



**Midlothian**  
**Health & Social Care**

**Midlothian Integration Joint Board**  
**Strategic Plan**  
**2025-2035**

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# Introduction

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

This plan is effective from 1<sup>st</sup> May 2025 until 31<sup>st</sup> April 2035, but we will review and update this work every three years.

## Who we are

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

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

**WE PLAN HEALTH & CARE SERVICES FOR**

**96,600**

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



**OUR SERVICES INCLUDE:**

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

# National ambitions for local action

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

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

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

## What people told us

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

We also listened to our third-party services, providers, and partner organisations to better understand what is already working well and where they are opportunities to improve, so we can focus our contribution to see progress towards people in Midlothian living good lives, and achieving the things that matter most to them. The two main things people told us were

- **People want to be reassured we are prepared for the future**

During our consultation, there was a clear message that our ambitions and aims still felt like the right ones, but that strategies and plans can feel like words that don't mean anything. The consultation challenged us to look at plans over the years and be clear about what had really changed. Some people were concerned with the rate of expansion in Midlothian and were unsure if the system will cope unless we do things differently in the future.

- **People want us to simply tell them what we are going to do**

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

You can read more about how we listened and consulted people and partners over the past 18 months to develop this plan in our Consultation Statement.

## What we will do

Strategy isn't always new or exciting. Strategies find solutions to the challenges we face. Because we still have to find sustainable ways of working to meet all of our challenges, you might have heard some of this before. That doesn't mean we will stop trying to find 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 partners NHS Lothian and Midlothian Council about how we want them to support achieving the ambitions of this plan.

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. Hard choices lie ahead, but we will always make decisions that aim to ensure the services you need are available when you need them. Sometimes we will not be able to deliver everything we want to provide with the resources we have, but that doesn't mean we won't keep working hard to support you with what you need or keep improving what we can offer.

We continue to believe that our services are best placed to work with people and communities to design the services people 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 the positive change, and always put our communities at the centre of our decisions.

Our commitment is therefore to

- Keep it simple and avoid strategies and plans that add nothing new or add no value to people and communities.
- Do things differently. Just because something is 'statutory' it doesn't mean we shouldn't think about planning and delivering that service in new and radical ways.
- 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.

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 to reform local health and social care.

# Our strategy on a page

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## Our Vision

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

## Our Mission

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

## Our Values

Respect. Compassion. Quality.

## Our Strategic Aims

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

# Information, evidence & insight

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

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

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

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

An important part of the data and evidence we have used to inform this plan is the Midlothian Joint Strategic Needs Assessment. This brings together a range of available information from local, regional, and national sources to help us understand the main health and social care issues for people living in Midlothian. We have developed new ways to review and present information in the Joint Strategic Needs Assessment so we can understand what people in Midlothian need now, and in the future.

Although the Joint Strategic Needs Assessment is a key piece of evidence in our planning, we have also looked at a wide range of other information and evidence. This is 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 just numbers and statistics to us, and we have combined number data with descriptive data, people's stories, and experiences to ensure this plan helps everyone in Midlothian achieve what matters most to them.

When a new source of data has become available, we have connected it with existing information in new ways. Seeing the links between existing and new information across the whole system has given us better insight into where real change can be achieved. We have examined the information, evidence, and insight from all of these sources to help us make decisions about our plan.

As more data becomes available across time, we will review this alongside information from Midlothian Health and Social Care Partnership services to help identify emerging risks and inform our decisions when we need to change our approach.

# Strategic Aim Number 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.

It should be easy for people to find information when they need support. In our recent Citizens' Panel survey we asked residents of Midlothian to tell us how they find information about services in their community. They told us that the top two sources of information they use are word of mouth (56%) and social media (56%). This means that we need to ensure all our information is easily available and accessible to everyone. This includes leaflets, letters, posters, websites, and social media.



### Digital skill and access

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

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





## Employment

Workers in Midlothian (by place of residence) consistently earn less than the Scottish median earnings per week. Midlothian full-time employed residents in 2022 earned on average £622.90 per week compared to the Scottish equivalent of £640.30. In 2022/23:



11,200 people were classed as economically inactive.



29.2% were inactive due to long-term sickness (this has been relatively consistent over the past ten years).



25.6% of people are retired, an increase from 17.6% in the past ten years.



In December 2022, there were 5,200 people claiming out-of-work benefits, a 5% increase since 2021.



In October 2023, 2.2% of the Midlothian residents aged 16-64 were claiming Universal Credit, with more male (2.6%) claimants than female (1.8%).

In 2022/23, the economically active population in Midlothian was 80.3% of the total working age population, and the largest local employer is Midlothian Council. Over 50% of the working age population work in Edinburgh. Because people generally access health and care close to home, rather than where they work, services need to support people who need to commute, those who work locally, those who are unable to work, and those who have caring responsibilities.



## Good conversations

Along with services being easy to find, and designed around how people live their lives, we need to ensure that people are supported to achieve the things that matter most to them. 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.

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



Start with asking about what matters to me

68%



Ask me what I think would make a difference

63%



Ask about other areas of my life where I might need some help

55%

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

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

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

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## Strategic Aim Number 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.

We want people to stay well independent and active, and one of the ways to measure overall health is by looking at information about life expectancy.



### Life expectancy

Healthy life expectancy is the average number of years that a new-born can expect to live in “full health”. Since the last review of local data in 2019, the gap between life expectancy and healthy life expectancy has increased by 0.9 years for both men and women in Midlothian.



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



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



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

This means people are living less of their lives in good health, so we need to make it easier for people to access the services they need to help them stay well, independent, and active. In our recent Citizens’ Panel survey, people told us that even when it is easy to find information, only 37% agreed that “it is easy to get the support I need when I need it”.

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



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



Hospitalisations for asthma and COPD are both at their lowest in Midlothian since 2002.



Emergency admissions for people aged 65 and over are reducing overall.



Deaths from suicide are also reducing and currently below the national average.



The number of babies reported by their parent as being exposed to second-hand smoke at the 6-8 week review has fallen significantly from 38.46% in 2002, to 6.82% in 2023.



## Accessing services

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

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

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



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



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



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

We know that the current geographic location of GP practices does not meet the requirements of 20-minute neighbourhood zones. It is likely that the large housing developments underway at Rosewell, Newtongrange and Mayfield will not support the development of 20-minute neighborhoods in Midlothian.



## Increasing and changing population

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

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



Midlothian has the highest standardised birth rate of all council areas in Scotland. The proportion of people aged 75 and over is predicted to grow by over 40%.

Data on ethnicity at a Midlothian level from the 2022 census has not been published yet, so the 2011 census provides the most recent view of the ethnic make-up of the population.



1.8% of the population belonged to a Minority Ethnic Community



this figure is double that of the 2001 census for Midlothian.

What is less clear is 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.

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.

This will mean that new types of health and care services will be required, in different numbers, and in new locations to avoid existing health inequalities widening, particularly for the most vulnerable people. We must work together to ensure that everyone in Midlothian can access services in their own community.

## Strategic Aim Number 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 and their carers 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.





The MidWay supports people to achieve what matters most to them, and because people are the experts in their own experiences, it is vital that people feel valued and are involved in planning services. 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.

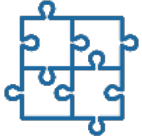
One of the reasons for this is that it relies on people having enough free time to be able to get involved. Free time can be limited by several factors, but one of the most significant is having caring responsibilities. Unpaid carers tell us that it can be difficult to arrange cover, or respite care,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



### Impact of caring

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

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



## Joined up working

Health and social care services are provided by a number of organisations with different structures: for example, 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.



73% of the Citizens' Panel respondents agreed that they "feel safe when using the services I need".



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

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. We must continue to influence our Partners so that they put agreements in place that allow us to connect their systems in ways that mean health and care professional can see them more easily, to save people having to tell their story many times.



## Workforce

We also need to make sure we have a workforce that is developing the right people, with the right skills, to meet the future changes in need. 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 to recruit.



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.

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



## Volunteering

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



There are at least 500 formal groups or voluntary associations and other Community Planning Partners.



Approximately 56% of the population volunteer informally.



92% of respondents to our Citizens Panel survey who provide support as a formal volunteer stated that it makes a positive difference to their health/wellbeing.



90% of respondents to our Citizens Panel survey who receive support from an informal group stated that it makes a positive difference to their health/wellbeing.

To move closer towards our ambition of shifting the balance of care closer to home, we need to continue to work in ever more connected ways, building on the strengths of voluntary organisations, whilst doing our best to ensure that unpaid carers are not under additional pressure as a result.

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# Working with our partners

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

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

The decisions our partners make will also influence people's choices and ultimately how well we are able to achieve the ambitions in this plan. We must work with all our partners to avoid this plan unintentionally making it harder for people to live well in their community. We will always share our plans and be open about our challenges so we can better support each other to see people live well and thrive.

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

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

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

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

We will prioritise working with 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 generating income, good employment also provides social connections and can support people to improve their mental and physical health and wellbeing. We don't employ anyone, but we will continue to build on the work with our partners and do all we can to support local opportunities in health and social care.

Secure, quality, and affordable housing is another foundation of good health and wellbeing and has a significant positive impact on people's lives. We want to ensure we can coordinate available 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 continue to work with all our partners but particularly Midlothian Council to ensure people live in safe and quality housing within their community.

### **Midlothian Community Planning Partnership**

Prioritising our work with the Midlothian 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' thematic area of the [Midlothian Community Planning Partnership Single Midlothian Plan 2023/27](#) and work together to achieve more together than health and social care can do alone.

### **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 is a single point of access for support and advice.

### **Midlothian Council**

The [Midlothian Council Plan 2020/25](#) sets the ambition to grow and transform by harnessing opportunities. The strategic objectives and key priorities align with the Scottish Government's Economic Strategy and links to the Community Planning Partnership's Single Midlothian Plan vision.

### **NHS Lothian**

The [NHS Lothian Strategic Development Framework](#) sets out what needs to happen across Lothian's Health and Care system over the next 5 years. It is a joint plan between the all the Health and Social Care Partnerships in the Lothians.

The vision is that;

- Citizens live longer, healthier lives, with better outcomes from the care and treatment we provide
- We connect health and social care services seamlessly, wrapping around the citizen in their home.
- We improve performance across our system, with better experiences for citizens

## Strategic Aim Number 1

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

### What we are trying to achieve

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

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

In 2024 we reviewed our Community Engagement Plan. As part of that work, people told us we should spend more time having conversations with people and communities to understand what matters to them then help them take action to see the things become a reality. People also told us they wanted to be part of how we redesign our service offers and supports. Most people wanted us to stop talking about models and pathways because these words don't mean anything to them. People said it would be helpful to have information that was easy to find and services that were easy to access.

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

## 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. In 2024/25 we undertook a review of the information we provided and found there was work to do to improve our published documents and information about the services Midlothian Health and Social Care Partnership provides. This includes both how we present information and how useful the information is.

Work is underway to improve how we share printed materials as well how on our website. To ensure our information is equally available to everyone, we are also working on making sure all our information is easy to read, in plain English, and compatible with text to speech technology. We aim to have this completed by autumn 2025.

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

- **Self-Management**

Self-management is a way of living that helps people living with long term conditions feel more in control of their own health and wellbeing. This can be through access to information or developing the skills and confidence people need to be able to manage their own health and wellbeing, on their own terms.

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

We will support Midlothian Health and Social Care Partnership to develop a self-management strategy that defines what self-management is so people can find out if this approach is right for them, be more informed about their condition(s), be better prepared for when they feel less well, and describe how to access support when it is needed.

- **Personal outcomes**

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

We began developing our approach in 2021/22 with a framework that describes how we work with people and communities to improve outcomes. Based on this learning, we have continually improved the process over the last three years with a common approach for services to tell their story and describe the contribution we make to changing outcomes.

We have chosen to further develop our whole-system approach using a Strategic Governance Outcome Map that describes how the IJB operates and can give assurance on the progress we are making towards our three strategic aims and the 9 National Health and Wellbeing Outcomes. As we improve how we make best use for this information we will also share this information with our partners.

We have asked Midlothian Health and Social Care Partnership to ensure that every service area is using outcome mapping to describe their contribution to outcomes for people and our strategic aims. This approach also supports Midlothian Health and Social Care Partnership's services to describe their contribution to seeing people achieve what matters most to them and supports services identify ways to continually improve.



Short term aims

Medium term aims

Longer term aims

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

- **Whole system Transformation**

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

We must ensure that people are only directed to A&E they need this type of care. Additionally, our work to better understand the system tells us that we are most likely to see less people going to hospital and being in hospital for longer than they need to be by strategically investing in social care.

There is an opportunity for a transformed approach to unscheduled care access and the contribution of social care assessment as well as right across the care spectrum. We believe there is still considerable scope to improve outcomes from social care early intervention and prevention activity in addition to existing work to avoid people being in hospital when they could be at home.

Midlothian Health and Social Care Partnership are reviewing their 'Home First' model. This includes a redesign of support available at Highbank Intermediate Care service. Our ambitions to deliver Hospital at home where it is possible to support care at home will also contribute to his redesign.

Short term aims

Medium term aims

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 are now living with at least two health conditions. We know that people often have several long-term conditions, and focusing on people who we can predict are most likely to have multiple long-term conditions and frailty is the obvious thing to do.

In Midlothian we are working more effectively to improve care for people with multiple health conditions where 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 Mental Health, Substance Use, Justice, and Social Work teams.

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

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

- **Falls and frailty**

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

We are taking a multi-agency approach to make sure people are able to take action and bring to life the outcomes and ambitions of the Health Improvement Scotland Ageing and Frailty Standards, the new National Falls Strategy, and the NHS Lothian Falls Strategy (expected August 2024). Building new relationships and working much more closely with a range of partners will better coordinate and link redesigned services for people with multiple conditions, including frailty.

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## Strategic Aim Number 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 people or money in the health and social care system to do everything for everyone. One of the things we can do to help people continue to live in the place of their choosing for longer is ensure we are providing care, support and rehabilitation that supports people to make good choices and prevent difficulties in the future.

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

Short term aims

Medium term aims

Longer term aims

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

- **Support is easy to access**

We want to provide the right support at the right time then continue to support people to thrive while stepping back. Ensuring people can easily receive help when they need it is the foundation of that ambition. However, we know that some of our services are not as easy to access as we would like. Some services have long waiting times, and others don't have enough staff to offer the flexibility and adaptability people would like.



Midlothian Health and Social Care Partnership's Social Work and Occupational Therapy teams are reviewing the way they plan and deliver support. The ambition is to reduce the number of small teams that have historically held specialist caseloads, and bring staff together. This will help the team to be able to 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.

A review of weight management services is already underway by Midlothian Health and Social Care Partnership. We know that people who want to better manage their weight are often impacted by weight stigma. The Health Inclusion Team, Public Health and Dietetics are working together to develop ways to support positive conversations with people and their families. This includes reviewing why people do not attend appointments, reviewing the options and types of support available, and improving the effectiveness weight management programmes.

Short term aims

Medium term aims

Longer 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 to do so, and this requires support and resources for community services. We know that hospital admissions that could have been avoided often have poor

outcomes and that this is an expensive way to provide care. What we also know is that 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 care and outcomes for people, with what we know about the resources available. This means working with all our partners to better understand the whole system.

Bed based care is a term we use to describe care received by someone in a hospital or care facility. NHS Lothian is leading key work in developing a system of 'bed-based modelling' that will help health and social care understand the resources across the system.

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

- **Planning for the future**

If we adapt and change how we deliver services in the community, we hope that in the future fewer people will need hospital-based acute services. We hope that people who do require hospital service, will need them less often and for shorter periods of time.

We want to capitalise 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 that could support people to live in their community for longer. How we use Midlothian Community Hospital, Highbank Intermediate Care Facility Newbyres Care Village, and our Care at Home service is vital to this ambition.

To make positive changes to health and social care in Midlothian as safely, equitably, and as quickly as possible, we need to work in new ways. There are a number of opportunities for improving links across services so that people experience more seamless support that helps them take action to prevent, ill or worsening health and stay well.

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

## 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 need less help and support from formal health and social care services to live as independently as possible for longer in the place of their choosing.

We know how important it is to strike the right balance between health and social care supporting population approaches to improve health and wellbeing, the care and support delivered locally by our services, and the action individual people 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 our ambition to see strong and resilience communities taking action to prevent ill or worsening health. An important part of this work is set out in our Market Facilitation Plan which describes how we want to work in new ways with all our partners to commission the right services in a way that is sustainable and supports communities to thrive.

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

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

Short term aims

Medium term aims

Longer 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.

- **Equality**

Equality does not mean that everybody should be treated in the same way. Equality means services should be provided in different ways to meet the different needs of people. We are committed to working to advance equality in Midlothian.

Our [Equality Outcomes](#) describe how we will take action and work together for a fairer and more equal Midlothian. Our Equality Outcomes are currently being reviewed and will be published later in 2025 to set out our actions for the next 4 years.

- **Shared decision making, representation, participation, inclusion, and action**

People told us they want to see be included in decisions, treated with dignity and as individuals, and that they value meaningful face-to-face interactions and feedback.

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

We will continue to invest supporting carers, raising awareness of the important role of carers, support people to identify when they are providing a caring role, and then ensure they can easily access the services that will best meet their needs. Midlothian Health and Social Care Partnership is working with carers, the people they care for, and all our partners to improve the accessibility of services and support the ambition for carers to receive appropriate remuneration and experience fairer working conditions.

Work is underway to better understand how we can support carers in Midlothian. This includes working with our Partners, VOCAL, to consider how a Carers Cooperative in Midlothian could better the information, advice and support that matters most to carers.

- **Doing more of what people value**

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

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

### 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 all 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 managing their own care if they would like to. 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 uncertain about what is available to them through social care are SDS options.

We will continue to support Midlothian Health and Social Care Partnership's services to explain SDS to people and ensure they know how to access the right amount of support.

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

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

- **Choice and opportunity**

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

Primrose Lodge in Loanhead is a development of four tenancies with a 'short breaks' service for two people next door. The development represents a key element of the strategic redesign of Learning Disability services in Midlothian and home to an inspiring group of young people with unique personalities, great potential, skills to offer, and vibrant lives to lead.

The tenants typically have a profound and multiple learning disabilities that may affect their ability to communicate and be independent. The building has been designed to be accessible and barrier free with provided 24 hours a day, seven days a week, by highly trained staff that are supported by specialist disciplines such as nursing, physiotherapy, speech and language therapy, dietetics, and occupational therapy.

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

- **People have access to their own health and social care information**

We know that people and health care systems want information about care to be shared more easily between services. People also want to be able to also share information easily themselves and on their terms. This would require care records to be linked in ways are currently not possible.

Integrated care records could help avoid people having to repeat their story, help people better manage their care, and support discussion and shared decision-making. Effective digital systems and linked technologies could also lead to better and more consistent care.

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

- **Bringing data together in new ways**

Our experience tells us that there are some services that people are more likely to need at the same time. As we determine what these predictable clusters are in Midlothian, we will be able to reorganise our health and social care around what people most frequently need, rather than individual diseases. This will help us understand the local patterns of health and wellbeing to help us redesign our services around how people live their lives.

Currently, due to the way national information is collected, there is currently no data that can tell us the most commonly occurring clusters of health and social care need in Midlothian.

We must develop how we use the data we already have and make sure we can access all the data that we need to better understand how people access our services in Midlothian. We are working with local and national partners and data specialist to bring together health and social care data that has never been reviewed in this way before. This will help us understand how to create new ways of safely storing, sharing, and connecting information so that people only need to tell their story once. By doing this we will save time for people and staff and create new opportunities to do things differently.



# Making this a reality

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## Other key documents and information

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

- Equality and Childrens Rights Impact Assessment on the Strategic Plan
- Midlothian Joint Strategic Needs Assessments
- Consultation and Engagement Statement
- Housing Contribution Statement
- Market Facilitation Plan

## Operational planning

To put our plan into action we send written instructions to NHS Lothian and Midlothian Council. These instructions are called 'Directions'. Directions are legally binding and instruct NHS Lothian and Midlothian Council on what they need to deliver and the budget that they have been allocated to do this with.

[Directions](#) are issued to NHS Lothian and Midlothian Council at the beginning of each financial year, and we can add, revoke, or review a Direction at any time e.g., if we make a decision that changes a service delivery plan, or if we receive new funding across the year. We review progress towards these Directions twice a year.

## How services plan

Midlothian Health and Social Care Partnership plans and delivers services on our behalf.

People told us they still believed our ambitions were the right ones, but they wanted to know what we were going to do about it. We have asked Midlothian Health and Social Care Partnership to ensure they have annual Service Plans that describe the work being undertaken to bring this plan to life in our communities.

Services plans, care, and support are based on this Strategic Plan, our [Directions](#), national priorities and drivers, and what we know about people and communities. Frameworks including the [Framework for Community Health and Social Care Integrated Services](#) and the proposed multi-agency [Getting Right for Everyone](#) approach are both central to how Midlothian Health and Social Care Partnership plans its services.

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

# Budget and financial plan

This Strategic Plan helps us prioritise how we will allocate resources. We have agreed that achieving the ambitions of this plan will bring the change we want to see in our communities.

How we allocate funding to the services that Midlothian Health and Social Care Partnership manage will be based on this plan. We will monitor progress we make towards achieving the 9 National Health and Wellbeing Outcomes and consider if the things we thought would make the biggest difference are working in the way we hoped.

Midlothian Health and Social Care Partnership operationalises this plan and uses the money allocated to them to plan, deliver, monitor, and evaluate the services it provides and commissions. We monitor these plans and will ask Midlothian Health and Social Care Partnership to do things differently when we think there is a need to do so.

## Best Value

Best Value is about ensuring that we effectively manage the resources available to us and focus on improvement to deliver the best possible outcomes for people and communities. We know that achieving Best Value will only be possible if we work alongside our partners. To help us do this the best way we can, we are developing a Best Value Framework. This framework will support continuous improvement, describe our work, and how we will work with others across 7 key areas

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

## Our resources

We can only use the resources available to us to deliver this Strategic Plan. We are responsible for an integrated budget that we receive from Midlothian Council and NHS Lothian. We receive a budget offer form both of these partners each year.

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

## Our annual budget

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

### **Social work and Social Care** (from Midlothian Council). **£TBC**

This is for the adult social care services in Midlothian. These services are managed operational by the Midlothian Health and Social Care Partnership.

### **Health Core Services** (From NHS Lothian). **£TBC**

These are local health services which are delegated to the Health and Social Care Partnership. These include primary care services (GPs, pharmacists etc), district nursing, community mental health teams, community learning disability teams, and the local community hospital.

### **Health Hosted Services** (from NHS Lothian) **£TBC**

These are services are managed on a pan-Lothian basis. We manage a share of the total budget for these services based on its population. 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.

### **Health 'Set Aside' budgets** (from NHS Lothian). **£TBC**

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.

## Opportunities for transformation and change

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

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

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

## How we fund 'Transformation'

We have spent several years improving and making our services as efficient as they can be. This means we are no longer able to redesign with an intention of doing more with less to achieve saving targets. We can still consider total system transformation, but successful whole system transformation processes require additional resource and capacity in the early planning and implementation stages of this work. This is because work at that 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 only have three options available to us to fund additional work. This means we will not be able to do additional work without one of these options being made available to us.

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

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

**A reorganisation of our 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 will always discuss these options with all our 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 with cash flow and avoid unnecessary temporary borrowing and support unexpected financial pressures through the year. In 2023/24 we had to spend all of our general reserve (c. £6.2m) to pay for services. Although this was planned, it has meant we no longer have any reserves to support recovery plans or to investment in service transformation.
- Earmarked reserves are funds that we may have carried forward one year to the next for specific and allocated services or projects. We continue to have earmarked reserves for this purpose.

## **Our medium-term financial strategy**

Although our financial position is more unpredictable now than it has ever been, we do have a five-year financial plan that runs from 2024/25 to 2028/29. We review this regularly and adapt and change to meet the challenges.

We have worked hard to make sure our medium-term financial planning supports the delivery of this strategic plan for 2025/40 and closely links with our workforce plan for 2025/28 currently being developed. You can find our medium-term financial plan on our website

## **Financial risks**

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

NHS Lothian and Midlothian Council have supported us with the best funding offer they can in the circumstances. However, in the future, they may have to prioritise funding their own services first. This would mean less money was available for community health and social care.

There is also a risk that future Scottish Government policy decisions could impact on the way we have to use the money we have available to us.

# Monitoring and evaluation

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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.

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

Outcome maps are a way to understand how services contribute to people achieving the outcomes that matter to them. Working this way means Midlothian Health and Social Care Partnership services 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.

## How we measure performance

We measure our performance to see what is working well, what can be improved and how well we are meeting the key aims of integration, our strategic aims and progressing our strategic plan. We look at:

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

# Appendices

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## Appendix 1: Our responsibilities

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

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

You can find the full list of services the IJB is responsible for in the [Midlothian Scheme of Integration](#). This includes two hosted services, Dietetics and Adults with Complex and Exceptional Needs, who deliver care to people across the whole Lothian region for the four Health and Social Care Partnerships - Midlothian, East Lothian, West Lothian, and City of Edinburgh.

We have listed some of the services below



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



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

Care at Home services

Day services for older adults and people with learning disabilities

Services to support unpaid carers and breaks from caring

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

Care Homes

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

## Appendix 2: Locality planning

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

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

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

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

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

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## Appendix 3: Engagement with people

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

However, the best way to evaluate how well we are doing is by talking to more people who live in Midlothian. In 2024 we completed the Health Care Improvement Scotland Quality Framework for Community Engagement and created an action plan to improve how we listen to all the voices in our community. This helped us plan how we worked alongside people and communities to write this plan. Our Consultation and Engagement Statement sets out how we planned, carried out and evaluated feedback alongside people who experience our services, their families, and carers.

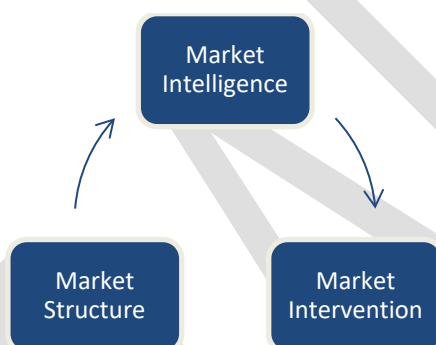
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## Appendix 4: Market facilitation

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

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

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



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

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

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

## Appendix 5: Policy and drivers

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

- [Health and Social Care Standards \(2017\)](#)
- [National Health and Wellbeing Outcomes Framework](#)
- [National Performance Framework](#)
- [Principles for Planning and Delivering Integrated Health and Social Care](#)
- [Best Value in Public Services](#)
- [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 Right for Everyone](#)
- [National Carers Strategy \(2022\)](#)
- [Self-Directed Support: framework of standards \(2021\)](#)
- [Rehabilitation and Recovery: a person-centred approach \(2022\)](#)
- [National Mental Health Strategy 2017-2027](#)
- [National Drug Mission Plan 2022-2026](#)
- [Creating Hope Together – Suicide Prevention Strategy 2022-2032](#)
- [General Medical Services Contract in Scotland \(2018\)](#)
- [Primary Care Improvement Programme](#)
- [Diabetes Improvement Plan \(2014\)](#)
- [Palliative and End of Life Care Strategic Framework for Action \(2015\)](#)
- [Palliative and End of Life Care by Integration Authorities: advice note \(2018\)](#)
- [Learning / intellectual disability and autism transformation plan \(2021\)](#)
- [See Hear – A strategic framework for meeting the needs of people with a sensory impairment in Scotland \(2014\)](#)
- [Enabling, Connecting and Empowering: Care in the Digital Age – Scotland’s Digital Health and Care Strategy \(2021\)](#)
- [Greater access, better insight, improved outcomes: a strategy for data-driven care in the digital age \(2023\)](#)