

# Midlothian Integration Joint Board



**Thursday 22<sup>nd</sup> June 2023, 14:00-16:00**

## **Financial Recovery options following reduced budget offer from Midlothian Council**

**Item number: 5.4**

### **Executive summary**

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On the 21<sup>st</sup> February 2023, Midlothian Council agreed a budget that led to a reduced budget offer to Midlothian IJB. As previously noted in finance reports to the IJB in February and March 2023, Local Authorities must pass over the full allocations from Scottish Government to IJBs.

*“The funding allocated to Integration Authorities should be additional and not substitutional to each Council’s 2022-23 recurring budgets for services delegated to IJBs and, therefore, Local Authority social care budgets for allocation to Integration Authorities must be at least £95 million greater than 2022-23 recurring budgets.”*

As a result, additional financial recovery plans are now required to support the extra £1.33m budget gap, over and above the core budget financial planning from officers to deliver a balanced budget for IJB for 2023/24.

As Midlothian Council did not follow the Scottish Government parameters, Midlothian IJB chose to defer a decision on the budget offer, pending HSCP officers bringing back an options paper on recovery actions available. In April 2023 the IJB decided not to accept the Midlothian Council budget offer, and requested further consideration be given to options for financial recovery options. The IJB also requested that a formal letter be drafted to send on to Scottish Government, stating that the full allocation was not passed over to the IJB. This was actioned in May 2023 with a letter from the Chair of the IJB being sent to Cabinet Secretary for Health and Social Care, which was shared with voting members of the IJB prior to sending, and subsequently with the wider Board as requested. A response to this letter is contained within the Appendix to this report. The Chief Financial Officer for the IJB also formally advised Midlothian Council of the IJB decision not to accept the budget offer.

This paper details options available for discussion, and decision, to advise Officers which actions should be taken forward.

**Members are asked to:**

- Note the financial gap incurred by a reduced budget offer from Midlothian Council
- Agree which recovery actions should be progressed by Officers to support the subsequent funding gap. The Board should note that failure to make a decision will have a further detrimental impact on the IJB financial position, as already full year effect savings will not be realised.

# Midlothian Integration Joint Board

## Additional Financial Recovery options following reduced budget offer from Midlothian Council

### 1 Purpose

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- 1.1 The purpose of this paper is to present additional financial recovery actions required to support a reduced budget offer to the IJB from Midlothian Council. This equates to £1.33m.

### 2 Recommendations

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As a result of this report, Members are asked to:

- Note the financial gap incurred by a reduced budget offer from Midlothian Council
- Agree which recovery actions should be progressed by officers to support the subsequent funding gap, noting the preferred recurring Recovery Actions 1b and 2, with a minimum of £100k being utilised from IJB General Reserves, supported by non-recurring Recovery Action 5, being the recommended actions. (Please note that Recovery Action 5 requires full Council sign off on 27<sup>th</sup> June)

### 3 Background and main report

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- 3.1 Midlothian Council agreed their budget at Council on the 21st February 2023 following which a formal budget offer letter was issued to the IJB.
- 3.2 This position is the formal offer from Midlothian Council for 2023/24 and it should be noted is not in line with the parameters set by Scottish Government. As reported to the IJB at its February meeting these parameters were:

*“The funding allocated to Integration Authorities should be additional and not substitutional to each Council’s 2022-23 recurring budgets for services delegated to IJBs and, therefore, Local Authority social care budgets for allocation to Integration Authorities must be at least £95 million greater than 2022-23 recurring budgets.”*

	£m
<b>2022/23</b>	56.438
In year changes through distributional changes	0.155
Base 23/24 allocation	56.593
Scottish Government Funding Changes:	
Living wage uplift	1.436
Free personal & nursing care	0.202
End of NR interim care funding	-0.305
<b>Total</b>	<b>57.926</b>
Less	-1.333
<b>2023/24 MIJB allocation</b>	<b>56.593</b>

Fig 1: Midlothian Council budget offer to the IJB

- 3.2 Officers have now reviewed further options to support a break-even position. Details of these are noted below. Options have been developed to minimise impact on care and/or workforce and have been assessed against a matrix to support decision making. This is contained within the appendix of this report. All have Equality Impact assessments completed which can be accessed via the appendices attached to this report.

- **Recovery Action 1a**

#### **Fully withdraw from Extra Care Housing development**

The HSCP Extra Care Housing (ECH) Draft Action Plan 2019-2022 highlighted the benefits and extra care housing agenda prior to Covid. It is noted that the further expansion of Extra Care Housing was approved as formal Midlothian policy at a meeting of the full Council in November 2016 when it agreed to include additional extra care housing in Phase 3 of the housing programme. The Normandy Court ECH Development is currently part of Midlothian Council's Local Housing Strategy 2021-2026 and relevant to IJB Directions 8.12 and 8.13, which call for increased intermediate care provision and a reshaped model of care through provision of new purpose-build accommodation. The site consists of 40 x 1-bedroom flats within ECH complex, and 8 ECH bungalows (one is adapted for bariatric use). The anticipated handover date to the Council is June 2023.

No additional funding was received from Midlothian Council for the additional care provision, and initial budget plans had been around re-alignment of Care at Home contract funding. Due to the reduction in budget offer, it is no longer financially viable for Midlothian HSCP to deliver this development.

The cost of delivering this service was £647k. If this recovery action were not to be chosen, it would place significant financial pressure on the budget in 2023/24. As

this is a new and additional service, there would be no workforce implications, or material change in care provision to Midlothian residents.

- **Recovery Action 1b**

**Support Midlothian Council to allocate ECH properties to Older people on Housing waiting list, with care provision from existing care infrastructure.**

Following the April IJB meeting, discussion has taken place with Midlothian Council to ascertain opportunity to allocate the adapted ECH properties to older people currently awaiting rehousing. A significant amount of these people will currently be receiving care from current care model, but in a geographically diverse map across the county. Care would be “re-mapped” to provide more efficient service delivery with an identified team of carers supporting this new complex. As further service transformation takes place to review all “bed” provision in Midlothian, extra care could be “switched on” moving the model to the full extra care model of care when finance is available. This would allow a current recurring saving of £647k, as no additionality/new services would be put in place now but would allow the opportunity to add at a future point in time. This would ensure that the IJB and Midlothian Council continue to support our growing older population, with the provision of additional adapted housing options.

- **Recovery Action 2**

**Transition to a Care at Home model with only 30% care delivered from internal Care at Home team, moving to 70% via External providers.**

Currently the Midlothian HSCP Care at home service operates 3 Externally provided block contracts for care across Midlothian, delivering 62% of current care at home service provision. The remaining 38% is provided by an internal HSCP Care at Home service.

Transitioning to a 70% external service provision, will provide a more cost-effective model, supporting a saving of £200k once fully implemented. This relates to a more efficient cost per hour relating to terms and conditions. This is also full year effect, so would not be fully realised in 2023/24.

It is anticipated that the move to a 70%/30% model can be achieved through minimal workforce disruption. This would be delivered through natural turnover, and a reduced spend in locum and overtime use.

Should this be sustainable, the IJB could consider a move in 2024/25 to 75% external care provision, yielding a saving of circa £600k (£400k additional for that year), and a further move in 2025/26 to 80% external care delivery yielding circa £900k (£500k additional for that year). This would provide some options for the IJB to consider for financial planning beyond this year.

There is a risk that local providers may not be able to provide additional care hours given the national workforce challenges across social care. With this noted, the maintenance of a percentage of internal service allows the HSCP to safeguard around statutory responsibility to provide care if any of the external providers are unable to deliver on contracts. It should be re-emphasised that a full year effect would not be realised in 2023/24, due to the planning and contracting processes that will be required, and consideration should be given to supporting this utilising IJB General Reserves of a minimum of £100k.

- **Recovery Action 3**

### **Raise all social care Eligibility criteria to critical only**

The provision of social care support is governed by Eligibility Criteria in line with the 2009 National Guidelines. The eligibility criteria are graded into four bands which describe the seriousness of risk to independence or the consequences if needs are not addressed. The bands are, Critical, Substantial, Moderate and Low. Currently care packages are provided to meet Critical and Substantial criteria, but consideration could be given to meeting critical care needs only.

Further detailed work would be required to fully quantify the consequential reduction in expenditure however initial analysis indicates this could be in the region of £1.5m. There would need to be programme of work including public consultation to progress changes to eligibility criteria. It needs to be noted that changing eligibility criteria may mean a reduction in the support for many people we support. For some individuals it will mean a reduction in support that has been provided for significant periods of time.

Without prejudging the outcome of detailed analysis, it is anticipated that changing to critical only care provisions will likely mean:

- Higher thresholds for funding for care home placements
- Individuals will not be receiving care at home support unless they are at significant (critical) risk without this support
- A reduction in the annual amounts of respite care being provided
- Reduced day service provision for people with Learning Disabilities
- Less time being provided to housing support people with housing support for people who need assistance to manage housing and finances

There are two key risks associated with changing eligibility criteria. Firstly, there is likely to be strong reputational risk to the HSCP and a resistance to any reduction to current packages care. Secondary there is a risk the by not providing support in relation to substantial risks situations can deteriorate to the extent that risks become critical and additional expenditure is required in the long run to mitigate these risks.

Midlothian HSCP charges for care in line with COSLA guidance and therefore care charges (except telecare and transport) are financially assessed. The financial assessment is tied to benefit income and is updated annually to take into consideration changes in benefits. As a result of welfare benefits increasing by 10.1% it is anticipated that there will be a corresponding increase in charging income resulting in additional income of approx. £104k.

Consideration can also be given to increasing charging rates (excluding telecare) which would increase income by a further £20k to £30k but further work is required on this to determine the efficacy.

- **Recovery Action 4**

### **Use of IJB General Reserves**

The IJB does hold a general reserve and has an approved reserves policy in place, this has the minimum level of general reserves held set at 2% of net expenditure (circa

£3.7m). The IJBs general reserves position for 2022/23 closed at £6.1m, subject to external audit. There is scope to utilise the general reserve to balance the budget during 2023/24 but this should be on the understanding of the reserve being non-recurring in nature and the significant financial challenges facing the IJB over the next 5 years as shared in the IJBs medium term financial plan.

- **Recovery Action 5**

### **Request Analogue to Digital telecare support from Midlothian Council Capital Planning Board to purchase technology as a non-recurring cost/benefit**

By 2025 the UK telephony network will complete a transformation to a fully digital network, many telephony service providers expect to complete by a stretch target of 2023. This deadline has been communicated widely. Scotland's telecare providers community has been aware of it for several years and has been working to understand the implications and consequences.

Since 2017 the Local Digital Government Office (LDGO) has led a national programme of work to ensure a smooth, safe transition to digital services is achieved and support a Once for Scotland approach.

There is no national funding for this transition, and it is estimated to cost Midlothian HSCP £1m on a non-recurring basis. Actual costs won't be known until purchasing begins. Midlothian HSCP were looking to request to utilise the IJBs general reserve for this purchase given its one-off nature.

From discussion at the March IJB meeting it was recommended that the paper for this transition be taken to the Council capital planning committee, to be considered for non-recurring support this year. This was supported and will be presented at Midlothian Council meeting for agreement on 27<sup>th</sup> June.

This would provide the IJB with one off financial support for 2023/24 to allow time for any other financial recovery actions to be implemented.

## **3.3 Transformation**

The HSCP is committed to transformation to support larger and longer-term change. It should be noted that working already underway in the following areas which will realise future efficiencies through new models of care. This will be largely multi-agency change and will be delivered with partners. These include;

- Falls
- Frailty
- Self-management
- Carers co-operative/Carers support

## **3.4 Recommended Recovery actions**

It is recommended that Recovery Actions 1b and 2 are progressed, with non-recurring support from Midlothian Council capital funding for Recovery action 5. Use of a minimum of £100k from General reserves should be considered to support non-realisation of full year effect for Option 2, as well as any financial gap at end of the financial year.

These options are recommended to minimise impact on the people of Midlothian, and adverse impact on staff, supporting the longer-term planning and transformation required both locally, and in the context of the challenges for the wider health and social care system.

## **4 Policy Implications**

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- 4.1 The reduced budget offer from Midlothian Council will impact on delivery of the IJB Strategic Plan 2022-25 and the IJB Mainstreaming Equalities Report and Action Plan 2021-25.

## **5 Directions**

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- 5.1 The reduced budget offer from Midlothian Council will directly impact on the HSCPs ability to successfully operationalise a number of Directions 2023-24. Generalised financial pressure will not necessarily mean a Direction cannot be delivered but will significantly limit progress. In this case, there is a high potential for operational risk to become strategic risk and threaten the IJBs ability to achieve its own strategic aims.
- 5.2 Each of the six strategic aims of the IJB are:
- Increase people's support and opportunities to stay well, prevent ill or worsening health, and plan ahead.
  - Enable more people to get support, treatment and care in community and home-based settings
  - Increase people's choice and control over their support and services
  - Support more people with rehabilitation and recovery
  - Improve our ability to promote and protect people's human rights, including social and economic rights and meet our duties under human rights law through our services and support
  - Expand our joint working, integration of services, and partnership work with primary care, third sector organisations, providers, unpaid carers, and communities to better meet people's needs
- 5.3 The options described above have the potential to create challenge in relation to ensuring fair access to services (Direction 2.1), improve personal outcomes (4.2), support the equitable provision of service offers and support across our communities, minimise disadvantage where possible, meet different needs, and encourage participation (5.1), and our ability to deliver on the HSCP Workforce Plan (8.1; 8.2). Any reduction in statutory service provision will increase the burden on unpaid carers and the impact will be significant (6.1; 6.2)

## **6 Equalities Implications**

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- 6.1 Equality Impact Assessments have been completed and are within the Appendices of this paper.



- 6.2 The IJBs ambitions to improve equality and to reduce disadvantage will be more difficult to realise, and particularly in relation to group of people with protected characteristics.
- 6.3 Should the Board agree with Officers' recommendations for Recovery Actions 1b and 2 to be implemented, with recovery action 5 being supported by Midlothian Council on a non-recurring basis from their capital budget, and the utilisation of General Reserves, this would minimise impact.

## 7 Resource Implications

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- 7.1 Should the Board decide not to progress with any recovery actions recommended, there will be budget pressure likely to replicate the reduced offer.

## 8 Risk

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- 8.1 There is significant additional financial risk related to reduced budget offer. It is recommended to the Board that risk can be supported by a clear decision to progress on the suggested recovery actions, with a decision made at the Board meeting.

## 9 Involving people

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- 9.1 The Board and included Trade Union representatives have been fully briefed on the position. Three briefing sessions have been facilitated by officers. No further consultation has taken place at present until a decision and direction of travel is agreed.

## 10 Background Papers

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1. 2023 04 13 Board Paper: Financial Recovery options following reduced budget offer from Midlothian Council
2. 2023 04 13 Board Paper: Finance Update – Budget Offers from Partners for 2023/24

Please note these papers are contained in the appendices below for your reference.

<b>AUTHOR'S NAME</b>	Morag Barrow
<b>DESIGNATION</b>	Chief Officer
<b>CONTACT INFO</b>	<a href="mailto:Morag.barrow@nhslothian.scot.nhs.uk">Morag.barrow@nhslothian.scot.nhs.uk</a>
<b>DATE</b>	8 <sup>th</sup> June 2023
<b>Appendices</b>	<ol style="list-style-type: none"><li>1. EQIA Extra Care Housing (ECH): Recovery Action 1/1b</li><li>2. EQIA Care at Home: Recovery Recovery Action 2</li><li>3. EQIA Adult Social Care Recovery Action 3</li><li>4. EQIA Allied Health Professions and Digital Programme</li><li>5. Response letter from Michael Matheson</li></ol>

## Midlothian Health and Social Care

### Equality Impact Assessment (EqIA) of Recovery Actions

<b>Recovery Action</b>	Extra Care Housing (ECH): Recovery Action 1/1b
<b>Group Service</b>	Primary Care and Older Adults
<b>Service Area</b>	Older Adults
<b>Lead Officer</b>	Melissa Goodbourn
<b>Completion Date</b>	08.06.23

#### Aims and Objectives

- Not expanding the ECH Model (Normandy Court)
- MLC to provide Housing to Older people on waiting list and provide care business as usual.

**1. Does the proposed recovery action affect people?**

**Yes**

**No**

#### 2. What is/are the reason(s) for your proposed recovery action?

- There was no additional funding attached to ECH. The initial budget plans had been a re-alignment of Care at Home block funding and possible use of Physical Disability funding.

This is no longer possible due to the financial position. A reduced budget from Midlothian Council requires financial planning in place to mitigate the subsequent budget gap.

#### 3. Impact

Which of the protected characteristics\* will the proposed recovery action have an impact upon?

Equality Target Group*	Positive Impact	Negative Impact	Relevant evidence/information
Age	Housing is still available but without extra care package	<p>Care package will need to be sourced through traditional models which could exclude certain individuals from accessing these housing opportunities.</p> <p>Potential reduction in choice and control over living situation.</p> <p>Potential impact on individuals' mental and physical wellbeing.</p>	<p>In terms of overall size, the 45 to 64 age group was the largest in 2021, with a population of 25,243. In contrast, the 75 and over age group was the smallest, with a population of 7,740. Between 2018 and 2028, each age group increased in size. The 75 and over age group is projected to see the largest percentage increase (+40.9%). In terms of size, however, 25 to 44 is projected to become the largest age group.</p> <p>[Reference: National Records of Scotland <a href="https://www.nrscotland.gov.uk">Midlothian Council Area Profile (nrscotland.gov.uk)</a>]</p>
Disability	Housing is still available but without extra care package. Care provided under current care model.	<p>Care package will need to be sourced through traditional models which could exclude certain individuals from accessing these housing opportunities.</p> <p>Potential reduction in choice and control over living situation.</p> <p>Potential increase in pressure on other services</p> <p>Potential impact on individuals' mental and physical wellbeing.</p>	<p>In the 2011 census, the <a href="https://www.nrscotland.gov.uk">National Records of Scotland</a> report that in Midlothian 6.9% people identified themselves as living with a physical disability that had lasted or was expected to last at least 12 months. This was close to the Scottish average of 6.7%.</p> <p>In Midlothian in 2023, records show that 3,179 adults (18 and over) known to the Adults and Social Care team have physical disability recorded as their primary care group, 5,681 people have a blue badge and 1,200 people are recorded as wheelchair users. [Reference: Midlothian Council Internal Data: Mosaic, accessed Feb 2023]</p> <p>785 adults with a Learning Disability are known to Social Care service in Midlothian. [Reference: Midlothian Council Internal Data: Mosaic, accessed Feb 2023]</p> <p>Midlothian has a higher prevalence rate of adults with a Learning Disability known to Social Care (6.3 per 1,000) in comparison to the Scottish average (<a href="https://www.nrscotland.gov.uk">Scottish</a></p>

			<p><u>Commission for Learning Disability, 2019).</u></p> <p>In Midlothian, 66.4% of adults with learning disabilities live in mainstream accommodation without support (<u>Scottish Commission for Learning Disability, 2019</u>). This is slightly greater than in the whole of Scotland where it was 61.8% in 2019.</p>
Gender Reassignment	No disproportionate affect identified.	No disproportionate affect identified.	<p>We do not have reliable local figures for Trans and other gender identities.</p> <p>Scotland's Census 2022 will include a voluntary question asking whether individuals consider themselves to be trans or have a trans history.</p> <p>[Reference: <u>Stage 2: Data and evidence gathering, involvement and consultation - Gender Recognition Reform (Scotland) Bill: equality impact assessment - gov.scot (www.gov.scot)</u>]</p>
Marriage & Civil Partnership	No disproportionate affect identified.	Care package will need to be sourced through traditional models which could exclude certain individuals and/or partners/families from accessing these housing opportunities. (No overnight care needs met)	<p>Marriages have declined in Midlothian, from 701 in 2005 to 319 in 2021. Civil Partnerships have also declined since introduced in 2005, averaging 5 per year from 2006-2014 and recording 5 in total from 2015-2021.</p> <p>[Reference: <u>Marriages and Civil Partnership - Time Series Data   National Records of Scotland (nrscotland.gov.uk)</u>]</p>
Pregnancy and maternity	No disproportionate affect identified.	No disproportionate affect identified.	<p>In 2021, there were 1,071 births in Midlothian. This is an increase of 9.4% from 979 births in 2020.</p> <p>In Midlothian, the standardised birth rate increased from 10.8 per 1,000 population in 2020 to 11.7 in 2021. In comparison, the rate in Scotland overall increased from 8.6 to 8.7.</p> <p>In 2021, Midlothian was the council area with the highest standardised birth rate.</p> <p>[Reference: <u>National Records Scotland Midlothian Council Area</u></p>

			<a href="https://nrsotland.gov.uk">Profile (nrsotland.gov.uk)</a>
Race	No disproportionate affect identified.	No disproportionate affect identified.	The 2011 census provides the most recent data, 1.8% of the Midlothian population belonged to a Minority Ethnic Community. This compared with 4% of the Scottish population. [Reference: 2011 Census National Records of Scotland]
Religion or Belief	No disproportionate affect identified.	No disproportionate affect identified.	In 2011 in Midlothian the most common religion was Church of Scotland (33.7%), followed by Roman Catholic (9.8%), other Christian (4%), Muslim (0.6%), other religion (0.5%). 45.2% of people reported no religion and 6.2% didn't state their religion. [Reference: 2011 Census National Records of Scotland]
Sex	No disproportionate affect identified.	No disproportionate affect identified.	In 2021, more females than males lived in Midlothian in 4 out of 6 age groups, from 25 years to 75 years and over. [Reference: National Records Scotland Midlothian Council Area Profile ( <a href="https://nrsotland.gov.uk">nrsotland.gov.uk</a> )]
Sexual Orientation	No disproportionate affect identified.	No disproportionate affect identified.	We do not have reliable local figures for sexual orientation. Scotland's Census 2022 will include a voluntary question.
Socio-economic Deprivation	No disproportionate affect identified.	Potential reduction in job and business opportunities locally	In 2020, Midlothian had 8.7% share of 20% most deprived data zones. [Reference: <a href="#">Scottish Government, 2023</a> ] Whilst all areas in the most deprived 20% were around Dalkeith, Mayfield, Easthouses and Gorebridge, areas in the most deprived 20-30% were spread more widely including Thornybank, Penicuik and Newtongrange. [Reference: <a href="#">Joint Needs Assessment, 2019</a> ]

**4. How will the implementation of the proposed recovery action be communicated to those affected by any changes?**

Nobody currently allocated accommodation in ECH. Communication with potential residents as required dependant on model agreed.

Information published by Midlothian Council can be provided on request in many languages and in large print, Braille, audio tape or BSL. For more information, please contact the Equality, Diversity & Human Rights Officer on 0131 271 3658 or email [equalities@midlothian.gov.uk](mailto:equalities@midlothian.gov.uk)

**5. How will you monitor the impact of the changes proposed? When is the budget due to be reviewed?**

Continue consultation and involvement of potential residents, families, carers and other partners as an ongoing process throughout the proposed change. Continue to monitor impact on equalities groups in relation to procuring and staffing the proposed service through existing policy and procedure. The budget is monitored routinely throughout the year.

**Please use the space below to detail any other matters arising from the Equality Impact Assessment (EqIA) process.**

Ensure that residents already accessing ECH and were scheduled to move to Normandy Court are risked assessed appropriately.

## Midlothian Health and Social Care

### Equality Impact Assessment (EqIA) of Recovery Actions

<b>Recovery Action</b>	Care at Home: Recovery Action 2
<b>Group Service</b>	Primary Care and Older Adults
<b>Service Area</b>	Care at Home
<b>Lead Officer</b>	Melissa Goodbourn
<b>Completion Date</b>	08.06.23

#### Aims and Objectives

- Proposal to move to a 70/30 Care at Home model.
- Currently 62% of Care at Home services are delivered externally by 3 providers on a block contract format.
- Maintaining an internal provision allows us to safeguard around our statutory responsibility to provide care if any of the external providers collapsed.
- The transition could be undertaken in a phased approach: e.g., move to 70/30 and then review the model in 12 months.

**1. Does the proposed recovery action affect people?**

**Yes**

**No**

**2. What is/are the reason(s) for your proposed recovery action?**

- An increase in the external provision would provide a financial saving to the IJB to support a reduced budget for 2023/24 from Midlothian Council.

#### 3. Impact

Which of the protected characteristics\* will the proposed recovery action have an impact upon?

<b>Equality Target Group*</b>	<b>Positive Impact</b>	<b>Negative Impact</b>	<b>Relevant evidence/ information</b>
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Age	No disproportionate affect currently identified as care should remain the same as long as external providers can sustain the additional hours.	No disproportionate affect currently identified as care should remain the same as long as external providers can sustain the additional hours.	In terms of overall size, the 45 to 64 age group was the largest in 2021, with a population of 25,243. In contrast, the 75 and over age group was the smallest, with a population of 7,740. Between 2018 and 2028, each age group increased in size. The 75 and over age group is projected to see the largest percentage increase (+40.9%). In terms of size, however, 25 to 44 is projected to become the largest age group. [Reference: National Records of Scotland Midlothian Council Area Profile ( <a href="http://nrsotland.gov.uk">nrsotland.gov.uk</a> )]
Disability	No disproportionate affect currently identified as care should remain the same as long as external providers can sustain the additional hours.	No disproportionate affect currently identified as care should remain the same as long as external providers can sustain the additional hours.	In the 2011 census, the <u>National Records of Scotland</u> report that in Midlothian 6.9% people identified themselves as living with a physical disability that had lasted or was expected to last at least 12 months. This was close to the Scottish average of 6.7%.  In Midlothian in 2023, records show that 3,179 adults (18 and over) known to the Adults and Social Care team have physical disability recorded as their primary care group, 5,681 people have a blue badge and 1,200 people are recorded as wheelchair users. [Reference: Midlothian Council Internal Data: Mosaic, accessed Feb 2023]  785 adults with a Learning Disability are known to Social Care service in Midlothian. [Reference: Midlothian Council Internal Data: Mosaic, accessed Feb 2023]  Midlothian has a higher prevalence rate of adults with a Learning Disability known to Social Care (6.3



			<p>per 1,000) in comparison to the Scottish average (<a href="#">Scottish Commission for Learning Disability, 2019</a>).</p> <p>In Midlothian, 66.4% of adults with learning disabilities live in mainstream accommodation without support (<a href="#">Scottish Commission for Learning Disability, 2019</a>). This is slightly greater than in the whole of Scotland where it was 61.8% in 2019.</p>
Gender Reassignment	No disproportionate affect identified.	No disproportionate affect identified.	<p>We do not have reliable local figures for Trans and other gender identities. Scotland's Census 2022 will include a voluntary question asking whether individuals consider themselves to be trans or have a trans history.</p> <p>[Reference: <a href="#">Stage 2: Data and evidence gathering, involvement and consultation - Gender Recognition Reform (Scotland) Bill: equality impact assessment - gov.scot (www.gov.scot)</a>]</p>
Marriage & Civil Partnership	No disproportionate affect identified.	No disproportionate affect identified.	<p>Marriages have declined in Midlothian, from 701 in 2005 to 319 in 2021. Civil Partnerships have also declined since introduced in 2005, averaging 5 per year from 2006-2014 and recording 5 in total from 2015-2021.</p> <p>[Reference: <a href="#">Marriages and Civil Partnership - Time Series Data   National Records of Scotland (nrscotland.gov.uk)</a>]</p>
Pregnancy and maternity	No disproportionate affect identified.	No disproportionate affect identified.	<p>In 2021, there were 1,071 births in Midlothian. This is an increase of 9.4% from 979 births in 2020.</p> <p>In Midlothian, the standardised birth rate increased from 10.8 per 1,000 population in 2020 to 11.7 in 2021. In comparison, the rate in Scotland overall increased from 8.6 to 8.7.</p> <p>In 2021, Midlothian was the</p>

			council area with the highest standardised birth rate. [Reference: National Records Scotland <a href="#">Midlothian Council Area Profile</a> ( <a href="#">nrscotland.gov.uk</a> )]
Race	No disproportionate affect identified.	No disproportionate affect identified.	The 2011 census provides the most recent data, 1.8% of the Midlothian population belonged to a Minority Ethnic Community. This compared with 4% of the Scottish population. [Reference: 2011 Census National Records of <a href="#">Scotland</a> ]
Religion or Belief	No disproportionate affect identified.	No disproportionate affect identified.	In 2011 in Midlothian the most common religion was Church of Scotland (33.7%), followed by Roman Catholic (9.8%), other Christian (4%), Muslim (0.6%), other religion (0.5%). 45.2% of people reported no religion and 6.2% didn't state their religion. [Reference: 2011 Census National Records of <a href="#">Scotland</a> ]
Sex	No disproportionate affect identified.	No disproportionate affect identified.	In 2021, more females than males lived in Midlothian in 4 out of 6 age groups, from 25 years to 75 years and over. [Reference: National Records Scotland <a href="#">Midlothian Council Area Profile</a> ( <a href="#">nrscotland.gov.uk</a> )]
Sexual Orientation	No disproportionate affect identified.	No disproportionate affect identified.	We do not have reliable local figures for sexual orientation. Scotland's Census 2022 will include a voluntary question.
Socio-economic Deprivation	Extra provision for external providers can increase job opportunities on a limited market.  Each provider is a living wage employer.  Transition period means that job loss is limited to	Changes in provision externally can cause changes in market economy for care at home which could impact on staff shifting/changing jobs which could affect the sustainability of the care provision.	In 2020, Midlothian had 8.7% share of 20% most deprived data zones. [Reference: <a href="#">Scottish Government, 2023</a> ] Whilst all areas in the most deprived 20% were around Dalkeith, Mayfield, Easthouses and Gorebridge, areas in the

	vacant posts only.		most deprived 20-30% were spread more widely including Thornybank, Penicuik and Newtongrange. [Reference: <a href="#">Joint Needs Assessment, 2019</a> ]
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**4. How will the implementation of the proposed recovery action be communicated to those affected by any changes?**

Clients who are directly affected will be written to in advance of any changes in provider being applied to inform them.

Information published by Midlothian Council can be provided on request in many languages and in large print, Braille, audio tape or BSL. For more information, please contact the Equality, Diversity & Human Rights Officer on 0131 271 3658 or email [equalities@midlothian.gov.uk](mailto:equalities@midlothian.gov.uk)

**5. How will you monitor the impact of the changes proposed? When is the budget due to be reviewed?**

The budget is monitored routinely throughout the year. The transition could be undertaken in a phased approach: e.g., move to 70/30 and then review the model in 12 months. Following the review, a decision could be made on further splits (e.g., 75/25 or 80/20) to examine which would be the most appropriate model.

**6. Please use the space below to detail any other matters arising from the Equality Impact Assessment (EqIA) process.**

Continue consultation and involvement of potential residents, families, carers and other partners as an ongoing process throughout the proposed change and further review of the Care at Home Service.

Continue to monitor impact on equalities groups in relation to procuring and staffing the proposed service through existing policy and procedure.

Continue to monitor external provider sustainability through the multi-agency care and home group.

## Midlothian Health and Social Care

### Equality Impact Assessment (EqIA) of Recovery Actions

<b>Recovery Action</b>	Review of Eligibility Criteria: Recovery Action 3
<b>Group Service</b>	Adult Social Care
<b>Service Area</b>	Learning Disability, Physical Disability / Long Term Conditions, Mental Health, Older People, Substance Use
<b>Lead Officer</b>	Nick Clater
<b>Completion Date</b>	17/5/23

#### Aims and Objectives

Review of Eligibility Criteria to consider:

- Provision of support to only meet critical risk (currently substantial and critical)
- More prescriptive guidance on application of Eligibility Criteria

**1. Does the proposed recovery action affect people?**

**Yes x**

**No**

#### 2. What is/are the reason(s) for your proposed recovery action?

Financial constraints as a result of a reduced budget allocation to IJB from Midlothian Council, has resulted in Midlothian HSCP is progressing work to review the eligibility criteria that must be met for the provision of support and the need for more prescriptive guidance on the application of Eligibility Criteria.

The likely outcome, necessary for a balanced budget is a reduction in the overall amount of social care support provided to population within Midlothian. This will affect individuals with care needs that meet substantial risks that may no longer be eligible for social care

#### 3. Impact

Which of the protected characteristics\* will the proposed recovery action have an impact upon?

<b>Equality Target Group*</b>	<b>Positive Impact</b>	<b>Negative Impact</b>	<b>Relevant evidence/information</b>
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Age		Older people are more likely that the general population to require social care support and therefore changes in eligibility criteria will impact this group.	<p>In terms of overall size, the 45 to 64 age group was the largest in 2021, with a population of 25,243. In contrast, the 75 and over age group was the smallest, with a population of 7,740. Between 2018 and 2028, each age group increased in size. The 75 and over age group is projected to see the largest percentage increase (+40.9%). In terms of size, however, 25 to 44 is projected to become the largest age group.</p> <p>[Reference: National Records of Scotland <a href="#">Midlothian Council Area Profile</a> (<a href="http://nrsotland.gov.uk">nrsotland.gov.uk</a>)]</p>
Disability		People with Disabilities are more likely that the general population to require social care support and therefore changes in eligibility criteria will impact this group.	<p>In the 2011 census, the <a href="#">National Records of Scotland</a> report that in Midlothian 6.9% people identified themselves as living with a physical disability that had lasted or was expected to last at least 12 months. This was close to the Scottish average of 6.7%.</p> <p>In Midlothian in 2023, records show that 3,179 adults (18 and over) known to the Adults and Social Care team have physical disability recorded as their primary care group, 5,681 people have a blue badge and 1,200 people are recorded as wheelchair users.</p> <p>[Reference: Midlothian Council Internal Data: Mosaic, accessed Feb 2023]</p> <p>785 adults with a Learning Disability are known to Social Care service in Midlothian.</p> <p>[Reference: Midlothian Council Internal Data: Mosaic, accessed Feb 2023]</p> <p>Midlothian has a higher prevalence rate of adults with a Learning Disability known to Social Care (6.3</p>

			<p>per 1,000) in comparison to the Scottish average (<a href="#">Scottish Commission for Learning Disability, 2019</a>).</p> <p>In Midlothian, 66.4% of adults with learning disabilities live in mainstream accommodation without support (<a href="#">Scottish Commission for Learning Disability, 2019</a>). This is slightly greater than in the whole of Scotland where it was 61.8% in 2019.</p>
Gender Reassignment		Changes to eligibility criteria will not have a disproportionate impact individuals (relative to the whole population) on the basis of Gender Reassignment.	<p>We do not have reliable local figures for Trans and other gender identities. Scotland's Census 2022 will include a voluntary question asking whether individuals consider themselves to be trans or have a trans history.</p> <p>[Reference: <a href="#">Stage 2: Data and evidence gathering, involvement and consultation - Gender Recognition Reform (Scotland) Bill: equality impact assessment - gov.scot (www.gov.scot)</a>]</p>
Marriage & Civil Partnership		Changes to eligibility criteria will not have a disproportionate impact individuals (relative to the whole population) on the basis of Marriage & Civil Partnership.	<p>Marriages have declined in Midlothian, from 701 in 2005 to 319 in 2021. Civil Partnerships have also declined since introduced in 2005, averaging 5 per year from 2006-2014 and recording 5 in total from 2015-2021.</p> <p>[Reference: <a href="#">Marriages and Civil Partnership - Time Series Data   National Records of Scotland (nrscotland.gov.uk)</a>]</p>
Pregnancy and maternity		Changes to eligibility criteria will not have a disproportionate impact individuals (relative to the whole population) on the basis of pregnancy and maternity.	<p>In 2021, there were 1,071 births in Midlothian. This is an increase of 9.4% from 979 births in 2020.</p> <p>In Midlothian, the standardised birth rate increased from 10.8 per 1,000 population in 2020 to 11.7 in 2021. In comparison, the rate in Scotland overall increased from 8.6 to 8.7.</p> <p>In 2021, Midlothian was the</p>

			council area with the highest standardised birth rate. [Reference: National Records Scotland <a href="#">Midlothian Council Area Profile</a> ( <a href="http://nrscotland.gov.uk">nrscotland.gov.uk</a> )]
Race		Changes to eligibility criteria will not have a disproportionate impact individuals (relative to the whole population) on the basis of race.	The 2011 census provides the most recent data, 1.8% of the Midlothian population belonged to a Minority Ethnic Community. This compared with 4% of the Scottish population. [Reference: 2011 Census National Records of <a href="#">Scotland</a> ]
Religion or Belief		Changes to eligibility criteria will not have a disproportionate impact individuals (relative to the whole population) on the basis of religion or belief.	In 2011 in Midlothian the most common religion was Church of Scotland (33.7%), followed by Roman Catholic (9.8%), other Christian (4%), Muslim (0.6%), other religion (0.5%). 45.2% of people reported no religion and 6.2% didn't state their religion. [Reference: 2011 Census National Records of <a href="#">Scotland</a> ]
Sex		Changes to eligibility criteria will not have a disproportionate impact individuals (relative to the whole population) on the basis of sex.	In 2021, more females than males lived in Midlothian in 4 out of 6 age groups, from 25 years to 75 years and over. [Reference: National Records Scotland <a href="#">Midlothian Council Area Profile</a> ( <a href="http://nrscotland.gov.uk">nrscotland.gov.uk</a> )]
Sexual Orientation		Changes to eligibility criteria will not have a disproportionate impact individuals (relative to the whole population) on the basis of sexual exploitation.	We do not have reliable local figures for sexual orientation. Scotland's Census 2022 will include a voluntary question.
Socio-economic Deprivation		People affected by social economic deprivation are more likely than the general population to receive social care support and therefore changes in eligibility criteria will impact this group.	In 2020, Midlothian had 8.7% share of 20% most deprived data zones. [Reference: <a href="#">Scottish Government, 2023</a> ] Whilst all areas in the most deprived 20% were around Dalkeith, Mayfield, Easthouses and

			Gorebridge, areas in the most deprived 20-30% were spread more widely including Thornybank, Penicuik and Newtongrange. [Reference: <u>Joint Needs Assessment, 2019</u> ]
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**4. How will the implementation of the proposed recovery action be communicated to those affected by any changes?**

A detailed communication plan will be developed relating to any changes to eligibility criteria.

**5. How will you monitor the impact of the changes proposed? When is the budget due to be reviewed?**

A review process will be developed within the implementation phase of the review or eligibility criteria work.

**6. Please use the space below to detail any other matters arising from the Equality Impact Assessment (EqIA) process.**

A more detailed EQIA will be developed within the implementation phase of the review or eligibility criteria work.



## Midlothian Health and Social Care

### Equality Impact Assessment (EqIA) of Recovery Actions

<b>Recovery Action</b>	Analogue to Digital Transition
<b>Group Service</b>	Allied Health Professions and Digital Programme
<b>Service Area</b>	Digital Programme and Services
<b>Lead Officer</b>	Matthew Curl and Hannah Cairns
<b>Completion Date</b>	08-06-23

#### Aims and Objectives

Secure capital funding for analogue to digital switchover to ensure continuity or reliable telecare alarm provision to existing and new service users in Midlothian because of the UK national telecoms infrastructure switchover from analogue to digital signalling.

1. Does the proposed recovery action affect people?

Yes

No

#### 2. What is/are the reason(s) for your proposed recovery action?

Telecare works by transmitting alerts across the UK's telephony network. This network is largely analogue and is nearing obsolescence. By 2025 the UK telephony network will complete a transformation to a fully digital network. Telecare alarms transmit a series of tones to place a call and open a voice connection. An analogue network can transmit these without conversion. When an analogue alarm is connected to a digital network, once the alarm call reaches the exchange it will be converted into a digital form to allow it to be sent over the supplier's internal network. The process of conversion appears to distort the tones such that they do not place the call properly anymore. The expected outcome of this on the telecare industry is that analogue alarms will cease to provide a reliable connection to the alarm response centres which received the calls **resulting in loss of service client harm**. Funding has been requested from Midlothian Council capital fund to support this, to prevent utilisation of IJB General reserves. This relates to a reduced budget offer from Midlothian Council to IJB for 2023/24.

#### 3. Impact

Which of the protected characteristics\* will the proposed recovery action have an impact upon?

<b>Equality Target Group*</b>	<b>Positive Impact</b>	<b>Negative Impact</b>	<b>Relevant evidence/ information</b>
Age	This change will ensure that we are able to provide continued, safe, and reliable telecare provision.	No disproportionate affect identified.	We provide telecare services to around 1700-1800 clients across a range of service user groups. In the last few years, Midcare has needed to significantly grow the number of alarms SIM based alarms to manage a growing decline in landline ownership. New digital alarms will operate via SIM connection so we will anticipate this trend, ensure best practice cyber security standards are met and support more flexible management of the service to clients going forward.
Disability	This change will ensure that we are able to provide continued, safe, and reliable telecare provision.	No disproportionate affect identified.	
Gender Reassignment	No disproportionate affect identified.	No disproportionate affect identified.	We do not have reliable local figures for Trans and other gender identities. Scotland's Census 2022 will include a voluntary question asking whether individuals consider themselves to be trans or have a trans history. <a href="#">Stage 2: Data and evidence gathering, involvement and consultation - Gender Recognition Reform (Scotland) Bill: equality impact assessment - gov.scot (www.gov.scot)</a> ]
Marriage & Civil Partnership	No disproportionate affect identified.	No disproportionate affect identified.	Marriages have declined in Midlothian, from 701 in 2005 to 319 in 2021. Civil Partnerships have also declined since introduced in 2005, averaging 5 per year from 2006-2014 and recording 5 in total from 2015-2021. [Reference: <a href="#">Marriages</a>

			<a href="#">and Civil Partnership - Time Series Data   National Records of Scotland (nrscotland.gov.uk)]</a>
Pregnancy and maternity	No disproportionate affect identified.	No disproportionate affect identified.	In 2021, there were 1,071 births in Midlothian. This is an increase of 9.4% from 979 births in 2020. In Midlothian, the standardised birth rate increased from 10.8 per 1,000 population in 2020 to 11.7 in 2021. In comparison, the rate in Scotland overall increased from 8.6 to 8.7.
Race	No disproportionate affect identified.	No disproportionate affect identified.	The 2011 census provides the most recent data, 1.8% of the Midlothian population belonged to a Minority Ethnic Community. This compared with 4% of the Scottish population. [Reference: 2011 Census <a href="#">National Records of Scotland</a> ]
Religion or Belief	No disproportionate affect identified.	No disproportionate affect identified.	In 2011 in Midlothian the most common religion was Church of Scotland (33.7%), followed by Roman Catholic (9.8%), other Christian (4%), Muslim (0.6%), other religion (0.5%). 45.2% of people reported no religion and 6.2% didn't state their religion.
Sex	No disproportionate affect identified.	No disproportionate affect identified.	In 2021, more females than males lived in Midlothian in 4 out of 6 age groups, from 25 years to 75 years and over. <a href="#">Midlothian Council Area Profile (nrscotland.gov.uk)]</a>
Sexual Orientation	No disproportionate affect identified.	No disproportionate affect identified.	We do not have reliable local figures for sexual orientation. Scotland's Census 2022 contains a

			voluntary question on this.
Socio-economic Deprivation	No disproportionate affect identified.	No disproportionate affect identified.	<p>In 2020, Midlothian had 8.7% share of 20% most deprived data zones.  [Reference: <a href="#">Scottish Government, 2023</a>]</p> <p>Whilst all areas in the most deprived 20% were around Dalkeith, Mayfield, Easthouses and Gorebridge, areas in the most deprived 20-30% were spread more widely including Thornybank, Penicuik and Newtongrange.  [Reference: <a href="#">Joint Needs Assessment, 2019</a>]</p>

#### **4. How will the implementation of the proposed recovery action be communicated to those affected by any changes?**

Clients who are directly affected will be written to in advance of any changes being applied to inform them.

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#### **5. How will you monitor the impact of the changes proposed? When is the budget due to be reviewed?**

A review process will be developed as part of the A2D transition project.

It is necessary to note that SIM alarms require a SIM connection which landlines don't currently require. Historically, clients paid for the line rental and the calls to the ARC. The growth in analogue SIM alarms has been absorbed to date in the service but this cannot extend to absorb the full cost of the revenue impact post transition (£45-60/annum/client). Having secured the capital funding there will be an urgent need for the HSCP to consider how this revenue pressure will be mitigated to ensure an expedient start to the transition programme which needs to complete by end of 2025. If the full cost is passed on to clients, then there will be negative impacts to all users and the systemic impact could be significant if clients decide to respond to the increase charge by cancelling their service as their needs will have to be picked up elsewhere in the system.

**6. Please use the space below to detail any other matters arising from the Equality Impact Assessment (EqIA) process.**

A more detailed EQIA will be developed as part of the A2D transition project.

**Appendix 5:** Response from Matthew Matheson