



Midlothian
Health & Social Care

Midlothian Integration Joint Board
Annual Performance Report
2024/25

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Executive Summary

The Midlothian Integration Joint Board (IJB) plans and directs health and social care services for the people of Midlothian. We are a planning and decision-making body responsible for the integrated budget from Midlothian Council and NHS Lothian.

We are responsible for monitoring progress towards the National Health and Wellbeing Outcomes and the objectives in our Strategic Plan 2022 to 2025. We provide services and supports to ensure people have access to the right advice, care, and support in the right place, at the right time to be able to lead long and healthy lives. We focus on prevention, recovery, independence, choice and control, equalities, supporting the person not just their condition, and high quality and coordinated care that is evidence based and provided locally.

Like all of Scotland's public services, we have faced a very challenging financial position in 2024/25. We can only spend the resources made available to us by our Partners, Midlothian Council and NHS Lothian. This has meant we have had to take difficult decisions about what we can and cannot provide and design a sustainable model for the future. We have more work to do but have benefitted from good relationships with Midlothian Council and NHS Lothian who have given us the best financial offers they can afford. We have made good progress with our transformation programme and continue to explore, learn, and reframe how we can be part of seeing people and communities improve their health and wellbeing in Midlothian.

The services we plan and direct must, by law, aim to improve outcomes for people who experience our services, their families, and carers. Understanding the impact of all our services is a complex exercise and involves a wide range of data. The Scottish Government measure our performance towards nine Health and Wellbeing Outcomes using data collected from [Scottish Health and Care Experience \(HACE\) Survey](#) and Scottish Government's Ministerial Strategic Group targets for hospital admissions. We have continued to develop our use of outcome mapping to better understand how services contribute to progress towards our strategic aims and outcomes that matter to people.

Our progress

We used a range of feedback to inform the content of this report including feedback from people who use our services, their families and carers, the Midlothian Citizens' Panel, the iMatter workforce survey, the Scottish Government's Ministerial Strategic Group (MSG) targets, and The National Performance Indicators. The National Indicators 1-9 are taken from the Health and Care Experience Survey (HACE) which is conducted every 2 years. 2024/25 is not a reporting year for the HACE Survey, so there is no change to indicators 1-9 from our Annual Performance Report 2023/24.

Premature mortality is defined as deaths occurring before the age of 75. The most recent data we have is from 2023, when the premature mortality rate in Midlothian decreased to 399.5 (from 423 in 2022). This was a reduction of 5% in deaths occurring before the age of 75 in Midlothian. The national rate of premature mortality increased by 0.2%.

The responses to the Health and Care Experience Survey tell us that more than 90% of the Midlothian residents who were asked, agreed that they are able to look after their health very well or quite well. More than three-quarters of respondents who live at home agreed that they are supported to live as independently as possible.

Half of all Citizens' Panel respondents (50%) stated that they were happy with most or all aspects of their physical health and just over two thirds (55%) stated they were happy with most or all aspects of their mental health. Almost two thirds of all respondents (53%) stated that they were happy with most or all aspects of their general wellbeing.

People told us that their GP team (e.g. GP, Practice Nurse), and Pharmacy were the services they accessed most frequently, with 64% and 60% respectively of respondents stating that they had accessed these in the past month. Whilst 25% of respondents had an outpatient hospital appointment in the last month, only 5% were admitted to hospital as an inpatient, only 5% attended A&E, and only 1% needed an ambulance.

The most recent national data tell us that Midlothian had 58,355 unscheduled acute hospital bed days per 100,000 population, which is lower than Scotland (77,702), and 32,450 A&E attendances per 100,000 population, which is higher than Scotland (27,227). Since 2016/17, the rate of emergency admissions from falls per 100,000 population aged over 65+ in Midlothian has increased by more than 28%. The increase across Scotland as a whole for the same time period was 6.4%.

In 2024/25, Midlothian Health and Social Care Partnership started a new and focused partnership with NHS Lothian to ensure that people were only in hospital when they need to be. Although our acute bed occupancy remains higher than we would like, we have seen evidence of improvement in a number of key areas, including a reduction in occupied bed days, and an increase in the percentage of people living with frailty who are discharged within 48 hours. The number of people who were readmitted to hospital within 28 days of going home was lower in 2024/25 than in 2023/24.

The number of Health and Care Experience survey respondents receiving care or support who rated it as excellent or good reduced by 13% from 2022/23. We also saw a small drop in the number of people who agreed that services and support had an impact on improving or maintaining their quality of life. As part of our Citizens' Panel survey, we asked people if they agreed the support they received improved their quality of life. 47% of respondents answered that they had not received any support, 28% of respondents agreed, 17% disagreed, and 9% weren't sure.

The Scottish Index of Multiple Deprivation (SIMD) is how the Scottish Government identifies deprivation in Scotland. SIMD data is organised into 10 data zones, from the most to the least deprived. In Midlothian, 8.5% of the population live in a zone that is considered to be the most deprived, and 13.6% live in a zone that is considered to be the least deprived. Health inequalities among older people in Scotland are influenced by a complex mix of social, economic, and health related factors and the Equality Act 2010 requires us to anticipate the needs of people as far as is practicably possible.

Our local data over the last 3 years also tell us that people aged 75 and over are only a small number of attendances at A&E, but often spend much longer there than younger people. 64% of people living in Midlothian who are aged between 65 and 74 have a long-term condition. This rises to 84% for those aged 85 and over, which means older people often need more time for the right assessment, treatment, and care. We will continue to work to ensure that the experience of older people is as near as possible to that enjoyed by the rest of Midlothian.

The national indicator relating to how well carers feel that they are supported to continue in their caring role is not updated for 2024/25, but we used our own local survey to ask people if they regularly

help, support or look after someone because they are living with a disability or physical / mental health condition, or have problems relating to older age. 12% said yes, for up to 4 hours a week, 12% said they provide support for 5-19 hours a week, and 3% for 35-49 hours a week. 12% of respondents provide support for 50 or more hours a week. Only 8% of respondents agreed they had received an assessment of their needs as a carer, or a written plan about their caring role and support.

Our local survey also asked people if they feel safe when experiencing the services in Midlothian where 64% of respondents agreed, 33% gave a neutral response, and 3% disagreed. We need to have assurance that people who experience services are safe. One way we can be assured of this is by looking at the inspection reports from the Care Inspectorate. In 2024/25 we have seen a consistent improvement across all the key areas that are assessed.

In 2024/5, Scottish Government asked us to develop an Integrated Workforce Plan for 2025-28. We consulted with staff, Trade Unions, HR, and Finance. The themes that emerged were leadership and management, a nurtured and empowered workforce, training and development, and recruitment and retention. A draft Integrated Workforce Plan 2025-2028 was submitted to Scottish government on 17th March 2025. We must wait for feedback on this before a publication date can be set. Our [Integrated Workforce Plan 2022-25](#) can be found on our website.

The 2024/25 iMatter annual survey sent to all employees across health and social care in the Lothians that asks about their work and wellbeing including 'effective team working', 'health and wellbeing', and 'being involved in decisions'. The Midlothian Health and Social Care Partnership Employee Engagement Index was 78/100. This is the same score as 2023/24. 62% of staff took part in the imatter survey in 2024/25, which is a decrease from last year's rate (65%).

In 2024/25, 20 bespoke team wellbeing sessions supporting over 220 staff were delivered. Bespoke coaching sessions were also provided for Bonnyrigg Dental Treatment Centre, Cowan Court, and Highbank Intermediate Care service that focused on staff wellbeing and managing the emotional demands of their role. In addition, 30 one to one Wellbeing Coaching sessions were provided.

As part of our commitment to local employment we asked Midlothian Health and Social Care Partnership to work with the Midlothian Local Employability Partnership to offer more work placements for people looking to return to work. This has been very successful and some people who have completed placements have gone on to secure permanent employment with NHS Lothian.

How we spent our money

We are responsible for an integrated budget that we receive from Midlothian Council and NHS Lothian. We can only spend the resources that are made available to us. In 2024/25, Midlothian Council and NHS Lothian supported us with the best funding offer they could, but it was not enough to keep pace with increases in our population or the changing health and social care needs of people and communities. This may mean our progress slows down or that some services will stop in the future.

The overspend during the 2024/25 financial year was £2.949 million for health and £4.883 million for social care. Our Partners NHS Lothian and Midlothian Council provided additional funding to fully cover these overspends.

We approved the budget offers from both NHS Lothian and Midlothian Council on 27th March 2025 at the Midlothian IJB Special Board meeting and were able to set a balanced financial plan for 2025/26. This included plans to deliver £5.8 million in financial recovery actions across health and social care.

Communication and Engagement

We have worked with local people throughout the year to help us understand what is working well, where we can improve and how we can do better. Some examples across 2024/25 include Consultation on our Strategic Plan 2025-2035, consultation on our Equality Outcomes 2025-2029, and Self-Evaluation of our community engagement.

Equalities

Our 2021-2025 Equality Outcomes set out the actions we would take to advance equality in Midlothian. Alongside this we published our Mainstreaming Equality Report, and an update on the actions we had taken in 2023. To comply with our Public Sector Equality Duty, we must provide an update every two years on how we have addressed equality issues in Midlothian. As part of our ambition for equality to be central to our planning, delivery, and evaluation, we have provided an update on our activity for 2023-2025 in this report and will continue to report annually on progress.

In March 2025 we received confirmation from the Equalities and Human Rights Commission that we are fully compliant with the Public Sector Equalities Duty. In April 2025 we published our new [Equalities Outcomes 2025-2029](#).

Looking forward

We continue to look to the future. Much of 2024/25 has involved undertaking a significant revision of our strategy by developing a Strategic Plan with a 10-year vision. Our (draft) Midlothian IJB Strategic Plan 2025-2035 sets out an ambitious but realistic programme of transformation and we have asked Midlothian Health and Social Care Partnership to start the work required to redesign health and social care as part of a new, sustainable financial plan.

In January 2025, the Scottish Government announced the development of a trilogy of publications to shape the future of health and social care in Scotland. The [NHS Scotland Operational Improvement Plan](#) was published in March 2025. This was followed in June 2025 with the publication of the [Health and Social Care Service Renewal Framework](#) alongside [Scotland's Population Health Framework](#). The service renewal framework sets out a 10-year plan to improve outcomes for the people and communities of Scotland and deliver a sustainable future for health and social care.

[Scotland's Public Service Reform Strategy – Delivering for Scotland](#) was also published in June 2025 and is clear about the change we must deliver through integrated solutions and local action. The strategy also asks us to think and act strategically, focus on the 'bigger picture' and have ensure our leadership supports and requires joint working.

While we would have liked to have seen more recognition of the vital role of social work and social care in integrated health and social care within these publications, we are confident our strategic plan aligns with national ambitions.

Foreword

Welcome to our 10th Annual Performance Report which reflects on our progress and performance from 1st April 2024 to 31st March 2025.

Thank you for taking the time to read this report and look back across 2024/25 in Midlothian Integration Joint Board's 10th year of supporting local people and communities.

As I look back on 2024/25, it has been an exceptional year. It is fitting that this is also the 10th anniversary of integration in Midlothian as the strong relationships and trust we have built with NHS Lothian, Midlothian Council, and all our partners and providers have sustained us through a challenging year. We have had to make brave choices, work in true partnership, and increase our capacity for shared decision making.

Midlothian IJBs continues to contribute to gains in health and wellbeing across our communities. It is particularly good to begin to see the impact of our joint work with NHS Lothian to reduce hospital admissions.

Of course, 2024/25 has required us to have a significant focus on our financial position. Despite this, Midlothian IJB has avoided making reactive decisions, continued to invest in the Third Sector, and adopted a structured approach to financial recovery. We achieved nearly £7million in savings and are delighted to be able to have set a balanced budget for 2025/26.

I am also grateful for the vision of the Midlothian Health and Social Care Partnership Executive Leadership Team, for the dedication and willingness of every service manager and their teams to do things differently, for the integrity of every partner and provider, and the support of people and communities as we work together towards meaningful change.

We also took the opportunity to plan a new future for health and social care while continuing to deliver high quality, safe, and effective services by looking forward and developing a new Strategic Plan with a 10-year vision.

Transformation has to result better experiences for people and communities and to truly innovate we will need to work in new ways, adapt, and learn together.

As we take our first steps into 2025/26, every part of the public sector faces uncertainty, and no organisation will be able to resolve these complex challenges alone. In Midlothian, we will continue to look outwards and ensure we plan the right collaborative action to best serve people and communities.

Thank you for taking those steps with us, building on local successes, and working together towards a better future for everyone in Midlothian.



A handwritten signature in black ink, appearing to read 'Morag Barrow'.

Morag Barrow
Chief Officer, Midlothian IJB

Introduction

Who we are

The Midlothian Integration Joint Board (IJB) plan and direct health and social care services for the people of Midlothian. We are a planning and decision-making body created by Midlothian Council and NHS Lothian. We are responsible for an integrated budget that we receive from Midlothian Council and NHS Lothian. The priorities set out in our Strategic Plan guide how we allocate the money we receive.

Our responsibilities and legal duties are outlined in the Public Bodies (Joint Working) (Scotland) Act (2014). We meet regularly and include members from NHS Lothian and Midlothian Council, the Third Sector, staff, and people who represent the interests of people and communities, people who experience our services, their families, and carers.

Midlothian Health and Social Care Partnership oversees more than 60 services on our behalf. This includes two hosted services, Dietetics and Adults with Complex and Exceptional Needs, who deliver care to people across the whole Lothian region for the four Health and Social Care Partnerships - Midlothian, East Lothian, West Lothian, and City of Edinburgh.

**WE PLAN HEALTH & CARE
SERVICES FOR
96,600**

**PEOPLE IN THEIR HOMES,
IN THE COMMUNITY
& IN HOSPITALS**



OUR SERVICES INCLUDE:

ADULT SOCIAL CARE	CARE HOMES	A&E	COMMUNITY HOSPITAL
DAY SERVICES	END OF LIFE CARE	VACCINATIONS	ALLIED HEALTH PROFESSIONALS
CARE AT HOME	JUSTICE	MENTAL HEALTH	COMMUNITY NURSES
SUPPORT FOR CARERS	AIDS & ADAPTATIONS	PRIMARY CARE	REHAB & RECOVERY

What we are trying to achieve

The Scottish Government measure our performance on Health and Wellbeing Outcomes.

National Health & Wellbeing Outcome

1		Health & Wellbeing People are able to look after and improve their health and wellbeing and live in good health for longer.
2		Living in the Community People are able to live, as much as possible, independently and at home or in a homely setting in their community.
3		Positive Experiences & Dignity People who use health & social care services have positive experiences of those services, and have their dignity respected
4		Quality of Life Health & social care services help to maintain or improve the quality of life of people who use those.
5		Health Inequalities Health & social care services contribute to reducing health inequalities.
6		Support for Carers People who provide unpaid care are supported to look after their health and wellbeing.
7		Safe from Harm People using health & social care services are safe from harm.
8		Workforce Staff are engaged with their work and are supported to continuously improve the information, support, care, and treatment they provide.
9		Use of Resources Resources are used effectively and efficiently.

We also measure our performance against the objectives in our Strategic Plan.

Our Strategic Plan 2022-2025 has six main aims:

1. Increase people's support and opportunities to stay well, prevent ill or worsening health, and plan ahead.
2. Enable more people to get support, treatment and care in community and home-based settings.
3. Increase people's choice and control over their support and services.
4. Support more people with rehabilitation and recovery.
5. Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law through our services and support.
6. Expand our joint working, integration of services, and partnership work with primary care, Third Sector organisations, providers, unpaid carers, and communities to better meet people's needs.

We recognise people are the experts in managing their own health and wellbeing and want to provide the right support, treatment, and care for people to live well in their homes and communities. We want services to be available when people need them and at every stage of their care and treatment:

- Preventing ill health and providing support early,
- Ongoing support and treatment,
- In times of crisis and emergency.

We think about how we work, and how we can improve, in three ways:

- **Integration** is about how we work with all our partners to ensure everyone gets the right care, at the right time, and in the right setting.
- **Quality** is about 6 key areas of services – are they safe, effective, efficient, timely, person-centred, equitable.
- **Best Value** is about ensuring resources are well managed improving services that deliver the best possible outcomes for people and communities.

How we measure our performance

Our contribution to people's outcomes

The services we plan and direct must, by law, aim to improve outcomes for people who use our services, their carers, and families. Many factors influence peoples' lives and it can be hard to know the impact of each service or support we offer.

To ensure that services can describe their contribution, we use an approach called Outcome Mapping. This is a way to understand how our services contribute to people achieving the outcomes that matter to them. It can also help services make more targeted, locally informed decisions about how to design, deliver or commission services. This approach allows us to describe what we do, who with, what people learn and gain as a result, how this makes them feel and the difference this makes in their lives.

The data we use

- **Scottish Government's Ministerial Strategic Group targets**

- **Scottish Government's National Performance Indicators**

The National Indicators 1-9 are taken from the Health and Care Experience Survey, conducted every 2 years. 2024/25 is not a reporting year for the Survey so there is no change from our Annual Performance Report 2023/24.

In November 2023 the survey was posted to a random sample of 5,739 people living in Midlothian and registered with a GP in Scotland. People were asked about their experiences during the previous 12 months - accessing and using their GP practice and Out of Hours services; aspects of care and support provided by local authorities and other organisations; and caring responsibilities and related support.

The Scottish Government updated the survey in 2023, (the changes are in the [Scottish Government Technical Report](#)). This means it is difficult to compare our performance with previous years and, in some cases, we only have data from 2020.

1,408 people responded from Midlothian (1.5% of Midlothian's population). The overall response rate was 25% - it was highest for people aged 65-74 (25%) and lowest for those aged 17-24 (3%).

- **Feedback from people who experience our services, their families, and carers**

In 2024, 1,000 residents of Midlothian were sent a survey to ask about their views about health and social care. Citizens' Panel membership reflects the diversity of the Midlothian population.

In spring 2025, we carried out a Citizens' Panel survey by inviting people living in Midlothian to complete an online questionnaire, to share their views about health and social care. We received 140 responses. The highest response rate was for people aged 60 – 74 (32%) and lowest for those aged 75 and over (15%).

As part of the development of our new Strategic Plan, we undertook a significant programme of consultation and engagement. This included surveys, discussions, and Town Hall meetings.

- **iMatter survey for employees**

62% of the staff in Midlothian Health and Social Care Partnership completed the survey. This is a decrease compared with 2023/24 (65% completion rate). Staff are asked about their work and their wellbeing. The Employee Engagement Index is the overall score for the organisation, it looks at how staff feel they are:

- Informed, trained & developed,
- Involved in decisions,
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued,
- Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients, and the wider community.

- **Other Data**

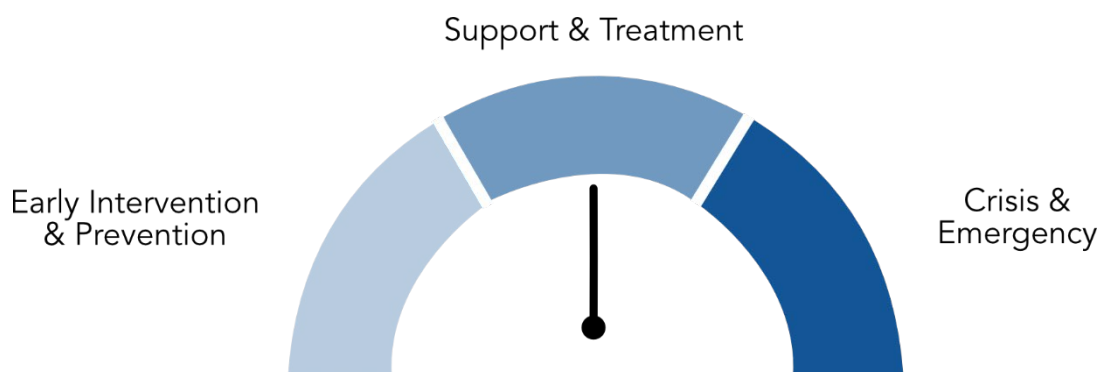
We use a range of other data sources in this report. Some of the data we use in this report covers elements of services that are delivered by GP independent contractors. We also use information from national organisations and professional bodies, e.g. National Records of Scotland, Public Health Scotland, and the Care Inspectorate.

How we are reporting our data

Full data is provided in the Appendix. This includes our progress over time and our position in comparison to the rest of Scotland. We look at each of the Health and Wellbeing Outcomes alongside the National Performance Indicators used to measure each one and summarised our progress:

- □ ■ - Our performance has improved compared to last year.
- ■ □ - There hasn't been a significant change in performance compared to last year.
- □ □ - Our performance has worsened compared to last year.










For each Health and Wellbeing Outcome we have described the impact of what we do. We have used icons to show if the impact was for Early Intervention and Prevention, Support and Treatment or Crisis and Emergency.













How did we do?

The National Indicators

- Indicators 1- 9 are taken from the Health and Care Experience Survey, which is conducted every 2 years, so they are compared with the results from two years ago.
- This is not a reporting year for the Health and Care Experience Survey, so there is no change from our Annual Performance Report 2023/24.
- Indicator 11 has not been updated so we have included 2023 data.
- Indicators 12 to 19 have been updated this year by Public Health Scotland and are compared with the results from last year.

	National Indicator	Our result	Our Progress
 1	Adults are able to look after their health very well or quite well.	92.5%	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
 2	Adults supported at home agreed that they are supported to live as independently as possible*.	76.5%	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
 3	Adults supported at home agreed they had a say in how their help, care or support was provided*.	61.9%	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
 4	Adults supported at home agreed that their health and social care services seemed to be well coordinated*.	74.4%	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
 5	Adults receiving care or support rated it as excellent or good*.	65.6%	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
 6	Adults had a positive experience of the care provided by their GP practice.	67.9%	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
 7	Adults supported at home agreed services and support had an impact on improving or maintaining their quality of life*.	76.0%	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
 8	Carers feel supported to continue in their caring role.	34.6%	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
 9	Adults supported at home agreed they felt safe*.	79.9%	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

	National Indicator	Our result	Our Progress
 11	Premature Mortality Rate. (People under 75)	399 per 100,000	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
 12	Emergency Admission Rate.	9,778 per 100,000	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
 13	Emergency Bed Day Rate.	108,536 per 100,000	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
 14	Readmission to hospital within 28 days.	93 per 1,000	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
 15	Proportion of the last 6 months of life spent at home or a community setting.	87.8%	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
 16	Falls Rate (People over 65 who were admitted to hospital).	24	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
 17	Care services graded Good or better in Care Inspectorate Inspections.	77.2%	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
 18	Adults with intensive care needs are receiving care at home.	57.7%	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
 19	The number of days people aged over 75 spend in hospital when they are ready to be discharged.	928 per 1,000	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
 20	Health and Care resource spent on hospital stays where the person was admitted as an emergency.	23%	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

*Results for indicators 2, 3, 4, 5, 7 and 9 are not directly comparable to previous years due to changes in survey wording.

1





Health & Wellbeing

People are able to look after and improve their health and wellbeing and live in good health for longer.

Scottish Government descriptors for this outcome

- I am supported to look after my own health and wellbeing
- I am able to live a healthy life for as long as possible.
- I am able to access information

National Indicators used to measure this outcome

	National Indicator	Our result	Our Progress
 1	Adults are able to look after their health very well or quite well.	92.5%	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
 11	Premature Mortality Rate (People under 75)	399 per 100,000	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
 12	Emergency Admission Rate	9,778 per 100,000	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

Indicator 1 is taken from the national Health and Care Excellence Survey, which is published every two years. 2024/25 is not a reporting year, so there has been no update to this indicator from 2023/24.

Premature mortality is defined as deaths occurring before the age of 75. The most recent data we have is from 2023, when the premature mortality rate in Midlothian decreased to 399.5 (from 423 in 2022). This was a reduction of 5% in deaths occurring before the age of 75 in Midlothian. The national rate of premature mortality increased by 0.2%.

The most recent national data tell us that Midlothian has:

- An average life expectancy of 76.9 years for males and 80.8 years for females, compared to the national average of 76.8 and 80.8 years of age respectively.
- A rate for ages 15 to 44 of 95.6 deaths per 100,000 age-sex standardised population, which is lower than Scotland (112).
- Midlothian's rate of cancer registration is 634 registrations per 100,000 people, which is slightly higher than the rate across Scotland (630). In Midlothian the rate of people who die before their 75th birthday from cancer is 141 per 100,000 people. This is slightly lower than the rate across Scotland (145).

In spring 2025, we carried out a local survey by inviting people living in Midlothian to complete an online questionnaire, to share their views about health and social care. We asked for feedback from people who experienced our services, their families, and carers, and they told us that:

- 50% of respondents were happy with most or all aspects of their physical health.
- 55% of respondents were happy with most or all aspects of their mental health.
- 53% of respondents were happy with most or all aspects of their general wellbeing.

People told us how many health and social care professionals they saw in the last month. The GP team (e.g. GP, Practice Nurse), and Pharmacy were most frequently accessed, with 64% and 60% respectively of respondents stating that they had accessed these in the past month. Whilst 25% of respondents had an outpatient hospital appointment in the last month, only 5% were admitted to hospital as an inpatient, only 5% attended A&E, and only 1% needed an ambulance.

One way of protecting adults and children against serious illness is vaccination. The vaccination programme for adults in Midlothian consistently demonstrated higher uptake rates than Lothian and Scotland. The service provided over 69,000 vaccinations to adults in Midlothian:

- Covid 19 - 18,954 people vaccinated – 51% of eligible people took up the offer.
- Influenza – 22,648 people vaccinated - 55.2% of eligible people took up the offer.
- RSV – 4,266 people vaccinated - 80% of eligible people took up the offer.
- Shingles / Pneumococcal – 23,302 people vaccinated - 82% of eligible people took up the offer.

Vaccination clinics for children aged five and under ran in community venues, including libraries and the mosque in Bonnyrigg. The Volunteering Service coordinated support from volunteers at the clinics, who showed families to the clinic area, as well as entertaining and distracting the children while they waited. As an additional benefit, awareness and membership of Midlothian libraries increased.

In September 2024, Health Visitors completed 1,959 visits in addition to the number of visits that families are offered as part of the Universal Health Visiting Pathway. Caseloads were highest in August before the new school year. This extra support for families has helped children who needed support to meet developmental milestones. The majority of additional visits were for children under 1, in the family home, to monitor child development.

63% of respondents to our local survey agreed that it is easy to find information to improve their own health and wellbeing, and 57% agreed that it is easy to find information to improve the health and wellbeing of other people they care for. When we asked people about how they find information, the most popular were social media and word of mouth, followed by websites, community notice boards / groups, and leaflets.

Sharing information

To help people find the information they need we have continued to improve the ways we provide information. This included an Older Peoples Newsletter coproduced with Midlothian Community Action, a Winter Assembly to share information about services and supports that are available across Midlothian, and a newsletter distributed by GP surgeries.

People told us that these events and activities helped them find the right information and learn about opportunities to stay connected in their community.

We want everyone to be able to access the information they need and will review all the ways we communicate with people and communities across 2025/26.



National data based on what we know about people who have had contact with NHS services tell us that 20.7% of the Midlothian population lives with at least one long-term physical health condition. This is lower than Scotland (22.1%). These include cardiovascular, neurodegenerative, and respiratory conditions, as well as other organ conditions (liver disease and kidney failure), arthritis, cancer, epilepsy, and diabetes.

Delivering excellence

We know that preventing people becoming unwell is the best way to improve the health and wellbeing of our communities in Midlothian. Diabetes is one of the most common long-term conditions in Midlothian for people aged 65 and over.

We want to support people to make good decisions that help them stay well, plan ahead, and prevent ill or worsening health.

The Weight Management and Type 2 Diabetes Prevention Team have continued to develop and improve their education programme for people diagnosed with Type 2 Diabetes.

In 2024, the team won a national award recognising their exceptional delivery of high-quality education in the DESMOND Education Sessions. This will mean that more people will have access to the exceptional care, support and information to help them make good decisions and live well.



Approximately 4% of people aged 65 and over in Midlothian are living with dementia. For people with dementia, delivering support in a coordinated way can help people live in their community for as long as possible. Midlothian Health and Social Care Partnership is undertaking

work to ensure that everyone with a diagnosis of dementia can be offered Post-Diagnostic Support for the first year of their diagnosis and has access to the 8 Pillars Model of Community Support. It is important to consider all the factors that impact on overall health and wellbeing to provide the right information, care, and support for each person.

Person led care

To support people with Dementia to continue living in their own home for as long as possible, Post Diagnostic Dementia Support workers provide 12-months of support for people, their families and carers.

People who experienced the service told us that they didn't always have the right information at the right time.

Post Diagnostic Support workers developed an information pack to ensure key information was provided in one place. The feedback on the information pack and the support provided by the team included positive comments and noted that staff "guided us through the paperwork and got us organised for the future, a true blessing", and how "the dementia team helped in our time of need which was a very difficult time"



2



Living in the Community





People are able to live, as much as possible, independently and at home or in a homely setting in their community.

Scottish Government descriptors for this outcome

- I am able to live as independently as possible for as long as I wish
- Community based services are available to me
- I can engage and participate in my community.

National Indicators used to measure this outcome.

	National Indicator	Our result	Our Progress
 2	Adults supported at home agreed that they are supported to live as independently as possible.	76.5%	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
 3	Adults supported at home agreed they had a say in how their help, care or support was provided.	61.9%	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
 12	Emergency Admission Rate.	9,778 per 100,000	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
 13	Emergency Bed Day Rate.	108,536 per 100,000	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
 14	Readmission to hospital within 28 days.	93 per 1,000	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
 15	Proportion of the last 6 months of life spent at home or a community setting.	87.8%	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
 16	Falls Rate (People over 65 admitted to hospital as an emergency).	24	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
 18	Adults with intensive care needs are receiving care at home.	57.7%	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	National Indicator	Our result	Our Progress
 19	The number of days people aged over 75 spend in hospital when they are ready to be discharged.	928 per 1,000	
 20	Health and Care resource spent on hospital stays where the person was admitted as an emergency.	23%	

Indicators 2 and 3 are taken from the national Health and Care Excellence Survey, which is published every two years. 2024/25 is not a reporting year so there has been no update to this indicator from 2023/24.

75% of people in Midlothian receiving support at home agreed they were supported to live as well as possible. To understand experience more thoroughly we used our local survey to ask people about how their social care is arranged. The responses were:

- I was offered a choice and got my preference (7%)
- I was offered a choice but did not get my preference (14%)
- I was not offered any choices (43%)
- I did not want a choice (14%)
- Can't remember / don't know (21%).

We also asked people about who supports them to live independently:

- 78% of people were able to ask for practical help from family, friends, and neighbours. This included support like putting their bins out, picking up shopping or medication, and small jobs around the home.
- 81% of people were able to ask for emotional support from family, friends, and neighbours and had somebody or a support group to talk through difficult decisions or if they feel lonely, sad, or anxious.

Three quarters of survey responses we received had support from family, friends, and neighbours, this isn't always the case. Circumstances can change and people can find themselves in need of additional support, which can be provided by community-based services. 47% of respondents agreed that the services they need are provided in their local area, with 33% agreeing that it is easy to get the support they need when they need it. Just over a quarter of respondents stated that they had needed services that were not provided in their local area.

One-third of respondents agreed that in the last 12 months they had help or support with everyday living, ranging from help with household and personal tasks, with adaptations and equipment at home, emotional / community / peer support, and for activities outside the home, e.g., learning, working, and socialising. The majority of this support is funded by the person who needs the support or their family (81%).

56% of respondents agreed that they have a physical or mental health condition or illness lasting or expected to last 12 months or more. 77% stated that their condition or illness reduces their ability to carry-out day-to-day activities. Sometimes the additional support that people need can only be provided in hospital.

The most recent national data tell us that Midlothian had:

- 58,355 unscheduled acute hospital bed days per 100,000 population, which is lower than Scotland (77,702).
- 32,450 A&E attendances per 100,000 population, which is higher than Scotland (27,227).
- 2,412 emergency hospital admissions from falls per 100,000 population aged over 65, which is higher than Scotland (2,307).
- Since 2016/17, the rate of emergency admissions from falls per 100,000 population aged over 65+ in Midlothian has increased by more than 28%. The increase across Scotland as a whole for the same time period was 6.4%.

In 2024/25, Midlothian Health and Social Care Partnership started a new and focused partnership with NHS Lothian to ensure that people are only in hospital when they need to be. The number of adults with intensive care needs who receive care at home in Midlothian reduced very slightly. However, we know that fewer people were urgently admitted to hospital in 2024/25 compared to 2023/24. The number of people who were readmitted to hospital within 28 days of going home was lower in 2024/25 than in 2023/24.

This new coordinated and system wide approach to reduce the number of people from Midlothian who need to be in hospital is now well underway. Although our acute bed occupancy remains higher than we would like, we have seen evidence of improvement in a number of key areas, including a reduction in occupied bed days, and an increase in the percentage of people living with frailty who are discharged within 48 hours.

We know that people have better outcomes when they go home from hospital at the right time with the right support in place. This is a positive indicator that discharges are being planned well, and that support required for someone to come home from hospital safely is in place. Health and Social Care services in Midlothian have worked together and with NHS Lothian colleagues in new ways across 2024/25 to more quickly identify people who are in hospital that could be supported to return home safely.

Between January and March 2025, the Discharge to Assess team supported 56% more discharges than the same period in previous years. The number of people in an acute hospital waiting for a package of care before they can be discharged home has reduced. The Flow Team have developed closer working practices with hospital colleagues to identify people who are ready to leave hospital, negotiate any barriers that could delay their discharge, and ensure that referrals to community services are made as early possible.

The Hospital In Reach Social Work Team support people to return home with the support they need as quickly as possible. The team work across all acute hospital sites, rehabilitation and psychiatric wards at Midlothian Community Hospital, and Highbank Intermediate Care facility. In 2024 the team identified they could improve their referral screening allocation process. By the end of 2024/25 the team were able to screen 99% of all referrals within 2 working days.

The Care at Home service supports people to maintain their independence in their own home. They provide friendly, caring and compassionate staff with the skills to meet peoples' needs. The service operates 7 days a week between 7am and 10pm, and delivered around 9000 hours of care per week. In November 2024 the service was inspected by the Care Inspectorate, and the

report included improved gradings (predominantly ‘very good’), compared with the previous year. The community care at home waiting list was reviewed and the total number of hours needing to be provided was reduced, from 1,009 in April 2024, to 613 in December 2025.

The Physical Disability Team provides support around 380 people through Occupational Therapy assessments, equipment, home adaptations, and care packages. During 2024/25 there was an increase of 24% in the number of people with a physical disability who receive support at home.

When we asked people about their community, people told us that:

- I feel a sense of belonging in my community (69%)
- I feel safe in my community (58%)
- I trust the people living in my community (58%)
- It is easy to access outdoor spaces in my community (86%)
- I feel the place I live in is well-maintained (52%)
- I feel confident about getting involved in decision-making in my community (40%)
- I am involved in helping to design and maintain the place I live in (26%)

Living Independently

The St. Cuthberts Supported Living Project is helping young adults with a Learning Disability to develop the skills they need to leave home and live as independently as possible.

4 flats have been allocated to young adults with access to 24/7 support, and 4 flats were allocated to young adults who need some support now and are likely to live independently with their own tenancy in the future. While people are supported to develop their skills to live independent lives, St Cuthberts will provide around the clock support.



3









Positive Experiences & Dignity

People who use health & social care services have positive experiences of those services, and have their dignity respected

Scottish Government descriptors for this outcome

- I have my privacy respected
- I have positive experiences of services
- I feel that my views are listened to
- I feel that I am treated as a person by the people doing the work - we develop a relationship that helps us to work well together
- Services and support are reliable and respond to what I say.

National Indicators used to measure this outcome.

	National Indicator	Our result	Our Progress
 3	Adults supported at home agreed they had a say in how their help, care or support was provided.	61.9%	<div><div></div><div></div><div></div></div>
 4	Adults supported at home agreed that their health and social care services seemed to be well coordinated.	74.4%	<div><div></div><div></div><div></div></div>
★★★★★ 5	Adults receiving care or support rated it as excellent or good.	65.6%	<div><div></div><div></div><div></div></div>
 6	Adults had a positive experience of the care provided by their GP practice.	67.9%	<div><div></div><div></div><div></div></div>
 14	Readmission to hospital within 28 days.	93 per 1,000	<div><div></div><div></div><div></div></div>
 15	Proportion of the last 6 months of life spent at home or a community setting.	87.8%	<div><div></div><div></div><div></div></div>
 19	The number of days people aged over 75 spend in hospital when they are ready to be discharged.	928 per 1,000	<div><div></div><div></div><div></div></div>

Indicators 3, 4, 5 and 6 are taken from the national Health and Care Excellence Survey, which is published every two years. 2024/25 is not a reporting year so there has been no update to this indicator from 2023/24.

We used our local survey to ask people who had received support from health and social care services in the last year whether it had been a positive experience. 44% of respondents agreed that they felt listened to and treated with dignity. 28% agreed that the support they received improved their quality of life, by reducing their symptoms or helping them do things that matter most to them.

GP Practices are often the first place most people go to get support with their health and wellbeing. There are now more specialist services located in GP practices than ever before. People do not usually need to see a GP first to access the care they need from Practice Nurses, Physiotherapists, Primary Care Mental Health Nurses, and Wellbeing Practitioners. Additionally, Pharmacists, Advanced Nurse Practitioners for minor illness, Phlebotomists and the Community Treatment and Care Service now offer over 200 appointments on each weekday in GP Practices across Midlothian.

Flexible appointments, better care

A GP practice in Midlothian noticed where they could help reduce the number of times people were asked to attend multiple appointments.

By offering the option of a telephone appointment with the Practice Nurse for high blood pressure reviews instead of only face-to-face reviews, people were able to access this service more easily.

The number of times people were asked to attend multiple appointments reduced and number of face-to-face reviews reduced from 38% to 12%. This also released additional capacity for the Practice Nurse.



Joined up care and support

A Midlothian GP practice redesigned their processes to make it easier to book opiate replacement therapy blood test and reviews appointments. More people attended their appointments, and this increased the number of regular blood tests.

As a direct result, two new diagnoses of long-term conditions were made that might otherwise have been missed. People reported the change “makes things easier” and that it was “very helpful” to be able to book their blood test and reviews immediately.



The Advanced Physiotherapy Practitioner service works within all Midlothian GP Practices to assess and manage problems with muscles or bones. In 2024/25, the service offered 17,926 appointments, with 86% provided face-to-face, and 11% over the phone.

The majority of people only needed advice, exercise prescriptions, or signposting to self-management resources with fewer people requiring X-ray requests, medicines advice, and Fit Notes. Injection therapy is available in 8 practices and 399 injections were administered across 2024/25.

209 people provided feedback about the care they received from the Advanced Physiotherapy Practitioner service:

- 82% felt their needs were met
- 92% felt they were given sufficient information
- 89% felt the staff were very good at involving them in decisions about treatment
- 90% thought the staff were very good at listening
- 88% felt the staff were very good at given them enough time
- 94% felt the staff were very good at treating them with care and concern
- 72% felt it was easy to access the service.

3,665 consultations resulted in a referral, with almost half of these made to the Midlothian Musculoskeletal Physiotherapy (MSK) service.

Support for people with musculoskeletal issues

During 2024/25, the MSK service provided 2,029 appointments to people accessing support for the first time, and 4,095 appointments to people returning.

- 99% felt involved in decisions relating to their care and treatment
- 89% felt satisfied their care was well co-ordinated with other services
- 89% were offered information on factors such as physical activity / exercise, quitting smoking, healthy diet, healthy weight, alcohol consumption, and mental wellbeing.

People who provided feedback reported they felt ‘listened to, cared for, and supported, by friendly staff who are thorough, open, and honest’.



When we used our survey to ask about their health and wellbeing, people told us they were affected by:

Stamina or breathing or fatigue	(44%)
Chronic pain	(38%)
Mental health	(38%)
Mobility	(27%)
Hearing	(19%)
Memory	(15%)
Dexterity	(13%)
Learning, understanding, or concentrating	(10%)
Socially or behaviourally	(10%)
Vision	(4%)

Providing the right care

A GP Practice in Midlothian wanted to ensure people who live with asthma were given the best advice and care to better manage their own condition.

As part of the proactive medication reviews, 65% fewer people are using multiple inhalers and now only require a salbutamol inhaler.

People reported this change had made them “feel more confident” and helped them better control their asthma symptoms. One person told us this had “changed my life”.



4



Quality of Life

Health & social care services help to maintain or improve the quality of life of people who use those.

Scottish Government descriptors for this outcome

- I'm supported to do the things that matter most to me
- Services and support help me to reduce the symptoms that I am concerned about
- I feel that the services I am using are continuously improving
- The services I use improve my quality of life.

National Indicators used to measure this outcome.

	National Indicator	Our result	Our Progress
★★★★★ 5	Adults receiving care or support rated it as excellent or good.	65.6%	<div><div></div><div></div><div></div></div>
 7	Adults supported at home agreed services and support had an impact on improving or maintaining their quality of life.	76.0%	<div><div></div><div></div><div></div></div>
 13	Emergency Bed Day Rate	108,536 per 100,000	<div><div></div><div></div><div></div></div>
 14	Readmission to hospital within 28 days	93 per 1,000	<div><div></div><div></div><div></div></div>
 16	Falls Rate (People over 65)	24	<div><div></div><div></div><div></div></div>
 19	The number of days people aged over 75 spend in hospital when they are ready to be discharged.	928 per 1,000	<div><div></div><div></div><div></div></div>
 20	Health and Care resource spent on hospital stays where the person was admitted as an emergency.	23%	<div><div></div><div></div><div></div></div>

Indicators 5 and 7 are taken from the national Health and Care Excellence Survey, which is published every two years. 2024/25 is not a reporting year so there has been no update to this indicator from 2023/24.

We know that employment status, financial security and where people live can influence mental and physical well-being. National data tell us that 19.8% of the Midlothian population have been prescribed medication for anxiety, depression, or psychosis. This is a slightly smaller percentage than across Scotland (20.9%).

The most recent national data tell us that in Midlothian there are:

- 298 alcohol-related hospital admissions per 100,000 population. This is lower than across Scotland (532 admissions per 100,000).
- 19.5 alcohol-specific deaths per 100,000 population. This is lower than across Scotland (21.4 deaths per 100,000).
- 158 drug-related hospital admissions per 100,000 population. This is lower than across Scotland (202 admissions per 100,000).
- The unscheduled mental health bed days rate per 100,000 population in Midlothian is 9,009. This is a 42.7% decrease since 2017/18. The rate for Scotland is 18,566 rate per 100,000 population, which is a 17.4% decrease since 2017/18.

Using feedback to improve

The Midlothian Substance Use service wanted to find out what people felt about their treatment, care, and support. They asked people what was working well, what could be even better, and if people wanted care options that are not currently provided.

People reported that were “getting good help” and this helped “managing stress and anxiety”. People also noted that support workers were friendly, helping people to achieve the agreed outcomes and that “interacting with people is good for my mental health”.

However, people also said that they didn’t always know what support was available. In response to this, the staff developed a new resource board in the main reception area of No.11 in Dalkeith with information about a range of services and supports available. This included a ‘You Said, We Did’ section.



Last year we saw a small drop in the number of people who agreed that services and support had an impact on improving or maintaining their quality of life. However, the nationally provided data we receive doesn’t tell us which services or supports people have experienced. This means it is difficult for us to draw any specific conclusions about how or where we need to improve. This indicator hasn’t been updated this year.

To help us understand where we could identify areas for improvement, we used our local survey to ask people if they agreed the support they received improved their quality of life, e.g. reducing symptoms or helping them do things that matter most to them. 28% of respondents agreed, 17% disagreed, and 9% weren’t sure. 47% of respondents answered that they had not received any support.

In 2024, NHS Lothian led a whole system approach across health and social care to develop a Lothian Falls Framework.

The Falls Framework was developed over an 18-month period with input and feedback from representatives from Primary Care, all four Health and Social Care Partnerships, hospitals, Scottish Ambulance Service, Public Health Scotland and Third Sector organisations.

We are committed to working with our partners to implement new ways of working that help people stay active in their communities.





Health Inequalities

Health & social care services contribute to reducing health inequalities

Scottish Government descriptors for this outcome

- My local community gets the support and information it needs to be a safe and healthy place
- Support and services are available to me
- My individual circumstances are taken into account

National Indicators used to measure this outcome.

	National Indicator	Our result	Our Progress
 11	Premature Mortality Rate (People under 75)	399 per 100,000	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
 12	Emergency Admission Rate	9,778 per 100,000	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

Health inequalities among older people in Scotland are influenced by a complex mix of social, economic, and health related factors. The Scottish Index of Multiple Deprivation (SIMD) is how the Scottish Government identifies deprivation in Scotland. SIMD data is organised into 10 data zones, from the most to the least deprived. In Midlothian, 8.5% of the population live in a zone that is considered to be the most deprived, and 13.6% live in a zone that is considered to be the least deprived.

According to the Scottish Burden of Disease study, by 2044, Scotland is projected to see:

- 63% increase in chronic obstructive pulmonary disease (COPD)
- 56% increase in atrial fibrillation
- 36% increase in both diabetes and stroke.

Scotland is facing a significant increase in the number of older people living with long-term health conditions and the impact of health inequalities over a lifetime. Older adults in more deprived areas of Scotland tend to experience shorter life expectancy, more years lived in poor health, and higher rates of hospital admissions and chronic conditions. Our experiences in our early life including poverty, poor housing, limited access to education, and unhealthy working conditions have a significant impact on our future.

National data tell us that:

- The highest A&E attendance rate for Midlothian in 2023/24 is for the 75+ age group (50,544 per 100,000 population). The lowest A&E attendance rate for Midlothian in 2023/24 is for the 45 - 64 age group (23,116 per 100,000 population).

- The highest emergency admissions rate for Midlothian in 2023/24 is for the 75+ age group (30,077 per 100,000 population). The lowest emergency admissions rate for Midlothian in 2023/24 is for the 18 - 44 age group (4,764 per 100,000 population)
- The highest unscheduled bed days rate for Midlothian in 2023/24 is for the 75+ age group (326,233 bed days per 100,000 population) The lowest unscheduled bed days rate for Midlothian in 2023/24 is for the 0 - 17 age group (11,721 bed days per 100,000 population)
- The highest unscheduled mental health bed days rate for Midlothian in 2023/24 is for the 75+ age group (40,837 per 100,000 population) which is a decrease of 38% since 2017/18. The lowest unscheduled mental health bed days rate for Midlothian in 2023/24 is for the 0 - 17 age group (206 per 100,000 population) which is a percentage decrease of 90.5% since 2017.
- The number of delayed discharge bed days per 100,000 population aged over 65+ in Midlothian is 33,765, which is a 10.6% decrease since 2016/17. The Scotland rate for the same time period was 48,494, which is a 46.1% increase since 2016/17.
- The highest emergency readmission (28 days) rate for Midlothian in 2023/24 is for the 75+ age group (106.9 per 1,000 discharges). The lowest emergency readmission (28 days) rate for Midlothian in 2023/24 is for the 18 - 44 age group (87.9 per 1,000 discharges).

Our local data over the last three years also tell us that people aged 75 and over are only a small number of attendances at A&E, but often spend much longer there than younger age groups. 64% of people living in Midlothian who are aged 65 – 74 have a long term condition. This rises to 84% for those aged 85 and over, which means older people often need more time for the right assessment, treatment, and care. The three most common long term conditions in people aged 65 and over living in Midlothian are arthritis, cancer, and coronary heart disease.

We know that health inequalities are closely linked with good housing, education and employment. We know that the people who live in the most deprived areas can find it difficult to find or access the right support.

Money in your pocket

The Welfare Rights Team continue to provide a vital service to help people have more money in their pockets. The team offer debt advice, support to access available benefits, working through appeal processes, providing representation at tribunals, and housing advice.

In 2024/25, the total amount of benefits the Welfare Rights Team supported people in Midlothian to access was £4,463,000.46. This is an increase of £68,625.20 from 2023/24.



The Health Inclusion Team work with people affected by homelessness, substance use, community justice and carers. The majority of people are supported where they are living, and this

is often temporary accommodation. The team supported 164 people in 2024/25. 53% were men and 47% were female, with the majority of people being between 45-54 years old. For men the main challenge was housing and homelessness, and for women it was mental health. The team have a flexible and responsive approach to supporting attendance at appointments, and the average waiting time for the service is just one day. On average in 2024/25 the team received 13 referrals each month.

The Medication Assisted Treatment (MAT) Standards in Scotland provide a national framework for delivering safe, accessible, and high-quality drug treatment. These standards aim to reduce drug-related harm, prevent death, and support recovery by ensuring consistent access to medication, informed choice, and appropriate support. Midlothian services have delivered above the 90% national standard for same-day access to substance use services, ensuring that as many people as possible can access the support they need, when they need it.

We know that people from areas of economic deprivation are more likely to die from substance use than people from the least deprived areas. People most at risk from drug related harm and premature death are those who experience multiple disadvantage including poor physical and mental health, trauma, unemployment, unstable housing, involvement with the criminal justice system, and family or relationship breakdown. Counselling is available in Bonnyrigg and Dalkeith provided by the Contact Service who are the main point of contact for all substance use related services.



Support for Carers

People who provide unpaid care are supported to look after their health and wellbeing.

Scottish Government descriptors for this outcome

- I feel I get the support I need to keep on with my caring role for as long as I want to do that
- I am happy with the quality of my life and the life of the person I care for
- I can look after my own health and wellbeing

National Indicators used to measure this outcome.

	National Indicator	Our result	Our Progress
 8	Carers feel supported to continue in their caring role.	34.6%	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

Indicator 8 is taken from the national Health and Care Excellence Survey, which is published every two years. 2024/25 is not a reporting year so there has been no update to this indicator from 2023/24.

The national indicator relating to how well carers feel that they are supported to continue in their caring role has improved from the Health and Care Experience survey 2 years ago, but it is still very low. The national picture is equally challenging, with all Health and Social Care Partnerships in Scotland having a rating below 50%.

Understanding the experience of Midlothian carers is vital to ensure we design and deliver services and support carers need. The Midlothian Carer Survey report was published in March 2025 and showed that carer experiences reflect the increasing challenges of providing unpaid care and the personal impact of doing so.

When we used our own local survey to ask people if they regularly help, support or look after someone because they are living with a disability or physical / mental health condition, or have problems relating to older age, 12% said yes, for up to 4 hours a week. 12% said they provide support for 5-19 hours a week, and 3% for 35-49 hours a week. 12% of respondents provide support for 50 or more hours a week.

Most people (37%) said they provide care for their parent or grandparent, with almost a quarter (23%) caring for a spouse / partner, and the same number caring for a child / grandchild. 14% of respondents provide care for a friend or neighbour.

When we asked if people have received any support to help with their caring role in the last 12 months, they told us the following:

Help from family	43%
Help from friends or neighbours	11%
Help from Carer Centre / local organisation	11%
Services provided to the person I care for, to allow me to have a break	5%
Other support	11%
No support or help, but I do not need any	43%

Only 8% of respondents agreed they had received an assessment of their needs as a carer, or a written plan about their caring role and support.

National data tell us that providing care can have an impact of on health and wellbeing. A Care Inspectorate and Healthcare Improvement Scotland Joint Inspection of Physical Disabilities Supports and Services in 2024 identified that the experience of carers in Midlothian was similar to the national findings. In response to this, an Improvement Plan has been developed.

In 2024/25, Carers Act funding increased, and we provided more community based Third Sector delivery of carer support. This included the introduction of a Dementia Carer Support Worker at British Red Cross which has helped connect the Midlothian Health and Social Care Partnership Dementia Team and the wider carer community support network.

Our partners, VOCAL, continue to provide the majority of our commissioned carer support and have introduced:

- locality workers who engage with carers in various locations across Midlothian,
- a community development worker who works with community groups to distribute grants that expand the provision of carer supports within existing community groups,
- Carer Assistance funds to support the challenges of cost of living and to enable people to put Power of Attorney in place, and
- more short breaks to help support the health and wellbeing of carers.

We are currently revising our Carers Strategy and will publish this before the end of 2025. The strategy will guide how we commission services for carers. The priority themes of the revised strategy are:

- Promoting Rights and Information
- Providing Individual Advice and Support
- Carer Economic Wellbeing
- Supporting Health and Wellbeing
- Supporting Carer Involved in Care Planning.

7










Safe from Harm

People using health & social care services are safe from harm.

Scottish Government descriptors for this outcome

- I feel safe and am protected from abuse and harm
- Support and services I use protect me from harm
- My choices are respected in making decisions about keeping me safe from harm.

National Indicators used to measure this outcome.

	National Indicator	Our result	Our Progress
 9	Adults supported at home agreed they felt safe.	79.9%	<div><div></div><div></div><div></div></div>
 12	Emergency Admission Rate	9,778 per 100,000	<div><div></div><div></div><div></div></div>
 13	Emergency Bed Day Rate	108,536 per 100,000	<div><div></div><div></div><div></div></div>
 14	Readmission to hospital within 28 days.	93 per 1,000	<div><div></div><div></div><div></div></div>
 16	Falls Rate (People over 65)	24	<div><div></div><div></div><div></div></div>
 17	Care services graded Good or better in Care Inspectorate Inspections.	77.2%	<div><div></div><div></div><div></div></div>
 20	Health and Care resource spent on hospital stays where the person was admitted as an emergency.	23%	<div><div></div><div></div><div></div></div>

Indicator 9 is taken from the national Health and Care Excellence Survey, which is published every two years. 2024/25 is not a reporting year so there has been no update to this indicator from 2023/24.

Indicator 9 focuses on the perspective of people receiving support at home, and whether they feel safe within that context. The results are used to assess the quality of care and identify areas where improvements can be made to ensure person-centred care and support.

Our local survey also asked people if they feel safe when experiencing the services in Midlothian. 64% of respondents agreed, 33% gave a neutral response, and 3% disagreed.

We need to have assurance that people who experience services are safe. One way we can be assured of this is by looking at the inspection reports from the Care Inspectorate. In 2024/25 we have seen a consistent improvement across all the key areas that are assessed. We have provided full details of all inspections in this report (page 50).

There are a range of services and supports that can help people live safely in their community. One of the ways we can help people stay safe is by working with partners to provide the right care and support in the right place, at the right time. A Naloxone station was made available at the Tesco store in Dalkeith as part of Overdose Awareness Day. 53 units of Naloxone / Nyxoid were provided for use in the event of an overdose.

Substance use services also supply people who have experienced non-fatal overdoses with home Drug Testing strips to alert people to the possible presence of Nitazines and Xylazine. 'Safe Storage Boxes' for people to safely store medicines are also provided which contain a range of information and equipment to help keep people safe, including take-home Naloxone. Everyone who is referred for support with their use of alcohol and drugs is seen within the national 21 day target.

Recovery through activity

The 'Recovery Through Activity - Creative Group' offers a wide range of group interventions for people impacted by their use of substances, including a creative group, a cooking group and a gym group.

100% of people said they would recommend the group and rated their overall experience as 'Excellent'. They found the group helpful, with enough information and opportunities to ask questions and share experiences.

One participant commented that they felt "inspired by activities", and others described how the group had supported their recovery, by getting them out of the house, making connections, and attending the Recovery Café.

They felt respected and listened to and were more confident in their strengths and abilities after this group.



The Justice Social Work service supported people who had been convicted of offences to achieve a positive destination. The main community-based sentence is a Community Payback Order with Supervision and Unpaid Work. The Courts imposed 201 Community Payback Orders in 2024/25.

People subject to Community Payback Orders may also experience difficulties with mental health, substance use, childhood trauma, and poor experiences of education or employment. The service regularly invites people to provide feedback and people report improved outcomes in the key areas of employment, education and training, substance use, and mental health. When the service asked people 'How did we do in making sure that you felt in control and held onto power to make decisions in your life', 93% of respondents gave the highest score.



Workforce

Staff are engaged with their work and are supported to continuously improve the information, support, care, and treatment they provide

Scottish Government descriptors for this outcome

- I feel that the outcomes that matter to me are taken account of in my work
- I feel that I get the support and resources I need to do my job well
- I feel my views are taken into account in decisions.

Our results

National Indicators used to measure this outcome.

These are no National Indicators to measure our progress towards this outcome, so we use staff surveys and other local information to evaluate our performance.

Staff experience - iMatter

The Health and Social Care Partnership Employee Engagement Index was 78 /100. This is the same score as 2023/24. 62% of staff took part in the imatter survey, which is a decrease from last year's rate (65%).

Our workforce

We do not directly employ any staff. The health and social care workforce are employed through Midlothian Council, NHS Lothian, and organisations in the Independent and Third sector alongside our unpaid carers and volunteers.

Scottish Government asked us to develop an Integrated Workforce Plan for 2025-28. We consulted with staff, Trade Unions, HR, and Finance. The themes that emerged were leadership and management, a nurtured and empowered workforce, training and development, and recruitment and retention.

A draft Integrated Workforce Plan was submitted to Scottish government on 17th March 2025. We must wait for feedback on this before a publication date can be set. Our [Integrated Workforce Plan 2022-25](#) can be found on our website.

Because Midlothian Health and Social Care Partnership is a Directorate of both NHS Lothian and Midlothian Council there will be overlap between this plan and both the [NHS Lothian Workforce Plan](#) and the [Midlothian Council Workforce Strategy 2024-34](#). Midlothian Health and Social Care Partnership has also developed a Staff Wellbeing, Experience and Engagement plan 2025-2028.

Staff wellbeing

Working within community settings can be challenging with regular exposure to complex and distressing situations. Psychological issues, including stress, remain the primary cause of sickness absence. We have put in place tailored support. Over 20 bespoke team wellbeing sessions were delivered, guided by the issues which matter to staff and impact on personal wellbeing and team morale. Common themes include the work-life juggle, surviving change, coping with stress and distress, and self-care. Over 220 staff have participated in the sessions.

More than 30 one to one Wellbeing Coaching sessions were provided. Bespoke coaching sessions were also provided for Bonnyrigg Dental Treatment Centre, Cowan Court, and Highbank Intermediate Care service. These sessions focused on staff wellbeing and managing the emotional demands of their role to support people with increasing complex lives. Many staff recognised work as a positive factor, and recognised the benefits of peer support.

In July 2024 over 200 staff benefited from the resources donated by the NHS Lothian charity. This included the gifting of Work Well cups and the use of online gratitude platforms.

Supporting employment opportunities

We continue to prioritise working with all our Partners to help reduce poverty because we know there is a strong relationship between money, income and wealth, and health and wellbeing. We want to see more fair work for local people and know good employment also provides social connections and can support people to improve their mental and physical health and wellbeing.

The Midlothian Local Employability Partnership supported people to build employability skills and secure good quality and fair employment. As part of our commitment to local employment we asked Midlothian Health and Social Care Partnership to offer more work placements to people that are supported by the Midlothian Local Employability Partnership. This has been very successful and some people who have completed placements have gone on to secure permanent employment with NHS Lothian.

“I believe that my placement time at Midlothian has been so beneficial and enjoyable. Everyone has been both helpful and friendly and I'm truly grateful to have had the opportunity to work here... I've tried to gain as much experience and skills wherever I was.”

“I sincerely appreciate the guidance and encouragement throughout this journey. Thank you for this incredible opportunity and for your continued support.”

We will continue to build on the work with our Partners and do all we can to support local employment opportunities within health and social care.

9









Use of Resources

Resources are used effectively and efficiently.

Scottish Government descriptors for this outcome

- I feel resources are used appropriately
- Services and support are available to me when I need them
- The right care for me is delivered at the right time.

National Indicators used to measure this outcome.

	National Indicator	Our result	Our Progress
 4	Adults supported at home agreed that their health and social care services seemed to be well coordinated.	74.4%	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
 12	Emergency Admission Rate	9,778 per 100,000	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
 15	Proportion of the last 6 months of life spent at home or a community setting.	87.8%	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
 16	Falls Rate (People over 65)	24	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
 19	The number of days people aged over 75 spend in hospital when they are ready to be discharged.	928 per 1,000	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
 20	Health and Care resource spent on hospital stays where the person was admitted as an emergency.	23%	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

Indicator 4 is taken from the national Health and Care Excellence Survey, which is published every two years. 2024/25 is not a reporting year so there has been no update to this indicator from 2023/24.

We are responsible for an integrated budget that we receive from Midlothian Council and NHS Lothian. The priorities set out in our Strategic Plan guide how we allocate the money we receive.

In 2024/25, Midlothian Council and NHS Lothian supported us with the best funding offer they could, but it was not enough to keep pace with increases in our population or the changing health and social care needs of people and communities. We can only spend the resources that are made available to us from our Partners. This may mean our progress slows down or that some services will stop in the future. Hard choices lie ahead, but we will always make decisions that aim to ensure the services people need most are available when they need them. Sometimes we will not be able to deliver everything we want to provide with the resources we have, but that doesn't mean we won't keep working hard to support our communities with what they need or keep improving what we can offer.

Midlothian Health and Social Care Partnership uses the money allocated to services to plan, deliver, monitor, and evaluate the services it provides and commissions. All services have a duty to ensure we deliver Best Value. Our services have continued to keep a focus on quality, innovation, and improvement to ensure resources are well managed and contribute to achieving the best possible outcomes for people and communities.

High quality, effective and efficient

As part of our work to transform and develop a more financial sustainable model for the future, The Midlothian Health and Social Care Partnership Pharmacy Team piloted a project to improve the use of medicines by working together across health and social care.

The team undertook a project to build a network across Midlothian that would provide professional expertise and advice in relation to medicines management. This included:

- Training about medicines to the Care at Home team
- Completing polypharmacy reviews in primary care
- Supporting Medicine of the Elderly, Hospital at Home, and Mental Health services with pharmaceutical care
- Providing advice and pharmaceutical care to the Community Respiratory Team
- Supporting safe use of medicines in Newbyres Care Village
- Improving management and supply of medicines in Highbank Intermediate Care

By working together and improve skills and confidence in managing medicines, the project also made a saving of £278,000



We know health and social care services will need to be redesigned to become financially sustainable. This includes changes like how services are delivered, who delivers services, the type of service on offer, and the location of services. When we asked people what we should do to manage this change, 99% of respondents agreed that we should transform how we provide health and care services.

When we asked people about the level of funding provided to health / social care services in their local area, 70% of respondents stated that they were dissatisfied. However, only 16% of respondents agreed that they would like to be involved in the redesign of our services by taking part in co-design events and planning groups.

How we spent our money (2024/25)

We are funded by our partners, Midlothian Council and NHS Lothian, and are responsible for the integrated budget we receive. This funding is to deliver of the health and social care in Midlothian.

We work closely with our Partners and receive a budget offer from them both every year. However, we often don't know exactly what this will be until February or March each year. This is because of how our Partners receive funding from Scottish Government.

We approved the budget offers from both NHS Lothian and Midlothian Council on 27th March 2025 at the Midlothian IJB Special Board meeting and were able to set a balanced financial plan for 2025/26. This included plans to deliver £5.8 million in financial recovery actions across health and social care. We will continue to work with NHS Lothian to address any outstanding financial pressures within Set Aside services.

The overspend during the 2024/25 financial year was £2.949 million for health and £4.883 million for social care. Our Partners NHS Lothian and Midlothian Council provided additional funding to fully cover these overspends.

You can read more about how we spent our money in our [Annual Accounts](#).

Financial challenges during 2024/25

We continue to experience financial pressures that reflect both national trends and specific local challenges within Midlothian.

Demographic Change: A Growing and Ageing Population

Midlothian has a growing population and national funding formulas for both Local Authorities and NHS Boards aim to reflect population change. In 2024/25, Midlothian Council and NHS Lothian supported us with the best funding offer they could, but it was not enough to keep pace with increases in our population or the changing health and social care needs of people and communities.

Workforce Availability

We do not employ any staff. The workforce of Midlothian Health and Social Care Partnership is employed by NHS Lothian or Midlothian Council. However, both health and social care services continue to experience challenges in recruiting the right workforce. We have developed an integrated workforce plan and continue to work with both our employing Partners.

National Commitment

Funding for public services remains challenging. In June 2025, Scottish Government published its Medium Term Financial Strategy which describes the economic, funding and spending outlooks until 2030.

How we spent our money in 2024/25

	Health Budget £000's	Social Care Budget £000's	Health Expenditure £000's	Social Care Expenditure £000's	Variance £000's	Note
Direct Midlothian Services						
Community AHPS	3,828	0	3,772	0	56	
Community Hospitals	7,146	0	7,142	0	4	
District Nursing	9,002	0	9,228	0	(225)	
General Medical Services	19,549	0	19,726	0	(176)	
Health Visiting	2,784	0	2,720	0	64	
Mental Health	3,215	0	3,045	0	170	
Other	8,895	0	9,578	0	(683)	1
Prescribing	20,472	0	22,285	0	(1,814)	
Resource Transfer	6,973	0	6,941	0	31	2
Older People	0	29,412	0	31,908	(2,495)	
Learning Disabilities	0	21,298	0	24,456	(3,158)	
Mental Health	0	1,314	0	1,132	182	
Physical Disabilities	0	4,232	0	4,235	(3)	
Assessment & Care Management	0	4,113	0	3,608	505	
Social Care Other	0	3,819	0	3,734	85	3
Midlothian Share of Pan Lothian						
Set Aside	20,192	0	20,728	0	(535)	4
Mental Health	2,899	0	3,070	0	(170)	
Learning Disabilities	1,322	0	1,333	0	(11)	
GP Out of Hours	1,553	0	1,513	0	40	
Rehabilitation	990	0	884	0	106	
Sexual Health	993	0	965	0	28	
Psychology	1,757	0	1,782	0	(26)	
Substance Use	573	0	531	0	42	
Allied Health Professions	1,739	0	1,664	0	75	
Oral Health	1,034	0	838	0	197	
Hosted Other	4,033	0	4,154	0	(121)	
Dental	7,231	0	7,231	0	0	5
Ophthalmology	2,117	0	2,117	0	0	5
Pharmacy	4,332	0	4,332	0	0	5
Sub Totals	132,628	64,188	135,578	69,072	(7,833)	
Partner Additional Contributions	2,949	4,883	0	0	7,833	6
Movement in Earmarked Reserves	0	0	(560)	411	149	7
Per Annual Accounts	135,578	69,072	135,018	69,483	149	

Notes

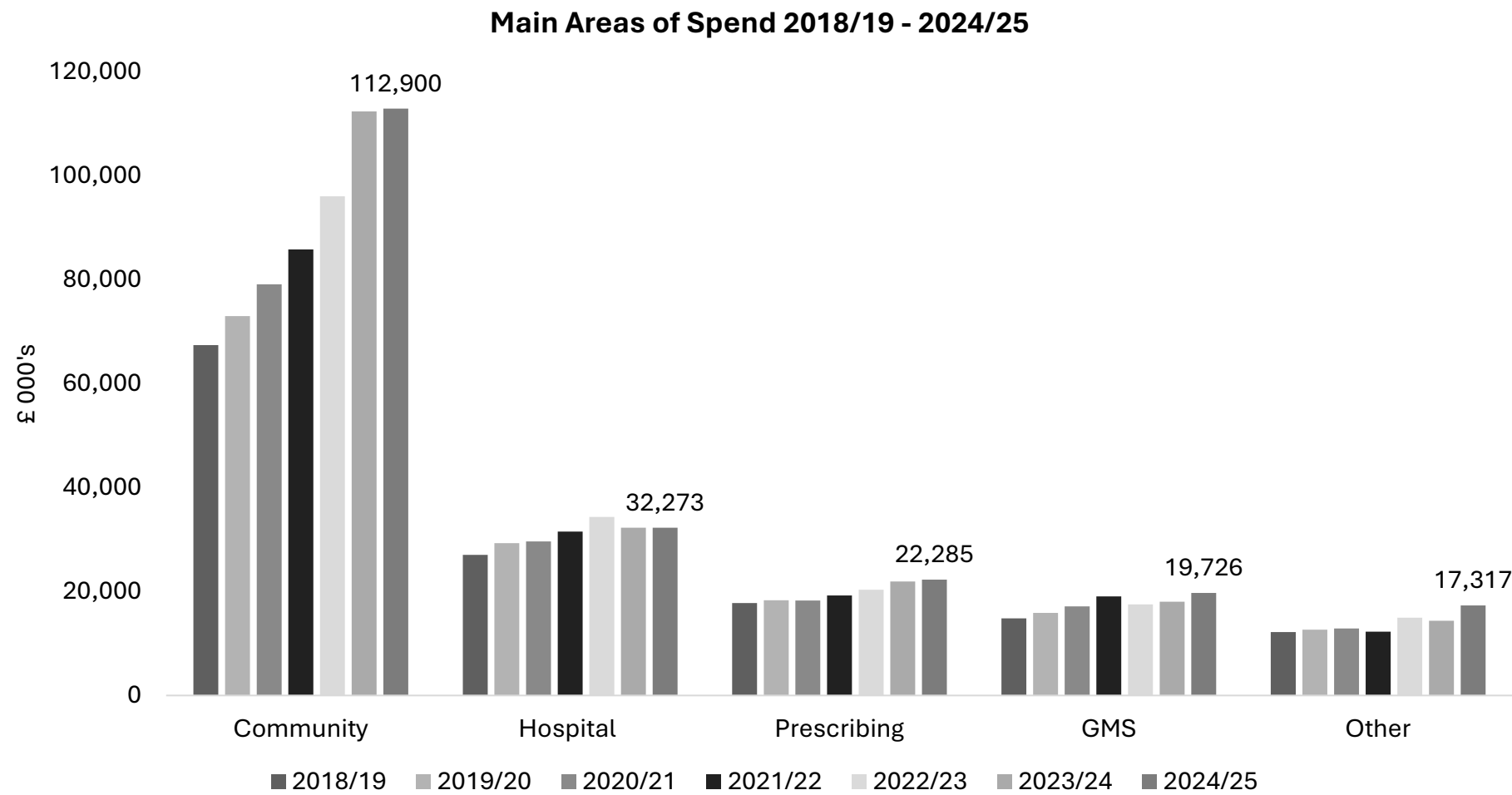
1. **Other** includes £4.816m for the Social Care Fund which is held in the Health Budget but expended in the Social Care services. It also includes the impact of the addition to the Earmarked reserve – see point 7.
2. **Resource Transfer** are funds for specific purposes which are transferred from Health to Social Care. However, these remain part of the health budget and are reported there.
3. **Social Care Other** includes care for non-specific groups, substance use services and other management and performance costs.
4. **Set Aside** are the budgets for those functions delegated to the IJB which are managed by the Acute Services management teams within NHS Lothian. These services are delivered at the Royal Infirmary of Edinburgh, the Western General Hospital and St. John's Hospital and cover the following:
 - Accident and Emergency
 - Cardiology
 - Diabetes
 - Endocrinology
 - Gastroenterology
 - General Medicine
 - Geriatric Medicine
 - Rehabilitation Medicine
 - Respiratory Medicine
 - Various ancillary support services for the above
5. **Dental, Ophthalmology, Pharmacy** - in the health system, expenditure to support the delivery of community dentistry, community opticians and community pharmacists is termed as 'non-cash limited' (NCL) but is clearly part of the delivery of primary care services and these functions are delegated to the IJB. However, being NCL there is no budget as such, but any expenditure incurred is supported in its entirety by the Scottish Government. The NCL values are not part of the budget setting process, there being no budget, but NHS Lothian has matched the NCL expenditure with income to cover this expenditure.
6. **Additional contributions from Partners** - In line with the Integration Scheme, as we do not hold general reserves, any funding shortfalls incurred during the year are met by the respective partner. In 2024/25, we experienced operational pressures in both Health and Social Care services. As a result, both NHS Lothian and Midlothian Council provided additional year-end funding to address the overspends within their respective areas of responsibility.
7. **Movement in Earmarked Reserves** - The net movement in Earmarked Reserves during the year resulted in a £0.149 million increase in reserves for the IJB.
 - Within Health, reserves held by NHS Lothian increased by £0.560 million, primarily due to the receipt of Unscheduled Care funding. Although this was processed through as expenditure, it is not considered in year spend and has therefore been excluded when calculating the IJB's net position.
 - Within Social Care, Earmarked Reserve balances were used as planned, resulting in a drawdown of £0.411 million, which is reflected as expenditure.

The charges (shown as expenditure above) made by Midlothian Council to the IJB are the net direct costs incurred in the delivery of social care in Midlothian. The charges from NHS Lothian are based on the health budget setting model as agreed by the IJB. That is, charges for the core services (specifically for and delivered by the Midlothian partnership) are based on the net direct actual costs incurred in Midlothian.

However, charges for hosted and set aside services (not managed by the Midlothian Health and Social Care Partnership and are delivered on a pan-Lothian basis) are based on the total actual costs for these services shared across four IJBs per the budget setting model. The IJB share of the total actual costs incurred for hosted services is 10% and, generally, 10% of the Lothian element of the set aside budgets and the non-cash limited budgets.

Main Areas of Spend (2018/19-2024/25)

The graph below compares our spend trends for the past 7 years. We are unable to report on spend by locality as we do not hold data in this form.



Communication and Engagement

We have worked with local people throughout the year to help us understand what is working well, where we can improve and how we can do better. Some examples across 2024/25 include:

Consultation on our Strategic Plan 2025-2035

We ran a range of activities and events over the year including surveys, online question and answer sessions and group discussions. We spoke to more than 300 internal and external stakeholders including staff, third sector organisations and local people to help us draft our vision, values and aims for the next 10 years. We believe that our services will be more effective if we focus on how we help people take steps to stay healthy and prevent illness or worsening health. Feedback from our consultation supported this.

Consultation on our Equality Outcomes 2025-2029

We worked with equality leads from NHS Lothian and Midlothian, East Lothian, West Lothian and Edinburgh Councils and Health and Social Care Partnerships. We choose outcomes that will support us, over the next 4 years, to reduce unlawful discrimination and advance equality of opportunity and foster good relations between groups of people who share protected characteristics and those who do not. We used evidence from past consultations to create our draft outcomes and ran a public consultation on those to help decide on our final outcomes.

Self-Evaluation of our community engagement

We have been using the Healthcare Improvement Scotland Quality Framework for Community Engagement since the end of 2023 to improve our community engagement. We spoke to a wide range of staff and will use our findings to update our Public Engagement Statement.

Midlothian Health and Social Care Partnership Justice Team

A group of social workers, people with lived experience of the Justice System, communication officers and third sector organisations looked at how best to support people on Community Payback Orders. The group wanted to ensure people understood the process and requirements of their order but also that they felt supported. The group looked at client agreements, appointment letters and information leaflets to ensure they were easy to understand, and trauma informed.

Trauma Informed Practice

A group of staff with lived experience of trauma reviewed policies and practices to ensure staff and supported if they experience trauma.

Older People

The planning officer for Older People consulted with people who attend day services, their carers and staff on all aspects of the services provided - including activities, environment, staff and food.

Midlothian Health and Social Care Partnership Primary Care Pharmacy

The lead for Pharmacy within Primary Care designed a pilot to improve feedback about their services from people who have been supported by the pharmacy team. They looked at the areas of their service they wanted to gather feedback on, best ways to collect the information and how regularly to do this.

Equality

We ensure equality is at the heart of what we do. This includes how we make decisions and spend money, the way we work alongside people and communities, and how we improve our services.

By law, we must report on how we contribute to improving equality in Midlothian by publishing a Mainstreaming Equality Report every 4 years and provide a progress update midway through the plan.

In Midlothian, Equality and Children's Rights Impact Assessments (ECRIAs) are completed to consider how our decisions might impact on people with protected characteristics and advance equality where possible.

We completed 6 Equality and Children's Rights Impact Assessments for the following new or revised strategies, policies and plans, provisions, practices, and activities:

- Midlothian IJB Strategic Plan Community Engagement Self-Assessment and Action Plan (August 2024)
- Midlothian IJB Strategic Plan Consultation Plan (August 2024)
- Midlothian IJB Financial Recovery Action No 5 2024/25: Planning, Performance and Programme (August 2024)
- Midlothian Integration Joint Board Strategic Plan 2025-35 (September 2024).
- Midlothian IJB Financial Recovery Plan 2025/26: Commissioned Services (March 2025)
- Midlothian IJB Financial Recovery Plan 2025/26: Bed Based model of Care (March 2025)

Update on our Equality Outcomes

Our 2021-2025 Equality Outcomes set out the actions we would take to advance equality in Midlothian. Alongside this we published our Mainstreaming Equality Report, and an update on the actions we had taken in 2023.

To comply with our Public Sector Equality Duty, we must provide an update every two years on what we have done to address equality issues in Midlothian. As part of our ambition for equality to be central to our planning, delivery, reporting and evaluation, we have provided an update on our activity for 2023-2025 in this report and will continue to report on progress every year.

2023-2025 Mainstreaming Equality Update

Improve Board members understanding of their role in relation to equalities issues

We participated in an Equalities awareness development session delivered by NHS Lothian's Head of Equality & Human Rights.

Agree and implement a system for the identification, completion, publication, monitoring, and review of Integrated Impact Assessments (IIAs)

In 2023 we developed a process to ensure all new or revised strategies, policies, practices or provisions appropriately identified equality issues and considered their impact. To ensure that ECRIAs are completed at the right time in the development of new or revised strategies, policies, practices or provisions, all Board reports and papers must be accompanied by an ECRIA screening tool. This provides assurance that an ECRIA has been considered and completed where appropriate.

Following the Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024 we ensured that Children's Rights were included in our Impact Assessments. As a result we undertake Equality and Children's Rights Impact Assessments (ECRIA) for all new and revised strategies, policies, practices or provisions.

We have completed 6 Equality and Children's Rights Impact Assessments on our new or revised strategies, policies, plans and decisions.

Assess the impact of any new strategies, policies, practices or provisions

We continue to review the impact of new all new and revised strategies, policies, practices or provisions. Evaluation and scrutiny are undertaken by our two committees, the Midlothian IJB Audit and Risk Committee and the Midlothian IJB Strategic Planning Group.

Seek assurance from the Midlothian Health and Social Care Partnership in relation to our duties to complete Equality and Children's Rights Impact Assessments (ECRIAs).

We have asked Midlothian Health and Social Care Partnership to complete a biannual report on the ECRIAs completed in relation to new and revised strategies, policies, practices or provisions.

Improve the infrastructure required to collect equality data for Midlothian HSCP by:

- Ensuring services have data by Health and Social Care Partnership area
- Ensure services have relevant equality data to improve service design and delivery.

We continue to work with our Partners to improve the data infrastructure relating to protected characteristics. In March 2025, we issued a Direction to NHS Lothian and Midlothian Council asking them to work with Midlothian Health and Social Care Partnership, to agree some shared priorities to improve the availability of this data. This will help us to ensure equitable provision of service offers and support across our communities, minimise disadvantage where possible, meet different needs, and encourage participation.

Review the information Midlothian IJB publishes online

- Published information meets Scottish Government accessibility standards
- IJB Board Papers are available online in an accessible and searchable format.

We have reviewed our Model Scheme of Publication, and produced a Style Guide to ensure the development of consistently presented information that meets accessibility requirements, both on paper and online. We have taken steps to ensure all Board papers are compliant with accessibility standards, and we have developed a process to ensure all our published information meets Scottish Government accessibility standards.

Ensure the Midlothian IJB and Midlothian HSCP webpages hosted on the Midlothian Council website are distinct and hold the relevant information

- Midlothian IJB webpages hold IJB information and activity
- Midlothian HSCP webpages hold HSCP information and activity
- The activity of delivery partners is appropriately signposted with links where appropriate.

We have reviewed the content of our webpages with our Midlothian Council Partners' website. We have developed comprehensive plan to review and redesign the website.

In March 2025 we received confirmation from the Equalities and Human Rights Commission that we are fully compliant with the Public Sector Equalities Duty.

In April 2025 we published our new [Equalities Outcomes 2025-2029](#).

Our draft Strategic Plan 2025-35 continues to recognise the importance of equality in our communities. Our Directions 2025/26 describe the actions we would like Midlothian Council and NHS Lothian to take to help us achieve this.

Looking forward

We continue to look to the future. Much of 2024/25 has involved undertaking a significant revision of our strategy by developing a Strategic Plan with a 10-year vision. Our (draft) Midlothian IJB Strategic Plan 2025-2035 sets out an ambitious but realistic programme of transformation and we have asked Midlothian Health and Social Care Partnership to start the work required to redesign health and social care as part of a new, sustainable financial model.

Redesign and Transformation

We believe that our services are best placed to work with people and communities to design the care and support people want and need. We know this can't happen as quickly as we would like, and that we won't always get it right. However, we will always do our best to support positive change, and always put our communities at the centre of our decisions.

Midlothian Health and Social Care Partnership has eight transformation workstreams, which are

- Palliative care
- Bed based care
- Unscheduled Care and 'Home First' services
- Primary, community, and social care
- Commissioned services and the Third Sector
- Community assets, wealth, and capacity
- Mental health and dementia
- Multiagency Single Point of Access (SPOA)

We know there are a range of people and groups of professionals that will contribute to the success of this work. We have identified Finance and Resource; Business, Intelligence, and Insight; Workforce; Sustainability (including Digital); and Carers as 'enablers'. We will continue to work with Midlothian Health and Social Care Partnership, Midlothian Council, and NHS Lothian to ensure we have the right support to make our plans a reality.

Our approach

Improvement, transformation and change has to mean better experiences for people and communities, and that change cannot be at the cost of quality or how we support people to achieve what matters to them most. Every part of the public sector faces uncertainty and no organisation will be able to resolve these complex challenges alone. Our vision relies on working in partnership across the whole system and believing that together we can deliver reform. We have worked with partners, providers, people, and communities to ensure we remain person led.

A new future for health and social care

In January 2025, the Scottish Government announced the development of a trilogy of publications to shape the future of health and social care in Scotland.

The [NHS Scotland Operational Improvement Plan](#) was published in March 2025. This was followed in June 2025 with the publication of the [Health and Social Care Service Renewal Framework](#) alongside [Scotland's Population Health Framework](#). The service renewal framework sets out a 10-year plan to

improve outcomes for the people and communities of Scotland and deliver a sustainable future for health and social care.

While we would have liked to have seen more recognition of the vital role of social work and social care in integrated health and social care within these publications, we are confident our strategic plan aligns with national ambitions. The 5 principles of the service renewal framework focus on prevention, people, community, population planning, and digital innovation. This echoes the three recommendations for strategic change proposed by Lord Darzi in his 2024 [Independent Report in the National Health Service in England](#); a shift from hospital to community, the move from analogue to digital, and a shift from focusing on sickness to delivering prevention.

[Scotland's Public Service Reform Strategy – Delivering for Scotland](#) was also published in June 2025 and is clear about the change we must deliver through integrated solutions and local action. The strategy also asks us to think and act strategically, focus on the 'bigger picture' and have ensure our leadership supports and requires joint working.

We have recognised the importance of this in our strategy and taken the bold move to plan for the next 10 years and consider the actions that will be the foundations of a new, shared future in Midlothian.

Inspections

The Care Inspectorate inspect care homes and care at home services to check the quality of care. The majority of care homes in Midlothian are not managed by the Health and Social Care Partnership. Read the full reports at the [Care Inspectorate](#) website.



Care at Home – Support Services

Name	Date	People's wellbeing	Leadership	Staff team	Setting	Care & support planning
Bluebird Care (East & Midlothian)	26 September and 10 October 2024	4	Not assessed	5	Not assessed	Not assessed
Home Instead East Lothian and Midlothian	25 November to 3 December 2024	5	4	5	Not assessed	5
Call In Homecare Ltd	18 and 21 February 2025	3	3	Not assessed	Not assessed	Not assessed
Cera Midlothian	7 to 16 January 2025	4	Not assessed	4	Not assessed	Not assessed
Midlothian Council Domiciliary Care	19 November to 26 November 2024	5	5	5	Not assessed	4
McSence	30 January and 03 February 2025	5	5	5	Not assessed	5

Recommendations and Areas for Improvement (if any)

Name	Recommended Improvement
Bluebird Care (East & Midlothian)	<p>To ensure that people are supported to take their medication in line with the prescriber's instructions, the provider should ensure that medication administration records are accurately completed. This should include but not be limited to</p> <ul style="list-style-type: none"> a) where medication is not taken as prescribed, clear information is recorded to indicate the reason for this b) when medication is prescribed at a variable dose, the dose given is clearly recorded c) for medication prescribed on a 'when required' basis, guidance protocols are in place to support staff to determine if/when a medication is needed, any actions to be considered or taken first, along with information such as the maximum dose in a given time period and length of time between doses.
Call In Homecare Ltd	<p>People should have confidence that their personal plans reflect their individual needs and intended outcomes. To ensure these plans provide appropriate guidance to guide and lead carers, the manager should ensure there is sufficient detail.</p> <p>To ensure people have confidence that their care plan reflects their care needs and personal wishes, the manager should ensure six-monthly reviews are undertaken, detailing the discussions held and any actions to be completed following the review.</p> <p>To ensure people and their relatives are provided with clear information about the service, in particular the arrangements for staff delivering their care and any changes in staffing, the provider should ensure good communication between staff, people and the management team. The implementation of communication agreements with people would support this area for improvement.</p> <p>To ensure people have confidence that the service they use is led well and managed effectively, the manager should improve management oversight, underpinned by robust quality assurance measures. This includes, but is not limited to the following:</p> <ul style="list-style-type: none"> (a) Consistently assessing and evaluating the practice of carers through spot checks and quality assurance measures (b) Consistently utilise quality assurance systems to inform action plans to drive effective and sustainable change (b) further develop the service improvement plan, ensuring this is linked to auditing and feedback from people. <p>Actions should be /specific and measurable with detailed timescales for completion/review</p> <ul style="list-style-type: none"> (c) align systems to good-practice guidance. This is to ensure the care and support is consistent.

Name	Recommended Improvement
Cera Midlothian	<p>To support people to have continuity and consistency of care, the provider should monitor and improve the scheduling of staff rotas. This will ensure all people receive support from a limited number of carers at the times right for them, as agreed in personal plans and reviews of care.</p> <p>The service should ensure people are informed in writing regarding their care at home contract details and any significant changes. In order to achieve this the service should undertake the following:</p> <p>a) inform people, in writing, regarding when their care and support visits take place (morning, lunchtime, teatime or evening) and the length of their visits,</p> <p>b) prioritise communicating with people when their visit times change significantly.</p>
Midlothian Council Domiciliary Care	To ensure people that staff know how to care and support them should they become unwell, anticipatory care plans should be developed for each person.

Care Homes for Older People

Name	Date	People's wellbeing	Leadership	Staff team	Setting	Care & support planning
Newbyres Village	7 - 8 January 2025	4	3	3	4	4
Drummond Grange	15 - 17 July 2024	5	Not assessed	5	4	Not assessed
Pine Villa	26 - 28 August 2024	5	5	4	4	5
Pittendreich	22 - 24 October 2024	3	4	4	3	4
Springfield Bank	29 - 30 April 2024	4	4	4	Not assessed	Not assessed
Guthrie House	2 - 7 May 2024	4	4	4	3	4
Archview Lodge	8 April 2024	4		4	Not assessed	Not assessed
Rosehill	20 May 2024	5	5	4	4	4

Recommendations and Areas for Improvement

Name	Recommended Improvement
Newbyres Village	<p>To further minimise the risk of any development of pressure ulcers the provider should ensure the system in place must be able to demonstrate that the skin care needs of the service users are regularly assessed and adequately met. In particular there should be:</p> <ul style="list-style-type: none"> a) Ensure that the assessment and monitoring of skin problems and wounds is appropriate and up to date. b) Be able to demonstrate that adequate care planning and interventions are in place to care and support those service users at risk of developing pressure ulcers. c) Ensure that appropriate equipment to minimise the risk of service users developing pressure ulcers is always available and used appropriately. d) Review, revise and improve wound care documentation to ensure that a clear complete and accurate record of care is kept. e) Ensure there is specific reference to the following in the care plans of those service users at risk of developing pressure ulcers: <ul style="list-style-type: none"> a. Accurate recording of the details of care interventions. b. Risk assessments which reflect all identified risks. c. The regular update of records to reflect change. d. Consistency in the use of risk assessment tools. <p>To support people's health and wellbeing, the manager must have a good overview of all documentation and an effective overview of the daily running and delivery of care to those residing in the care home. This includes having a visible presence within the service and to fully engage with staff, relatives and those supported to ensure the service is well led and managed effectively.</p> <p>To ensure people experience care where staff recruitment practices is within the service to the standard detailed in the Scottish Social Services Council (SSSC) and Care Inspectorate guidance, 'Safer Recruitment through Better Recruitment (2017)' the provider must include the following in their recruitment process:</p> <ul style="list-style-type: none"> a) recruitment records are in place for all staff and all staff have outstanding pre-employment checks submitted to Disclosure Scotland in line with the Protection of Vulnerable Groups (Scotland) Act 2007 b) that you obtain two references in place for each staff member recruited, one of which, where possible, from their previous employer c) that where there are clear gaps in people's work history, a reason for this should be obtained d) there are robust recordings, shortlisting, interviewing and assessing of staff to make certain they have the correct knowledge and skills to support people e) that those responsible for undertaking safer recruitment are skilled and competent in their role.

Name	Recommended Improvement
Springfield Bank	<p>People should have choice about getting involved with activities and interests important to them, both in the care home and their community. The provider should continue to develop opportunities for people to participate in meaningful activities.</p> <p>People with specific communication needs or cognitive impairment should also be supported to participate in a meaningful way and those important to them involved in planning activities and evaluating how meaningful they were. The recording and monitoring of this should help to promote positive outcomes for all.</p> <p>An assessment of the number of health and wellbeing workers should be undertaken to ensure each person has the opportunity to engage in activities meaningful to them.</p> <p>To ensure people are supported appropriately in a meaningful way, all staff should be consistent in their approaches to people who exhibit stress and distress. This would include de-escalation techniques and what leads to the person becoming upset. All of which should be recorded in the personal plan and reviewed. To support staff, observed practices and self-reflection of how the techniques were put into practice should be part of their development.</p>
Pittendreich	<p>To minimise the risk of any development of pressure ulcers the provider must ensure systems in place to demonstrate that the skin care needs of the service users are regularly assessed and adequately met. This provider should:</p> <ul style="list-style-type: none"> • Ensure that the assessment and monitoring of skin problems and wounds is appropriate and up to date. • Be able to demonstrate that adequate care planning and interventions are in place to care and support those service users at risk of developing pressure ulcers. • Ensure that appropriate equipment to minimise the risk of service users developing pressure ulcers is always available and used appropriately. • Review, revise and improve wound care documentation to ensure that a clear complete and accurate record of care is kept. • Ensure there is specific reference to the following in the care plans of those service users at risk of developing pressure ulcers: • Accurate recording of the details of care interventions. • Risk assessments which reflect all identified risks. • The regular update of records to reflect change. • Consistency in the use of risk assessment tools. <p>To improve the environment of the home the provider should continue to develop a refurbishment plan. This should include, but not be restricted to timely repairs and replacement of items. The plan should detail the timescales for refurbishment and repairs/maintenance to take place and be reviewed on a regular basis.</p> <p>To ensure that people's needs are fully met as agreed in their personal plan, the manager should ensure:</p>

Name	Recommended Improvement
	<ul style="list-style-type: none"> • all documentation relating to care is accurately recorded. This includes but is not limited to, oral care, continence, personal care, skin integrity and repositioning • information within the personal plan is accurate and reflects changing individual care needs • staff practice fully reflects the care as written in the personal plan.
Pine Villa	The provider should undertake a review of staffing levels to ensure the best health care or care outcomes for service users. This would include a review of the number of staff supporting people overnight as well as the staggered times for start and end of shifts.
Drummond Grange	<p>To ensure people experience care where staff recruitment practices is within the service to the standard detailed in the SSSC and Care Inspectorate guidance, 'Safer Recruitment through Better Recruitment (2017)</p> <p>a) Recruitment records are in place for all staff and all staff have outstanding preemployment checks submitted to Disclosure Scotland in line with the Protection of Vulnerable Groups (Scotland) Act 2007.</p> <p>b) That you obtain two references in place for each staff member recruited, one of which, where possible, from their previous employer.</p> <p>c) That where there are clear gaps in peoples work history a reason for this should be obtained</p> <p>d) There are robust recordings, shortlisting, interviewing and assessing of staff to make certain they have the correct knowledge and skills to support people.</p> <p>e) That those responsible for undertaking safer recruitment are skilled and competent in their role.</p>
Guthrie House	<p>In order to ensure safe outcomes for people, staff should practice good hand hygiene when providing personal care and support. The Provider should ensure that all areas of the home are appropriately clean, well-furnished and appropriately decorated. All housekeeping staff should understand which cleaning products should be used to maintain a safe and infection free care environment. The Provider should ensure that all essential maintenance work is undertaken timeously in order to maintain a safe care home environment.</p> <p>In order to ensure that people are fully consulted and empowered to assess their care outcomes, service reviews must be convened at a minimum of six monthly intervals. Reviews should broaden their focus and address all aspects of people's care, not just the clinical aspects of their support.</p>
Archview Lodge	To promote good health and wellbeing outcomes for people experiencing care, the provider should ensure all monitoring charts are completed for each intervention or treatment. This should include but is not limited to the completion of charts to record support for oral healthcare and the administration of topical medication.

Intermediate Care Homes

Name	Date	People's wellbeing	Leadership	Staff team	Setting	Care & support planning
Highbank Care Home	21 January 2025	4	Not assessed	5	Not assessed	Not assessed

Recommendations and Areas for Improvement

Name	Recommended Improvement
Highbank Care Home	<p>To ensure that medication is managed in a manner that protects the health and wellbeing of service users. The manager should:</p> <ul style="list-style-type: none"> • Ensure that medicines are administered as instructed by the prescriber • Demonstrate that staff follow policy and best practice about medication administration records and documentation • Ensure that staff receive training and refresher training appropriate to the work they perform • Ensure that managers are involved in the audit of medication records.

Housing Support Service

Name	Date	People's wellbeing	Leadership	Staff team	Setting	Care & support planning
Midlothian Housing Support & Care at Home	13 - 19 August 2024	5	Not assessed	5	Not assessed	Not assessed
Teviot Court Housing Support & Care at Home	18 November 2024	5	Not assessed	4	Not assessed	Not assessed
Thera Scotland	5 and 10 March 2025	5	5	Not assessed	Not assessed	Not assessed

- Cowan Court Extra Care Housing – There was a test of a new way of inspecting on 21 November 2024 to provide assurance that better performing services continue to deliver a very good level of care and support. No new evaluations (grades) were awarded. The Care Inspectorate confirmed the service continued to provide a very good level of care and support
- St Joseph's Services - Circle of Best Practice 2 – There was a follow up inspection on 21 February 2025 to assess if the service has met the Requirement made in November 2024 following a complaint investigation. The Requirement was met within timescales.

Support Service

Name	Date	People's wellbeing	Leadership	Staff team	Setting	Care & support planning
Cherry Road Resource Centre	25 and 27 February 2025	5	5	5	4	5

Joint Inspection

Name	Date	Strengths
Adult Support and Protection	January – April 2024	<ul style="list-style-type: none"> • The partnership had a vision for adult support and protection that was widely communicated and well understood. • Adult support and protection inquiries undertaken by social work complied with the refreshed national code of practice. • Managerial oversight of council officer activity was commendably strong. It was well recorded and linked to supervision discussions. • Risk assessments were supported by effective tools and templates that promoted high quality work in this critical area of practice. • Strategic leaders deployed a governance framework for adult support and protection. Overall, they oversaw the delivery of competent, effective adult support and protection practice. More work needed to be done to strengthen collaborative practice.

Name	Recommended Improvement
Adult Support and Protection	<ul style="list-style-type: none"> • Quality assurance, self-evaluation and improvement activity was in place. More work needed to be done to ensure this was well embedded and fully linked to improvement activity. • Interagency referral discussion arrangements were well embedded, but the purpose and process needed to be reviewed to improve their impact on protection planning. • Where chronologies were completed, they were of a good quality but more needed to be done to improve consistent application in all records. Too many adults at risk of harm did not benefit from having a chronology in place. • Adult support and protection case conference attendance and information sharing needed to improve. Case conferences should be more person-centred and sensitive to the participatory needs of adults at risk of harm. • NHS Lothian and Police Scotland needed to strengthen their participation in key elements of practice. • Adults with lived experience were not engaged in shaping the work of the public protection committee. A plan was needed to address this.

Business and governance

IJB Membership

Date	Change in membership
August 2024	<p>Nadin Akta resigned her position NHS Lothian Non-Executive Director and therefore also her position on Midlothian IJB as a voting member</p> <p>Angus McCann resigned his position NHS Lothian Non-Executive Director and therefore also his position on Midlothian IJB as a voting member.</p> <p>Following her appointment to the post of NHS Lothian Non-Executive Director, Kirsty MacDonald was nominated and accepted as a voting member of the Midlothian IJB with effect from 31 August 2024.</p> <p>Following his appointment to the post of NHS Lothian Non-Executive Director, Dr Amjad Khan was nominated and accepted as a voting member of the Midlothian IJB with effect from 26 June 2024.</p> <p>As Chief Nurse, Fiona Stratton's re-appointment as a non-voting member of the Midlothian IJB was recommended and accepted with effect from 23 June 2024.</p>
October 2024	<p>Following the appointment of Nick Clater to the post of Chief Social Work Officer for Midlothian Council, he was nominated and appointed as a non - voting member of the Midlothian Integration Joint Board.</p> <p>Dr Johanne Simpson resigned from the role of Medical Practitioner to the Midlothian Integration Joint Board.</p>
November 2024	<p>Following his resignation as Chief Financial Officer, David King resigned from the Midlothian IJB, effective 6th December 2024.</p>
December 2024	<p>The appointment of Dr Wendy Metcalfe to the role of Medical Practitioner to the Midlothian Integration Joint Board was recommended and approved.</p>
February 2025	<p>Following his appointment to the position of Chief Financial Officer in December 2024, Chris King was nominated and accepted to the Midlothian Integration Joint Board.</p> <p>Antony Clark was nominated and accepted to Audit and Risk Committee.</p>

Key Decisions

Finance

18 April 2024	Revised 5 Year Financial Plan presented by Interim Chief Financial Officer.
20 June 2024	Draft Annual Accounts approved for publication.
19 September 2024	Annual Accounts 2023/24 (Final Position) presented.
27 March 2025	Midlothian IJB agreed a balanced budget for 2025/26 and associated Financial Recovery Plans

Governance and Audit

8 April 2024	It was agreed to amend the Audit and Risk Committee (A&R) Terms of Reference (ToR), for the Chair and Vice Chair of the MIJB to be eligible undertake the role of Chair.
20 June 2024	Delegated authority was given to the Chief Officer to issue the 2024/25 Directions to the Chief Executives of NHS Lothian and Midlothian Council.
20 February 2025	The Midlothian IJB Directions Policy was approved.
27 March 2025	Delegated authority was given to the Chief Officer to issue the 2025/26 Directions to the Chief Executives of NHS Lothian and Midlothian Council.

Strategy, Planning, and Performance

20 June 2024	The proposed programme of Statutory Public Consultation on the Strategic Commissioning Plan 2025-35 activity was amended and agreed.
22 August 2024	Recommendation was approved in relation to Midlothian IJB Health and Care (Staffing) (Scotland) Duties Benchmarking Report.
24 October 2024	Midlothian IJB Annual Performance Report 2023/24 was approved.
30 October 2024	Midlothian IJB Annual Performance Report 2023/24 was published.
20 February 2025	It was agreed to amend the Strategic Planning Group (SPG) Terms of Reference (ToR), for all Board members to be eligible undertake the role Chair
20 February 2025	Midlothian IJB Directions end of year performance was reviewed
20 February 2025	Midlothian IJB Integrated Workforce Plan and Appendix A approved for Submission to Scottish Government
20 February 2025	Midlothian IJB draft Strategic Plan 2025-35 approved to progress through the governance routes of Partners

Other Activity

20 June 2024	Recommendation was approved in relation to Primary Care: General Practice Sustainability Report
	Recommendation was approved in relation to Public Health Prevention Update: A Strengthened Approach to Prevention across the Lothian Health and Care System.

Copies of the relevant reports can be found in the committee reports on the [Midlothian Integration Joint Board](#) pages of the Midlothian Council website.

Outcome mapping

Good conversations are vital in understanding how to support someone to achieve their personal outcomes, but this can be difficult to measure. It is often a combination of factors that make a positive difference in people's lives. To ensure that services can describe their contribution, we use an approach called Outcome Mapping, which is a way to understand how our services contribute to people achieving the outcomes that matter to them and can help services make more targeted, locally informed decisions about how to design, deliver or commission services. This approach allows us to describe what we do, who with, what people learn and gain as a result, how this makes them feel and the difference this makes in their lives. The Outcome Mapping approach was developed by Matter of Focus and is informed by Contribution Analysis, evidence to action and participatory approaches.

Outcome mapping is a process of continual improvement and supports services to develop meaningful action plans for change and is central to the approach to measurement developed by Midlothian Health and Social Care Partnership, based on the triangulation of three types of data: service data (activity), system data (population experience), and what matters to people (outcome mapping).

Our Strategic Governance Outcome Map helps us better understand the contributes we are making to personal outcomes for people. We are using this unique approach to provide a real time picture of the progress we are making towards our strategic aims and the nine National Health and Wellbeing Outcomes across the whole system. We do this by linking to service outcome maps and other national data.


Outcome maps are a way to understand how services contribute to people achieving the outcomes that matter to them. Working this way means Midlothian Health and Social Care Partnership services can quickly learn from what has worked well and what needs to improve and use this information to make targeted, locally informed decisions about how to design, deliver or commission services.

We have designed these maps to have 'stepping-stones' that include a set of success criteria aligned to the Care Inspectorate Joint Inspection Framework. Each outcome map is colour-coded to show an evaluation of how much progress a service is making progress towards personal outcomes and the strength of evidence is to support that progress rating. This results in a two-factor rating system for each stepping-stone in the outcome map.

This approach is now central to our performance measurement and strategic planning. The information collected from each of these three areas together provides objective, whole system evidence that supports services to develop meaningful action plans for change. This work has also contributed to the digital transformation agenda: rather than digitising an existing process, the use of the OutNav digital platform has enabled us to work in entirely new and innovative ways. OutNav acts as an integrated electronic 'library', where information and evidence from both partners and the third sector can be held. The aggregation of data provides an elegant solution to the challenges in 2025/26 to reduce service capacity and still elevate service reporting Midlothian Health and Social Care Partnership Service Reports to system and strategic level to generate and connect new types of information and insight.

The Midlothian Health and Social Care Partnership Integration Manager was asked to present this work to Scottish Government colleagues and share the innovative Midlothian approach to outcome focussed strategic planning and reporting.

Data Appendix

	National Indicator	Our result	Our Progress
<div>  <div>1</div> </div>	Adults are able to look after their health very well or quite well.	92.5%	<div> <div></div> <div></div> <div></div> </div>

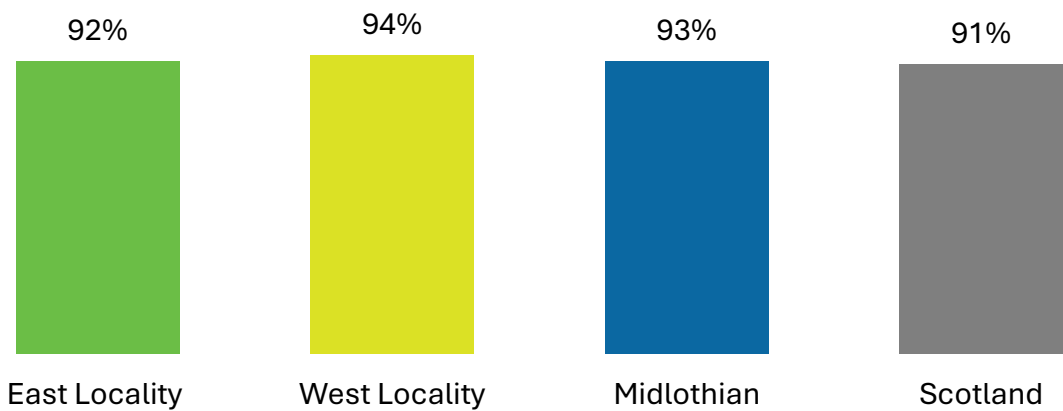
In 2023-24, Midlothian’s performance stayed the same compared to 2021-2022.

Overall performance across Scotland decreased by 0.2 percentage points.

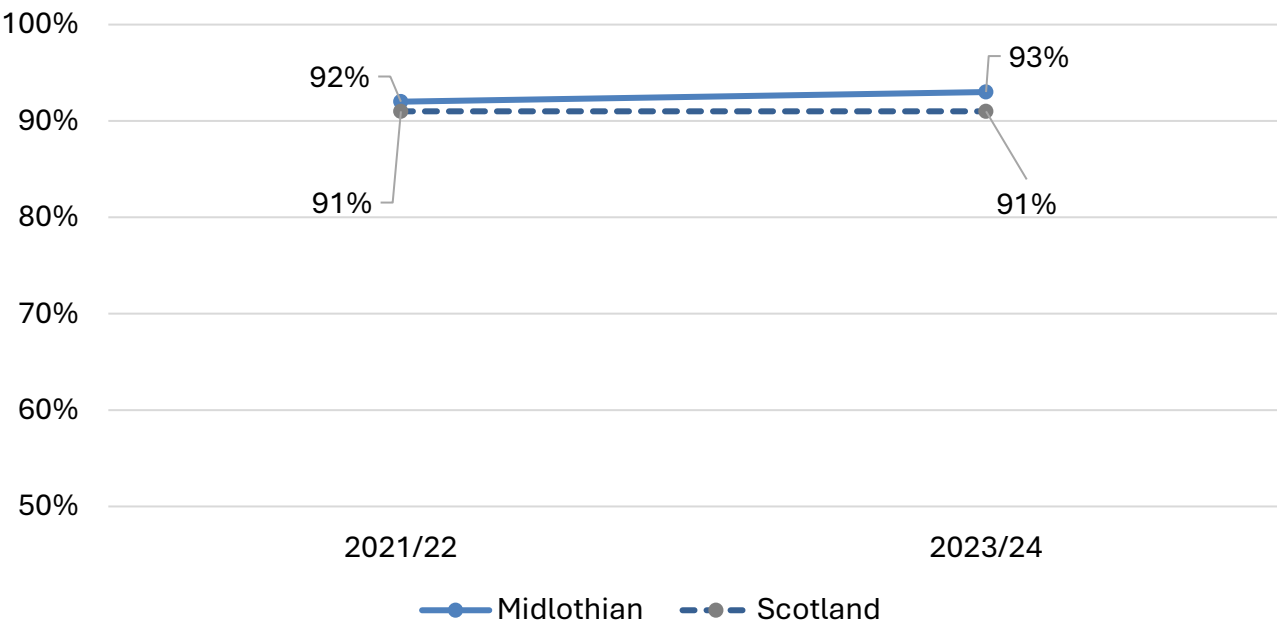
Midlothian’s performance was better than the average across Scotland.


We are doing well in relation to national performance, and ranked 9th out of 31 Integration Authorities.

Percentage of adults able to look after their health very well or quite well



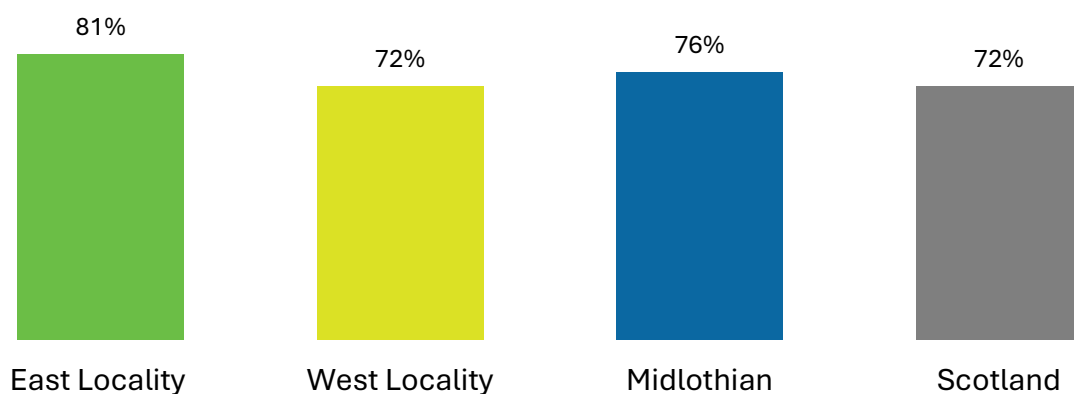
Percentage of adults able to look after their health well or very well



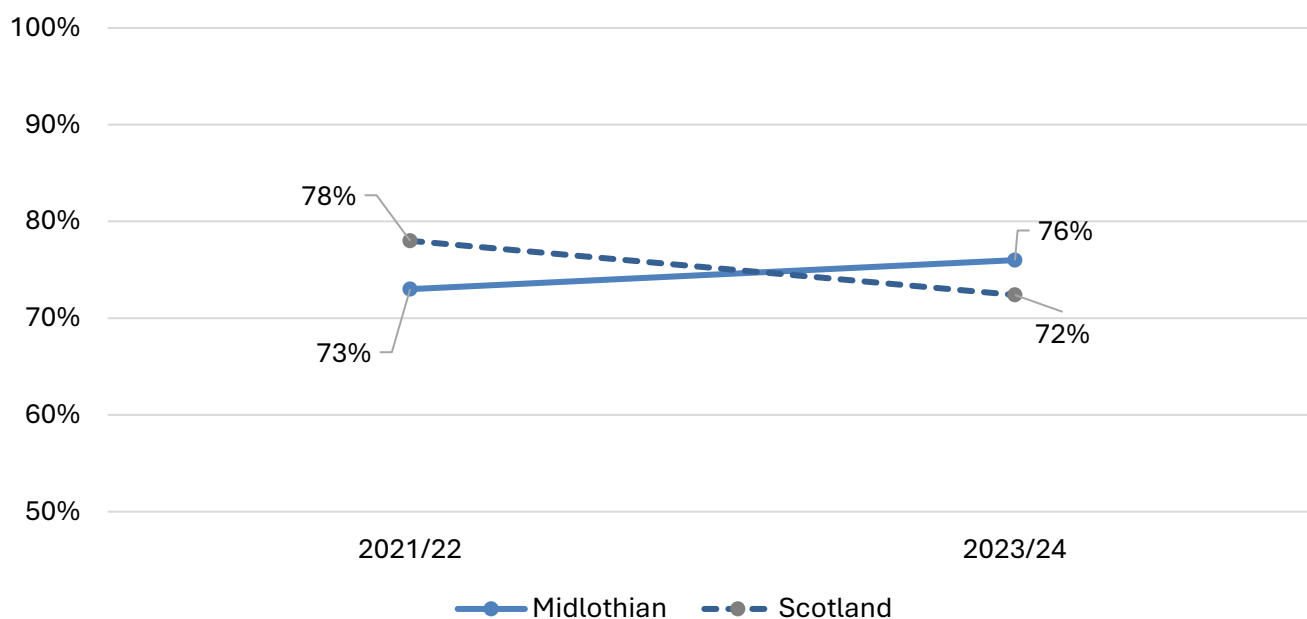
	National Indicator	Our result	Our Progress
	Adults supported at home agreed that they are supported to live as independently as possible*.	76.5%	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>



In 2023-24, Midlothian's performance improved compared to 2020-2021.
Overall performance across Scotland got worse by 6.4 percentage points.
Midlothian's performance was better than the average across Scotland.
We are doing well in relation to national performance, ranked 12th out of 31 Integration Authorities.

Percentage of adults supported at home who agreed that they are supported to live as independently as possible



Percentage of adults supported at home who agreed that they are supported to live as independently as possible



	National Indicator	Our result	Our Progress
	Adults supported at home agreed they had a say in how their help, care or support was provided.	61.9%	

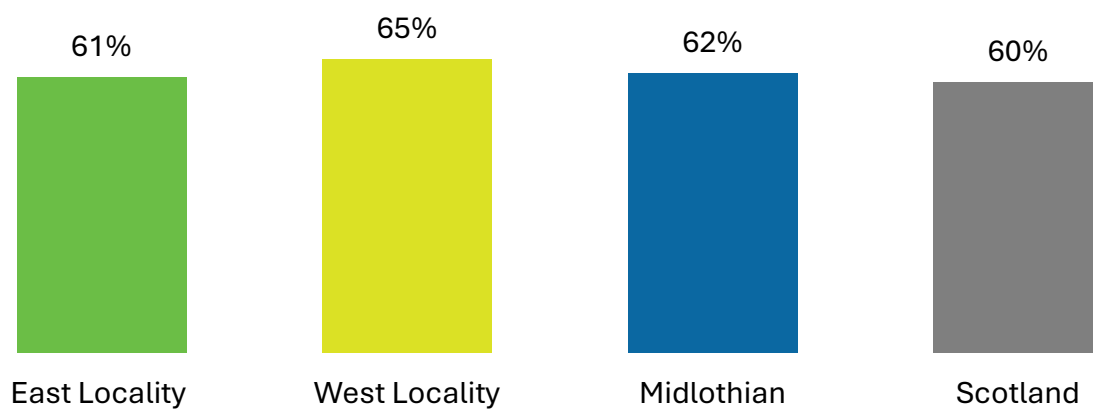
In 2023-24, Midlothian's performance was worse compared to 2020-2021.

Overall performance across Scotland got worse by 11 percentage points.

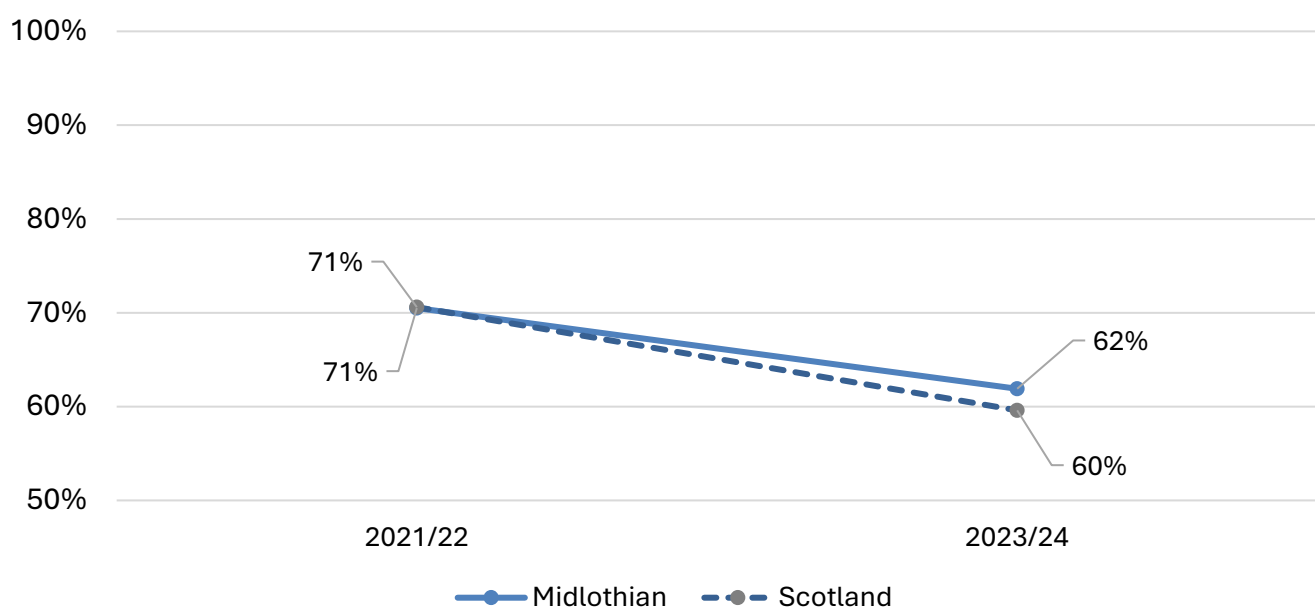
Midlothian's performance was better than the average across Scotland.

We are doing well in relation to national performance, ranked 14th out of 31 Integration Authorities.

Percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided



Percentage of adults supported at home who agreed that they had a say in how their help, care or support was provided





National Indicator

Adults supported at home agreed that their health and social care services seemed to be well coordinated.

Our result

74.4%

Our Progress



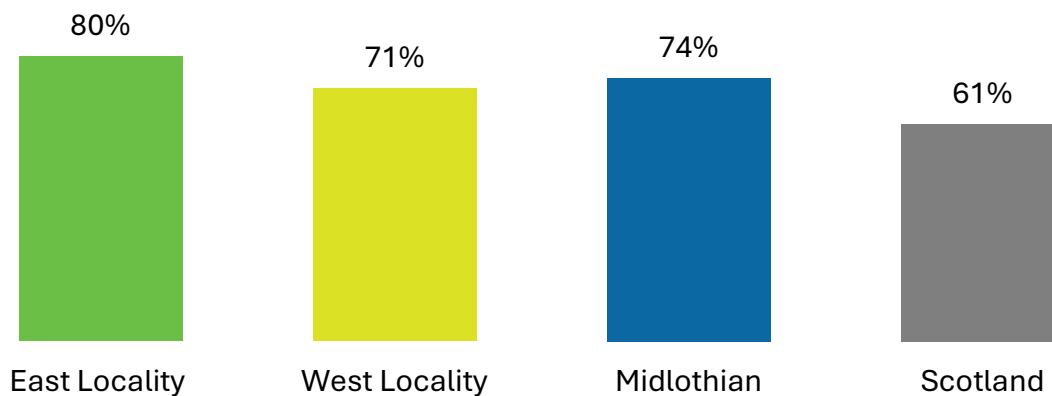
In 2023-24, Midlothian's performance was better compared to 2020-2021.

Overall performance across Scotland got worse by 5 percentage points.

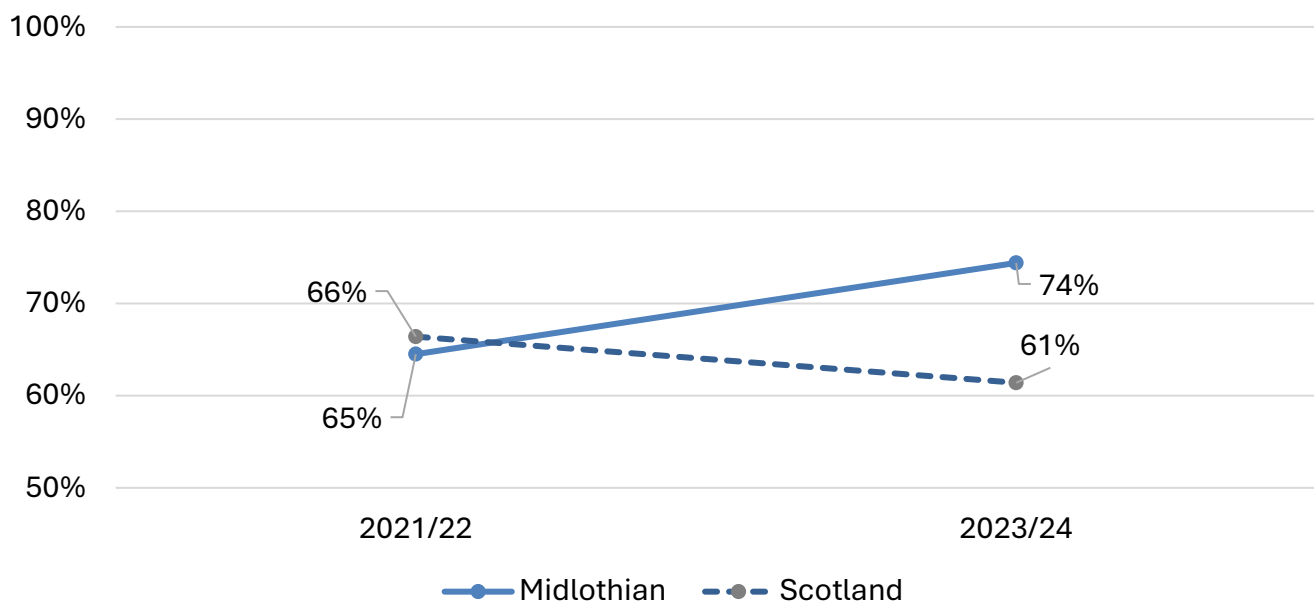
Midlothian's performance was better than the average across Scotland.

We are doing well in relation to national performance, ranked 1st out of 31 Integration Authorities.

Percentage of adults supported at home who agreed that their health and social care services seemed to be well coordinated



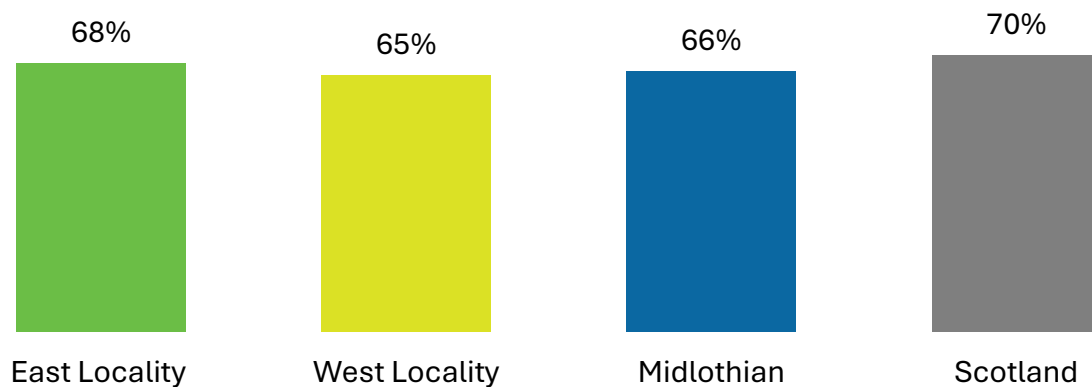
Percentage of adults supported at home who agreed that their health and social care services seemed to be well coordinated



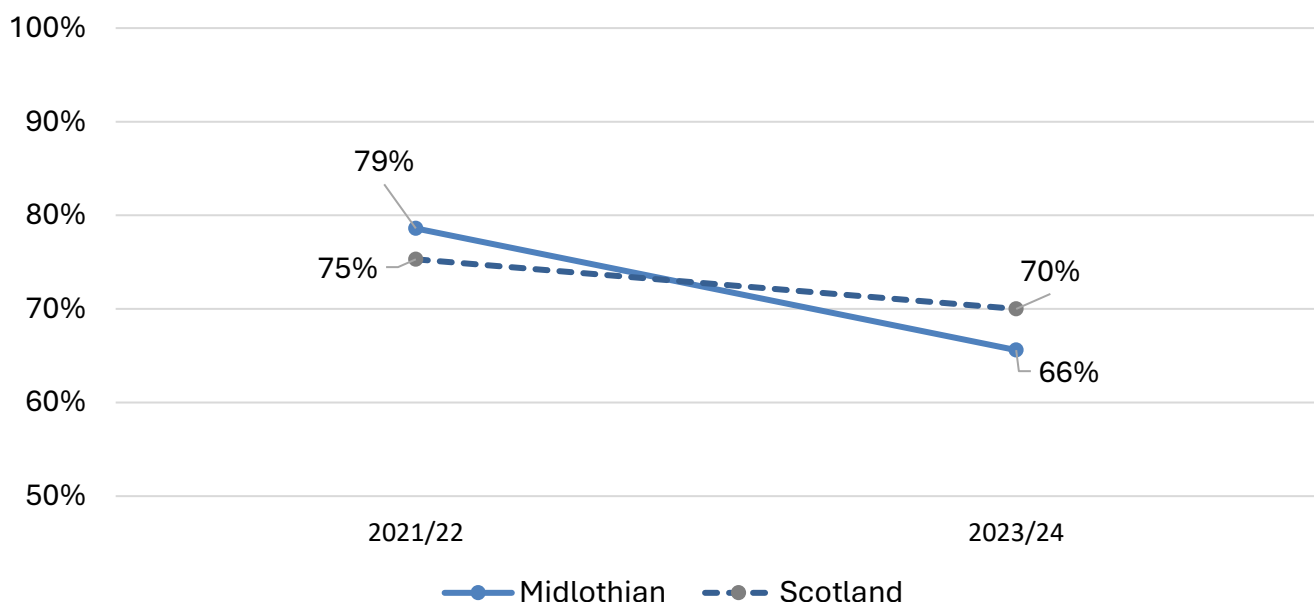
	National Indicator	Our result	Our Progress
★★★★★ 5	Adults receiving care or support rated it as excellent or good.	65.6%	<div><div></div><div></div><div></div></div>


In 2023-24, Midlothian's performance was worse compared to 2020-2021.
 Overall performance across Scotland got worse by 5 percentage points.
 Midlothian's performance was worse than the average across Scotland.
 We have work to do in relation to national performance, ranked 27th out of 31 Integration Authorities.

Percentage of adults receiving any care or support who rated it as excellent or good



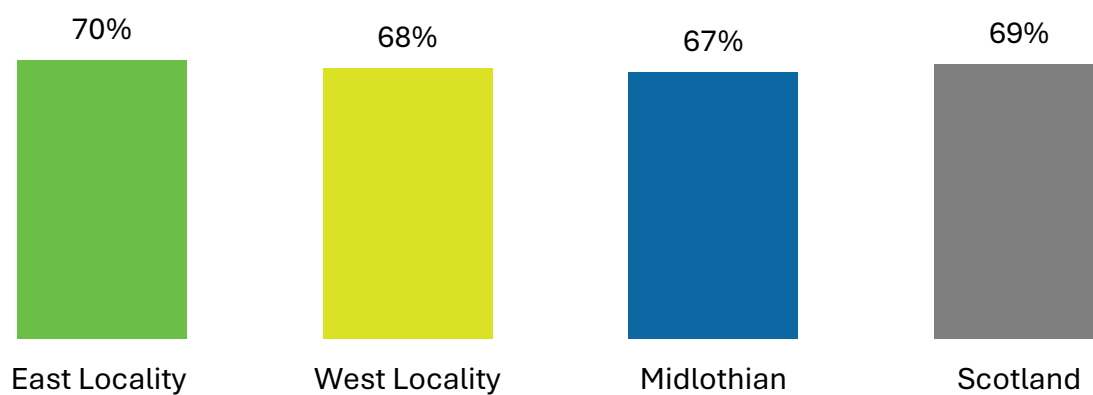
Percentage of adults receiving any care or support who rated it as excellent or good



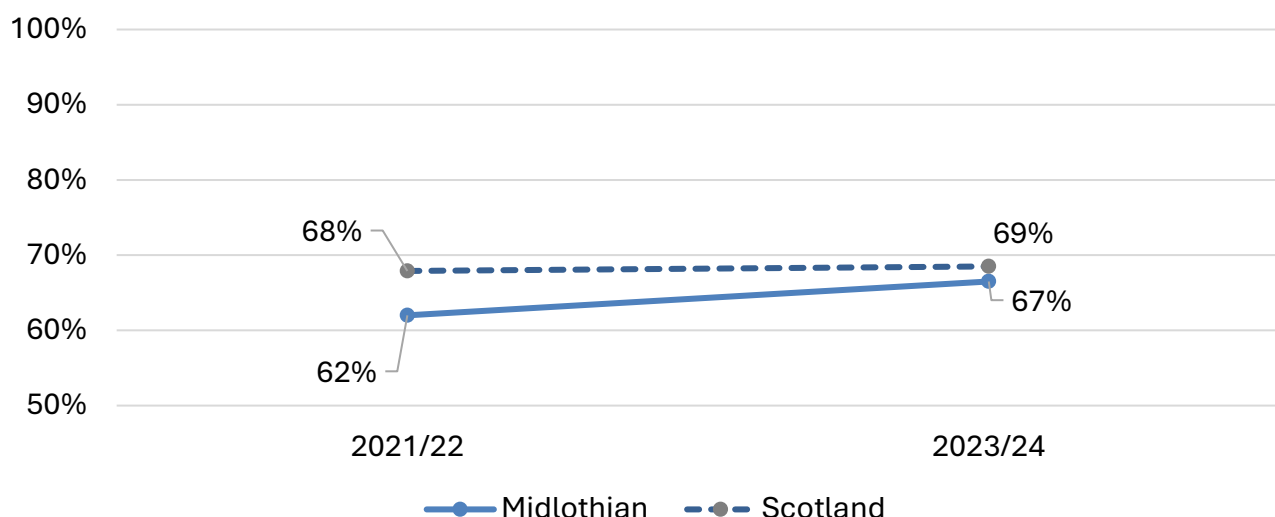
	National Indicator	Our result	Our Progress
	Adults had a positive experience of the care provided by their GP practice.	67.9%	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>


In 2023-24, Midlothian's performance improved compared to 2020-2021.
Overall performance across Scotland improved by 2 percentage points.
Midlothian's performance was worse than the average across Scotland.
We have work to do in relation to national performance, ranked 19th out of 31 Integration Authorities.

Percentage of people with positive experience of the care provided by their GP practice



Percentage of people with positive experience of the care provided by their GP practice



	National Indicator	Our result	Our Progress
	Adults supported at home agreed services and support had an impact on improving or maintaining their quality of life.	76%	<div><div></div><div></div><div></div></div>

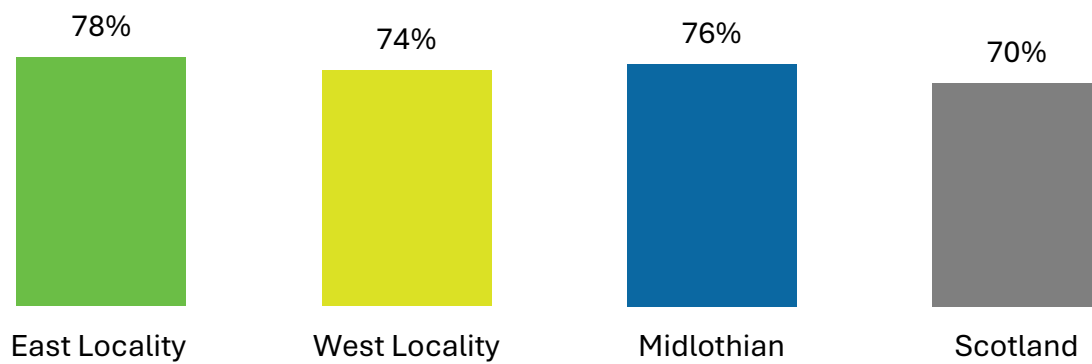
In 2023-24, Midlothian's performance was worse compared to 2020-2021.

Overall performance across Scotland got worse by 8 percentage points.

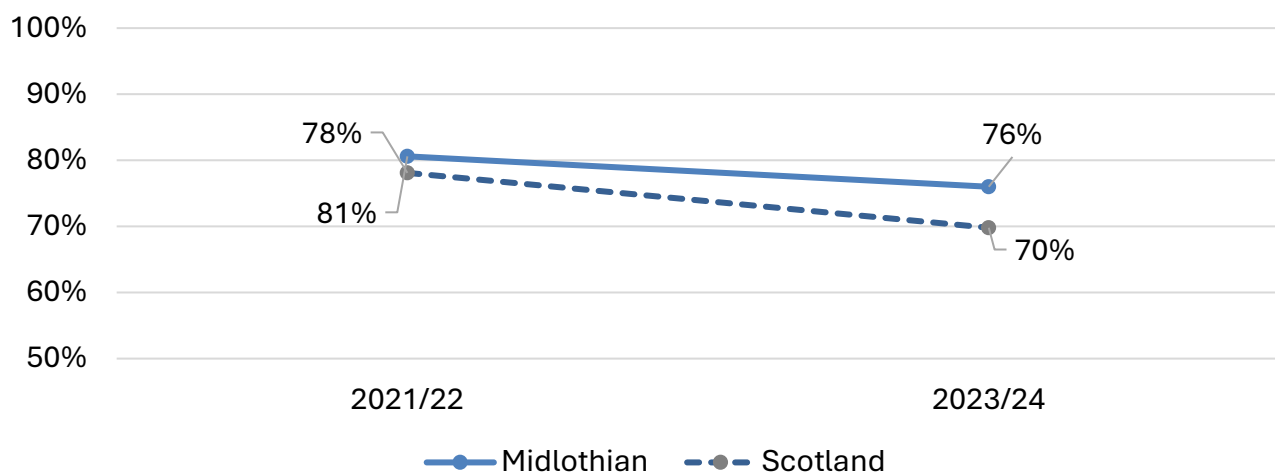
Midlothian's performance was better than the average across Scotland.


We are doing well in relation to national performance, ranked 5th out of 31 Integration Authorities.

Percentage of adults supported at home who agreed that their services and support had an impact on improving or maintaining their quality of life

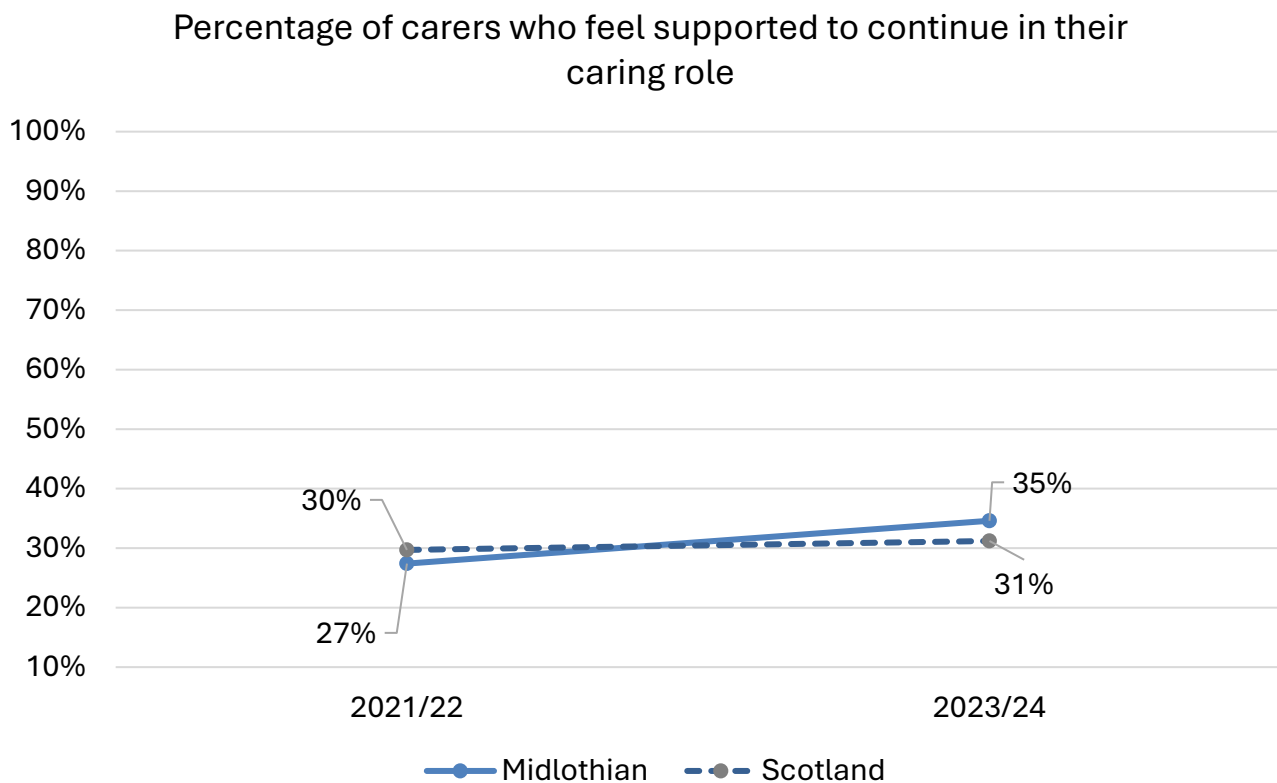
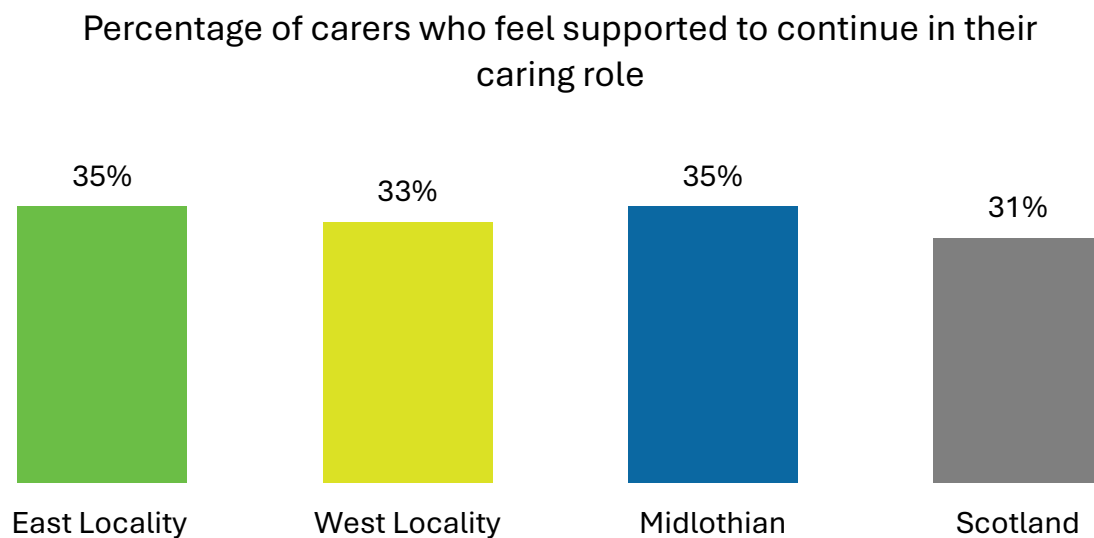



Percentage of adults supported at home agreed services and support had an impact on improving or maintaining their quality of life



	National Indicator	Our result	Our Progress
 8	Carers feel supported to continue in their caring role.	34.6%	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

In 2023-24, Midlothian's performance improved compared to 2020-2021.
 Overall performance across Scotland improved by 1.5 percentage points.
 Midlothian's performance was better than the average across Scotland.
 We are doing well in relation to national performance, ranked 6th out of 31 Integration Authorities.



	National Indicator	Our result	Our Progress
	Adults supported at home agreed they felt safe.	79.9%	<div> <div></div> <div></div> <div></div> </div>

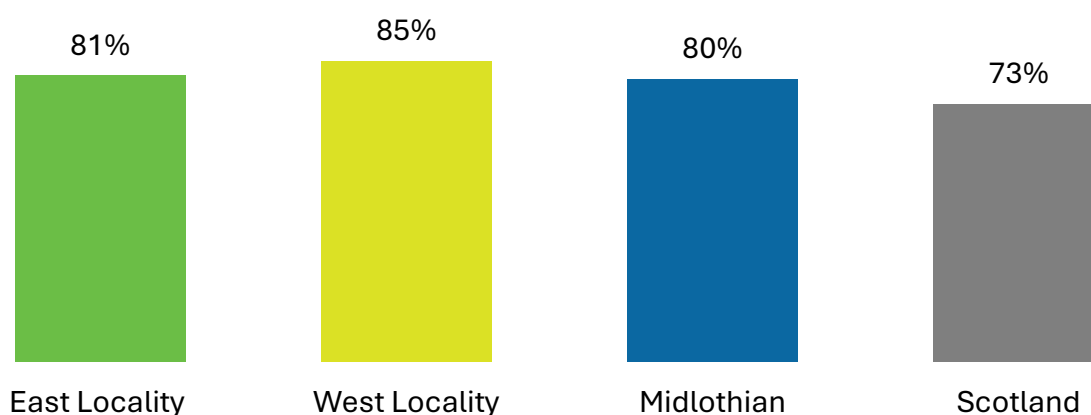
In 2023-24, Midlothian's performance stayed the same compared to 2020-2021.

Overall performance across Scotland got worse by 7 percentage points.

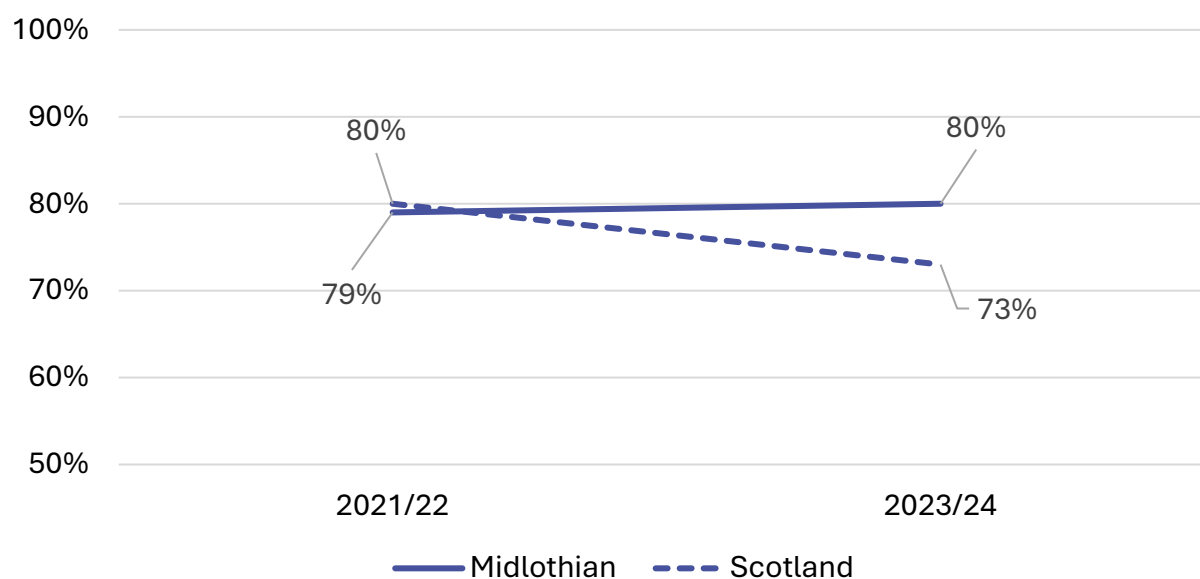
Midlothian's performance was better than the average across Scotland.


We are doing well in relation to national performance, ranked 4th out of 31 Integration Authorities.

Percentage of adults supported at home who agreed they felt safe



Percentage of adults supported at home who agreed they felt safe



	National Indicator	Our result	Our Progress
 11	Premature Mortality Rate (People under 75)	**** per 100,000	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

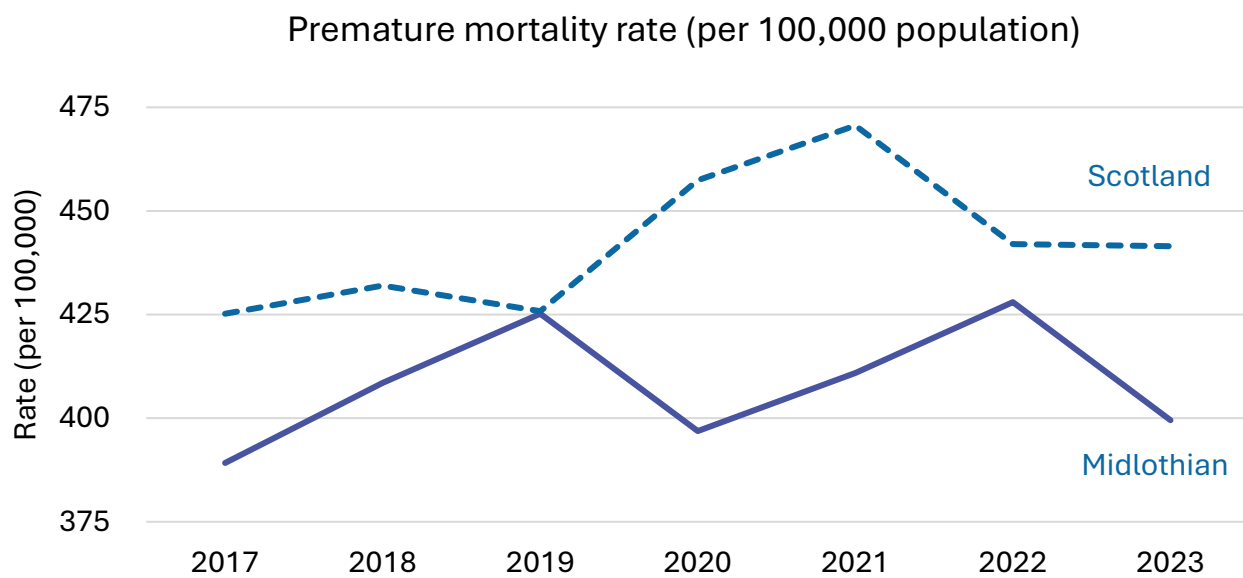
We do not have updated data for this indicator.


In 2023-24, Midlothian's premature mortality rate improved.

Overall premature mortality rate across Scotland got worse by 0.2%.

Midlothian's rate was better than the average across Scotland.

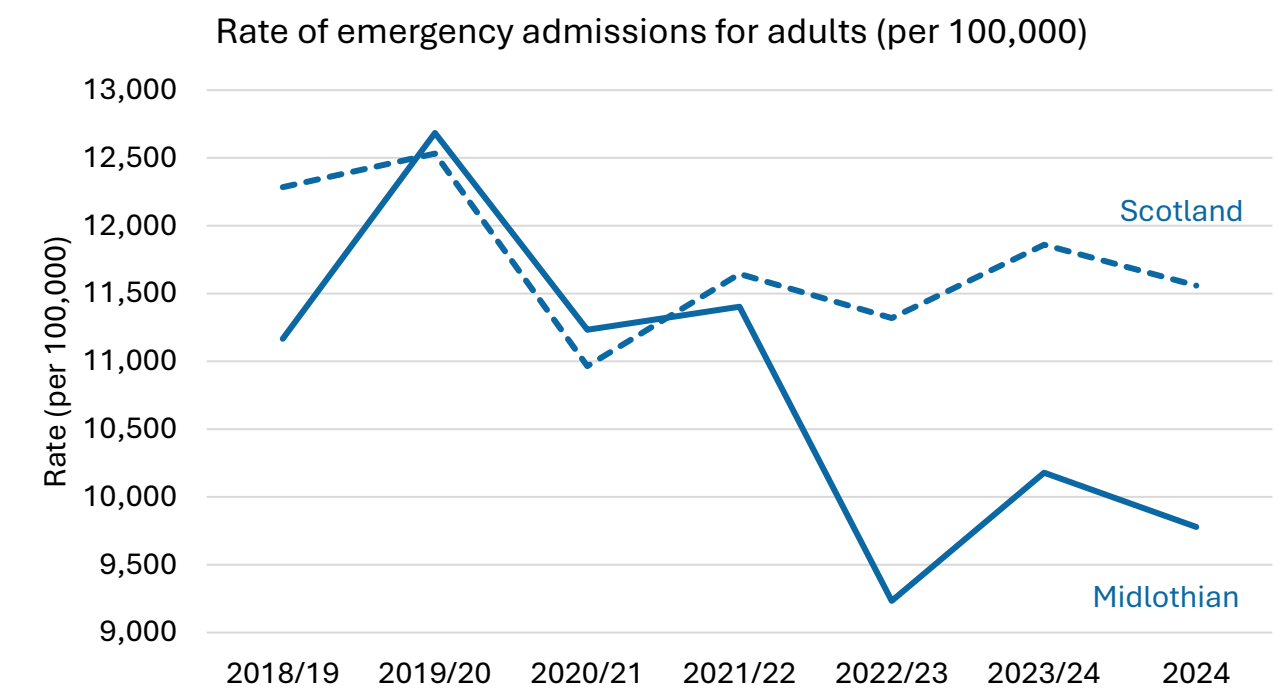
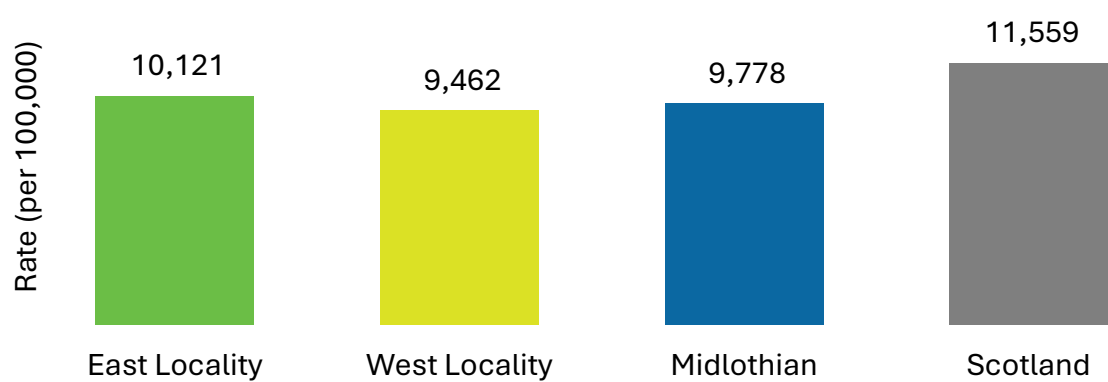
We have work to do in relation to national performance, ranked 15th out of 31 Integration Authorities.





	National Indicator	Our result	Our Progress
 12	Emergency Admission Rate	9,778 per 100,000	<div> <div></div> <div></div> <div></div> </div>

In 2024-25, Midlothian’s emergency admission rate decreased compared to 2023-2024 by 3.9%. Overall emergency admission rate across Scotland decreased by 2.5%. Midlothian’s rate was lower than across Scotland. We are well in relation to national performance, ranked 10th out of 31 Integration Authorities.

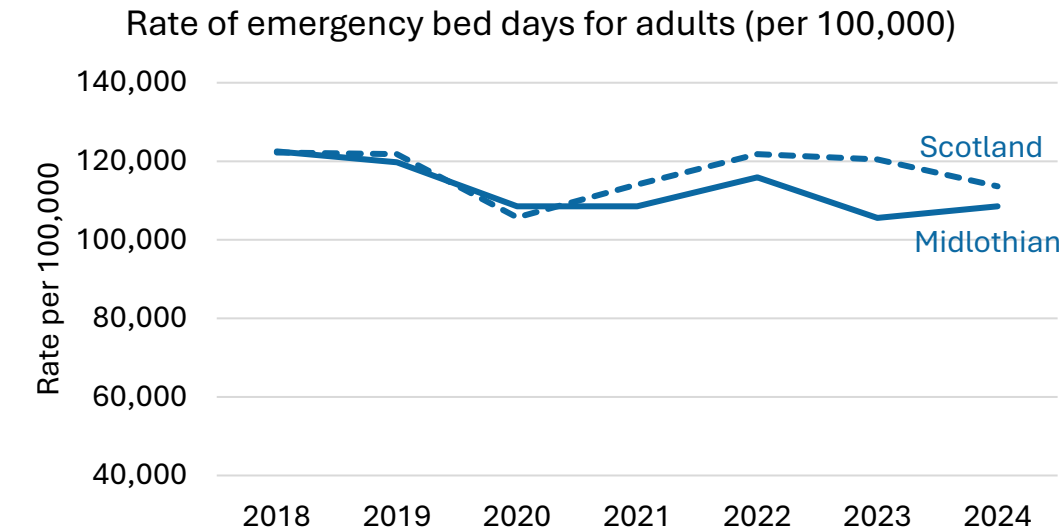
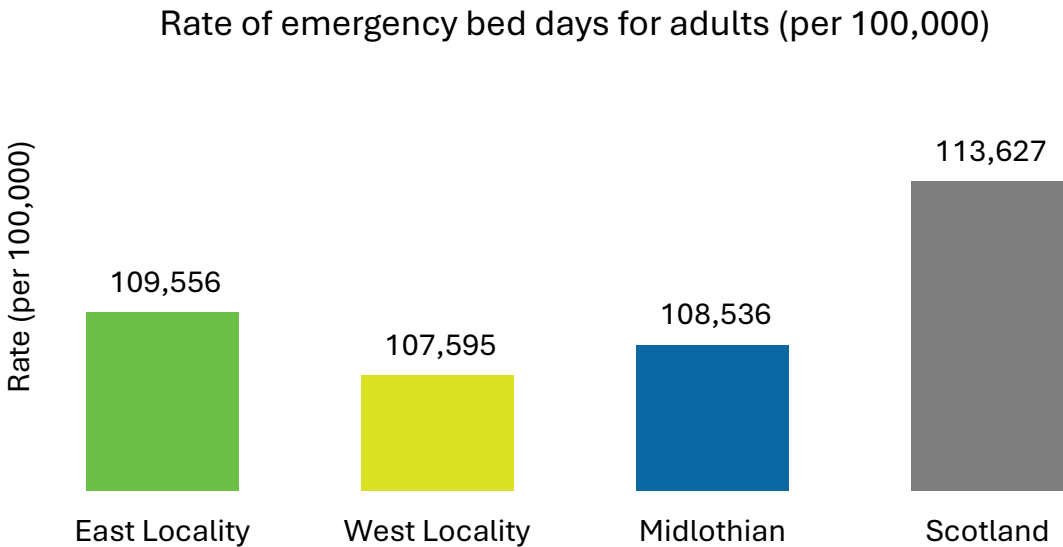
Rate of emergency admissions for adults (per 100,000)




*Where noted the calendar year 2024 is used as a proxy for 2024/25 due to the national data for 2024/25 being incomplete. We have done this following guidance from Public Health Scotland.

	National Indicator	Our result	Our Progress
 13	Emergency Bed Day Rate	108,536 per 100,000	

In 2024-25, Midlothian’s emergency bed day rate increased compared to 2023-2024 by 2.8%. The overall emergency bed day rate across Scotland reduced by 5.6%. Midlothian’s rate was lower than across Scotland. We are doing well in relation to national performance, ranked 11th out of 31 Integration Authorities.



*Where noted the calendar year 2024 is used as a proxy for 2024/25 due to the national data for 2024/25 being incomplete. We have done this following guidance from Public Health Scotland.

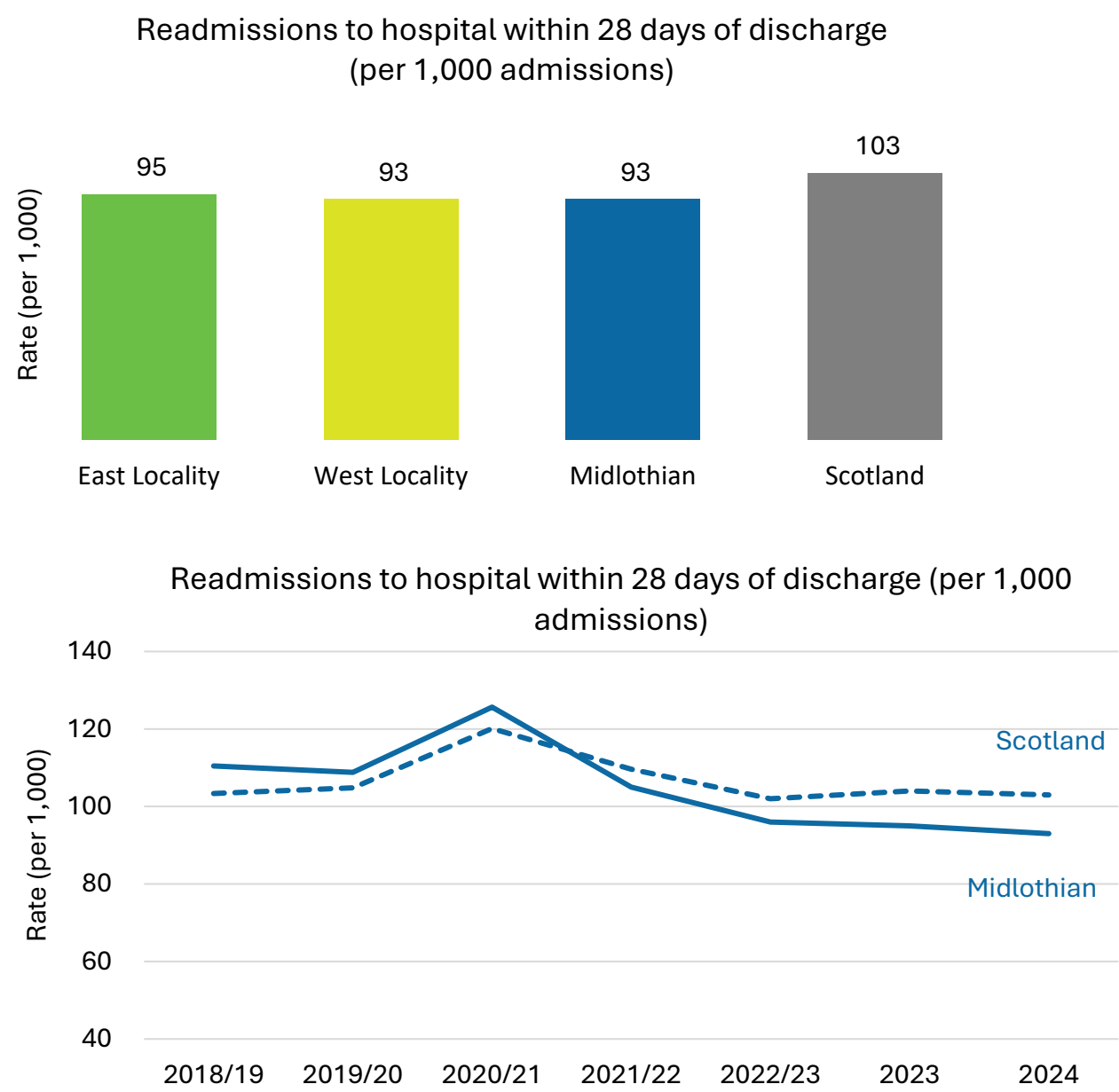
	National Indicator	Our result	Our Progress
 14	Readmission to hospital within 28 days.	93 per 1,000	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

In 2024-25, Midlothian’s readmission to hospital within 28 days rate reduced compared to 2023-2024 by 2%.


Overall readmission to hospital within 28 days rate across Scotland decreased by 1%.

Midlothian’s rate was lower than across Scotland.

We are doing well in relation to national performance, ranked 14th out of 31 Integration Authorities.



*Where noted the calendar year 2024 is used as a proxy for 2024/25 due to the national data for 2024/25 being incomplete. We have done this following guidance from Public Health Scotland.

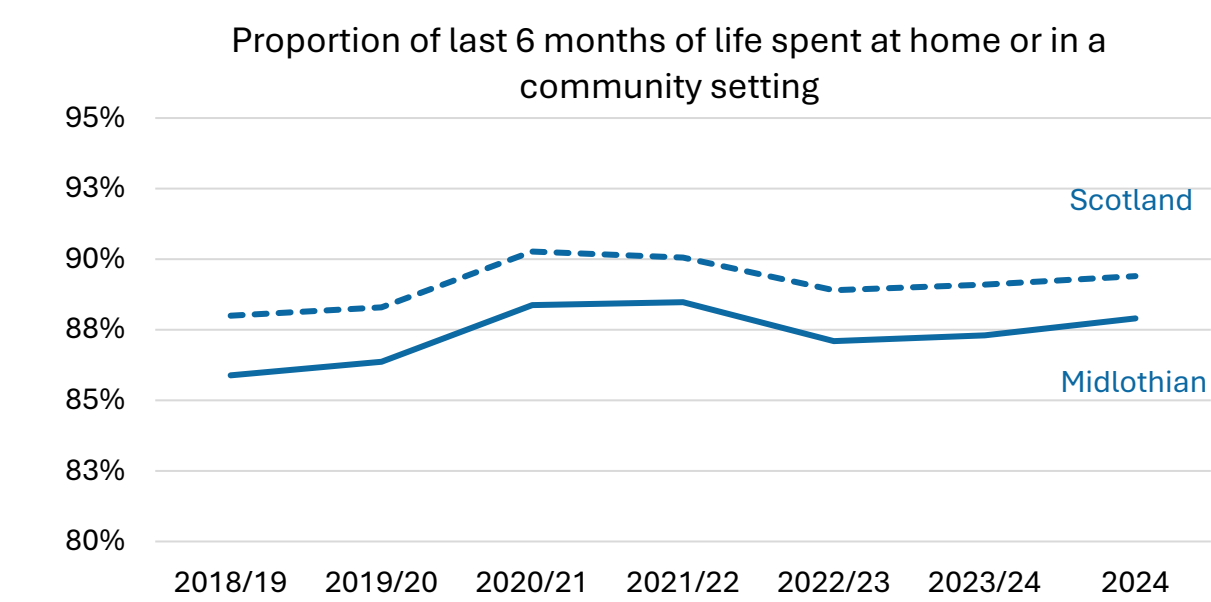
	National Indicator	Our result	Our Progress
 15	Proportion of the last 6 months of life spent at home or a community setting.	87%	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

In 2024-25, Midlothian’s proportion of the last 6 months of life spent at home or a community setting stayed the same compared to 2023-2024.


The overall proportion of the last 6 months of life spent at home or a community setting across Scotland stayed the same.

Midlothian’s rate was lower than across Scotland.

We have work to do in relation to national performance, ranked 25th out of 31 Integration Authorities.



*Where noted the calendar year 2024 is used as a proxy for 2024/25 due to the national data for 2024/25 being incomplete. We have done this following guidance from Public Health Scotland.

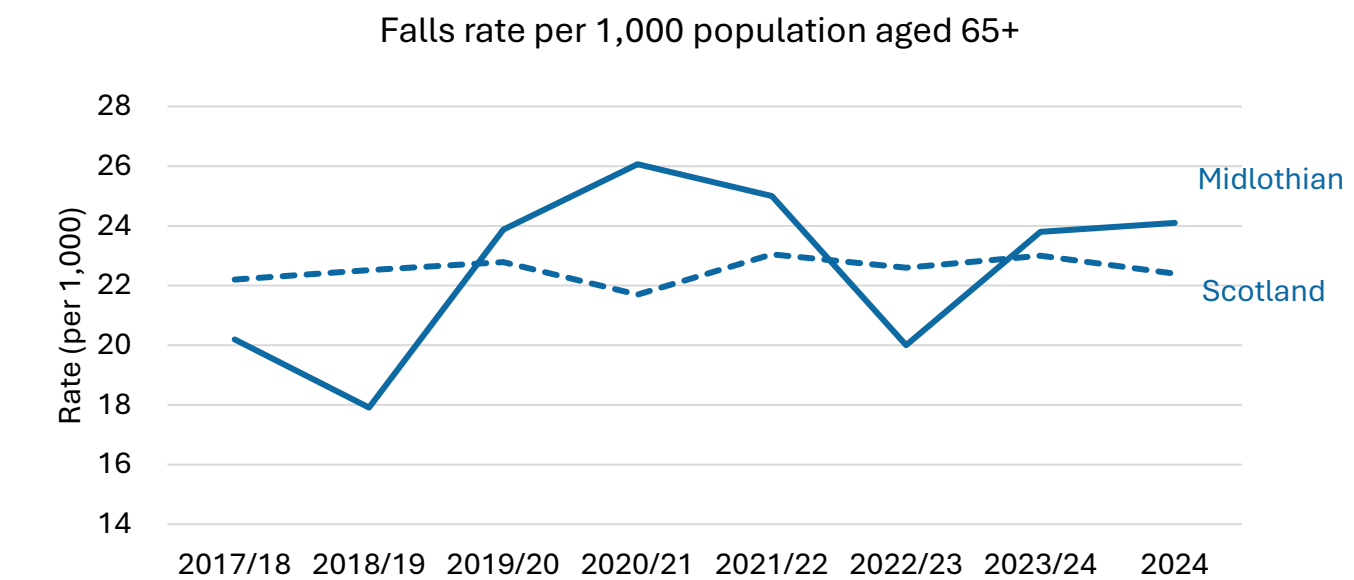
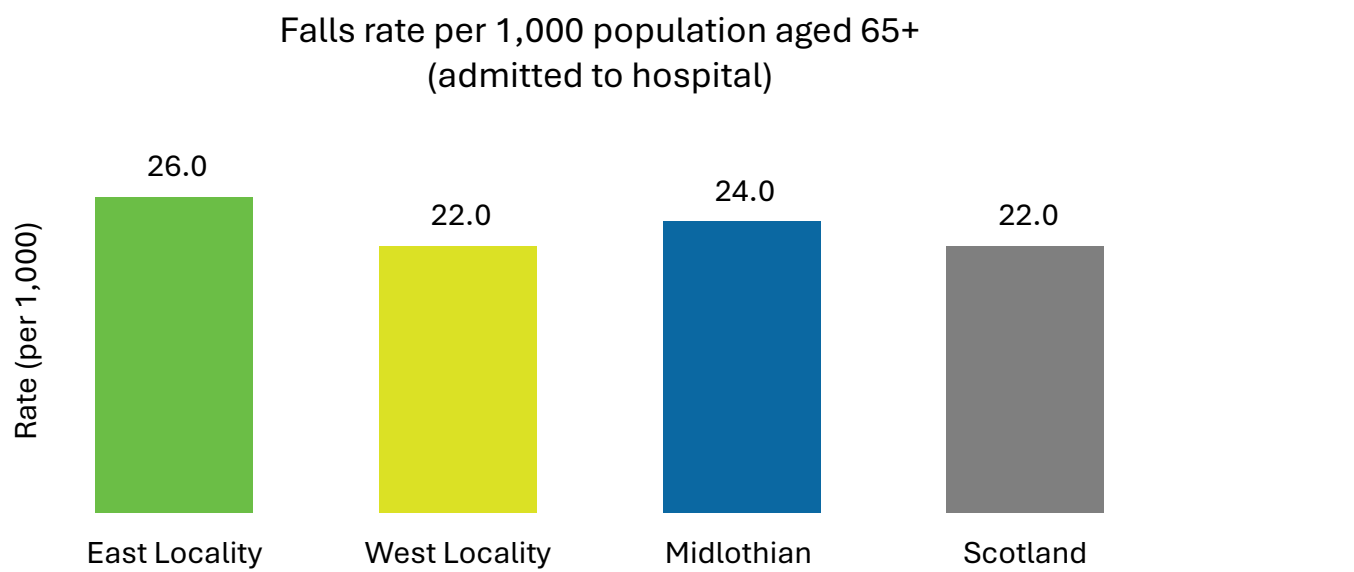
	National Indicator	Our result	Our Progress
 16	Falls Rate (People over 65 who were admitted to hospital)	24	<div> <div></div> <div></div> <div></div> </div>

In 2024-25, Midlothian’s falls rate for people aged over 65 who were admitted to hospital stayed the same compared to 2023-2024.


The overall falls rate across Scotland stayed the same.

Midlothian’s rate was higher than across Scotland.

We have work to do in relation to national performance, ranked 22nd out of 31 Integration Authorities.

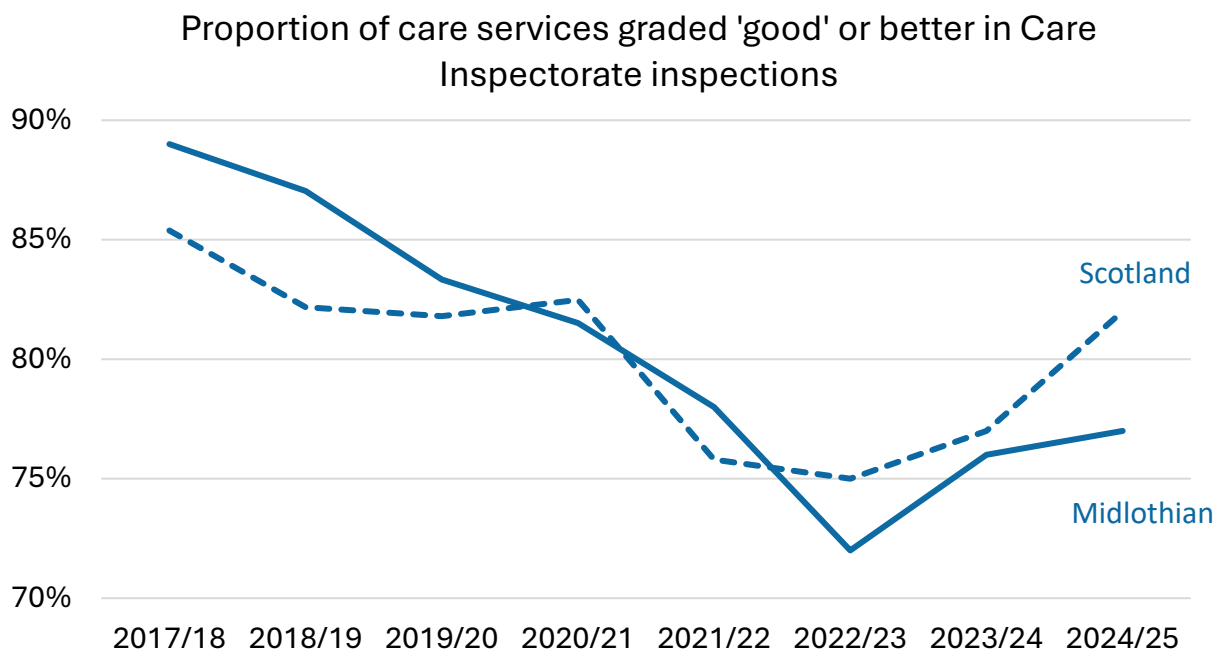



*Where noted the calendar year 2024 is used as a proxy for 2024/25 due to the national data for 2024/25 being incomplete. We have done this following guidance from Public Health Scotland.

	National Indicator	Our result	Our Progress
 17	Care services graded Good or better in Care Inspectorate Inspections.	77.2%	<div><div></div><div></div><div></div></div>

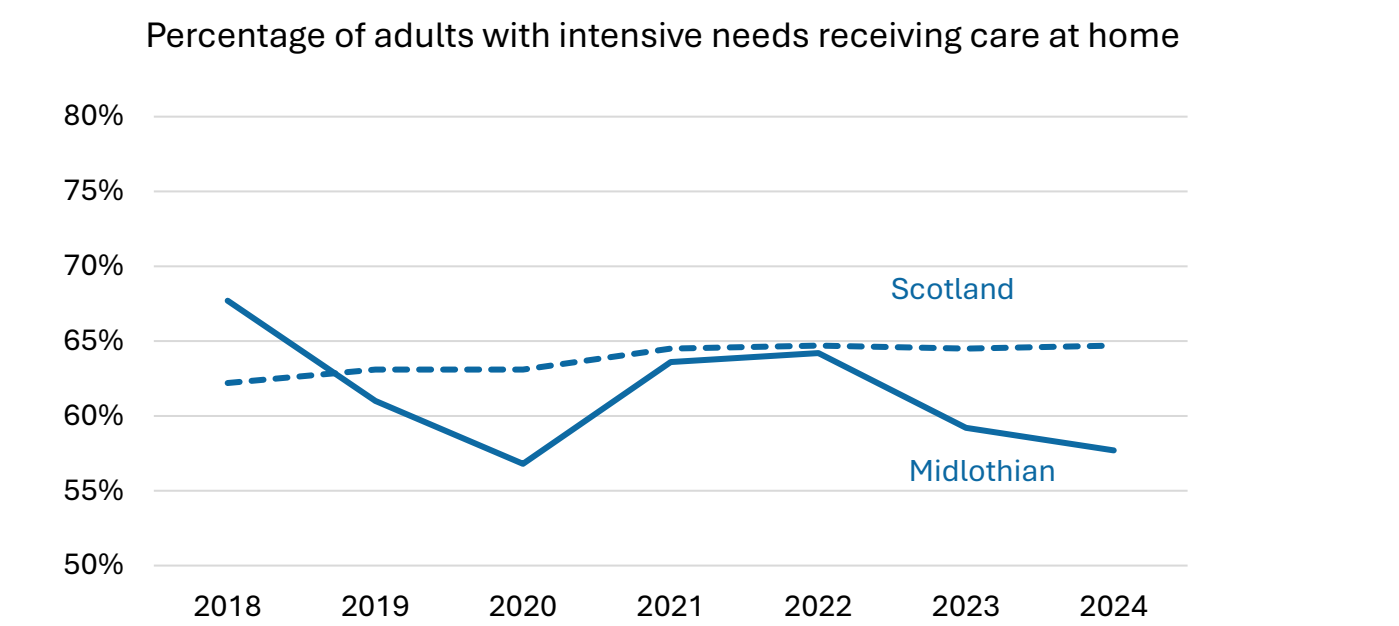
In 2024-25, Midlothian's performance improved compared to 2023-2024 by 1%.

Midlothian's performance was lower than across Scotland.





	National Indicator	Our result	Our Progress
 18	Adults with intensive care needs are receiving care at home.	57.7%	<div> <div></div> <div></div> <div></div> </div>

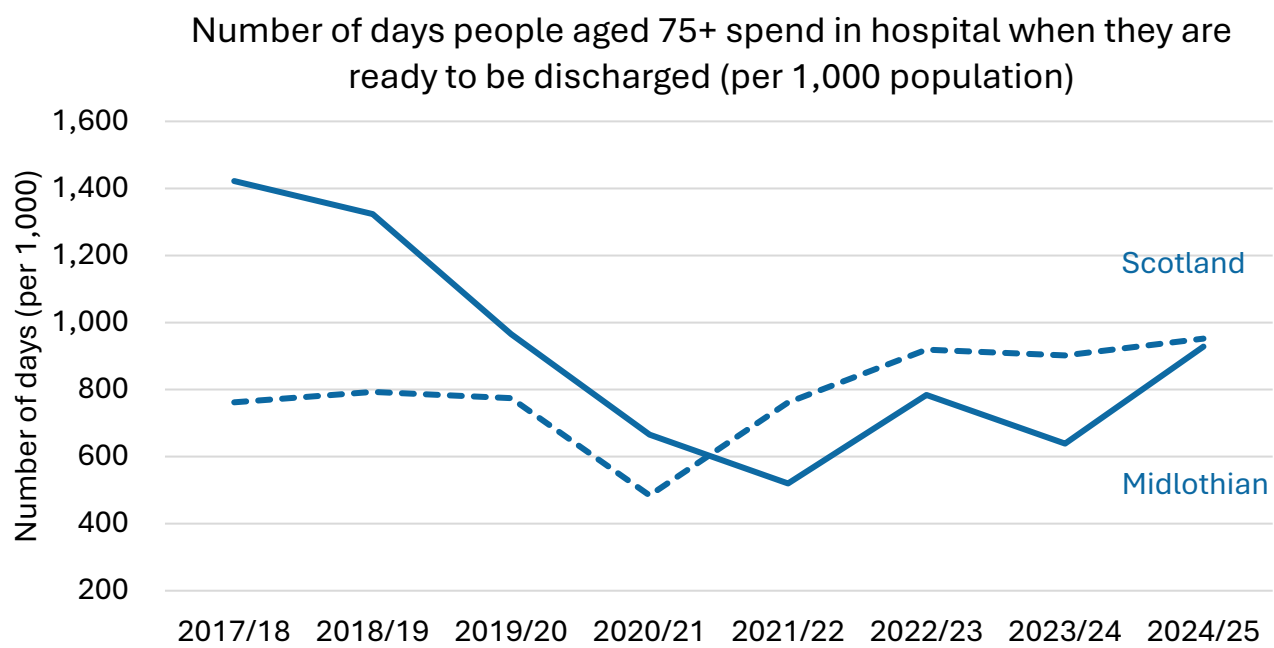
In 2024-25, Midlothian’s performance got worse compared to 2023-2024 by 2.5%.
 Overall performance across Scotland stayed the same.
 Midlothian’s performance was lower than across Scotland.
 We have work to do in relation to national performance, ranked 27th out of 31 Integration Authorities.




*Where noted the calendar year 2024 is used as a proxy for 2024/25 due to the national data for 2024/25 being incomplete. We have done this following guidance from Public Health Scotland.

	National Indicator	Our result	Our Progress
 19	The number of days people aged over 75 spend in hospital when they are ready to be discharged.	928 per 1,000	

In 2024-25, Midlothian’s performance worsened compared to 2023-2024 by 55%.
 Overall performance across Scotland worsened by 9.8%.
 Midlothian’s performance was better than across Scotland.
 We have work to do in relation to national performance, ranked 16th out of 31 Integration Authorities.

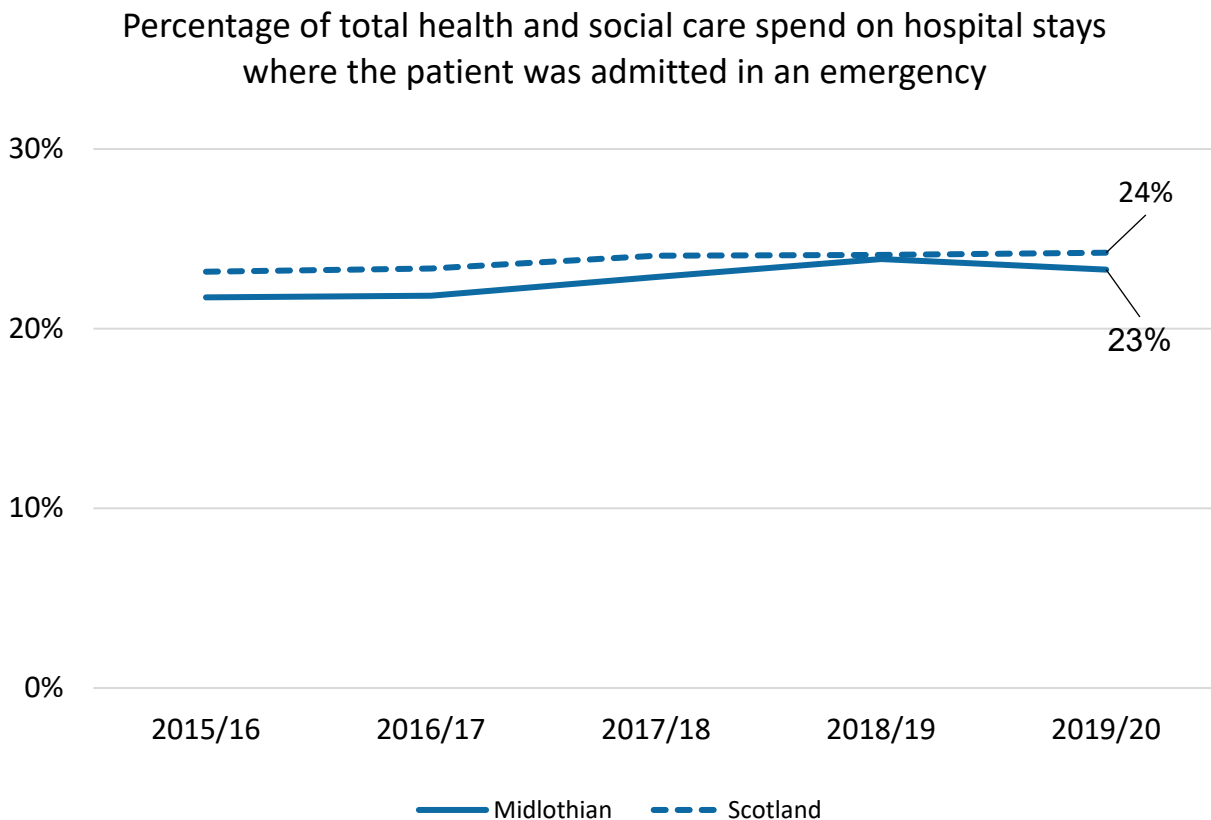


*Where noted the calendar year 2024 is used as a proxy for 2024/25 due to the national data for 2024/25 being incomplete. We have done this following guidance from Public Health Scotland.

	National Indicator	Our result	Our Progress
	Health and Care resource spent on hospital stays where the person was admitted as an emergency.	**%	<div> <div></div> <div></div> <div></div> </div>

This data is no longer collated and not current.

NHS Boards have not been able to provide detailed cost information since 2019/20 due to changes in service delivery during the COVID-19 pandemic. As a result, PHS have not provided information for indicator 20 beyond 2019/20. PHS previously published information to calendar year 2020 using costs from 2019/20 as a proxy but, given the impact of the COVID-19 pandemic on activity and expenditure, PHS no longer consider this appropriate.



Ministerial Steering Group Targets

MEASURE	2020-21	2021-22	2022-23	2023-24	2024-25	STATUS
Maintain emergency admissions into hospital from Midlothian at or below 767 / month.	9,207	9,606	8,458	8,263	9,087	Achieved
Maintain number of unscheduled hospital bed days: acute specialties at or below 5,074 / month	57,459	57,394	60,452	58,123	69,029	Not achieved
Maintain the use of unscheduled: <ul style="list-style-type: none"> geriatric long-stay beds (all ages) mental health beds (all ages) at or below 2021/22 levels	12,802 12,511	16,638 11,934	16,747 12,345	14,099P 8,997P	14,604P 7,836P	Achieved
Maintain Emergency Department Attendance (all ages) at or below (2,629 / month)	26,390	33,155	33,233	32,453	26,805	Achieved
Maintain Delayed Discharge Occupied Bed Days at or below 820 / month.	7,150	6,135	12,608	9,627	12,501	Not achieved
Reduce the percentage of time people spend in a large hospital in their last six months of life.	7.5%	8%	8.1%	8.2%	No data	
Maintain the proportion of people over the age of 65 who are living in the community at 97% or higher.	97%	96.9%	96.9%	93%	No data	

SOURCE: Public Health Scotland Integration Performance Indicators 2025

*Where noted the calendar year 2024 is used as a proxy for 2024/25 due to the national data for 2024/25 being incomplete. We have done this following guidance from Public Health Scotland.

^PWhere noted this data is provisional.