



**Commissioning Strategy and
Market Facilitation Statement
2025–2030**

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Introduction

Key Priorities

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

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| <p>Strategic Objective 1</p> <p>Transformation and Change</p> <p>‘We will transform, or significantly change, how services are planned and delivered to ensure that population needs can be met as effectively as possible within the resources available, whilst continuing to prioritise the outcomes that matter to individuals.’</p> | <p>Strategic Objective 2</p> <p>Prevention, Early Intervention, and Self-Management</p> <p>‘We will continue to invest in services and activities that focus on prevention and early intervention and that support people to look after their health and wellbeing.’</p> | <p>Strategic Objective 3</p> <p>Reducing Health Inequalities</p> <p>‘We will prioritise the delivery of services to improve health and social care outcomes for those most disadvantaged in our communities and will work with partners to address the factors that contribute to health inequalities.’</p> |
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In order to deliver these the following strategic delivery priorities have been identified:

Strategic Objective 1 – Transformation and Change

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

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

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

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

Strategic Objective 3 – Reducing Health Inequalities

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

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

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

Nothing about me, without me'

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

East Lothian Council and NHS Lothian as an Anchor Institution

East Lothian Council

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

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

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

What is an Anchor Institution?

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



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

<https://publichealthscotland.scot/anchors>

¹ <https://turasdata.nes.nhs.scot/media/j0vdmil/workforce-report-june-2022-formatted.pdf>. ² Figures as reported by NHS Scotland boards through DXC for 2022/23. ³ Public Health Scotland. Current NHS Hospitals in Scotland. PHS: Edinburgh; 2023. www.isdscotland.org/Health-Topics/Hospital-Care/Hospitals/

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

Commissioning Intentions and Key Market Messages

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

National Health and Wellbeing Outcomes

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

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

Background

What is Strategic Commissioning?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

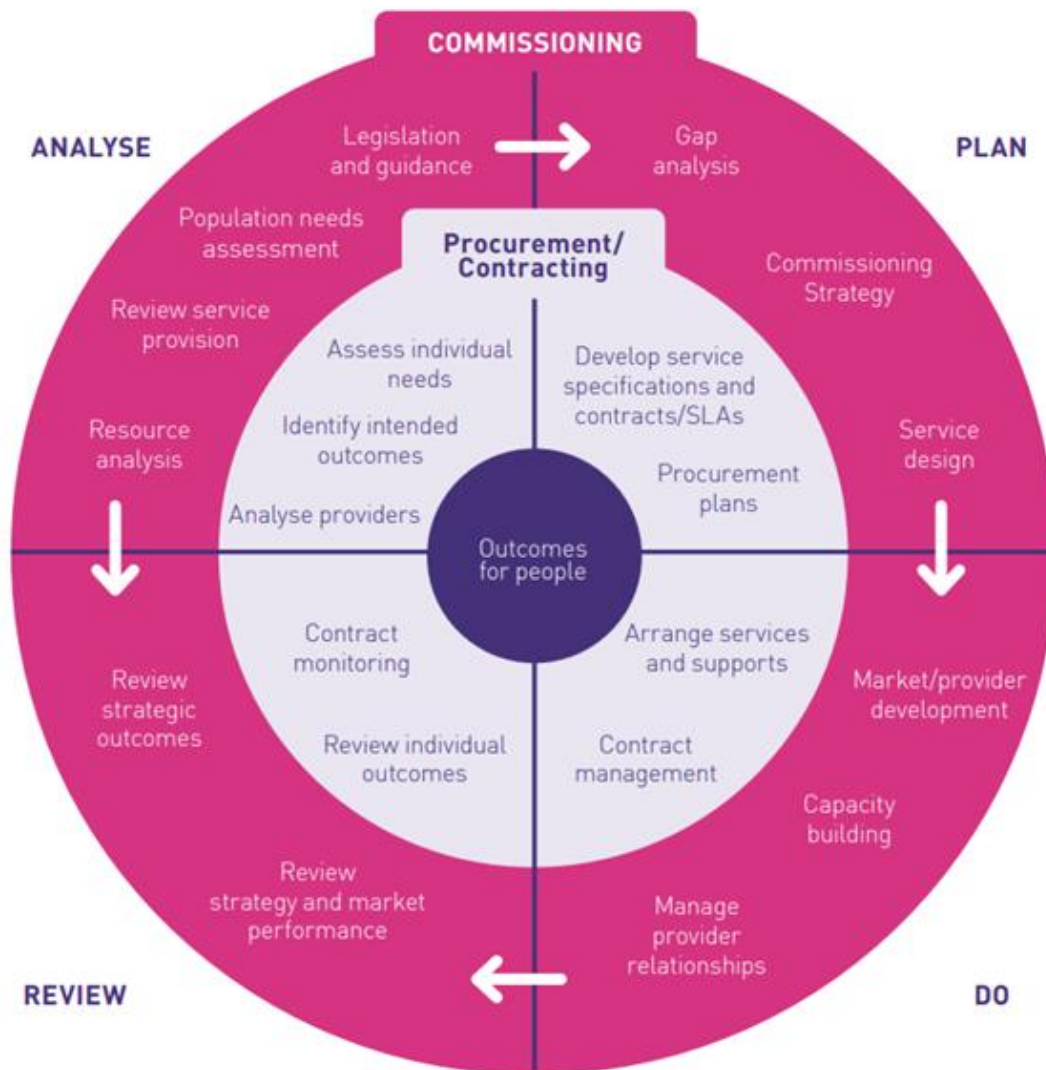


Figure 4 - Commissioning cycle diagram.

Who is the Commissioning Strategy and Market Facilitation Statement for?

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

Specifically, the strategy is for:

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

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

What is the Governance?

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

Commissioning Board

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

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

Models of Commissioning

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

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

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

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

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

The way in which we embed ethical and collaborative principles at a local level to deliver support and solutions for better consistency of access, drive up quality and secure person-centeredness will be driven forward in line with the [Scottish Government's Ethical Commissioning and Procurement approach as per the Care Reform \(Scotland\) Act 2025](#).

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

Co-production

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

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

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

Self-Directed Support

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

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

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

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

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

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

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

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

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

Procurement Services

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

Monitoring of Outcomes

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

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

Market Facilitation Statement

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

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

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

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

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

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

Current Supply

Care Home

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

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

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

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

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

Care at Home

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

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

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

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

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

Community Support

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

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

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

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

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

Learning Disability

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

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

Physical Disability and / or Sensory Impairment

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

Carers

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

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

Mental Health

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

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

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

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

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

Technology Enabled Care (TEC)

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

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

Strategic and Policy Context

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

National

- [NHS Scotland Operational Improvement Plan 2025 – 2026](#)
- [Scottish Government Population Health Framework 2025 - 2035](#)
- [Health and Social Care Service Renewal Framework](#)
- [Independent Review of Adult Social Care \(2021\)](#)
- [Care Reform \(Scotland\) Bill](#) (replaces the previous National Care Service [Scotland] Bill)
- [A Fairer Scotland for Older People \(2019\)](#)
- [Keys to Life Strategy \(2019 – 2021\)](#)
- [Mental Health Strategy \(2017 – 2027\)](#)

Local

- [East Lothian Integration Joint Board Strategic Plan 2022 – 2025](#)
- East Lothian Integration Joint Board Strategic Plan 2025 – 2030
- [East Lothian Plan 2017 – 2027](#)
- [East Lothian Local Housing Strategy 2024-2029](#)
- Midlothian and East Lothian Drugs and Alcohol Partnership Delivery Plan
- East Lothian Council Sustainable Procurement Charter
- [East Lothian Council Corporate Procurement Strategy 2023-28](#)
- [NHS Lothian Procurement Policies and Approaches](#)
- East Lothian Council / ELHSCP Transitions Policy

Communications and Engagement

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

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

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

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

Stages of the Commissioning Cycle

Analyse

ELHSCP Joint Strategic Needs Assessment

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

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

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

Plan

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

Do / Deliver

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

Review

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

Version History

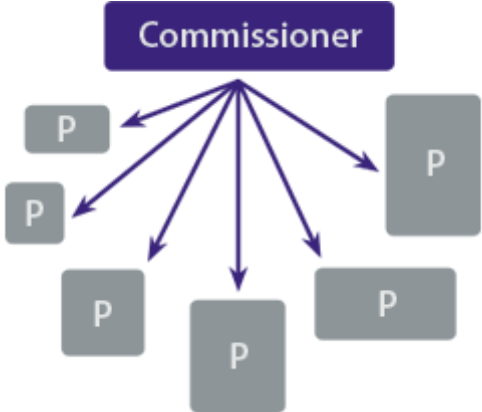
| Version | Date issued | Summary of changes |
|---------|--|--|
| 0.1 | - | Initial draft of strategy. |
| 0.2 | 10/09/25 Shared with key colleagues within Strategic Planning and Commissioning | Diagrams, links and content updated and amended. Title and content amended to incorporate Market Facilitation. |
| 0.3 | Presented to IJB Commissioning Board on 7/10/25 | Changes incorporated following feedback from key colleagues within Strategic Planning and Commissioning. Appendix 1 and 2 updated. |
| 0.4 | Presented to SPG meeting on 20/11/25 | Number of minor amendments following Commissioning Board discussion. |
| 0.5 | Presented to IJB meeting on 18/12/25 | East Lothian Council content added to anchor institution section and Core and Cluster information added to Current Supply section. |
| 1 | Approved at IJB meeting on 18/12/25 | Published online and distributed to key stakeholders in January 2026. |

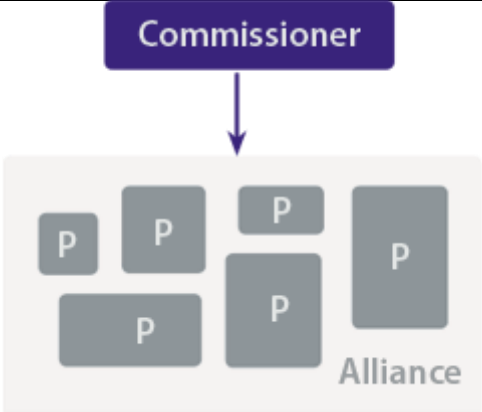
Appendix 1

Contract Types

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

| Contract Type | Definition |
|-------------------------|---|
| Framework agreements | Established following a procurement process, a Framework is an agreement between one or more public bodies and one or more service providers which sets out the terms and conditions under which specific contracts (usually called 'call-off' contracts) can be entered into. In a framework agreement the volume of the service or goods and the timing of the requirement is often unknown when the agreement is established and is only specified at the time of the 'call-off'. An example of this in East Lothian would be the agreements for provision of Care at Home services. |
| Collaborative agreement | Established following a procurement process, a collaborative agreement is usually developed nationally (by another local authority / Health and Social Care Partnership, Scotland Excel or Scottish Procurement) with key stakeholders for use by local authorities. There is an example of this lead by Scotland Excel for the provision of Social Care Case Management systems. |
| Consortium approach | The consortium approach in social care procurement in Scotland refers to a collaborative model where two or more providers come together to jointly bid for a contract or deliver services under a shared agreement. This approach encourages partnership working between third sector organisations, SMEs, and community-based providers and supports smaller or specialist providers to participate in larger contracts they might not be able to deliver alone. |
| Grants | Payments made by the Partnership to third sector organisations to support their activities, an example of this could be one-off funding for the delivery of a community event or other time limited activity |

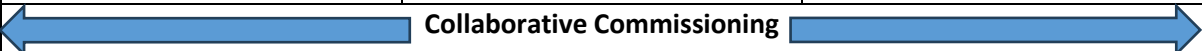
| Contract Type | Definition |
|-----------------------------------|---|
| | that the partnership values but that would not be viable without this funding. Grants should be allocated following a proportionate grant application / approval process. |
| Contracts for services / supplies | Established following a procurement process, a contract for services or supplies is an arrangement between 2 or more parties for the delivery of specified services / goods under set terms and conditions and in return for the agreed remuneration. Including block contracts, time and task, and performance related / incentive-based models. |
| Spot purchase | Spot purchasing (or spot contracting) happens when a service is purchased by or on behalf of (for example, by a local authority) an individual. Services are purchased as and when they are needed and are purchased on an individual basis for a single user. |
| Bespoke agreements | Bespoke contracts are contracts that are tailored to fit the specific requirements of a project. Bespoke contracts are often used when standard form contracts are not suitable. The complexity of the project is one of the main factors that determines which type of contract makes the most sense. |
| Alliance contracting | <p>Alliance contracting is the term usually applied to project or service delivery where there is one contract between the owner / financier / commissioner and an alliance of parties who deliver the project or service. An alliance contract creates a collaborative environment without the need for new organisational forms. By having one alliance contract, all parties are working to the same outcomes and are signed up to the same success measures. There is a strong sense of your problem is my problem; your success is my success.</p> <p>Typically, there is a risk share across all parties and any 'gain' or 'pain' is linked with good or poor performance overall and not to the performance of individual parties.</p> <p>The distinctions between alliance contracts and traditional service contracts are broken down in the diagram below:</p>  <pre> graph TD C[Commissioner] --> P1[P] C --> P2[P] C --> P3[P] C --> P4[P] C --> P5[P] C --> P6[P] </pre> |

| Contract Type | Definition |
|---------------|---|
| |  <p>The diagram illustrates a hierarchical structure. At the top is a dark blue box labeled 'Commissioner'. A blue arrow points downwards from this box to a larger, light grey box labeled 'Alliance'. Inside the 'Alliance' box, there are six smaller grey boxes, each containing a white letter 'P'. The 'P' boxes are arranged in two rows: three in the top row and three in the bottom row. The word 'Alliance' is written in grey text at the bottom right of the light grey box.</p> |

Appendix 2

Priorities for reviewing existing contracts and processes

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

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