THE EDINBURGH PARTNERSHIP

Edinburgh Partnership Board
Meeting Date: Thursday, SEPT 3, 2026
Time: 14:00-16:00
Venue: Valley Park Community Centre

	Item	Presenter/Lead	Time	Pages
1	Welcome & Meeting Protocols			
	a. Welcome & apologies	Chair: Bruce Crawford/ Julie Dickson	14:00-14:05	
2	Declarations of Interest			
	a. Declarations of interest	Chair: Bruce Crawford	14:05-14:10	
3	Minutes			
	a. Minutes of the EPB of 10 June 2026	Chair: Bruce Crawford	14:10-14:15	
4	Finance			
	a. Quarterly Update on the EP Funds b. Partner funds	Sarah Finnegan Sarah Finnegan	14:15-14:20	
5	Outstanding Actions			
	a. Outstanding Actions (EPB tracker)	Sarah Finnegan	14:20-14:30	
6	New Business			
	a. Strategic Housing Partnership Chair update b. Prevention-Focused Lothian Health and Care System c. Third Sector Interface – State of the Sector	Lynn McMath Ashley Goodfellow Gillie/Elena/Bruce	14:30-14:35 14:35-14:50 14:50 – 15:05	
7	Workstream 1: Governance & Administration			
	a. Edinburgh Community Learning & Development Partnership (ECLDP) Annual Report b. Strategic Partnerships – resource requests follow up c. Governance Document – decision making re community bodies d. EP Website	Laurene Edgar (Chair ECLDP) – Paper Sarah Finnegan – PPT Sarah Finnegan Julie Dickson	15:05-15:25 15:25-15:30 15:30-15:40 15:40-15:50	
8	Workstream 2: LOIP 2018-2028			
	a. Quarterly Reports	Sarah Finnegan	15:50-15:55	
9	Workstream 3: LOIP 2028-2038			

10	AOCB			
	What's coming up for your organisation?		15:55 – 16:00	
11	DONM			
	21 Dec 2026, 1 – 3pm, Royston Wardieburn Community Centre			

Future Meeting Dates:

Date	Time	Location
1 March 2027	14:00 – 16:00	TBC
10 June 2027	14:00 – 16:00	TBC

Notes:

On April 2, 2019 the EP agreed a new governance framework, a refresh of the city's Local Outcome Improvement Plan (LOIP) and interim resource arrangements. This included agreement to an annual financial contribution of £10,000 from Police Scotland, NHS Lothian, Scottish Enterprise and the Scottish Fire and Rescue Service and the establishment of the Community Planning Support Team (CPST).										Notes
	Year	**19/20**	**20/21**	**21/22**	**22/23**	**23/24**	**24/25**	**25/26**	**26/27**	**27/28**	
Opening Balance		£456.20	£28,555.14	£28,190.18	£25,761.68	£95,000.18	£33,741.23	£33,152.86	42,490.02	£47,826.75	
Income	**Source**										
	Capital City Partnership	£0.00	£0.00	£0.00	£5,000.00	£0.00	£0.00	£0.00			
	City of Edinburgh Council	£0.00	£0.00	£0.00	£40,000.00	£0.00	£0.00	£0.00			
	Edinburgh College	£0.00	£0.00	£0.00	£2,000.00	£0.00	£0.00	£0.00			
	NHS Lothian	£10,000.00	£0.00	£9,450.00	£12,000.00	£0.00	£0.00	£10,000.00	5,000.00		
	Police Scotland	£10,000.00	£0.00	£0.00	£10,000.00	£0.00	£0.00	£0.00			
	Scottish Enterprise	£10,000.00	£0.00	£0.00	£4,000.00	£0.00	£0.00	£0.00			
	Scottish Fire & Rescue Service	£0.00	£0.00	£0.00	£2,000.00	£0.00	£0.00	£0.00			
	Skills Development Scotland	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00	1,000.00		
	University of Edinburgh	£0.00	£0.00	£0.00	£10,000.00	£0.00	£0.00	£0.00			
	Available budget	**£30,456.20**	**£28,555.14**	**£37,640.18**	**£110,761.68**	**£95,000.18**	**£33,741.23**	**£43,152.86**	**48,490.02**		
	Allocation	**19/20**	**20/21**	**21/22**	**22/23**	**23/24**	**24/25**	**25/26**	**26/27**		
	Neighbourhood Network development (moved to General Partnership Priorities fund in 2022/23)	£13,000.00	£13,000.00	£13,000.00							
	Board Costs	£1,000.00	£897.75	£957.75	£0.00	£0.00	£0.00	£0.00	0.00		
	Room hire										
	Catering										
	Development & Project Costs (Renamed General Partnership Priorities fund from 2022/23)	£16,456.41	£14,657.39	£14,232.43							
	Community Engagment	£0.00	£0.00	£0.00	£2,500.00	£0.00	£0.00	£0.00	£0.00		

Budget	BAME Citizen Panel (1-time)				£5,000.00						
	Edinburgh Survey	£0.00	£0.00	£0.00	£60,000.00	£60,000.00	£0.00	£0.00	0.00		
	End Poverty Edinburgh Citizen's Group (1-time)			£25,000.00	£14,562.50						
	General Partnership Priorities Fund				£28,699.18	£28,150.18	£33,741.23	£4,452.86			
	1-time EACC Contribution (meeting & development costs)					£1,850.00					
	LOIP 2018-2028 Refresh										
	Community engagement							£600.00			25/26 £600 budgeted for CE sessions hosted by EVOC/EaRN
	LOIP 2028-2038 development								24,700.00	£15,000.00	
	Community engagement (faiclities & refreshments)								£20,000		
	Materials and supplies								£1,000		
	Barrier reduction fund								£5,000		
	Communications								£2,000		
	Formal Consultation									£10,000	
	Graphic Design									£5,000	
	LOIP Conference										
	Communications								£500.00		
	Facility & refreshments								£5,000		
	Speaker costs								£5,000		
	Website										
											Website options being appraised
	Budget Sum	**£30,456.41**	**£28,555.14**	**£53,190.18**	**£110,761.68**	**£90,000.18**	**£33,741.23**	**£5,052.86**	**38,500.00**	**£15,000**	
	Allocation										

	Development Workshop	£1,203.00	£180.00	£0.00	£324.00	£744.00	£0.00	£0.00	0.00		
	Board costs										
	Food & Drink	£596.02	£0.00	£0.00	£0.00	£514.95	£202.37				
	EP Board Room Hire & refreshments	£60.00	-£60.00	£0.00	£0.00	£0.00	£386.00	£578.00	82.80		**2026/27** £82.80 Sept 2025 EPB at Royal Ed (invoiced late & showing in 26/27) **2025/26** £113 Broomhouse rental March 2026 EPB £285 June 2025 EPB rental (North Ed Arts) £60 Dec 2025 EPB (Spartans) £120 EPB Induction Sept 2025 (chambers catering)
	Other	£45.25	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00			
	Web domain costs	£0.00	£244.96	£182.80	£0.00	£0.00	£0.00	£84.84			
	Animate: Join the Dots	£0.00	£0.00	£1,258.20	£0.00	£0.00	£0.00	£0.00			
	Advice Service Review (EPE Citizen Grp Budget)			£10,437.50	£10,437.50	£0.00	£0.00	£0.00			
	BAME Citizens' Panel (one-time)				£5,000.00						
	Edinburgh Survey					£60,000.00	£0.00	£0.00	0.00		
	LOIP 2018-2028 Refresh										
	Community Engagement								580.47		£580 for communtiy engagement session on LOIP refresh (to EVOC)
	LOIP 2028-2038 development										
	Expenditure Sum	**£1,904.27**	**£364.96**	**£11,878.50**	**£15,761.50**	**£61,258.95**	**£588.37**	**£662.84**	**663.27**		
Closing Balance		**£28,551.93**	**£28,190.18**	**£25,761.68**	**£95,000.18**	**£33,741.23**	**£33,152.86**	**£42,490.02**	**47,826.75**		

Actual Expediture

No	Date	Report Title	Action	Action Owner	Expected completion date	Status	Comments
1	12/12/2023	Update – LOIP Priority 1 – 'Enough Money to Live On'	3) To consider Energy Poverty at a future meeting of the board and note the work of Home Energy Scotland.	Chief Executive Lead Officer: Gillie Severin - Gillie.severin@edinburgh.gov.uk	Ongoing	In progress	Action 1.3 update May 2026 CEC officers will be scheduling a roundtable session to gather some evidence and start to plan for any actions CEC/the EP may need to make in response to a Middle East driven cost of living crisis. EP Board members will be invited to take part Actions 1.3 and 1.4 Update June 2025: This work will be considered as part of the Poverty Commission interim report and will be brought to the EPB board in the autumn for discussion and agreement on collective priorities.
2	03/09/2024	Becoming A Trauma Informed Partnership	1) To agree members would complete initial awareness training by December 2024.	Head of Strategy: Gillie Severin - Gillie.severin@edinburgh.gov.uk	Jun-27		**Update Feb 2026** The trauma informed lead has left the council, with leadership in this area shifting to the Strategy team. CEC is now determining how to best utilize funds to embed trauma informed practice across the council. We will also consider training and how/when this could be offered to the Partnership. Update May 2025 The funding for this work still exists and work is underway to redefine how we best use the budget. This includes scoping what other trauma work sits within the partnership, including within the Children's Partnership and CSJP etc.
3	03/09/2024	Becoming A Trauma Informed Partnership	2) To request links in the report be checked and updated if required to enable members to complete training.	Head of Strategy: Gillie Severin - Gillie.severin@edinburgh.gov.uk	Jul-27		
4	03.12.25	Prevention & the EP Workplan	Agreed the draft IS Workplan, noting the associated resource implications – full improvement plan detailed - link in comment IS Workplan Priority 1: Review how the CPP records progress towards achieving LOIP outcomes and how such performance information is presented to the Board to support scrutiny.	Community Planning Support Team (CPST) to facilitate through LOIP refresh & lead Logic modelling workshop.		In progress	Specific actions from the IS report listed below with updates against them.
5	03.12.25	Prevention & the EP Workplan	1) Undertake a logic modelling exercise to understand what the CPP wants to achieve in both the short and long term as part of the new LOIP development.	Community Planning Support Team (CPST) to facilitate through LOIP refresh & lead Logic modelling workshop		In progress	1) For LOIP 2018-2028 refresh EP Board has expressed a core objective is to improve clarity on actions and outcomes/ impact. This will be achieved by developing a Performance Framework alongside the refreshed LOIP. (Workstream 2). During LOIP 2028-2038 development CPST will lead a logic modelling exercise (workshop) with EP Board members, after the data analysis and initial community engagement has been completed. This session can also be used to establish the vision for LOIP 2028-2038 and core Priorities. (Workstream 3).
6	03.12.25	Prevention & the EP Workplan	3) Develop performance management framework for the partnership building on the learning from actions 1 and 2. (Workstreams 2&3) In Progress	Community Planning Support Team (CPST) to facilitate through LOIP refresh & lead Logic modelling workshop.		In progress	**3) and 4)** In Progress: **May 2026**: Every action in the refreshed Community Plan (LOIP) has indicators of progress and outcome (impact) which will be integrated into the new Performance Management Framework. CPST is working with the CEC Data team to develop the back end of the Framework
7	03.12.25	Prevention & the EP Workplan	4) Review current performance reporting format	Community Planning Support Team (CPST) to facilitate through LOIP refresh & lead Logic modelling workshop.		Complete	**3) and 4)** In Progress: May 2026: Every action in the refreshed Community Plan (LOIP) has indicators of progress and outcome (impact) which will be integrated into the new Performance Management Framework. CPST is working with the CEC Data team to develop the back end of the Framework
8	03.12.25	Prevention & the EP Workplan	Agree the draft IS Workplan, noting the associated resource implications – full improvement plan detailed here IS Workplan Priority 2: Further develop how the partnership engages with communities to ensure they are aware of the work of the CPP and that their views shape decision making.	Community Planning Support Team (CPST)		In progress	
9	03.12.25	Prevention & the EP Workplan	1) Develop a clear definition of engagement across the partnership. •Clearly define what we mean by communities. •Engage with communities in the development of this.	Community Planning Support Team (CPST)			

10	03.12.25	Prevention & the EP Workplan	2) Undertake logic modelling exercise to develop approach to engagement. •Ensure a phased approach to implementation	Community Planning Support Team (CPST)			May 2026 update: In Progress (early stage):The development of an EP Participation Strategy is included as an action in the refreshed Community Plan (LOIP) tabled for approval by the EPB on Jun 10, 2026. A working group has been established to progress this action. Development timeline needs to align with the LOIP 2028-38, NPP and Locality Plan development/engagement to avoid duplication/engagement fatigue. A development timeline will be brought to a future meeting of the EPB for review. March 2026 update: Working group of CPST established to develop & deliver the plan for this work. Best practice is to develop a Participation Strategy for the EP to include the items in the Action column. Engagement & Comms plan for this work will be developed and aligned with the LOIP 2028-38 development to avoid engagement fatigue.
11	03.12.25	Prevention & the EP Workplan	3) Undertake a mapping exercise to understand current levels of engagement across partners in each area. •Engage with partners to understand engagement methods.	Community Planning Support Team (CPST)			
12	03.12.25	Prevention & the EP Workplan	4) Engage with communities to understand how they would like to engage. •Review methods of engagement for specific community groups. •Review Community Planning website to ensure it supports engagement. •Explore the use of an Edinburgh CPP email address to increase engagement.	Community Planning Support Team (CPST)			
13	03.12.25	Prevention & the EP Workplan	5) Utilise Neighbourhood Prevention Hubs to pilot projects.	Community Planning Support Team (CPST)			
14	03.12.25	Prevention & the EP Workplan	6) Engage in project-specific communication to ensure that intended outcomes and impacts are clearly conveyed	Community Planning Support Team (CPST)			
15	03.03.26	LOIP Refresh Workshop	EP Board members to provide dates of meetings the draft will be reviewed/scrutinised at to the CPST by May 8, 2026	All EP Board members	May 8, 2026	Closed - not complete	Update May 2026: Draft refresh of the Community Plan (LOIP) was sent to EP Board members on May 4, 2026 with the ask that this is shared with their relevant decision-making bodies or membership for scrutiny/awareness. The deadline for feedback is May 28th to allow sufficient time for consideration/updates prior to EP Board Papers being shared on June 3rd. CPST awaits feedback as to when these meetings will take place. Armed Forces – CEC – P&S Committee on May 26, 2026 (papers due April 20, 2026) Edinburgh Chamber of Commerce – Edinburgh Affordable Housing Partnership – EACC – Edinburgh College – EIJB – EVOC (TSI) – NHS Lothian – Health Board on ? Police Scotland – Divisional Commander and Strategic Lead for Partnerships Scottish Enterprise – Scottish Fire and Rescue - Skills Development Scotland University of Edinburgh Recommend for closure Sept 2026
16	10-Jun-26	Welcome	An update on the closure of Marionville Fire Station and re-distribution to Newcraighall will be received following Fire Board on 22 June 2026.	David Dourley	September 15, 2026	In progress	

17	10-Jun-26	Edinburgh Partnership Welfare Advice Recommendation Update, June 2026	2.1.3 Agree to receive an update from the Housing Partnership in June 2027, following the re-commissioning of Welfare Advice in the city, in relation to which actions from the original Review are still relevant and will be included in the Housing Partnership workplan going forward.	Flora/Derek?	Jun-27	Not started	
18	10-Jun-26	The Cost of Living and Winter Preparedness in Edinburgh	Create a short-lifeworking group to take forward agreed action areas.	David Porteous	Aug, 2026	Complete	
18	10-Jun-26	The Cost of Living and Winter Preparedness in Edinburgh	2.1.1 Progress ongoing analytical work to help identify individuals, geographical areas or other cohorts with greater need (e.g. benefit recipients, young families, those with disabilities and long-term conditions, older people, carers) and design pathways to target those groups with messages and / or interventions (including welfare advice, vaccinations and street gritting).	David Porteous	Aug, 2026	Complete	Targeted additional briefings to colleagues will take place in NPP areas, providing an overview of the resources available. A follow-up report on effectiveness of approach and update on cost of living impacts will be brought to EP in 2027.
18	10-Jun-26	The Cost of Living and Winter Preparedness in Edinburgh	2.1.2 Agree key messages / actions in relation to locally available winter support (e.g. in relation to food, home warmth and wider financial wellbeing; preventative measures including smoking cessation and vaccinations; and pharmacy first and adverse weather advice) and design coordinated communications across partner organisations.	David Porteous	September, 2026	In progress	Council communications team leading on messaging. Sign-off will involve NHS and thrid sector as agreed by working group.
18	10-Jun-26	The Cost of Living and Winter Preparedness in Edinburgh	2.1.3 Create a single point of winter preparedness information that can be accessed by all partners to ensure consistent, correct advice and signposting.	David Porteous	October, 2026	In progress	Adapting existing Cost of LIving Council webpages to include link to vaccination information on NHS Lothian, with corresponding link from vaccination web page back to cost of living. This information source includes energy poverty related information, food banks, benefit calculators, and council-specific support including rent, council tax, and education/schools costs.
18	10-Jun-26	The Cost of Living and Winter Preparedness in Edinburgh	2.1.4 Consider the use of online tools and artificial intelligence to expand access to relevant, local information for a large number of residents at low cost.	David Porteous		Closed - not complete	Initial discussions indicate it will not be possible to implement this action.
18	10-Jun-26	The Cost of Living and Winter Preparedness in Edinburgh	2.1.5 Review the provision of warm spaces and explore integration of a wider offer, for example vaccination, money advice, energy saving advice and community cohesion, into these spaces.	David Porteous	October, 2026	In progress	Warm spaces provision across partners will signpost towards resources. Focus is on making sure all warm space providers are a
18	10-Jun-26	The Cost of Living and Winter Preparedness in Edinburgh	2.1.6 Review current opportunities for direct food provision and consider where cash-first approaches can be used to support building a Good Food Nation, where people from every walk of life take pride and pleasure in, and benefit from, the food they produce, buy, cook, serve, and eat each day.	David Porteous		In progress	Current planning looking at additional food resource, but unlikely to be deliverable through a cash first approach for winter 2026/2
18	10-Jun-26	The Cost of Living and Winter Preparedness in Edinburgh	2.1.7 Ensure appropriate coverage of warm spaces which are integrated with health, vaccination, money, food and community support.	David Porteous	October, 2026	In progress	Provision of existing warm spaces and associated support maps well to areas of multiple deprivation and NPP areas.
18	10-Jun-26	The Cost of Living and Winter Preparedness in Edinburgh	2.1.8 Review opportunities to increase community resilience, including supporting unpaid carers and community staff to maintain their own health and wellbeing, with a focus on preventing illness and avoidable hospital admissions and supporting safe-discharges back to the community.	David Porteous	October, 2026	In progress	Messaging will include staff resilience and unpaid carers.

18	10-Jun-26	The Cost of Living and Winter Preparedness in Edinburgh	2.1.9 Refresh organisation-level plans for working from home, including opportunities for temporary colocation of office-based and public-facing staff from third sector organisations with partners – e.g. Community Hub buildings. Plan early and engage with services, management committees and building managers on which buildings would close against energy price / weather indicators.	David Porteous		Not started	
18	10-Jun-26	The Cost of Living and Winter Preparedness in Edinburgh	2.1.10 Work with Edinburgh Chamber of Commerce and Federation of Small Business to provide relevant guidance to businesses about how to mitigate impacts from price rises for a range of inputs and signpost to further free support	David Porteous		Not started	
18	10-Jun-26	The Cost of Living and Winter Preparedness in Edinburgh	2.1.11 Work with Scottish and UK government to identify opportunities to avoid and mitigate impacts, while seeking additional targeted support for vulnerable people through winter 2026/27.	David Porteous		In progress	
18	10-Jun-26	The Cost of Living and Winter Preparedness in Edinburgh	2.1.12 Consider opportunities for longer term community planning work, including focus joint system working and addressing the impacts of climate change, to increase the resilience of the city to winter pressures over the longer term.	David Porteous		Not started	
19	10-Jun-26	Partnership Funds quarterly update	Agree to receive a further report to a future EP Board meeting regarding joint funding needed to deliver on the actions identified by the new Community Plan (LOIP) 2028-2038	CPST & Sarah F	Jun-27		
20	10-Jun-26	Strategic (Thematic) Partnerships: Governance update	Members to report any resourcing support to Gillie Severin. Update to September EPB.		September 15, 2026		August 2026 Update - this is on the agenda for the Sept EP Board meeting
21	10-Jun-26	Quarterly Reports	Will Tyler-Greig will look at the timeline for the National Performance Framework reform and report back.	Will Tyler-Greig	September 15, 2026		
22	10-Jun-26	Data & Intelligence timelines: Employment & Health JSNA for info, CSJ JSNA	Flora will explore the status/progress of an Edinburgh and South-East Scotland Regional Intelligence Hub, including whether this work would fit with it. Update to September EPB.	Flora Ogilvie	September 15, 2026	Complete	Rep from South East Scotland Regional Intelliengce Hub attended Data and Intelligence Working Group Meeting. The SESRIG is still in development phase (and has a specific focus on economic development - they are already linke to Edinburgh LEP) - DIWG agreed to a follow up conversation to explore if SESRIH might be able to support next steps following employment and health JSNA (to help develop costings for potential interventions)
23	10-Jun-26	AOB: End Poverty Edinburgh has expressed an interest in joining the EP Board as a Community Body representing lived experience of poverty	The process for community groups to join the EPB is now set out in the approved governance document. Gillie will look at this in respect of End Poverty Edinburgh and take the request forward. Update to September EPB.	Sarah Finnegan/Chris Adams	September 15, 2026		
24	10-Jun-26	AOB: Social and Mid-Market rented Housing	This topic will be put on a future agenda for a deep dive.	Chair/ Vice-Chair/ Sarah Finnegan			

Appendix 1: Prevention-Focused Lothian Health and Care System

CONTENTS

1. Acknowledgements

The prevention plan, and the wider approach to embedding prevention, has been developed collaboratively across the Lothian health and care system. We are grateful to colleagues for their valuable input to engagement sessions, impact assessments, logic modelling, and feedback on the draft plan.

2. Introduction

The Lothian health and care system has reinforced its commitment to improving population health and tackling inequalities through the Lothian Strategic Development Framework (LSDF), the Prevention Framework approved by the NHS Lothian Board in April 2024 and, more recently, commitment to becoming a Population Health Organisation and embedding prevention through its core business. The Prevention Framework set out the case for strengthening prevention and identified opportunities to embed it more fully across the system.

The population is ageing, and people are living longer with multiple long-term conditions, while overall health is declining, ill health is starting earlier, and inequalities are widening. Together, these trends increase pressure on health and care services at a time of limited resources, making the current approach to service delivery unsustainable. Prevention remains one of the most cost-effective actions available to the NHS and the wider health and care system to improve population health and reduce health inequalities. Sustained focus on prevention is essential to achieving long term system sustainability and reducing future demand for services.

Evidence increasingly demonstrates the economic value of public health interventions. Primary prevention - actions that stop problems arising in the first place - offers particularly strong returns, with a median return on investment greater than 14:1 and typically being three to four times more cost effective than treatment. Audit Scotland has also emphasised the need to invest in tackling the root causes of ill health to reduce long term pressures on the NHS. Investment in primary prevention provides the greatest opportunity to improve population health, manage future service demand and create a sustainable health service for the future.

Health is shaped by a wide range of social and economic factors, including our living environment, employment conditions, housing, and education. While healthcare plays an important role, these wider determinants have a stronger influence on overall health and wellbeing. This requires the health and care system to act across the full set of building blocks of health rather than focusing narrowly on healthcare alone. In support of this, the NHS Lothian Board agreed three high level priority areas for strengthening prevention work: the building blocks of health; maternal, children and young people’s health; and reducing the burden of disease.

This paper describes the progress being made towards a prevention-focused system and identifies the key outcomes and actions required to embed prevention across the Lothian health and care system, aligned to the three priority areas, and support the Lothian health and care system's ambition towards becoming a Population Health Organisation.

Not everything in the prevention plan is new, however, this approach marks a shift from short-term, programme-specific activity to a sustained, system-wide commitment to prevention based on population health principles. It embeds prevention as a core organisational responsibility, supported by a focused and consistent set of indicators that allow progress to be tracked over time. Preventative activity will be routinely integrated into programme boards and decision-making structures, rather than treated as an add-on, ensuring alignment with delivery and accountability frameworks. Greater emphasis will be placed on preventative spend and longer-term investment decisions, recognising that improvements in outcomes and inequalities require time to realise benefits. Consistency and continuity in priorities, measures and governance will support cumulative impact and create the conditions for prevention to be embedded as standard practice across the system.

3. Understanding Our Population: Demographics and Health Needs

Understanding the demographic characteristics of our population such as sex, age, ethnicity, and deprivation is a crucial first step in shaping policy and practice to support health and wellbeing. As of mid-2024 the total population of Lothian was estimated to be 932,180 people (52% female, 48% male). The largest five-year age group in Lothian is 20–24-year-olds, comprising 8% of the total population. The largest ethnic group in Lothian are those who identify as white Scottish or white British (79.4%), with 10.1% identifying as another white ethnicity and 10.5% identifying as being from a black and minority ethnic background. Although most people in Lothian live in less deprived areas, 34,620 residents are in Scotland's most deprived 10%. Deprivation is unevenly distributed: only 5% of East Lothian and 7.3% of Midlothian live in the most deprived quintile (SIMD 1), compared with 11.8% in Edinburgh and 14.3% in West Lothian.

Our health is shaped by a combination of social, economic, and environmental factors. Where we live, our work conditions, our housing and education are fundamental building blocks and the primary drivers of our health and wellbeing. According to data gathered by the 2023 Lothian Public Health Survey[1], younger respondents experience more negative outcomes and situations such as food poverty, loneliness, and less stable employment status. Additionally, people in deprived areas experienced worse health outcomes such as mental health conditions, mobility issues, and pain/discomfort compared to those in affluent areas.

[1] Public Health Reports – Public Health and Health Policy

When these building blocks are unequally distributed, it is harder for our population to live healthy lives.

Growth in life expectancy is stalling, and people are spending more of their life in ill health. It is estimated that one in four deaths in Lothian are avoidable, 68.3% of which could be prevented through effective public health and prevention interventions. This trend is patterned by deprivation, where those in the most deprived areas had four times the avoidable death rate as those in the least deprived areas. The Scottish Burden of Disease Study forecasts the national burden of disease to increase by 21% by 2043. Increases are projected to be largest for cardiovascular diseases, cancers, and neurological diseases, accounting for 68% of the total increase in forecasted disease burden. Alongside a growing disease burden, population projections estimate that the population served by NHS Lothian will grow by 9.6% between 2022 and 2032, for which the largest increase is estimated to be amongst those aged 65 and older. Taken together, these trends point to increasing and potentially unsustainable pressure on health and social care services unless a stronger focus on prevention is adopted.

There is a need for sustained focus and investment in prevention and early intervention, addressing the conditions in which people live, work, and grow, through both whole-population approaches and targeted action for those at greatest risk.

4. Policy Context

4.1. Population Health Organisation: Enabling Prevention

A strong population health approach is essential to delivering a prevention-focused health and care system that advances equality and realises people's rights to the highest attainable standard of health. This requires the right organisational enablers to support informed decision-making, collaborative action, and sustained improvement across the system, ensuring that resources and effort are targeted in ways that reduce unjust and avoidable health inequalities. The Population Health Organisation framework sets out how the system should be organised to drive population health improvement, and the system change required to implement national policy commitments as set out in the Population Health Framework and Health and Care Service Renewal Framework, aligned with equality and human rights duties.

Understanding population needs through ***data and intelligence*** is foundational to prevention and addressing inequality. High-quality, disaggregated population health intelligence enables partners to identify differential outcomes across communities and populations, understand structural and systemic drivers of inequality, identify emerging risks, and target action where it is most needed. This supports proportionate, rights-based decision-making, ensures prevention efforts are

evidence-led, and enables transparent tracking of progress in improving population health and reducing health inequalities over time.

Workforce and culture are critical to embedding prevention, equality, and human rights in everyday practice. Visible system leadership and collaborative working across the whole system support a shift from reactive care to upstream prevention, grounded in an understanding of social justice and the social determinants of health. Prevention is embedded as a pan-system priority through the Lothian Strategic Development Framework (LSDF), promoting shared responsibility, learning, and consistent approaches that respect diversity, reduce discrimination, and enable meaningful participation of staff and partner agencies.

Leadership, governance, and accountability provide the structure needed to drive and sustain change. The Population Health Programme Board will act as a central forum for the prevention approach, enabling coordinated working across programme boards and maintaining a clear focus on tackling inequalities and improving outcomes for populations experiencing disadvantage. Clear governance and reporting lines, alongside the integration of population health, equality and human rights considerations into Board assurance mechanisms will ensure prevention remains a priority and aligns with wider organisational and policy commitments.

A ***prevention-focused system*** grounded in the social determinants of health recognises that health is shaped by the conditions in which people live, work, and grow, and that these conditions are not equally distributed. The development of a prevention logic model and associated actions supports coordinated, cross-system delivery through LSDF programme boards, enabling collective action on the root causes of inequality. This is reinforced through efforts to increase, align, and prioritise preventative spend in ways that are proportionate to need and transparent in their impact on equity.

Service design and delivery play a key role in enabling prevention and advancing equity, with a strong emphasis on accessible, culturally appropriate primary and community healthcare. Shifting care closer to home supports early intervention, reduces avoidable hospital use, and helps address health inequalities by improving access for people and communities who experience barriers to services. Designing services around people's needs and rights strengthens dignity, choice and fairness in the health and care system.

Finally, a ***value-based approach to health and care*** ensures that resources are used in ways that deliver the greatest benefit for population health, including narrowing health inequalities. By focusing on outcomes that matter to people and communities, than activity alone, value-based approaches reinforce investment in prevention, support sustainability, and help ensure services are effective, equitable and responsive to current and future population needs.

4.2. Population Health Framework[2]

Published in June 2025, the Scottish Government and COSLA sponsored Population Health Framework sets out Scotland's 10-year, whole-system approach to improving population health and reducing persistent and widening health inequalities. It is explicitly focused on primary prevention and addressing the root causes of poor health, recognising that most determinants of health lie outside the health and care system. By 2035, the Framework aims to improve overall life expectancy and reduce the life expectancy gap between the most deprived 20% of areas and the national average.

The Population Health Framework is underpinned by five key drivers of health:

- **Prevention-Focused System** – Strengthen collective accountability for population health outcomes and reduce inequalities.
- **Social and Economic Factors** – Improve the social and economic conditions that support better health and reduce inequalities.
- **Places and Communities** – Create healthy and sustainable places by working with and within communities.
- **Enabling Healthy Living** – Develop supportive environments that promote health and wellbeing and reduce health-harming activities.
- **Equitable Health and Care** – Foster a health and social care system that delivers equity, prevention, and early intervention.

Initial action focuses on embedding prevention and equity into planning, budgeting, and accountability; strengthening local delivery through Community Planning Partnerships; and targeted action on healthy weight and food environments.

4.3. Health and Care Service Renewal Framework[3]

Published alongside the Population Health Framework, the Service Renewal Framework sets out the medium to long term strategic direction for reforming health and care services so that they remain sustainable, high-quality, accessible, and affordable. While the Population Health Framework focuses on improving health and preventing illness, the Service Renewal Framework focuses on how service must change to support prevention and early intervention, deliver care in the right place at the right time, and shift resources away from avoidable hospital-based care.

The Service Renewal Framework is structured around five principles that guide service planning:

- **Prevention** – prioritising proactive and preventative care
- **People** – person-centred, outcomes focused services

[2] Scotland's Population Health Framework - gov.scot

[3] Health and Social Care Service Renewal Framework - gov.scot

- **Community** – care closer to home and community-based delivery
- **Population** – population-based planning rather than organisational silos
- **Digital** – modern, digital-first services and data-enabled improvement

The Prevention Plan presented in this paper articulates how the Lothian Health and Care System contributes to the delivery of these two important policy documents.

5. Aims and Objectives

5.1. Aim

The aim of the prevention plan is to build a prevention-focused health and care system that improves population health, reduces health inequalities, and secures sustainable services for the future, by lowering premature mortality (under 75 years) and narrowing the gap in life expectancy between the most and least deprived communities.

5.2. Objectives

Building a prevention-focused health and care system requires a shift in how the whole system thinks, plans, invests, and measures success. The objectives below are critical enablers of that shift, ensuring prevention is not treated as an add-on, but as a core function of the system.

5.2.1. Make prevention a system-wide priority

Prevention must be embedded across the entire health and care system, not limited to specific services or programmes, to achieve lasting improvements in population health. Making prevention a system-wide priority helps address the root causes of poor health, such as social, economic, and environmental factors, before illness develops. This approach reduces avoidable demand on services, improves quality of life, and supports earlier, more effective action to reduce health inequalities and premature mortality.

5.2.2. Support local partners to embed prevention in strategic planning and service delivery

Local partners (both within the health and care system, and wider community planning partners) are best placed to understand the needs, assets, and challenges of their communities. Supporting them to integrate prevention into planning and delivery ensures interventions are relevant, targeted, and equitable. Strong local ownership of prevention strengthens collaboration across sectors, aligns resources around shared outcomes, and helps close the gap in health and life expectancy between the most and least deprived communities.

5.2.3. Embed prevention within performance frameworks

What is measured shapes what becomes prioritised. Embedding prevention within performance and accountability frameworks ensures long-term health improvement is valued alongside activity and treatment targets. This helps shift focus from short-term outputs to outcomes that matter most, such as reduced risk factors, improved wellbeing, and delayed onset of ill health, supporting sustained progress on population health and inequalities.

5.2.4. Maximise investment in prevention

Sustained investment in prevention is essential to break the cycle of rising demand and constrained resources. By directing funding towards evidence-based preventive actions, the system can reduce future costs associated with avoidable illness and inequality. Investment in prevention improves value for money, supports financial sustainability, and enables services to better meet the needs of the population now and in the future.

5.2.5. Establish a robust learning and accountability system

A strong learning and accountability system ensures prevention efforts are informed by evidence, adapted over time, and deliver impact. By tracking progress, sharing learning, and holding the system accountable for outcomes, the health and care system can continuously improve what works for different populations. This supports transparency, strengthens decision-making, and ensures that prevention efforts contribute meaningfully to reducing premature mortality and narrowing health inequalities.

6. Progressing a Prevention-Focused Approach

6.1. Make prevention a system-wide priority (Objective 1)

Making the case

NHS Lothian has demonstrated a clear commitment to strengthening its approach to population health improvement and reducing inequalities, initially through the Lothian Strategic Development Framework (LSDF) and more recently through the Prevention Framework[4] approved by the NHS Lothian Board in April 2024. The Prevention Framework set out a clear rationale for prioritising prevention and identified opportunities to further embed preventative approaches across the Lothian health and care system.

[4] NHS Lothian Public Health and Health Policy - A strengthened approach to prevention across the Lothian health and care system

Equality and Children's Rights Impact Assessment

Stakeholders from across the system worked collaboratively to undertake an Equality and Children's Rights Impact Assessment (ECRIA) on a whole-system approach to prevention. This process resulted in five key recommendations:

- **Adopt a whole-system, collaborative approach to prevention** to improve efficiency and effectiveness and reduce duplication. A clear, consistent approach to prevention should be embedded across the system.
- **Clearly define the different levels of prevention** within the strategic plan, including their expected impact on health inequalities. This will provide greater clarity on how prevention activities influence inequalities and help identify any unintended negative impacts, particularly from secondary and tertiary prevention.
- **Strengthen general practice within primary care** by improving infrastructure and capacity to deliver timely, high-quality prevention and early intervention in local communities. This includes building on existing work to deliver more services locally and strengthening the interface between primary and secondary care.
- **Enhance data and intelligence** to improve understanding of key population health issues and enable more effective planning and targeting of prevention activity towards those most in need. This includes people at greatest risk of poverty, multimorbidity, and poor access to housing, as well as consideration of the wider determinants of health affecting children and young people. Improved data will also support assessment of impact and return on investment.
- **Ensure preventative spend is visible within organisational finances**, establishing a baseline for current investment and enabling a managed, gradual shift towards prevention over time, with consideration of both short- and long-term impacts.

The prevention plan outlines high-level outcomes and actions, with subsequent development and delivery likely to require further impact assessment to strengthen understanding of differential effects across equality groups and to inform the specific, proportionate actions needed to address any identified inequalities.

System-wide engagement

Engagement was undertaken with stakeholders across the health and care system through Senior Leadership Teams and LSDF programme board structures to strengthen the system's approach to prevention and develop a shared language. Definitions of prevention were informed by Public Health Scotland's work but adapted into more accessible, user-friendly language.

There was strong agreement to retain the modified terminology of prevention, early intervention, and mitigation (rather than primary, secondary, and tertiary prevention),

as feedback from engagement sessions indicated these terms were easier to understand and supported clearer interpretation.

System-wide stakeholders also collaborated to develop a prevention logic model. LSDF programme boards and other cross-system groups have since been consulted on the proposed outcomes and actions.

Definitions

The agreed prevention definitions are set out in Table 1 below.

Table 1: Prevention definitions

Prevention	**Early intervention**	**Mitigation**
Invest in the building blocks of health to stop problems happening in the first place.	Focusing on early detection of a problem to support early intervention and treatment or reducing the level of harm.	Minimising the negative consequences (harm) of a health issue through careful management.

The prevention plan set out in objective 2 (below) uses these definitions and prioritises prevention and early intervention to deliver meaningful improvements in population health. Engagement sessions confirmed that, while prevention and early intervention should be central to the plan, mitigating action remains necessary at this stage to support effective condition management, reduce avoidable deterioration, and limit the need for crisis intervention and should therefore be included e.g., action to increase uptake of diabetic eye screening.

6.2. Support local partners to embed prevention in strategic planning and service delivery (Objective 2)

The prevention logic model and associated actions are presented below across three priority areas. Actions are focused on the shorter term (1–2-year period). They have been developed through engagement with a wide range of stakeholders from across the Lothian health and care system, alongside consideration of the available evidence. This approach has enabled the identification and prioritisation of short-, medium-, and longer-term outcomes, which align closely with the priorities and actions set out in the Population Health Framework.

The relationships shown within the logic model (for example, between medium- and longer-term outcomes) represent contributory pathways rather than standalone activities that are sufficient on their own to achieve subsequent outcomes. These anticipated contributions are informed by the best available evidence and theoretical

foundations and require coordinated action at both national and local levels, particularly in relation to the building blocks of health.

The logic model is complemented by a series of topic-based links signposting to relevant evidence and theory, illustrating how progress against specific outcomes is expected to contribute to subsequent outcomes within each priority area (paper available on request).

Through embedding the outcomes and actions within cross-system programme board implementation plans, we will create an integrated, collaborative, and sustainable approach to prevention across the system, for greatest population health benefit. The relevant programme board(s) are noted in each section of the logic model below.

6.2.1. Building Blocks of Health (Priority 1)

People's health is strongly influenced by their income, housing, work, transport, neighbourhood environment, and social connections. When these basic building blocks are lacking, it becomes much harder for communities to live healthy lives. As a major local employer and purchaser, and key partner in community planning, the Lothian health and care system is an *anchor institution*, with huge potential to use its influence to improve social, economic, and environmental conditions for the population it serves. All services have the responsibility to consider the social determinants of health in both service design and in supporting individuals to manage their health and wellbeing.

6.2.1.1. Employment

What we want to achieve

	By 2027	By 2030	By 2035
Population Health	Recruitment, employment and career progression practices and systems support and attract diversity in the workplace, provide secure, well-paid, quality employment, and support people to retain and return to work.	There is increased recruitment and employment experience from local populations under-represented in HSC[5] workforce.	More people from under-represented groups experience the benefits of LHCS[6] fair work policies and practices because the workforce reflects the Lothian population as closely as possible with respect to age, sex, ethnicity, and disability.

How we'll achieve it

- Maintain an Anchor Institution focus on accessible, inclusive recruitment and retention to deliver on our role as a Good Employer[7]:

  - Continue focused work on co-ordinated recruitment; flexible working; improving access to recruitment; and employability work with Local Employability Partnerships
  - Update and implement the NHS Lothian Work Well Strategy (and Employability Strategy) to maximise staff health and wellbeing through evidence-based interventions and healthy working environments
  - Work with the Centre for Local Economic Strategies (CLES) on in-work progression/reducing in-work poverty pilot.

- Monitor workforce to ensure it is representative of the population, and track and seek to increase employability and other supported recruitment cohorts e.g., young people and child poverty priority populations.

[5] Health and Social Care
[6] Lothian Health and Care System
[7] https://org.nhslothian.scot/anchorinstitution/

6.2.1.2. Income

What we want to achieve

	By 2027	By 2030	By 2035
Population Health	LHCS has expanded access to specialist welfare, debt and housing advice for staff, patients, and visitors, resulting in more people securing their financial entitlements, including increased financial gain for pregnant women and families. A growing proportion of frontline staff are trained and confident in addressing financial wellbeing, enabling them to effectively identify needs and connect people to appropriate sources of support. Health and care services minimise any unintentional financial burden on patients by ensuring policies, pathways and service delivery are designed and delivered in ways that reduce the risk of deepening poverty. LHCS procurement practices increasingly prioritise local economic development and social value, demonstrated by a sustained upward trend in the proportion of spend directed to local suppliers.	More people successfully access financial support and advice, with measurable increases in financial gains and reduced barriers or stigma to seeking help.	People experiencing the impact of money worries have increased agency with household finances. Local communities and businesses experience increased social and economic benefit, demonstrated by a year-on-year rise in local spend and socially responsible procurement within the LHCS supply chain.

How we'll achieve it

- Continue monitoring of hospital income maximisation services and monitor and report on the 2026-27 early years pathway income maximisation funded programme.
- Building on funding provided by the Lothian Charity, investigate options for sustainable income maximisation service funding and explore other areas of the LHCS which would benefit from a focus on income maximisation.
- Embed money worries question and referral pathway to income maximisation support in the child health pathway.
- Explore the cost of a clinical appointment/day for the patient (based on work in Manchester).
- Explore options for improving proportion of procurement classified as local spend by investing in a fixed-term Anchors funded project officer post in Procurement.

6.2.1.3. Housing and Environment

What we want to achieve

	By 2027	**By 2030**	**By 2035**
Population Health	Appropriate frontline staff are equipped with the skills and confidence to discuss individuals' housing situations and take early action when there is a risk of homelessness. Implementation of the Good Food Nation plan and supporting infrastructure improves reliable access to nutritious, affordable, and sustainable food across the LHCS. LHCS collaborates effectively with local spatial planning systems to shape environments that support health. Local policies or procedures addressing the Commercial Determinants of Health are strengthened through LHCS influence, contributing to healthier community environments	More people can access timely, appropriate housing advice, resulting in reduced stigma, simpler pathways to help, and improved connections to support. LHCS land and assets are used in ways that support and benefit local communities, improving access to opportunities and contributing to reduced inequalities. The LHCS food system is more sustainable, resilient, and higher quality, supporting healthier diets and reducing environmental impacts. LHCS is progressing locally tailored action on alcohol, tobacco, high fat, salt and sugar foods and drinks, gambling, and the sexual entertainment industry	LHCS land, assets and environments contribute to healthy places for local populations. LHCS has developed healthier food and retail environments across healthcare settings, aligned with Good Food Nation principles.

How we'll achieve it

- Use learning from the Edinburgh HSCP Primary Care Ask & Act pilot to inform a wider LHCS approach to the Ask & Act duty, promote wider understanding of the impact of housing on health, and continue to facilitate existing hospital in-reach support for those most in need.
- Develop and deliver actions from the Good Food Nation Local Plan.
- Public Health Partnership and Place teams work in partnership with Local Authority Spatial Planning to develop Local Development Plan (LDP2) ensuring the built environment contributes positively to healthy, sustainable communities.
- Draft and agree LHCS position statement around Commercial Determinants of Health (CDoH) factoring in emerging conversations/wider professional positions.

6.2.1.4. Climate and Sustainability

What we want to achieve

	By 2027	By 2030	By 2035
Climate and Sustainability/ Scheduled Care	Environmental impact and value are fully embedded in NHS Lothian's decision-making processes, influencing how physical assets are used, managed, and disposed of. LHCS has a clear understanding of the climate adaptations required now and, in the future, to protect services, infrastructure and populations. LHCS works collaboratively with local planning systems to shape healthy places, including progressing joint initiatives that reduce emissions such as District Heating Systems and shared premises. The NHS Lothian estate becomes more climate-resilient, more biodiverse, and better able to support local food growing, as well as increased use of greenspace by staff and patients. A sustainable travel plan is established, providing clear, accessible information across all HSC sites to	LHCS staff, patients and visitors rely less on private car travel, leading to lower vehicle emissions and a reduction in transport-related environmental impacts. LHCS delivers digitally enabled, integrated, co-located, and environmentally friendly services, reducing the need for travel, and lowering carbon output, pollution, and biodiversity loss. Use of greenspace across the LHCS increases, supporting wellbeing, connection with nature and healthier behaviours. LHCS has positively influenced the protection and enhancement of natural, green and play spaces in local communities. LHCS strengthens its ability to anticipate, withstand and adapt to emerging climate-related threats.	LHCS is more resilient to the impacts of climate change because of its adaptation plans and partnership working. LHCS contributes to improvements in the natural environment e.g., air and water quality.

	increase staff, patient and visitor awareness and use of active travel and public transport options.		

How we'll achieve it

- Embed climate emergency and environmental sustainability in NHS Lothian decision-making processes.
- Each major site conducts adaptation needs assessment (with action plans to respond to needs assessments developed in subsequent years).
- Continue to develop joint initiatives to reduce emissions, such as District Heating Systems, and the need for patient travel, including, use of shared premises, and increased use of online appointments and patient-initiated follow up.
- Develop greenspace management plans that include climate change adaptation as well as further opportunities for staff, patients, and visitors to make use of green space, including through existing green health projects.
- Develop NHS Lothian Sustainable Travel Plan and staff travel survey.

6.2.2. Maternal, Children and Young People's Health (Priority 2)

The foundations of lifelong health and wellbeing are shaped from the earliest stages of life, beginning even before conception. Effective primary prevention that supports women pre-conception and children in their early years creates the strongest platform for future health and upholds the UN Convention on the Rights of the Child, which affirms every child's right to the highest attainable standard of health and development. This period is also the most impactful window for reducing inequalities, as interventions in early childhood have the greatest and most lasting effect.

Addressing adverse childhood experiences is central to this rights-based approach, helping prevent the lifelong impacts of trauma on physical and mental health, reducing the risk of chronic illness, poor mental wellbeing, and harmful behaviours. Over time, this reduces avoidable demand for NHS services by preventing ill health, limiting crisis presentations, and improving long-term outcomes.

Evidence consistently shows that early-years interventions are highly cost-effective, delivering substantial long-term social and economic benefits. Given this, protecting and strengthening maternal and children's services must remain a central priority in future decision-making. This includes working collaboratively with community planning partners to embed a system-wide, children's rights focus on giving every child the best start in life.

6.2.2.1. Preconception and Pregnancy

What we want to achieve

	By 2027	By 2030	By 2035
Children and Young People/ Primary Care/Women's Health Group/ Tobacco Control Board	Knowledge and awareness of the importance of preconception health and care increase among all people of reproductive age. Use of long-acting reversible contraception (LARC) and other effective contraceptive methods increases. More pregnant people participate in the smoking-cessation incentive scheme, supporting smoke-free pregnancies. Antenatal and postnatal continuity of care is maximised for individuals experiencing complex social factors, and those experiencing racialised inequalities in maternal health, ensuring more consistent and responsive care.	People planning a pregnancy can access the support and information they need to make informed, healthy choices. Uptake of NHS-provided folic acid supplements before and early in pregnancy increases, supporting healthier conception and early foetal development. The number of unplanned pregnancies and terminations decreases because of improved access to contraception, preconception support and reproductive health services. Rates of smoking during pregnancy fall, contributing to improved maternal and infant health outcomes. Clear multi-agency pathways are in place to provide enhanced support for individuals who require more intensive help during pregnancy.	Rates of maternal obesity decrease, supporting healthier pregnancies and improved long-term health for mothers and babies. Fewer people experience harmful pregnancy and birth outcomes associated with alcohol or substance use, because of effective prevention and support. Pregnancy and birth outcomes improve for individuals with protected characteristics and for those facing complex social circumstances, reducing inequalities in early life.

How we'll achieve it

- Undertake a health needs assessment on the preconception health and care needs of the Lothian population and co-produce (with relevant services and stakeholders) an action plan which responds to its recommendations.
- Increase awareness and availability of contraception by embedding contraception counselling in antenatal and postnatal pathways, improving the LARC offer in general practice and redesigning the postnatal LARC delivery model.
- Implement the maternity incentives scheme and increase the number of pregnant people supported to stop smoking.
- Improve antenatal and postnatal continuity of care using quality improvement methodology and learning from successful local and national delivery models.

6.2.2.2. Perinatal, Infant, Children and Young People Mental Health and Wellbeing

What we want to achieve

	By 2027	By 2030	By 2035
Children and Young People	LHCS develops a clear and comprehensive understanding of how the determinants of child and adolescent mental health and wellbeing vary across Lothian, enabling better-targeted action. Trauma-informed and rights-based practice is increasingly embedded across children's services, improving the quality and responsiveness of support. Tier 1 and 2 perinatal, infant, children and young people's mental health services are realigned to meet changing population needs more effectively.	Access to neurodevelopmental (ND) support is improved at the point of need, ensuring people receive timely help regardless of diagnosis. CAMHS waiting times are reduced to meet the national 18-week standard, ensuring children and young people access support more quickly.	Perinatal, infant, children and young people's mental health, wellbeing and resilience are improved.

How we'll achieve it

- Undertake a population mental health needs assessment and use findings to rebalance provision towards prevention and early intervention.
- Deliver organisational approaches to support staff and strengthen trauma-informed practice across universal services e.g., TRUST passport for staff and managers, senior leaders training, review of organisational policies, champions network, trauma walk-throughs. *[TRUST = Trauma-Responsive, UNCRC-informed, Supportive Training]*

- Develop and deliver with partners a shared framework for prevention and early intervention interventions to improve clarity and consistency of access routes, advice, and support at Tiers 1 and 2, including advice and consultation models for universal services.

6.2.2.3. Infant Feeding and Child Healthy Weight

What we want to achieve

	By 2027	By 2030	By 2035
Children and Young People	The Delivering Early Breastfeeding Support (DEBS) programme continues to be expanded, ensuring more families receive timely, high-quality early breastfeeding support. UNICEF Baby Friendly accreditation is sustained, with ongoing progress toward achieving Gold (Sustainability) status. Strengths-based, whole-family support for families with young children continues to be targeted and expanded, with approaches further tested and adapted for school-aged children.	Breastfeeding drop-off reduced to 18.1% by 2030 in line with the national target, with focused improvement in communities where early breastfeeding drop-off is currently highest. The gap in breastfeeding rates between the most and least deprived areas (SIMD 1 and SIMD 10) narrows, contributing to greater equity in early years nutrition. Tier 2 and Tier 3 healthy weight interventions for children are effective, accessible, and well-targeted, providing appropriate support for families who need it.	Hospital admissions for babies with feeding-related issues (such as faltering weight gain and hypoglycaemia) decrease. A higher proportion of children achieve and maintain a healthy weight.

How we'll achieve it

- Strengthen whole system approach to healthy weight by expanding DEBS to three further areas of low breastfeeding and maximising uptake and developing a programme to increase staff confidence in having good conversations with families on healthy weight and other health-related issues.
- Maintain UNICEF Baby Friendly Accreditation in Maternity and Neonatal Services, Health Visting, and Family Nurse Partnership and work towards UNICEF Baby Friendly Gold status to sustain and embed good practice.
- Achieve UNICEF Baby Friendly Stage 2 Accreditation in Children's Services.

6.2.2.4. Child Development

What we want to achieve

	By 2027	By 2030	By 2035
Children and Young People	Comprehensive anticipatory care pathways for families with children under five are in place, delivered through a proportionate universalism approach. Improved continuity and information flow between health visiting and Primary 1, ensuring more seamless transitions.	Developmental concerns at 27-30 months reduced to 13.5% by 2030, with targeted improvements in speech, language and communication and emotional and behavioural development.	The gap in children's developmental progress between the most and least deprived areas (SIMD 1–10) narrows at 13-15 months, 27-30 months, and 4-5 years. Improved school readiness among children entering primary education.

How we'll achieve it

- Continue to deliver systematic developmental screening at key milestones and take an intelligence-led approach to inform universal and targeted approaches to support all children to reach their developmental milestones, through strengthened collaborative working between Allied Health Professions, universal early years services, and the Third Sector.
- Ensure all children identified as having wellbeing or child protection concerns are transitioned seamlessly to the School Nursing Service through a structured and multi-agency process.
- Develop a collaborative and enhanced Named Person transition framework from pre-school to Primary 1 to optimise Named Person transition arrangements to ensure continuity of care for children and families and strengthen accountability across life stages.

6.2.2.5. Corporate Parenting

What we want to achieve

	By 2027	**By 2030**	**By 2035**
Children and Young People	Care experienced children and young people have routine access to high-quality health assessments that support their individual health needs and reduce inequalities by minimising barriers to universal services such as GP care, dental services, and vaccinations. A non-stigmatising, supportive approach to missed healthcare appointments for children and families is consistently embedded in practice.	More care experienced children and families, including those on the edges of care, can access the support they need at the right time. Improved engagement with healthcare services, resulting in fewer missed appointments for care experienced children.	More families remain together through strengthened nurturing relationships and intensive support that interrupts intergenerational trauma.

How we'll achieve it

- Proactively engage care experienced children and young people through regular health reviews and integrated children's plans, ensuring their healthcare appointments are prioritised across all relevant services.
- Ensure Corporate Parenting responsibilities are understood, across both paediatric and adult services.
- Develop a shared language of care and consistent ways of working across services and professionals, so families experience coordinated support rather than navigating conflicting systems, processes, standards, or expectations.
- Use insights from the 'Was Not Brought' pilot in paediatric services to update staff training, practice guidance, and IT systems, and implement these improvements across all children's services to better address how inequalities and trauma influence access to care.

6.2.3. Tackling the Burden of Disease (Priority 3)

Healthcare settings should continue to prioritise interventions that address modifiable risk factors - such as smoking, alcohol use, and obesity - while maintaining a strong focus on services that manage non-communicable disease, such as, respiratory disease, cancer, diabetes, and cardiovascular conditions. These efforts should be delivered alongside screening and immunisation programmes as part of a coherent and effective prevention approach. Delivering these efforts alongside screening and immunisation programmes ensures prevention is coordinated, efficient and person-centred. Screening and immunisation provide established, high-impact opportunities to identify risk early, prevent avoidable disease, and engage people with wider preventive support. Aligning interventions in this way maximises population reach, reduces duplication, and strengthens the overall impact of prevention activity across the life course.

A wide range of universal and targeted public health programmes already exist across Lothian. However, we would strengthen their impact by better connecting these programmes to the scheduled and unscheduled care touchpoints that people already experience. This is especially important for population groups who may present more often through unscheduled routes, as well as those supported by specialist services, to ensure equity of access and improved outcomes for all.

6.2.3.1. Common Non-communicable Disease

What we want to achieve

	By 2027	By 2030	By 2035
Primary Care/ Healthy Weight and Type 2 Diabetes Prevention	Enhanced early intervention for at-risk populations through systematic identification and management of modifiable risk factors, including blood pressure, lipids, obesity, blood glucose and smoking status. Planned and well-governed introduction of weight-loss medication, supported by a robust economic case and comprehensive evaluation framework. Increased proactive case-finding to identify individuals with pre-diabetes and enable earlier intervention to prevent progression to type 2 diabetes.	Reduced proportion of the population at elevated risk of CVD, type 2 diabetes, COPD, and selected cancers.	Reduced inequity in non-communicable disease outcomes between the most and least deprived SIMD groups.

How we'll achieve it

- Continue to deliver and monitor the national Cardiovascular Disease Directed Enhanced Service in local practices, to inform future system-wide action for other long-term conditions.
- Progress obesity treatment pathways in Lothian, including digital pathways and the managed introduction of weight loss medication, and implement appropriate monitoring and evaluation.

- Introduce Point of Care testing pilot within community pharmacy, which aims to identify patients at risk of developing type 2 diabetes and refer directly into the weight management programme.

6.2.3.2. Inequalities in Access and Outcomes

What we want to achieve

	By 2027	By 2030	By 2035
Primary Care/Scheduled Care/ Mental Health and Wellbeing	The underlying factors contributing to low or poor engagement with healthcare services, including mental health services, are identified, and clearly understood. Trauma-informed practice is increasingly embedded and consistently applied across services. A non-stigmatising, supportive approach to patients who miss healthcare appointments is established and routinely implemented.	Greater equity in access to care and continuity of care across population groups. A measurable narrowing of the gap in 'did not attend' and 'was not brought' rates between SIMD 1–10 groups and people with protected characteristics. Enhanced patient experience across services.	Improved access to timely and appropriate care for population groups that currently face barriers or delays.

How we'll achieve it

- Quantitative and qualitative analyses of DNAs used to inform system-wide approaches to support those who miss healthcare appointments, joining up and building on initiatives such as Bridge Builders and primary and secondary care interface models, and making changes to the system which help support attendance.
- Use learning from the 'was not brought' pilot project in children's services to consider how such a pilot could be adapted in adult settings, which understands and addresses how inequalities and/or a history of trauma can impact on one's ability to access services.

- Take forward recommendations from the Equality and Children's Rights Impact Assessment (ECRIA) of the implementation of Scottish Government Waiting Times Guidance to minimise any potential discriminatory impact and help to achieve equity of access across different population groups.

6.2.3.3. Waiting Well

What we want to achieve

	By 2027	By 2030	By 2035
Scheduled Care/ Tobacco Control Board	A comprehensive package of universal and targeted support is in place to enable effective prehabilitation for individuals awaiting surgery or treatment, including those on cancer pathways. The Waiting Well framework is fully embedded across services to support people's health and wellbeing while they await treatment.	Greater numbers of people accessing evidence-based support to improve health outcomes, including income maximisation, smoking cessation, nutrition and physical activity programmes, and participation in screening and immunisation.	Shorter recovery periods and better clinical outcomes following treatment or surgery.

How we'll achieve it

- Implement prehabilitation toolkit and resources developed for cancer and non-cancer pathways.
- Develop Waiting Well offer, using toolkit and learning from prehabilitation work to support a range of social and behavioural factors.
- Improve access to, and uptake of, smoking cessation support in those waiting for surgery or other treatment.

6.2.3.4. Supported Self-management

What we want to achieve

	By 2027	By 2030	By 2035
Strategic Change Group/Children and Young People/Primary Care/Digital	Health literacy is improved, and everyone has equitable access to high-quality, reliable health information. Use of digital tools to support self-management increases, while the risk of digital exclusion is actively minimised. Opportunities for community-based support outside traditional health and care settings are explored to enhance people's health and wellbeing.	More people with long-term conditions are supported and enabled to self-care effectively. Primary and community care routinely supports people to benefit from local assets that promote good health and wellbeing. Realigned models of care optimise holistic, multidisciplinary team support for people living with long-term conditions.	Increased numbers of people are supported to manage their long-term conditions and maintain a good quality of life.

How we'll achieve it

- Explore ways to support health literacy through the work of the LSDF programme boards.
- Improve digital resources and optimise the use of AI and digital technology to enhance support for neurodiverse children, young people, and adults.
- Provide support for neurodiverse children, young people and adults at point of identification of need, regardless of diagnosis.
- Explore the role of Digital Front Door in supporting self-management and access to wider community support.

6.2.3.5. Mental Health and Wellbeing

What we want to achieve

	By 2027	By 2030	By 2035
Mental Health and Wellbeing	The projected burden of mental ill health, and its implications for future service demand and provision, is clearly understood. Mental health and wellbeing support, including digital resources, is readily accessible to local populations.	More people with mental health conditions are engaging with and accessing healthcare services. Community mental health support is strengthened and optimised to better meet people's needs.	People with mental ill health experience better overall health, including improved physical health outcomes.

How we'll achieve it

- Undertake a population mental health needs assessment.
- Review use and accessibility, and explore future opportunities for use, of digital tools to support mental health and wellbeing.
- Expand early intervention and urgent community support and shift from reactive to planned care through timely triage and proactive follow-up in the community.

6.2.3.6. Inclusion Health (Drugs and Alcohol, Sexual Health and Blood Borne Viruses)

What we want to achieve

	By 2027	**By 2030**	**By 2035**
Drug and Alcohol Harms Oversight Group/ SHBBV Co-ordination Group	People can access substance use support, treatment, and harm-reduction services in line with the Medication Assisted Treatment (MAT) Standards. More people are tested and started on treatment for HIV and Hepatitis C, in line with national commitments to eliminate Hepatitis C and end HIV transmission.	Access to high-quality treatment and care is improved for all who require it.	Decreased rates of non-fatal overdoses, drug-related deaths, and alcohol-related morbidity and mortality.

How we'll achieve it

- Continue to deliver the work set out within Lothian's three Alcohol and Drug Partnership Strategies and Plans, including prevention activity and continued implementation and maintenance of the Medication Assisted Treatment Standards.
- Implement any additional recommendations from the new national Alcohol and Drugs Plan, once published in 2026, and apply the Charter of Rights for People Affected by Substance Use.

- Strengthen the consistency of offer and improve uptake of blood borne virus testing in vulnerable populations, including those who use substances (target 80% test uptake by 2027/28), those in the prison setting (target 75% test uptake by 2027/28), and roll out of BBV testing in Emergency Departments.

6.2.3.7. Dental Health

What we want to achieve

	By 2027	**By 2030**	**By 2035**
Primary Care	Priority populations experience improved access to oral health services, including, young children (0–2 years), dependent older adults, those with experience of the justice system, those experiencing homelessness, and adults with additional care needs. Target populations benefit from well-implemented and effective Childsmile supervised toothbrushing programmes.	The number of children requiring dental extractions under general anaesthetic is reduced.	Improved dental health outcomes at P1 and P7, with a measurable reduction in the gap between children living in SIMD 1 and SIMD 10 areas.

How we'll achieve it

- Continue to deliver oral health improvement programmes to help reduce oral health inequalities, particularly for vulnerable groups, including: Childsmile in nurseries and schools, and the Caring for Smiles adult oral health programmes.

6.2.3.8. Immunisation

What we want to achieve

	By 2027	By 2030	By 2035
Immunisation Oversight Board	Clear identification and understanding of factors limiting immunisation uptake in targeted populations. Evidence-informed immunisation services delivered effectively through a skilled and adaptable workforce. Efficient, user-friendly digital consent systems implemented across immunisation programmes.	Strengthened public confidence in the safety and effectiveness of vaccines. All immunisation programmes achieve maximised uptake and equitable participation across population groups.	Improved equity in childhood and adult immunisation uptake, with a demonstrable reduction in the SIMD 1-10 gap.

How we'll achieve it

- Development of child and adult based Assurance Frameworks which include priorities on workforce and inclusion.
- Strengthen partnerships with community and voluntary sector partners and trusted messengers to enhance understanding of communities' needs and barriers to take up.
- Identification of clear digital objectives and continue to influence digital developments to embed immunisations in the digital roadmap e.g., digital consent.
- Explore ways to increase flexibility of vaccination service delivery.
- Explore Making Every Contact Count (MECC) in vaccination appointments and share learning for wider roll out across services.

6.2.3.9. Screening

What we want to achieve

	By 2027	By 2030	By 2035
Screening Governance Groups/ Scheduled Care	Clear identification of screening inequalities followed by coordinated action across partners to resolve identified barriers.	All screening programmes achieve maximised uptake and equitable participation across population groups.	Improved equity in screening participation, with a demonstrable reduction in the SIMD 1-10 uptake gap.

How we'll achieve it

- Apply data-driven demand forecasting and continuous monitoring of screening uptake to identify underserved populations and guide targeted interventions.
- Introduce and evaluate national pilots and local improvement efforts to ensure services meet the needs of eligible populations and improve reach to those not currently engaging with screening.
- Develop readiness for lung cancer screening implementation in selected populations.

6.2.3.10. Frailty and Falls Prevention

What we want to achieve

	By 2027	By 2030	By 2035
Primary Care/ Unscheduled Care	Frailty is recognised and addressed at an earlier stage, with a greater proportion of management taking place in primary care through the GP Enhanced Service. Delivery of Phases 1 and 2 of the Lothian Falls Prevention and Management Framework, contributing to fewer fall-related ED attendances and admissions.	Shifting frailty management away from secondary care, with more needs met through proactive community-based approaches. Delivery of Phases 2 and 3 of the Lothian Falls Prevention and Management Framework, leading to better identification of those at risk of falling and enhanced prevention measures across services.	Ongoing reduction in hospital attendance and admissions related to frailty, reflecting improved prevention and community-based management. Sustained reductions in avoidable harms from falls, enabled by reliable identification of people at risk and consistent delivery of prevention interventions.

How we'll achieve it

- Maintain and further embed the GP Enhanced Service for frailty to support earlier identification and management in primary care.
- Implement the five pillars of the Lothian Falls Prevention and Management Framework: Person-Centred; Collaborative; Prevention; Data Informed; and Knowledge and Education.

6.3. Embed prevention within performance frameworks (Objective 3)

The proposed suite of prevention outcome measures, aligned with the logic model, is outlined below in Table 2.

Outcome indicators have been selected based on the following principles:

- They are meaningful and relevant to Programme Boards and the wider Lothian health and social care system.
- They are sensitive to intervention, such that change can reasonably be attributed to preventative action.
- There is sufficient scope for change over time, avoiding indicators that may be subject to floor or ceiling effects.
- They are feasible to collect and can be captured routinely in a sustainable way.
- They are clear, easy to interpret, and make sense within the context of the prevention logic model.

Appendix 2 provides further detail on these measures by priority area, including the proposed measure type (quantitative or qualitative) and data source (noting that some indicators, whilst feasible, are not presently measurable without investment in new data collection and/or analysis endeavours).

The measures represent a selected set of indicators that demonstrate progress towards a more prevention-focused system and improved population health outcomes; they do not capture all outcomes within the logic model.

The focus is on medium- to longer-term measures, suitable for annual reporting to the NHS Lothian Board and relevant groups and committees. Progress against short-term actions and outcomes will be reported through the relevant Programme Boards, via their implementation plans, with relevant measures agreed by those groups.

Alongside this work, a wider set of indicators is being developed nationally to support the programme of reform and a stronger focus on population health. It is important that local arrangements for board assurance align with these emerging national measures to ensure coherence, comparability, and clarity of accountability. As national indicators are refined and implemented, local approaches will be reviewed and adapted as necessary to maintain consistency while remaining responsive to local priorities and learning.

Table 2: Proposed outcome measures

Overarching outcomes
• Trends over time in death rate (European age standardised rate per 100,000) of those aged under 75 • Inequalities in life expectancy by sex (using Relative Index of Inequality (RII))[8]

Building blocks of health	
Medium term	• Total client financial gain (£) annually through NHS Lothian Hospital Welfare Advice Services • Proportion of emergency department attendees who are of no fixed abode ***(NB this is proposed as an aspirational indicator. Data Loch have been exploring the inclusion of a homelessness flag on electronic health records which will likely be a necessary enabler. If this is successful, measurement would be possible)*** • Narrative summary of work undertaken across LHCS that is likely to have influenced the impact of commercial determinants of health on the local population • Percentage of a representative sample of staff, patients and visitors that use a range of transport methods (car, bus, cycle, walk/wheel, train, tram, taxi) to travel to NHS Lothian sites ***(NB this is contingent on data being collected via a staff survey)*** • Narrative summary of LHCS adaptation to emerging climate threats, e.g., description of local progress against the "NHS and Social Care" actions of Scottish National Adaptation Plan (2024-2029)
Long term	• Distribution of employees of NHS Lothian by protected characteristics (age, sex, disability status, ethnicity, religion, sexual orientation, transgender status) and SIMD, compared against Lothian's known distribution of these characteristics as per census estimates • Narrative summary of contributions of LHCS land, assets, and environments to healthy places for local populations, e.g., drawing on land and asset metrics reported annually to Scottish Government

[8] Relative Index of Inequality (RII) is used to quantify the socioeconomic gradient in health outcomes, in relative terms rather than reflecting the absolute gap between most and least deprived. A RII of 1.0 indicates no degree of inequality and typically ranges between -2 and +2.

Maternal, children and young people's health	
Medium term	• Annual rate of pregnancy terminations (per 10,000 population) • Total annual rate (per 1,000 women aged 15-49) of LARC prescriptions (Implant, IUS, IUD) • Percentage of people identified as smoking at antenatal booking appointment • Percentage of CAMHS patients waiting over 18 weeks • Percentage drop-off in breastfeeding between initiation and 6-8 week follow up by SIMD quintile • Narrative summary of evidence-based interventions in place locally to support child healthy weight (including information from ongoing evaluation of these programs locally) • Percentage of child health reviews at 27-30 months identifying a concern in speech/language developmental domain by SIMD • 'Was not brought' rate for care experienced children (aged under 18 years) in outpatient services.
Long term	• Percentage of people that have a BMI of 30 or more at antenatal booking appointment • Percentage of people identifying depression and/or anhedonia during the past month at antenatal booking appointment • Percentage of children in primary 1 recorded as having a healthy weight

Tackling the burden of disease	
Medium term	• Percentage of local delivery plan annual smoking cessation target achieved • Rate of newly diagnosed cases of type 2 diabetes annually (per 100,000 population) • Annual "did not attend" rate across all outpatient specialties • Narrative summary of policy and practice implemented by LHCS to identify and reduce missingness • Percentage of eligible (18+) population uptaking influenza vaccination by SIMD quintile (as at end of influenza season) • Percentage uptake of HPV vaccine for S1 pupils • Percentage uptake of 6 in 1 vaccine for children aged 12 months • Percentage of eligible population who have been successfully screened for diabetic retinopathy • Overall uptake of bowel screening within eligible population • Coverage (%) of eligible women who have attended cervical screening
Long term	• Inequalities in early deaths from cancer, aged <75 years (using RII) • Inequalities in coronary heart disease hospitalisations (using RII) • Inequalities in chronic obstructive pulmonary disease (COPD) hospitalisations (using RII) • Age-standardised rate (per 100,000 population) of drug deaths • Age/sex standardised rate (per 100,000 population) of alcohol-related hospital admissions • Inequalities in the percentage of children in primary 1 with no obvious tooth decay (using RII) • Rate per 1,000 population of A&E admissions due to falls

6.4. Maximise investment in prevention (Objective 4)

Phase 1: Baselining preventative spend

The Scottish Government Prevention Project team is working with Health Board Directors of Finance on an initiative to identify preventative spend across NHS Boards.

In December 2025, NHS Lothian Finance, in partnership with Public Health, agreed to work with the Scottish Government and a small number of other Health Boards to participate in a pilot programme on preventative spend budget tagging. The purpose of the pilot was to identify and classify preventative spend within NHS Boards and forms part of a wider programme to estimate preventative spend across the Scottish Government budget by summer 2026. This work will support delivery of commitments set out in the Public Service Reform Strategy and the Population Health Framework.

NHS Lothian Finance has completed the initial stages of this work and is contributing through a Directors of Finance Short-Life Working Group (SLWG). This includes reviewing Scottish Government financial guidance on preventative spend and developing a consistent approach to budget and expenditure tagging. The tagging process requires a review of the full financial ledger and the application of preventative spend classifications, including categories of preventative activity and levels of prevention.

The next steps are to share and refine this work with local stakeholders to ensure application of the guidance and resultant classifications are reasonable and consistent. Learning will be shared with the Scottish Government and the SLWG.

Phase 2: Guiding future investment in prevention

A national strategic group on preventative spend has been established, co-chaired by a Director of Public Health and a Director of Finance. The focus of this phase is to develop a clearer understanding of the key drivers of demand within the health and care system, alongside the evidence-based interventions that can best address this demand. This will support informed investment decisions by identifying preventative approaches that deliver the greatest return on investment and contribute to the long-term sustainability of the health and care system.

6.5. Establish a robust learning and accountability system (Objective 5)

Governance

A central aim of the prevention approach is the establishment of a robust learning and accountability system. Governance arrangements must be firmly embedded within the Lothian Strategic Development Framework (LSDF) to ensure appropriate oversight by the Corporate Management Team (CMT) and assurance to the NHS Lothian Board and relevant sub-committee(s).

CMT will provide oversight to the delivery of the prevention plan and wider prevention approach.

The Population Health Programme Board's primary role is to provide leadership and strategic direction to improving population health, including programmes to embed prevention and tackle health inequalities. The Population Health Programme Board will provide strategic direction to a portfolio of workstreams, including prevention, health equity, and placed-based work through our Anchors and community planning work, ensuring coordination and coherence for population health activity across the Lothian health and care system.

The Population Health Programme Board will work collaboratively with relevant programme and parameter boards and other cross-system groups to ensure the system-wide prevention plan and wider preventive approach are being delivered. It is proposed that the refreshed Population Health Programme Board supports and monitors progress with delivery of the prevention plan set out in this paper.

The Population Health Programme Board will operate in line with established LSDF governance arrangements, reporting to and receiving oversight from the CMT.

Reporting

Two levels of reporting are proposed.

1. Routine programme reporting:

All Programme and Parameter Boards will report on prevention actions and short-term outcomes through the established bi-annual reporting process for LSDF implementation plans to the CMT, Strategic Planning and Performance Committee (SPPC), and the NHS Lothian Board, as part of the Corporate Objectives reporting process. The Healthy Weight and Type 2 Diabetes Prevention Oversight Group also reports bi-annually to CMT.

2. Annual prevention reporting:

An annual system-level prevention report will monitor progress towards medium- and longer-term outcomes, using the outcome measures outlined in this paper. This will provide assurance on progress towards longer-term objectives, support assessment of impact, and inform adaptation of programmes of work where required.

7.0. Summary

This paper outlines progress towards a prevention-focused system and sets out the outcomes and actions required to embed prevention across the Lothian health and care system. It aligns activity to three priority areas – building blocks of health; maternal, children, and young people's health; and tackling the burden of disease – and supports the ambition for Lothian to become a Population Health Organisation.

The paper describes the case for change and the approach to embedding prevention through five core objectives. It sets out the expected outcomes, actions and measures needed to assess progress and impact, alongside work to establish a baseline for preventative spend and the steps required to increase this over time. It also outlines the arrangements for effective system-wide governance, monitoring and oversight of the prevention approach and delivery plan.

Priority Area (as per prevention logic model)	Topic (as per prevention logic model)	Timeframe (as per prevention logic model)
Overarching outcomes	All	Ultimate impact (10+ years)
Overarching outcomes	All	Ultimate impact (10+ years)
Building blocks of health	Income	Medium (by 2030)
Building blocks of health	Housing and environment	Medium (by 2030)
Building blocks of health	Housing and environment	Medium (by 2030)
Building blocks of health	Climate and sustainability	Medium (by 2030)
Building blocks of health	Climate and sustainability	Medium (by 2030)
Building blocks of health	Employment	Long (by 2035)
Building blocks of health	Housing and environment	Long (by 2035)
Maternal and Child Health	Preconception/Pre	Medium (by 2030)

Maternal and Child Health	Preconception/Pre	Medium (by 2030)
Maternal and Child Health	Preconception/Pre	Medium (by 2030)
Maternal and Child Health	Mental health	Medium (by 2030)
Maternal and Child Health	Infant feeding & he	Medium (by 2030)
Maternal and Child Health	Infant feeding & he	Medium (by 2030)
Maternal and Child Health	Child development	Medium (by 2030)
Maternal and Child Health	Corporate parentin	Medium (by 2030)
Maternal and Child Health	Preconception/Pre	Long (by 2035)
Maternal and Child Health	Children and young	Long (by 2035)
Maternal and Child Health	Infant feeding & he	Long (by 2035)
Burden of Disease	Common non-com	Medium (by 2030)

Burden of Disease	Common non-comı	Medium (by 2030)
Burden of Disease	Inequalities in acce	Medium (by 2030)
Burden of Disease	Inequalities in acce	Medium (by 2030)
Burden of Disease	Immunisation	Medium (by 2030)
Burden of Disease	Immunisation	Medium (by 2030)
Burden of Disease	Immunisation	Medium (by 2030)
Burden of Disease	Screening	Medium (by 2030)
Burden of Disease	Screening	Medium (by 2030)
Burden of Disease	Screening	Medium (by 2030)
Burden of Disease	Common non-comı	Long (by 2035)
Burden of Disease	Common non-comı	Long (by 2035)

Burden of Disease	Common non-comı	Long (by 2035)
Burden of Disease	Inclusion Health (D	Long (by 2035)
Burden of Disease	Inclusion Health (D	Long (by 2035)
Burden of Disease	Dental Health	Long (by 2035)
Burden of Disease	Frailty and falls pre	Long (by 2035)

Outcome
(as per prevention logic model)

Reduction in premature mortality (<75 yrs.)
Defined narrowing of health gap in life expectancy between SIMD 1 – 10
More people successfully access financial support and advice, with measurable increases in financial gains and reduced barriers or stigma to seeking help.
More people can access timely, appropriate housing advice, resulting in reduced stigma, simpler pathways to help, and improved connections to support.
LHCS is progressing locally tailored action on alcohol, tobacco, high fat salt and sugar foods and drinks, gambling, and the sexual entertainment industry
LHCS staff, patients and visitors rely less on private car travel, leading to lower vehicle emissions and a reduction in transport related environmental impacts.
LHCS strengthens its ability to anticipate, withstand and adapt to emerging climate related threats.
More people from under-represented groups experience the benefits of LHCS fair work policies and practices because the workforce reflects the Lothian population as closely as possible with respect to age, sex, ethnicity and disability.
LHCS land, assets and environments contribute to healthy places for local populations
The number of unplanned pregnancies and terminations decreases because of improved access to contraception, preconception support and reproductive health services.

The number of unplanned pregnancies and terminations decreases because of improved access to contraception, preconception support and reproductive health services.

Rates of smoking during pregnancy fall, contributing to improved maternal and infant health outcomes.

CAMHS waiting times are reduced to meet the national 18 week standard, ensuring children and young people access support more quickly.

Breastfeeding drop off reduced to 18.1% by 2030 in line with the national target, with focused improvement in communities where early breastfeeding drop-off is currently highest.

Tier 2 and Tier 3 healthy weight interventions for children are effective, accessible and well targeted, providing appropriate support for families who need it.

Developmental concerns at 27-30 months reduced to 13.5% by 2030, with targeted improvements in speech, language and communication and emotional and behavioural development.

Improved engagement with healthcare services, resulting in fewer missed appointments for care experienced children.

Rates of maternal obesity decrease, supporting healthier pregnancies and improved long term health for mothers and babies.

Perinatal, infant, children and young people's mental health, wellbeing and resilience are improved

A higher proportion of children achieve and maintain a healthy weight.

Reduced proportion of the population at elevated risk of CVD, type 2 diabetes, COPD, and selected cancers.

Reduced proportion of the population at elevated risk of CVD, type 2 diabetes, COPD, and selected cancers.

Greater equity in access to care and continuity of care across population groups

Greater equity in access to care and continuity of care across population groups

All immunisation programmes achieve maximised uptake and equitable participation across population groups.

All immunisation programmes achieve maximised uptake and equitable participation across population groups.

All immunisation programmes achieve maximised uptake and equitable participation across population groups.

All screening programmes achieve maximised uptake and equitable participation across population groups.

All screening programmes achieve maximised uptake and equitable participation across population groups.

All screening programmes achieve maximised uptake and equitable participation across population groups.

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Reduced inequity in non communicable disease outcomes between the most and least deprived SIMD groups.

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Reduced inequity in non communicable disease outcomes between the most and least deprived SIMD groups.

- Reduced inequity in non communicable disease outcomes between the most and least deprived SIMD groups.

- Decreased rates of non fatal overdoses, drug related deaths, and alcohol related morbidity and mortality.

- Decreased rates of non fatal overdoses, drug related deaths, and alcohol related morbidity and mortality.

Improvements in children's dental health (P1 and P7) and defined narrowing of gap in dental health outcomes between SIMD 1 – 10

- Ongoing reduction in hospital attendance and admissions related to frailty, reflecting improved prevention and community based management.

Outcome measure type
Quantitative
Quantitative
Quantitative
Quantitative
Narrative
Quantitative
Narrative
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Quantitative

Proposed outcome measure

Trends over time in death rate (European age standardised rate per 100,000) of those aged under 75
Inequalities in life expectancy by sex (using Relative Index of Inequality (RII))
Total client financial gain (£) annually through NHS Lothian Hospital Welfare Advice Services
Proportion of emergency department attendees who are of no fixed abode
Narrative summary of work undertaken across LHCS that is likely to have influenced the impact of commercial determinants of health on the local population
Percentage of a representative sample of staff, patients and visitors that use a range of transport methods (car, bus, cycle, walk/wheel, train, tram, taxi) to travel to NHS Lothian sites
Narrative summary, e.g., description of local progress against the "NHS and Social Care" actions of Scottish National Adaptation Plan (2024-2029)
Distribution of employees of NHS Lothian by protected characteristics (age, sex, disability status, ethnicity, religion, sexual orientation, transgender status) and SIMD, compared against Lothian's known distribution of these characteristics as per census estimates
Narrative summary, e.g., drawing on land and asset metrics reported annually to Scottish Government
Annual rate of pregnancy terminations (per 10,000 population)

Total annual rate (per 1,000 women aged 15-49) of LARC prescriptions (Implant, IUS, IUD)

Percentage of people identified as smoking at antenatal booking appointment

Percentage of CAMHS patients waiting over 18 weeks

Percentage drop-off in breastfeeding between initiation and 6-8 week follow up by SIMD quintile

Narrative summary of evidence based interventions in place locally to support child healthy weight (including information from ongoing evaluation of these programs locally)

Percentage of child health reviews at 27-30 months identifying a concern in speech/language developmental domain by SIMD

'Was not brought' rate for care experienced children (aged under 18 years) in outpatient services.

Percentage of people that have a BMI of 30 or more at antenatal booking appointment

Percentage of people identifying depression and/or anhedonia during the past month at antenatal booking appointment

Percentage of children in primary 1 recorded as having a healthy weight

Percentage of local delivery plan annual smoking cessation target achieved

Rate of newly diagnosed cases of type 2 diabetes annually (per 100,000 population)

Annual "did not attend" rate across all outpatient specialties

Narrative summary of policy and practice implemented by LHCS to identify and reduce missingness

Percentage of eligible (18+) population uptaking influenza vaccination by SIMD quintile (as at end of influenza season)

Percentage uptake of HPV vaccine for S1 pupils

Percentage uptake of 6 in 1 vaccine for children aged 12 months

Percentage of eligible population who have been successfully screened for diabetic retinopathy (KPI 4)

Overall uptake of bowel screening within eligible population (KPI 1)

Coverage (%) of eligible women who have attended cervical screening (KPI 1.1)

Inequalities in early deaths from cancer, aged <75 years (using RII)

Inequalities in coronary heart disease hospitalisations (using RII)

Inequalities in chronic obstructive pulmonary disease (COPD) hospitalisations (using RII)

Age-standardised rate (per 100,000 population) of drug deaths

Age/sex standardised rate (per 100,000 population) of alcohol-related hospital admissions

Inequalities in the percentage of children in primary 1 with no obvious tooth decay (using RII)

Rate per 1,000 population of A&E admissions due to falls

Source

NRS deaths time series data (https://www.nrscotland.gov.uk/publications/deaths-time-series-data/)

ScotPHO profiles tool (https://scotland.shinyapps.io/ScotPHO_profiles_tool/)

NHS Lothian quarterly reporting to the NHS Lothian Charity on hospital Welfare Advice Services

Gap - Data loch has been exploring the inclusion of a homelessness flag on electronic health records which is a necessary enabler for this indicator.

Gap - potentially to be addressed via new data collection, possibly to be contrasted against smart mobility reports (which indicate feasibility of different transport methods, given home locations of staff).

https://www.gov.scot/publications/scottish-national-adaptation-plan-2024-2029-2/documents/

TURAS data intelligence (https://turasdata.nes.nhs.scot/data-and-reports/official-workforce-statistics/?pageid=1243), Scottish census (https://www.scotlandscensus.gov.uk/)

Annual Anchors report to Scottish Government

PHS open data - https://www.opendata.nhs.scot/dataset/termination-of-pregnancy-in-scotland

https://publichealthscotland.scot/publications/long-acting-reversible-contraception-larc-key-clinical-indicator-kci/long-acting-reversible-methods-of-contraception-larc-in-scotland-year-ending-31-march-2025/

Antenatal booking appointment data (available in Discovery)

Child, Adolescent and Psychological Therapies National dataset (available in Discovery)

Health visiting data (available in Discovery)

Child health review data (available in Discovery)

TRAK-BI (bespoke analysis)

Antenatal booking appointment data (available in Discovery)

Antenatal booking appointment data (bespoke analysis)

PHS Primary 1 BMI statistics - https://publichealthscotland.scot/publications/primary-1-body-mass-index-bmi-statistics-scotland/

https://publichealthscotland.scot/publications/nhs-stop-smoking-services-quarterly/

SCI Diabetes (bespoke analysis)

Outpatient activity trends dashboard (https://wav-tableau.luht.scot.nhs.uk/#/site/nhsl/workbooks/1425?

SVIP COVID-19 and Flu programme (available in Discovery)

https://publichealthscotland.scot/publications/hpv-immunisation-statistics-scotland/hpv-immunisation-statistics-scotland-school-year-20242025/

Childhood immunisation statistics (available in Discovery)

NHS Lothian local data (bespoke analysis by PHIT/LAS)

Scottish bowel screening programme statistics (https://publichealthscotland.scot/publications/scottish-bowel-screening-programme-statistics/)

Scottish cervical screening programme statistics (https://publichealthscotland.scot/publications/scottish-cervical-screening-programme-statistics/)

ScotPHO profiles tool (https://scotland.shinyapps.io/ScotPHO_profiles_tool/)

ScotPHO profiles tool (https://scotland.shinyapps.io/ScotPHO_profiles_tool/)

ScotPHO profiles tool (https://scotland.shinyapps.io/ScotPHO_profiles_tool/)

NRS Drug-related deaths in Scotland data (https://www.nrscotland.gov.uk/publications/drug-related-deaths-in-scotland-2024/)

ScotPHO profiles tool (https://scotland.shinyapps.io/ScotPHO_profiles_tool/)

ScotPHO profiles tool (https://scotland.shinyapps.io/ScotPHO_profiles_tool/)

Lothian Falls Dashboard (LAS product) https://wav-tableau.luht.scot.nhs.uk/#/site/nhsl/workbooks/4350/views

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THE EDINBURGH PARTNERSHIP

Edinburgh Partnership Board, 3 September 2026

Prevention-Focused Lothian Health and Care System

1. Executive Summary

The purpose of this report is to update the Edinburgh Partnership Board on progress towards establishing a prevention-focused health and care system across Lothian and to raise awareness of the Prevention Plan outlined in Appendix 1. The Lothian Health and Care System Prevention Plan contributes to the ambitions of Scotland's Population Health Framework 2025-2035 and the Health and Social Care Service Renewal Framework 2025-2035.

2. Recommendations

2.1 The Board is recommended to:

Note the content of the report and the Prevention Plan in Appendix 1.

3. Main Report

3.1 The Lothian health and care system has reinforced its commitment to improving population health and tackling inequalities through the Lothian Strategic Development Framework (LSDF), the Prevention Framework approved by the NHS Lothian Board in April 2024 and, more recently, commitment to becoming a Population Health Organisation and embedding prevention through its core business. The Prevention Framework set out the case for strengthening prevention and identified opportunities to embed it more fully across the system. This paper sets out a plan that responds to the recommendations in the Prevention Framework. The Prevention Plan in Appendix 1 was approved by the NHS Lothian Board in June 2026.

3.2 Prevention remains one of the most cost-effective actions available to the NHS and the wider health and care system to improve population health and reduce health inequalities. Sustained focus on prevention is essential to achieving long term system sustainability and reducing future demand for services.

3.3 Health is shaped by a wide range of social and economic factors, including our living environment, employment conditions, housing, and education. While healthcare plays an important role, these wider determinants have a stronger influence on overall health and wellbeing. This requires the health and care system to act across the full set of building blocks of health rather than focusing narrowly on healthcare alone. In support of this, the NHS Lothian Board agreed

three high level priority areas for strengthening prevention work: the building blocks of health; maternal, children and young people's health; and reducing the burden of disease.

3.4 The Prevention Plan forms part of the jointly owned Lothian Strategic Development Framework (LSDF), with its actions developed collaboratively across the LSDF pillars. It sets out a shared tactical direction, that will be translated into annual actions through programme boards, many of which are co-chaired by IJB Chief Officers. Public Health teams will work closely with partners through Community Planning Partnerships and IJB Strategic Planning Groups to support preventative action at a local level.

3.5 Progress towards becoming a Population Health Organisation will support the identification of enablers and barriers requiring improvement. The assessment and action planning will take place on a joint basis. This includes advancing primary care transformation and shifting the balance of care towards prevention and population health.

3.6 Appendix 1 describes the progress being made towards a prevention-focused system and identifies the key outcomes and actions required to embed prevention across the Lothian health and care system, aligned to the three priority areas, and support the Lothian health and care system's ambition towards becoming a Population Health Organisation.

3.7 A set of prevention metrics has been developed to provide management information to support operational delivery, performance management, and Board assurance (Appendix 2). Some of these metrics are most meaningful when reviewed on an annual basis; therefore, introducing an Annual Prevention Report is essential to monitor progress. It will also be important to capture learning qualitatively alongside these measures.

3.8 NHS Lothian is participating in a pilot programme to tag preventative spend within existing budgets. This involves a detailed review of the full financial ledger, and the application of agreed preventative spend classifications, including both types of activity and levels of prevention. The work will produce an estimate of current preventative expenditure and is being undertaken alongside complementary activity to understand the drivers of service demand and identify the most effective prevention interventions that deliver measurable impact and strong return on investment.

3.9 Appendix 1 describes the progress being made towards a prevention-focused system against five key objectives:

- Make prevention a system-wide priority
- Support local partners to embed prevention in strategic planning and service delivery
- Embed prevention within performance frameworks

- Maximise investment in prevention
- Establish a robust learning and accountability system

3.10 The Scottish Government and COSLA jointly sponsor the national Population Health Framework, and the Prevention Plan outlines the contribution of the local health and care system to delivering this. Local Outcome Improvement Plans (LOIPs) set out the coordinated actions taken by community planning partners at a local level to improve population outcomes and reduce inequalities. Public Health is already well embedded within community planning structures; however, there is a need for a more coherent and aligned approach to prevention, strengthening the links between LOIPs and the Lothian Health and Care System Prevention Plan.

4. Contact

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THE EDINBURGH PARTNERSHIP

Date: 3rd September 2026

Title: Edinburgh Community Learning and Development (CLD) Partnership Year 2 Annual Report

Route to this meeting:

Annual update from the Edinburgh CLD Partnership to the Edinburgh Partnership Board, provided in line with the Board's annual reporting requirements and the delivery cycle of the Edinburgh CLD Plan. This report provides an update on progress against Year 2 actions and activity undertaken by the Edinburgh CLD Partnership.

1. Executive Summary

1.1 This report sets out progress against the Edinburgh Community Learning and Development Plan (ECLDP) during Year. There has been progress across key areas, including establishing the Community Development Working Group; delivering a needs led youth and children's work training and capacity building programme; supporting Youth Awards and wider achievement; strengthening ESOL partnership working; financial literacy scoping exercise; and continuing to engage with broader citywide agendas – Team Around Community and Neighbourhood Prevention Partnerships.

1.2 The refreshed Year 2 ECLDP actions provide a stronger alignment with current LOIP priorities and opportunities for joined-up delivery across Community Planning. Including opportunities to strengthen collaborative work on Children's Rights and Participation across strategic partnerships, reducing duplication and ensuring children and young people's voices inform Community Planning activity.

1.3 The report also highlights improvements to ECLDP governance and coordination, including adoption of a common Terms of Reference template, a centralised MS Teams channel and alignment with new LOIP actions.

2. Recommendations

2.1 The Edinburgh Partnership Board is invited to consider the progress outlined in this report against Year 2 of the Edinburgh Community Learning and Development Plan.

2.2 The report is provided to the Edinburgh Partnership Board as part of the Edinburgh CLD Partnership's annual reporting arrangements.

3. Background

3.1 Under the Education (Scotland) Act 1980 and the Requirements for Community Learning and Development (Scotland) Regulations 2013, the Council has a statutory duty to provide Community Learning and Development (CLD) and to produce a three-year CLD Plan setting out how it will work with partners to deliver CLD. The Edinburgh CLD Partnership is responsible for the CLD Plan and is accountable to the Edinburgh Partnership.

3.2 The current Edinburgh CLD Plan 2024–27 was developed through engagement with partners, learners and other stakeholders and was published in September 2024. The Plan sets out priorities across the three CLD domains of Adult Learning, Youth Work and Community Development, with implementation plans and partnership arrangements supporting delivery.

3.3 The December 2025 report to the Edinburgh Partnership provided an update on progress and confirmed the strengthened CLD Partnership arrangements. During Year 2, the Partnership has continued to develop, with a committed group of partners working collaboratively to strengthen partnership arrangements, improve understanding of data collection and ensure that activity is increasingly informed by identified need. This has been supported by the introduction of strengthened administrative functions across Community Planning, including the centralised Microsoft Teams channel, providing a more consistent approach to communication, information sharing and partnership working.

4. Main Report

National Context

4.1 The ECLDP has continued to operate within an unclear national context during Year 2, including the CLD Independent Review, with its initial findings providing limited clarity, the absence of a current National Youth Work Strategy, and the ongoing consideration of the Right to Youth Work Bill.

4.2 Positively Edinburgh contributed to the Thematic review of the planning and delivery of English for speakers of other languages (ESOL) provision in Scotland.

Local Context

4.3 Locally, progress during Year 2 was influenced by the LOIP refresh, with time required to review and agree the ECLDP Year 2 actions and ensure these reflected the refreshed local priorities. The Partnership used this process to respond to feedback and strengthen the alignment of its actions with identified need.

4.4 Edinburgh has maintained strategic direction through the Edinburgh Youth and Children's Work Strategy 2023–2028. A Strategy Reconnector event held in June

2025 produced a number of ‘Calls to Action’ from the youth work sector, which the ECLDP have continued to consider within Year 2 Youth Work actions.

4.5 There has been good progress across the Year 2 priorities, with particular highlights including:

4.5.1 Establishment of a Community Development Working Group to provide a multi-agency response to supporting Community Centre Management Committees, with a focus on strengthening community centres as local assets through improved governance and safe operating practices.

4.5.2 A strong city-wide capacity-building and training offer has continued for youth and children’s work, responding both to the needs children and young people are presenting with in communities and to the training needs identified by practitioners. The offer continues to support the important prevention role of youth and children’s work across the city, with training focused on areas including safeguarding, substance use, understanding and managing behaviour, and young people’s sexual wellbeing.

4.5.3 Work also continues to progress on Youth Awards, with a youth work and employability event being planned to increase recognition of wider achievement and Youth Awards accredited learning among employers and further and higher education. The event will also provide an opportunity to engage the local youth work sector with the Digital Learner Profile. This work takes a poverty prevention and inclusion approach, recognising the important role of youth work in supporting young people who are furthest from the labour market to develop skills, confidence and recognised achievements that can support their progression towards further learning and employment.

4.5.4 Partnership working has been a key focus of the Adult and Family Learning actions, with the ECLDP seeking to add value through greater collaboration and a shared understanding of need, rather than reporting on business as usual activity. This has included strengthening the ESOL Providers Forum and ESOL Strategic Group. Work is also underway to develop stronger quantitative and qualitative approaches to data collection across adult and family learning, enabling the Partnership to better understand the impact of collaborative activity and ensure that future actions remain needs led. The ECLDP has also developed a clearer understanding of the working group structure supporting adult and family learning, creating stronger opportunities to connect lived experience and learner voice with strategic priorities and actions.

4.5.5 The development of the 2026–2029 Children’s Services Plan provides an opportunity for the ECLDP to strengthen its contribution across Strategic Partnerships, particularly in relation to Children’s Rights and Participation. The establishing of the Place Partnership during Year 2 also provides a

strengthened platform for the ECLDP to work across Strategic Partnerships and consider its contribution to the emerging Neighbourhood Prevention Partnerships. The ECLDP will seek to develop a more joined-up approach across these structures, avoiding duplication while creating opportunities to strengthen children's rights, participation, consultation and engagement across Community Planning. This will support the meaningful involvement of children and young people in Community Planning and Strategic Partnership activity, while ensuring that the ECLDP's contribution is aligned with local priorities and the prevention approach.

4.5.6 The Financial Literacy scoping exercise has been completed, providing evidence on the importance of financial literacy, the current provision of financial education across Edinburgh, and the gaps and opportunities to strengthen financial inclusion and access.

4.5.7 Progress in establishing the Digital Inclusion Network has been slower than anticipated during Year 2, as the lead partner needed to prioritise internal organisational pressures. However, a holding paper has established a proposed direction for the network, with areas of focus indicated to include: improving understanding of digital inclusion resources available across the city; building on the short-life working group to identify opportunities for collaboration and broaden access to basic digital skills for people of all ages; exploring joint opportunities and funding bids to improve access to new and emerging technology; and developing a stronger approach to monitoring and research, including working with partners such as the University of Edinburgh and colleges to establish a baseline and understand the impact of the wider network approach.

5. Next steps

5.1 Subject to the Edinburgh Partnership noting the progress outlined in this report, the ECLDP will continue to progress the agreed actions and strengthen its contribution to Community Planning through a needs led and partnership approach.

5.2 Year 3 phase of work will focus on:

5.2.1 Delivering the Youth Work and Employability event, bringing together youth work and wider stakeholders to increase recognition of wider achievement and Youth Awards accredited learning, and to explore how youth work can support young people who are furthest from employability, including learning

5.2.2 Continuing to respond to the Youth and Children's Work Strategy Calls to Action, identifying where the ECLDP can add value through partnership activity.

5.2.3 Identifying specific ECLDP actions arising from the Financial Literacy scoping exercise. Early indications are that this could include a focus on equity of access, ensuring financial education and support are delivered through trusted community settings and where people are, alongside consideration of the role of financial literacy in the prevention of criminal exploitation.

5.2.4 Identify specific ECLDP actions arising from the proposed Digital Inclusion Network discussion paper, which is due to be presented to the ECLDP in September 2026, and agree the Partnership's role in taking forward the identified priorities.

5.2.5 Continuing to strengthen quantitative and qualitative data collection, including the use of lived experience and learner voice, to better understand impact and ensure future activity remains needs led.

5.2.6 Continuing to develop the ECLDP's engagement across Strategic Partnerships, including opportunities arising from the 2026–2029 Children's Services Plan, the Place Partnership and emerging Neighbourhood Prevention Partnerships.

6. LOIP/Locality Plan alignment

6.1 The majority of ECLDP activity is directly aligned to the refreshed LOIP actions, with very limited ECLDP activity sitting outside the agreed LOIP priorities.

6.2 Identification is underway with ECLDP partners to identify opportunities to engage learners and local communities in shaping the 2028–2038 LOIP, ensuring that lived experience and community perspectives help inform future priorities.

7. Background reading/external references

7.1 Edinburgh CLD Plan 2024 - 27

7.2 Item 5a - ECLD Update on development plan.pdf

7.3 City of Edinburgh Council Community Learning and Development Progress Visit Report 22/04/24

7.4 116682-Edinburgh-Youth-and-Childrens-Work-Strategy-2023-2028-Digital.pdf

7.5 Strategy Reconnector Report

7.6 esolthematicreport.pdf

7.7 Learning: For All. For Life. A report from the Independent Review of Community Learning and Development (CLD) - gov.scot

7.8 Youth Work (Scotland) Bill: consultation document

7.9 Young people and work: interim report - GOV.UK

8. Appendices

8.1 Financial Literacy Scoping Report

8.2 Digital Network Paper

9. Contact

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FINANCIAL LITERACY SCOPING REPORT

City of Edinburgh

This report aims to provide evidence for the importance of financial literacy, to identify the current provision of financial education in Edinburgh, emerging gaps and potential opportunities to improve financial inclusion and access.

OVERVIEW

Money and access to financial resources have a significant impact on health and wellbeing. Financial stress significantly impacts mental and physical well-being. Financial capability is connected to individual and population health and is recognised as a social determinant of health that can be related to multiple health related risk and protective factors[1]. Individuals with poorer financial literacy experience worse health outcomes while higher literacy correlates with higher financial resilience and better overall health outcomes[2]. Inequalities and financial literacy are intrinsically linked, women generally have lower financial literacy than men, there is a large gender gap in financial understanding among young people (ages 11-18), with school finance modules proving significantly less effective for females[3]. Black and mixed ethnic populations show lower levels of financial wellbeing compared to the rest of the population and one in five (21%) single-parent households report struggling financially with clear disparities in financial knowledge among children based on their socioeconomic background[4,5]. A growing body of evidence confirms that people with higher financial literacy are more likely to be able to absorb unexpected income shocks, more likely to save for the future, and less likely to find themselves in unsustainable debt[6]. A third (32%) of households in Scotland have nothing in savings[7].

Despite this, only 52% of children and young people in the UK receive meaningful financial education at home or in school[8]. Research shows that children's money habits are lifelong and are formed as early as seven yet only one in three children receive any financial education in primary school and only 52% of children in Scotland have received meaningful financial education overall[8,9]. Parents are the main source of financial guidance for younger children, but older teens are increasingly turning to online sources and social media, even if they often do not trust what they find, creating an 'information–trust gap'[3]

Evidence shows that those leaving school without an effective financial education are at high risk of financial abuse, fraud and debt[10].Research shows that half of young people

under 35 in Scotland have no money saved[7]. Financial landscape is evolving fast, and young adults and children face different challenges when it comes to navigating a financial marketplace evolving at such a rapid pace. Young adults, as they leave school or other statutory settings, will face major changes in the coming years to the policy, economic and social landscape within which they will start managing money day to day and making critical financial decisions about their future. The degree of financial capability they display during this transition can have a major bearing on their resilience and wellbeing throughout their adult lives. Preparing children and young people for a world and workplace with high demands means addressing gaps in financial literacy and education.

1. Why Financial Literacy Matters

- **Preventative Impact:** Teaching financial skills early, starting before age 7 and continuing through school, serves as a preventative measure against poverty and associated poor health outcomes in adulthood[7].
- **Addressing Inequity:** Focused financial education for marginalised communities helps mitigate the long-term health impacts of poverty and improves overall community health. Children and young people in vulnerable circumstances are especially at risk of having lower levels of financial capability or poor financial outcomes. There are limited financial resources targeted for this population group and insufficient training or resources to help practitioners working with this group of young people.
- **Gambling harm and exposure to financial risky situations**: Children and young people are not only affected by gambling through family members, but young people's gambling behaviour is becoming a growing problem. It can be a result of experiencing parental gambling as a child or being exposed to gambling at a young age[11]. The National Audit Office findings show there to be 55,000 'problem gamblers' aged 11–16 in England and a further 85,000 at risk[12]. The NHS in England are opening its first gambling clinic for children and young people because of concern around the impact of online gaming and gambling on young people's mental health. According to the Gambling Commission's 2024 survey, 80% of young people aged 11 to 17 years old who gambled in the past year did so for fun, reinforcing the perception of gambling as a harmless activity despite its potential for harm[13]. In the 2021 Scottish Health Survey, 34% of 16- to 24-year-olds participated in gambling activities which included the national lottery[14]. Children and teenagers are managing money digitally earlier than ever and they encounter spending, saving and financial risk first through gaming environments, which are lightly regulated.[3]

- **Child financial exploitation, :** Some evidence supports the increasing numbers of young people being turned into ‘money mules’ for criminal gangs. According to estimates from the National Crime Agency (NCA), approximately £10 billion of illegal money is laundered each year in the UK, and about 23% of money mules are under 21[15,16].
- **Whole family approach:** Adults of all ages need opportunities to develop critical financial skills throughout their life, whether in further education or the workplace to set them on the path to financial resilience.

2. Policy Landscape

- **Population Health Framework** targets poverty and socioeconomic factors as drivers to tackle fundamental health inequalities. Financial literacy is recognised as a social determinant of health, and the framework supports actions to strengthen financial security and resilience.
- **Child Poverty Strategy** focuses on maximising household resources, reducing pressure on household budgets among low-income families and improving children’s wellbeing and life chances. It also promotes greater financial inclusion and capability to ensure people have a basic understanding of how to manage their money more effectively. The percentage of households with children in the lowest three income deciles reporting they were not managing well financially fell from 35% in 2012 to 25% in 2015.[14] Meanwhile, the proportion of these low-income households with children accessing a bank account grew to 95% by 2015.[14]
- **Getting it Right for Every Child (GIFREC)** framework works to improve services that support the wellbeing of children and young people in Scotland, it ensures that every child is supported in a timely and proportionate way. GIRFEC underpins the recent Children and Young People (Scotland) Act 2014, the Early Years Framework, Curriculum for Excellence and a range of programmes to support improvements in services. GIRFEC is threaded through financial literacy strategies in Scotland.
- **The UK Financial Strategy** was launched in 2015 to bring together employers, charities, government and business to collaborate and take action to permanently address issues related financial literacy, giving people the control and confidence to make the most of their money. It aims to improve financial capability across the UK and provides toolkits to evaluate programmes.
- **The Financial Capability Strategy for Scotland** aims to tackle 3 main issues:
  - The significant increase in young adults facing difficulties with debt.
  - The gap in provision between school and work.

- The needs of vulnerable and financially excluded groups – including NEETs (those Not in Education, Employment or Training – also called the More Choices, More Chances group), ethnic minorities, young offenders, looked-after children, care leavers, and disabled young adults.

3. National Programmes

- Scottish Book Trust Pilot Study, On the Money, 8–12-year-olds: The Scottish Book Trust piloted a story-telling approach to financial literacy aimed at eight- to twelve-year-olds. The approach uses four short stories under the title "On the Money". These are used to develop financial scenarios that can be discussed in lessons. There are several potential benefits of using stories to discuss such complex issues, including the ability to involve the audience/reader in the situation and the subsequent opportunity to get them to experience the consequences of decisions and behaviours without having to learn from firsthand experience. No formal evaluation of the pilot study, but the qualitative feedback from teachers and pupils was documented.
- Money And Me (Young Scot and MAP): Money and Me' is a free multi-platform digital source of money management information provided for young people in Scotland (the target age range for the programme is not stated). It aims to contribute to the national goal set out in the UK Strategy for Financial Wellbeing for 150,000 more children in young people in Scotland to receive a meaningful financial education by 2030.
- The CYP Financial Education Innovation and Evaluation Programme supports delivery of the UK Strategy for Financial Wellbeing. The programme commissioned and evaluated 7 pilot projects and focused on three priority areas: children under the age of seven years, children and young people in vulnerable circumstances, and digital delivery of financial education.Looking across the seven pilots, the evaluation synthesised evidence about how the projects worked, for who and why, identifying 4 key learnings:

1. Storytelling is an effective way for teachers to deliver financial education for children under seven.
2. Tailored and flexible resources are key when designing financial education for specific groups to ensure they are engaging, appropriate and relevant.
3. Digital delivery must be considered as a key component of delivering financial education.
4. Sufficient lead-in time (ideally two terms, for schools) is needed for financial education to be incorporated into existing structures and for teachers and practitioners to familiarise and plan their financial education delivery.

- Scottish Government's "Read, Write, Count" literacy and numeracy campaign aimed at children in P1-3 by encouraging everyday learning at home. The initiative aims to close the attainment gap and help parents build confidence in supporting their child's education. Other National and regional interventions can be found on the financial Capability website.

FINANCIAL LITERACY MAPPING

Online mapping

An online scoping search to identify local programmes within the city of Edinburgh & Lothians.

The following programmes focus on financial literacy and education:

- **Leavers' Money Skills (Didasko Education):** A non-profit providing free, impartial financial education workshops specifically to school leavers across Edinburgh and the Lothians. Their sessions cover critical life-stage concepts like budgeting, managing debt, and baseline banking. They offer comprehensive financial education workshops for local authorities, high schools, colleges and universities.

- **Grassmarket Community Project:** Grassmarket Community Project was awarded grant money from MHA 1892 Foundation, the charitable arm of the national accountancy and advisory firm MHA up to £3,500 to launch and run practical finance and budgeting workshops. The program is specifically designed to equip young people (16+) facing complex personal challenges with practical money management skills. Over the next year, the charity's programme will deliver a series of practical financial management sessions covering topics such as understanding income and expenditure, planning for household bills, using online banking safely and recognising fraud and financial crime. Participants will also develop a simple personal budget plan, supported by ongoing guidance from the charity's team. These workshops and other sessions aim to provide opportunities to gain financial skills, enterprise opportunities are available for members only, but it is free to join.

- **Move On**: Organisation called Move on ran 21 Financial Capability Peer Educator Workshops across Edinburgh and Glasgow between April and December 2017. The workshops were targeted at disadvantaged and vulnerable young people (ages 12–18) with a focus on homelessness and employability. The programme uses young peer educators to teach independent living skills, banking, understanding priority vs. non-priority debt, and the realities of moving

away from home. The Centre for research on Families and Relationships at the University of Edinburgh (CRFR) completed an evaluation on the programme. They currently have a support service in North Edinburgh (NESSie) with Fresh Start and North Edinburgh Arts and Spartans Community Football Academy.

Financial Literacy Scoping Survey- City of Edinburgh

Local mapping of financial education provision in Edinburgh to identify current provision across the city of Edinburgh.

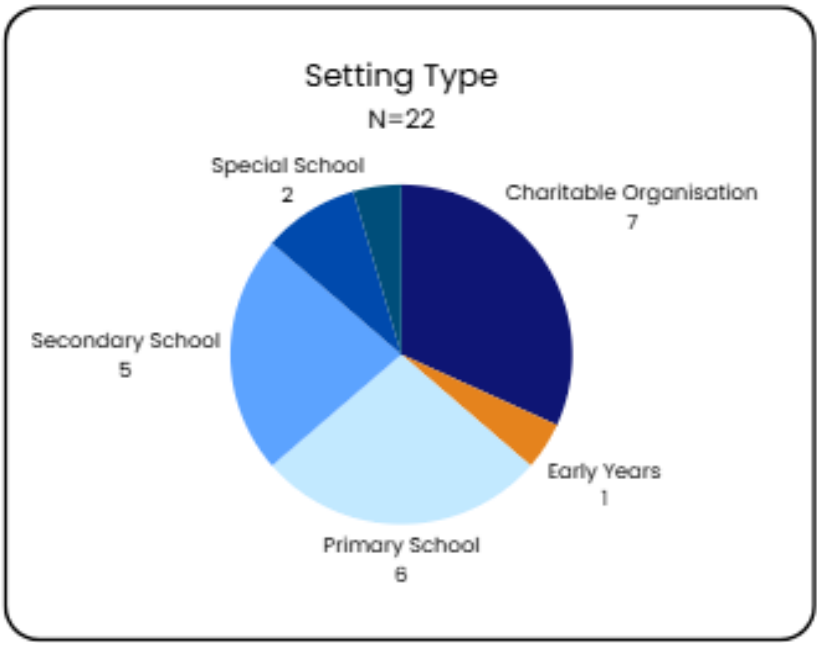
An online survey was conducted by the 1 in 5 child poverty team in Edinburgh to gather information from providers and funders of financial education programmes in Edinburgh. The online survey of financial education providers gathered information on who programmes are targeted at, the settings in which programmes are being delivered, as well as methods used, topics covered, topics requested and any evaluation activities being undertaken.

The aim of this mapping exercise was to obtain a snapshot of programmes currently delivering financial education within Edinburgh. This analysis is based on information provided voluntarily by financial education providers.

Survey responses

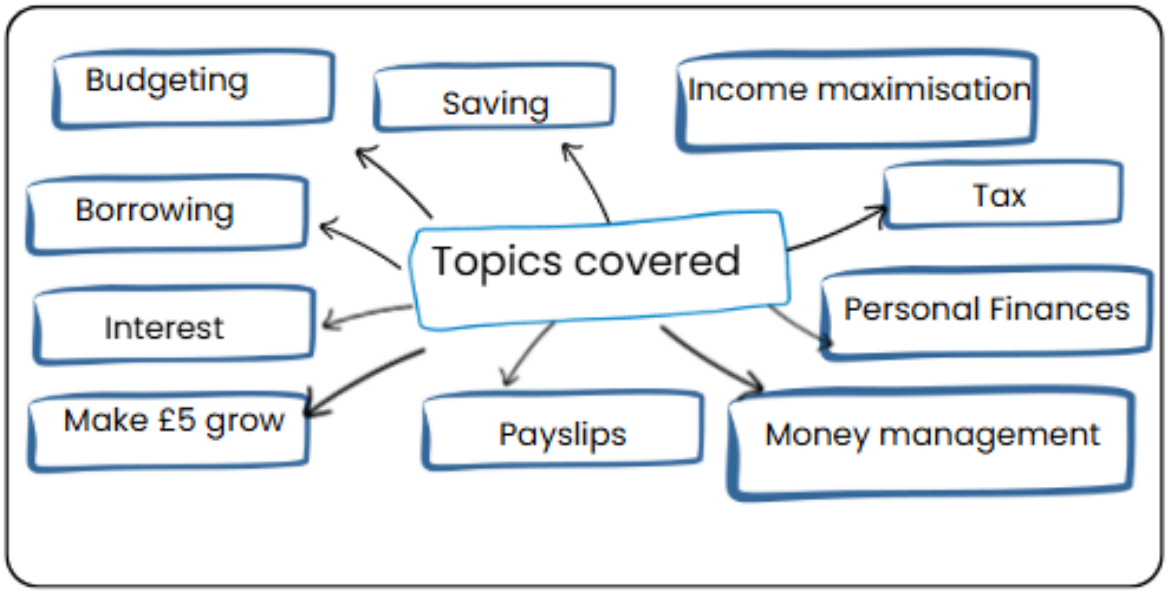
The responses were gathered in March 2026, there were 22 respondents including charities, early years settings and schools. The details of individual respondents can be found in Appendix 1. The majority of respondents were from a school setting within Edinburgh.

Figure 1: Respondent profile



14 out of 22 (63%) of the respondents delivered some form of financial education or financial skills development. The target audience for charitable organisations were mainly parents, whereas as expected, the target audience for the school settings were children and young people.

The topics and delivery mechanisms varied amongst the settings but the topics covered are shown in Figure 2, budgeting and accessing benefits and financial support via income maximisation services were the most common topics.



Delivery of financial education/skills development within charitable organisations was delivered by a staff member and within schools by a class teacher, often incorporated into curriculum subjects such as Business, Application of Mathematics or PSE.
The survey asked about any positive outcomes that were reported as a result of the financial education, it is unclear if this was obtained by formal evaluation or self-reported financial knowledge improvements from participants, the positive outcomes reported were:

- Improvement in financial situation
- Improved understanding of budgeting and profit
- Pupils considering careers in finance, investment, and accounting.
- Pupils have healthier relationships with spending and money.
- Pupils are able to search jobs, find the salary, and use a tax calculator to find the take home pay.
- Financial literacy increases their understanding or making healthy decisions in the future.
- Increase confidence and engagement in lessons as pupils relate to these topics.
- Learners are supported to count money and use this independently in life skills lessons- e.g. shopping, travel training etc

- Increased in income, and reduced bills, help with debt management
- Improved ability to manage money better
- Parents reported feeling more confident managing household finances and making informed financial decisions.
- Reduced financial stress and increased their sense of financial stability and control.

Requests for topics were from children and young people in schools/organisations were:

- Investing (i.e. Stocks, Shares, Bonds & Funds)
- Financial Planning
- Saving, Spending & Budgeting (Money Management)
- Protection & Risk Management (i.e. Insurance or protecting against identity theft or fraud)
- Understanding Credit (i.e. Interest & APR rates)
- Banking
- Earning (i.e. Wages/ Self Employment/ Active Income/ Passive Income); Understanding Tax, National Insurance, Pensions
- Basic financial literacy skills; using money

From parents the topics requested were:

- Earning (i.e. Wages/ Self Employment/ Active Income/ Passive Income)
- Saving, Spending & Budgeting (Money Management)
- Understanding Tax, National Insurance
- Pensions; Understanding Credit (i.e. Interest & APR rates)
- Investing (i.e. Stocks, Shares, Bonds & Funds)
- Financial Planning
- Protection & Risk Management (i.e. Insurance or protecting against identity theft or fraud)

The survey was able to provide a snapshot to the provision of financial education in Edinburgh and key insights to what is delivered and how financial education is delivered in different settings.

Financial Literacy Mapping- School delivery

A large part of financial education is delivered in a school setting across early years settings, primary and secondary schools. **Scotland's Curriculum for Excellence** (the Scottish national curriculum) provides opportunities for schools to adopt a cohesive,

planned and coordinated approach to financial education that works across a school's curriculum. Education Scotland provides guidance and support for teachers through a dedicated financial education section on its website.

The four aspects of financial capability in the Scottish provision are:

1. Financial understanding
2. Financial competence; the ability to apply understanding to a range of real-life contexts
3. Financial responsibility; defined as a "caring and responsible disposition" regarding using money
4. Financial enterprise; being "the ability to deploy resources in an imaginative and confident manner, such as knowing how to choose the most suitable forms of spending and saving."

Primary School

Financial Education in primary school is taught as part of the mathematics and numeracy curriculum. Financial education is not taught separately but incorporated into core curriculum however some primary schools deliver 'make £5 grow' lessons with P7 students and invite parents/ carers to come and share their careers within this field.

Primary school reported to work with Money Ready, a financial education charity to deliver financial education from P1-7. They provide free training for teachers for each session with the children and provide PowerPoints and resources for all lessons.

Secondary School

Financial education is mainly delivered by teachers and incorporated into various subjects depending on year group. Subjects include;

Applications of Mathematics: Manage Money and Data (National 3), Managing Finance and Statistics (National 4) Financial skills, (National 5), **S1 Digital literacy**, **S3 Business-** (stock market and share, savings and bank accounts, investment), **S2 Digital Enterprise** and **PSE, Financial services (level 5/6) and Accountancy.**

Schools offer enterprise programmes such as Youth Philanthropic Initiative, Social Enterprise Academy, Young enterprise Scotland, Employability and Enterprise awards which incorporate financial education. There are also awareness raising of online resources such as Barclays Life Skills, information and sessions for students looking for a career in finance through 'get in to Finance' and employer led sessions.

Mapping financial education provision in schools within Edinburgh was challenging due to variances in delivery, resources within each individual school setting and

engagement with schools for information out with the online scoping survey. From research, young people report that school based financial education feels patchy and often impractical.

Although financial education should start in schools this should not be the only avenue for education nor should financial education end abruptly at the age of 16, as this is a critical stage making choices which can affect financial well-being, many young people become eligible for a number of financial products and services, with varying degrees of complexity.

Strengths and challenges of current financial education delivery

Evidence gathered from the local and online mapping highlights some gaps and barriers to delivering and accessing financial education.

Strengths

- A broad range of key topics are covered within financial education within voluntary and school settings which have had positive outcomes for participants.
- Financial education for parents has been valued and welcomed by participants.
- Example of a primary school using external partners.
- Focus on specific disadvantaged groups, young people in the community to access benefits/student loans and financial wellbeing coach delivering pilot financial wellbeing for single parents.

Challenges/gaps

- The programme evaluation of financial education is limited as it is difficult to assess effectiveness of programmes beyond immediate engagement. Measuring the long-term impact is challenging as the benefits of financial education may not be shown for many years.
- Many of the programmes identified are aimed at secondary school aged children, little information was obtained about provisions for early-year and primary school settings. As financial habits are learned from early as age 7, further information on what is delivered/available for pre-school age and primary school aged children is essential.
- Schools have limited time and incorporating financial literacy into subjects would require staff training and time.
- Further evidence is required on financial education provision with a particular focus on the needs of vulnerable and financially excluded groups, including children not in education, ethnic minorities, young offenders, care experienced children and young people, care leavers, and disabled young adults.

Opportunities

The insights from this mapping will inform stakeholders around the financial literacy landscape and support progress towards improving the provision of financial education and the financial wellbeing of children and young people in Edinburgh.

This scoping report has identified some opportunities to further strengthen financial education provision and support current work.

Short term

- Improve access to financial education resources, in particular digital learning resources and tools
- Increase awareness of availability of programmes that provide financial education. Currently, there are many charities, credit unions, banks and organisation involved in providing financial education.
- Opportunities to address the knowledge gap in provision between school and work.

Medium-Term

- Strengthening the topic of financial literacy in the school curriculum and raising awareness of the subject's importance amongst teachers, with a universal offer connecting financial education to mandatory subjects like numeracy/mathematics.
- Providing staff and teachers support, training and empowering staff to provide financial literacy education as well as the ability to harness the business and charity sector to provide financial education experiences and develop skills.
- Support the voluntary organisation to provide/access financial education for their service users as inclusion on the curriculum alone is not enough to guarantee high quality financial education.
- Create ongoing learning opportunities for adults in community, education and the workplace.

Long-term

- Explore early introduction in Primary schools and how financial education can be strengthened.
- Engaging children and young people in the co-production of resources including real-life financial decisions to help create relevant and engaging content.
- Traditional banks feel distant and irrelevant, yet many young people are comfortable using banking apps, suggesting potential for well-designed digital support for financial education.

- Services to be aligned with real milestones such as first jobs, student loans and rent; financial products that recognise inequality and uncertainty; plainer language, and strong protections against scams and overspending.

Financial literacy resources available online

Group	Online Resources	Training/webinars	Services
Young adults	-Martin Lewis-Your money matters free pdf -HSBC/Money heroes Videos/info -Young Scot - Martin Lewis Explainer Videos **Money Advice Scotland**: offer an online Financial Wellbeing Library **Apps:** pre-paid debit cards + Apps -GoHenry -HyperJar -NatWest Rooster Money. (not all free) Advice: Top cards for under-18s Prepaid cards & bank accounts for children & teens		
Education staff/ Community organisations	Education Scotland: Money Talks - Family finances - an interdisciplinary learning approach to financial education Scottish Centre for financial education On the Money These topics should be embedded in the curriculum in Scotland through numeracy and maths, business studies and personal and social education. **Scottish Government:** The Scottish Government is also supporting young people after they leave school with a new School Leavers Toolkit	-Money & Pension service: Money guiders training -Money Advice Scotland: Training and webinars delivers free, digital Financial Wellbeing Workshops tailored for students in further education or individuals starting their careers. -Fast Forward **Money Charity:**	

	which includes practical information about budgeting and finances. **Scottish Financial School + Youth Enterprise Resources:** **Secondary** **Khan Academy:** Includes teachers resources **Scouts & Guides Money Skills Badges (beavers and cubs aged 6-10)** **National Literacy Trust** **Money Charity Teacher resource packs** This guidance is aimed at health and care professionals and focuses on intervention with adults but could be useful in any interaction with young adults or parents.	Provide workshops for primary and secondary schools, cost implication to the workshops. Money Ready: financial education charity offers accredited resources to deliver programmes to primary school aged children and young adults. They also support impact evaluation.	
Parent/Carers	Martin Lewis Explainer Videos Capital Credit Union National literacy trust empower teens	limited resources for financial education/support in the workplace	Fast Forward Turn2Us Edinburgh Trust: the Turn2us Edinburgh Trust based in Leith, provide direct financial support to people experiencing financial insecurity in Edinburgh.
Early year settings/young children	**Scottish Financial School + Youth Enterprise Resources:** **Early Years** **Primary**		
Targeted support for disadvantaged groups: At risk of homelessness Care-experienced young people Independent living Disadvantaged/Living in poverty Special Education needs	MAP: Guidance for children and young people's services: delivering financial wellbeing for children and young people in vulnerable circumstances.	Cemo: Financial Capability programme for Ethnic minorities	

Ethnic Minorities			

Free Resources from banks and financial education charities for children.

Name of Organisation	Target age	What's Available
Barclays Life Skills	7-25	For primary school children, there are worksheets about budgeting basics and an interactive tool to learn the difference between needs and wants. For older children, there's a budgeting case study worksheet, a video on fraud awareness and a free savings tool.
HSBC Financial Education	3-16+	For young children, there are activity sheets on managing money, needs and wants, the value of money, and future planning. For young adults, there are guides on topics including opening a bank account, understanding a bank statement, and managing bills.
Lloyds Financial Skills	5-16+	There are lessons including keeping money safe and wants and needs for 5–7-year-olds, two lessons for 9-11 year olds including staying safe with digital money, two for 11-14 year olds including choosing what to do with money and two for 14-16 year olds including making the most of what they have.
Internet Matters	0 to 14+	To help educate children about spending money safely online, including via online games and social media, not-for-profit Internet Matters has a free 10-point guide with tips to help young people build good online money management habits.
Money Heroes (part of Young Enterprise)	3-11	Resources include a podcast for parents, plus videos, downloadable activity sheets and online stories for children. There are also resources in the Welsh language, and for children with special educational needs.
MyBnk.org	5-25	A free interactive financial education programme that aims to bring money to life and encourage positive money habits. The course includes videos, quizzes and interactive activities, as well as role-play for younger children.

I would like to thank Claire Colston, Child Poverty development officer for disseminating and providing the data for the scoping survey and financial education providers within Edinburgh for taking part.

Report By: Aisha Aslam, Project Officer, Edinburgh Partnership and Place Team
Date: May 2026

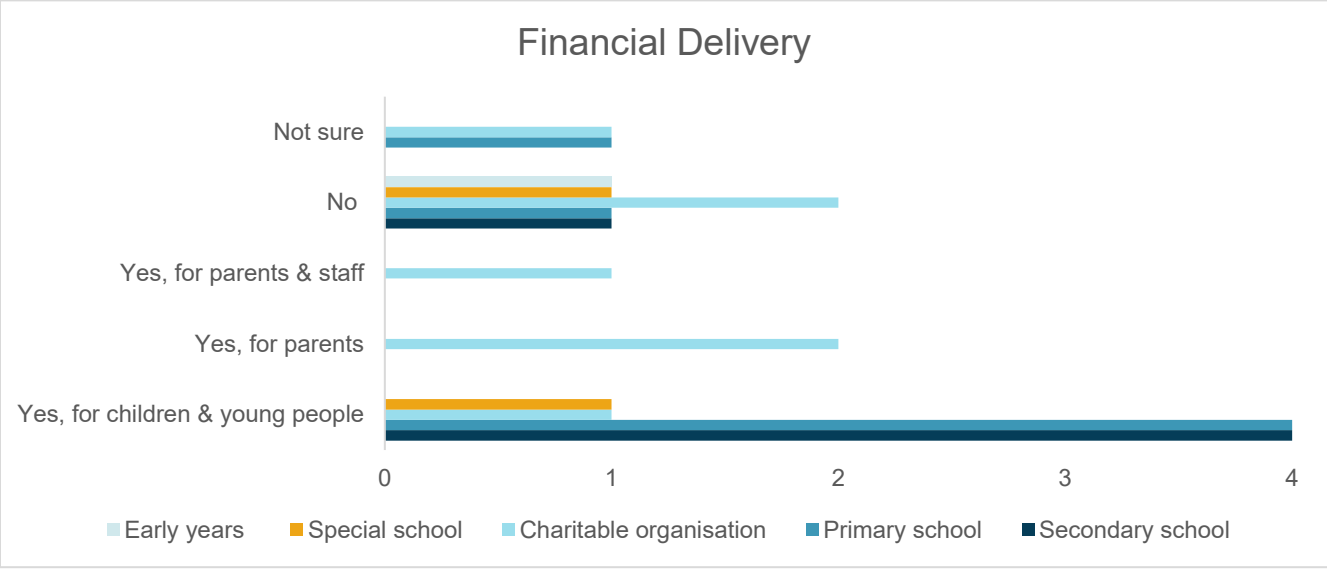
APPENDIX

Appendix 1: Details of Survey respondents

Charitable Organisation	One Parent Families Scotland	Primary School	Star of the Sea R.C. Primary School
Charitable Organisation	Home Link Family Support	Primary School	Royal Mile
Charitable Organisation	Access to Industry	Primary School	Hermitage Park Primary
Charitable Organisation	Access to Industry	Primary School	Carrick Knowe PS
Charitable Organisation	Passion4Fusion	Primary School	Granton Primary School
Charitable Organisation	Wester Hailes youth agency	Primary School	Buckstone PS
Charitable Organisation	Home-Start Edinburgh	Special School	Kaimes School
Early Years Setting	Moffat early years	Special School	Prospect Bank School
Secondary School	Leith Academy	Family Practitioner	Parent Information Partnership
Secondary School	Forrester High School		
Secondary School	Queensferry High School		
Secondary School	Leith Academy		
Secondary School	St. Augustine's RC HS		

Appendix 2 : Survey Questions and responses

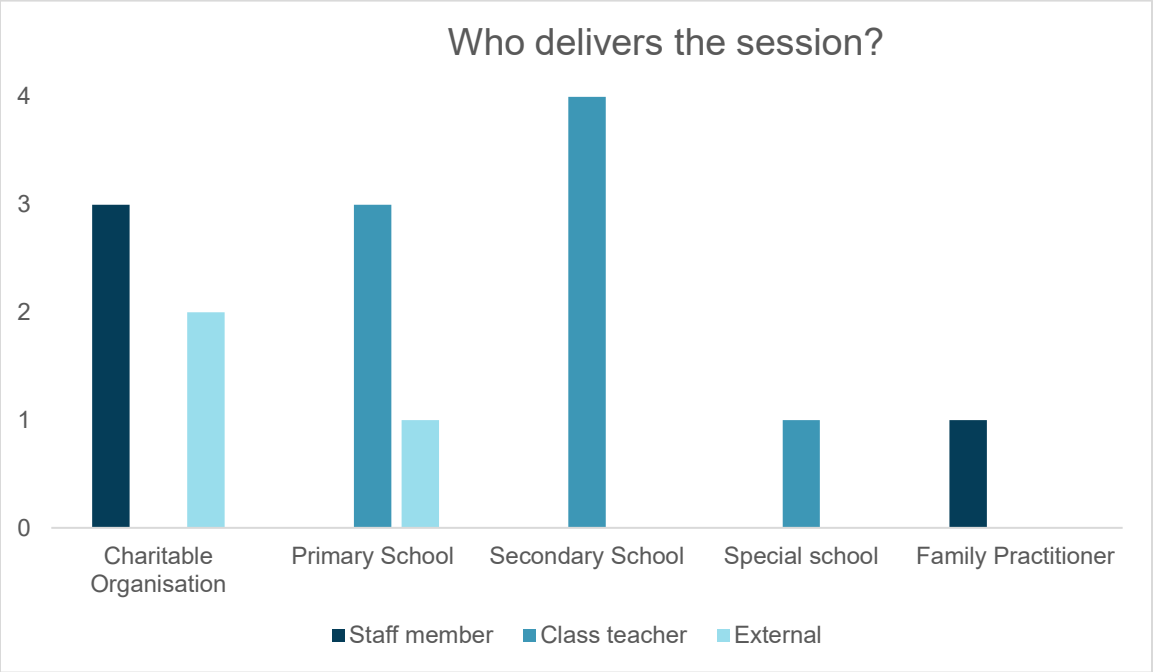
Question 1: Do you currently deliver financial education/ literacy or financial skills development in your setting?



Question 2: What financial education/ literacy or financial skills development do you currently deliver?

Charitable Organisation	We don't do a formal programme however we do support young people with budgeting and access to benefits, SAAS applications, etc when it arises
Charitable Organisation	We have a drop in once off seminar about personal finances.
Charitable Organisation	We have a volunteer financial wellbeing coach who is currently working on a pilot with 6 single parents (all women)
Charitable Organisation	help with budgeting, cooking on a budget, help to access cheaper utility rates, welfare checks and where to go for specialist help. Help to complete forms etc
Charitable Organisation	No specific training, rather support to manage budget or access to financial support (incl. access to benefits, trainings or employment)
Early Years Setting	None
Primary School	None
Primary School	We provide a focus on Financial Education each session for learners however this isn't progressive or considered within our local context. Parent/ carers have been invited to come and share their careers within this field too. Additionally, we signpost and provide a wealth of information from wider organisations however do not have a progressive or strategic approach to this Our staff have engaged with 1 in 5 to date
Primary School	This is taught as part of the maths and numeracy curriculum.
Primary School	As part of numeracy pathways.
Primary School	We work with Money Ready (formerly RedStart) to deliver financial education from P1-7. They provide training for teachers for each session with the kids and PowerPoints and resources for all lessons.
Primary School	P7- Make £5 Grow
Secondary School	Budgeting in S1 Digital Literacy - (using a spreadsheet to calculate costs within a budget) Personal Finance in S2 Digital Enterprise - (Income and payslips, spending, taxation, borrowing and saving, debit and credit cards, budgeting, pensions) A mix in S3 Business - (stock market and share, savings and bank accounts, investment) Future Assets Competition - A charity run to encourage girls to consider investment careers. For S3-S6.
Secondary School	S1 - Budgeting, Savings and Borrowing
Secondary School	BGE - money topics - best buy, wages N5 Apps - wages, NI, best buy, Higher Apps - Loans, Savings, Mortgages, Tax, etc S6 PSE - budgeting, debt, savings etc, SASS Personal finance course for S5/6 - SQA level 6
Secondary School	Budgeting Basic financial literacy Savings and interest Tax and payslips
Secondary School	Applications of Mathematics: Manage Money and Data (National 3), SCQF: level 3 (6 SCQF credit points), Unit code: HV7Y 73: Applications of Mathematics: Managing Finance and Statistics (National 4), SCQF: level 4 (6 SCQF credit points), Unit code: HV7V 74: Applications of Mathematics: Financial skills, SCQF: level 5, Course Code: C844 75
Special School	Budget planning linked in with Nat 1-4 SQA qualifications Support with independence around money use- e.g. buying items from a shop etc Enterprise activities.
Family Practitioner	Budgeting Income Maximisation
Special School	None
Charitable Organisation	Budgeting and Saving

Question 3: Who currently delivers the sessions?



Question 4: Have you had any positive outcomes from children, young people or parents as a result of financial education/ literacy or financial skills development? If so, please share below

Charitable Organisation	Improved financial situation for the families
	I work with young people aged 16-21 and the feedback has been incredibly positive. Especially around budgeting as this is something a lot of my clients struggle with
	Yes, it has been welcomed and valued
	Yes, increased income, and reduced bills, help with debt management
	Yes, from our sessions, we have sent up culturally safe saving groups (3 in total) Same as rotating savings groups where the group collects money and gives one individual from the group. Participation in the Rotational savings has helped parents build the habit of setting aside money consistently, even with limited or irregular income. Parents reported feeling more confident managing household finances and making informed financial decisions. The programme has also supported parents to

	plan ahead for key expenses such and emergencies. Parents shared that being part of the group reduced their financial stress and increased their sense of financial stability and control.
Family Practitioner	Able to manage money better
Primary School	Difficult to measure at this stage. Definitely has made the kids more aware of how to manage money and is designed to help with number skills. They are linked with Kings College who are measuring the impact.
	Understanding a budget, profit margins
Secondary School	Pupils considering careers in finance, investment, and accounting. Pupils have healthier relationships with spending and money. Pupils are able to search jobs, find the salary, and use a tax calculator to find the take home pay. Financial literacy increases their understanding or making healthy decisions in the future. Increase confidence and engagement in lessons as pupils relate to these topics.
Special School	Learners are supported to count money and use this independently in life skills lessons- e.g. shopping, travel training etc. Learners are also supported to manage a small budget through active learning projects. For example, each class is given a budget for their Christmas Fayre staff. The class are supported to use this budget to buy items to make baked good/crafts for the sale. Collaboratively, the class shop for and make these items and then sell them at the Fayre to families. Learners then tally up the profits and create a budget for a class party to celebrate.

Question 5: Have children, young people or parents requested financial education/ literacy or financial skills development in your setting/ organisation?

If yes, what kind of education/ literacy or skills development have they requested?

Secondary School	**Yes**	Investing (i.e. Stocks, Shares, Bonds & Funds)
	Yes	Earning (i.e. Wages/ Self Employment/ Active Income/ Passive

		Income);Spending & Budgeting (Money Management);Banking; Understanding Tax, National Insurance, Pensions; Saving;
Special School	**Yes**	Spending & Budgeting (Money Management)

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THE EDINBURGH PARTNERSHIP

EDINBURGH COMMUNITY LEARNING & DEVELOPMENT PARTNERSHIP

Overview of future Digital Network discussion paper due to be presented at ECLDP:

Resources – reaching an improved understanding across the city of the resources available to support individuals and groups. This will include identifying areas where there are potentially gaps and seeking to work with others to identify how these gaps can be closed. It will also aim to understand improved mechanisms to market available resources. It's understood that some information is available on the Council's cost of living web pages however, people seeking access to resources are perhaps less likely to access web pages therefore, what other marketing methods may help etc

1. Support and development – Building on the work of the short life working group, exploring opportunities to collaborate and develop new opportunities to broaden availability for people of all ages to learn basic skills. This includes ensuring the network aligns with ongoing and wider developments e.g. education approaches to digital literacy, online safety, and changes to accessing social media. It is also hoped that colleagues from different organisations may be able to benefit from upskilling to strengthen the number of available skilled individuals
2. New technology – to help improve access to resources, it is suggested that a key aspect of the network will be to work together to develop joint opportunities and funding bids to secure new and emerging technology, ensuring citizens can access opportunities to broaden their skills when considering future employment and development opportunities.
3. Monitoring and research – working in collaboration with e.g. Edinburgh University, colleges to develop a solid baseline on which to understand impact of the wider network approach, demonstrate any changes associated with digital inclusion.

Each of the key areas will be developed further in the paper and whilst it might suggest different approaches, those involved should determine the main areas of work, development or joint working the network may feel is most important.

Once the paper has been agreed, it is planned to invite those initially involved with the earlier working group to a session to talk through the paper and identify and agree a way forward. It is planned that this takes place at the end of September.

THE EDINBURGH PARTNERSHIP

EP Board Sept 3, 2026
Strategic Partnerships - Resource requests updates

Item 7b

Children's Partnership

Statutory duties: Must develop, deliver and report on a Children's Services Plan (CSP) every 3 years: Next due 2026 - on track

Budgetary responsibility: Whole Family Wellbeing Fund, Community Mental Health Framework

Resourcing: No dedicated resource, in kind support from Partners.

Governance structure: New structure identified by new CSP with working groups established and meetings scheduled.

Co-Chairs: Amanda Hatton (CEC), Laurene Edgar (LAYC) & Flora Ogilvie (NHS)

Secretariat: **In place – CEC provided**

TOR: Update in progress to reflect new CSP & revised governance structure

Workplan: Per the CSP and will lead 6 initial LOIP refresh actions. Links to working groups will be established as workplans developed.

Meetings: Regular meetings not scheduled

Quarterly Report: **Submitted**

Next steps:

THE EDINBURGH PARTNERSHIP

Community Safety & Justice Partnership

Statutory Duties: Jointly responsible for developing, delivering and reporting on a Community Justice Outcome Improvement Plan (CJOIP) with statutory community justice partners (Community Justice (Scotland) Act 2016) AND responsible for developing, delivering and reporting on a Community Safety Strategy (Antisocial Behaviour etc. (Scotland) Act 2004)

Budgetary responsibility: unknown

Resourcing: No dedicated resource - Previous CEC resource supporting this not replaced

Governance structure: Structure TBD based on workplan

Chair: Police Scotland have agreed to chair for 12 months from summer 2026.

Vice Chair: CEC able to provide

Secretariat: **In place – CEC provided**

TOR: Needs updated

Workplan: Will lead 8 initial LOIP refresh actions. Working groups need established and workplans developed to further these

Meetings: Regular meetings are penciled in for the year – will be confirmed when secretariat role is identified.

Quarterly Report: **Submitted**

Next steps:

THE EDINBURGH PARTNERSHIP

Edinburgh Community Learning & Development Partnership

Statutory Duties: Must develop. deliver & report on a CLD Plan every 3 years. Next due Sept 2027.

Budgetary responsibility: None

Resourcing: No dedicated resource – all support is in-kind from Partners

Governance: In place – supports delivery of CLD Plan

Chair: Laurene Edgar (LAYC)

Lead Officer: Linda Lees (CEC)

Secretariat: CEC (Community Planning Team)

TOR: In place

Workplan: Per CLD Plan and annual implementation plan. Will lead 8 initial LOIP refresh actions – links to working groups & their workplans are established.

Meetings: Regular meetings are scheduled, including working group meetings.

Quarterly Report: Submitted

Next steps:

Commentary: Leading this work is time consuming – if partnership work is an equal responsibility between members we need to consider how the resource needs a more equitably.

THE EDINBURGH PARTNERSHIP

Housing Partnership (HP)

Responsible for:

Statutory Duties: None

Budgetary responsibility: None

Resourcing: No dedicated resource – all support is in-kind from Partners

Governance: Per draft TOR

Chair: Lynn McMath (University of Ed.) to Sept 2026. Derek McGowan from Sept 2026

Vice Chair: Not in place from Sept 2026 as DM becomes Chair

Secretariat: University of Ed. Will need replaced with change of Chair.

TOR: Currently being updated

Workplan: Under development and will lead 10 initial LOIP refresh actions – links to working groups & their workplans need established.

Meetings: Regular meetings are scheduled

Quarterly Report: Not submitted

Next steps:

THE EDINBURGH PARTNERSHIP

Local Employability Partnership (LEP)

Responsible for:

Statutory Duties: The Scottish Government requires all local authorities to establish LEPs to guide and commission local employment support, rather than operating services solely through the council

Budgetary responsibility: Has oversight of multiple budget streams

Resourcing: No dedicated resource – all support is in-kind from Partners

Governance: In place per ToR

Chair: Rona Hunter (CCP)

Lead Officer: Kate Kelman (CCP)

Secretariat: CEC (Community Planning Team)

TOR: In place

Workplan: Per LEP Plan and will lead 7 initial LOIP refresh actions – links to working groups need established.

Meetings: Regular meetings are scheduled

Quarterly Report: Submitted

Next steps:

THE EDINBURGH PARTNERSHIP

Net Zero Edinburgh Leadership Board (NZELB)

Responsible for: It is a strategic governance framework established to drive the city's ambitious goal of becoming a net-zero emissions city by 2030

Statutory Duties: None

Budgetary responsibility: None

Resourcing: No dedicated resource – all support is in-kind from Partners

Governance: Under review

Chair: Gareth Barwell (CEC)

Lead Officer: Ruth White (CEC)

Secretariat: Climate Team (CEC)

TOR: Under review

Workplan: Under development and will lead 11 initial LOIP refresh actions – links to working groups & their workplans need established.

Meetings: Regular meetings are scheduled

Quarterly Report: Submitted

Next steps:

THE EDINBURGH PARTNERSHIP

Place Partnership (PP)

Responsible for: The Place Partnership provides a space to bring the collective strengths of partners together to identify shared opportunities and joined up ways of working, ensuring a collective agenda.

Statutory Duties: None

Budgetary responsibility: Oversight of NPP funds

Resourcing: Some in kind, some funded via NPP funds

Governance: Currently being finalised

Chair: Crawford McGhie (CEC)

Vice Chair: Yvonne Kerr (NHS)

Secretariat: **tbc**

TOR: In development

Workplan: Under development and will lead 4 initial LOIP refresh actions – links to working groups & their workplans need established.

Meetings: Regular meetings not scheduled

Quarterly Report: Submitted

Next steps:

THE EDINBURGH PARTNERSHIP

Support Needed from the EP Board

- Maternity cover (12 months) for current Community Plan (LOIP) activity coordination from August 2026.
  - Oversight of EP activity, Quarterly reporting, updating against LOIP actions, organising EP Board, EP Management Board, Strategic Partnership support around workplans etc.

- Public Health working on finding resource to support development of LOIP 2028 onwards. Additional resource offer for this in any form would be helpful to support this work.

- 3x Partnership secretariat roles (Children's Partnership, CSJP and Housing tbc)

- 2x Partnership Vice Chair roles (Children's Partnership and Hous[illegible])

THE EDINBURGH PARTNERSHIP

Edinburgh Partnership Governance Framework, Appendix F:

DRAFT Process to be followed to decide whether a 'Community Body' can join the Edinburgh Partnership Board

Step One:

The Community Body submits a written request to the Edinburgh Partnership Board. As part of this written request, the applicant Community Body should provide answers to the following questions, providing evidence where relevant (this process will be fully explained on the Edinburgh Partnership website).

The applicant Community Body needs to answer the following questions, providing evidence where relevant:

1) Provide evidence /explanation to show how you can be defined as a Community Body i.e.

- A body (whether formally constituted or not) established for purposes which consist of or include that of promoting or improving interests of any communities however resident or otherwise present in the area of the Community Planning Partnership (CPP).

2) What is the community of interest or place you are representing?

3) Indicate in which of the following ways you wish, and can contribute to community planning in Edinburgh

- Support the CPP to have a clear understanding of distinctive needs and aspirations of communities of place and/or communities of interest within its area.
- Co-produce CPP priorities, how services are shaped and resources deployed to achieve positive change.
- Represent the interests of persons experiencing inequalities/social economic disadvantage.
- Support the participation of people who face additional barriers to involvement, including via capacity building.
- Participate in the development of locality based and thematic approaches to address inequalities.
- Support/ inform understanding of how effectively the CPP is performing which will include identifying and addressing improvement needs.
- Provide research or insights that can inform planning and decision making

4) For the ways you have indicated you wish to be involved, briefly outline how you will do this.

5) How do you ensure you are representative of the community you represent? Are you able to be representative beyond your own

membership? If so, please tell us how? Please give examples of mechanisms you use to regularly gather feedback and information from the community you represent or otherwise engage with.

6) Are you able to regularly attend and participate in the Edinburgh Partnership Board?

7) Do you require support to be able to attend and participate in being a member of the Edinburgh Partnership Board? If yes, what kind of support will you need?

Step Two:

The request and application should then be discussed at the subsequent Edinburgh Partnership Management Group meeting; the review of the application should be added to the meeting agenda with the application information circulated to members alongside the meeting papers prior to the meeting.

At that meeting members of the Edinburgh Partnership Management Group need to review whether the Community Body applicant meets the defining criteria and can effectively contribute to community planning in Edinburgh. It should also be ascertained at this time whether the community that the Community Body proposes to represent is already represented by an existing member of the Edinburgh Partnership Board.

A vote on whether the Community Body can join the Edinburgh Partnership Board should take place after discussion. An offer of a proxy vote should be made to members unable to attend or taken by the person representing them at said meeting.

The vote should take place with a show of hands, and any proxy votes should then be added to the tallies. It should be a majority vote, with any majority being accepted as the outcome. If the vote is tied the decision will fall to the Chairperson to cast the deciding vote.

Step Three:

Once a decision is reached the Community Body group should be informed of the outcome by the Edinburgh Partnership Management Group Chair in a written response within 2 weeks of the meeting. The response should clearly indicate why the decision was made; referring to the review of the application as appropriate.

If it is decided that it is not appropriate for the Community Body group to join the Edinburgh Partnership Board alternative ways to engage in the community planning process should be provided (e.g. if not suitable to join the Edinburgh Partnership Board, what other boards/ groups/ committees, and at what tier, could the Community Body contribute to? This could include being part of a reference or advisory group).

THE EDINBURGH PARTNERSHIP

Date: 3rd September 2026

Title: Item 6b - Edinburgh Partnership Board Governance Framework Update

Route to this meeting: drafted, discussed and reviewed by the Community Planning Support Team.

1. Executive Summary

1.1 The Community Planning Support Team (CPST) was asked to review and update the Edinburgh Partnership (EP) Governance Framework to reflect recent changes.

1.2 An updated EP Governance Framework was brought for approval to the EP Board on 10th June 2026.

1.3 Further clarification on how a Community Body joins the EP Board was sought for inclusion in the EP Governance Framework before approval by the EP Board.

1.4 Appendix A (Edinburgh Partnership Governance Framework Appendix F) details a draft process to be followed to decide whether a 'Community Body' can join the EP Board.

2. Recommendations

2.1 The Edinburgh Partnership Board is recommended to:

2.1.1 Approve Appendix A draft process to be followed to decide whether a 'Community Body' can join the EP Board and subsequently approve and adopt the updated EP Governance Framework document which now includes how a Community Body joins the EP Board as a further appendix.

2.1.2 Agree to review the EP Governance Framework document every 2 years from the date of adoption, unless a matter arising requires an immediate review.

3. Background

3.1 The EP Governance Framework supports the work of the EP by ensuring that it is consistently governed and operating effectively.

3.2 Community Planning Partnership (CPP) Statutory Bodies must facilitate the involvement of CPP Community Bodies to the extent that the Community Body wishes to be involved in community planning in their CPP area.

4. Main Report

4.1 Further clarification on how a Community Body joins the EP Board for inclusion in the EP Governance Framework has been drafted and is attached as Appendix A (Edinburgh Partnership Governance Framework Appendix F).

4.2 Appendix A (Edinburgh Partnership Governance Framework Appendix F) details the draft process to be followed to decide whether a 'Community Body' can join the Edinburgh Partnership Board; a summary of which is noted below:

4.2.1 The process requires the Community Body to submit a written request to the EP Board. As part of this written request, the applicant Community Body should provide answers to the following questions, providing evidence where relevant (this process will be fully explained on the EP website).

4.2.1.1 Provide evidence/ explanation to show how you can be defined as a Community Body (definition provided)

4.2.1.2 What is the community of interest or place you are representing?

4.2.1.3 Indicate in which of the following ways you wish, and can contribute to community planning in Edinburgh (options provided)

4.2.1.4 For the ways you have indicated you wish to be involved, briefly outline how you will do this.

4.2.1.5 How do you ensure you are representative of the community you represent? Are you able to be representative beyond your own membership? If so, please tell us how? Please give examples of mechanisms you use to regularly gather feedback and information from the community you represent or otherwise engage with.

4.2.1.6 Are you able to regularly attend and participate in the Edinburgh Partnership Board?

4.2.1.7 Do you require support to be able to attend and participate in being a member of the Edinburgh Partnership Board? If yes, what kind of support will you need?

4.3 The request and application should then be discussed at the subsequent EP Management Group meeting, with members reviewing whether the Community Body applicant meets the defining criteria and can effectively contribute to community planning in Edinburgh.

4.4 The CPST is not recommending the use of a scoring system for this application discussion as there is no established reference for previous membership beyond criteria laid out in Scottish Government legislation.

4.5 A vote on whether the Community Body can join the EP Board should take place after discussion. The vote should take place with a show of hands; it should be a majority vote, with any majority being accepted as the outcome. If the vote is tied the decision will fall to the Chairperson to cast the deciding vote.

4.6 Once a decision is reached the Community Body group should be informed of the outcome by the EP Management Group Chair in a written response within 2

weeks of the meeting. The response should clearly indicate why the decision was made; referring to the review of the application as appropriate.

4.7 If it is decided that it is not appropriate for the Community Body group to join the EP Board alternative ways to engage in the community planning process should be provided.

4.8 The CPST is not recommending having an appeals process if the application is turned down, however this can be revisited if the EP Board decides that an appeals process should be included in this process.

4.9 For transparency it would be advisable to apply this same draft process to current EP Board Community Body members to ensure that a consistent and fair approach has been followed.

5. Next steps

5.1 Once approved and adopted, the updated EP Governance Framework will be shared with all Strategic Partnerships, posted on the EP website and in the EP's (MS) Teams channel.

6. LOIP/ Locality Plan alignment

6.1 The EP Governance Framework supports implementation of the 2026 refresh of the 2018-28 Community Plan (LOIP), Locality Plan development and development of the new Community Plan (LOIP) by ensuring clear systems and processes for the EP.

7. Background reading/ external references

7.1 N/A

8. Appendices

8.1 Appendix A - Edinburgh Partnership Governance Framework Appendix F

9. Contact

Sabina McDonald – Population Health Project Manager - Edinburgh City,
NHS Lothian Dept. of Public Health and Health Policy
Email: Sabina.McDonald@nhs.scot

THE EDINBURGH PARTNERSHIP

Edinburgh Partnership Board – 3 September 2026

1. Executive Summary

1.1 As part of the paper to Board - The Edinburgh Partnership Work Plan – 9th September 2025 in September 2025, it was agreed that the EP website would be updated as part of Workstream 1: Systems, tools, processes and evaluation for effectiveness and efficiency.

2. Recommendations

2.1 The Board is recommended to:

i) To note the current situation and give a high-level steer on the Board's preferred option (Section 4) for a new Edinburgh Partnership website. This is not a final decision: the preferred option will be developed by the Community Planning Management Group into a full proposal, with detailed costs and a feasibility breakdown, brought back to the Board for approval.

3. Main Report

3.1 Background

3.2 The current Edinburgh Partnership website is outdated, the current platform is not supported, and cannot:

i. Present the Community Plan clearly, so residents and partners can track progress against local priorities;

ii. Provide a calendar of events with online sign-up; or

iii. Support genuine community engagement, as it is currently a one-way information channel with no route for residents and partners to feed back or participate.

3.3 The refreshed Community Plan was recently approved and work is underway on the next Community Plan (from 2028 onwards). The website is the Partnership's main public-facing channel for communities and partners, so the platform chosen must resolve the three gaps above. Section 4 sets out how each option performs against these gaps, and Section 5 brings the comparison together in one table.

3.4 Recommendation

3.5 The Board is asked to give a high-level indication of its preferred option, rather than a final decision at this stage. Subject to that steer, it is suggested that Option 3 (bespoke build) is the strongest starting point. A bespoke build is the only option that gives the Partnership full control over design and functionality, rather than working within a single partner's platform or a shared, externally-

funded tool. It is the only option that can fully address all three gaps set out in Section 2: clear Community Plan reporting (including Power BI), a purpose-built events calendar, and genuine two-way engagement. It also gives the partners shared ownership and access by design, reinforcing the Partnership's collective, multi-agency identity rather than any single organisation's branding or governance.

3.6 The trade-off is cost and time: indicatively between £10,000 and £50,000 (circa £20,000), against Option 2's low cost (under £5,000 a year) and Option 1's free cost; and an indicative delivery date of August 2027, against December 2026 for Option 2. The time is workable, as it aligns well with the development of the new Community Plan, despite being the longest lead time of the three. The cost is a longer-term investment that requires sustained partner input throughout the procurement, design and maintenance of the website.

3.7 This is a starting steer rather than a final recommendation, and all options require to genuinely be considered. Once the Board has indicated a preferred direction, the Community Planning Management Group will develop it into a full proposal, including detailed costs and a feasibility breakdown, for approval at a future Board meeting.

3.8 Options

3.9 Three options are presented, each covering description, advantages, disadvantages, impact and indicative cost. Options are:

i. Utilise an updated version of the current Edinburgh Partnership website hosted by City of Edinburgh Council.

ii. Create a website using the Consul platform.

iii. Commission a bespoke Edinburgh Partnership website build.

Note: "native" functionality means a feature that is built into the platform itself and ready to use, rather than one that has to be added separately (e.g. a bolt-on booking tool).

3.10 **Option 1: Utilise an updated version of the current Edinburgh Partnership website hosted by City of Edinburgh Council.**

Description	• An updated, supported version of the current website, hosted by the Council using systems already in place.
Advantages	• Builds on governance, security and branding the Council already has in place. • Low cost: the Council's web team can build and support it.

	• Works with Power BI, so Community Plan data can be shown as live dashboards.
Disadvantages/Challenges	• Design limited by the Council's website system. • No built-in events calendar, so a separate tool like Eventbrite would be needed. • No two-way engagement, so residents still can't feed back or take part.
Impact (key differences and benefits)	• **Community Plan:** clearer than now, with live Power BI dashboards. • **Events and engagement:** doesn't solve this gap; would need a bolt-on tool, or it stays unresolved. • **Partners:** easiest for partners, but the Council keeps control of the design. • **Efficiency:** quickest and cheapest fix, but doesn't solve the underlying problems.
Cost & Resourcing	• Build: low cost, done by the existing Council web team. • Running it: about 1–1.5 hours a week of officer time.

3.11 **Option 2: Create a website using the Consul platform**

Description	• An open-source platform for community participation. Already used by the Council (with CoSLA and Scottish Government funding) for things like participatory budgeting and community votes, and by other councils across Scotland and abroad.
Advantages	• Accessible and mobile-friendly; could be live by the end of 2026. • Proven, as other Scottish councils have already built and run sites like this. • Free while Scottish Government funding lasts (otherwise under £5,000 a year). • Built-in two-way engagement, with sign-up, voting and feedback all included.
Disadvantages/Challenges	• Doesn't work with Power BI, so no live dashboards for Community Plan data. • No guarantee the Scottish Government funding continues.

	• Still need to agree who hosts the site and how partners share access (Information Security asked 13/08/2026, awaiting reply).
Impact (key differences and benefits)	• **Community Plan:** can link to related engagement work, but without Power BI there's no live dashboard. • **Events and engagement:** strongest option, with sign-up, feedback and voting all built in. • **Partners:** reinforces a shared partnership identity, but hosting and access still need agreeing. • **Efficiency:** best value for the functionality gained, but depends on funding and hosting decisions outside our control.
Cost & Resourcing	• Build: low cost, but relies on CoSLA's developer and some staff time. • Running it: about 1–1.5 hours a week; under £5,000 a year if funding stops.

3.12 **Option 3: Commission a bespoke Edinburgh Partnership website build.**

Description	• A website built specifically for the Partnership through a procurement process, rather than using an existing template or shared platform.
Advantages	• Full control over design and functionality, with an identity that's the Partnership's own rather than any one partner's. • Can be built exactly to specification, including Community Plan reporting (with Power BI), an events calendar, and engagement tools. • Not limited by any partner's existing systems.
Disadvantages/Challenges	• Highest cost, needing procurement and an external contract. • Slowest option, so current gaps stay unresolved for longer while it's built. • Needs sustained partner input throughout procurement, design and build. • Hosting and support arrangements would need to be set up from scratch.
Impact (key differences and benefits)	• **Community Plan:** most flexible option, including live dashboards, but has to be designed and paid for, not ready-made.

	• **Events and engagement:** highest potential, but built from the ground up and slowest to deliver. • **Partners:** gives partners the most control, but needs the most sustained input. • **Efficiency:** highest cost and biggest resourcing demand; benefits come later rather than immediately.
Cost & Resourcing	• Build: highest of the three, with cost confirmed through procurement (roughly £10,000–£50,000). • Running it: likely more than 1.5 hours a week, plus hosting and support costs to be agreed with a supplier.

3.13 Decision Matrix

Factor	Option 1: Updated CEC site	Option 2: Consul platform	Option 3: Bespoke build
Timescale	Unknown (approx. April 2027)	December 2026	August 2027
Cost (indicative)	Lowest (free)	Low, contingent on external funding (under £5k)	Highest (£10,000–£50,000, circa £20k)
Accessibility compliance	Compliant once updated to new template	Compliant	Built to be compliant
Community Plan communication	Clearer static presentation; Power BI dashboards	Linked to related engagement activity; no Power BI	Fully bespoke, including Power BI if wanted
Power BI compatibility	Yes	No	Yes, if built in
Events calendar/sign-up	No	Yes, built-in functions	Yes, purpose-built functions
Community engagement (2-way dialogue)	Low (one-way)	High (two-way, participatory)	High, and able to flex to changing community needs
Partner ownership/control	Low (Council-led, with select partner access)	Low (Council-led, with select partner access)	High: shared ownership/access designed in
Key risk/dependency	Doesn't resolve functional gaps	Funding continuity; hosting/IS sign-off	Delivery risk; resourcing; timescale

4. Contact

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