are open and honest in our communication and that we work with our communities and stakeholders to hear their concerns and act to address them.</p>
Person-Centred and Outcome Focused	<p>We will develop and deliver services that meet the needs of individuals, listening to what matters to them most, respecting their choices and supporting them to stay as independent and well as possible.</p>
Community Engagement & Participation	<p>We will engage with local people and communities to understand their needs and priorities and will reflect this in our development and delivery of services. In particular, we will ensure that the voices of people with lived experience are heard, valued, and reflected in our work. We will take a coproduction approach to support the active participation of stakeholders in designing and improving services.</p>

**Reducing
Health
Inequalities
Through
Partnership
Working**

Health and wellbeing are shaped by many factors. While good health and social care services are essential, wider issues such as housing, employment, the environment and poverty also have a major impact, meaning improving population health requires organisations working together.

Through its role in Community Planning, the IJB will contribute to a collaborative approach to addressing these wider factors, helping to improve outcomes for local people.

**Universal
Proportionality**

We will make sure that support is available for everyone who needs it. At the same time, where necessary, we will target resources to meet the needs of people facing the greatest challenges and who are at risk of poorer health and wellbeing outcomes.

3: Local and National Context

The East Lothian Context - Demography and Population Health

East Lothian's population has increased significantly in recent years, growing by 11.6% in the 10 years from 2013 to 2023 – the second highest percentage growth rate in Scotland for that period (behind Midlothian). The most recent estimate puts the population of East Lothian at around 112,300 people.²

It is projected that the East Lothian population will continue to increase over the coming years to around 121,743 people by 2043. Overall, it is estimated that the population will have grown by 15.1% from 2018 to 2043, the equivalent of almost 16,000 additional people³.

Over this period, the only the youngest age group (aged 0-15) is projected to decrease in size, with an estimated reduction of 1.1%. The largest growth will be seen in the older population, with a projected 40.8% increase in the over 65 age group and a 93.4% increase in over 75s. The working age population is set to grow by 11.5%.⁴

Population growth is significant in terms of considering future need for health and social care service provision. An increase in the older population is of particular significance in terms of their higher use of health and social care services. Figures show that 77% of people receiving social care support in Scotland are 65 and over⁵ and that older adults are disproportionate users of health services. This includes having more healthcare appointments, taking a higher number of medications, being admitted to hospital more often, and requiring longer hospital stays. People aged 65 and over also make up 70% of emergency hospital admissions in Scotland⁶.

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

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

² National Records of Scotland (NRS), 2023.

³ National Records of Scotland (NRS), 2020.

⁴ National Records of Scotland (NRS), 2020. (NRS), 2020.

⁵ People who Access Social Care and Unpaid Carers in Scotland, Scottish Government, 2023.

⁶ Health and social care strategy for older people: consultation analysis, Scottish Government, 2022.

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

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

The Scottish Burden of Disease Study⁷ indicated that the national annual disease burden will increase by 21% by 2043, despite an overall reduction in the Scottish population over that period, largely as a result of ageing population and the growing number of people living with chronic disease.

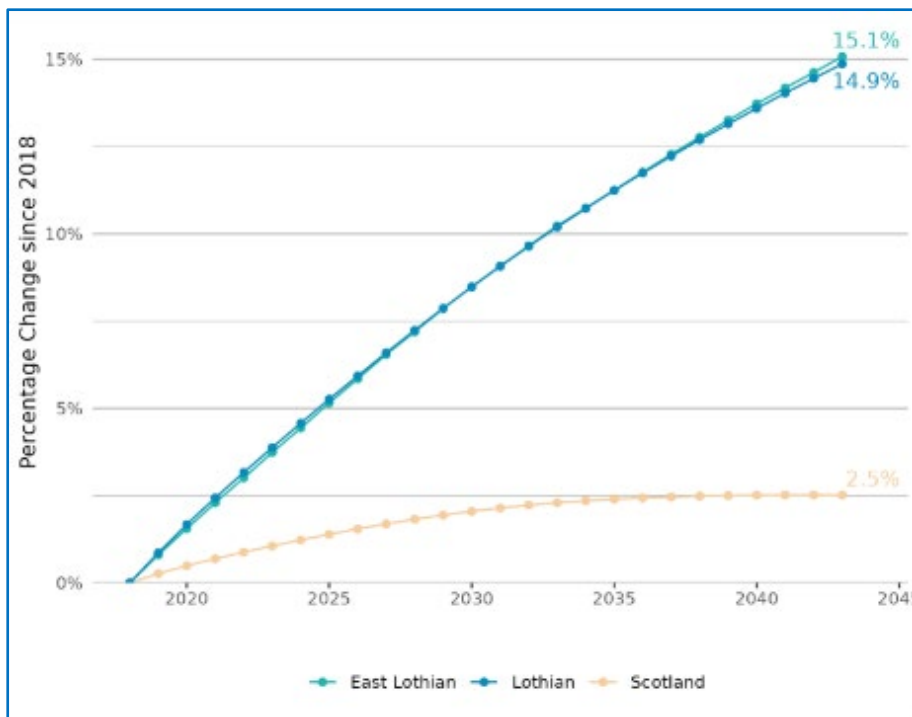
Comprehensive information on the East Lothian population is available in the [East Lothian Joint Strategic Needs Assessment \(JSNA\)](#).

Diagram 2 – Demographic Change

Historic Population Growth		
East Lothian had the 2 nd highest % growth for all Scotland local authority areas between 2013 and 2023	The most recent East Lothian population estimate was 113,740 (2023)	
East Lothian Projected Growth (2018 to 2043)		
It is estimated that overall, the population will grow by 15% from 2018 to 2043	Equals 15,953 more people, bringing the population to 121,743 by 2043	Projected growth of 41% in the 65+ age group
Growth of 93% in the 75+ age group	Growth in working age population of 12%	Projected 1% <u>reduction</u> in the 0-15 age group

⁷ Public Health Scotland, 2022.

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



Geography, Rurality, and Access to Services

East Lothian local authority area covers 679 square kilometres (km), accounting for 39% of the overall Lothian area. Its population density (167 persons per square km) is considerably lower than the Lothian level (553) but higher than for Scotland (70 persons per square km). Around 66% of the population live in what are classified as ‘large urban areas’ or ‘other urban areas’.

Although no part of East Lothian is officially classified as ‘remote’, the eastern side of the county—including – Haddington and Lammermuir; Dunbar and East Lothian; and North Berwick Coastal—contains extensive rural zones where there is more limited public transport coverage and residents have a higher reliance on private vehicles.

The 2020 Scottish Index of Multiple Deprivation (SIMD) identified multiple rural data zones in East Lothian falling within the most deprived deciles in Scotland (the bottom 30%) for the Access Domain.[1] However, access challenges are not limited to those living in the more rural parts of East Lothian but are also reported by residents of what are categorised as ‘accessible small towns’ and ‘accessible rural areas’.

Transport and travel limitations affect people’s ability to access employment; education; health and social care; and other essential services. Those most affected include older adults, low income households, and young people.

Rurality also presents operational challenges for the HSCP. Delivering home-based services—such as care at home and district nursing—becomes more complex when service users are dispersed across wide geographic areas or live in isolated locations. Recruitment is also more **difficult in the less**

populated eastern parts of the county, where limited transport options make it harder for staff to travel to work or between visits.

Health Inequalities

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

There is a strong relationship between life expectancy and deprivation, with higher deprivation being linked to lower life expectancy. This can be seen through analysis of Scottish Index of Multiple Deprivation (SIMD)⁸ data. Whilst overall life expectancy in East Lothian is higher than the Scottish level, men living in the least deprived areas can expect to live around 8 years longer than those in the most deprived. For women, those in the least deprived areas can expect to live around 6 years longer.⁹

There are a range of ‘drivers’ (shown in the illustration below) that impact on health and wellbeing outcomes. Clearly the provision of good quality, accessible health and social care is important. However, the drivers of population health go beyond health and social care provision, with the social, economic and environmental conditions in which people are born, live, work, and age heavily influencing health outcomes – these are often referred to as ‘the wider determinants of health’.

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

⁸ Note that SIMD data only provides insight into area-based deprivation and not people living in less deprived areas who are experiencing deprivation linked to their individual circumstances.

⁹ East Lothian Mean Life Expectancy at Birth by Sex and SIMD Quintile, 2019-2023 (NRS, 2024h)

Drivers of Health and Wellbeing¹⁰



¹⁰ Infographic is adopted from Chief Medical Officer for Scotland Annual Report 2022-23 (Scottish Government, 2023a). Caution is warranted in interpreting the percentage breakdown because the drivers of health variation are not mutually exclusive.

The Financial Context

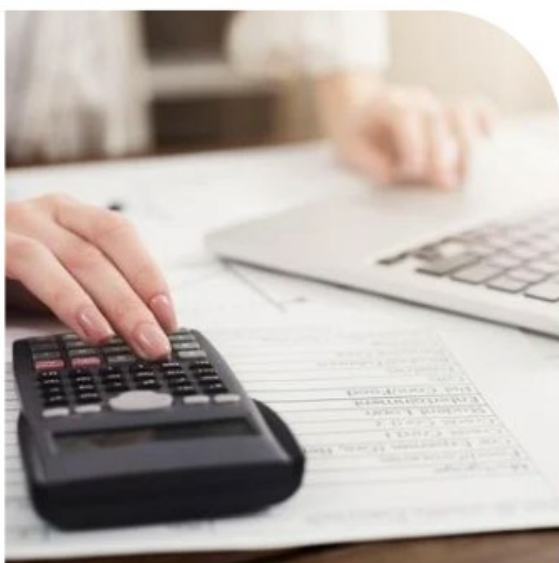
Integration Joint Boards (IJBs) throughout Scotland have continued to face increasing pressure on budgets, having to achieve savings year on year to deliver balanced budgets. Inflationary pressures; pay settlements; and the rising cost of treatments and prescriptions have added to this challenge. For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

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

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

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

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



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

The National Strategic Context

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

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

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



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

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

Health and Social Care Service Renewal Framework

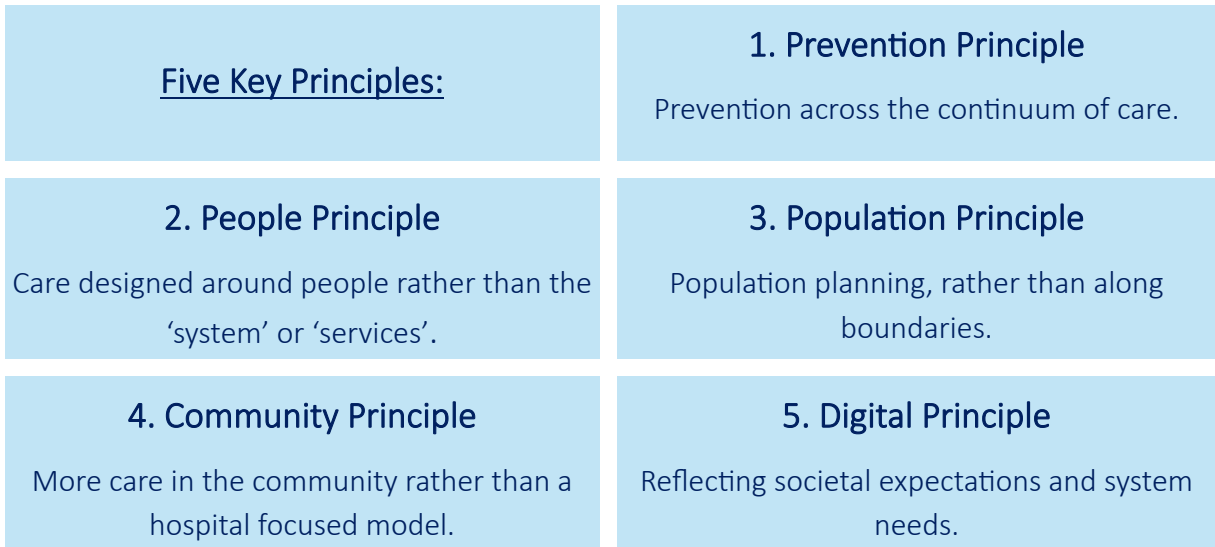
The Health and Social Care Service Renewal Framework (SRF) identifies the Scottish Government’s vision for health and social care as:

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

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

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

Diagram 3- Health and Social Care Service Renewal Framework (SRF)



Major Areas of Change:

- Enhancing services that prevent disease, enable early detection and effectively manage long-term conditions.
- Delivering health and social care that is people-led and 'Value Based'.
- Strengthening integration across the system.
- Redesigning our hospitals as we deliver more care within communities.
- Improving access to services and treatments in the community
- Delivering services which are accessible through digital technologies, with people and our workforce able to access and make use of the right information.

Source : [Health and Social Care Service Renewal Framework \(2025-2035\)](#)

NHS Scotland Operational Improvement Plan 2025-26

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

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

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

This and subsequent NHS Operational Improvement Plans has a direct impact on East Lothian HSCP services through their involvement in the improvements outlined. Working with partners through the Lothian Health and Care System¹¹ will be key to delivering improvements.

Scottish Government Population Health Framework 2025-2035

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

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

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

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



¹¹ Lothian Health and Care System includes NHS Lothian and the 4 Lothian Integration Joint Boards – Edinburgh, East Lothian, Midlothian, and West Lothian.

The Local Strategic Context

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

Working in Partnership at an East Lothian Level

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

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

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

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

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

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

Although IJBs are not statutory partners in Community Planning Partnerships, the alignment of IJB Strategic Plans and Local Outcome Improvement Plans is recognised as important in terms of harnessing the collective resources of local partners to deliver optimal outcomes, particularly in terms of improving population health and reducing health inequalities through a whole-system approach¹².

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

Working in Partnership at a Lothian Level

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

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

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

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



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

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

¹² This is a central tenet of the Scottish Government Population Framework 2025-35.

Commissioning of Services

The East Lothian HSCP Commissioning Strategy and Market Facilitation Statement (2025-30) sets out the guiding principles for the commissioning of health and social care services. This provides a framework to help ensure that the planning and delivery of commissioned services reflects the priorities outlined in the IJB's Strategic Plan.

The key principles that will underpin our commissioning activity over the lifetime of the IJB Strategic Plan include:

- **Collaboration** – we will work with communities, providers, advocacy organisations, carers, supported people, and staff when designing, developing, and commissioning services. We will explore opportunities for collaborative commissioning.
- **Prevention and early intervention** – we will focus our commissioning on early intervention and preventative approaches that promote independence, participation, and self-management.
- **Community-based** – we will actively develop, support, and promote community-based service provision.
- **Right care, right place, right time** – we will aim to commission services that provide support within an individual's home, local community or in a homely setting.
- **Outcome-focussed** – we will promote an outcome focussed approach to commissioning, moving away from high scale and low-cost delivery models which are primarily driven by profit margins.
- **Innovation** – we will promote innovation, including in relation to the use of digital technology to enhance and transform service delivery.
- **Ethical commissioning** – we are committed to ethical commissioning, considering factors beyond price, including fair work, terms and conditions, career pathways, trade union representation, and sustainability of services and environment.
- **Equity of provision** – we will commission services that are widely accessible, regardless of where people live or their individual circumstances.

You can read the **Commissioning Strategy and Market Facilitation Statement (2025-2030)** in full [here](#).

Housing, Health and Social Care

There is a clear link between housing and health and wellbeing. Housing condition, security of tenure and suitability in relation to individual needs can have a direct impact on health and wellbeing. Factors such as affordability, location, and access to local services and supports may also impact. The planning and delivery of quality, affordable, and appropriate housing is considered to be a public health tool, and essential in reducing health inequalities.

In recognition of this, Housing Contribution Statements were introduced by the Scottish Government in 2013 to strengthen formal links between housing, planning and health and social care strategic planning and commissioning. Housing Contribution Statements are intended to provide a bridge between the Local Housing Strategy and the IJB Strategic Plan.



An East Lothian Housing Contribution Statement was agreed by the IJB in December 2024 and has been updated to reflect the priorities in the new IJB Strategic Plan (this document). The Statement outlines the IJB's and East Lothian Council's shared priorities in relation to housing, health and wellbeing and outlines the housing contribution to the delivery of IJB strategic objectives.

A Housing Delivery Group has been established to support collaborative working to deliver these shared priorities – this includes representation from the HSCP and the East Lothian Council Housing Service.

You can view the current **East Lothian Housing Contribution Statement for 2024-29** [here](#).

4. Strategic Objectives & Delivery Priorities

This section outlines East Lothian IJB's Strategic Objectives up to 2030. There are three high-level Strategic Objectives:

Strategic Objective 1: Transformation and Change

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

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

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

Strategic Objective 2: Reducing Health Inequalities

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

These objectives have been developed through analysis of both the local and national context.

This has included consideration of current and projected population data; the financial context; partners' strategic priorities; and relevant national strategy. Feedback gathered via engagement activity, including formal consultation with partners has also shaped these objectives.

Strategic Objective 1: Transformation and Change

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

Why is this a strategic objective for the IJB?

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

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

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

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

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

- The level of service change needed will require further difficult decisions to be made and a shift in culture and expectations.
- Changes will potentially be unpalatable, and this adds to the challenge.
- Engagement with communities and other stakeholders will be important as new approaches are developed.
- We need to ensure that we assess the impact of any changes, including the impact on people with protected characteristics and on those more vulnerable as a result of social, economic, or other life circumstances. Where we discover negative impacts, we will take steps to mitigate them and monitor these impacts. Where we discover positive impacts, we will work with the community and partners to ensure that we maximise the opportunity to improve equality and fairness.
- The rural nature of parts of East Lothian must also be considered when planning service developments to ensure that transport issues do not create a barrier to accessing health and social care services.

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

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

Reflecting views gathered through engagement activity....

Our engagement activity generated valuable insights into stakeholders’ views on service transformation and change. This included both suggestions for service development reflecting stakeholder priorities, as well as concerns about the potential impact of transformation and change on people accessing services.

While some respondents welcomed the ‘aspirational’ nature of the draft Strategic Plan, the need to balance ambition with ‘realism’ was also noted, particularly given the significant challenges faced.

People raised concerns regarding barriers to delivering the level of transformation and change needed. These included the financial constraints faced by the wider public sector, as well as

challenges in recruiting and retaining enough staff and with the skills required. Public expectations and resistance to change was also noted.

Feedback emphasised the importance of robust and meaningful engagement when making service changes. People noted that close collaboration with communities is essential to ensure that stakeholders play a meaningful role in shaping change. They also highlighted the need to be open and honest about the challenges faced by health and social care services, as well as ensuring clear communication regarding the rationale behind service change.

People highlighted the vital role played by the third sector in delivering new service models and approaches and stressed the importance of continuing to strengthen the partnership between the sector and the IJB. It was specifically suggested that the IJB work with third sector partners to co-produce a 'Compact'¹³ to help underpin and support this relationship.

There was strong support for the continued shift of care from hospital to community-based settings. However, concerns were expressed regarding the need to ensure that the necessary infrastructure and resources are in place to support this shift. Again, the key role of the third sector in providing community-based support was highlighted here and the requirement for sufficient funding and support for the sector to enable it to play this role effectively.

People recognised the potential opportunities for using technology to support care, although some highlighted the need to ensure this is used appropriately to enhance existing provision and not as an alternative. Digital exclusion was also highlighted as an issue that needs to be taken in account when looking at opportunities.

Where appropriate, the feedback gathered has further informed and strengthened the strategic priorities outlined below. Some of the more detailed feedback will be important in guiding the next phase of delivery planning and will also inform specific workstreams.

¹³ A 'Compact' is a mutually agreed framework that sets out shared principles, expectations and ways of working between the statutory sector and the third sector, providing clarity on roles, responsibilities and commitments to support effective partnership working.

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

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

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

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

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

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

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

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

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

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

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

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

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

Revisiting and improving our approach to the implementation of Self Directed Support (SDS)¹⁴ in East Lothian will be a key area of focus going forward. The overall aim of this work will be to support and enable people to achieve the outcomes that are important to them to lead full and meaningful lives.

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

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

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

¹⁴ Self-Directed Support (SDS) gives people choice and control over how their social care is planned and delivered. The Social Care SDS (Scotland) Act 2023 defines values and principles in relation to SDS.

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

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

In East Lothian, primary care services include those provided by GPs, dentists, opticians, and pharmacy, along with a range of services managed and delivered directly by the Health and Social Care Partnership (HSCP).¹⁵

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

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

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

¹⁵ Often referred to as 'Primary Care Improvement Plan' or 'PCIP' services.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

When developing digital opportunities, it is essential to ensure that services remain person-centred, aligned with individuals' needs and priorities, and designed to enhance—rather than replace—the care and support provided through traditional face-to-face approaches.

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

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

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

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

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

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

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

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

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

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

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



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

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

Why is this a strategic objective for the IJB?

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

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

This objective aligns with national and local strategy....

- The Scottish Government Health and Care Service Renewal Framework sets out five key principles for renewal – one of these being the ‘Prevention Principle’ which is described as shifting the focus from reactive treatment to early intervention and prevention.
- The Framework also identifies a major area for change as ‘enhancing services that prevent disease, enable early detection and effectively manage long-term conditions’.
- The Scottish Government’s Physical Activity for Health Framework calls for a whole-system approach to increasing physical activity, including in relation to infrastructure, places, active travel, sport, and recreation. While the IJB isn’t responsible for these wider factors, its role in community planning allows HSCP services to contribute to the broader whole-system effort. In terms of the IJB’s direct remit, the framework identifies that physical activity should be integrated into health and social care practice.

- NHS Lothian’s prioritisation of prevention is set out in its strategic document – ‘A strengthened approach to prevention across the Lothian Health and Care System’. This approach was formally endorsed by East Lothian IJB.

Reflecting views gathered through engagement activity....

The need to prioritise prevention and early intervention came out strongly through the engagement process. People highlighted the importance of providing care and support at an early stage to keep people well and to avoid their situation deteriorating. This was highlighted in relation to specific groups.

Respondents identified opportunities such as social prescribing, community link workers, and health promotion initiatives. They also highlighted the importance of accessible, affordable activities and amenities to support people to be physically active. In addition, community activities to help people stay socially connected and reduce social isolation were emphasised.

People stressed that prevention and early intervention services need to be quick and easy to access to ensure people can benefit fully. Specific reference was made to this in relation to people living in rural areas and carers.

The importance of multi-disciplinary teams and approaches was highlighted, along with continuity of care (in terms of people seeing the same professional on an ongoing basis). Particular mention was made of the need for a multi-disciplinary approach to the management of frailty.

People expressed concern that growing pressure on services would mean that less money is invested in prevention and early intervention. It was suggested that financial planning should include ‘spend to save’ approaches, investing additional monies in prevention and early intervention to reduce pressure on health and social care services in the longer term.

The delivery of health promotion initiatives was a recurring theme, particularly at an early age. Along similar lines, it was suggested that communication campaigns in relation to health, social care, and wellbeing would be helpful.

As with Objective 1 (above), feedback gathered has informed and strengthened the strategic priorities outlined below. Some of the more detailed feedback will be important in guiding the next phase of delivery planning and feeding into other strategic and service planning.¹⁶

¹⁶ As detailed in the Engagement Summary Report (add link), feedback gathered through this and other engagement activity has been added to a newly established, searchable database will provide an invaluable reference resource to inform ongoing service delivery and development.



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

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

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

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

Services delivered by Allied Health Professionals (AHPs)¹⁷ are key in supporting people to remain active and independent so they can live independently, in their own home, for as long as possible. In East Lothian, these services are delivered by the East Lothian Rehabilitation Service and include physiotherapy, occupational therapy, falls prevention, telecare, and pain management.

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

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

¹⁷ Allied Health Professionals (AHPs) are a group of clinicians who provide care to people across a range of care pathways and in a variety of settings, including Occupational Therapists and Physiotherapists.

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

- Continuing to ensure appropriate levels of investment in ELRS and other HSCP delivered services that support people to remain active and independent.
- Ongoing development of activity to support ‘self-management’ of health issues to enable people to remain active and independent.
- Development of Early Intervention and Prevention MDT Polyclinics providing clinic-based assessment and rehabilitation involving a range of disciplines.
- Ongoing work to ensure that promoting physical activity is an integral part of health and social care practice.
- Further development of opportunities for the use of consumer and other technology to support independence and self-management (as part of the delivery of an *East Lothian HSCP Digital Innovation Strategy* – see priority 1.6 above).
- Commissioning services focused on preventative and early intervention approaches that are outcome / recovery focussed and promote independence, participation and self-management (as laid out in the *East Lothian HSCP Commissioning Strategy*).
- Continued collaboration with third and community sector partners to develop and deliver activities supporting prevention, early intervention, and self-management, including exploring opportunities for innovation and coproduction with communities.
- Working with partners through Community Planning to support the delivery of prevention and early intervention activities, including initiatives related to increasing levels of physical activity to help improve population health (see also Strategic Objective 3 below).

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

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



Primary care plays an important role in relation to prevention, early intervention and self-management of conditions, so we need to continue to ensure that people are able to access the primary care services they need as quickly and easily- both services delivered by General Practices and those managed and delivered by the HSCP.¹⁸

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

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

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

¹⁸ HSCP managed primary care services include CWIC, CTAC, Vaccinations, and Pharmacotherapy teams.

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

- Delivery of priorities within the *Primary and Community Health Care Programme* that focus on further improving the accessibility of primary care services.
- Implementation of Phase 2 of the Single Point of Access to develop an admission prevention pathway that brings together a wide range of community-based services to support primary care and individuals at high risk of admission.
- Ongoing development of the Mental Health Single Point of Access model to improve access to mental health services ‘at the front door’.
- Continued investment in Mental Health services providing early intervention – including the CWIC Mental Health and Distress Brief Intervention services.
- Continuing to develop and deliver substance use services that provide quick and easy access to information, advice, and support - including access to treatment where appropriate¹⁹.
- Continue working with the Lothian Sexual and Reproductive Health Service (LSRHS) to develop and deliver a comprehensive range of services that support sexual and reproductive health including women’s health, ensuring these are easy to access and available in a timely manner.

¹⁹ Including through ongoing delivery of the national Medication Assisted Treatment (MAT) Standards.

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

The number of the people in East Lothian living with one or more long-term condition²⁰ continues to increase. National figures and projections on the proportion of the population living with multiple long-term conditions (MLTCs), also known as multimorbidity, is of particular concern and is considered to be one of the most significant challenges facing health and social care services now and in the future. In general, the prevalence of MLTCs increases as people get older, but also tends to increase with higher levels of deprivation.

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

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

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

²⁰ 'Long term conditions' are defined as those that persist over an extended period and may require lifelong management – for example, diabetes, arthritis, heart disease, and respiratory conditions such as COPD.



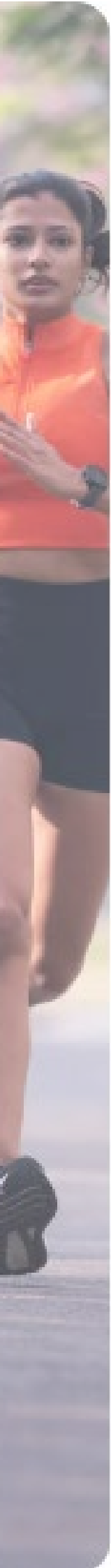
2.4 Developing a multi-disciplinary approach to the management of frailty.

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

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

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

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



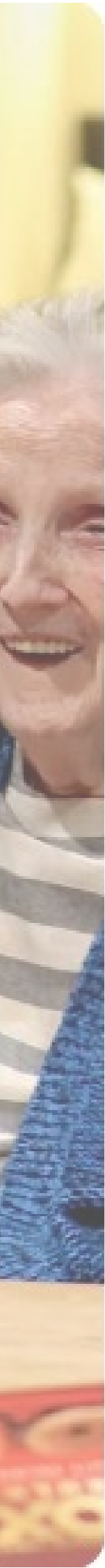
2.5 Improving health and wellbeing from an early age.

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

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

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

- Continuing to strengthen partnership working through active involvement in the East Lothian Children's Strategic Partnership to deliver the priorities identified in the *Children's Services Plan*.
- Ongoing development of HSCP teams involvement in multi-disciplinary working across services and organisations to identify and respond to needs within families.
- Involvement the development of 'whole family support services' to provide families with effective, early help.
- Working with the Lothian Sexual and Reproductive Health Service (LSRHS) to deliver accessible services that meet the needs of young people living in East Lothian.



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

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

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

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

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

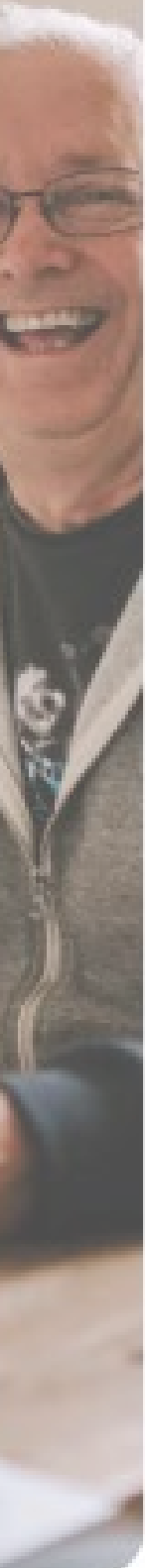
The number of people providing unpaid care will continue to grow as the population ages and the percentage of people living with a limiting health condition or disability increases. Unpaid carers play a crucial role, supporting people to live at home and often avoiding or reducing their need for support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

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

The need to ensure effective and sustained support for carers came out very strongly through our engagement process – the insights generated from this feedback have been shared with the Carers Programme Board and will help to shape ongoing work.

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

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



Strategic Objective 3: Reducing Health Inequalities

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

Why is this a strategic objective for the IJB?

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

- Evidence shows that people living in parts of East Lothian with higher levels of deprivation and/or with other disadvantageous living circumstances, have significantly poorer health outcomes.
- There are a range of socio-economic and other factors, often described as the 'wider determinants of health', that impact on health outcomes – these include, poverty, education, housing, employment, and access to services. It is suggested that as much as 80% of what effects health is out with the health and social care system.²¹

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

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

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

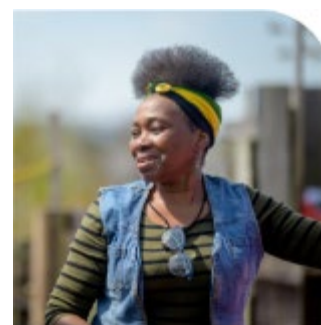
- Because of the range of contributory factors, health inequalities need to be addressed by community planning partners working collaboratively, both strategically and operationally.

²¹ Scotland's Population Health Framework 2025-35.

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

Reflecting views gathered through engagement activity.....

Engagement feedback underlined the need to ensure that health and social care services meet the needs of people who are potentially disadvantaged for a range of reasons. Specific groups identified included rural communities, minority ethnic groups, disabled people, and carers. People also spoke about ‘targeted support for vulnerable groups’ and the need for a proactive approach to engaging vulnerable groups in services.



Accessing health and social care services was reported as often being more difficult for people living in more rural areas and small towns, largely due to more limited public transport provision. As a result, people often need to rely on private transport to attend appointments. This was identified as a particular issue for older people who no longer drive, and for low-income households.

People also spoke about the wider factors influencing health and wellbeing. Specific reference was made to housing, including the impact of poor housing on health and the need to provide housing options that meet a range of different needs, including appropriate and accessible housing for people as they age and their needs change.

Ensuring that the voices of people with lived experience are heard and used to shape service provision was identified as a key priority. It was noted that this involvement can help to reduce barriers to engagement with services, for example by promoting the adoption of trauma-informed approaches.

Feedback emphasised the need for services to adopt person-centred, trauma-informed approaches. Stakeholders also highlighted the importance of ensuring cultural appropriateness across all aspects of service provision, including the need for practitioners to demonstrate cultural humility²² when working with individuals and communities.

Again, this stakeholder feedback has informed and strengthened the strategic priorities outlined below. Some of the more detailed feedback will be important in guiding the next phase of delivery planning. Feedback related to services outwith the IJB’s direct remit – such as

²² Cultural humility refers to approaches that respect people’s cultural background, with an openness to learn and reflect what is important to them culturally.

housing, education, financial inclusion, and access to leisure- has been fed into the Community Planning process. ²³

²³ As detailed in the Engagement Summary Report (add link), feedback gathered through this and other engagement activity has been added to a newly established, searchable database that will provide an invaluable reference resource to inform ongoing service delivery and development.

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

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

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

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

As noted above, health inequalities are the result of a wide range of socio-economic factors collectively known as ‘social determinants of health’. Many of these factors are influenced by services that sit outside the direct responsibility of the IJB – such as education, housing, welfare, planning, sport and leisure, and employability services. However, because addressing health inequalities requires a whole system approach, it is essential that we work closely with partners at both strategic and operational levels to tackle the underlying issues that contribute to poorer health outcomes.

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

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

3.2 Delivering services that contribute to reducing inequality.

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

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

- Carrying out robust Integrated Impact Assessments (IIAs) to identify potential adverse impacts of service changes or developments on people with protected characteristics or those potentially disadvantaged due to other factors. This should include considering barriers to access related to where people live within East Lothian and the transport limitations they may experience.
- Delivering the equalities outcomes detailed in the *East Lothian IJB's Equalities Outcomes for 2025-29* and reporting on progress through publication of annual Equality Mainstreaming Report.
- Continuing to develop service models and approaches that increase the accessibility of services for the whole population (see 2.2 above).
- Working with the Lothian Sexual and Reproductive Health Service (LSRHS) to ensure that service developments meet the needs of people who may experience barriers to access, including younger people, LGBTQ+ people, and others facing disadvantage.
- Continuing to strengthen partnership working at an operational level, working with colleagues from across organisations to develop and deliver collaborative approaches to identifying and responding to individual need.
- Ongoing development of HSCP teams involvement in multi-disciplinary working across services and organisations to deliver 'whole family support', providing families with effective, early help.
- Ongoing activity, including staff training and development to ensure that our services are Trauma Informed.²⁴

²⁴ Trauma Informed services 'recognise where people are affected by trauma and adversity, and that respond in ways that prevent further harm, support recovery, address inequalities and improve life chances' - more information can be found [here](#).



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

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

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

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

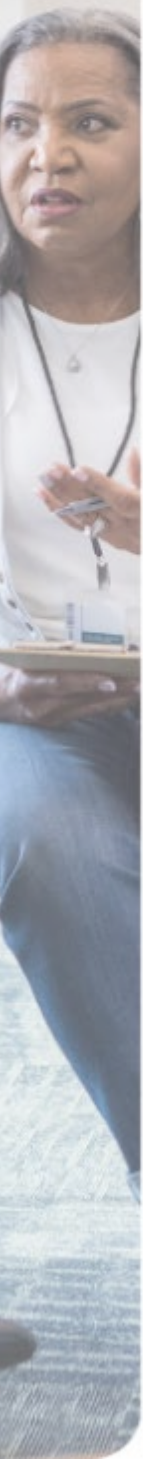
5. Delivering the IJB Strategic Plan

The activity required to deliver the IJB Strategic Plan objectives is detailed in an **Annual Delivery Plan (ADP)**. The ADP is reviewed and updated every 6 months, allowing revisions to be made in response to local or national developments (for example, changes to national strategy or the introduction of new legislation). This review process also ensures alignment with the IJB's budget position, so that planned activity reflects available resources.

Activity outlined in the ADP is delivered by HSCP services and reflected within individual Service Plans which are reviewed every 6 months. Where activity is more complex or spans multiple service areas, it is planned and managed through a Change / Transformation Programme overseen by one of the IJB's Programme Boards.

Performance indicators relating to the delivery of the Strategic Plan are included in the **East Lothian HSCP Performance Framework**. Progress is reported every 6 months through a mid-year on delivery of the ADP and a year-end Annual Performance Report covering the full financial year.

The Diagram below illustrates the relationship between these elements.



IJB Strategic Plan – Approach and Delivery

East Lothian IJB Strategic Plan:

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



Annual Delivery Plan:

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



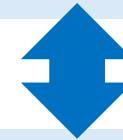
Transformation / Change Programmes:

- Programmes focused on key areas of development, transformation, or change.
- Overseen by individual Programme Boards.



HSCP Service Plans:

- Identify service level activity needed in relation to the Annual Delivery Plan (alongside wider Service priorities).



Other Strategies / Action Plans:

- Examples include the Carers, Dementia, Independent Advocacy, and Commissioning Strategies.

6. Appendices

Appendix 1- Strategic Plan Development- Supporting Documents

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

- [East Lothian Joint Strategic Needs Assessment \(2025\)](#)
- Development of the East Lothian IJB Strategic Plan- Consultation and Engagement Report
- East Lothian IJB Strategic Plan- Integrated Impact Assessment

Appendix 2 – Locality Planning

The Public Bodies Act requires that each Integration Authority area is split into at least two localities for the purposes of strategic planning and commissioning. However, the geographical nature of East Lothian and the distribution of the East Lothian population make this requirement challenging to implement in any effective or meaningful way.

A broad split between the East and West of the county has been adopted previously. Whilst this provided two population groups large enough to provide planning data, these areas- made up of a range of towns, semi-rural and rural areas- did not reflect natural communities and provided ineffective as units for planning and commissioning.

In East Lothian, we have found it more effective to work with local areas through involvement in Local Area Partnerships. There are 6 such partnerships in East Lothian, established through the Community Planning Partnership. Local Area Partnerships have set up Health and Wellbeing Sub-Groups in most areas, which provide an effective mechanism for engagement and discussion on local needs and service provision.

We remain committed to strengthening collaboration with Local Area Partnerships, including further developing their engagement in strategic planning through involvement in the Strategic Planning Group.

Appendix 3 – Functions Delegated to East Lothian IJB

This Strategic Plan does not cover children’s services, following a decision in January 2019 to remove children’s wellbeing services from the East Lothian IJB responsibilities.

NHS Lothian services delegated to East Lothian IJB

- Accident and Emergency and Combined Assessment *
- General Medicine *
- Geriatric Medicine *
- Rehabilitation Medicine *
- Respiratory Medicine *
- Palliative Care *
- Community Hospitals (East Lothian Community Hospital)
- Mental health inpatient services ³
- Community nursing (inc. children’s community health services- district nursing, health visiting and school nursing)
- Community mental health services
- Community learning disability services
- Substance Misuse Services
- Allied Health Professionals
- Primary Care- General Medical Services, General
- Dental Services, General Ophthalmic services and
- Community Pharmacy
- Lothian Unscheduled Care Service ¹
- Public Dental Service ²
- Palliative care provided out with a hospital
- Psychology services ²
- Kidney dialysis services provided out with a hospital
- Community Complex Care
- Sexual Health⁴

* East Lothian works with NHS Lothian, Midlothian, West Lothian, and the City of Edinburgh to progress the Lothian Strategic Development Framework.

1- Management of unscheduled care service transferred to NHS Lothian, which manages on behalf of all 4 the Lothian IJBs.

2- West Lothian HSCP hosts clinical psychology, the public dental service, podiatry and orthotics on behalf of all 4 Lothian IJBs.

3- Operational management of mental health inpatient services transferred to NHS Lothian.

4- Most sexual health services are delivered in primary care. Specialist sexual and reproductive health services in Lothian are hosted by East Lothian HSCP on behalf of the 4 IJBs.

East Lothian Council services delegated to East Lothian IJB

- Social work services and support for adults including for older people and in relation to physical disabilities and learning disabilities.
- Services/supports for adults with physical disabilities
- Services/supports for adults with learning disabilities
- Day services
- Mental health services
- Criminal Justice Social Work
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Care Home Services
- Adult Placement Services
- Housing support services: aids and adaptations
- Local area coordination
- Breaks from caring (respite)
- Occupational therapy services
- Reablement services
- Telecare

Appendix 4 - National Strategies, Frameworks, and Legislation

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

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

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

These include:

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

* Denotes Bills going through the legislative process.

Appendix 5- Local Strategies and Frameworks

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

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

Appendix 6- East Lothian IJB / HSCP Strategic and Plans

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

- East Lothian Carers Strategy 2023-2026
- East Lothian Dementia Strategy 2023-2028
- East Lothian HSCP Commissioning Strategy and Market Facilitation Statement 2025-2030
- East Lothian IJB Equality Outcomes 2025-2029
- East Lothian IJB Communications and Engagement Strategy 2026-2030 (Draft)
- East Lothian IJB Five Year Financial Plan
- East Lothian IJB Workforce Plan 2025-2028
- East Lothian Independent Advocacy Strategy 2024-2028

Appendix 6- Glossary of Acronyms Used

ADP	Annual Delivery Plan
AHP	Allied Health Professional
ELHSCP	East Lothian Health and Social Care Partnership
ELP	East Lothian Partnership
ELRS	East Lothian Rehabilitation Service
GP	General Practitioner
HSCP	Health and Social Care Partnership
IIA	Integrated Impact Assessment
IJB	Integration Joint Board
JSNA	Joint Strategic Needs Assessment
LGBTQ+	Lesbian, Gay, Bisexual, Transgender and Queer – ‘+’ is included to recognise all non-cisgender identities
LHCS	Lothian Health and Care System
LOIP	Local Outcome Improvement Plan
LSDF	Lothian Strategic Development Framework
LSRHS	Lothian Sexual and Reproductive Health Service
MDT	Multi Disciplinary Team
MLTC	Multiple Long Term Condition
NHS	National Health Service
NHSL	National Health Service Lothian
NRS	National Records of Scotland
PDS	Post Diagnostic Support
POPS	Planning for Older People’s Services
SDS	Self Directed Support
SIMD	Scottish Index of Multiple Deprivation
SPG	Strategic Planning Group
SRF	Service Renewal Framework
TEC	Technology Enabled Care
USC	Unscheduled Care
VCEL	Volunteer Centre East Lothian

Accessibility

Versions of this strategy can be provided in Braille, large print, audiotape, or your own language.

For assistance please call: 01620 827827.

British Sign Language (BSL) users can contact us via www.contactscotland-bsl.org

East Lothian Health Integration Joint Board

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Strategic Plan Engagement Statement

In this statement you will find:

- Information on the principles of our engagement.
- Information on its planning and stages.
- Information on the scale and duration of our engagement.
- Information on the types of groups or people that engaged with us.
- A list of themes that emerged during analysis.
- How we will evaluate the information received from this engagement activities and use it to support other East Lothian engagement activities.

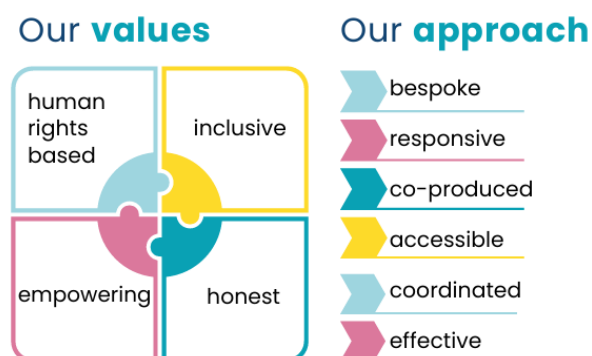
We will be producing a more detailed publication with the community as the audience when the final version of the Strategic Plan has been approved (estimated Spring 2026). This is part of our commitment to feeding back to East Lothian:

- How their feedback shaped the final Strategic Plan.
- Suggestions that could not be incorporated, and why.
- What we have done with other feedback that was offered to us during the process that does not relate to the Strategic Plan but has a valuable place within the planning and commissioning of local health and social care services.

If you would like to ask a question or offer a comment, you are invited to connect with us via engagement-hscp@eastlothian.gov.uk.

The principles of our engagement

During development of our Strategic Plan, we were also putting together a new Communications and Engagement Strategy for the IJB. Through this work we established principles of engagement that underpin this engagement and all IJB into the future.



When engaging with staff, commissioned partners, the third sector and individuals, we committed to:

- Using plain English language and offering simplified engagement resources (Engagement Information Packs). Different formats were available, including Easy Read. This was to enable and encourage people to engage with us by making it as easy as possible.

- Offering different ways for people to engage with us (e.g. online surveys, workshops, attending existing meetings, email, one-to-one conversations). This choice was to honour that people have a wide variety of communications needs and preferences, and that to connect we should offer a range of different ways that people can interact with us.
- Embedding comments on how we used feedback from the Strategic Plan engagement into the final version of the Strategic Plan.

Planning and stages

Our engagement planning began in late 2024 with a conversation with Healthcare Improvement Scotland (HIS) in line with recommendations in COSLAs Planning With People. This was to ensure that our plans met requirements that we are obliged to meet for our health delegated services (the services of ours that are delegated to us from NHS Lothian).

The Performance and Improvement Manager (professional lead on the strategy), Senior Communications Officer and Equalities and Engagement Officer were able to discuss our plans for engaging with the community and received guidance and assurance from our HIS that our plans were proportional, timely (before, during and after the consultation draft was created) and allowed for people to engage with us in a variety of ways that suited their preferences and communication needs.

This conversation led to an engagement plan with defined stages.

Stage	Consultation / Engagement Details	Timescale
1. Initial key stakeholder engagement focusing on high level elements of the Strategic Plan (Vision, Strategic Objectives, Strategic Priorities)	<ul style="list-style-type: none"> • Initial Engagement Session with SPG. • Key stakeholder engagement. 	Feb – April 2025
2. Development of Consultation Draft	<ul style="list-style-type: none"> • Information gathered during Stage 1 used to inform development of a Consultation Draft. • Session with SPG on Consultation Draft prior to launching wider engagement. 	May – June 2025
3. Engagement on Consultation Draft	<ul style="list-style-type: none"> • Wider engagement – including key stakeholders but promoting and opening up to others. 	July – Sept 2025
4. Development of Advanced Draft	<ul style="list-style-type: none"> • Information gathered during Stage 3 used to inform development of an Advanced Draft. • Advanced Draft to SPG for final feedback. 	Oct – Nov 2025

5. Final Strategic Plan to IJB for approval	<ul style="list-style-type: none"> Final Strategic Plan submitted to IJB for consideration / approval. 	Dec 2025
6. Completion of feedback loop	<ul style="list-style-type: none"> Communication on publication of IJB Strategic Plan, including report on consultation / engagement feedback and how this is reflected in the final Strategic Plan. 	Jan 2026

The scale and duration of our engagement

Our engagement activities began in January 2025 with internal and prescribed consultees via our Strategic Planning Group, moved through several rounds on internal, partner organisation and community focussed phases and ended with our Integrated Impact Assessment on 21 January 2026.

We received over 800 pieces of feedback in total from all activities with the majority of that information being qualitative in the form of spoken feedback at meetings, written responses and open text responses from online surveys.

We drew also on three other key community engagement activities that were conducted in 2025 to allow us to isolate comments relevant to the Strategic Plan and the draft objectives.

The key engagement activities were:

- Planning for Older Peoples Services Project
- IJB Equality Outcomes 2025-2029 engagement
- Carers Strategy engagement

Including these engagements, we were able to benefit from 5000+ comments which enriched the picture and helped the professional lead to understand the priorities, ambitions and concerns of East Lothian communities.

Who engaged with us?

Prescribed consultees, including Volunteer Centre East Lothian, MECOPP, Carers of East Lothian, commissioned contractors, third sector organisations and our partner organisations (NHS Lothian and East Lothian Council).

Health and Wellbeing Groups across East Lothian

Individuals, independent advocacy groups, sports clubs, disability focussed organisations, ethnic minority organisations, community gardens and recreation spaces and libraries.

Key themes and outcomes

There was broad public support for the three draft strategic objectives, with some suggestions made for changes to the document itself to make its concepts clearer, more inclusive and more aligned with adjacent strategies.

Optimism Balanced With Realism

People **support the strategic direction** the IJB has expressed it will take up until 2030 but are **concerned about how the changes and priorities will be resourced** both financially and in relation to staffing.

People **welcome ambitious vision** and **recognise that a new way of organising health and social care** is necessary to match reducing or stagnating budgets with a growing and ageing population.

There is strong support for **community-based care, preventative programmes and planning for sustainable and stable health and social care systems.**

Involvement

The **lived experiences of the community must shape design, implementation and evaluation of services as they change in line with the Strategic Plan.** The third sector's role in enabling this is respected and supported.

Engagement must be continuous, allowing for engagement all the way through proposals, not just during specific parts to progress a concept.

Co-production with communities affected by changes is seen as **essential to building and maintaining trust and mutually beneficial relationships.**

Communication

Community comments on the consultation draft of the Strategic Plan suggested it contained language that was **too technical or jargon-heavy.** Action was taken to improve this in the final version.

It was considered important that the **consequences of proposals and changes associated with the Strategic Plan are communicated to the community honestly and transparently as they arise over the course of the Plan** e.g. What activity will stop to fund this change?

Digitalisation

Respondents recognise the **potential for technology-enabled care to support independence and efficiency,** while highlighting the significant **risks of digital exclusion, especially for older people, people with disabilities, people experiencing poverty and unpaid carers.**

Shifts to digital formats of access and information **must add choice** alongside other formats, not remove it.

Inequalities and Disadvantage

The community have **concerns that health and social care decisions are not always grounded in lived experience**. This is especially important to people where **unpaid carers** and **people facing inequality and disadvantage** potentially impacted by the decisions.

Whole system approaches were supported, where the **social determinants of poverty and disadvantage were taken into account** when coming up with ideas to improve outcomes e.g. housing, employment, education, caring responsibilities, geography barriers (people living in rural locations with fewer services)

Better use of data, a stronger commitment to prioritising the voices of lived experience and harnessing existing community insight was considered one way to improve opportunities to create a more equal and fairer East Lothian.

Primary Care and Mental Health Services

Primary care (chiefly GP access) and mental health services were recurring themes. The community expressed **support for improved consistency across different GP practices, improved and faster access to appointments, more community-based assistance for mental health and wellbeing and more diverse referral pathways**.

Unpaid Carers

Community comments suggests carers are considered essential particularly in a system that plans to **shift from hospital to community based care** provision.

Comments from the third sector suggested that the Strategic Plan could benefit from **being more explicit about carer involved in the new strategic objectives**.

The Third Sector and Community Partners

Comments pointed to the **need to recognise the third sector as equal partners in health and social care** for the community.

There is strong support for **co-production, shared decision-making, and the exploration of joint commissioning**.

Evaluation, reflection and the East Lothian model of engagement

All engagement comments received from the Strategic Plan have been integrated into an engagement database, the first of its kind to be trialled in East Lothian.

The SPG and IJB will have a number of opportunities to reflect upon community comments over the course of the Strategic Plan. Some of these include:

- During the governance and approval processes in the first quarter of 2026.
- Via the Annual Engagement Summary 2025, a round up of all engagement that took place across East Lothian and what the themes show us about the community and its needs.
- Through requesting bespoke engagement summaries for other pieces of work throughout the year. The database enables swift, focussed analysis of the information that we hold from the community.

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 26 February 2026

BY: Chief Officer

SUBJECT: IJB Communications and Engagement Strategy 2026-2030

5

1 PURPOSE

- 1.1 To present the East Lothian Integration Joint Board Communications Strategy 2026-2030 (referred to as ‘the Communications and Engagement Strategy’ in this paper) to the Integration Joint Board (IJB) for their information and approval to progress to sign off.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Read and reflect on the Communications and Engagement Strategy and its suitability as a strategy on which all communications and engagement for the IJB and HSCP will be based for the next 4 years.
- 2.2 Consider the content of the Integrated Impact Assessment.
- 2.3 Approve the Communications and Engagement Strategy for implementation.

3 BACKGROUND

- 3.1 The Communications and Engagement Strategy is an extension of a statutory requirement to develop and publish a document that sets out how the IJB will ensure that the community is included in co-production for the IJB activities and the services delegate to it.
- 3.2 The Communications and Engagement Strategy is the first strategy in East Lothian IJB history to combine communications and engagement in one strategy. The decision for this is two-fold:
- How we communicate to people and how we involve them with planning, design of services, and services change goes hand in

hand. One compliments the other by improving understanding about community/audience needs, preferences, and communicative styles.

- The Equalities and Engagement Officer and the Senior Communications Adviser cross over professionally on a regular basis, working alongside services and functions of the IJB to assist them with communications and engagement activities. The combination of the two areas felt like a natural combination of two adjacent but aligned workstreams that benefit from a combined/fully joined up approach.
- 3.3 The Communications and Engagement Strategy development was led jointly by the Senior Communications Adviser and the Equalities and Engagement Officer.
- 3.4 The Communications and Engagement Strategy explains:
- Approach, standards, and methods that will be used to ensure all communication materials are accessible, informative, consistent, empowering, and raise the profile of the IJB/ELHSCP's delivered services;
 - Ways in which the community can participate with, and work with the IJB and HSCP as partners, to design, plan, and evaluate health and social care services in East Lothian;
 - How the IJB seeks to support and enable everyone to contribute to health and social care planning and services; and
 - The values that will underpin IJB/HSCP actions, our engagement goals and approaches, the standards we will work to for our communications and engagement, and our action plan.
- 3.5 The Communications and Engagement Strategy will be a resource that enables staff and the community to better understand their rights, what they can expect from the IJB, and what the IJB expects from them.

4 ENGAGEMENT

- 4.1 The community has been asked for their opinions and perspectives from the earliest stages of development of this strategy.
- 4.2 The strategy values and approaches are built on feedback we have received from the community over the last two years via four main engagement activities: Planning for Older People's Services project, Strategy Plan Engagement, Carer's Strategy, and Equality Mainstreaming Outcomes.
- 4.3 Staff and our stakeholder list (a database of several thousand people and emails for partners, third sector/community organisations, and charities across East Lothian) were offered the chance to complete an online survey on the values and approaches of the strategy early in its development to check it was on the right track. The community was also

invited to engage with us via email or arrange for us to visit at their group if they prefer.

- 4.4 Responses were very positive towards the new values and approaches, so we developed the concepts and tested them with community groups we already have relationships with, via the ELC Poverty Plan stigma subgroup, and through health and wellbeing groups.
- 4.5 The draft strategy passed through a number of internal staff reviews and partner reviews, leading to the draft being distributed for an IIA.
- 4.6 The IIA incorporated further engagement on the strategy by combining a wider pool of experiences, perspectives, and voices that represent some of the most vulnerable parts of the community that lead on trauma-informed practice, substance use challenges, primary care, unpaid carers, and volunteers/the third sector.
- 4.7 If/when the strategy is approved by the IJB, the strategy will be published online and communicated with IJB, HSCP, and third sector partner groups in line with the values, approaches, methods, and standards outlined in the strategy, including feedback to the community on how we used their contributions.

5 POLICY IMPLICATIONS

- 5.1 The paper itself will not affect policy, but the Communications and Engagement Strategy will have impacts across the IJB/HSCP in relation to how services and functions plan, produce, carry out, and evaluate communications and engagement activities during 2026 – 2030.
- 5.2 This strategy links with a range of existing and developing strategies and plans across the IJB, HSCP and ELC, such as:
 - IJB Strategic Plan 2025-2030 – under development
 - IJB Equality Outcomes 2025-2029
 - ELC Poverty Plan 2024-2028
 - ELC Local Outcomes Improvement Plan (LOIP) – under development

6 INTEGRATED IMPACT ASSESSMENT

- 6.1 The Communications and Engagement Strategy undertook a final Integrated Impact Assessment process on 8 January 2026.
 - There is strong support for the strategy from participants of the IIA that attended the session, with a wide range of opportunities for improving communications, engagement, equality, and fairness for the community considered possible through the approach set out in the strategy.

- No major negative impacts were identified. All minor negative impacts identified were accompanied by suggestions for improvement which were accepted and included into the final draft strategy.
 - A range of positive impacts were raised, such as the focus on the voices of people with lived experience and the human rights-based approach.
 - Thirty-two suggestions to improve the strategy, maximise positive equality impacts, and minimise or eliminate negative impacts were made and were considered for integration into the strategy by the professional leads (Equalities and Engagement Officer/Senior Communications Adviser).
 - **Of the 32 suggestions received during the session, 30 of these were integrated into the final draft. The other two were outside of the scope of the document, but will be passed on to the most appropriate service area.** Many of the points have been included in a new section called Preparing Engagement Activities.
- 6.2 More details on the findings, recommendations, and things that will be monitored as a result of the IIA can be found in the IIA report (pages 2-5):
https://www.eastlothian.gov.uk/info/210558/social_care_and_health/12776/elhscp_integrated_impact_assessments

7 DIRECTIONS

- 7.1 This strategy does not affect Directions unless the IJB decides to issue new or change existing ones to reflect work recommended in the strategy via Directions, rather than through other means.

8 RESOURCE IMPLICATIONS

- 8.1 Staff resourcing remains the same, with the lead coming from the Equalities and Engagement Officer and the Senior Communications Adviser.
- 8.2 Staff across the IJB/HSCP remain responsible for planning engagement in their areas of responsibility.
- 8.3 The IJB remains responsible for ensuring that services and functions are abiding by the principles of the Communications and Engagement Strategy and that they feel the strategy is demonstrating IJB commitment to community engagement and inclusive communication in practice, ensuring compliance with statutory requirements.
- 8.4 A point raised at the Integrated Impact Assessment suggested that to better support engagement from people on the lowest incomes (demonstrating our commitment to the Fairer Scotland Duty), the IJB could consider setting aside a small budget for refreshments for

engagement activities and publicise/ensure that participants are being offered the option of subsidising or reimbursement for any costs they incur as part of participating with IJB/HSCP activities (e.g. travel/transport, etc.).

9 BACKGROUND PAPERS

9.1 None

APPENDIX

9.2 East Lothian Integration Joint Board Communications Strategy 2026-2030

AUTHOR'S NAME	Kate Thornback
DESIGNATION	Equalities and Engagement Officer, ELHSCP
CONTACT INFO	kthornback@eastlothian.gov.uk
DATE	11/02/2026



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Engagement Strategy**
2026–2030

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Our Vision



To support people in East Lothian to live healthy lives, to achieve their potential, to live independently, and exercise choice over the services they use.

To achieve the East Lothian Integration Joint's Board's vision, we must understand the needs, wants, ambitions and concerns of the people of East Lothian. The best way for us to do this is to listen, communicate, engage, and involve you (the people and communities of East Lothian) in the process of designing, delivering and improving services.



Listen



Communicate



Engage



Involve

In this Communications and Engagement Strategy we explain how East Lothian Health and Social Care Partnership (ELHSCP) aims to:

- Connect and communicate with you.
- Ensure that we provide information in an accessible format that is easy for everyone to access and understand.
- Invite, enable and empower you to have conversations with us that offer your perspectives.
- Enable you to share your experiences and insights to help us provide health and social care services that best balance your needs and human rights.
- Actively listen to your suggestions.
- Explain how we will respond, or why we are unable to deliver on your suggestions.

Introduction

Who are we?

East Lothian Health and Social Care Partnership brings together services from East Lothian Council and NHS Lothian to jointly deliver health and social care services to support the people of East Lothian to live healthy, independent lives.



The Health and Social Care Partnership is overseen by a group of board members known as the Integration Joint Board or IJB for short. The IJB has 8 voting members, 4 local councillors and 4 non-executive directors from NHS Lothian. They are joined by Health and Social Care professional leads, senior staff members, as well as community representatives from the third sector and people with lived experience.

East Lothian Council budget allocation for delegated services is allocated to IJB to spend in line with strategic objectives.



NHS Lothian budget allocation for delegated services is allocated to IJB to spend in line with strategic objectives.

The IJB receives funds from East Lothian Council and NHS Lothian on an annual basis to deliver health and social care services.

Using the funds available, the IJB develops a strategic plan to deliver the Scottish Government's national health and wellbeing outcomes.

Through the strategic plan, the IJB directs the Partnership's teams on the aims, objectives and priorities for delivering health and social care services.

Why are we writing a communications and engagement strategy?

The East Lothian IJB has a legal requirement (under the Scottish Government Joint Working Act 2024) to explain how it will include the community voice in its decision making.

The process of involving communities in public service changes, design and decision making is co-production.



Co-production requires people to act together on an equal basis, contributing their lived experience, skills and ideas about what works to make our communities better. By adopting a co-production approach, decisions affecting people are made with them, not for them.

Through the presentation of this Communications and Engagement Strategy we explain the ways in which you can participate with, and work with us - as partners, to design, plan and evaluate health and social care services that ELHSCP is responsible for delivering on behalf of East Lothian Council and NHS Lothian. We also help that you understand your rights, and role in this process.

The list of services that ELHSCP is responsible for delivering can be viewed in Appendix 1.

Communicating with our audiences

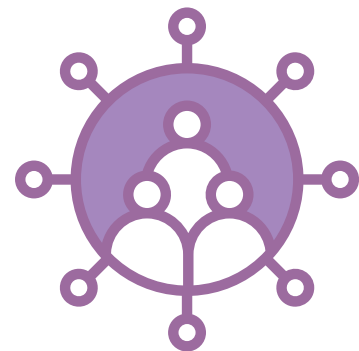
Our audience includes any resident of East Lothian or someone that:

- Has an interest in health and/or social care,
- Has engaged with our services,
- May have a need for our services in the future,
- Is a Carer,
- Supports individuals to access our services, e.g. support services (Carers of East Lothian), peer support and independent advocacy groups, or
- Has a direct role in delivering health and social care (HSCP employees, third sector and partner organisations).



Our wider stakeholders include:

- Elected representatives (Council, MSPs, MPs)
- NHS Lothian Board Members
- Government and service regulators
- Trade Unions / Professional Bodies
- Community councils and local groups
- Area partnerships
- Independent providers and third sector providers



What you have already told us

When we have spoken to our audiences during previous community engagements^[1], before creating this strategy, you have told us:

“Engagement is about listening and responding”

[1] Previous engagement has included Equality Outcomes Survey 2024-2025, Planning for Older People’s Services Project 2023-2025, Community Panels, attendance at Information Hubs, community group feedback. Further information can be found at www.eastlothian.gov.uk/elhscp

Communicating with our audiences

Your comments:



"We want to know what is going on in health and social care, especially changes to our services."



"We want you to make it easy for us to engage with you as community or interest group."



"When we share our views and ideas, we want them to be listened to and be visible in the final product. If you do not act on our contributions, we want to understand the reasons why."



"We want to be able to participate in a variety of ways that we are comfortable with and suit our different lifestyles, communication needs/styles and time/transport constraints."



"We don't want to be asked the same thing over and over (we want the ELHSCP, East Lothian Council, NHS Lothian and other partners to share anonymised engagement results)."

We have used this feedback to incorporate these community wishes into this Communications and Engagement Strategy.

Our values

Across our communication and engagement practices we commit to being:



- ✓ Inclusive
- ✓ Honest
- ✓ Empowering
- ✓ Human rights based

Communicating with our audiences

1. Inclusive: We aim to meet the communication needs of everyone

Across our communications and engagement activities we will:

- ✔ Think carefully about the different communications needs people have and do our best to meet them (e.g. large print and Easy Read versions, braille, British Sign Language, languages other than English).
- ✔ Design web-based resources and documents with assistive technologies in mind and offer a range of different formats.
- ✔ Consider the language that we use and simplify it as far as possible.
- ✔ Consider the design, text styles, and use of colour we use to suit different learning and physical difficulties and disabilities.
- ✔ Clearly indicate where people can request different formats of information from and provide them in good time to enable individuals to process the details, to be able to ask questions and participate in engagement activities.
- ✔ Plan our engagement activities to reach out to community groups that we know encounter disproportionate barriers to participation, for example, those that are house-bound, people living in rural areas, unpaid carers, those that encounter language and/or cultural barriers, are integrating into the community, have learning disabilities and/or limited capacity.
- ✔ Make engagement more accessible by going to where these people already meet and feel confident to share views and opinions.



2. Honest: We aim to present the whole picture

When we communicate and prepare engagement briefing materials:

- ✔ We will provide you with background information and context.
- ✔ Commit to being honest with you about our decision making.
- ✔ Present this information in manageable, easy to understand 'bite-size' chunks, using plain language, with clear definitions of acronyms.



- ✔ Provide feedback on the difference your engagement and contributions made to decisions, offering reasons for the factors that either enabled or restrict our decisions.

3. Empowering: We commit to informing you of your rights



We commit to promoting understanding of community rights in shaping and co-producing health and social care services. We will do this by following the:

- ✔ Community Empowerment (Scotland) Act 2015. This act was introduced to strengthen the role of communities in decision-making processes and to provide them with greater control over local resources.
- ✔ COSLA Planning with People Guidelines. A best practice guide for engaging with community on public services to achieve co-production.
- ✔ Panel Principles as set out by the Scottish Human Rights Commission. The five Panel Principles include participation, accountability, non-discrimination, empowerment and legality.

4. Human rights based: We commit to enabling community participation and championing human rights



In practice, this means that we will

- ✔ Follow the Panel Principles as set out by the Scottish Human Rights Commission; as detailed above.
- ✔ The Equality Act 2010 was produced to take this further. It is more specific about how human rights must be respected, especially by the public sector and employers. (The preceding act was the Human Rights Act 1998).

The Equality Act 2010 identifies 9 characteristics that are legally protected from discrimination:

Age | Disability | Gender Reassignment
 Marriage or Civil Partnership | Pregnancy and Maternity | Race and Ethnicity | Religion or Belief | Sex | Sexual Orientation



In our communication and engagement approaches we will be mindful of these laws and regulations and apply them accordingly.







Communicating with our audiences

Our approach

At the heart of this strategy is our commitment to take a positive and proactive approach to communication and engagement. We promise to deliver accessible, open and transparent activities that support the IJB and ELHSCP's priorities and objectives.

Our aim is to deliver communication and engagement activities that strengthen our messaging to support greater understanding and awareness of the availability and future planning of East Lothian's health and social care services.

Our communication and engagement activities will be:

	bespoke	Bespoke to our community - recognising and celebrating our differences.
	responsive	Responsive to what we are told.
	co-produced	Co-produced with the community / your input.
	accessible	Accessible so everyone can understand any information provided.
	coordinated	Coordinated and organised for greatest impact and least overlap.
	effective	Effective, so the right audiences are reached in the right way, at the right time.



Co-production requires people to act together on an equal basis, contributing their lived experience, skills and ideas about what works to make our communities better. By adopting a co-production approach, decisions affecting people are made with them, not for them.

Embedding the voice of lived experienced

We will focus on involving the voice of people with lived experience in everything we do.

To achieve this, we will take a new approach to community engagement. We will focus our efforts on engaging with people where they are already comfortable, and with people they have trusted relationships with.

We will invest time to build relationships with people through grassroots community groups and activities, third sector and voluntary support groups, unpaid carers, our commissioned partners and their clients, and through community hubs and centres across East Lothian.

Through these networks and relationships across East Lothian, we aim to open two-way communication channels that reflect our diverse communities, their priorities, ambitions and challenges.

When ELHSCP is considering changes to its services, developing policies or asking what is most important to people, the lived experience network will be the first to know. Between engagement activities we will encourage these groups, hubs, networks, partners and individuals to contact us directly with questions, suggestions or feedback on issues that are important to them.

Our goal: to develop a richer, more genuine understanding of one another, the constraints and opportunities that we have, and what we can do together to make the best of our health and social care services.

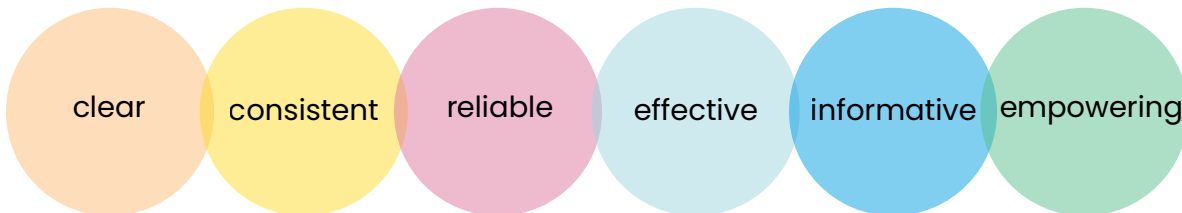
Communicating with our audiences

What this will look like in practice:

- We will build on our existing relationships to start new conversations with groups and people that are work / connect closely with.
- We will nurture these relationships and ask for new contacts that they know or work with.
- We will use the media, our staff and existing connections to approach new organisations and groups to introduce ourselves and help support our shared goals.
- We will ensure our contacts reflect the full diversity of our community e.g. geographical areas, incomes, disabilities, ethnicities, age groups, and life experiences, including mental health concerns, those integrating into the community, unpaid carers, and those with different medical and social experiences.
- We will endeavour to go to people where they already meet and feel confident to share views and opinions, making use of language and interpretation services, including BSL if required.
- We will communicate regularly with our lived experience network, keeping them up dated on engagement activities, strategies and policies.
- We will listen to our contacts and respond to them when they reach out to us.
- We will integrate their suggestions and feedback into our work and services that they use.
- We will communicate how we used their suggestions, so they feel valued, and their contributions are respected.
- We will create a database of engagement responses, coded by theme and service area which can be used as a reference guide for future engagement and evidencing 'what we already know'.
- We will report on our engagement practices. We will share anonymised feedback and insights with services. In line with data governance policies, we will extend these insights to our partners and commissioned services, along with best practice approaches to support future engagement activities and related areas of interest to improve service delivery.

Our communications standards

Whenever we are communicating with our different audiences, we will follow a set of standards to ensure a consistent style of approach, structure and tone is present to effectively share content that is informative and engaging.



Our communications will be:

Clear	Understandable, well-presented, compassionate, trauma-informed, anti-stigmatic, equalities sensitive and formatted for readability and accessibility in line with national guidelines.
Consistent	Managed and delivered using a consistent approach, that is clearly recognisable and distinguishable as ELHSCP.
Reliable	Open, honest and recognised as a source of trustworthy advice and information, actively promoting the availability and accessibility of health and social care services within local communities.
Effective	We will maximise opportunities to harness new and effective communications and engagement tools, to reach our target audiences, taking into account accessibility requirements, such as use of language, interpretation, and varying capacity levels.
Informative	We aim to increase understanding of the IJB and ELHSCP's role, vision and values, in order to build public trust, confidence and foster positive relationships. Additionally, we will produce clear information explaining what local health and social services are available, what they do, how to access them, and how people can share feedback on their experiences.
Empowering	We will deliver communications campaigns that promote a collective sense of purpose, increasing dialogue, participation and engagement, while encouraging people to support their own independence, through effective self-management.

ELHSCP's brand guidelines will be used to ensure consistent delivery of design components including the logo, colour palette, font family, hierarchy, house style, imagery, signposting, social media and digital assets, correspondence, language, print, and promotional goods.

Our communications channels



Website and social media

The ELHSCP website is an integral component of communications activity acting as a central information hub and resource for all health and social care services. In addition, it signposts visitors to further advice, support, and assistance available through third sector, community, and partner organisations.

The ways people engage with social media continuously evolves. For ELHSCP it is important that we make appropriate use of social media platforms to ensure our messages are reaching our key audiences and are providing opportunities for engagement, as well as informational updates.

Campaigns and initiatives

East Lothian IJB and the HSCP's core objectives include championing early intervention and prevention and reducing health inequalities. This can cover a wide range of themes around health preventions, e.g. vaccinations or cancer screening, accessing mental health and/or substance use support, promoting healthy, active lifestyles, using technology for independent living, public protection concerns and national awareness campaigns.

We will use a range of information materials, that use consistent branding applications, that is approved by the delegated service areas to ensure accuracy, reliability and trust in messaging.

Printed publications

While there is a strong focus on using easily accessible online and digital communication tools, there is still a place for more traditional formats such as printed leaflets and promotional materials. There is need for ELHSCP to ensure that it does not digitally exclude any of its target audiences. As such, consideration will be given for the need of Easy Read publications, large print options, as well as translations into other languages including BSL.

Community networks

ELHSCP would not be able to deliver the IJB's vision and priorities without the support of its community networks and partners. As well as providing services, these networks provide fantastic opportunities for targeted promotion, communication, and engagement with service-users and patients.

Where possible, we will go to them, so they don't have to come to us, and will provide meaningful, clear, accessible resources and information to help them disseminate key messages to their networks.

These networks include:

- Area Partnerships
- Community Councils
- Health and Wellbeing Groups
- Tenants & Resident Associations
- Third sector interface (VCEL)
- Unpaid carers groups
- Service user / patient groups
- Independent Advocacy

News and Media

We will provide a full media response service, working closely with local journalists to proactively increase our profile, develop positive relationships, and share information about the availability and developments of local services. We will support service managers, leads and elected members by providing a media relations service to issue news stories and answer questions on behalf of the HSCP as they arise.

Underpinning these services will be compliance with communication and engagement standards, protocols, national agendas, supporting wider communication and engagement campaign agendas in line with public sector agendas.

Internal communications

ELHSCP's employees come together from our two employing organisations, East Lothian Council and NHS Lothian. Collectively they deliver various services, and specialities, across numerous geographical locations within dedicated premises and throughout the community.

Our staff are our greatest asset. Our employees are reliant, versatile and go the extra mile to adapt the challenging situations without compromising on the quality and delivery of care.

It is imperative that they are informed, engaged, and motivated to deliver the Partnership's strategic objectives and have their voices heard in achieving our collective vision.



Our engagement goals

Our engagement goal is to build a network with a culture that promotes cooperation, coproduction and coordination across all partners and stakeholder groups.

When we engage with you, we commit:

To you, as a person

- To make you feel welcome, supported and invited to participate in, and lead engagement opportunities
- To embed, recognise and empower you as an essential part of health and social care planning in East Lothian

To support you to understand and use your rights

- To enable your voice to shape the services you access.
- To inform you about your human and given rights.

To enable you to participate in practice

- To meet your communication needs so that you are enabled to participate in health and social care.
- To communicate effectively in plain, concise, accurate language, and provided in formats that are accessible for target audiences.
- To ensure that you understand our communication and are able to interact with us.

To involve you in the planning of changes to service delivery or strategic policy changes/redesigns

- To give you your right to comment on service designs or policy changes that will affect how you access services.

Our engagement standards

As a public body, we must maintain certain standards to our community engagement to satisfy laws, regulations and guidance that applies to us.

A key resource that we must refer to and use as a basis for our engagement activities is COSLA's Planning With People. This resource outlines how planners and commissioners of health and social care can '*continually improve the ways in which people and communities can become involved in developing services that meet their needs.*'

It provides practical suggestions for how public sector organisations can approach this continual improvement process (such as via Healthcare Improvement Scotland's Quality Framework for Community Engagement) and outlines statutory and legal obligations that govern why we engage. It makes the case for the benefits of co-producing services with the people that use them and explores different methods of conducting and evaluating engagement.

For example, conducting an Integrated Impact Assessment (IIA), which ELHSCP commits to being an integral part of the engagement process to collect and influence decision making and ensure all equality impacts identified and mitigated.

Planning With People in turn tasks us with bringing the National Standards for Community Engagement into our strategies, plans and approaches. These standards provide a framework from which meaningful engagement can be built.

Co-designers of the National Standards for Community Engagement, the Scottish Community Development Centre, defines engagement as:

'A purposeful process which develops a working relationship between communities, community organisations and public and private bodies to help them to identify and act on community needs and ambitions. It involves respectful dialogue between everyone involved, aimed at improving understanding between them and taking joint action to achieve positive change.'

Seven key standards were identified and must work together to enable high quality community engagement and co-production.

There are 7 Standards:

- Inclusion
- Support
- Planning
- Working together
- Methods
- Communication
- Impact



As part of our IJB Equality Outcomes 2025 – 2029 we are committed to taking a human rights approach to community engagement. One of the ways that we will do this is by putting the Scottish Human Rights Commission’s PANEL Principles at the centre of our engagement.

Our engagement methods

We will match our engagement methods with:

- **The preferences of the community with which we are engaging.** For example, if a group meets to offer each other support on a topic and would like someone to visit the group to explain a policy change and what that might mean for people in that group, we will arrange for a staff member to visit / talk to the group directly.
- **The type of document, policy or service design that we are exploring with the community.** For instance, if the community feels that there is a gap in our knowledge of their lives and the challenges they face as a whole, we will listen to their stories by carrying out in depth interviews or small focus groups (collect qualitative information).
- **The questions we want to answer to improve services.** If we want to find a simple answer about whether the community agrees or disagrees with a change, we may use a survey or another method that will allow us to find how many people agree / disagree (quantitative feedback) and why (qualitative feedback).

Preparing engagement activities

One of the actions of this strategy, we will include developing a model of engagement for East Lothian HSCP. This will include a set of guidelines, resources, and requirements to support the delivery of engagement activities – regardless of scale and size – across the partnership.


The model will outline:

- The desired content and format of engagement information packs; to include a summary of the subject / service area, what information is known already, and what the engagement activity seeks to identify, which is quick and easy to digest.
- Training on delivering engagement sessions; how to present topics, collate feedback, summarise actions and present findings. There will also be a recommendation that people delivering training sessions complete trauma-informed practice training and are aware of putting in place safeguarding practices – such as breakout areas.
- Guidelines on organising engagement events, either online or in-person. The resources required, taking into consideration suitable venues, locations, timings, presentation materials, provision of refreshments, and consideration of participant expenses.
- Further recommendations will be included to ensure that the engagement sessions take into consideration disability, age, sex, race, religion, mental health, and other protected characteristics, so they are inclusive and accessible to all.
- Provide advice on how to support people with potential barriers to engagement to actively participate in sessions, by utilising advocacy services, language or BSL interpreters, offering carer support, and / or presenting information materials in appropriate accessible formats.

How does this strategy relate to other plans and strategies in East Lothian?

ELHSCP's Communication and Engagement Strategy will not exist or be delivered in isolation. To be effective, it must integrate and support delivery of wider ELHSCP, IJB and Partner strategies.

The community has already informed us:

 "We don't want to be asked the same thing over and over (we want the ELHSCP, East Lothian Council, NHS Lothian and other partners to share anonymised engagement results)."

We are committed working closely with our partners on engagement activity. Where appropriate, and in compliance with data protection guidelines, we will share our engagement feedback and insights with our partners.

We will create a database of feedback, which is themed and coded to support future engagement activities, and related area of interest to support development and improvement of service delivery.

Linked plans and strategies

IJB Strategic Plan 2025–2030

This strategy will support the IJB Strategic Plan by enabling better planning of services and by providing a framework through which we can accurately collect community needs and build services that reflect them.

IJB Equality Outcomes 2025–2030

The Equality Outcomes identify 5 objectives topics which we will work on in the next three years to advance equality outcomes and opportunities and eliminate discrimination.

These 5 objectives align strongly with what we are aiming to achieve through this strategy, especially participations and co-production and reducing health inequalities. [View a one-page of the strategy objectives here.](#)

How does this strategy relate to other plans and strategies in East Lothian?

East Lothian Council Plan 2022–2027 and NHS Lothian Plan

Through effective communications and engagement activities, this strategy will contribute and support the delivery of the wider objectives of both partner organisations, [East Lothian Council](#) and [NHS Lothian](#).

East Lothian Poverty Plan

The East Lothian Council Poverty Plan aims to tackle the social determinants of inequality (aspects of life that contribute to decreasing positive health and social outcomes) through an all-round approach across the county where East Lothian Council, NHS Lothian, ELHSCP and third sector organisations work together to find solutions for community issues or barriers. Through this strategy, we will work closely with the poverty working group to ensure our language and methods of engagement reflect a trauma informed approach, and reduces barriers to participation in health and social care services.

Commitment to taking a trauma-informed approach

Through this strategy we will improve our understand of the features of taking a trauma-informed approach and embed them into our communications and engagement activities. Doing this should reduce or eliminate unintended negative consequences for people in the community that live with trauma and help them to feel seen, invited and supported when interacting with health and social care services in East Lothian.

For example: [Charter of Rights for People Affected by Substance Use 2024](#)

Outcome 1	Action
<p>Building and maintaining strong relationships with our community that facilitate two-way communication (from the community to us, from us to the community).</p>	<ul style="list-style-type: none"> • We will build relationships with individuals and third sector contacts to create a Lived Experience Network. • We will keep in regular contact with network contacts (monthly), offering opportunities to participate in services design/changes, policy developments, strategies, plans and equality impact assessments. • We will develop information that clearly outlines what HSCP services provide, what clients can expect from that service, and how they can make contact with them. • We will encourage client and patient feedback through the use of satisfaction surveys, the online Care Opinion platform, East Lothian Council's feedback procedures, email correspondence and open conversations. • All feedback received will have its importance acknowledged by the relevant HSCP service that will assist and/or respond to their enquiry.

What does success look like?

- The Lived Experience Network will be populated with a diverse group of individuals and community contacts that reflect real experiences, interests, priorities and lifestyles in East Lothian.
- The network will be an essential part of our service design and policy development.
- Participants in the network will be present at equality impact assessments and in decision making in health and social care.
- There will be a group of Community Champions that have agreed to represent different geographical areas of East Lothian and different lived experiences. This group will be in regular contact with services and reflect the diversity of lifestyles and experiences in East Lothian.
- All comments, compliments and complaints received by ELHSCP will be logged, monitored and responded to within specified timescales.
- The IJB, delegated health and social care services and the community will benefit from better, more community focused, person-centred services.
- A suite of information / promotional materials will be available to explain each service offering.
- A database of satisfaction reports / feedback / engagement will be collated. This will be reported back to services and used as a means of tracking public opinion for future engagement activities.

Outcome 2	Action
Develop a model of engagement for East Lothian	<ul style="list-style-type: none">• We will work together with people in our Lived Experience Network, our Community Champions, staff, third sector, grassroots organisations and commissioned partners to co-produce the aims, features and processes that we think should underpin engagement in East Lothian.• We will establish a system, resources and training that support this model.• We will develop briefing packs in accessible formats that enable networks to support the engagement process and share with their participant groups.• We will collate all engagement feedback centrally which will be themed and coded to enable effective monitoring and evaluation and be used as a reference for future engagement activity, being mindful of information governance regulations.• We will assess and evaluate the model annually and make changes that reflect our co-production.

What does success look like?

- The health and social care partnership and the community will benefit from a co-produced, agreed way that we will approach engagement in East Lothian bring consistency, familiarity and quality to our engagement processes.
- Staff at the health and social care partnership will be able to refer to a suite of resources when they need to engage with the community. This will save them work time, help them feel more confident as engagement leaders and establish a standard at which engagement should be completed.
- The community will be familiar with how the health and social care partnership engages with the community and feel confident, supported and enabled to exercise their rights to co-design services that they access.

Outcome 3	Action
Raise the profile of East Lothian IJB, ELHSCP and its services to East Lothian residents	<ul style="list-style-type: none">• Proactively promote the availability and how people can access local health and social care services.• Identify the most appropriate means of reaching target individuals / user groups to achieve the greatest impact and distribution, utilising the resources available.• Celebrate success of services, individuals, and partners organisation through press releases, community updates and internal cross-organisational promotion.• Collaborate with community networks to further spread the word and reach user groups accessing their services.• Monitor and evaluate the effectiveness of communication methods to ensure best practice.

What does success look like?

- Increased awareness of IJB, ELHSCP and its services.
- Monitoring call to action responses. Change in behaviours as directed by communication messages.
- Increase in people 'going direct' to access services via the single point of contacts promoted
- Utilising monitoring and engagement KPIs to measure effectiveness of communications – e.g. website analytics, social media engagement, survey responses.

Outcome 4	Action
Integrating a systematic approach to ensuring accessibility guidelines are embedded into communication practices.	<ul style="list-style-type: none">• Develop communication materials that conform to accessibility guidelines for print, visual and digital communications, e.g. alt text, closed captions on videos, image descriptions, formatting web content and PDFs for speech readers.• Ensure that communication materials are created, designed and adapted for accessibility in line with the intended audience e.g. always writing in plain English, providing translations in other languages and BSL, providing 'Easy Read' versions to support people with learning disabilities or limited capacity.• Ensure that communication materials take a trauma-informed approach and uses language that is anti-stigmatic.

What does success look like?

- Communication outputs are assessed and conform to accessibility guidelines checklist.
- Communication materials meet the needs of intended target audiences.
- Target audiences understand the information that is being explained to them.

Measuring effectiveness

Like all other ELHSCP services, communication and engagement activities need to be evaluated. Doing so enables us to demonstrate the effectiveness of the strategy, and the ways in which it has supported the delivery of the IJB Strategic Plan's priorities.

Communications

We will:

- Maintain a record for all communications activities delivered for HSCP, referencing how each activity / campaign directly links to the IJB's core strategic priorities.
- Measure the balance of positive, negative and neutral media coverage, as well as social media messaging and sentiment.
- Track and report on KPI statistics regarding website analytics, including visits and search terms.
- Evaluate the effectiveness of social media engagement, using KPIs including reach, engagement, shares and click-through link rates
- Produce reports measuring the outcome of specific targeted communications campaigns.
- Engage with services to encourage monitor and evaluating of behaviour change following an awareness raising or direct call to action campaign.
- Deliver a suit of communication literature and/or online resources that inform the public of availability of services and how to access them.

Engagement

We will:

- Maintain a comprehensive record of all engagement activity undertaken on behalf of ELHSCP and/or the IJB, issuing a summary report on an annual basis.
- Use KPIs to measure the effectiveness of engagement activity, including reach, respondents, comments and actions.
- Maintain a central database of responses from engagement activity, which is cross-referenced to services and themed to identify key issues raised by the community.
- Expand the Lived Experience Network contacts, to incorporate as wide a reach as possible across multi-agency, experience and cultural groups.

Health and social care services managed by East Lothian Health and Social Care Partnership

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

NHS Lothian Hosted Services

ELHSCP manages a number of 'hosted services' on behalf of NHS Lothian, which can be accessed by individuals in East, West, Mid Lothian and City of Edinburgh residents.

The budget to deliver these services comes directly from NHS Lothian.

Astley Ainslie Hospital Site

ELHSCP has site management responsibility for the Astley Ainslie Hospital.

Outpatient services at the Astley Ainslie Hospital include:

- Amputee Rehabilitation
- Cardiac Rehabilitation
- Neuropsychology
- Neurorehabilitation
- Pain Management
- SMART Centre

Lothian Specialist Rehabilitation Unit

- Based at East Lothian Community Hospital, ELHSCP manage inpatient specialist rehabilitation services for amputees, orthopaedic and neurological rehabilitation.
- This service transferred from the Astley Ainslie Hospital site in September 2025.

Robert Ferguson Unit, Royal Edinburgh Hospital

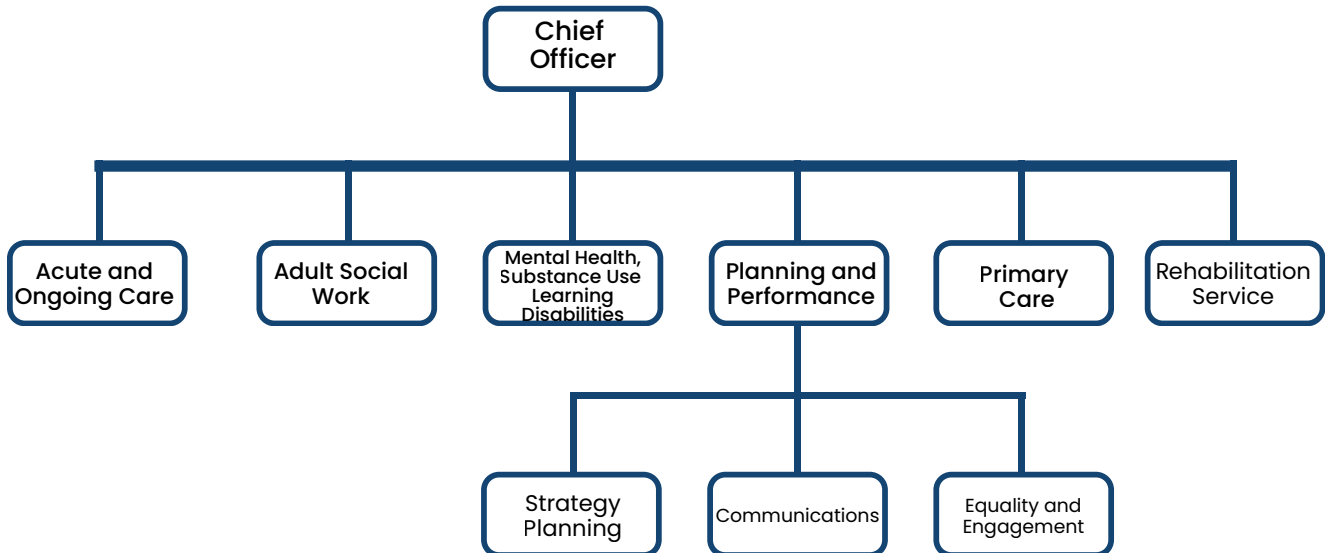
- Scottish national inpatient unit for patients with acquired brain injury and challenging behaviour

Lothian Sexual and Reproductive Health Services

- Based at the Chalmers Centre in central Edinburgh and outreach clinics across the Lothians.

Communication and engagement contacts

Responsibility for communications and engagement fall under the remit of ELHSCP's Planning and Performance Team.



Colleagues managing communications and engagement activities work with services and departments across the Health and Social Care Partnership.

Key contacts include:

Senior Communications Adviser

Jennifer Jarvis

Equality and Engagement Officer

Kate Thornback



**Working together
to deliver the
Best health
Best care
Best value for our
communities**

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REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 26 February 2026

BY: Chief Officer

SUBJECT: IJB Records Management Plan Bi-Annual Progress Update Review

6

1 PURPOSE

- 1.1 To meet statutory requirements, East Lothian Integration Joint Board is required to develop an agreed 'Records Management Plan' (RMP) for certain documents it produces. National Records of Scotland require this plan to be reviewed bi-annually.

2 RECOMMENDATIONS

The Integration Joint Board is asked to:

- 2.1 Note the attached National Records of Scotland Plan Update Review report.
- 2.2 Note the positive conclusion of the Record Management Plan review.
- 2.3 Note actions required by East Lothian Council as the governing body of the Integration Joint Board's Record Management Plan.
- 2.4 Note the next review in 2027.

3 BACKGROUND

- 3.1 Integration Joint Board's Record Management Plan was published on East Lothian Council website in 2023. National Records of Scotland suggest publishing the attached report as an indication of the good work and progress underway in relation to record management arrangements.
- 3.2 East Lothian Council Information Governance continue to manage and store East Lothian Integration Joint Board's records to a high standard in line with the Records Management Plan and an associated Memorandum of Understanding.

- 3.3 There are several elements of the Record Management Plan that are at Amber or Amber/Green status. For example, Element 2 – Records Manager is specific to Integration Joint Board’s Record Management Plan. It has been assessed that the Keeper is convinced of the authority’s commitment to closing a gap in provision, and, through this review process, the Integration Joint Board’s commitment to update National Records Scotland as work on this element progresses. It has been noted that transformation of staff structures are ongoing and review of job descriptions are planned. Other elements at Amber status or Amber/Green status, in the main, rely on East Lothian Council’s arrangements which host the Integration Joint Board’s Records Management activity.

4 ENGAGEMENT

- 4.1 Engagement has been with East Lothian Council’s Data Protection Officer and the Keeper of National Records Scotland.

5 POLICY IMPLICATIONS

- 5.1 There are no policy implications.

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 None

8 RESOURCE IMPLICATIONS

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

9 BACKGROUND PAPERS

- 9.1 None

Appendices:

Appendix 1: Progress Update Review (PUR) Final Report: East Lothian
Integration Joint Board

Appendix 2: Letter to Chief Officer

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DATE	10 February 2026

The Public Records (Scotland) Act 2011

East Lothian Integration Joint Board

Progress Update Review (PUR) Report by the PRSA Assessment Team

5th September 2025

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1. The Public Records (Scotland) Act 2011

The Public Records (Scotland) Act 2011 (the Act) received Royal Assent on 20 April 2011. It is the first new public records legislation in Scotland since 1937 and came into force on 1 January 2013. Its primary aim is to promote efficient and accountable record keeping by named Scottish public authorities.

The Act has its origins in *The Historical Abuse Systemic Review: Residential Schools and Children's Homes in Scotland 1950-1995* (The Shaw Report) published in 2007. The Shaw Report recorded how its investigations were hampered by poor recordkeeping and found that thousands of records had been created, but were then lost due to an inadequate legislative framework and poor records management. Crucially, it demonstrated how former residents of children's homes were denied access to information about their formative years. The Shaw Report demonstrated that management of records in all formats (paper and electronic) is not just a bureaucratic process, but central to good governance and should not be ignored. A follow-up review of public records legislation by the Keeper of the Records of Scotland (the Keeper) found further evidence of poor records management across the public sector. This resulted in the passage of the Act by the Scottish Parliament in March 2011.

The Act requires a named authority to prepare and implement a records management plan (RMP) which must set out proper arrangements for the management of its records. A plan must clearly describe the way the authority cares for the records that it creates, in any format, whilst carrying out its business activities. The RMP must be agreed with the Keeper and regularly reviewed.

2. Progress Update Review (PUR) Mechanism

Under section 5(1) & (2) of the Act the Keeper may only require a review of an authority's agreed RMP to be undertaken not earlier than five years after the date on which the authority's RMP was last agreed. Regardless of whether an authority has successfully achieved its goals identified in its RMP or continues to work towards them, the minimum period of five years before the Keeper can require a review of a RMP does not allow for continuous progress to be captured and recognised.

The success of the Act to date is attributable to a large degree to meaningful communication between the Keeper, the Assessment Team, and named public authorities. Consultation with Key Contacts has highlighted the desirability of a mechanism to facilitate regular, constructive dialogue between stakeholders and the Assessment Team. Many authorities have themselves recognised that such regular communication is necessary to keep their agreed plans up to date following inevitable organisational change. Following meetings between authorities and the Assessment Team, a reporting mechanism through which progress and local initiatives can be acknowledged and reviewed by the Assessment Team was proposed. Key Contacts have expressed the hope that through submission of regular updates, the momentum generated by the Act can continue to be sustained at all levels within authorities.

The PUR self-assessment review mechanism was developed in collaboration with stakeholders and was formally announced in the Keeper's Annual Report published on 12 August 2016. The completion of the PUR process enables authorities to be credited for the progress they are effecting and to receive constructive advice concerning on-going developments. Engaging with this mechanism will not only maintain the spirit of the Act by encouraging senior management to recognise the need for good records management practices, but will also help authorities comply with their statutory obligation under section 5(1)(a) of the Act to keep their RMP under review.

3. Executive Summary

This report sets out the findings of the Public Records (Scotland) Act 2011 (the Act) Assessment Team's consideration of the Progress Update Review template submitted for East Lothian Integration Joint Board. The outcome of the assessment and relevant feedback can be found under sections 6 – 8.

4. Authority Background

The East Lothian Integration Joint Board is made up of representatives from NHS Lothian, East Lothian Council, the Third and Independent Sectors and those who use health and social care services. It was set up as part of the Public Bodies (Joint Working) (Scotland) Act 2014, which aims to integrate health and social care at a local level. East Lothian IJB is responsible for the planning, resourcing and operational oversight of health and social care services in East Lothian. The IJB operates as a body corporate (a separate legal entity) acting independently of Lothian Health Board and East Lothian Council.

[Our vision and aims | Integrating health and social care in East Lothian | East Lothian Council](#)

5. Assessment Process

A PUR submission is evaluated by the Act's Assessment Team. The self-assessment process invites authorities to complete a template and send it to the Assessment Team one year after the date of agreement of its RMP and every year thereafter. The self-assessment template highlights where an authority's plan achieved agreement on an improvement basis and invites updates under those 'Amber' elements. However, it also provides an opportunity for authorities not simply to report on progress against improvements, but to comment on any new initiatives, highlight innovations, or record changes to existing arrangements under those elements that had attracted an initial 'Green' score in their original RMP submission.

The assessment report considers statements made by an authority under the elements of its agreed Plan that included improvement models. It reflects any changes and/or progress made towards achieving full compliance in those areas where agreement under improvement was made in the Keeper's Assessment Report of their RMP. The PUR assessment report also considers statements of further progress made in elements already compliant under the Act.

Engagement with the PUR mechanism for assessment cannot alter the Keeper's Assessment Report of an authority's agreed RMP or any RAG assessment within it. Instead the PUR Final Report records the Assessment Team's evaluation of the submission and its opinion on the progress being made by the authority since agreeing its RMP. The team's assessment provides an informal indication of what marking an authority could expect should it submit a revised RMP to the Keeper under the Act, although such assessment is made without prejudice to the Keeper's right to adopt a different marking at that stage.

Key:

G	The Assessment Team agrees this element of an authority's plan.	A	The Assessment Team agrees this element of an authority's progress update submission as an 'improvement model'. This means that they are convinced of the authority's commitment to closing a gap in provision. They will request that they are updated as work on this element progresses.	R	There is a serious gap in provision for this element with no clear explanation of how this will be addressed. The Assessment Team may choose to notify the Keeper on this basis.
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6. Progress Update Review (PUR) Template: East Lothian Integration Joint Board

Element	Status of elements under agreed Plan 30MAR23	Status of evidence under agreed Plan 30MAR23	Progress review status 05SEP25	Keeper's Report Comments on Authority's Plan 30MAR23	Self-assessment Update as submitted by the Authority <u>since</u> 30MAR23	Progress Review Comment 05SEP25
1. Senior Officer	G	G	G	Update required on any change.	No Change.	Update required on any change.
2. Records Manager	A	G	A	<p>The <i>RMP</i> notes that the individual identified at element 2 is appointed on a temporary basis and is not a professional records manager. On this latter point the Keeper accepts that in the case of a small organisation, particularly one whose records are managed by another larger authority, it is not necessary to appoint a full-time trained records manager to this element. The Keeper requires that he is informed when the temporary appointment is permanently settled. He notes that the 'future developments' section against this element commits the IJB to do this. The IJB have confirmed this: "the Operational Business Manager post within Planning & Performance Service job description is being updated and is to be progressed through NHSL Job evaluation process. A copy of the approved post job description with confirmation of the post holder's name will be provided to the Keeper as soon as possible."</p> <p>The Keeper also notes a 'future development', elsewhere in the <i>RMP</i>, that "Work will be undertaken to develop a competency framework further" (<i>RMP</i> page 20). The Keeper accepts that</p>	No change yet, transformational of staff structures are ongoing. Senior Management within East Lothian Health & Social Care Partnership are aware of this requirement.	<p>Thank you for confirming that work under this Element is ongoing and on the authority's radar.</p> <p>This Element remains at Amber while work is ongoing.</p>

				<p>this framework will be developed as the post becomes permanent. [...]</p> <p>The Keeper can agree this element of the East Lothian Integration Joint Board <i>RMP</i> on 'Improvement Model' basis while a permanent appointment is made. Once the Keeper has been informed of the name of the individual whose permanent role is to include pursuing implementation of the plan (alongside evidence of this being a formal part of their annual objectives) he should be able to fully agree this element.</p>		
3. Policy	G	G	G	Update required on any change.	No Change.	Update required on any change.
4. Business Classification	A	G	A	<p>The Keeper has accepted, for the purposes of this assessment, that all the record of the IJB are managed digitally. The compliance statement on page 14 clearly states "All IJB Records will be held electronically on East Lothian Council's system". However, he notes a statement on <i>RMP</i> page 8 that refers to the storage of records held in paper format. There is no further elaboration around this elsewhere in the plan. The IJB have now confirmed to the Keeper that it does not currently make use of the Council's paper records storage facilities mentioned on page 8, nor its professional Archives store in the John Gray Centre. They confirm that the IJB does not generate paper records with retention requirements beyond immediate use (working copy/print-outs etc).</p> <p>In 2015 the Keeper agreed this element of the East Lothian Council <i>Records Management Plan</i>. However, he did so under 'amber' improvement model terms as, at time of the agreement, the</p>	No Change.	This Element remains at Amber as it relies on East Lothian Council's arrangements which host the IJB's. Update required on any change.

				<p>Council had not fully rolled-out their <i>Business Classification Scheme/Information Asset Register</i>. The Keeper understands that the Council intend to formally resubmit their <i>RMP</i> for his consideration, but until this has been agreed this element remains at Amber. The Keeper has determined that the element rating of a public authority, whose records are managed on another authority's systems, cannot normally be higher than that awarded to the 'host'.</p> <p>Therefore, the Keeper agrees this element of the <i>RMP</i> on similar 'improvement model terms'.</p>		
5. Retention Schedule	A	G	A	<p>In January 2015 the Keeper agreed this element of East Lothian Council's <i>Records Management Plan</i>. However, he did so under 'amber' improvement model terms as, at time of the agreement, the Council had not fully rolled-out their retention schedule. The Keeper understands that the Council intend to formally resubmit their <i>RMP</i> for his consideration, but until this has been agreed this element remains at Amber. The Keeper has determined that the element rating of a public authority, whose records are managed on another authority's systems, cannot normally be higher than that awarded to the 'host'.</p> <p>Therefore, the Keeper agrees this element of the <i>IJB RMP</i> under the same 'improvement model' terms as the 'host' authority.</p>	<p>East Lothian Council are reviewing their records retention schedule on a monthly basis. The Council are actively participating in the National Archivists sub-group tasked with reviewing Scottish Council on Archives Record Retention Schedules (SCARRS).</p>	<p>Thank you for this update on focus on rolling records retention schedule review. The Council's involvement with SCARRS review is also positive and noted with thanks.</p> <p>This Element remains at Amber as it relies on East Lothian Council's arrangements which host the IJB's.</p>
6. Destruction Arrangements	A	G	A	<p>As with other elements the Keeper agreed this element of East Lothian Council's <i>RMP</i> under improvement model terms and, as this is the case, the Keeper can agree this element of the East Lothian Integration Joint Board's <i>RMP</i> on similar 'improvement model terms'.</p>	<p>No change.</p>	<p>This Element remains at Amber as it relies on East Lothian Council's arrangements which</p>

						<p>host the IJB's. Update required on any change.</p>
<p>7. Archiving and Transfer</p>	<p>A</p>	<p>G</p>	<p>G</p>	<p>The <i>RMP</i> also notes that “Work is ongoing at East Lothian Council to develop more robust policies and procedures regarding Digital preservation”. (<i>RMP</i> page 15). The Keeper agrees. It is appropriate that the IJB recognise the need for their ‘host’ archive to pursue digital preservation provision for its records and the Keeper requires the IJB to liaise with the council over this. It seems there are plans in place to do this: The Keeper recognises that the <i>MoU</i> states “The Council agrees to consult with the IJB regarding any changes or improvements to the Council’s provision for the long-term preservation of records in digital format. (<i>MoU</i> section 1.6)</p> <p>Since the submission of the <i>RMP</i> for the Keeper’s assessment the IJB have provided an update on the current situation as follows: “Arrangements are currently in place between East Lothian Council’s Democratic Services team and the Council Archives to transfer all permanent Committees records to a separate drive in the custody of the Council’s professional Archivists. These records are held in electronic format and include permanent IJB records. Committee Services retain access copies of these permanent records on the Council’s file network for business purposes, as well as ‘administrative’ or ‘category 2’ records relating to the IJB. These administrative records are regularly reviewed for destruction in line with the Retention Schedule under Element 4 [5?] and destroyed in line with the Council’s provisions under Element 6. As noted in the body of the IJB’s <i>RMP</i>, the Council is</p>	<p>Currently Digital Preservation has been on hold, awaiting return of the relevant Council Officer. This is expected end of July 2025.</p>	<p>Thank you for this update on digital preservation.</p> <p>This Element relies on action by East Lothian Council. While a digital preservation solution is not yet fully rolled out, progress at East Lothian Council has been positive.</p> <p>This Element has been changed from Amber to Green to reflect East Lothian Council's improvements reported in their PUR. This does not indicate work is fully completed, but reflects that progress continues to be made under this Element.</p>

				<p>currently progressing improvements to its provisions for the long-term preservation of its digital records of enduring value, and will continue to engage actively with the IJB as its work in this area progresses” The Keeper appreciates this update and agrees that the IJB are properly engaged with the archiving of their public records (Statement from the IJB provided during the assessment process).</p> <p>The Keeper agrees this element of the IJB plan under improvement model terms, while a digital preservation solution is identified, and rolled-out, by East Lothian Council.</p>		
8. Information Security	G	G	G	Update required on any change.	Additional Meta Compliance eLearning has been introduced. All staff with access to East Lothian Council IT systems are required to complete.	Thank you for this update on Information Security training.
9. Data Protection	G	G	G	Update required on any change.	East Lothian Council Data Protection Policy was reviewed on 1 st May 2024. Actions taken were, improved training and awareness. East Lothian Council are continuing to progress an improved Asset Information Register in line with Article 30 Requirement. However East Lothian Council are exploring using Microsoft SharePoint to replace the	Thank you for this update on Data Protection Policy update and improvements in awareness and training provision. Ongoing work on SharePoint implementation is also noted with thanks.

					functionality of the Information Asset Register.	
10. Business Continuity and Vital Records	A	G	G	In 2015 the Keeper agreed the business continuity arrangements of East Lothian Council. However, this agreement was under 'improvement model' terms on the grounds that their <i>Business Continuity Plan</i> had not been rolled out. The Keeper's PRSA Assessment Team is pleased to report that this has now been done. However, as the council have not yet officially resubmitted their reviewed <i>RMP</i> for the Keeper's formal agreement he is unable to formally change the RAG status against this element and, as this is the case, this element of the IJB is, for the present, awarded a matching amber RAG status.	No Change.	This Element would normally remain at Amber as it relies on East Lothian Council's arrangements which host the IJB's. However, East Lothian Council has recently obtained a Green status under Element 10 in its PURs to reflect the progress made. Accordingly, East Lothian IJB will also receive a Green status under this Element. This does not change the original agreement's status.
11. Audit Trail	A	G	A	In 2015 the Keeper agreed the 'audit trail' provision of East Lothian Council. However, he did so under 'improvement model' terms stating: "The Keeper can agree this element on 'Improvement Model' terms. This means that he is convinced that tighter oversight of record location and of version control will result ... he requests that he is kept up-to-date with the project as it progresses." The Keeper acknowledges that East Lothian Council have	There has not been a significant change that would impact East Lothian Integration Joint Board. However, East Lothian Council are progressing the roll of Microsoft SharePoint. This is currently being piloted in	Thank you for confirming that there have been no significant changes under this Element. The ongoing roll-out of SharePoint and its capability to automatically record

				<p>been proactive in keeping him up-to-date with progress in their digital records management transformation process. However, as at 2022 this element of the council <i>RMP</i> remains an improvement model.</p> <p>As with other elements above, the Keeper has determined that the RAG status awarded any element of an authority's records management plan must not be higher than that of the authority on whose systems the records are managed.</p> <p>Therefore, the Keeper agrees this element of the East Lothian <i>RMP</i> on the same improvement model basis as that of the 'host' authority.</p>	<p>East Lothian Council Legal Department. SharePoint has the ability to track versions and modifications of digital documents throughout their life cycle. It is intended that this will eventually be rolled out to East Lothian Integration Joint Board records.</p>	<p>and retain audit trail information is also noted with thanks.</p> <p>This Element remains at Amber as it relies on East Lothian Council's arrangements which host the IJB's. Update required on any change.</p>
12. Competency Framework	G	G	G	Update required on any change.	No change.	Update required on any change.
13. Assessment and Review	G	G	G	Update required on any change.	East Lothian Integration Joint Board will in association with East Lothian Council, review the Record Management Plan every 2 years.	Thank you for confirming that the Records Management plan will be reviewed biennially.
14. Shared Information	G	G	G	Update required on any change.	No change. Council Templates are being continuously updated and if required we would utilise the most recent agreements.	Thank you for confirming there have been no changes to this Element. Update required on any change.
15. Records	N/A	N/A	N/A	The IJB have confirmed to the Keeper that they do not use any third parties to provide IJB functions.	No Change.	Update required on any change.

Created or Held by Third Parties				Update required on any change.		
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7. The Public Records (Scotland) Act Assessment Team's Summary

Version

The progress update submission which has been assessed is the one received by the Assessment Team on 9th July 2025. The progress update was submitted by Cat Cockburn, Operational Business Manager.

The progress update submission makes it clear that it is a submission for **East Lothian Integration Joint Board**.

The Assessment Team has reviewed East Lothian Integration Joint Board's Progress Update submission and agrees that the proper record management arrangements outlined by the various elements in the authority's plan continue to be properly considered. The Assessment Team commends this authority's efforts to keep its Records Management Plan under review.

General Comments

East Lothian Integration Joint Board continues to take its records management obligations seriously and is working to bring all elements into full compliance.

Section 5(2) of the Public Records (Scotland) Act 2011 provides the Keeper of the Records of Scotland (the Keeper) with authority to revisit an agreed plan only after five years has elapsed since the date of agreement. Section 5(6) allows authorities to revise their agreed plan at any time and resubmit this for the Keeper's agreement. The Act does not require authorities to provide regular updates against progress. The Keeper, however, encourages such updates.

The Keeper cannot change the status of elements formally agreed under a voluntary submission, but he can use such submissions to indicate how he might now regard this status should the authority choose to resubmit its plan under section (5)(6) of the Act.

8. The Public Records (Scotland) Act Assessment Team's Evaluation

Based on the progress update assessment the Assessment Team considers that East Lothian Integration Joint Board continue to take their statutory obligations seriously and are working hard to bring all the elements of their records management arrangements into full compliance with the Act and fulfil the Keeper's expectations.

The Assessment Team recommends authorities consider publishing PUR assessment reports on their websites as an example of continued good practice both within individual authorities and across the sector.

This report follows the Public Records (Scotland) Act Assessment Team's review carried out by

Iida Saarinen
Public Records Officer

Fiona Wilson
Chief Officer
East Lothian Health and Social Care Partnership
John Muir House, Brewery Park
Haddington, EH41 3HA

5th September 2025

Dear Ms Wilson

Progress Update Review (PUR) Final Report: East Lothian Integration Joint Board

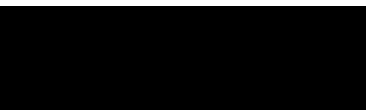
Thank you for your authority's submission of a Progress Update Review (PUR) for assessment and comment by the Public Records (Scotland) Act 2011 Assessment Team. We commend participation by authorities in undertaking, and reporting on, regular self-assessments and reviews of their records management arrangements. We anticipate that through uptake of the PUR tool, a stronger sense of collaboration and mutual support will be achieved between authorities and the Assessment Team. This will continue to enhance the culture of records management across Scotland's public authorities.

The Assessment Team has now evaluated the submission and consider that East Lothian Integration Joint Board continues to take their statutory obligations seriously and are working to bring all the elements of their records management arrangements into full compliance with the Act and fulfil the Keeper's expectations.

I enclose the Assessment Team's findings in the accompanying Report. We would welcome you publishing this Report as an indication of the good work and progress your authority is making in its record management arrangements and to aid colleagues by sharing good practice with other authorities. The National Records of Scotland will publish the Report on its website in due course.

The PUR process is offered to all public authorities on the first anniversary of the agreement of their Records Management Plan, and thereafter every two years. The Joint Board can expect to receive its next PUR invitation in March 2027.

Yours sincerely,



Pete Wadley
Public Records Officer
Direct Email: pete.wadley@nrscotland.gov.uk



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 26 February 2026
BY: Chief Finance Officer
SUBJECT: Q3 Finance Update and Forecast for 2025/26

7

1 PURPOSE

- 1.1 This report provides the IJB with an update on the year to date Q3 and forecast financial position for 2025/26, and sets out the next steps in the budget setting process for 2026/27.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.2 Note the updated Q3 financial position and forecast for 2025/26.
- 2.3 Note the programme of work underway to deliver a balanced budget for 2026/27.

3 BACKGROUND

- 3.1 The Q3 finance report presents the financial position for the year to 31 December 2025. The winter months often present additional pressures across the system as the weather and workforce challenges impact on demand and capacity.
- 3.2 The Q3 financial position is a year to date overspend (of £0.972m) and a forecast year end overspend (of £1.793m). **Table 1** below summarises the position for health and social care delegated services.

	Budget £m	YTD Budget £m	YTD Actual £m	Variance £m	Forecast £m
Core	108.604	80.115	80.406	(0.291)	(0.471)
Hosted	22.225	14.471	14.598	(0.128)	(0.149)
Set Aside	24.339	18.383	19.213	(0.830)	(1.173)
Total	155.168	112.969	114.217	(1.249)	(1.793)
Social Care	81.530	58.946	58.670	0.276	0.000
Overall Total	236.698	171.915	172.887	(0.972)	(1.793)

- 3.3 There has been an adverse movement in the overall health position from the month 7 position reported to the December IJB. The forecast overspend for the year end has also increased primarily within Core and Set Aside services.
- 3.4 The main movements within Core services relate to a significant increase in specific drug prices within Prescribing, partially offset by rebates, and an increase in GMS services overspend. These Core pressures are forecast to continue to the year end.
- 3.5 Within Hosted services, the Mental Health services continue to report an increased overspend, which is partially offset by several underspends across other Hosted services.
- 3.6 The Set Aside overspend relates to a range of services including Geriatric Medicine, General Medicine, Respiratory Medicine, and the Emergency Department. These pressures are forecast to continue to the year end.
- 3.7 The Council delegated services year to date position is reporting a small improvement from the M7 position, and the forecast position remains break even. There are pressures within Adult Social Care which will be offset by the release of earmarked reserves at the year end, and within Learning Disabilities, which will be offset by favourable year-end outturns across other services.
- 3.8 Overall, the IJB is forecasting an overspend within health delegated services, and a breakeven position within Council delegated services. The overspend within health sits primarily within Set Aside. The CFO has continued dialogue with NHS Lothian and, as NHS Lothian are now reporting significant assurance of break even in 2025/26, they will, similarly to previous years, support the IJB to break even across its health budgets.

Efficiencies

- 3.9 The Q3 efficiency update reflects the year to date M8 position for health schemes, and year to date M9 for social care schemes. **Table 2** below provides a high-level summary of the in-year and forecast delivery for 2025/26.

Q3 Efficiency Delivery Summary 2025/26			
	Updated Schemes £m	Over / (Under) Delivery £m	Forecast Delivery £m
Health	3.753	(0.245)	3.477
Social Care	0.801	(0.036)	0.753
Overall Total	4.554	(0.281)	4.230

- 3.10 Health schemes are reporting some shortfalls in delivery across all of the delegated functions, with some of the shortfalls in Core relating to timing. Work is ongoing to ensure these timing issues are addressed before year end.

Next Steps – 2025/26 and 2026/27

- 3.11 The work to address the pressures within the health delegated services will continue to year end, as will the refining of efficiency delivery. NHSL has indicated it expects to break even and will provide additional funding to address the year end overspend.
- 3.12 The work to set a balanced budget for 2026/27 continues. East Lothian Council will take its budget to Council for approval on the 24 February, and the final iteration of NHS Lothian's financial plan is expected in early March.
- 3.13 The IJB has had two development days in the recent months. At the January day, senior finance colleagues from the partners shared a wider perspective on the financial position for their organisations, which gave those in attendance a greater understanding of the financial complexities and challenges facing them.
- 3.14 The development days also gave attendees a detailed overview of the areas being explored to close the 2026/27 funding gap, and gained support for further work to be carried out on schemes to close the gap and to produce firm proposals to address the projected funding gaps in future years.
- 3.15 The offer letters from partners are expected over the coming weeks and work will continue to produce a balanced budget for 2026/27. This

includes ensuring Integrated Impact Assessments are completed for all relevant efficiency schemes.

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 December 2025 meeting

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: 26 February 2026

BY: Chief Finance Officer

SUBJECT: Best Value – Annual Compliance Review 2024/25

8

1 PURPOSE

- 1.1 The IJB has a duty of best value under s106 of the Local Government Scotland Act (1973). The ACT applies to all local government bodies and this paper presents the IJB's compliance with that Best Value duty.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.1 Note the Best Value compliance guidance which is attached at **Appendix 1**.
- 2.2 Consider if there are any other matters that impact on the delivery of best value.
- 2.3 Agree that the Best Value Compliance Review for 2024/25 – **Appendix 2** – provides assurance to the IJB that its duty of Best Value is being met.

3 BACKGROUND

- 3.2 The IJB has a statutory duty of best value which is the same as all local government bodies (e.g. Local Authorities).
- 3.3 The IJB adopted a Best Value Framework in 2023/24 to consider its delivery of the duties of Best Value. These duties are:
- The duty of Best Value, being to make arrangements to secure continuous improvement in performance (while maintaining an appropriate balance between quality and cost); and in making those arrangements and securing the balance, to have regard to economy, efficiency, effectiveness, the equal opportunities requirements, and to contribute to the achievement of sustainable development.

- The duty to achieve break-even in trading accounts subject to mandatory disclosure. (The IJB has no trading accounts and this duty is not relevant.)
- The duty to observe proper accounting practices.
- The duty to make arrangements for the reporting to the public of the outcome of the performance of functions.

3.4 There are seven broad themes against which the IJB can assess its compliance against its duty of Best Value. These are:

- 1 – Vision and Leadership
- 2 – Governance and Accountability
- 3 – Effective Use of Resources
- 4 – Partnerships and Collaborative Working
- 5 – Working with Communities
- 6 – Sustainable Development
- 7 – Fairness and Equality

3.5 The guidance at **Appendix 1** discusses each of these themes further and lays out, in considerable detail, both the importance of these themes and offers thoughts on how they can be delivered.

3.6 Following this guidance and working through the seven themes in 3.3, a compliance statement has been drawn up. This is attached as **Appendix 2**.

3.7 Ideally this review should be undertaken prior to the preparation of the IJB annual accounts in June each year. However, to ensure a compliance review was undertaken for 2024/25, this report has been produced. This embeds the process and allows the IJB to understand how it works. A review for 2025/26 will be undertaken early in the new financial year and brought to an IJB meeting in the new financial year.

3.8 **Appendix 2** provides assurance to the IJB that its duty of best value is being met.

4 ENGAGEMENT

4.1 The IJB holds its meeting 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 nor amendments to any current directions.

8 RESOURCE IMPLICATIONS

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

9 BACKGROUND PAPERS

- 9.1 None

Appendices:

Appendix 1 – Revised Best Value Statutory Guidance 2020.

Appendix 2 – East Lothian IJB – Best Value Compliance Assessment 2024/25

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DATE	February 2026

Appendix 1

Local Government in Scotland Act 2003

Best Value: Revised Statutory Guidance 2020

March 2020



Scottish Government
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LOCAL GOVERNMENT IN SCOTLAND ACT 2003
BEST VALUE: REVISED STATUTORY GUIDANCE 2020

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SECTION 1 – OVERVIEW

The Duty of Best Value

The [Local Government in Scotland Act 2003](#) introduced a statutory framework for Best Value for local authorities. The Best Value duties set out in the Act are:

- to make arrangements to secure continuous improvement in performance (while maintaining an appropriate balance between quality and cost); and, in making those arrangements and securing that balance, to have regard to economy, efficiency, effectiveness, the equal opportunities requirement and to contribute to the achievement of sustainable development
- to achieve break-even trading accounts, subject to mandatory disclosure
- to observe proper accounting practices
- to make arrangements for the reporting to the public of the outcome of the performance of functions.

Purpose of the Guidance

[Best Value guidance](#) has been in place since 2004, identifying the characteristics of Best Value to help local authorities develop arrangements to demonstrate continuous improvement in their performance.

In recognition of the changes since 2004 to the environment in which local authorities deliver services, a multi-agency steering group was tasked with reviewing and refreshing the guidance. The steering group endorsed the continuing relevance of the substance of the original guidance, but felt that it should be revised to reflect the current public service landscape in Scotland, with an increasing emphasis on citizens and personalised services, a focus on outcomes, and the need for innovation in designing public services for the future. The steering group also identified the need for synergy and alignment, so far as possible and appropriate, between the statutory guidance and the [guidance on Best Value in public services](#), which applies to public bodies that are accountable to the Scottish ministers.

This revised guidance has been produced by the steering group and reflects the priorities that it identified. It replaces the previous guidance that was published in 2004, which comprised both the statutory guidance by Scottish ministers and supporting guidance by the then Best Value Task Force, so that all the relevant guidance is now contained in this single document.

Best Value Themes

This revised guidance is framed around the following Best Value themes:

1. Vision and leadership
2. Governance and accountability
3. Effective use of resources
4. Partnerships and collaborative working
5. Working with communities
6. Sustainability
7. Fairness and equality

As in the previous guidance, sustainability and fairness and equality continue to be cross-cutting themes that should be integral to all of the functions and activities carried out by a local authority to deliver good outcomes and achieve Best Value.

Section 2 of this guidance explains these themes and how a local authority can demonstrate that it is delivering Best Value in respect of each theme.

Scope of the Guidance

This guidance applies to other bodies as required by Section 106 of the Local Government (Scotland) Act 1973, notably health and social care integration joint boards and other joint committees or boards, that are subject to the same statutory Best Value duties as local authorities and it should be interpreted and applied accordingly. Section 14 of the 2003 Act applies the Best Value duty to these other bodies and thus references throughout the guidance to 'local authorities' cover all such bodies.

Other devolved public bodies, such as the NHS, are not directly covered by the 2003 Act. They are, however, under a similar Best Value duty, which is set out in the [Scottish Public Finance Manual](#), and a statutory duty under the [Public Finance and Accountability \(Scotland\) Act 2000](#) to use their resources 'economically, efficiently and effectively'.

Since 2003, the enactment of other key legislation has had a significant impact across Scotland, extending the requirements of Best Value beyond local authorities. The [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) has resulted in the integration of health and social care, while the [Community Empowerment \(Scotland\) Act 2015](#) has strengthened the statutory base for community planning, and for involving and engaging communities in planning and decision-making about things that matter to them.

Working with Partners

Achieving Best Value is increasingly dependent on the effectiveness of partnerships and collaborative working arrangements with a range of stakeholders, in addition to how well a local authority manages its own activities. Since the original version of this guidance was published in 2004, there has been an increased focus on partnership and collaborative working across the public sector, with much more alignment of key plans and strategies among partners, and joint working to deliver shared outcomes. Alignment of key plans and strategies with its partners, an understanding of place, a commitment to reducing inequalities, empowering communities to affect change, and being able to demonstrate improved outcomes for people who use services are now key requirements in the achievement of Best Value.

Although local authorities are not responsible for the performance of all partners in their areas, they are crucial in influencing many local services through their relationships with others. Local authorities achieving Best Value will be able to demonstrate a vision and direction of travel shared with key stakeholders in order to achieve key outcomes for local people. There are a number of areas where Best Value can be demonstrated only by working in strong partnership arrangements with bodies not covered by the statutory Best Value duties in the 2003 Act, and this is reflected in the guidance.

This guidance should be read in conjunction with the [statutory guidance on community planning](#), which describes how local authorities and other public sector bodies should work together in the context of community planning.

Role of the Accounts Commission

The Accounts Commission for Scotland is responsible for reporting on the performance by local authorities (and those other bodies covered by section 14 of the 2003 Act as discussed above, such as integration joint boards) of their Best Value and community planning duties. The Commission considers, in public, statutory reports from the Controller of Audit on Best Value, based upon the annual audit work by appointed external auditors in individual councils. Having considered such a report, the Commission has a range of powers that it can use, as set out in the Local Government (Scotland) Act 1973. They also make use as appropriate of the work of other local government scrutiny and inspection bodies.

SECTION 2 – BEST VALUE THEMES

Overview

The 2004 Best Value guidance was structured around ten Best Value characteristics. This refreshed guidance reconfigures these characteristics into seven themes that better reflect the significantly changed policy and public service delivery landscape within which local authorities now operate.

Local authorities must be able to demonstrate a focus on continuous improvement in performance around each of these themes.

Theme 1 – Vision and Leadership

Effective political and managerial leadership is central to delivering Best Value, through setting clear priorities and working effectively in partnership to achieve improved outcomes. Leaders should demonstrate behaviours and working relationships that foster a culture of cooperation, and a commitment to continuous improvement and innovation.

In achieving Best Value, a local authority will be able to demonstrate the following:

- **Members and senior managers have a clear vision for their area that is shared with citizens, key partners and other stakeholders.**
- **Members set strategic priorities that reflect the needs of communities and individual citizens, and that are aligned with the priorities of partners.**
- **Effective leadership drives continuous improvement and supports the achievement of strategic objectives.**

This means that:

1. The local authority's vision for its area is developed in partnership with its citizens, employees, key partners and other stakeholders.
2. Members set strategic priorities that contribute to achieving the local authority's vision, reflect the needs of communities and individual citizens, and are aligned with the priorities of partners. They take decisions that contribute to the achievement of those priorities, in particular when allocating resources and in setting and monitoring performance targets.
3. The local authority's vision and strategic priorities are clearly communicated to its citizens, staff and other partners.

4. Strategic plans reflect a pace and depth of improvement that will lead to the realisation of the local authority's priorities and the long-term sustainability of services.
5. Service plans are clearly linked to the local authority's priorities and strategic plans. They reflect the priorities identified through community planning, and show how the local authority is working with partners to provide services that meet community needs.
6. Priority outcomes are clearly defined, and performance targets are set that drive continuous improvement in achieving those outcomes.
7. There are clear and effective mechanisms for scrutinising performance that enable the taking of informed decisions and the measuring of impacts and service outcomes.
8. There is a corporate approach to continuous improvement, with regular updating and monitoring of improvement plans.
9. The local authority and its partners agree on how the key elements of Best Value will contribute to achieving the commonly agreed local priorities and outcomes. These key elements include the need to:
 - secure continuous improvement, in particular for those services aligned to the local authority's priorities
 - provide customer- and citizen-focused public services, which meet the needs of diverse communities
 - achieve the best balance of cost and quality in delivering services (having regard to economy, efficiency, effectiveness and equalities)
 - contribute to sustainable development
 - encourage and support innovation and creativity.
10. Members and senior managers communicate the approach to Best Value methodically throughout the local authority in terms that are relevant to its staff and set out clear expectations of them. The local authority has a positive culture in which its people understand its vision and objectives and how their efforts contribute to their achievement, and they are engaged with and committed to improvement.
11. Members and senior managers are self-aware. They commit to training and personal development to update and enhance their knowledge, skills, capacity and capabilities to deliver Best Value and perform their leadership roles, and they receive sufficient support to do so.
12. Leadership is effective and there is good collaborative working. Members and senior managers have a culture of cooperation and working constructively in partnership, informed by a clear understanding of their respective roles and responsibilities and characterised by mutual respect, trust, honesty and openness and by appropriate behaviours.

Theme 2 – Governance and Accountability

Effective governance and accountability arrangements, with openness and transparency in decision-making, schemes of delegation and effective reporting of performance, are essential for taking informed decisions, effective scrutiny of performance and stewardship of resources.

In achieving Best Value, a local authority will be able to demonstrate the following:

- **A clear understanding and the application of the principles of good governance and transparency of decision-making at strategic, partnership and operational levels.**
- **The existence of robust arrangements for scrutiny and performance reporting.**
- **The existence of strategic service delivery and financial plans that align the allocation of resources with desired outcomes for the short, medium and long terms.**

This means that:

1. Members and senior managers ensure accountability and transparency through effective internal and external performance reporting, using robust data to demonstrate continuous improvement in the local authority's priority outcome measures.
2. Management information and indicators that allow performance to be assessed are widely and consistently used by the local authority. Senior management regularly receives information that is used to inform members about performance.
3. Performance is reported to the public, to ensure that citizens are well informed about the quality of services being delivered and what they can expect in future.
4. Learning from previous performance, and from the performance of other local authorities, informs the review and development of strategies and plans to address areas of underperformance.
5. Key organisational processes are linked to, or integrated with, the planning cycle; these include strategic analyses, stakeholder consultations, fundamental reviews, performance management, staff appraisal and development schemes, and public performance reporting.
6. The local authority has a responsible attitude to managing risk, and business continuity plans (including civil contingencies and emergency plans) are in place to allow an effective and appropriate response to planned and unplanned events and circumstances.

7. Key discussions and decision-making take place in public meetings, and reasonable measures are taken to make meeting agendas, reports and minutes accessible to the public, except when there are clear reasons why this would be inappropriate.
8. The local authority's political structures support members in making informed decisions.
9. The scrutiny structures in the local authority support members in reviewing and challenging its performance.
10. Members and senior managers promote the highest standards of integrity and responsibility, establishing shared values, mutual trust and sound ethics across all activities. Effective procedures are in place to ensure that members and staff comply with relevant codes of conduct and policies. This includes ensuring that appropriate policies on fraud prevention, investigation and whistleblowing are established and implemented.
11. Members and senior managers understand and effectively communicate their respective and collective roles and responsibilities to members and staff. They understand that effective delegation enables and supports the local authority's ability to achieve Best Value.
12. An information governance framework is in place that ensures proper recording of information, appropriate access to that information including by the public, and legislative compliance.
13. Technological innovation and digital transformation are promoted and used to ensure accessibility of performance information and public accountability.
14. Members and employees across the local authority understand and implement their responsibilities in relation to its Standing Orders and Financial Regulations.
15. There are clear governance and lines of accountability when delivering services via a third party, and there is evidence of the application of the principles within the ['Following the Public Pound' guidance](#) when funding is provided to external bodies.

Theme 3 – Effective Use of Resources

Making the best use of public resources is at the heart of delivering Best Value. With clear plans and strategies in place, and with sound governance and strong leadership, a local authority will be well placed to ensure that all of its resources are deployed to achieve its strategic priorities, meet the needs of its communities and deliver continuous improvement.

In achieving Best Value, a local authority will be able to demonstrate the following:

- **It makes best use of its financial and other resources in all of its activities.**
- **Decisions on allocating resources are based on an integrated and strategic approach, are risk-aware and evidence-based, and contribute to the achievement of its strategic priorities.**
- **It has robust procedures and controls in place to ensure that resources are used appropriately and effectively, and are not misused.**
- **It works with its partners to maximise the use of their respective resources to achieve shared priorities and outcomes.**

This means that:

Staff

1. A workforce strategy is in place that sets out expectations on how the local authority's staff will deliver its vision, priorities and values.
2. The strategy is translated into workforce plans, covering employee numbers, skills, knowledge, competencies and organisational structures, that demonstrate how staff will be deployed to deliver the services planned for the future. Plans are regularly reviewed at appropriate intervals according to a clear review cycle.
3. All employees are managed effectively and efficiently, and know what is expected of them. Employee performance is regularly assessed through performance appraisal, with individuals and teams being supported to improve, where appropriate.
4. Members and senior managers understand and demonstrate that effective delegation is an important contribution to the local authority's ability to achieve Best Value.
5. The contribution of staff to ensuring continuous improvement is supported, managed, reviewed and acknowledged.

6. The local authority demonstrates a commitment to fairness, equity and safety in the workplace; it adopts relevant statutory guidance through progressive workplace policies and a commitment to best practice in workplace relationships.
7. Leaders ensure that there is the organisational capacity to deliver services through effective use of all employees and other resources. They communicate well with all staff and stakeholders, and ensure that the organisation promotes a citizen- and improvement-focused culture that delivers meaningful actions and outcomes.

Asset management

1. There is a corporate approach to asset management that is reflected in asset management strategies and plans, which are subject to regular review.
2. There is a systematic and evidence-based approach to identifying and managing risks in relation to land, buildings, plant, equipment, vehicles, materials and digital infrastructure.
3. The local authority actively manages its asset base to contribute to its objectives and priorities.
4. Fixed assets are managed efficiently and effectively, taking account of availability, accessibility, safety, utilisation, cost, condition and depreciation.

Information

1. Information is regarded as a strategic resource and is managed accordingly.
2. There is a clear digital strategy in place, which includes resilience plans for information systems.
3. Information is shared appropriately, and the local authority seeks to develop data compatibility with its partners.

Financial management and planning

1. There is clear alignment between the local authority's budgets and its strategic priorities.
2. Regular monitoring and reporting of financial outturns compared with budgets is carried out, and corrective action taken where necessary to ensure the alignment of budgets and outturns.
3. Financial plans show how the local authority will fund its services in the future. Long-term financial plans that include scenario planning for a range of funding levels are prepared and linked to strategic priorities.
4. An appropriate range of options is considered when taking decisions, and robust processes of option appraisal and self-assessment are applied.

5. The local authority has clear plans for how it will change services and realise efficiencies to close future budget gaps.
6. Members and senior managers have a clear understanding of likely future pressures on services and of how investment in preventative approaches can help alleviate those pressures, and they use that understanding to inform decisions.
7. Financial performance is systematically measured across all areas of activity, and regularly scrutinised by managers and members.
8. There is a robust system of financial controls in place that provides clear accountability, stakeholder assurance, and compliance with statutory requirements and recognised accounting standards.
9. The local authority complies with legal and best practice requirements in the procurement and strategic commissioning of goods, services and works, including the [Scottish Model of Procurement](#). There is clear accountability within procurement and commissioning arrangements.
10. There are clear and effective governance and accountability arrangements in place covering partnerships between the local authority and its arm's-length external organisations (ALEOs), including for performance monitoring and the early identification of any significant financial and service risks; there is evidence of the application of the principles of 'Following the Public Pound.'
11. The local authority has a reserves policy that supports its future financial sustainability, and its reserves are held in accordance with that policy.

Performance management

1. Effective performance management arrangements are in place to promote the effective use of the local authority's resources. Performance is systematically measured across all areas of activity, and performance reports are regularly scrutinised by managers and elected members. The performance management system is effective in addressing areas of underperformance, identifying the scope for improvement and agreeing remedial action.
2. There is a corporate approach to identifying, monitoring and reporting on improvement actions that will lead to continuous improvement in priority areas. Improvement actions are clearly articulated and include identifying responsible officers and target timelines.
3. The local authority uses self-evaluation to identify areas for improvement. This includes the use of comparative analyses to benchmark, monitor and improve performance.

4. The local authority takes an innovative approach when considering how services will be delivered in the future. It looks at the activities of other organisations, beyond its area, to consider new ways of doing things. A full range of options is considered, and self-assessment activity and options appraisal can be demonstrated to be rigorous and transparent.
5. Evaluation tools are in place to link inputs, activities and outputs to the outcomes that they are designed to achieve. There is evidence to demonstrate that improvement actions lead to continuous improvement and better outcomes in priority service areas.
6. The local authority seeks and takes account of feedback from citizens and service users on performance when developing improvement plans.
7. Improvement plans reflect a pace and depth of improvement that will lead to the realisation of the local authority's priorities and the long-term sustainability of services.
8. Performance information reporting to stakeholders is regular and gives a balanced view of the local authority's performance, linked to its priority service areas. The information provided is relevant to its audience, and clearly demonstrates whether or not strategic and operational objectives and targets are being met.
9. The local authority demonstrates a trend of improvement over time in delivering its strategic priorities.

Theme 4 – Partnerships and Collaborative Working

The public service landscape in Scotland requires local authorities to work in partnership with a wide range of national, regional and local agencies and interests across the public, third and private sectors.

A local authority should be able to demonstrate how it, in partnership with all relevant stakeholders, provides effective leadership to meet local needs and deliver desired outcomes. It should demonstrate commitment to and understanding of the benefits gained by effective collaborative working and how this facilitates the achievement of strategic objectives.

Within joint working arrangements, Best Value cannot be measured solely on the performance of a single organisation in isolation from its partners. A local authority will be able to demonstrate how its partnership arrangements lead to the achievement of Best Value.

In achieving Best Value, a local authority will be able to demonstrate the following:

- **Members and senior managers have established and developed a culture that encourages collaborative working and service provision that will contribute to better and customer-focused outcomes.**
- **Effective governance arrangements for Community Planning Partnerships and other partnerships and collaborative arrangements are in place, including structures with clear lines of responsibility and accountability, clear roles and responsibilities, and agreement around targets and milestones.**

This means that:

1. Members and senior managers actively encourage opportunities for formal and informal joint/integrated working, joint use of resources and joint funding arrangements, where these will offer scope for service improvement and better outcomes.
2. The local authority is committed to working with partner organisations to ensure a coordinated approach to meeting the needs of its stakeholders and communities. This includes:
 - scenario planning with partners to identify opportunities to achieve Best Value
 - collaborative leadership to identify Best Value partnership solutions to achieve better outcomes for local people
 - proactively identifying opportunities to invest in and commit to shared services
 - integrated management of resources where appropriate
 - effective monitoring of collective performance, including self-assessment and reviews of the partnership strategy, to ensure the achievement of objectives

- developing a joint understanding of all place-based capital and revenue expenditure.
3. Members and senior managers identify and address any impediments that inhibit collaborative working. The local authority and its partners develop a shared approach to evaluating the effectiveness of collaborative and integrated working.
 4. In undertaking its community planning duties the local authority works constructively with partners to agree a joint vision for the Community Planning Partnership and integrates shared priorities and objectives into its planning, performance management and public reporting mechanisms. Service plans clearly reflect the priorities identified through community planning, and show how the local authority is working with partners to provide services that meet stakeholder and community needs.

Theme 5 – Working with Communities

Local authorities, both individually and with their community planning partners, have a responsibility to ensure that people and communities are able to be fully involved in the decisions that affect their everyday lives. Community bodies – as defined in the Community Empowerment Act 2015 (section 4(9)) – must be at the heart of decision-making processes that agree strategic priorities and direction.

In achieving Best Value, a local authority will be able to demonstrate the following:

- **Early and meaningful engagement and effective collaboration with communities to identify and understand local needs, and in decisions that affect the planning and delivery of services.**
- **A commitment to reducing inequalities and empowering communities to effect change and deliver better local outcomes.**
- **That engagement with communities has influenced strategic planning processes, the setting of priorities and the development of locality plans.**

This means that:

1. Members and senior managers ensure that meaningful consultation and engagement in relation to strategic planning take place at an early stage and that the process of consultation and engagement is open, fair and inclusive.
2. Members and senior managers are proactive in identifying the needs of communities, citizens, customers, staff and other stakeholders; plans, priorities and actions are demonstrably informed by an understanding of those needs.
3. Communities are involved in making decisions about local services, and are empowered to identify and help deliver the services that they need. Suitable techniques are in place to gather the views of citizens, and to assess and measure change in communities as a result of service interventions.
4. Active steps are taken to encourage the participation of hard-to-reach communities.
5. The local authority and its Community Planning Partnership work effectively with communities to improve outcomes and address inequalities.
6. A locality-based approach to community planning has a positive impact on service delivery within communities, and demonstrates the capacity for change and for reducing inequality in local communities by focusing on early intervention and prevention.

7. Members and senior managers work effectively with partners and stakeholders to identify a clear set of priorities that respond to the needs of communities in both the short and the longer term. The local authority and its partners are organised to deliver on those priorities, and clearly demonstrate that their approach ensures that the needs of their communities are being met.
8. The local authority engages effectively with customers and communities by offering a range of communication channels, including innovative digital solutions and social media.
9. The local authority plays an active role in civic life and supports community leadership.

The two cross-cutting themes that a Best Value local authority should fully embrace across all of its activities are Theme 6, sustainable development, and Theme 7, fairness and equality.

Theme 6 – Sustainable Development

Sustainable development is commonly defined as securing a balance of social, economic and environmental wellbeing in the impact of activities and decisions, and seeking to meet the needs of the present without compromising the ability of future generations to meet their own needs. The [United Nations Sustainable Development Goals](#) provide a fuller definition and set out an internationally agreed performance framework for their achievement.

Sustainable development is a fundamental part of Best Value. It should be reflected in a local authority's vision and strategic priorities, highlighted in all plans at corporate and service level, and a guiding principle for all of its activities. Every aspect of activity in a local authority, from planning to delivery and review, should contribute to achieving sustainable development.

In achieving Best Value, a local authority will be able to demonstrate the following:

- **Sustainable development is reflected in its vision and strategic priorities.**
- **Sustainable development considerations are embedded in its governance arrangements.**
- **Resources are planned and used in a way that contributes to sustainable development.**
- **Sustainable development is effectively promoted through partnership working.**

This means that:

1. Leaders create a culture throughout the local authority that focuses on sustainable development, with clear accountability for its delivery across the leadership and management team.
2. There is a clear framework in place that facilitates the integration of sustainable development into all of the local authority's policies, financial plans, decision-making, services and activities through strategic-, corporate- and service-level action. In doing so, the local authority will be able to demonstrate that it is making a strategic and operational contribution to sustainable development.
3. The local authority has set out clear guiding principles that demonstrate its, and its partners', commitment to sustainable development.
4. There is a broad range of qualitative and quantitative measures and indicators in place to demonstrate the impact of sustainable development in relation to key economic, social and environmental issues.
5. Performance in relation to sustainable development is evaluated, publicly reported and scrutinised.

Theme 7 – Fairness and Equality

Tackling poverty, reducing inequality and promoting fairness, respect and dignity for all citizens should be key priorities for local authorities and all of their partners, including local communities.

In achieving Best Value, a local authority will be able to demonstrate the following:

- **That equality and equity considerations lie at the heart of strategic planning and service delivery.**
- **A commitment to tackling discrimination, advancing equality of opportunity and promoting good relations both within its own organisation and the wider community.**
- **That equality, diversity and human rights are embedded in its vision and strategic direction and throughout all of its work, including its collaborative and integrated community planning and other partnership arrangements.**
- **A culture that encourages equal opportunities and is working towards the elimination of discrimination.**

This means that:

1. The local authority demonstrates compliance with all statutory duties in relation to equalities and human rights.
2. The local authority is taking active steps to tackle inequalities and promote fairness across the organisation and its wider partnerships, including work and living conditions, education and community participation.
3. The local authority and its partners have an agreed action plan aimed at tackling inequality, poverty and addressing fairness issues identified in local communities.
4. The local authority engages in open, fair and inclusive dialogue to ensure that information on services and performance is accessible to all, and that every effort has been made to reach hard-to-reach groups and individuals.
5. The local authority ensures that all employees are engaged in its commitment to equality and fairness outcomes, and that its contribution to the achievement of equality outcomes is reflected throughout its corporate processes.
6. The local authority engages with and involves equality groups to improve and inform the development of relevant policies and practices, and takes account of socio-economic disadvantage when making strategic decisions.

7. The equality impact of policies and practices delivered through partnerships is always considered. Equality impact information and data is analysed when planning the delivery of services, and measuring performance.
8. The local authority's approach to securing continuous improvement in delivering on fairness and equality priorities and actions is regularly scrutinised and well evidenced.

Best Value Guidance Refresh – National Steering Group

The steering group comprised officials from the Scottish Government, the Convention of Scottish Local Authorities (COSLA), the Society of Local Authority Chief Executives (SOLACE), the Scottish Trades Union Congress (STUC) and the Scottish Public Services Ombudsman (SPSO). Officials from Audit Scotland also attended meetings in an observational capacity:

David Martin, SOLACE and Chief Executive of Dundee City Local Authority (Chair)
Fiona Mitchell-Knight, Audit Scotland (observer)
Fraser McKinlay, Audit Scotland (observer)
Garrick Smyth, COSLA
James Fowlie, COSLA
Sandra Lorimer, Dundee City Local Authority
Brian Peddie, Scottish Government
John Stevenson, SPSO
Mike Kirby (Unison), STUC

Contributors:

Anne Margaret Black, East Ayrshire Integration Joint Board
Lorraine Gillies, Audit Scotland

Useful Resources

Audit Scotland

Further information on the audit of Best Value can be found on the [Audit Scotland website](#)

Audit Scotland issued on behalf of the Strategic Scrutiny Group [Principles for community empowerment](#) which aims to raise awareness of community empowerment and promote a shared understanding across scrutiny bodies to support high-quality scrutiny of community empowerment.

Accounts Commission

The [“How Councils Work”](#) series of reports produced by the Accounts Commission provides useful information and practical advice on a range of issues that are relevant to Best Value.

[‘Following the Public Pound’ guidance](#) is intended to ensure proper accountability for funds or other resources that are transferred by councils to arm’s-length bodies, such as companies, trusts and voluntary bodies funds, and to ensure that the principles of regularity and probity are not circumvented. It has the support of the Convention of Scottish Local Authorities.

Scottish Government

[Best Value in Public Services: Guidance for Accountable Officers](#)

[Community empowerment](#): information can be found on the Scottish Government website.

Other resources

The European Foundation for Quality Management (EFQM) Excellence Model was developed by the EFQM. It is widely used as a framework for continuous improvement activity by private, public and voluntary sector organisations. More information can be found on the [Quality Scotland web site](#).

The [National Standards for Community Engagement](#) are good-practice principles designed to improve and guide the process of community engagement.

The [Place Standard tool](#) provides a simple framework to structure conversations about place taking into account both the physical elements of a place and its social aspects.

The [Public Service Improvement Framework](#) (PSIF), produced by the Improvement Service, is a self-assessment framework that enables organisations to conduct a comprehensive review of their own activities and results.

The [Sustainable Development Network](#) provides information and advice on sustainable development in the public sector in Scotland.



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Appendix 2 – Best Value Compliance Review 2024/25

East Lothian Integration Joint Board

Review against each of the seven best value themes

1 – Vision and Leadership

Integration Joint Board (IJB) and Strategic Planning Group (SPG) meetings took place throughout the year. In addition, a number of Development Sessions took place, providing an opportunity for IJB members to explore key strategic issues in greater depth and to support open discussion.

The IJB Strategic Plan outlines the Board's strategic direction and delivery priorities for the period 2022–2025. During 2024/25, the Strategic Plan continued to guide IJB decision-making, including decisions relating to the allocation and use of resources. The alignment of Health and Social Care Partnership (HSCP) Service Plans with the Strategic Plan further ensured that service development and operational delivery remained clearly connected to the IJB's strategic objectives.

Work began at the start of 2025 to review the current IJB Strategic Plan, and to inform the development of a new Strategic Plan.

A review of the IJB's Change Board structure began during 2023/24 to help ensure alignment with the IJB's strategic priorities. Review recommendations were implemented during 2024/25 with the introduction of a revised structure, replacing Change Boards with a number of newly established Programme Boards.

These Programme Boards focus on the following key areas:

- Community Health and Social Care
- Primary Care
- Digital and Data
- Mental Health and Substance Use
- Carers

Each Programme Board reports to the SPG on progress against its associated projects, which are delivered through dedicated Delivery Groups

2 – Governance and Accountability

The implementation of a Board's Local Code of Corporate Governance is being reviewed in accordance with the 7 core principles and recommendations of the CIPFA/SOLACE Framework 'Delivering Good Governance in Local Government' (2016) and the supporting guidance notes for Scottish authorities, and the Delivering Good Governance in Local Government Addendum (May 2025). All recent external audit reports confirm that the key features of good governance are in place and operating effectively. The audit report for 2024/25 stated that *"The IJB has effective and appropriate arrangements in place for Financial Management; Vision, Leadership and Governance; and use of resources to Improve Outcomes."* The annual governance statement was consistent with both the governance framework and key findings from relevant audit activity, including the Internal Auditor's Annual Assurance and a review of Governance Arrangements in June 2025.

The board continued to receive quarterly budget monitoring reports and updates to the existing medium term financial plan from the Chief Financial Officer. ELIJB Formally adopted the CIPFA FM Code at its meeting in December 2022. Regular review of the medium term financial plans has been ongoing the most recent review at the MIJB was in April 2024 with the approval of the Revised Five Year financial plan 2024/25, revised 5 year projections were also presented as part of the budget setting process for 2025/26 in March 2025.

Internal Audit and the committee comply with the CIPFA Public Sector Internal Audit Standards. Internal audit investigation reports presented to the committee in March 2024 and June 2025 concluded that control was reasonable. The Internal Audit Annual Plan 2024/25 was approved on 12 March 2024. The External Audit plan 2024/25 was reported on the 18 March 2025. The committee repeated its annual self-assessment exercise with all issues identified now implemented. The Internal Audit Annual Opinion and Report 2024/25, including the statutory review of the system of internal control, was reported to the committee on 3 June 2025 concluding that reasonable assurance can be placed on the overall adequacy and effectiveness of the IJB's framework of governance, risk management and control. The Board's Risk Register was kept under review each meeting of the Audit & Risk committee.

The roles and responsibilities of Board members and statutory officers and the processes to govern the conduct of the Board's business are defined in the Scheme of Integration which was approved by the Board and NHS Lothian in June 2022 and by the Scottish Government in July 2023, which serves as the approved constitution, and Standing Orders, a revision of which was approved by the Board in March 2020, to make sure that public business is conducted with fairness and integrity.

Board meetings are held in public unless there are good reasons for not doing so on the grounds of confidentiality. Unless confidential, decisions made by the Board are documented in the public domain.

Community engagement was encouraged as part of the development of the Scheme of Integration and the Strategic Plans of the Health and Social Care Integration Joint Board

were developed following consultations with interested parties including members of the public. The Board approved the ELIJB Participation and Engagement Strategy 2023-25 in May 2023.

An Annual Performance Report for 2024/25 was approved by the Board on the 25 September 2025 and it was published in October 2025 outlining progress against strategic objectives over the year. This was presented along with the IJB Strategic Plan-Consultation draft. The IJB Directions 2024-25 were approved by the IJB on 27 June 2024.

3 – Effective Use of Resources

The IJB set a balanced budget for the start of 2024/25. A range of financial information and updates was presented to the IJB throughout the 2024/25 financial year, including:

- In year and forecast financial reports on the financial position
- Updates on the delivery of planned efficiencies and a forecast of the overall year end delivery
- Summary 5 Year Financial Planning projections setting out the financial landscape for the IJB going forward.

The finance reports presented a growing financial overspend within Health and Social Care delegated services as the year progressed and a series of workshops were held to explore ways in which the in year and projected financial position could be addressed through recovery and forward looking actions.

The IJB broke even at the end of 2024/25 following the release of their remaining £3.1m General Reserves balance to support the overspend in Health delegated services and additional income of £0.794m from NHS Lothian and £2.803m from East Lothian Council.

The IJB's Annual Accounts for 2024/25 have been approved, signed and published on the website. The appointed auditors reported the accounts were unmodified – meaning the financial statements and related reports are free from material misstatement.

The IJB's Audit and Risk Committee meets quarterly and reviews and discusses the IJB's Risk Register as well as approving and monitoring the Internal Audit plan and the External Audit plan.

The IJB is currently developing its budgetary proposals for 2026/27.

4 – Partnerships and Collaborative Working

The IJB works closely with its delivery partners—East Lothian Council and NHS Lothian—to ensure the effective delivery of delegated health and social care services. This includes developing and issuing of directions providing instruction to delivery partners. The IJB's Directions Policy emphasises the importance of communication and collaboration in relation to the development of its directions.

The East Lothian Chief Officer, Chief Finance Officer, and Operations Manager continued to be integral part of senior management structures within both organisations. In 2024/25,

a new regular tripartite meeting was also established, bringing together the IJB Chief Officer and Chief Finance Officer, and the Chief Executives of both partners, along with other senior managers. This, along with other established arrangements, has further strengthened collaborative local leadership.

The IJB is a member of the East Lothian Community Planning Partnership and represented at a senior level in the East Lothian Community Planning Governance Group. During 2024/25, HSCP Officers continued to be actively involved in the delivery of the Tackling Poverty Plan which includes specific actions for IJB delegated services.

East Lothian Council colleagues began work to develop a new Local Outcome Improvement Plan (LOIP) during 2024/25, coinciding with the start of activity to review the East Lothian IJB Strategic Plan. This has enabled Officers from across organisations to work together to ensure alignment of both Plans (ahead of their planned completion in 2026).

Close collaboration with partners in the Lothian Health and Care System (LHCS) also continues to be a priority. East Lothian works in partnership with NHS Lothian and the three other Lothian IJBs to progress delivery of the priorities within the Lothian Strategic Development Framework (LSDF), specifically in relation to the 3 'pillars' covering services delegated to the IJB:

- Unscheduled Care
- Primary Care
- Mental Health, Illness and Wellbeing

A Programme Board is in place to oversee delivery of each of these pillars and includes senior representation from the four Lothian IJBs and NHS Board.

The East Lothian HSCP Commissioning Strategy and Market Facilitation Statement (2025-30) sets out the guiding principles for the commissioning of health and social care services. This provides a framework to help ensure that the planning and delivery of commissioned services reflects the priorities outlined in the IJB's Strategic Plan.

The section below 'Working with Communities' also described collaboration with community and third sector organisations in relation to the provision of care and support.

5 – Working with Communities

Throughout 2024/25, the IJB continued to work collaboratively with communities and third sector colleagues to develop and deliver health and social care services and support. Some examples of development activity included:

Resource Coordinator Service – the service continued to provide a valuable community-based offer for adults with a learning disability. This includes developing groups and opportunities based on assessed outcomes and linking with community partners to share information on local opportunities and provide signposting for individuals and professionals.

East Lothian Community First - delivered by VCEL (Volunteer Centre East Lothian) and funded by the IJB to support people with health and wellbeing issues, including support

for people leaving hospital or to prevent hospital admission. This service continued to be developed and delivered during 2024/25.

Meeting Centres – we continued to support Dementia Friendly East Lothian (DFEL) to deliver the Musselburgh Meeting Centre during 2024/25, including through the contribution of grant funding. Meeting Centres are social clubs offering support to people with dementia, their families, and friends.

As part of our commitment to responding to community voices, needs and priorities, work to develop a more comprehensive system of communications and engagement began in 2024 and continued into 2025.

Some excellent examples of community engagement (the Planning for Older People's services project) allowed us to explore different ways of:

- Reaching out to the community,
- Collecting, categorising and analysing community feedback,
- Providing information in ways that are appealing and effectively convey key messages,
- Interacting with and taking up community suggestions.

The Planning for Older People's Service project community engagement experience led to a pilot exercise to discover whether a community panel style of engagement might provide a foundation for linking to our diverse communities. This developed into a lived experience approach to community connection that focussed on going to people where they are already comfortable and motivated in the community and working to establish and support trusted relationships. This led to high quality community comments on proposals, strategies and policies that informed our understanding of what the community considers best value according to their needs and priorities. This diversified and contextualised the IJBs available information on which to base sound financial choices in 2024/2025.

The development of a qualitative engagement system to capture, organise and analyse these comments was trialled and refined over 2024/2025. Some immediate benefits of the system were providing a single depository and template for positive and negative community feedback across the IJB/HSCP, reducing the costly/resource inefficient and frustrating duplication of questions across different services and offering a more nuanced perspective of voices that have offered their views in one engagement to enrich understanding of community priorities in adjacent engagement activities. Benefits of advancing this system has potential to provide swifter, higher quality, more cost effective and more respectful/natural community engagement. This ambition is that this leads to more informed and human rights-based decision making, co-designed planning and commissioning that works with communities at its core.

6 – Sustainable Development

The IJB recognises its statutory duty, as set out in the Local Government in Scotland Act 2003, to secure continuous improvement while ensuring an appropriate balance between quality and cost, and in doing so to contribute to the achievement of sustainable development. The IJB prepares and publishes an Annual Climate Change Report, which is submitted to the Scottish Government.

Although the IJB does not directly own assets or deliver services, it has strategic oversight of the health and social care functions delegated to it and works through East Lothian Council and NHS Lothian to ensure that services are delivered in a way that supports environmental, social, and economic sustainability.

The IJB seeks assurance from both partners on the sustainability of their operational policies and practices, including the efficient use of resources, the management of estates, and wider approaches aligned with national sustainability priorities. This reflects expectations for public bodies set out within the Scottish Government's Best Value statutory guidance, where Sustainability is identified as a core theme.

The IJB will continue to collaborate with colleagues in both organisations to identify further opportunities to improve operational efficiency, reduce environmental impact, and strengthen sustainable practice in the years ahead.

7 – Fairness and Equality

In October 2024, the IJB undertook an improvement exercise to revise and reflect upon the effectiveness and clarity of Integrated Impact Assessment (IIA) systems.

Through this process, the IJB established stronger ways of capturing and communicating to IIA participants across the IJB and HSCP a range of information relevant to each proposal, policy or service change, including costs and uptake.

The improved systems helped make IIA more meaningful, capturing alongside equality and fairness impacts opportunities for:

- Joint working across the Lothians to get better value on services that are shared,
- Reducing duplication where similar activities were being run in different areas by bringing together unique sets of HSCP, third sector and community representatives in one space,
- Changing proposals, policies and services to best support communities with higher levels of disadvantage and people in Protected Characteristic groups, leading to improved chances of better outcomes for these people.
- Integrated Impact Assessment has played an increasingly key role in the Early Intervention/Prevention suite of work that seeks to intervene, where possible, before health and social issues escalate and require more complex, long-term and expensive supports.

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

The five outcomes are centred in fairness and human rights, underpinned by the assumption that inequalities lead to less efficient use of resources, fewer opportunities and choices and poorer health outcomes. Our JSNA tells us that people with better access to the social determinants of health, including excellent health and social care, stand a

better chance of living healthier, more stable lives in which they can thrive and fulfil their potential. With this in mind, the outcomes we chose were both aligned to community priorities (via our local and pan-Lothian community engagement activities) and supportive of best value, resource efficient planning and commissioning that places people, their dignity, their rights and their autonomy at the centre of our framework to contribute to local and national plans for advancing equality.

The Equality Outcomes agreed for 2025-2029 are:

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

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

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

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

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

REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 26 February 2026
BY: Chief Finance Officer
SUBJECT: Obesity Medicines Specialist Pathway

9

1 PURPOSE

- 1.1 The purpose of this paper is to provide the East Lothian IJB with an update on the development of a Specialist Initiation Pathway for obesity medicines and highlight the resource implications of the proposed implementation.

2 RECOMMENDATIONS

The IJB is asked to:

- 2.2 Approve the development of the Obesity Medicines Specialist Pathway service via the Midlothian HSCP hosted Dietetics Weight Management service.
- 2.3 Agree the East Lothian contribution to the staffing investment to support the new service set out in paragraph 3.11.
- 2.4 Acknowledge the potential impact the introduction of the new pathway will have on the Prescribing spend.

3 BACKGROUND

- 3.1 The Lothian Chief Officers (COs) and Chief Finance Officers (CFOs) agreed to bring a paper on the development of this service to their respective Strategic Planning Groups and then to their IJB meetings to ensure full transparency of the risks, challenges, and mitigations in managing and implementing the proposed pathway for the use of these drugs. This covering paper highlights the key aspects and messages from the full Obesity Medicines Specialist Initiation Pathway paper at **Appendix 1**.

- 3.2 The NHS Lothian Dietetic Weight Management Service is a dietetic-led, community based multidisciplinary team hosted by Midlothian HSCP on behalf of NHS Lothian and the four Lothian IJBs. This service has had a key role in the work to develop this pathway.
- 3.3 The obesity medicines this pathway relates to are semaglutide (Wegovy) and tirzepatide (Mounjaro), both of which have been approved for use by the Scottish Medicines Consortium (SMC) for weight management, and have subsequently been added to the East Region Formulary in February 2025. These obesity medicines are also referred to as GLP-1 and GIP RA.
- 3.4 A Short Life Working Group (SLWG) was set up to develop a pathway and associated Shared Care Agreements for the safe and effective prescribing of these drugs via Independent Prescribers in conjunction with the delivery of the NHS Lothian Weight Management service.
- 3.5 The Scottish Government (SG) identified criterion for patients within Phase 1 of this new service as having a Body Mass Index of 38 with at least one obesity-related comorbidity. Five cohorts of patients have been identified who meet these criteria within the Weight Management Service and the initial pilot will focus on cohorts 1 and 2 and Urgent cases (totalling 517 patients). The findings of this pilot are expected to be brought to the IJBs in 9-12 months.
- 3.6 Whilst this service will have a significant role in the prevention process, no funding has been identified by the SG to deliver it. IJB CFOs will continue to work with NHS Lothian (NHSL) to explore options to offset the medical costs, including consideration of the utilisation of non-pay uplift.
- 3.7 In addition, a bid has been submitted by NHSL to Innovate UK around prevention and system innovation. The bid underwent the interview stage in January and the outcome is expected in February. If successful, the funding would support the revenue staffing costs associated with this programme of work for the first three years.
- 3.8 Safe implementation will require a new pathway and appropriate governance and controls to ensure financial and service delivery risks are managed effectively.
- 3.9 The proposed phased approach for the cohorts identified will enable a controlled implementation, inform future service and workforce design, and influence the scale and timing of subsequent expansion.
- 3.10 A new introductory seminar for patients on the safe and effective use of these medicines along with a dedicated telephone line for patients to obtain support or discuss concerns are two of the new initiatives that have been established as part of the pathway.

- 3.11 The table below summarises the Year 1 and recurring additional staffing costs for each IJB.

IJB	2026/27 Cost (£k)	Recurring Cost (£k)
East Lothian	27	13
Edinburgh	129	63
Midlothian	23	11
West Lothian	47	23
Total Staffing Cost	226	110

The staffing costs are allocated across the IJBs on a PCNRAC basis reflecting the approach applied to other Hosted services.

- 3.12 The following table sets out the potential maximum drug costs per IJB for Year 1 and recurringly. The costs have been modelled on the maximum cost of £1,586 per individual per year applied to the cohorts of patients outlined in 3.5.

IJB	Individuals	2026/27 Cost (£k)	Recurring Cost (£k)
East Lothian	73	81	115
Edinburgh	224	250	355
Midlothian	77	86	122
West Lothian	144	160	228
Totals	517	578	820

- 3.13 An assessment of the existing Tier 3 Weight Management waiting list in Lothian indicates there are approximately 2600 individuals who meet the Scottish Government Phase 1 eligibility criteria.
- 3.14 The key risks around funding and implementation have been highlighted above. A full list of the risks is presented in section 9 of the full report.

4 ENGAGEMENT

- 4.1 The SLWG set up to take this work forward has representation from key stakeholder groups, including patients.

5 POLICY IMPLICATIONS

- 5.1 The NHS Scotland Consensus Statement: national criteria for the prioritisation of glucagon-like peptide -1 receptor agonists (GLP-1 Ras) and GLP-1 RA/glucose – dependant insulinotropic polypeptide receptor agonists (GP Ras) for the treatment of obesity in NHS Scotland provided

the guidance and recommendation regarding phased implementation and criteria to enable consistency across Scotland.

6 INTEGRATED IMPACT ASSESSMENT

- 6.1 The subject of this report has been through the Integrated Impact Assessment process and no negative impacts have been identified.

7 DIRECTIONS

- 7.1 Consideration needs to be given to whether this needs a separate direction.

8 RESOURCE IMPLICATIONS

- 8.1 The resource implication have been highlighted in this covering paper and are detailed in the full paper at Appendix 1.

9 BACKGROUND PAPERS

- 9.1 The background papers for this work are attached to the full paper at **Appendix 1**.

Appendices: Appendix 1 Obesity Medicines Specialist Pathway

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DATE	26 February 2026

Midlothian IJB Strategic Planning Group



27th January 2026

Obesity Medicines Specialist Initiation Pathway

Item number: for IJB team use

Executive summary

1.1 This report provides an update to Strategic Planning Group on the development of a Specialist Initiation Pathway for obesity medicines (GLP-1/GIP RA) as instructed by NHS Lothian CMT and informed by subsequent monthly discussions within the Chief Officer and Chief Finance Officers Business Meeting. This forms part of our system wide communication on this work.

As a result of this report, Members are asked to:

- Consider the Specialist Initiation pathway for obesity medicines within the Dietetic led weight management service in collaboration with Independent Prescribers and medical oversight to support the initial two cohorts of patients
- Consider the resource implications
- Support the progress of this work to the IJB

Obesity Medicines Specialist Initiation Pathway

2 Purpose

- 2.1 This report provides an update to Strategic Planning Group on the development of a Specialist Initiation Pathway for anti-obesity medicines (GLP-1/GIP RA) as instructed by NHS Lothian CMT and informed by subsequent monthly discussions within the Chief Officer and Chief Finance Officers Business Meeting. This forms part of our system wide communication on this work.

3 Recommendations

- 3.1 As a result of this report, Members are asked to:
- Consider the Specialist Initiation pathway for obesity medicines within the Dietetic led weight management service in collaboration with Independent Prescribers and medical oversight to support the initial two cohorts of patients
 - Consider the resource implications
 - Support the progress of this work to the IJB

4 Background and main report

- 4.1 Obesity medicines semaglutide (Wegovy) and tirzepatide (Mounjaro) have been approved for use by the Scottish Medicines Consortium (SMC) for weight management.
- 4.2 These medicines were added to the East Region Formulary in February 2025 and a Short Life Working Group (SLWG) established to develop a pathway and associated Shared Care Agreements for Specialist Initiation of these medicines to enable safe and effective prescribing via Independent Prescribers in conjunction with the delivery of our weight management service.
- 4.3 The Shared Care Agreement, a fundamental part of medicines governance, has been developed and approved by the General Practice Prescribing Committee (GPPC). Feedback from GP Sub however should be noted as collectively they would not support the implementation of the Shared Care Agreements, acknowledging the resource constraints within Primary Care.
- 4.4 NHS Lothian Dietetic Weight Management Service is a dietetic-led, community-based multi-disciplinary team hosted by Midlothian HSCP on behalf of NHS Lothian. The service provides specialist lifestyle and behavioural management input and consist of a workforce of 26wte staff from bands 3 to 8a alongside psychology and exercise specialists. The specialist adult weight management capacity equates to 5.1wte dietitians, 0.7 wte psychology and 1wte physical activity specialist.

- 4.5 Dietitians are supplementary prescribers meaning that they can prescribe pre-agreed medicines under a Clinical Management Plan which has been approved by a doctor or dentist. A clinical management plan is required for each individual patient in accordance with supplementary prescribing legislation.
- 4.6 Independent Prescribers can autonomously assess, diagnose and prescribe medicines which are within their area of expertise and legal scope. Dietitians are not Independent Prescribers therefore expert input has been provided to support testing this pathway using Independent Prescribers. Initially being supported by Pharmacy Independent Prescribers but acknowledging that a range of professions have this knowledge, skill and experience clinically.
- 4.7 The pathway development within a sub-group of the SLWG has enabled exploration and mitigation relating to the safe and effective prescribing of these medicines including medicines governance, assessments for medicines and support for prescribers including medical oversight. A range of resources have been developed in response and ongoing oversight is provided by a range of subject matter experts including Independent Prescribing experts, Advanced Practice and Medicines Management Specialists, Dietetics Supplementary Prescribers and Weight Management Experts.
- 4.8 The pathway includes a new introductory seminar for patients on the safe and effective use of these medicines as well as telephone line for patients to seek support or discuss any concerns associated with the medicines.
- 4.9 It should be noted that this further pathway work is underway within Secondary Care to support urgent and complex care within Secondary Care. A proposal is in development and is referenced in Appendix 2.
- 4.10 To enable safe and controlled use of these medicines in line with the [Scottish Governments Consensus Statement](#), five cohorts of patients have been identified within the Weight Management Service who meet the criteria for Phase 1 (Body Mass Index over 38 with at least one obesity related comorbidity)

Table 1. Proposed Phase 1 roll out

Patient group	Expected numbers and timescale	Resource required
Cohort 1	75 patients (1 month to onboard)	Existing Weight Management resource, additional capacity for Independent Prescribing input Already on waiting list (Saxenda)
Cohort 2	422 patients (Up to 6 months to onboard)	Additional Weight Management capacity to facilitate patient education and Independent Prescribing input Currently in Tier 3 groups/weight maintenance
Urgent	20 patients (TBC)	Proposal in development led by secondary care colleagues in Renal and supported by Caroline Whitworth, Medical Director (Acute) and Consultant in Renal Medicine

		Existing service infrastructure mapping underway to ensure viability of pilot.
Phase 1 Total	517	
Future Phase COHORT (Prev described as Cohort 3 & 4)	Onboarding will depend on learning from cohorts 1 & 2	This ensures that we are in line with waiting time governance Currently approx. 2,600 patients on Weight Management waiting list meet Phase 1 criteria Resource requirements will be identified from cohort 1 and 2 and reported back to IJBs to inform next steps
BAU (Prev described as Cohort 5)	New referrals into an enhanced weight management service	Future 'at scale' innovative models of care yet to be designed. Digital 'wrap around' where patients could be referred to for remote support, with prescribing from GPs/primary care and secondary care services.

- 4.11 Through combining the criteria with these cohorts, we need to operationalise this pathway to create access to these medicines. The sub-group will continue to provide a route for shared learning from the pathway for cohorts 1 and 2, evaluating to enable effective reporting and strategic oversight for the SLWG, CMT, Chief Officers Network and via the NHS Lothian Healthy Weight and Type II Prevention Strategic Group. Reporting on the findings of cohorts 1 and 2 would be reported back in 9 to 12 months to the IJBs.
- 4.12 UK Research and Innovation (UKRI) supported a three-month design project within the Weight Management Service. This work, in collaboration with Digital Health and Care Innovation Centre (DHI) aimed to support a Once for Scotland approach to equitable, scalable obesity care.
- 4.13 This work has formed a fundamental component in a recent grant application to the Obesity Pathway Innovation Programme (OPIP.) The application to this three-year funding opportunity includes operationalising the digital design work from across all six participating health boards into a fully digital end-to-end pathway. This will support service delivery, respond to demand and create opportunity to test additional pathways for obesity medicines (GLP-1/GIP RA.) Successful grants are expected to be announced in February 2026. NHS Lothian's collaborative bid with Defence Medical Services has progressed to the next stage of the process and the team have been invited to interview on 20 January 2026.
- 4.14 To support systems thinking around obesity medicines a Grand Round on GLP-1/GIP RA will be facilitated by Medical Education. This virtual session on 18th March 2026 will host national subject matter expert Professor Mike Lean.

5 Policy Implications

- 5.1 The NHS Scotland Consensus Statement: national criteria for the prioritisation of glucagon-like peptide-1 receptor agonists (GLP-1 Ras) and GLP-1 RA/glucose-dependant insulinotropic polypeptide receptor agonists (GIP Ras) for the treatment of

obesity in NHS Scotland provides the guidance and recommendations regarding phased implementation and criteria to enable consistency across Scotland.

6 Directions

- 6.1 This report aligns to Direction 9.5

7 Equalities Implications

An Equality and Children’s Rights Impact Assessment (ECRIA) screening tool has been completed and submitted with this report. There is no requirement to undertake an ECRIA as a result of this report. However, a recent ECRIA has been undertaken as part of the wider weight management service and supports the implementation of this work.

8 Resource Implications

- 8.1 The implementation of the Obesity Medicines Specialist Initiation Pathway requires additional clinical and professional capacity to ensure safe and effective delivery. However, recognising the constrained financial context, a substantial programme of work has been undertaken to minimise additional cost pressures and maximise the use of existing resources.
- 8.2 A detailed review of the current Weight Management and Type II Diabetes Service, which operates with a budget of circa £1.8m and an establishment of 26 WTE, has been completed to identify opportunities for service redesign, reprioritisation and efficiency. As a result, a significant proportion of the originally identified resource requirement has been mitigated through internal efficiencies.
- 8.3 The additional workforce requirement is set out below:

Role	WTE	2026/27 Cost (£k)	Recurring Cost (£k)
Dietitian (Band 3)	1.00	41	41
Dietitian (Band 6)	1.00	69	69
Independent Prescriber (Band 8a)	1.00	86	-
Medical (Consultant)	0.20	30	-
Additional Workforce Cost	3.20	226	110

- 8.4 The non-recurring elements relate to specialist input required to support pathway establishment, governance, and clinical oversight during the initial phase of implementation.
- 8.5 Dietetics is a delegated function to IJBs and is hosted within Midlothian. The current financial model allocates costs on a PCNRAC share basis, which will continue to be applied to the ongoing staffing costs associated with this pathway. The current PCNRAC shares are:

- East Lothian – 12%
- Edinburgh – 57%
- Midlothian – 10%
- West Lothian – 21%

8.6 Applying this model results in the following distribution of staffing costs:

IJB	2026/27 Cost (£k)	Recurring Cost (£k)
East Lothian	27	13
Edinburgh	129	63
Midlothian	23	11
West Lothian	47	23
Total Staffing Cost	226	110

8.7 As the evaluation progresses, the PCNRAC funding methodology will be kept under review to ensure it remains an appropriate and equitable model for cost distribution, consistent with the approach applied to other hosted services.

8.8 Medication costs will be attributed directly to the IJB corresponding to the individual receiving treatment, in line with established practice for other prescribed medicines.

8.9 Modelling has been undertaken in collaboration with Pharmacy colleagues to assess the likely phasing and financial impact of the rollout. Due to uncertainty around individual titration and final maintenance dosages, the modelling assumes the maximum annual cost per individual. This provides a prudent upper limit estimate of financial exposure.

8.10 The model is based on a cost of £1,586 per individual per year. The figures below therefore represent the maximum potential cost for cohorts one and two:

IJB	Individuals	2026/27 Cost (£k)	Recurring Cost (£k)
East Lothian	73	81	115
Edinburgh	224	250	355
Midlothian	77	86	122
West Lothian	144	160	228
Totals	517	578	820

8.11 The combined staffing and medication costs represent the total revenue implications for each IJB in 2026/27 and on a recurring basis for urgent care, cohort one and two:

IJB	2026/27 Cost (£k)	Recurring Cost (£k)
East Lothian	108	129
Edinburgh	379	417
Midlothian	109	133

West Lothian	208	251
Total Cost	804	930

Further Considerations:

- 8.12 Through the shared care agreement, as approved by General Practice Prescribing Committee, patients are transferred to primary care at six months, enabling general practice to continue repeat prescribing and ongoing long-term condition monitoring.
- 8.13 Further work is underway at both a national and local level to develop an enhanced service model to support GP involvement in both the initiation of GLP-1 therapies and the long-term monitoring of patients. The financial implications of this approach have not yet been fully quantified, however, if this results in a new contractual arrangement, rather than the replacement of an existing one, it is likely to give rise to additional costs. These implications will be considered and reported as part of the formal evaluation at 9–12 months.
- 8.14 In addition, NHS Lothian has submitted a bid to Innovate UK focused on obesity prevention and system innovation. The bid has been successful at the first stage and NHS Lothian has been invited to interview in mid-January, with outcomes expected in February. If successful, the funding would support the revenue staffing costs associated with this proposal for up to three years, reducing the financial pressure on IJB budgets during the initial implementation period. It should be noted that medication costs are not within the scope of the Innovate UK funding and would therefore continue to require direct funding by IJBs in line with existing arrangements.

Horizon Scanning:

- 8.15 The current proposal relates solely to a small urgent care pilot and cohorts one and two, comprising 517 individuals. However, analysis of the existing Tier 3 Weight Management waiting list indicates that there are approximately 2,600 additional individuals who meet the Scottish Government Phase 1 eligibility criteria.
- 8.16 Scenario modelling has been undertaken to illustrate the potential medication cost exposure associated with a wider rollout. This modelling assumes phased onboarding of individuals over time and the use of maximum annual medication costs. The projected cost profile is set out below:

	2026/27 Cost (£k)	2027/28 Cost (£k)	2027/28 Cost (£k)	2028/29 Cost (£k)	2029/30 Cost (£k)
Individuals on treatment	517	1,167	1,817	2,467	3,117
Spend Projection (£k)	578	1,401	2,432	3,463	4,494

- 8.17 Under this scenario, once all eligible individuals across cohorts one to five are established on treatment, the maximum recurring medication cost is estimated to be £4,944k per annum, effective from 2030/31.

- 8.18 A full rollout would also require further development of clinical infrastructure, digital systems and workforce capacity, particularly within Dietetics and associated services. This is likely to result in additional resource requirements beyond those identified within this paper. At this stage, a high-level estimate of the potential additional cost is in the range of £0.5m to £1.0m per annum. This estimate will be refined and tested through the evaluation period.
- 8.19 The proposed phased approach enables a controlled implementation, allowing the evaluation of cohorts one and two to inform future service design, workforce modelling and affordability assessments. This evaluation will be critical in determining the feasibility, scale, and timing of any subsequent expansion.

9 Risk

- 9.1 There is a risk that based on the staffing model, that demand will exceed capacity. The evidence base associated with these medicines continues to develop but at this time, it is unclear what is affordable versus best practice.
- 9.2 By adding minimal clinical capacity to the weight management service for cohorts one and two, this will exacerbate the current waiting list pressure which remains on the MHSCP risk register.
- 9.3 The weight management service and specifically Tier 3 service will continue to have unacceptable waits, in excess of 52 weeks beyond the 31st March 2026 deadline.
- 9.4 There is a risk of patient complaints due to the cohorting of patients alongside the national phasing of these medicines.
- 9.5 There is a wider financial risk due to the current medication costs and lack of additional resource.
- 9.6 The risk that beyond six months as described in the Shared Care Agreement, Primary Care are unable to continue prescribing due to lack of capacity and resource.
- 9.7 Long term conditions require to be managed concurrently given the known clinically significant effects of weight loss and cardio metabolic health improvements of these medicines and this is not part of the weight management clinical scope of practice.

10 Involving people

- 10.1 The short life working group, supported by sub-group activity have included a broad range of stakeholders across the health and care system including a service user.

11 Governance

Please select yes or no:

This report is in relation to a Midlothian IJB strategy, plan, policy, Direction, or financial decision that should be escalated to Midlothian IJB for final approval. ✓

This report includes information that should be escalated to Midlothian IJB for noting only. X

This report is the Strategic Planning Group's Business as Usual (BAU) and does not require Midlothian IJB's review. X

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Date	09/01/2026

Appendices: Appendix 1 – Scottish Government Consensus Statement
Appendix 2 – SBAR GLP1 for PSEAG



GLP1

consensus-statement.



SBAR GLP1s for
PSEAG.docx



REPORT TO: East Lothian Integration Joint Board
MEETING DATE: 26 February 2026
BY: Chief Officer
SUBJECT: Reappointment of IJB Lead Voting Member

10

1 PURPOSE

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

2 RECOMMENDATIONS

- 2.1 The IJB is asked to note the reappointment of Andrew Cogan as lead voting member of the IJB for the maximum term of office.

3 BACKGROUND

- 3.1 Mr Cogan was originally appointed as lead voting member of the East Lothian IJB, representing NHS Lothian, with effect from 6 April 2023. His term of office was due to expire on 5 April 2026. NHS Lothian's Board met on 4 February 2026 and agreed to reappoint Mr Cogan him for a further three-year term of office, effective from 5 April 2026.
- 3.2 NHS Lothian and East Lothian Council may each appoint four voting members, and these appointments do not require the approval of the IJB. All IJB members, except those where their membership is by virtue of their role, e.g. Chief Officer, are appointed to the IJB for a maximum term of office of three years. Thereafter, appointments may be renewed for subsequent terms.

4 ENGAGEMENT

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

5 POLICY IMPLICATIONS

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

6 INTEGRATED IMPACT ASSESSMENT

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

7 DIRECTIONS

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

8 RESOURCE IMPLICATIONS

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

9 BACKGROUND PAPERS

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

AUTHOR'S NAME	Becky Crichton
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CONTACT INFO	rcrichton@eastlothian.gov.uk
DATE	14 February 2026

REPORT TO: East Lothian Integration Joint Board

MEETING DATE: 26 February 2026

BY: Chief Officer

SUBJECT: East Lothian IJB and Audit & Risk Committee Meetings
Dates 2026-27

11

1 PURPOSE

- 1.1 To set the dates of East Lothian IJB business meetings and development sessions, and meeting dates for the Audit & Risk Committee during session 2026-27.

2 RECOMMENDATIONS

- 2.1 The IJB is asked to
- i. approve the dates for IJB business meetings during session 2026-27, as set out in Appendix 1;
 - ii. approve the dates for IJB development sessions during session 2026-27, as set out in Appendix 2; and
 - iii. approve the dates for the Audit & Risk Committee meetings during session 2026-27, as set out in Appendix 3.

3 BACKGROUND

- 3.1 The IJB is required to approve a schedule of meeting dates and development sessions for each session (Appendices 1 and 2). Under its Standing Orders, the IJB may call additional business meetings, however, this discretion will be used only in exceptional circumstances. In the event that a meeting date has to be changed, members will be notified as soon as practicable.
- 3.2 The IJB must also approve a schedule of meeting dates for the Audit & Risk Committee (Appendix 3). In doing so, members are asked to note the later start time for the December meeting.
- 3.3 Meetings continue to take place online, via Teams, and recordings are made available on the Council's website.

4 ENGAGEMENT

- 4.1 The Chairs, Depute Chairs and Chief Officers have been consulted on the proposed meeting and development session dates in this report. There has also been consultation with the clerking teams within NHS Lothian and Edinburgh and Midlothian Councils.

5 POLICY IMPLICATIONS

- 5.1 There are no policy implications as a result of this report.

6 INTEGRATED IMPACT ASSESSMENT

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

7 DIRECTIONS

- 7.1 The subject of this report does require the creation of a new Direction or the alteration of an existing Direction issued by the IJB.

8 RESOURCE IMPLICATIONS

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

9 BACKGROUND PAPERS

- 9.1 None.

AUTHOR'S NAME	Becky Crichton
DESIGNATION	Committees Officer
CONTACT INFO	rcrichton@eastlothian.gov.uk
DATE	14 February 2026

PROPOSED IJB MEETING DATES – SESSION 2026-27

- Thursday 27 August 2026, 2pm
- Thursday 24 September 2026, 2pm
- Thursday 29 October 2026, 2pm
- Thursday 17 December 2026, 2pm
- Thursday 25 February 2027, 2pm
- Thursday 25 March 2027, 2pm
- Thursday 27 May 2027, 2pm
- Thursday 24 June 2027, 2pm

It is proposed that all meetings be scheduled for 2.00-4.30pm. This additional half hour would provide some flexibility in diaries, in case of longer agendas/discussion time.

PROPOSED IJB DEVELOPMENT SESSION DATES – SESSION 2026-27

- Tuesday 18 August 2026
- Thursday 26 November 2026
- Thursday 28 January 2027
- Thursday 22 April 2027

All development sessions will be scheduled for 2.00-4.30pm, and will include a break. Additional arrangements will be confirmed in due course.

**PROPOSED AUDIT & RISK COMMITTEE MEETING DATES – SESSION
2026-27**

- Tuesday 15 September 2026, 2pm
- Tuesday 1 December 2026, **3pm**
- Tuesday 9 March 2027, 2pm
- Tuesday 15 June 2027, 2pm

All meetings to be scheduled for 2 hours.