Midlothian
Health & Social Care

Midlothian Integration Joint Board
Strategic Plan
2025-2035

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Foreword

TBC

TBC

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Introduction

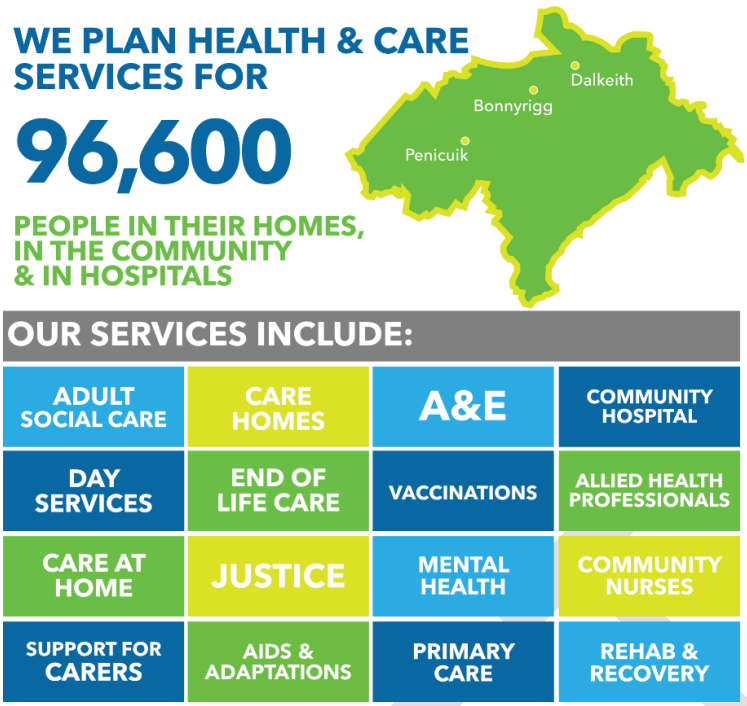
This Strategic Plan has been developed by Midlothian Integration Joint Board (IJB). The purpose of this plan is to describe how we will work with our Partners Midlothian Council and NHS Lothian, people, communities, the Third and Independent Sector, and the services who provide care and support and agree how we can best contribute to people in Midlothian living well in their community.

This plan is effective from 30th October 2025 until 31st April 2035, but we will review and update this work every three years.

Who we are

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

Scottish Government asks us to take action required by law and in national policies when deciding what our local priorities should be. Some of these policies and national drivers are in appendix 5.



National ambitions for local action

Like all Integration Authorities in Scotland, our role is to plan and deliver the services that support better health and wellbeing in our communities. We are asked by the Scottish Government to work with our Partners to plan across the whole system using the National Health and Wellbeing Outcomes Framework. Evaluating and reporting on what we contribute to the 9 National Health and Wellbeing Outcomes becoming a reality for more people in Midlothian is how Scottish Government measure our performance.

This plan has also been written in line with the Principles for Planning and Delivering Integrated Health and Social Care which are the driving force behind our planned activity to successfully and improve outcomes.

These national ambitions are the same for every Integration Authority in Scotland and they will be our ultimate aim for as long as we are asked to work in this way. The action we choose to take, and the pace at which we are able to make progress, is unique to Midlothian.

What people told us

As we prepared this plan, we spoke to over (TBC) people who experience our services, their families, and carers. Between September 2023 and December 2024, we undertook a range of consultation and asked what mattered to people, how they wanted things to change, and asked for feedback on a draft of our plan.

We also listened to our third-party services, providers, and partner organisations to better understand what is already working well and where they are opportunities to improve, to help us determine the right actions to contribute to people in Midlothian living good lives and achieving the things that matter most to them. The two main things people told us were

- **People want to be reassured we are prepared for the future**
  During our consultation, there was a clear message that our ambitions and aims still felt like the right ones, but that strategies and plans can feel like words that don't mean anything. The consultation challenged us to look at our plans and be clear about what we want to change. Some people were concerned with the rate of housing expansion in Midlothian and were unsure if the system would cope unless we do things differently in the future.

- **People want us to simply tell them what we are going to do**
  The challenges for health and social care are understood by our communities and they don't want a well-rehearsed list of reasons and explanations for why things are difficult like increased demand, demographic changes, funding issues, or the pandemic. They told us they don't want to read about our future ambitions if those ambitions are out of reach in the coming years. People asked us to be clear, and realistic.

You can read more about how we listened to and consulted with people and Partners over the past 2 years to develop this plan in our Consultation Statement.

What we will do

Strategy isn't always new or exciting. Strategies find solutions to the challenges we face. Because we still have to find sustainable ways of working to meet all of our challenges, you might have heard some of this before. That doesn't mean we will stop trying to find ambitious solutions to these issues. Our job is to write a strategic plan that sets out our ambitions and the approach we will take, allocate available funding to the services that we are responsible for, and issue Directions to our Midlothian Council and NHS Lothian Partners that describe how we want them to support us achieve the ambitions of this plan.

The Public Bodies (Joint Working) (Scotland) Act, 2014 asks us to plan for each function that is delegated to us, but we know that services cannot be either planned or delivered in isolation. As a result, we have chosen to plan and talk about our services in an integrated way, while taking care to ensure that have carried out our duty to plan and direct all the functions we are responsible for.

Funding and resources

Our Partners have supported us with the best funding offer they can, but it is 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. Hard choices lie ahead, but we will always make decisions that aim to ensure the services you need most are available when you 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 you with what you need or keep improving what we can offer.

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.

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.

We have worked closely with Scottish Government colleagues in the development of the service renewal framework and are confident this strategic plan aligns with national ambitions.

The future of integrated health and social care and our role in a National Care Service is unclear. Plans and are progressing for a National Care Service, but in a new way. Scottish Government have approved the Care Reform (Scotland) Bill, and some previously proposed policies will have to be delivered in different ways to originally planned. Until the Scottish Government provide further details, we do not know how we will be asked to plan and direct care in the future.

Redesign and Transformation

We continue to 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.

This Strategic Plan 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.

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 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

If we are serious about building a sustainable, health and care system it's important we recognise now that the most powerful and cost-effective interventions are ones with a shared purpose and grounded in relationships. Only by people and communities leading the change, by being seen and heard, can we unlock the kind of participation and action that will change the trajectory of health and wellbeing in Midlothian.

We have asked Midlothian Health and Social Care Partnership to base their transformation plans on developing relational ways of working, breaking down the silos of diagnosis or age-based care, and focus on a new, person-led, outcome-focused approach. It's time for us to be

a part of making a relational way of working become a reality. In the face of rising demand and very real capacity pressures, we must support services to stop saying 'no' and start asking 'how'. This is much more than structural reform and based in a change in culture where compassion is the driving force and relationship are at the centre of how we care for our staff and the people we are here to serve. The future must be deeply human.

Our capabilities

Planning is important, but we know it is the actions we choose to take that matter. Our strategy will continue to evolve, and we will adapt as we learn. To do this, we must continue to support Midlothian Health and Social Care Partnership to have the skills and capabilities to redesign and respond to financial challenges, population growth, and increasing demand.

Our commitment

Our commitment to the people and commuites of Midlothian is to

- Keep it simple and avoid strategies and plans that add nothing new or add no value to people and communities.
- Do things differently. Just because something is ‘statutory’ it doesn’t mean we shouldn't think about planning and delivering that service in new and radical ways.
- Take a ‘once for Midlothian’ approach and avoid siloed planning.
- Focus on impact by understanding what our collective contribution is to personal outcomes and positive change.
- Have better conversations with our communities, be visible, and be part of the work.
- Be ambitious, ready to change, and ready to adapt.

The rest of this plan sets out the areas of focus and ambitions that we believe will allow services to continue to provide high quality care and support while also taking significant steps forward towards local health and social care reform.

Our strategy on a page

Our Vision

People in Midlothian are enabled to lead longer and healthier lives.

Our Mission

We will provide the right support at the right time in the right place.

Our Values

Respect. Compassion. Quality.

Our Strategic Aims

1. People are able to make good decisions that help them stay well, plan ahead, and prevent ill or worsening health
2. People are able to access the care and support they need when they need it in the community and at home
3. People's human, social, and economic rights are protected and promoted in how we design and deliver our services

Information, evidence, and insight

This section sets out the information, evidence and insight that has helped us develop our strategic aims and why we have prioritised these actions.

We have identified three strategic aims which we think we can make the biggest impact in the shortest time possible. These strategic aims all focus on the national ambition to provide the right care, at the right time, and in the right place.

Each of the strategic aims support at least one of the 9 National Health and Wellbeing outcomes and our Directions for 2025/26 are structured this way too. We have intentionally designed our planning this way to help people see how our ambitions for change are linked to the way we make decisions about funding and the action we ask our Partners to take.

Health and social care services collect and report on a huge amount of information. The way we are asked to do this means the data we collect is often about one part of the system or a single issue. We are working hard to improve the data and evidence we use so we can be more confident about the decisions we make and how the whole system fits together. We have reviewed all our data and information to make sure it is accurate and available to us at the right time to make good decisions.

The most significant piece of evidence we have used is the Midlothian Joint Strategic Needs Assessment (JSNA). This brings together coordinated information from local, regional, and national sources to help us understand the health and social care issues for people living in Midlothian. We have developed new ways to review and present information to understand what people need now, and in the future. It is updated twice a year which is comfortably within the statutory requirement of a 3 yearly review.

We have also looked at a wide range of other information and evidence, so we can be as sure as we can that the priorities in this plan will help us make the fastest progress towards achieving the 9 National Health and Wellbeing Outcomes for everyone who lives in Midlothian.

Our communities are more than numbers and statistics to us, and we have combined number data with descriptive data, people's stories, and experiences to ensure this plan helps everyone in Midlothian achieve what matters most to them.

When a new source of data has become available, we have connected it with existing information in new ways. Seeing the links between existing and new information across the whole system has given us better insight into where real change can be achieved. We have examined the information, evidence, and insight from all of these sources to help us make decisions about our plan. As more data becomes available across time, we will review this alongside information from Midlothian Health and Social Care Partnership services to help identify emerging risks and inform our decisions when we need to change our approach.

Strategic Aim No.1

People are able to make good decisions that help them stay well, plan ahead, and prevent ill or worsening health

What we are trying to achieve

1.1 People can easily find the information they need to make good decisions.
1.2 People achieve the things that matters most to them, and our services are confident of what our contribution is to their success.
1.3 People access services and support designed around how they live their lives.

People can easily find the information they need to make good decisions

In our recent Citizens' Panel survey, we asked residents of Midlothian to tell us how they find information about services in their community. People told us that the one of the top sources of information they use is word of mouth (56%).

We know that primary care teams provide a variety of in-person advice and information, in locations across Midlothian. There are 11 GP Practices in Midlothian operating from 9 premises, and the Wellbeing Service is based in all of them. They work with people aged over 18 living with a variety of long-term health conditions including neurological conditions, and/or facing challenging life situations. In 2023/24, the service:

- Received 1171 referrals.
- Delivered 7 courses including lifestyle management.
- Supported 60 people.

All community pharmacies in Midlothian provide a Pharmacy First Scotland service for people living in Scotland, those registered with a Scottish GP Practice, residents in care homes and care settings, people who are experiencing homelessness, and gypsy travellers. Pharmacy teams offer advice, treatment or referral to other healthcare teams if required. National data tell us that:

- Across all age groups, women use Pharmacy First more than men.
- Children aged 0-9 are the largest group by age who use Pharmacy First.
- Children living in areas of highest economic deprivation are more likely to use Pharmacy First than those living in the areas of least economic deprivation.

We also know that providing information in person is not everyone's preferred option. People told us that they use social media (56%) just as much as seeking information face to face.

Digital skills and confidence, along with access to devices and data, are becoming essential to life in the UK. People should be able to use digital technologies in ways that enhance their lives and contribute to helping them overcome other disadvantages which they might face. Digital exclusion (limited or no access to internet connection, devices, skills) creates digital inequalities, which are strongly linked to wider social and economic disadvantage. In Scotland, areas of higher economic deprivation have lower levels of internet uptake.

- 97% of people in Midlothian report having access to the internet at home.
- The average internet speed in Midlothian is 97 Mbps (15% lower than the UK average).
- 31% of Midlothian's population experience slow or very slow internet connections.
- Older people are less likely to own smartphones or connect to the internet.
- People with lower income are less likely to have access to smartphones in their household and be on pay monthly contracts and data plans.

The evidence tells us that we must ensure improve the information we provide and ensure it is useful, easily available, and accessible to everyone in a range of places and formats.

People achieve the things that matters most to them, and our services are confident of what our contribution is to their success

We know that good conversations are vital in understanding how to support someone to achieve their personal outcomes. This can be difficult to measure as it is often a combination of factors that people describe as making a positive difference.

Respondents to our Citizens' Panel survey told us that the three most important things for health and care professionals to do are:

Start with asking about what matters to me	68%
Ask me what I think would make a difference	63%
Ask about other areas of my life where I might need some help	55%

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.

We need to ensure that people are supported to achieve the things that matter most to them and our services are confident of what our contribution is to their success. This means taking the time to have good conversations with people, to understand what is working well, what could be better, and who might be able to help. We call this The MidWay, and all staff are supported with training.

We also need to build on our application of Outcome Mapping to support services as they develop meaningful action plans for change based on the triangulation of three types of data: service data (activity), system data (population experience), and what matters to people (outcome mapping).

People access services and support designed around how they live their lives

We know that over 50% of the working age population work for Edinburgh City based employers. Because people generally access health and care close to home, rather than where they work, services need to support people who need to commute, those who work locally, those who are unable to work, and those who have caring responsibilities.

People who live in Midlothian and that are in employment consistently earn less than the Scottish median earnings per week. Midlothian full-time employed residents in 2022 earned on average £622.90 per week compared to the Scottish equivalent of £640.30. In 2022/23:

- In 2024, the economically active population was 81.5% of total working age population, which is a decrease from 2020 (83.3%).
- 11,200 people were classed as economically inactive.
- 29.2% were inactive due to long-term sickness (this has been relatively consistent over the past ten years).
- 25.6% of people are retired, an increase from 17.6% in the past ten years.
- In March 2025, 1,405 Midlothian residents, were receiving out of work benefits. This included a greater number of males than females, at 805 and 595 respectively.
- In October 2023, 2.2% of the Midlothian residents aged 16-64 were claiming Universal Credit, with more male (2.6%) claimants than female (1.8%).
- Midlothian's largest employer is Midlothian Council with 3990 employees.

Along with services being easy to find, and ensuring Good Conversations take place, we need to ensure that service offers and supports are designed around how people live their lives.

Strategic Aim No.2
People access the care and support they need when they need it in the community and at home

What we are trying to achieve

2.1 People easily access the services that help them stay well, independent, and active.
2.2 People have access to services in their own community.
2.3 People are living in the place of their choosing for longer.

People easily access the services that help them stay well, independent, and active

In our recent Citizens' Panel survey, only 37% agreed that "it is easy to get the support I need when I need it".

The Scottish Burden of Disease study is a population health surveillance programme which monitors the diseases, injuries and risk factors which prevent people living longer lives in better health. This study predicts that the burden of disease will increase in Scotland by 21% over the next 20 years. More than two thirds of the increase will be cardiovascular diseases, cancers and neurological conditions.

There are areas where Midlothian is making sustained improvements in improving outcomes for people, in prevention, early intervention, treatment and support, and crisis and emergency.

- Early deaths of people aged under 75 years from cancer and chronic heart disease have both been reducing over time.
- Hospitalisations for asthma and COPD are both at their lowest in Midlothian since 2002.
- Emergency admissions for people aged 65 and over are reducing overall.
- Deaths from suicide are also reducing and currently below the national average.
- The number of babies reported by their parent as being exposed to second-hand smoke at the 6-8 week review has fallen significantly from 38.46% in 2002, to 6.82% in 2023.

However, despite the overall decline in rates of early deaths in Midlothian, some areas of Midlothian with higher deprivation are experiencing increasing rates. Early death from chronic heart disease varies across areas. Dalkeith had the highest rate of early deaths with the next highest rate in Easthouses, whilst Pentland had the lowest rate.

We want people to stay well independent and active, and one of the ways to measure overall health is by looking at information about life expectancy. Healthy life expectancy is the average number of years that a new-born can expect to live in "full health". Since the last review of local data in 2019, the gap between life expectancy and healthy life expectancy has increased by 0.9 years for both men and women in Midlothian.

Life expectancy at birth in Midlothian is slightly better than the Scottish average (2019/21) for both males and females.

Women's overall life expectancy is higher than men's in Midlothian.

Life expectancy varies by up to 10 years across different parts of Midlothian, because of poverty and social disadvantage.

Less than half of adults in Midlothian meet the physical activity recommendation of more than 2.5 hours of activity per week. Adults in the most deprived areas are less likely to meet the physical activity guidelines compared to those in the least deprived.

Maintaining a healthy weight is important. People who are overweight may be at higher risk from illness and diseases which can lead to premature death or reduced quality of life. 2 out of 3 adults in Midlothian are overweight or obese, which is similar to national levels.

This means people are living less of their lives in good health, so we need to make it easier for people to access services to help them stay well, independent, and active.

The data tells us we must focus on prevention activities to improve population health outcomes, reduce health inequalities and support the long-term sustainability of health and social care services.

People have access to services in their own community

When we asked a sample of Midlothian residents to tell us about the health and care services they had accessed recently, the most frequent responses were all community-based:

- GP team (64%)
- Pharmacy (61%)
- Dentist (30%)
- Optician (21%)

When we asked about journey time from home to health and care appointments:

58% of respondents stated that they travel by car to appointments at a GP practice, hospital, or vaccination clinics, with 23% walking and only 11% using public transport.

just under two thirds (64%) travelled less than 15 minutes, a further 29% travelling 15 to 30 minutes.

Only 8% of said that their journey times were more than 30 minutes.

We know that the current geographic location of GP practices does not meet the requirements of 20-minute neighbourhood zones. It is likely that the large housing developments underway at Rosewell, Newtongrange and Mayfield will not support the development of 20-minute neighborhoods in Midlothian. Midlothian data is often very similar to the national average across Scotland. However, we know that health inequality still has a more significant impact in some of our communities and highlights the difference in outcomes across the area.

The evidence is clear that we must work together to ensure that people can access services in their own community.

People are living in the place of their choosing for longer

Midlothian's population has grown every year since 2006 and at the 2022 Census there were 96,600 people living in Midlothian. It is the fastest growing Council area in Scotland. The local birth rate and the number of people either moving to, or leaving, Midlothian each year combined with plans for new houses means the population of Midlothian could increase by 27% by 2036.

It is not clear how the economic profile of Midlothian may change in future years, and what the impact on access to community services might be. We anticipate a population increase in Midlothian of approximately 40% over the next 10 years. This is largely due to large, planned housing developments. It is likely that the health and care needs of these new families will be different to those of the people already living in the area or close by in neighboring housing developments.

The challenge facing health and social care providers is not only an increasing population. The profile of who lives in Midlothian is also changing, and the impact of this is difficult to predict with certainty. We know we have more babies being born, more people moving into the area, and more people living into older age.

Midlothian has the highest standardised birth rate of all council areas in Scotland.

Midlothian is projected to see the largest increase in Scotland due to people moving into the area from other councils in Scotland (11.6%).

Midlothian is predicted to see the number of children grow by 11.2%, the largest increase across Scotland.

Most council areas are projected to see an increase in their working age population over the next 10 years. The highest increase is projected in Midlothian (16.1%).

If more affluent families, who often have higher levels of health literacy, move into Midlothian, there is a risk that residents in areas of existing economic deprivation may find it harder to access the support they need. This is sometimes called the inverse care law, where those who need care the most are least able to access it.

The evidence tell us we must plan for the future with different types of health and care services, in different numbers, and in new locations to avoid existing health inequalities widening, particularly for the most vulnerable people.

Strategic Aim No.3
People's human, social, and economic rights are protected and promoted in how we design and deliver our services

What we are trying to achieve

3.1 People are recognised as experts in their own lives, are involved in planning services, and feel valued.
3.2 People's care and support adapts when their needs, choices and decisions change and can control their own care and support if this is what they want.
3.3 People benefit from organisations working together and sharing information safely.

People are recognised as experts in their own lives, are involved in planning services, and feel valued

The MidWay supports people to achieve what matters most to them. We recognise people are the experts in their own experiences, and it is vital that people are involved in planning services and that their contribution is valued. Less than half of the Citizens' Panel respondents agreed that they "feel confident about getting involved in decision-making in my community" when thinking about health and social care.

One of the reasons people told us that makes it difficult to get involved is having enough free time. Free time can be limited by several factors, but one of the most significant is having caring responsibilities. Unpaid carers tell us that it can be difficult to arrange cover, or respite care, for the person they look after.

12.5% of the Midlothian population are carers. A survey of carers in Midlothian in 2023 found that 80% of carers reported effects on their mental health, and 66% on their physical health. More than half of carers indicated that caring responsibilities reduced their ability to see health professionals.

Caring has a significant impact on employment and income:

- 28% of survey respondents have left the workforce entirely.
- 27% have reduced their hours at work.
- 14% have lost pension and National Insurance contributions.
- 24% of carers have used personal savings for care.
- 13% have relied on food banks.

Many carers do not identify what they do as “caring”. Some groups are more affected than others with more women identifying as carers, and 28% of carers live in the 20% most deprived data zones.

Child Disability Payment provides money to help with the extra care and mobility costs that a child or young person living with a disability might have. In 22 November 2021, Child Disability Payment launched nationwide to all new applicants living in Scotland. 80% of the applications made by families in Midlothian were authorised at a total value of £10,595,640.

The national Health and Care Experience Survey 2023/24 asked people about the impact of having caring responsibilities: (Midlothian)

- 37% agreed that “I have a say in services provided for the person I look after”
- 35% agreed that “I feel supported to continue caring”
- 64% agreed that “I have a good balance between caring and other things in my life”
- 33% agreed that “Local services are well coordinated for the person I look after”

The evidence is clear that we must do more to support carers in Midlothian and the actions we take to achieve our ambition of shifting the balance of care closer to home, cannot put unpaid carers are under additional pressure as a result. Our Carers Strategy 2025-2028 sets out how we will achieve this and improve the experience of carers in Midlothian.

People’s care and support adapts when their needs, choices and decisions change and can control their own care and support if this is what they want

The Health and Social Care Standards in Scotland are designed to ensure that everyone receives high-quality, person-centred care and support. These standards are grounded in principles of dignity, compassion, inclusion, and respect, and they apply across all health and social care services in Scotland.

The standards are built around five core principles:

- Dignity and Respect: People are treated with dignity and respect at all times. Their human rights are upheld.
- Compassion: Care is delivered with kindness and understanding.
- Be Included: People are supported to be part of their community and involved in decisions that affect them.
- Responsive Care and Support: Services adapt to people’s changing needs, choices, and decisions. Individuals can lead and direct their own care if they choose.
- Wellbeing: People experience high-quality care that supports their physical, emotional, and mental wellbeing.

These standards support people to have control over their care, to ensure care is flexible and responsive to changing circumstances, and to promote equality and fairness, especially for vulnerable groups. In line with these ambitions, the Scottish Government published the Health and Social Care Service Renewal Framework 2025–2035 in June 2025 which focuses on:

- Prevention and early intervention
- Community-based care
- Digital-first approaches
- Tackling health inequalities

The profile of Midlothian's population in almost all age groups is changing. As people's lives change, their needs for support change too. As people grow older, they often require more practical support to help them live well for longer.

The number of people who are of pensionable age in Midlothian is projected to increase by 8.9% between mid-2018 and mid-2028.

The proportion of people aged 75 and over is predicted to grow by over 40%.

4.53% of Midlothian's total population is made up of minority ethnic populations, which is an increase from the 2011 Census figure (1.77%).

We have already seen an increase in the number of people employed to provide this support, and we know that health and social care is the largest employment sector in Scotland.

In 2021 there were 1,100 staff employed by the Public Sector in Social Care Services and 45 registered care services in Midlothian.

This is an increase of 32.5% more staff working in the public sector for Social Care Services from 2012.

In 2021 employees were mostly between the ages of 35 and 64.

The rate of 16-19 years olds in employment is higher in Midlothian than in Scotland. Across Scotland the majority of 16-19 year olds are in education, with a slightly lower rate for Midlothian.

The single largest employer in Midlothian is Midlothian Council.

Most of the people working in Midlothian were full-time employees and there has been a slight decrease in the full-time workforce from 2012-2019. Over the same period there has been an increase in the number of self-employed, part-time, and retired individuals, which could increase the scale of the challenge as social care services tend to employ full-time workers.

There is a thriving local Third Sector in Midlothian, supported by the Midlothian Third Sector Interface (TSI):

- There are at least 500 formal groups or voluntary associations and other Community Planning Partners.
- Approximately 56% of the population volunteer informally.
- 92% of respondents to our Citizens Panel survey who provide support as a formal volunteer stated that it makes a positive difference to their health/wellbeing.
- 90% of respondents to our Citizens Panel survey who receive support from an informal group stated that it makes a positive difference to their health/wellbeing.

In order to ensure that care and support can be adapted when needed, we must make sure we have a workforce that is developing the right people, with the right skills. Given that the population of Midlothian is changing, the need for social care services is likely to increase, but there may be a lack of people who are qualified or wish to be employed in these roles.

The data tells us we must continue to work in closely with our Partners to plan for a workforce fit for the future. This includes building on the value we know volunteers add to care and support. The Volunteer Charter, developed by Volunteer Scotland, outlines 10 key principles that promote good practice and protect the rights of volunteers. It is designed to ensure volunteering is safe, fair, and meaningful, and to prevent exploitation.

People benefit from organisations working together and sharing information safely

We work with a number of organisations to provide the health and social care services in Midlothian, all with different structures: e.g., hospitals, GP practices, care at home, and social work all have their own specialised multidisciplinary teams. These teams often need to work together to support people, especially when their needs change. This might be a single event, like an admission and discharge from hospital, or it might be support provided over a period of time that increases as the person's needs change.

- 56% of respondents asked us to "contact other support or services that might help me on my behalf".

Safe information sharing must follow laws including the Data Protection Act 2018. We can only share information safely when it is:

- Proportionate (only what's needed)
- Purposeful (to support care)
- Consent-based where possible
- Secure (protected from misuse)

When we share information safely, it reduces duplication and means people don't have to repeat their story multiple times. People benefit from co-ordinated care, with professionals from different services working together differently to meet an individual's needs. This will help us adopt a model where we can pull the right team of professionals in to meet the individual needs of people rather than pushing referrals to potentially multiple services in silo.

Safe sharing of relevant information helps to identify risks (e.g. safeguarding concerns, medication issues), and supports early intervention, preventing problems from getting worse. Services can provide personalised care, based on a better understanding of someone's needs, preferences, and history, which leads to increased trust, and improved outcomes.

To do this well, we need to improve how we share information safely. The information held about people can sit in the systems of our Partners, but they aren't connected to each other. In Midlothian, a person could have their health and care data saved in at least ten separate electronic systems. The Care Reform (Scotland) Bill has made provision for change, but we don't know how long it will take before solutions are developed.

The evidence is clear that must continue to work with our Partners to ensure agreements in place that allow us to connect their information safely to deliver more person-led health and care.

Working with our Partners

The aim of integrated health and social care is to ensure that everyone in Midlothian has joined up care and support.

We know the decisions we make influence how people live and make choices about what they do and where they go within our communities. We also know that we can't design services that rely on communities to take action without contributing to community resilience.

The decisions our Partners make will also influence people's choices and ultimately how well we are able to achieve the ambitions in this plan. We must work with all our Partners to avoid this plan unintentionally making it harder for people to live well in their community. We will always share our plans, successes, and challenges so we can support people live well.

When people need services, it is important to get support quickly. We want to have different conversations and create new relationships with our Partners so that together, all our offers collectively support more people. We will work with our Partners where it is possible to develop joint frameworks for planning across the whole system and use mechanisms like our Market Facilitation to drive change. We have started this work in key areas, e.g., workforce planning, and will continue to find opportunities to work and find solutions together.

Where it makes sense to do so, we will explore ways to create more opportunities to have shared goals and outcomes, jointly fund services, and share our data. For example, services like mental health, substance use, primary care, housing, employability, and welfare support can all contribute to preventing some of the causes of poor or deteriorating mental health. We must avoid limiting what we can do with unnecessary 'red tape' while also meeting our duties to keep people safe.

Where people live can have a significant impact on health and health inequalities. An emerging threat to heath and health inequalities is climate change. We have a duty to report on how we are working with our Partners in this regard, and we must find the shared opportunities within all our strategies to underpin the principles of equality, net zero emissions, and sustainability. We will continue to support 'Green Health Prescribing' and work with others to ensure the health and social care needs of people are considered as part of proposed local development plans.

Public transport provides opportunities for active travel which has a direct positive impact on health. If we want to provide more community-based treatment, care, and support, Midlothian needs to have good transport links that help people travel locally and sustainably.

We will 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 will ask services to make sure that every contact counts and we actively connect people to the support they need, rather than expecting them to navigate complex systems alone. Where we

can help, we will work with our Partners so people can access specialist welfare and debt advice. This might be through our local services in venues that are easy to access, for example, day services, community venues, and our Community Hospital.

We want to see more fair work for local people. In addition to income, good employment also provides social connections and can support people to improve their mental and physical health and wellbeing. We don't employ anyone, but we will continue to build on the work with our Partners and do all we can to support local opportunities in health and social care.

Secure, quality, and affordable housing is another foundation of good health and wellbeing and has a significant positive impact on people's lives. We want to ensure we coordinate health and social care support with people's housing options. We don't have any direct responsibility for housing matters other than aids and adaptations but can support the work of others to improve housing stability and security and prevent homelessness. Our Housing Contribution Statement sets out how we will work with all our Partners but particularly Midlothian Council to ensure people live in safe and quality housing within their community.

This plan is closely aligned to the work of both our Partners, and the Third Sector. We have ensured we have woven these shared ambitions throughout this plan so we can work together to contribute to positive change for people and communities.

Midlothian Council and Community Planning

The Midlothian Council Plan 2025/30 sets the ambition to grow and transform by harnessing opportunities. The strategic objectives and key priorities align with the Scottish Government's Economic Strategy and links to the Midlothian Community Planning Partnership vision. Prioritising our work with the Community Planning Partnership is one of the best ways to ensure all the strategies and plans for services across Midlothian are joined up. We lead 'Midlothian will be Healthier' and 'Midlothian will be safer' thematic areas of the Midlothian Community Planning Partnership Single Midlothian Plan 2023/27 and work together to achieve more together than health and social care can do alone.

NHS Lothian

The NHS Lothian Strategic Development Framework sets out what needs to happen across Lothian's Health and Care system over the next 5 years. It is a joint plan between the all the Health and Social Care Partnerships in the Lothians. The vision is that 'Citizens live longer, healthier lives, with better outcomes from the care and treatment we provide'. We connect health and social care services seamlessly, wrapping around the citizen in their home. We improve performance across our system, with better experiences for citizens.

The Third Sector

The Third Sector is a vital part of health and social care in Midlothian. There are at least 700 voluntary sector group and organisations in Midlothian, and 228 registered charities (voluntary organisations or community groups) who identify their main operating area to be Midlothian. Approximately 40 organisations are commissioned by Midlothian Health and Social Care Partnership to provide services and support for people and communities. The Midlothian Third Sector Interfaces (TSIs) plays a key role and provides a range of supports and advice.

Strategic Aim No.1

People are able to make good decisions that help them stay well, plan ahead, and prevent ill or worsening health

What we are trying to achieve

1.1 People can easily find the information they need to make good decisions.
1.2 People achieve the things that matters most to them, and our services are confident of what our contribution is to their success.
1.3 People access services and support designed around how they live their lives.

We know that our service offers and supports are only one part of what helps people and communities stay well and feel connected. The only way we can be sure that we are doing are the things that support people to stay well is to plan alongside people and communities.

We are reviewing our Community Engagement Plan. As part of that work, people have told us we should spend more time having conversations with communities to understand what matters to them and help them take action to see that become a reality. People also told us they wanted to be part of how we redesign our service offers and supports. Most people wanted us to stop talking about models and pathways because these words don't mean anything to them. People said it would be helpful to have information that was easy to find, and services that were easy to access.

We know when communities are involved in designing services, they better understanding their own health and wellbeing and plan ahead using the resources that already exist in their community. We also know we need to ensure people who experience disadvantaged have a voice in how we work towards a more equal future. By working together and being clear, we think everyone will have a better understanding of what we can offer, and what people can do for themselves.

Short term aims

1.1 People can easily find the information they need to make good decisions

- **Information is easy to find and accessible**
  When strategies, plans, and service information are not designed to be accessible, people get left behind without alternatives. We undertook a review of the information we provided and found there was work to do to improve our published documents and information about the services Midlothian Health and Social Care Partnership provides.

Work is underway to improve how we share printed materials and our website. We will work closely with Midlothian Council and NHS Lothian to help people find the information they need, and ensure information is up to date on all our webpages. Our information needs to be equally available to everyone, which means everything is easy to read, in plain English, and compatible with text to speech technology. We aim to have this completed by early 2026.

We know we have work to do to better understand the preferred formats and methods of communication for people living in Midlothian. This includes both how and when we present information, as well as how useful the information is. Our Community Engagement Plan (in development) sets out how we will have better conversations with people and communities then act on the things that are most important to them. Our work with the Community Planning Partnership is an important part of how we stay connected with local Partners.

We have also asked Midlothian Health and Social Care Partnership to develop a Public Communication Strategy and Action Plan to help as many people as possible access the information they need.

- **Early intervention and prevention**
  We must not let the challenges in some areas take our attention away from the need to develop our early intervention and prevention offer. We know that the best way to prevent people needing our service is the future is to improve our population health.

  Breast feeding has a range of health benefits, including infants maintaining a healthy weight and supporting healthy weight in childhood. Midlothian Health Visitors are working with the NHS Lothian Public health team who are leading on how a whole system approach to tackling childhood obesity and type two diabetes could be taken forward. Currently this work is underway in Easthouses and Mayfield with plans to expand to other areas in Midlothian.

A new 'Bump Buddies' group and telephone helpline has been set up with funding provided by NHS Lothian to the Breast Feeding Network to provide vital antenatal and post-natal support for women who breastfeed. The groups are designed to support women make informed choices around infant feeding, increase the numbers of women who choose to breastfeed, and enable more women to breastfeed successfully for longer.

Speech, language, and communication development in children is a key part of a child's social, emotional and educational development. Language difficulties have a long-term impact on children and can result in poorer outcomes in adulthood. A review of children's speech and language development at the 27-30 month review is an important way to identify children with signs of speech or language difficulties and ensure they receive the support they need. More children are showing difficulties with speech and language at this important development milestone, and this prompted Health Visiting in Midlothian to take a proactive approach to prevention and early intervention alongside Speech and Language Therapy and Public Health teams.

A new antenatal visit to follow on from the three visits delivered by midwives has been introduced to identify children with speech or language difficulties. The content of the session has been developed in collaboration with colleagues from NHS Lothian Speech and Language Therapy and Public Health teams as part of the 'prevent' agenda. There is targeted follow-up and evaluation to monitor whether this is an effective prevention activity.

As part of our programme of transformation and change, the Midlothian Health and Social Care Partnership Public Health Practitioners coordinate several early intervention and prevention initiatives across Midlothian. This includes information and support to people as early as possible and working with our Partners to ensure people have good quality housing, education, and employment.

- **Justice Services**

We must meet the challenges of the rising prison population. An important part of the Justice service is ensuring that people can access appropriate information and resources at each stage of their Justice journey is vital. We will ensure we continually improve the ways we do this by continue to work collaboratively with key stakeholders including people impacted by, or involved in, the Justice system.

The Women's Justice Network is a national forum established in 2023 by the Midlothian Health and Social Care Partnership Justice Services to support all social work staff working with women who have a history of trauma and complex needs by sharing best practice, developing local resources, and advocating for women's issues. As national innovators, the Midlothian Justice Services are coordinating a programme of learning with subject matter leaders to help practitioners share learning and support women at risk. Ongoing work includes identifying common behavioural patterns that can be identified by professionals to support women at risk in cases of coercive control and stalking.

1.2 People achieve the things that matters most to them, and our services are confident of what our contribution is to their success

- **Self-Management**
  Self-management is a way of living that helps people feel more in control of their long-term conditions, health, and wellbeing. This can be through access to information or developing the skills and confidence people need to manage their own health and wellbeing, on their own terms. 'Green prescribing' is one way in which professionals can support people to improve their wellbeing e.g., Health Visitors encourage mums to go for 'pram walks' a part of maintain good mental health.

When people's circumstances change, understand how to access the right support is an important part of self-management. Midlothian Health and Social Care Partnership is developing its use of an evidence-based frailty scale to help people navigate self-management. This is also helping us better understand the types of care that can make the biggest difference for people and how to improve care in the future.

Some people told us they found it difficult to understand what self-management means for them and wanted clarity before deciding if this was the right approach to support their health and wellbeing.

We will support Midlothian Health and Social Care Partnership to develop a self-management strategy that defines self-management and sets out how we will support people to manage their own conditions as well as possible. This will support people to decide if this approach is right for them, be more informed about their condition(s), be better prepared for when they feel less well, and know how to access support when it is needed.

- **Personal outcomes**
  "What matters to you?" cannot only be a slogan, it must be the core of compassionate, relational, and person-led health and social care. It's time for us to lead the shift and see relational working become a reality. We have to stop talking about why we need to change, and make outcomes, trust, and neighbourhood working our priority. Our good relationships with Midlothian Council and their commitment to place based working will be key to delivering real change.

  As we continue to work towards people achieving what matters most to them, it is important that we understand what our contribution is that process is. To do this, we have not simply taken old processes and made them electronic, we have adopted a new way to describe how we are making an impact in Midlothian. This is called Outcome Mapping.

  We began developing our approach in 2021/22 with a framework that describes how we work with people and communities to improve outcomes. Based on this learning, we

have continually improved the process over the last three years with a common approach for services to tell their story and describe the contribution we make to changing outcomes.

We have chosen to further develop our whole-system approach using a Strategic Governance Outcome Map. This map describes how the IJB operates and can give assurance on the progress we are making towards our three strategic aims and the 9 National Health and Wellbeing Outcomes. Storytelling and the stories of the people who experience our services are an important part of showing and evidencing how people feel and the difference we have helped make in their lives. This information is also very useful to help us learn and continually improve and share this with our Partners.

We have asked Midlothian Health and Social Care Partnership to work towards every service area reporting their contribution to outcomes for people, and our strategic aims using an outcomes focused approach. We have also asked services to describe how the work they do continually improves to support people achieve what matters most to them.

Medium term aims

1.3 People access services that are designed around how they live their lives

- **Whole system Transformation**
  System transformation is more than service redesign. We are already developing our ability to understand the relationship and connections between services to help us make good decisions. This includes continually developing intelligence and data that helps us make the right changes to transform health and social care.

  We have worked with Midlothian Health and Social Care Partnership to start planning a whole system model of transformation. This work will help us deliver care and support in ways that will completely redesign how we think about health and social care. It's important that we keep early intervention and prevention at the centre of our planning and decisions. The Third Sector, Independent Sector, and community groups will also continue to play a vital role in this model.

- **Primary care and connected community services**
  As we develop our Primary Care services as close to home as possible, this might change the number of hospital beds we need. We will monitor this closely as we transform and continually review how we allocate the resources made available to us

by Midlothian Council and NHS Lothian. We are hopeful that by investing in community services and working with our GP colleagues, fewer people will need to go to hospital.

One of the ways we think we can improve how people access the care and support they need quickly, is to develop a multiagency Single Point of Access to reach any of our services across Midlothian. This will take time, and require all of our Partners across the system to work together.

- **Unscheduled care**

We are responsible for a range of health services called unscheduled care. Another way to describe this is the care that people need quickly because it is unexpected and unplanned. This includes some services from GP practices, pharmacies, and teams like district nursing, emergency departments, acute medical wards, and medical wards for older people.

We must ensure that people are only directed to Accident and Emergency (A&E) when they need this type of care. Our work to better understand the system tells us that this is more likely if we invest in social care. We believe there is still considerable scope to improve outcomes for people with early intervention and prevention activity that avoids people having to go to hospital when they could be at home.

We are continuing to work in a 'whole system' way with the Scottish Government, NHS Lothian, Midlothian Council and the Third and Independent sector on a new model to improve the experience of people in hospital when the care they need cannot be provided at home. This includes making sure people are not in hospital for any longer than they need to be and the services they need work together and feel joined up.

Midlothian Health and Social Care Partnership is currently reviewing the 'Home First' model of care. This will lead to a redesign of the support available at Highbank Intermediate Care service and how we provide the care people need closer to home. Our ambitions to deliver Hospital at Home where it is possible and the right support closer to home will also contribute to how we redesign our community and bed based services as part of our transformation planning.

- **Digital**

Using digital tools is an important part of how we help people to live the lives they choose. This means considering where digital tools and options play a meaningful part of our service offers. We understand that digital has to be a choice and needs to be an appropriate part of safe and effective care.

How we use digital tools and lifestyle monitoring technology helps us to better understand the support people need and want to live the life they choose. We will work with Midlothian Council and NHS Lothian to ensure we are safely gathering and using data and technology where it can improve outcomes for people and support the workforce.

We are already moving from an analogue to digital model for our telecare support to keep people safe and well at home with services that alert professionals when people need help. We are also continuing to increase the number of ways that people can access our services e.g., digital consultations, telephone review, text message reminders, and Artificial Intelligence (AI).

We are expanding our digital offers and utilising NearMe online consultations to support more people attend weight management groups run by a specialist team of dietitians. These sessions provide information on what to expect, how to prepare for the group, and provide signposting to other online resources to help people to 'wait well' for care and support.

Longer terms aims

- **Living well with multiple conditions**

One of the ways we think we can make a big difference is how we support people with more than one health condition (known as multimorbidity). In the UK, one in four people live with at least two health conditions. We know that people often have several long-term conditions and working on how we predict who is most likely to have multiple long-term conditions and frailty is the obvious thing to do.

We are working to improve care for people with multiple health and social conditions and know the right mix of services working together has made a real difference to people and communities. This has been particularly successful with the Health and Social Care Partnership's use of 'No.11' which houses a range of integrated Mental Health, Substance Use, Justice Services, and the Third Sector.

That doesn't mean we can simply recreate this success by asking services to work in the same building. To be well connected, services and supports need more than a shared working location or to be reorganised in a single management structure. Without creating the time and resources for Midlothian Health and Social Care Partnership to think through the practicalities of how to join up their work around people and communities, plans will not be successful. We know improving coordination is about relationships between people, not just the buildings they work in.

There is an opportunity to build new relationships and work much more closely with our Partners. As we collect local evidence about how and where we could better coordinate and link service and supports for people with complex needs, we will be able to connect services and multidisciplinary teams (MDTs) in new ways.

- **Falls and frailty**
  Falls, and illnesses associated with frailty remain common reasons for people in Midlothian being admitted to hospital. Reducing falls and the number of people who need to go to hospital will help people stay well, improve wellbeing, and reduce pressure on the wider system. For older people, we know that falls can be associated with being unwell. However, falls are not an inevitable consequence of getting older.

We are taking a multi-agency approach to make sure people are able to take action and bring to life the outcomes and ambitions of the Health Improvement Scotland's Ageing and Frailty Standards, the new National Falls Strategy, and the NHS Lothian Falls Strategy. Building new relationships and working much more closely with a range of organisations will better coordinate services for people with multiple conditions, including frailty.

Strategic Aim No.2

People access the care and support they need when they need it in the community and at home

What we are trying to achieve

2.1 People easily access the services that help them stay well, independent, and active.
2.2 People have access to services in their own community.
2.3 People are living in the place of their choosing for longer.

People told us that they know there is not enough money or staff in the health and social care system to do everything for everyone. One of the things we can do to help people continue to live in the place of their choosing for longer is ensure we are providing care, support and rehabilitation that supports people to make good choices and prevent difficulties in the future.

Activities, interventions, or information resources that supports people to recover, adapt, and achieve their full potential are all types of 'rehabilitation'. If we have the right service offers and supports in place, people will recover faster and fewer people will need support from health and social care services. This includes supported self-management, and information that helps people take action to stay well.

Working with our Partners to ensure it is possible to provide what people need in our communities is a priority. Of course, this means making sure the right health and social care is available but is also requires availability of transport and other services that help people able to access the support they need in their community.

Short term aims.

2.1 People have access to services that help them stay well, independent, and active for longer.

- **The right approach**
  We want to focus on providing the support people want, when they need it, and in a way that people can best manage their own health and wellbeing. As we work to build a new, more relational model of care we have asked Midlothian Health and Social Care Partnership to move away from planning our services in categories, e.g., by age or diagnosis.

  An ageless model of care and support must focus on a personalised approach, agreeing together the purpose of working together, and tailoring care and support to each individual's specific circumstances. We know that equality means providing what individuals need to succeed, not rolling out the same set of offers to everyone.

  As part of our commitment to work with neighbourhoods and communities, we will invest in a social care led approach to building bespoke support offers. We want to move away from simply trying to connect all the services people experience, to agreeing what the purpose of our work together will be and 'pulling in' the right professionals to make this a reality.

  Over the next two years we will set out more clearly how we want Midlothian Health and Social Care Partnership to adopt this approach. We need to evaluate and learn from the progress of our short-term priorities and information sharing, feedback, engagement, embedding outcomes-based approaches, and our early transformation work to know how best to proceed. We have asked out Strategic Planning Group to coordinate this work and suggest the corrective action we may need to take. We will communicate this through our Directions that we issue to Midlothian Council and NHS Lothian.

Midlothian Health and Social Care Partnership is already working closely with Midlothian Council and others to develop a shared initiative Transitions Policy. The shared purpose is to move away from models of single service provision to a holistic and whole-system approach as the support people need adapts and changes from child to young person, and adulthood. This work is taking a phased approach that has started by reviewing how to consider new approaches and their application to the traditional services model of learning disability and physical disability. Successes here will help us implement this work across the system and in other key areas like Justice, Mental Health, and Dementia Services.

- **The right support**

  We want to provide the right support at the right time then continue to support people to thrive while stepping back. Having the right service offers and support to supplement what people can do for themselves is crucial and we know our Third Sector colleagues and other providers will be the key to success.

  We want everyone in Midlothian to have equal opportunities to improve their health and wellbeing and this will mean the services we commission over time might change. In order to make the fastest progress possible towards our strategic aims, we have already started work to review the services we commission and are using the learning from this process to ensure that we are using the resources we have to provide the most effective range of services in the future.

  Our Market Facilitation Plan sets out how we want to work collaboratively with local providers. We don't have any more funds, but we can make sure we are using the resources we do have in the most effective way.

  We have asked NHS Lothian and Midlothian Council to work alongside us and all our delivery partners to ensure the right services, in the right numbers, from the right range of providers are available in Midlothian so we can work towards a future where everyone in Midlothian has good health and wellbeing outcomes. This will mean developing a new relationship with providers to ensure everything we commission is strategically chosen to see the most progress for people and communities in the shortest possible time.

- **Support is easy to access**

  Ensuring people can easily access the right help when they need it is vital to improve health and wellbeing. However, we know that some of our services are not as easy to access as we would like. People have to wait longer than we would like for some services, and others don't have enough staff to offer the flexibility and adaptability that we would like to offer.

  Midlothian Health and Social Care Partnership's Social Work and Occupational Therapy teams are reviewing the way they plan and deliver support. This review will consider the current legislative requirements for Social Work alongside a range of key information and help us support people more effectively and efficiently while still retaining specialist knowledge and skills within the service.

  We have asked Midlothian Health and Social Care Partnership to introduce Community Appointment Days. By asking people to attend a session in their own community supported by a range of professionals across health and social care, we believe people will more quickly find the help they need. This approach takes our services right into the heart of our communities and helps people focus on what is already strong, what could be even better, and how we can take the next steps together.

- **Staying active**
  Wellness is influenced by so many things, but we know staying active and making good choices is one of the best ways to contribute to good health and wellbeing. Our work with Midlothian Active Choices and our Allied Health Professional teams are good examples of when this works well and has helped us support more people in the community, create opportunities for people to design the support they need, and develop more links with services.

  We will learn from the successes and challenges of working in this way and develop more opportunities for people to improve their health and wellbeing e.g., the Weight Management Physical Activity programme.

A review of weight management services is already underway by Midlothian Health and Social Care Partnership. We know that people are often impacted by weight stigma. The Health Inclusion Team, Public Health and Dietetics are working together to develop new ways to support both professionals and families. This includes reviewing the options and types of support available, and improving the effectiveness of weight management programmes as part of a whole systems approach.

Medium term aims

2.2 People have access to services in their own community.

- **Better choices, better care**
  We know that providing care in the community is preferable to people being in hospital whenever it is possible, and this means we must invest in our community services. We know that people who go to hospital when it could have been avoided often have poorer outcomes and that it is an expensive way to provide care. Moving care from hospital-based to community-based settings is better for people, but very rarely less expensive. We must link what we know about high quality care, outcomes for people, and the resources made available to us by Midlothian Council and NHS Lothian.

- **Bed based care**
  Bed based care is a term we use to describe care received by someone in a hospital or care facility. NHS Lothian is developing a system of 'bed-based modelling' to understand how best to use the resources available across the system.

  We are working with NHS Lothian to make sure this will help us understand the factors unique to Midlothian. This digital tool will help us predict the availability of bed based care across the whole system bed and record and forecast how capacity is affected under a variety of conditions. This will help us plan for winter, for outbreaks of disease, and understand what the impact of changes in other areas might mean for Midlothian.

- **Planning for the future**
  We want to build on what we already know about the quality of care and support provided by services, build a better understanding of the relationship between these care and support options, and look for opportunities to help people to live in their community for longer.

  We hope that more people will be able to benefit from care in their own home and that when people do need to go to hospital, it will be for shorter periods of time. How we use Midlothian Community Hospital, Highbank Intermediate Care Facility, Newbyres Care Village, and our Care at Home service is vital to this ambition.

We will undertake a review of all our bed-based care as part of our Transformation Programme that includes Midlothian Community Hospital, Highbank Intermediate Care Facility, Newbyres Care Village, Extra Care Housing, and our Care at Home service. This will see the development of a new strategy and workforce plan to ensure people can access bed based care when they need it, but also support people to be as independent as possible by maximising what they can do for themselves.

- **Continually improving**
  To make positive changes to health and social care in Midlothian as safely, equitably, and as quickly as possible, we need to be confident that we are continually improving. Better understanding the relationships between our services and where we can improve is one way we can better support people to take action to prevent, ill or worsening health and stay well.

We know that we must support Midlothian Health and Social Care Partnership to continually evolve and adapt using the available resources. We are supporting services to develop a culture of continuous improvement so services can support people to achieve what matters to them most. All of these programmes of work will be in line with national ambitions, including realistic care and support.

Longer terms aims

2.3 People are living in the place of their choosing for longer

- **Thriving communities**
  We want our communities to thrive, and for people to live well and as independently as possible for longer in the place of their choosing with less support from formal health and social care services.

We know how important it is to strike the right balance between health and social care supporting population approaches to improve health and wellbeing, the care and support delivered locally by our services, and the action individual people need to take to stay well. We want to get this right because we know how important it is to improve health equality across our communities.

The progress we make in the next 10 years towards the 9 National Health and Wellbeing outcomes will contribute to seeing strong and resilience communities in Midlothian take action to prevent ill or worsening health. We will continue to work with the Midlothian Community Planning Partnership to ensure we are part of effective community planning and working with all our Partners to achieve more than we can through health and social care alone.

We want to make best use of the opportunity to bring health and social care together with local communities and community organisations to make a real difference in people's lives through the Midlothian Community Planning Partnership. As the lead organisation for the 'Midlothian will be healthier' component of the Single Midlothian Plan, Midlothian Health and Social Care Partnership will work alongside people, communities, and community groups to co-design and co-deliver the right support to help communities thrive.

Strategic Aim No.3

People's human, social, and economic rights are protected and promoted in how we design and deliver our services.

What we are trying to achieve

3.1 People are recognised as experts in their own lives, are involved in planning services, and feel valued.

3.2 People's care and support adapts when their needs, choices and decisions change and can control their own care and support if this is what they want.

3.3 People benefit from organisations working together and sharing information safely.

We believe that everyone should have equal opportunities. No one should have less life chances because of their sex or gender, what they believe, or whether they have a disability.

Short term aims

3.1 People and their carers are recognised as experts in their own lives, are involved in planning services, and feel valued.

Midlothian has built a long-term commitment to strength based, and community led health and social care and have taken a "good conversations" approach, for over a decade. More recently this has grown in a system wide approach in Midlothian – The Midway. This is not just about how we welcome people into our services and work alongside them, but also how we lead and plan, talk about health and social care, and work with each other.

Midlothian Health and Social Care Partnership is reviewing and refreshing the Midway. This includes a focus on the trauma informed and inequalities informed elements of this work. It is anticipated that this work will be completed in 2025.

The Midway has provided us with a solid foundation to build relationships and understand what matters most to people and communities. However, we need to do more than talk about the case for change. Part of this work will be how we ask Midlothian Health and Social Care Partnership to take action to redesign services. Our commitment to transforming service offers and supports around the way people live their lives means we will need to do things very differently.

- **Equality**
  Equality does not mean that everybody should be treated in the same way. Equality means services should be provided in different ways to meet the different needs of people. We are committed to working to advance equality in Midlothian. We believe that equality has to be at the centre of all our decisions and have ensured that this strategy is closely aligned with our Equality Outcomes for 2025/29. Our Mainstreaming Equality Report and Action Plan sets out our priorities for the next 4 years and describes how we will work together for a fairer and more equal Midlothian.

- **Shared decision making, representation, participation, inclusion, and action**
  People told us they want to see be included in decisions, treated with dignity and as individuals, and that they value meaningful face-to-face interactions and feedback. We want to plan for the future alongside people and have person-led service officers and supports. This means listening to what matters most to people and then working with them to make what they care about become a reality.

  Our Community Engagement Plan (in development) sets out the agreement we have made with people and communities about how we will work together. It also sets out how we will ensure people who experience our services, their carers, and families are represented and included in service design and planning. Our revised Public Engagement Statement (in development) describes how we will practically support people and communities to be part of service design and planning.

- **Mental health, illness and wellbeing**
  We want to support everyone in Midlothian to experience the best mental health they can. This is particularly true for people who are experiencing poor health or conditions that are medically classified as mental illness. Our focus is to support the priority work of NHS Lothian through the LSDF and actively contribute the programme of work agreed with the 4 Lothian Health and Social Care Partnerships. This will include work locally to reduce waiting times and improve the experience of people who access our service offers and supports by working closely together.

  When the care we provide is person led, we know we are helping people achieve the outcomes that matter most to them. For people with dementia, support delivered in a coordinated way can help people live in their community for a long as possible during the moderate to severe stages of the illness. It is important to consider all the factors that impact on overall health and wellbeing to provide the right care and support for each person.

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. This includes learning from our work on transitions and recognising the increasing number people being diagnosed with dementia at a younger age.

- **Carers**

  We will continue to invest supporting carers, raising awareness of the important role of carers, support people to identify when they are providing a caring role, and then ensure they can easily access the services that will best meet their needs. As we work to deliver more care as close to home as possible, we understand this could impact on our unpaid carers.

  We know that carers are a vital part of the support people need to stay well and remain at home. We have work to do to support our carers and ensure they can continue delivering care and support for as long as they are able and willing to do so. Work is continually underway to better understand how we can support carers in Midlothian. This includes working with VOCAL to consider how the information, advice and support that matters most to carers could be improved.

  Our Carers Strategy 2025/28 sets out how we plan to work with carers, the people they care for, and all our Partners, to improve carers support, the accessibility of services, and support the ambition for carers to receive appropriate remuneration and experience fairer working conditions.

We have asked the Midlothian Health and Social Care Partnership services involved in shifting the balance of care from hospital at home to ensure the potential impact on unpaid carers is considered. We know that appropriate support is a central part of how we keep people safe and well, and at home.

- **Doing more of what people value**

  More than half of the population of Midlothian volunteer informally in their community by doing things like supporting others or participating in local projects and groups. People told us that they benefit from volunteering, they value receiving support from volunteers, and that this support makes a positive difference to their health and wellbeing. Where possible, we want volunteers to be part of our plans and continue to build on our good relationships with volunteers, volunteering groups, and Third Sector organisations.

  As care and support services improve and evolve, services are considering how volunteers can work alongside service delivery models. This includes considering where there could be opportunities for Voluntary Service Managers to help coordinate this work in a way that is sustainable, safe, and meaningful for both volunteers and people who access this type of support.

Our Community Hospital has a thriving volunteer programme with over 35 volunteers making a difference to people who are in hospital. As part of the NHS Lothian Volunteer Service, volunteers are supporting patients and their families through a shared love of music. Opportunities to listen to music together or share a favourite song are led by volunteers to make connections, reduce isolation, and improve wellbeing. The Volunteer Service is exploring guidance from the dementia care charity 'Playlist for Life' and hoping to create personalised playlists for people living with dementia.

Medium term aims

3.2 People's care and support adapts when their needs, choices and decisions change and can control their own care and support if this is what they want

We want to make sure that when people's needs, choices, or decisions change, we can respond quickly and help people take as much control of their care as they would like to. We will continue to work with our Partners to ensure this happens consistently and as easily as possible when needs or choices change.

- **Self-Directed Support**
  We know the importance of choice, independence, and good conversations to support people who want to manage their own care. Self-Directed Support (SDS) is a Scottish Government policy that supports people access the care that they want to help them live the life they choose. We want to make is as easy as possible for people to make the choices that matter most to them, but we know that people are sometimes uncertain about what is available through social care are SDS options.

  We have asked Midlothian Health and Social Care Partnership to ensure services support people to understand and access the right amount of support.

We have asked Midlothian Health and Social Care Partnership to adopt new approaches to ensure people who experience services or supports are given the right information, advice and help to them make the decisions that are right for their life. In practical terms, this includes

- ensuring all the teams who work with people, including the teams of our Partners, understand what SDS is and how to signpost this information at the right time,
- providing training for staff in sensory awareness,
- understanding how to support people to request and access accessible information,
- ensuring the information we provide about SDS is accessible so those who may benefit from different options are able to make informed choices

- **Choice and opportunity**
  We want people in Midlothian to live independently as possible, with choices and opportunities, and in a safe environment. We are already working with our Partners to provide more opportunities and choices to support this. We are learning from where we have had success in supporting other groups of people to live well in the community, e.g., Primrose Lodge. What we know already works well, and identifying what we need to do differently is helping us plan for new developments. For example, we are already planning a new development to support older people have more choices and opportunities to stay at home for longer and receive the care and support they need.

Primrose Lodge in Loanhead is a development of four tenancies with a 'short breaks' service for two people next door. The development will become available in 2025 and be is part of the strategic redesign of Learning Disability services in Midlothian.

Primrose Lodge will be home to an inspiring group of young people with unique personalities, great potential, skills to offer, and vibrant lives to lead. The building has been designed to be accessible and barrier free with provided 24 hours a day, seven days a week, by highly trained staff that are supported by specialist disciplines such as nursing, physiotherapy, speech and language therapy, dietetics, and occupational therapy.

- **Changing needs**
  People's needs can change for a number of reasons and at any time. When this happens, we want to be able to respond as quickly as possible and provide the right care. This is important for everyone but can significantly improve the experience of care for people at the end of their life.

  As part of the transformation programme, we have asked Midlothian Health and Social Care Partnership to ensure people can access co-ordinated, timely and high-quality palliative care, care around death, and bereavement support based on their needs and preferences. This must include support for both families and carers as they deal with loss and grief, and for staff to manage the emotional impact of caring for people at the end of life.

We will review how we provide support for people with complex needs. The Adults with Complex and Exceptional Needs (ACENS) service will continue to provide person-led care as we work with both of our Partners to develop a whole system model that can cope with the increasing demand and provide the right support to those who need this specialist service.

Longer terms aims

3.3 People benefit from organisations working together and sharing information safely

- **People have access to their own health and social care information**
  People told us they want information about their care to be shared more easily between services. People also want to be able to also share information easily themselves and on their own terms e.g., linked health and social care records.

  Integrated care records could help avoid people having to repeat their story, help people better manage their care, and support discussion and shared decision-making. Effective digital systems and linked technologies could also lead to better and more consistent care, but this is currently not available.

  In Scotland, we are some way off from having the data sharing agreements between organisations that would need to be in place for linked records. However, this remans a key objective for Scottish Government, and we will continue to work with our Partners to make sure we are able to adopt new ways of working as soon as it is possible.

- **Bringing data together in new ways**
  Our experience tells us that there are some services that people are more likely to need at the same time. If we could reliably predict in Midlothian, we would be able to reorganise health and social care around what people most frequently need, rather than individual diseases. Understanding the local patterns of health and wellbeing would help us redesign our services around how people live their lives.

  Currently, due to the way national information is collected, there is no data that can tell us the most commonly occurring clusters of health and social care need in Midlothian. We must develop this ourselves and consider how we use the data we already have to better understand how people access our services in Midlothian.

  By creating the conditions for the safe sharing of information between organisations and connecting systems, we are confident we will be able to plan and design more person-led approaches and improve how we support people who need health and social care services.

We are working with local and national organisations and data specialist to bring together health and social care data in ways that have never been done before. This will help us understand how to create new ways of safely storing, sharing, and connecting information so that people only need to tell their story once. By doing this we will save time for people and staff and create new opportunities to do things differently.

Making this a reality

Other key documents and information

In developing this Strategic Plan, Scottish Government require us to produce a number of documents alongside this publication. You will have noticed we have referred to some of these throughout the plan.

- Medium Term Financial Strategy
- Midlothian Joint Strategic Needs Assessments
- Consultation and Engagement Statement
- Housing Contribution Statement
- Market Facilitation Plan
- Equality and Children's Rights Impact Assessment on the Strategic Plan

Our priorities

The priorities set out in this plan describe the action we will take to make our ambitions a reality. Every year, as close to the start of the new financial year as practicably possible, we issue written instruction to NHS Lothian and Midlothian Council. There instructions are called Directions and are the mechanism to deliver the ambitions of this strategic plan. Directions are legally binding and instruct NHS Lothian and Midlothian Council to do the things we think are the highest priority, describes what they need to deliver, and the budget that they have been allocated to do this with.

Our Directions are written in a way that aligns them with both the strategic aims in this plan and the National 9 Health and Wellbeing Outcomes. This allows us to be clear what we are doing, why, and what we hope to see as a result.

Directions for 2025/26 were issued in March and September 2025. We looked ahead to the publication of this plan and set out the priority actions for 2025/26 and transformation plans as part of planning how to use our resources.

We review progress made towards our Directions regularly and report on this twice a year. We can issue a new Direction at any time or revise a Direction if we think we need to take corrective action e.g., if we make a decision that changes service delivery, or if we receive new funding across the year. Midlothian Health and Social Care Partnership uses Directions to ensure operational planning has a clear connection between our strategy and delivery.

Directions provide a formal record and audit trail of our decisions and the responsibilities of our Partners. You can find our Directions for 2025/26 on the Midlothian Health and Social Care Website.

Operational planning and how services plan

People told us they believed our ambitions were the right ones, but they also wanted to know what we were going to do and have carefully considered how we ask Partners to take forward key actions and priorities in our Directions.

Our strategic plan has to be a deliberate choice in direction, and not an operational 'to do' list for Midlothian Health and Social Care Partnership and others to execute. We continue to believe that those delivering care and support are best placed to make the right decisions about the care and support they deliver.

Midlothian Health and Social Care Partnership has annual Service Plans for each operational area that set out the detail of how this Strategic Plan will be brought to life in our communities. These operational plans are based on our strategy, the realistic possibilities with the resources that have been made available to us by our Partners, and our Directions as well as national priorities and drivers, and what we know about people and communities. This includes frameworks like the Framework for Community Health and Social Care Integrated Services and the proposed multi-agency Getting Right for Everyone approach are both central to how Midlothian Health and Social Care Partnership plans its services.

The Midlothian Heath and Social Care Partnership Service Plans will be published on our website as soon as they are available.

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. However, we know that this combined workforce is the single biggest asset available to us in progressing the ambitions of this plan and improving outcomes for people and communities.

We know the needs of our workforce are changing and dependent on many new factors. In 2022 Midlothian Health and Social Care Partnership published its first Integrated Workforce Plan for 2022/25 alongside a staff Communication, Engagement and Experience Delivery Plan and focuses on the 5 pillars of workforce planning set by Scottish Government to support recovery, growth, and transformation of health and social care.

We have continued to develop our skills in this area and worked with Midlothian Health and Social Care Partnership to develop an Integrated Workforce Plan for 2025/28. This plan describes how we will plan, attract, train, and support the development of the workforce required to deliver the ambitions of this plan and has been submitted to Scottish Government for review.

Monitoring and evaluation

There are a number of ways we work with our Partners, people, and communities to monitor and evaluate the progress we are making toward the ambitions of this plan.

How we measure performance

We measure our performance to see what is working well, what can be improved, and how well we are meeting the key aims of integration and strategic aims of our strategic plan. We do this through a number of key evaluation and reporting methods that can be found on the Midlothian Health and Social Care website :

- Our Performance Framework with quantitative (number) and qualitative (narrative) information
- Our Annual Performance Report
- Bi-annual reports on our Strategic Governance Outcome Map.
- Bi-annual reports on progress against our Directions
- Our Equality Outcomes, and Mainstreaming Equality report and action plan
- Quarterly reports from Midlothian Health and Social Care Partnership's services

Our performance framework

Our Performance Framework sets out the ways in which we review, monitor and evaluate the impact we are making in peoples lives. There are some elements of this framework that use nationally validated data i.e., the national indicators connected to the 9 National Health and Wellbeing Outcomes.

Other parts of our framework include data on progress towards our Directions and the progress towards the operational plans of Midlothian Health and Social Care Partnership combined with local population data from our Joint Strategic Needs Assessment (JSNA), Midlothian Citizens Panel, and wider consultation activity.

Tracking outcomes

Our Strategic Governance Outcome Map is an important way that we evaluate our performance and how we monitor and evaluate progress towards our strategic aims.

Outcome maps are a way to understand how services contribute to people achieving the outcomes that matter to them. 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 and local data.

Our Strategic Planning Group reviews the data and evidence we collect at every meeting. This group oversees the quality of the data we use and scrutinises the interpretation of our analysis. Where there are data that need further examination, the group asks the senior leaders in Midlothian Health and Social Care Partnership to help us understand where we can learn from areas of success as well find opportunities for change. As part of our Performance Framework, this helps us better understand the contribution we are making to personal outcomes for people.

Working this way means Midlothian Health and Social Care Partnership services can quickly learn from what has worked well, identify what needs to improve, and use this information to make more targeted, locally informed decisions about how to design, deliver, or commission services. This approach allows services to describe what they do, who with, what people learn and gain as a result, how this makes them feel, and the difference this makes in their lives.

Budget and financial plan

We must only spend the resources that have been made available to us by our Partners, Midlothian Council and NHS Lothian. This Strategic Plan helps us prioritise how we will allocate and best utilise those resources. We have agreed that achieving the ambitions of this plan will bring the change we want to see in our communities.

The way we allocate funding to the services that Midlothian Health and Social Care Partnership manage is based on this plan. However, we know we don't have enough resources to meet all the needs of the growing population in Midlothian.

As we monitor our progress towards the 9 National Health and Wellbeing Outcomes, we will consider if the plans are delivering change in the way we hoped. We might not have resources available to us to make as much progress as quickly as we'd like, but our strategy will continue to be designed to improve outcomes for everyone in Midlothian.

Midlothian Health and Social Care Partnership operationalises this plan and uses the money allocated to its services to plan, deliver, monitor, and evaluate the services it provides and commissions. The actions services take, and how they use the resources allocated to them will determine how much progress we make, and how quickly. We monitor these plans and will ask Midlothian Health and Social Care Partnership to do things differently when we think there is a need to do so.

Best Value

Best Value is about ensuring that we effectively manage the resources available to us and focus on improvement to deliver the best possible outcomes for people and communities. We know that achieving Best Value will only be possible if we work alongside our Partners. To help us do this the best way we can, we monitor our actions using a Best Value Framework and record our progress in the Strategic Governance Outcomes Map. This helps us continually improve and describe our work across 7 key areas.

- Vision and leadership
- Governance and accountability
- Effective use of resources
- Partnerships and collaborative working
- Working with communities
- Sustainability
- Fairness and equality

Annual budget setting

We can only use the resources that are made available to us. These resources are allocated to us by Midlothian Council and NHS Lothian each year and we are then responsible for the

integrated budget. The budget offer we receive from both of these Partner's changes from each year and may not be enough to deliver everything we want to.

We work closely with both Partners but often don't know exactly what our budget offers will be until February or March each year. This is because of how our Partners receive funding from Scottish Government.

Future funding decisions that impact on our Partners are likely to also impact on the resources we have. This makes it very difficult to plan ahead in a meaningful way as we don't have firm offers from both Partners until after the start of the financial year. The result of year-on-year budget offers means that strategic planning and progress towards our strategic aims can slow down, or we may need to revise this plan and our medium-term financial strategy to ensure we are prioritising the right actions. The decisions taken by our Partners will impact on our capacity and ability to respond to changing needs in our communities.

Our annual budget

Our budget for 2025/26 is **£176.321m*** This is split up into four parts:

Social work and Social Care (from Midlothian Council). **£71.086m**
This is for the adult social care services in Midlothian. These services are managed operational by the Midlothian Health and Social Care Partnership.

Health Core Services (From NHS Lothian). **£73.288m***
These are local health services which are delegated to the Health and Social Care Partnership. These include primary care services (GPs, pharmacists etc), district nursing, community mental health teams, community learning disability teams, and the local community hospital.

Health Hosted Services (from NHS Lothian) **£13.589m***
Some services are managed on a pan-Lothian basis. We manage a share of the total budget for these services based on its population. Midlothian hosts Dietetics and Adults with Complex and Exceptional Needs and provide services for people across Lothian on behalf of all four Health and Social Care Partnerships - Midlothian, East Lothian, West Lothian, and City of Edinburgh.

Health 'Set Aside' budgets (from NHS Lothian). **£18.358m***
Unscheduled care services (Accident and Emergency and unplanned admissions) are managed by NHS Lothian's Acute Hospital system. The IJB's budget includes a share of these services, based broadly on our population size. The budget is 'set aside' by NHS Lothian on the IJB's behalf. These services are Accident and Emergency, Cardiology, Diabetes, Endocrinology, Gastroenterology, General Medicine, Geriatric Medicine, Rehabilitation Medicine, Respiratory Medicine, and various ancillary support services for the above. They are delivered at the Royal Infirmary of Edinburgh, the Western General Hospital and St. John's Hospital.

***budgets TBC until fully confirmed by NHS Lothian.**

How we fund 'Transformation'

The financial resources available to us are agreed when we set our annual budget. This is usually in March every year. Sometimes further resources are made available by the Scottish Government.

Working this way makes thinking about our strategy difficult. By law, we have to review our Strategic Plan every three years but also know that change doesn't happen quickly. We will review and refresh this plan in three years, but we only have the budget confirmed for one year at a time year. We also know that our population is changing, and we need to plan for this by thinking much further ahead.

This Strategic Plan asks the services in Midlothian Health and Social Care Partnership to redesign in specific ways over the next 15 years. New legislation, national policies, or other national changes may also require services to do things differently. When this happens, it often needs additional investment, but we don't always receive more money.

We have spent several years improving and making our services as efficient as they can be. This means we are no longer able to do more with less to achieve saving targets. We are now working towards total system transformation, and work at this scale requires a huge amount of planning, testing, learning, and retesting on top of our day-to-day business of supporting people and communities. We are working with Midlothian Health and Social Care Partnership to ensure they have the right capacity in the early planning and implementation stages of this work.

We only have three options available to us to fund additional services. This means we will not be able to truly transform without one of these options being made available to us.

New resources from Scottish Government. These are generally agreed as part of the budget setting process each year.

A transfer of resources from elsewhere in the system. For example, as we provide more care in communities and avoid people going to hospital unnecessarily, more resources should be released from hospitals to support community services. However, in practice this is difficult to achieve and impacts on our ability to do more of the work that would make the biggest difference in our communities.

A reorganisation of how we allocate our own budgets. We can choose to fund areas differently but giving more to one area means giving less to another. Sometimes this means we have to stop providing some services and we will always discuss these options with all Partners, people, and communities before making any permanent decisions.

Our 'reserve' budget

All Integration Authorities should have reserves as this is part of good financial management. There are two types of reserves: general reserves, and earmarked reserves.

- General reserves are funds which have been built up from surpluses in previous financial years. The main purposes of general reserves are to help support unexpected financial pressures through the year. In 2023/24 we had to spend all of our general

reserve (c. £6.2m) to pay for services. Although this was planned, it has meant we no longer have any reserves to support recovery plans or to investment in service transformation.

- Earmarked reserves are funds that we may have carried forward one year to the next for specific and allocated services or projects. We continue to have earmarked reserves for this purpose.

Our medium-term financial strategy

Although our financial position is more unpredictable now than it has ever been, we do have a five-year financial plan that runs from 2025/26 to 2029/30. We review this regularly and adapt and change to meet the challenges.

We have worked hard to make sure our medium-term financial planning supports the delivery of this strategic plan for 2025/35 and closely links with our workforce plan for 2025/28. You can find our medium-term financial plan on our website.

Financial risks

We are currently facing a number of serious financial risks. The main risk is that our Partners may not be able to provide the necessary levels of funding to support our aims. The financial pressures we face are the same all across Scotland: the costs of changes relating to staff pay, terms and conditions, the changing cost of existing drugs and the cost of new drugs, and rising costs due to inflation.

NHS Lothian and Midlothian Council have supported us with the best funding offer they can in the circumstances. However, in the future, they may have to prioritise funding their own services first. This would mean less money was available for community health and social care. There is also a risk that future Scottish Government policy decisions could impact on the way we have to use the money we have available to us. For example, it is not clear how the National Care Service will impact of the funding we receive of the services we will be asked to plan for.

Appendices

Appendix 1: Our responsibilities

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 and Independent Sector, staff, and people who represent their community, people who experience our services, their families, and carers.

Midlothian Health and Social Care Partnership oversees more than 60 services on behalf of Midlothian IJB. All people who work in Midlothian Health and Social Care Partnership are employed by either Midlothian Council or NHS Lothian.

You can find the full list of services the IJB is responsible for in the Midlothian Scheme of Integration. 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 have listed some of the services below

NHS Lothian

Care in Hospitals which isn't planned (unscheduled care) including Accident and Emergency, Minor Injuries, Acute wards

Midlothian Community Hospital

Community based health care (Primary care) including GPs, District Nurses, Dentists, Pharmacists, Mental Health services, Substance Use Services, Community Respiratory team

The following Health services for children and young people under 18: Health Visiting, School Nurses, Vaccinations of children

Allied Health Professionals –including physiotherapists, dietitians, podiatrists
Palliative and End of Life Care

Midlothian

Social Work support for adults including adults with dementia, learning disabilities, older people

Care at Home services

Day services for older adults and people with learning disabilities

Services to support unpaid carers and breaks from caring

Health services for people who are homeless
Extra Care Housing for people who need housing with extra support

Care Homes

Services to address health and care needs of people in the justice system

Appendix 2: Locality planning

The Public Bodies Act requires that each Integration Authority area is split into at least two localities. However, the numbers in the available validated data that would support this are often too small to be reported.

There is no natural split into two or more areas across Midlothian and the population isn't large enough to make a locality approach viable for commissioning services. As the smallest mainland authority in Scotland, we do not consider this is a meaningful approach.

Instead, we work with the local Community Planning Partnership and Neighbourhood Plans to work with our 15 natural communities to identify what is working well and plan areas for development. The voluntary sector has strong roots in local areas and supports a system wide understanding of community intelligence that is invaluable. Our ongoing partnership with the third sector is at the core of our work in communities.

This approach has been particularly effective during civil emergencies such as extreme weather conditions and more recently, the pandemic.

More information on the health and social care needs of the Midlothian adult population can be found in our Joint Strategic Needs Assessment.

Appendix 3: Engagement with people

We work closely with people and partner organisations through representatives from the third sector, carers and people with lived experience joining our formal planning groups including the IJB, and the Strategic Planning Group.

This Strategic Plan was developed and designed after consultation with all our stakeholders. Our Consultation and Engagement Statement sets out how we planned, carried out and evaluated feedback alongside people who experience our services, their families, and carers.

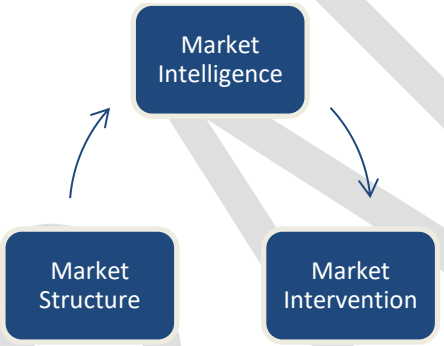
The best way to evaluate how well we are doing is by regularly talking to more people who live in Midlothian. In 2024, we completed the Heath Care Improvement Scotland Quality Framework for Community Engagement Self-Assessment and published our findings and an action plan on how we will improve how we listen to all the voices in our community. This process has helped us plan how we worked alongside people and communities to write this plan and consider how we can be better partners in the future.

Appendix 4: Market facilitation

The Public Bodies (Joint Working) (Scotland) Act 2014 is accompanied by statutory guidance that we must follow when developing our plans for health and social care in Midlothian. The statutory guidance says we must prepare a Market Facilitation Plan alongside our strategic plan and involve a range of service providers, people who use services, carers, representative bodies, and professionals in the processes.

Market facilitation is both the planning and securing of services across a range of providers and types of support for people to choose from and supports a flourishing community. There are three elements of market facilitation: market intelligence, market interventions, and market structure.

- **Market Intelligence** is the common and shared understanding of local supply and demand that helps us describe and evidence the market position in Midlothian.
- **Market Interventions** are the things we do to deliver the care and support that is required and support our communities to flourish.
- **Market Structure** is the shape of the market as a result of the actions we have taken collectively based on shared values and the outcomes we hope to achieve.



A Market Facilitation Plan should describe how the strategic plan will be delivered and how we will work together with the services, agencies, providers, and people and communities in Midlothian to put the right services and supports in place. This is 'the market' and includes what currently exists as well as what might exist in the future so that people stay well and take action to prevent ill or worsening health.

To do this, we need a shared understanding of what services and supports are required, and how much of them we need to so people can achieve what matters most to them. This also includes ensuring we have ethical commissioning and procurement principles, appropriate choice from range of different types of support, and a range of providers.

Our Market Facilitation Plan describes how we will work with service providers, people who experience our services, their families, and carers to shape the future of the local health and social care market. This plan aims to identify the demand for care and support, design and respond to the changing needs of people living in Midlothian and shape the future market in readiness for population changes.

Appendix 5: Policy and drivers

Some of the most important national policies that have contributed to this plan are

- National Performance Framework
- Principles for Planning and Delivering Integrated Health and Social Care
- Best Value in Public Services
- NHS Scotland Operational Improvement Plan
- Health and Social Care Service Renewal Framework
- Scotland's Population Health Framework
- Health and Social Care Standards (2017)
- National Health and Wellbeing Outcomes Framework
- Delivering Value Based Health and Care: a Vision for Scotland (2022)
- Framework for Community Health and Social Care Integrated Services
- Fair Work Action Plan (2021)
- Housing to 2040 (2021)
- National Workforce Strategy for Health and Social Care (2022)
- My Health, My Care, My Home - Healthcare Framework for Adults living in Care Homes (2022)
- National Clinical Strategy for Scotland (2016)
- NHS Recovery Plan 2021-2026
- Getting it Right for Everyone
- Getting it Right for Every Child Policy Statement 2022
- National Carers Strategy (2022)
- Self-Directed Support: framework of standards (2021)
- Rehabilitation and Recovery: a person-centred approach (2022)
- National Mental Health Strategy 2017-2027
- National Drug Mission Plan 2022-2026
- Creating Hope Together – Suicide Prevention Strategy 2022-2032
- General Medical Services Contract in Scotland (2018)
- Primary Care Improvement Programme
- Diabetes Improvement Plan (2014)
- Palliative and End of Life Care Strategic Framework for Action (2015)
- Palliative and End of Life Care by Integration Authorities: advice note (2018)
- Learning / intellectual disability and autism transformation plan (2021)
- See Hear – A strategic framework for meeting the needs of people with a sensory impairment in Scotland (2014)
- Enabling, Connecting and Empowering: Care in the Digital Age – Scotland's Digital Health and Care Strategy (2021)
- Greater access, better insight, improved outcomes: a strategy for data-driven care in the digital age (2023)