



# **Midlothian Integration Joint Board**

**Health and Care (Staffing) (Scotland) Act**

**Annual Report 2025/26**

# Contents

- Introduction .....3
- Declaration .....3
- Who we are .....4
- Reporting .....5
- Assurance .....5

# Introduction

Our responsibilities and legal duties are outlined in the Public Bodies (Joint Working) (Scotland) Act (2014). We must pay due regard to and meet the duties of legislation relating to health and social care. From the 1st of April 2024, this includes the statutory duties of the Health and Care (Staffing) (Scotland) Act, 2019.

For Integration Authorities, this means we must report on how we are ensuring care services that are planned and secured through a commissioning process and delivered by a third party are meeting the duty of the Health and Care (Staffing) (Scotland) Act, 2019.

We do not employ health and social care workforce directly. This means the governance and assurance relating to safe staffing within health and care services working within the Health and Social Care Partnership (HSCP) will be reported by our NHS Lothian partners, and Midlothian Council will report in relation to the registered care services. We have worked closely with all our partners to ensure we have transparent reporting across the whole system.

## Declaration

**Name of Integration Authority:** Midlothian Integration Joint Board

**Report authorised by:**

Morag Barrow

Chief Officer

27/05/2026

This report will be made publicly available on [Midlothian Health and Social Care Partnership website](#) under the heading – *What we do*

# Who we are

Midlothian Integration Joint Board (IJB) is a planning and decision-making body created by Midlothian Council and NHS Lothian plan to plan and direct some health and social care services for the people of Midlothian.

We are responsible for an integrated budget that we receive from Midlothian Council and NHS Lothian. The services we provide include commissioned services that deliver care and support on our behalf.

**WE PLAN HEALTH & CARE SERVICES FOR**

**98,260**

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



**OUR SERVICES INCLUDE:**

ADULT SOCIAL WORK	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

## Reporting

This section outlines the action we have taken to provide assurance in relation to our responsibilities in relation to the Health and Care (Staffing) (Scotland) Act, 2019.

## Assurance

### **The steps we have taken as an organisation to comply with section 3(2) of the Health and Care (Staffing) (Scotland) Act 2019:**

3(2) In planning or securing the provision of a care service from another person under a contract, agreement or other arrangements, every local authority and every integration authority (within the meaning of section 59 of the Public Bodies (Joint Working) (Scotland) Act 2014) must have regard to—

- (a) the guiding principles for health and care staffing, and
- (b) the duties relating to staffing imposed on persons who provide care services—
  - (i) by virtue of subsection (1) and sections 7 to 10, and
  - (ii) by virtue of Chapters 3 and 3A of Part 5 of the Public Services Reform (Scotland) Act 2010.

Work is ongoing with Midlothian Council as the Partner who provide commissioning support to Midlothian IJB to ensure that planning, procurement and contract management processes are well executed and governed. This includes the ability to report on the duties of the Health and Care (Staffing) (Scotland) Act.

From 1st April 2025 to 31st March 2026, a limited number of new or commissioned contracts have been issued that have been planned and secured by Midlothian Health and Social Care Partnership (HSCP) and procurement by Midlothian Council on behalf of Midlothian IJB. During 2025/26, there were ongoing discussions regarding Older Peoples' Day Care services in Midlothian. Following these discussions, agreement was made to maintain funding at existing levels pending a further review in 2026/27. Within Mental Health

services, a new framework was established for commissioned services, and this will be monitored and evaluated from 2026/27 onwards. Work continued to establish a new framework for advocacy provision.

The lack of further changes has in part been due to Midlothian Council capacity and resourcing challenges across 2025/26, resulting in a significant backlog in contract management. As a result, there is no eligible contracting assurance information requirement the reporting period.

Midlothian Council's standard contractual terms and conditions have been updated to reflect service providers obligations under the Health and Care (Staffing) (Scotland) Act 2019. These terms are being used for any spot purchases of services and are also in the process of being rolled out to all care providers. This ensures there is clear contractual requirement on providers to comply with legislation.

Contract management arrangements are also in the process of being revised with Planning Officers taking greater responsibility for ongoing contract management. This will mean there is more structure approach to ensuring compliance with the Health and Care (Staffing) (Scotland) Act 2019, with compliance with safe staffing requirements forming a core part of ongoing contract management activity. Assurance in relation to service quality will be a key area of focus.

### **Ongoing risks that may affect our ability to comply with the duty set out in section 3(2)**

Despite having no commissioning activity in 2025/26 that would be eligible for reporting, Midlothian IJB has taken action in readiness for future procurement activity. There are a number of risks that could affect our ability to comply with the duty set out in section 3(2).

- It is possible that we may have difficulty assessing some services ability to comply with their duties to ensure appropriate staffing and staff training due to lack of relevant information provision, limited choices in service providers, or specific situation that make compliance difficult to monitor or record.
- Financial constraints are being experienced by HSCP's means funding uplifts to care providers are constrained and there is an ongoing expectation that care providers will make ongoing efficiencies in the provision of these services. There is a risk that funding constraints could compromise quality of service provision and the expectations of high-quality service provision as set out in section 3(2).

We will consider the issues and risks as they arise and seek to find solutions where it is possible to do so.