



Midlothian Integration Joint Board

Strategic Plan 2025-2035

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Foreword

Welcome to this, our fourth Midlothian IJB Strategic Plan 2025-2035 that looks to the future of integrated health and social care in Midlothian with a 10-year plan.

As a board, we have learned together over the past years 10 years what it means to plan and direct integrated health and social care. We have worked hard to bring together the two equally vital elements of social work and health care to best serve the people who live in our communities.

We know we cannot be truly strategic in a 3-year plan, so have looked ahead to understand the health and social care system we will need for the next 10 years. We have intentionally set expectations in the short term aims of this plan to ensure the foundational capabilities are in place for real transformation, not marginally improving an outdated system. We have already set our plan in motion with the action described in our **Directions for 2025/26** issued in March 2025.

This strategy is meant to be bold. It is not intended to be either optimism dressed up as strategy, or a reduction of strategic planning to a series of incremental tasks. In developing this plan, the questions most important to us were 'what kind of future health system do we need to build?' and 'how do we get there?'.

Being a meaningful part of our communities and contributing to people achieving what matters to them is at the centre of all we do. We have been listening to people and communities for over 2 years in the preparation of this strategy and will continue to do so as we learn, plan, and change together.

We have always understood that people, not services, are at the centre of our decisions and the new Scottish Government **Health and Social Care Service Renewal Framework** helps make that agenda a national ambition.

Our first concern is planning for that new future; one where we meaningfully contribute to our growing population experiencing better health and wellbeing. This is a complex task, and one made more difficult by available funds being unable to keep pace with the speed of demographic changes.

Environmental issues and how we can support our Partners to be more sustainable are also a key consideration as our communities continue to grow.

We have made good progress in our Financial Recovery Plans and have planned how we will allocate resources to drive our Transformation and Change programme. Despite this, we are under no illusion that without significant change to how our Partners are funded, they will be unable to offer us the resources we need to meet future demands.

Digital transformation is one of our biggest challenges and must be more central to our planning. We know digital is not a department or a dashboard, but instead the intelligence layer of the future we have planned. As we have no control over the

systems our Partners adopt, we will continue to maximise the skills we have at our disposal to find solutions, think differently about the whole system, and build a dynamic, adaptive, real-time information infrastructure.

As we work through the first 3 years of this 10-year plan, we will continue to set a bold vision with serious strategic design. We will continue to enable learning and focus on coordination, collaboration, prevention and personalisation to happen in real time, to ensure we build the capabilities that will determine the next 50 years of health and wellbeing in Midlothian.



Val de Souza
Chair, Midlothian IJB



Morag Barrow
Chief Officer, Midlothian IJB



Councillor Connor McManus
Vice Chair, Midlothian IJB



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 to agree how we can best contribute to people in Midlothian living well in their community.

This plan is effective from 1st November 2025 until 31st October 2035, but we will review and update this plan every three years.

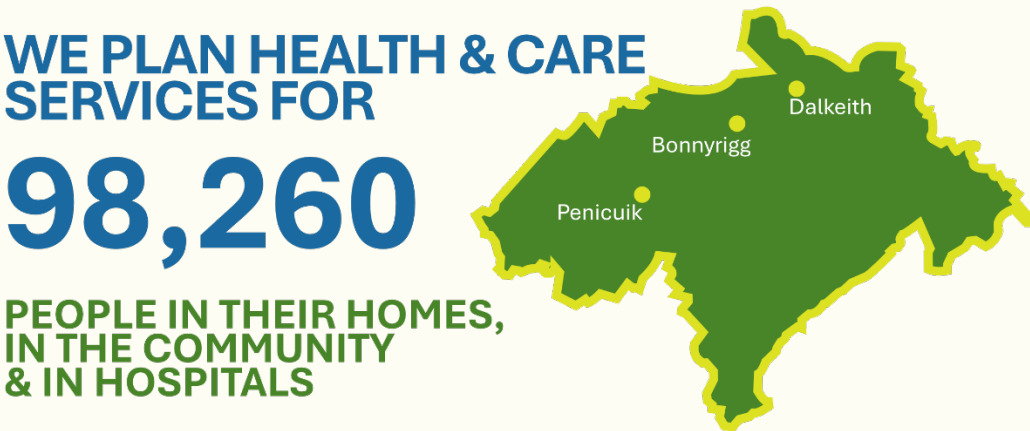
Who we are

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.

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

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

Scottish Government asks us to take the 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.



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

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](#). The Scottish Government measure our performance through our work to evaluate and report on how we are contributing to the [9 National Health and Wellbeing Outcomes](#) becoming a reality for more people in Midlothian.

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 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 1000 people involved in delivering care, and people who experience our services, their families, and carers. Between September 2023 and September 2025, we undertook a range of consultation activities to ask what mattered, how people wanted things to change, and for feedback on our plan.

We also listened to our Partners and local providers to better understand what is already working well and where there are opportunities to improve how we work together to see people in Midlothian living good lives and achieving the things that matter most to them. 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 and Engagement Statement 2025-2028](#) that accompanies this strategy.

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 that local services 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 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 plans if those ambitions are out of reach in the coming years. People asked us to be clear and realistic.

What we will do

Being a meaningful part of our communities and contributing to people achieving what matters to them is at the centre of all we do. Over 1000 voices have been included in the development of this strategy and we want to keep the conversation going as we learn, plan, and change together. Our **Participation and Engagement Statement 2025-2028** sets out how we will do this.

Strategy isn't always new or exciting. Strategies find solutions to the challenges we face and are a choice in direction that others may disagree with. 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 we 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 people with what they need or keep improving what we can offer.

A new future for health and social care

In January 2025 the Government announced 3 publications that will shape the future of health and social care in Scotland; the **NHS Scotland Operational Improvement Plan**, the **Health and Social Care Service Renewal Framework** and **Scotland's Population Health Framework**. The 5 principles of the service renewal framework focus on prevention, people, community, population planning and digital innovation. This echoes the 3 recommendations for strategic change proposed by Lord Darzi in his 2024 **Independent report in the National Health Service in England**, a shift from hospital to community, the move from analogue to digital and a shift from focusing on sickness to delivering prevention.

Scotland's Public Reform Strategy also asks us to think and act strategically, focus on the 'bigger picture', and ensure our leadership supports and requires joint working. We have recognised the importance of this in our strategy and taken the bold move to plan for the next 10 years to build the foundations of a new, shared future in Midlothian.

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

National Care Service for Scotland

Our role in a National Care Service remains unclear. Plans are progressing for a National Care Service, but in a new way. The **Care Reform (Scotland) Act 2025** sets out the foundations for change 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.

Scottish Government publications

- **NHS Scotland Operational Improvement Plan** - March 2025
This plan builds on the planning of individual Health Boards.
- **Health and Social Care Service Renewal Framework** – June 2025
This sets out a 10-year plan to improve outcomes for the people and communities of Scotland.
- **Scotland's Population Health Framework** – June 2025
This framework sets out the long-term approach to improve Scotland's health and reduce health inequalities.
- **Scotland's Public Service Reform Strategy – Delivering for Scotland** - June 2025
This is clear about the change we must deliver through integrated solutions and local action. We must ensure we create lasting change that focuses on people, communities and places.

Transformation

Health and social care is changing. This is because of the way our communities are growing, the types of support that people need, and other influencing factors like legislation, national policy, and Scottish Government priorities. The change required is not small and gradual change over time. We must completely redesign how we deliver treatment, care, and support in new and previously unimagined ways. This is called 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 plan.

We know we will need a range of people and groups of professionals to contribute to the success of this work. We have identified a number of enabling factors which include finance and resource; business, intelligence, and insight; workforce; sustainability (including digital), and unpaid carers.

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.

Transformation and change

The Midlothian Health and Social Care Partnership Transformation and Change Programme Board has 8 workstreams.

These 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 (community front door)



Our approach

If we are serious about building a sustainable health and social care future, it's important we recognise that the most powerful and cost-effective interventions are ones with a shared purpose and grounded in relationships.

Only by people and communities being seen, heard, and leading the change can we unlock the kind of action that will change the future of health and wellbeing in Midlothian.

Our commitment

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 the reality for people and communities.

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 of culture where compassion is the driving force and relationships are at the centre of how we care for our workforce 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.

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 commitment to the people and communities of Midlothian is to

- Keep it simple. We will 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.



Working together

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 the choices they make 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 to live well.

Working with our Partners

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 jointly develop plans across the whole system and use mechanisms like our Market Facilitation Plan 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 health and health inequalities is climate change. Environmental issues and how we can support our Partners to be more sustainable are key considerations as our communities continue to grow. 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 and this 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 employment opportunities in health and social care.

Secure, quality, and affordable housing is another foundation of good health and wellbeing that 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.

NHS Lothian

The **NHS Lothian Strategic Development Framework** (LSDF) sets out what needs to happen across Lothian's Health and Care system over the next 5 years.

The LSDF is a joint plan between 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.

Midlothian Council and Community Planning

The **Midlothian Council strategy for inclusive economic growth 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 link 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 than health

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.



Our strategy on a page

Our Vision

People in Midlothian 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 and evidence we have used to determine our strategic aims.

Before writing this plan, we undertook a review of a wide range of information, local data, the views of people, and local community data to help us identify the areas where we want to make the biggest difference over the next 10 years.

The most significant piece of evidence we have used is our **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.

Information, evidence and insight

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.

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. To best understand the experience of local people we have combined number data with descriptive data, people's stories, and their 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.

Our data sources

We have considered a wide range of 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 that lives in Midlothian.

- The National Indicators and our performance on these as described in our **Annual Performance Report 2024/25**.
- The Ministerial Steering Group indicators.
- Our **Joint Strategic Needs Assessment** (JSNA).
- The Midlothian Citizens' Panel.
- Our Annual Midlothian Survey.
- Local service performance data.
- Feedback from local providers, people, and communities.

Information and support

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 one of the top sources of information they use is word of mouth (56%), and 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.

We know our services provide a variety of in-person advice and information, but we must do more to ensure information is available and accessible to all people and communities across Midlothian. There is much we can learn from other national examples of good information sharing, e.g., community pharmacies.

Pharmacy First

Pharmacy First Scotland is a service for people living in Scotland, registered with a Scottish GP Practice, residents in care homes and care settings, people who are experiencing homelessness, and the traveler community.

Across Scotland:

- 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.

Digital skills and confidence, along with access to devices and data, are becoming increasingly 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 use.

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

Digital skills and confidence

People in Midlothian have access to digital tools, but not everyone is able to make best use of them.

- 97% of people in Midlothian have report having access to the internet at home.
- The average internet speed in Midlothian is 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 incomes are less likely to have access to smartphones and be on pay monthly data plans.

What matters most to people and communities

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

What is important

Respondents to our Citizens' Panel survey told us that the 3 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%).

We want to be able to provide people with meaningful support to live the lives they choose in good health and wellbeing. To be confident we are continuously learning and improving, we want our services to be able to describe their contribution to people achieving the outcomes that matter to them.

Outcome Mapping is a useful way 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 have already made good use of this approach to understand our progress towards achieving our [Directions](#) and the national indicators reported in our [Annual Performance Report 2024/25](#).

We believe this methodology will also help our services to understand their contribution and make more targeted, locally informed decisions about how to design, deliver or commission services.

We will 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).

Supporting local people

We know that people generally access health and care close to home, rather than where they work. This means that our services need to support people who commute to work outside of Midlothian, 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.

Midlothian's largest employer is Midlothian Council with 3,990 employees. However, over 50% of the working age population work for Edinburgh City based employers.

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.

In our recent Citizens' Panel survey, only 37% of people thought "it is easy to get the support I need when I need it". It's important we take action to address this for the health and wellbeing of people in Midlothian now and in the future.

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

Local economic activity

- In 2024, the economically active population of Midlothian was 81.5% of the total working age population.
- 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 10 years).
- 25.6% of people were retired, an increase from 17.6% in the past 10 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 Midlothian residents aged 16-64 were claiming Universal Credit - male (2.6%), female (1.8%).

Staying well, independent, and active

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 these guidelines compared to those in the least deprived.

Maintaining a healthy weight is important to avoid increased risk of 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. 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.

Improving outcomes

There are areas where Midlothian is making sustained improvements in improving outcomes for people.

- 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.

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”.

Life expectancy

- Since 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.
- Early deaths of people aged under 75 years from cancer and chronic heart disease have both been reducing over time. Some areas 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.

Our communities

Midlothian's population has grown every year since 2006. At the 2022 Census there were 96,600 people living in Midlothian and the most recent population estimate is 98,260. Midlothian 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 over 40% 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 the people who live 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.

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 tells 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.

Changes in population

- 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 council areas 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%).

Services in our communities

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. When we asked people 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%)

The impact of planned housing development is likely to be most significant for General Practice, Pharmacies, Health Visiting and Community Health and Social Care services that support people to live in good health for longer in the place of their choosing.

We must work together to ensure that people can access the services they need in their own community and recognise people are the experts in their own health and wellbeing. 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 common 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. Many carers do not identify what they do as being an "unpaid carer". Some groups are more affected than others e.g., more women identify as carers, and 28% of carers live in the 20% most deprived data zones.

Journey times to appointments

(home to health and social care appointments)

- 58% of respondents travel by car to appointments at a GP practice, hospital, or vaccination clinics.
- 23% walked, 11% used public transport.
- 64% travelled less than 15 minutes.
- 29% travelled 15 to 30 minutes.
- 8% travelled more than 30 minutes.

Flexible and adaptable care and support

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.

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%. Midlothian's total population includes 4.53% 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 health and social care is the largest employment sector in Scotland. There is also a thriving local Third Sector in Midlothian, supported by the Midlothian Third Sector Interface.

Core principles

The Health and Social Care 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.

Most of the people working in Midlothian work full-time. There has been a slight decrease in the full-time workforce and an increase in the number of self-employed, part-time, and retired individuals from 2012-2019.

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 national Health and Care Experience Survey 2023/24 asked people about the impact of having caring responsibilities: The data for Midlothian told us that

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

It is vital we support carers in Midlothian and take action to ensure that working towards our ambition of shifting the balance of care closer to home does not put unpaid carers 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.

Public Sector staff

- 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.

Caring

12.5% of the Midlothian population are carers. In the 2023 survey of carers in Midlothian:

- 80% reported effects on their mental health, 66% on their physical health.
- More than half said 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.
- 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.

There are at least 500 formal groups or voluntary associations and other Community Planning Partners and approximately 56% of the population volunteer informally.

The data tells us we must continue to work 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.

Volunteering

- 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.

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".

Data Protection

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 way of working where we can pull in the right team of professionals to meet the individual needs of people rather than pushing referrals to multiple services and organisations.

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) Act, 2025** has made provision for change, but we don't know how long it will take before solutions are developed. The evidence is clear that we must continue to work with our Partners to ensure agreements are in place that allow us to connect their information safely to deliver more person-led health and care.



Our strategic aims

We have identified 3 strategic aims that we think can make the biggest impact in the shortest time possible. These 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.



Strategic aim 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.

What we are trying to achieve

We know that our service offers and supports are only one part of what helps people and communities stay well and feel connected to the place where they live. The only way we can be sure that we are offering the services that support people to stay well is to be confident that people and communities are alongside us when we plan and discuss the future.

As we developed this plan, people 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. Our [Participation and Engagement Statement 2025-2028](#) sets out how we will keep the conversation going and work alongside people and communities to drive meaningful change.

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 disadvantage have a voice in how we work towards a more equal future.

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 more helpful to have information that was easy to find, and services that were easy to access. 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 reviewed the information we provide and found

there was work to do to improve our published documents and information about the services Midlothian Health and Social Care Partnership provides.

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 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.

Our **Participation and Engagement Statement 2025-2028** describes 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.

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 services in 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 2 diabetes could be taken forward. Currently this work is underway in Easthouses and Mayfield with plans to expand to other areas in Midlothian.

Speech, language, and communication is a key part of a child's social, emotional and educational development. Language

What we will do

- 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. We aim to have this completed by early 2026.
- We have 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.

What we will do

- Our 'Bump Buddies' group and telephone helpline will continue 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
- Antenatal visits to identify children with speech or language difficulties will follow on from the three visits delivered by midwives. Sessions have been developed in collaboration with colleagues from NHS Lothian Speech and Language Therapy and Public Health teams as part of the 'prevent' agenda and will continue with targeted follow-up and evaluation to monitor the effectiveness of this prevention activity.

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

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.

We will continually improve the ways we do this by continuing to work collaboratively with key stakeholders including people impacted by, or involved in, the Justice system. For example, the Women's Justice Network is a national forum established in 2023 by the Midlothian Health and Social Care Partnership.

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.

prevention and early intervention alongside Speech and Language Therapy and Public Health teams.

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 getting information and support to people as early as possible and working with our Partners to ensure people have good quality housing, education, and employment.

What we will do

The Women's Justice Network is a national forum 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.

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 matter 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 a way professionals can support people to improve their wellbeing e.g., Health Visitors encourage mums to go for 'pram walks' to help maintain good mental health.

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

When people's circumstances change, understanding how to access the right support is an important part of self-management. We will continue to develop ways of working that support people through times of change so they can continue to live well, for longer.

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 need to ensure outcomes, trust, and neighbourhood working are our priority. Our good relationships with Midlothian Council and their commitment to place based working will be key to delivering real change.

What we will do

- We have asked 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.
- Midlothian Health and Social Care Partnership is developing its use of an evidence-based frailty scale to help people navigate self-management. This also helps us understand the types of care that make the biggest difference and how to improve care in the future.

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

We began developing our approach in 2021/22 with a framework that describes how we contribute to improving outcomes. Based on this learning, we have developed this work over the last three years that provides a way for services to tell their story and describe the contribution we make to changing outcomes. 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 approach is most developed in our Strategic Governance Outcome Map that describes how we operate and gives assurance on the progress we are making towards our three strategic aims and the 9 National Health and Wellbeing Outcomes. This information also helps us learn, continually improve, and share this with our Partners.

What we will do

We have asked Midlothian Health and Social Care Partnership to work towards every service area reporting their contribution to outcomes for people, and to our strategic aims using an outcomes-focused approach.

We have also asked services to ensure they are able to describe how they are contributing to personal outcomes and continually improving how they 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 and are continually developing intelligence and data that helps us make the right changes in health and social care.

We have worked with Midlothian Health and Social Care Partnership to start planning a programme of whole system

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. Our ongoing partnership with the Third Sector, Independent Sector, and community groups will remain at the heart of our work with people and communities.

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 way we think we can improve how people access the care and support they need quickly is to develop a Community Front Door 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 we can 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 local providers to develop new ways of working that 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.

What we will do

We know the Third Sector is particularly well placed to help us think differently about how we provide first contact services.

We will work closely with our Third Sector colleagues to develop our Community Front Door as part of our transformation plan.

What we will do

Midlothian Health and Social Care Partnership has reviewed how 'Home First' services are delivered. This has included considering how we ensure the care people need closer to home e.g., at Highbank Intermediate Care service.

Alongside our ambitions to deliver Hospital at Home where it is possible, we will 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.

Digital tools and lifestyle monitoring technology help us to better understand the support people need and want to live the life they choose. Scotland is moving from an analogue to digital service for telecare support to keep people safe and well at home and 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). These services 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.

What we will do

- 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 expanding our digital offers and utilising NearMe online consultations to support more people attend weight management groups run by a specialist team of dietitians.

Longer-term 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 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 building they work in.

As we collect local evidence about how and where we could better coordinate and link service and supports for people with

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. Building new relationships and working more closely with a range of organisations will better coordinate services for people with multiple conditions, including frailty.

complex needs, we will be able to connect services and multidisciplinary teams in new ways. We will look for opportunities to build new relationships and work more closely with our Partners.

What we will do

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 national direction, the **Health Improvement Scotland's Ageing and Frailty Standards**, and the **NHS Lothian Falls Prevention and Management Framework**.



Strategic aim 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 that prevent difficulties in the future. Activities, interventions, or information resources that support 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 it also requires the availability of transport and other services that help people access the support they need locally.

Short-term aims

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

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 new, more relational services 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' provision of care and support must be 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.

What we will do

Midlothian Health and Social Care Partnership is working closely with Midlothian Council and others to develop a shared Transitions Policy. This work will take a phased approach and move away from single service provision to a holistic and whole-system approach as the support people need adapts from child, to young person, into adulthood.

New approaches and their application to our traditional service design of learning disability and physical disability will help us transform. Learning from this process will help us implement this work in other key areas like Justice, Mental Health, and Dementia Services.

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.

We have asked our Strategic Planning Group to coordinate this work and suggest the corrective action we may need to take. We will communicate this through the **Directions** that we issue to Midlothian Council and NHS Lothian.

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 2025-2028** 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.

What we will do

Over the next two years we will set out more clearly how we want Midlothian Health and Social Care Partnership to adopt a more person-led approach to service design. Rather than ‘pushing out’ referrals to multiple services across the system, we want to develop a system that ‘pulls in’ the right professionals to support individuals.

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.

What we will do

We have asked NHS Lothian and Midlothian Council to work alongside us to ensure the right services are available, in the right numbers, from a range of providers 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. We want our services to be available at the heart of our communities and help people focus on what is already strong, what could be even better, and how we can take the next steps together.

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.

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.

What we will do

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, people will more quickly find the help they need.

What we will do

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 predictive system for bed-based care 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 and record and forecast how capacity is affected under a variety of conditions. This will help us plan for seasonal pressures throughout the year, winter pressures and outbreaks of disease, and understand what the impact of changes in other sectors might mean for Midlothian. e.g., private nursing homes.

Planning for the future

Programmes of work are influenced by national ambitions, including realistic care and support as well as local need. 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.

What we will do

We will undertake a review of all our bed-based care to support people to be as independent as possible by maximising what they can do for themselves.

As part of our Transformation Programme, our bed-based review will include.

- Midlothian Community Hospital,
- Highbank Intermediate Care Facility,
- Newbyres Care Village,
- Extra Care Housing, and
- our Care at Home service.

We have asked Midlothian Health and Social Care Partnership to develop a new strategy and workforce plan to ensure people can access bed-based care when they need it.

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.

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 how we can improve is one way we can support people to take action to prevent ill or worsening health and stay well.

Longer-term 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. We need 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 resilient communities in Midlothian take action to prevent ill or worsening health. We want 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. Effective community planning and working with all our Partners will achieve more than we can through health and social care alone.

What we will do

We have asked Midlothian Health and Social Care Partnership to continually evolve and adapt using the available resources. This includes all services adopting a culture of continuous improvement, so they are confident they are supporting people to achieve what matters to them most.

What we will do

As the lead organisation for the **'Midlothian will be healthier'** and **'Midlothian will be safer'** components 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 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 and that no one should have less life chances because of their sex or gender, what they believe, or whether they have a disability. It is important that we work together with all our Partners to improve outcomes for everyone in Midlothian.

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 2025-2029** which sets out our priorities for the next 4 years and how we will work together for a fairer and more equal Midlothian.

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.

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.

What we will do

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.

Shared decision making, representation, inclusion, and action

People told us they want to 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 offers 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.

As part of the process to review our Participation and Engagement Statement, we undertook the Healthcare Improvement Scotland Quality Framework for Community Engagement Self-Assessment. This informed how we want to practically support people and communities to be part of service design and planning.

Our **Participation and Engagement Statement 2025-2028** 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.

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 to the programme of work agreed with the 4 Lothian Health and Social Care Partnerships. This will include local work to reduce waiting times and improve the experience of people who access our service offers and supports by working closely with all our Partners.

Examples

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 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.

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 as 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.

Carers

We will continue to invest supporting carers, raise 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 our commissioned partner VOCAL to consider how the information, advice and support that matters most to carers could be improved.

Our Carers Strategy 2025-2028 (in development) sets out how we plan to work with carers, the people they care for, and all of 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.

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 services. 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.

What we will do

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.

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 self-care. Self-Directed Support (SDS) is a Scottish Government policy that supports people to access the care that they want to help them live the life they choose.

We want to make it 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 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.

Choice and opportunity

We want people in Midlothian to live as 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.

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

What we will do

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 means

- 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,
- supporting 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.

is part of the strategic redesign of Learning Disability services in Midlothian. The building has been designed to be accessible and barrier free with assistance 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.

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.

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.

What we will do

We will build into our Transformation Programme more opportunities for people to live in the place of their choosing for longer with the right care and support.

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 approach that can cope with increasing demand and provide the right support to those who need this specialist service.

Longer-term 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 share information 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 them better manage their care, and support discussion and shared decision-making. Effective digital systems and linked technologies could lead to better and more consistent care, but this is not yet 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 remains 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. By doing this we will save time for people and staff and create new opportunities to do things differently.

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.

What we will do

We are working with local Partners and data specialists to bring together health and social care data in ways that have never been done before.

This will help us create new ways of safely storing, sharing, and connecting information so that people only need to tell their story once.

What we will do

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.



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 it:

- Medium Term Financial Strategy (due December 2025)
- Joint Strategic Needs Assessment
- Consultation and Engagement Statement 2025-2028
- Housing Contribution Statement 2025-2028
- Market Facilitation Plan 2025-2028
- Performance Framework
- Equality and Children's Rights Impact Assessment on the Strategic Plan

You can find all of these documents on our [Midlothian Health and Social Care](#) website.

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.

These 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, describe 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 with 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 and provide a formal record and audit trail of our decisions and the responsibilities of our Partners.

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.

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 that we 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 initiatives like the [Framework for Community Health and Social Care Integrated Services](#) and the proposed multi-agency [Getting it Right for Everyone](#) approach are both central to how Midlothian Health and Social Care Partnership plans its services.

The Midlothian Health and Social Care Partnership Service Plans will be published on our website.

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, we published our [Integrated Workforce Plan 2022-2025](#) which focused on the 5 pillars of workforce planning set by Scottish Government to support recovery, growth, and transformation of health and social care. In response to this, Midlothian Health and Social Care Partnership developed a staff Communication, Engagement and Experience Delivery Plan.

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 2025-2028. This plan describes how we will plan, attract, train, and support the development of the workforce required to deliver the ambitions of this strategy. Our Integrated Workforce Plan 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.

Measuring 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 the strategic aims of our strategic plan. We do this through evaluation and reporting methods that can be found on the [Midlothian Health and Social Care Website](#).

- Our Performance Framework that uses quantitative (number) and qualitative (narrative) information,
- Our Annual Performance Report,
- Bi-annual reports on progress against our Directions,
- Our Equality Outcomes, and Mainstreaming Equality report and action plan, and
- 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 people's 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, and the Ministerial Steering Group (MSG) Indicators. 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.

Tracking outcomes

Our Strategic Governance Outcome Map is an important part of how we evaluate our performance and how we monitor 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 aim 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.

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 our Partners 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.

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.

To achieve Best Value, we must work alongside our Partners. To help us do this, 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
- Partnership and collaborative working
- Working with communities
- Sustainability
- Fairness and equality

Our annual budget

Our annual budget for 2025/26 is £177.528m.

£71.086m - Social work and Social Care (from Midlothian Council).

This is for the **adult social care services** in Midlothian.

These services are managed operationally by the Midlothian Health and Social Care Partnership.

£73.191m - Health Core Services (from NHS Lothian).

These are **local health services** which are delegated to the Health and Social Care Partnership. These include primary care services like GPs and Pharmacists, and other community services like district nursing, community mental health teams, community learning disability teams, and the local community hospital.

£14.975m - Health Hosted Services (from NHS Lothian)

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.

£18.276m - Health ‘Set Aside’ budgets (from NHS Lothian).

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.

How we fund ‘Transformation’

The financial resources available to us are agreed when we set our annual budget. This is usually in March. 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 3 years but also know that change doesn’t happen quickly. We will review and refresh this plan in 3 years, but we only have the budget confirmed for one year at a time. 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 10 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 3 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.

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 can impact on our ability to do more of the work that we think 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 means we no longer have any reserves to support recovery plans or to invest 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 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 are developing our medium-term financial strategy. We will ensure our medium-term financial planning supports the delivery of this strategic plan for 2025-2035 and closely links with our workforce plan for 2025-2028.

This 5-year financial plan will be published in December 2025. We will review this regularly and adapt and change to meet the challenges.

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 is 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 on the funding we receive or 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 2 hosted services, Dietetics and Adults with Complex and Exceptional Needs, who deliver care to people across the whole Lothian region for the 4 Health and Social Care Partnerships. Some of the services include:

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

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- Social Work support for adults including adults with dementia, learning disabilities and older people
- Care at Home services
- Day services for older people 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 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: 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 \(2024\)](#)
- [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 \(2023\)](#)