

Equality. Fairer Scotland. Children's Rights. Impact Assessment Report

Midlothian Integration Joint Board Financial Recovery Planning 2025/26: Bed Based
Transformation

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Report written by:

Grace Cowan, Head of Primary Care and Older People, Midlothian HSCP.

Bruce Dickie, Senior Responsible Officer

Report authorised by:

Midlothian IJB Chief Officer: 

Date: 24/03/2025

Title of proposed work

Midlothian Integration Joint Board's Financial Recovery Planning 2025/26: Bed Based Transformation and reprovion across Midlothian HSCP.

Purpose/objective of proposed work

The Midlothian IJB Financial Recovery Planning sets out the action the Board is considering in order to set a balanced budget. It also describes how we will have to come together alongside people, communities, the Third and Independent Sector, and the services who provide care and support to agree how we can best achieve this and continue to contribute to people in Midlothian living well in their community.

The review of bed-based Transformation and reprovion across Midlothian HSCP will look at the range of bed availability, current models of bed care and develop plans to be able to meet strategic priorities of providing care closer to home, living within the financial framework and budgets set out by NHS Lothian and Midlothian Council. The beds will include those in the HSCP Midlothian Community Hospital and HSCP Care Homes.

Plans have not yet been developed and work will take place over 2025. The work is longer term planning and is expected to be executed over the next few years.

Who will be affected by this proposed work

Further work will be required to develop new care models and at this early stage of planning it is not clear which groups may be affected. This will become clearer as models evolve and actions and options are set out.

All people may need to make use of health and social care services, and this could be at any time across their lifetime. However, we assume that the most vulnerable in our community are more likely to potentially experience disproportionate impacts, both positive and negative, of this Financial Recovery Plan's contents. These groups may include but are not limited to people belonging to Protected Characteristic Groups noted in the Equality Act 2020:

This work is at an early stage on planning. It is likely that other equality issues impacting groups of people with protected characteristics will be identified through consultation at appropriate points of the planning phases and of this programme of work. These will be addressed on an issue-by-issue basis.

Evidence

Evidence used:

A range of evidence will be considered throughout this project. Set out below are some high-level generic data and information for Midlothian that may help inform the work of the project. We will also include the most recent Midlothian JSNA. Further data and information will be gathered from current services, as well as looking to models of good practice elsewhere (e.g. Blantyre Life), both in terms beds and community based and non-bed service provision.

This Midlothian Demographic Profile is based on the 2011 and 2022 census data, Midlothian Council Internal Data, the Joint Needs Assessment and other relevant data reports.

- On 30 June 2022, the population of Midlothian was 97,030. This is an increase of 1.4% from 95,690 in 2021. Over the same period, the population of Scotland increased by 0.5%.
- Compared with 2001, the number of dwellings in Midlothian has increased by 32.3%. This is the highest percentage change out of the 32 council areas in Scotland and a more rapid change than for Scotland as a whole (+17.3%).

Age

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.

Sex

In 2022, there were more females (51.7%) than males (48.3%) living in Midlothian. There were also more females (51.4%) than males (48.6%) living in Scotland overall.

Reference: National Records of Scotland Midlothian Council Area Profile ([nrs.scot.nhs.uk](https://nrs.scot.nhs.uk/nrs/scotland/midlothian))

Disability

As of the 2022 Scotland Census, in Midlothian 9.7% of people self-identified as living with a long-term health problem or disability that limits their day-to-day activity, and has lasted, or is expected to last, at least 12 months, which is below the Scotland percentage of 10.8%.

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,
- 1,200 people are recorded as wheelchair users, and
- 5,681 people have a blue badge.

Reference: Midlothian Council Internal Data: Mosaic, accessed Feb 2023

In 2021/22, Scotland and Wales had the highest proportion of disabled people (both 26%), compared with the UK average of 24% [UK Parliament Research Briefing]. Analysis based on the Scottish Household Survey 2015 showed that there were around 87,340 households with a wheelchair user in Scotland (3.6% of all households). In 2021, Scottish Government reported that there were 235,779 live Blue Badges in Scotland.

785 adults with a Learning Disability are known to Social Care services in Midlothian.

Reference: Midlothian Council Internal Data: Mosaic, accessed Feb 2023.

Based on the Learning Disability Statistics Scotland (LDSS) 2019 report, there were 23,584 adults with a Learning Disability known to local authorities across Scotland. This national dataset is collected by Public Health Scotland but has not been published since 2019, so a more recent comparison is not possible.

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 (5.2 per 1,000). In Midlothian, 66.4% of adults with learning disabilities lived in mainstream accommodation without support. This is slightly greater than in the whole of Scotland where it was 61.8% in 2019.

[Reference: Scottish Commission for Learning Disability, 2019].

Race

The 2022 census shows that the majority of people in Midlothian are White (including White Scottish, Other White British, White Irish, White Gypsy/Traveler, White Polish and Other White):

- White Total: 92,527
- Asian, Asian Scottish, Asian British Total: 2219
- African Total: 474
- Caribbean or Black Total: 95
- Other ethnic groups total: 562

Reference: Scotland Census 2022 – National Records of Scotland (scotlandscensus.gov.uk)

Religion and 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 Scotland

Socio-economic Deprivation

In 2020, Midlothian had 8.7% share of 20% most deprived data zones. This means that there are 20 Local Authorities with a higher share of the 20% most deprived data zones.

Reference: Scottish Government, 2023

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: Midlothian HSCP, Joint Needs Assessment, [Inequalities - Midlothian Health and Social Care Partnership](#), May 2024

Further evidence that we will consider are:

- Midlothian IJB Strategic Plan
- Shifting the balance of care
- Scottish Government Intermediate Care Framework
- BMJ research paper – A systematic review to identify and assess the effectiveness of alternatives for people over the age of 65 who are at risk of potentially avoidable hospital admission.
- Royal College of Nursing – The landscape for bed based intermediate care in Scotland.
- Monitor – Moving healthcare closer to home.
- COSLA Age, Home and Community: Next phase
- The Kings Fund – Community Services: How they can transform care
- Royal College of Physicians – Who lives in Scotland's Care Homes? (2019)
- COSLA – The future of residential care for older people in Scotland (2014)
- NHS Lothian Patient Experience reports.
- Further literature research will be required.

Summary of the ECRIA:

This initial early Integrated Impact Assessment was held at 10.03.2025. The planning process for this bed-based Transformation project is at a very early stage and plans have yet to be developed. We have attempted to consider at this stage some of the areas of focus we will require to concentrate on for the next and more detailed assessment of ECRIA. We will continue to provide care within our statutory and legislative frameworks. What is set out below in Benefits and Major concerns is early thinking and may change as we progress through the programme of work.

This work will help to better understand and explain the impact on equality for those who are accessing our services and subsequently what actions and mitigations we can put in place.

Details will be recorded under benefits, major concerns, and minor concerns. These have been assessed at this stage and a more thorough assessment will be undertaken once plans have been developed.

The following were considered, for this initial stage of work by the Head of Service, and Transformation Programme Lead.

Benefits

- Develop bed models in short to longer term to achieve strategic goals for beds in Midlothian.
- Ensure there is bed-based capacity and flow for Midlothian patients to and from Acute beds in Lothian and bringing Midlothian residents back to Midlothian as soon as possible.
- Midlothian patients will receive care closer to home.
- Better understand and improve the patients' different paths/journeys into hospital and out of hospital and the capacity required. This will be both for bed-based services and community/primary care/social care and intermediate care services. This will be to help ensure patients are not admitted to a bed inappropriately.
- In a recent day of care audit approximately 1/3 of those Midlothian residents in the RIE or WGH did not necessarily require bed-based care. Understanding this helps to look at alternative provision with a non-bed-based service.
- Efficient and effective use of beds in Midlothian
- Help develop and plan appropriate workforce and workforce plans for both beds and intermediate care provision across community, primary and social care.

Major concerns

- Lack of appropriate bed capacity for Midlothian patients.
- Challenge around available workforce and appropriate skills and knowledge required.
- Impact on beds by the levels of investment taking place in intermediate care provision across community, primary and social care.
- Impact from acute services on their strategic plans and decisions on acute bed base and impact upon HSCP beds and community teams
- Independent and Third sector capacity and plans and impact upon Midlothian HSCP bed-based provision
- Levels of funding being received from NHS Lothian and Midlothian Council over the next 5-10 years and the annual statements make longer term financial planning and sustainability challenging.
- The ambition to move care 'closer to home' has the potential to increase the reliance on unpaid carers, the majority of whom are women.

Minor concerns

- The range of service users that access beds are varied (e.g. access to a rehabilitation bed and the need for a long-term care home bed). Ensuring service users and their families have a specific focus upon their area of concern.

Recommendations

This ECRIA was reviewed by Grace Cowan Head of Primary Care and Older People and following agreement, submitted to Midlothian IJB. The specific recommendations follow in the next section.

Making a difference

What changes will you make to your proposal based on the results of this impact assessment?

We are not at the stage to be able to set out the changes we will require to make.

Once we have undertaken the work identified above, this will help to better understand and explain the impact on equality for those who are accessing our services and subsequently what actions and mitigations we can put in place. We will then be able to more clearly any changes to the proposals based on a more detailed impact assessment.

Changes	What difference this will make
We will identify relevant changes as part of this work. We are not at the stage to be able to set out the changes we will require to make.	

Sharing with decision-makers

This ECRIA, proposed changes and mitigations will be shared with all members of Midlothian IJB for final review and agreement.

Monitoring the impact

What information will you start or continue to collect and report on?	What impact are you measuring
As this work is at an early stage, we are not able to set this out. Once further work has been undertaken in relation to evidence being gathered, we will be in a clearer position to set out what data/information we have and what more we require to gather. This will direct us as a project team to know what we require to monitor and measure.	

Impact on equality & socio-economic disadvantage

Negative impacts

Using the evidence you have collected, explain if your proposal could be discriminatory and/ or put a group of people sharing one of these characteristics at a disadvantage for a reason connected to that characteristic.

Note – answer yes/ no and if yes provide brief reasons.

At this early stage of planning, we do not have agreed proposals. This also means we do not know what investment there would be within community provision. Dependent upon these, the levels of impact may vary. Therefore, the responses below are only, at this stage, highlighting for us, as the Project Team, areas where there may be discrimination and to ensure we consider and action this further. There is not a 'maybe/potentially' response at this stage.

Relevant group	Could your work result in unlawful discrimination?	Could your work put people at a disadvantage/ make their lives worse?
People in different age groups	No	However access to bed-based services may be reduced or require further to travel for access to beds in Midlothian. But there would also be planned investment in community-based services that may help mitigate any bed reductions. Further work is required to be able to respond to this completely.
Disabled people	No. Further work required to be able to completely respond.	

Relevant group	Could your work result in unlawful discrimination?	Could your work put people at a disadvantage/ make their lives worse?
Trans and non-binary people	No.	
People who are pregnant or on maternity leave	No	No – this will not affect people who are pregnant or on maternity leave in relation to that care.
People from different ethnic backgrounds	No. Further work required to be able to completely respond.	Yes - the 2022 census shows that the majority of people in Midlothian identify as “White Scottish”, 82.4%. or “White Other British,” 7.8%. Whilst those identifying as a from “minority ethnic background” represent 9.8%. This creates the potential for the needs of people from different ethnic backgrounds to be overlooked in planning and designing services.
People with religious or protected beliefs	No. Further work required to be able to completely respond.	
Men and women [This may include carers, because many are women.]	No. Further work required to be able to completely respond.	Potentially Yes - The ambition to move care ‘closer to home’ has the potential to increase the reliance on unpaid carers, Further work required to be able to completely respond.

Relevant group	Could your work result in unlawful discrimination?	Could your work put people at a disadvantage/ make their lives worse?
People who are heterosexual, lesbian, gay or bisexual	No. Further work required to be able to completely respond.	
People who are married or in a civil partnership [only in employment situations]	No	
Care experienced people	No. There is no legal protection from discrimination on basis of care experience.	
People experiencing health inequalities caused by socio-economic disadvantage [This may include people living in different or difficult circumstances such as people experiencing homelessness, who are in prison or are ex-offenders, people with addictions and people involved with prostitution. Note – travel costs have a particular impact on people experiencing poverty.]	No. There is no legal protection from discrimination on basis of socio-economic disadvantage. Further work required to be able to completely respond.	

Relevant group	Could your work result in unlawful discrimination?	Could your work put people at a disadvantage/ make their lives worse?
<p>People experiencing employment inequalities caused by socio-economic disadvantage</p> <p>[This may include people living in different or difficult circumstances, such as people experiencing homelessness, who are in prison or ex-offenders, people with addictions, ex-service personnel/veterans and people involved with prostitution.</p> <p>Note – travel costs have a particular impact on people experiencing poverty.]</p>	<p>No. There is no legal protection from discrimination in employment on basis of socio-economic disadvantage.</p>	
<p>Carers</p>	<p>No. There is no legal protection from discrimination on basis of caring responsibilities. Women continue to have the majority of caring responsibilities and can be put at a particular disadvantage in connection with this. This may be unlawful indirect sex discrimination.</p>	

Positive impact

Using the evidence you have collected, explain if and how your proposal could have a positive impact on reducing inequalities experienced by groups of people sharing these characteristics.

Note – answer yes/ no and if yes provide brief reasons.

At this stage of the planning process, we are not able to articulate whether there is a distinct yes or no response – as this may be variable. Our goal would be to advance equality of opportunity for the Midlothian population, but we need to better understand if this is variable across different relevant groups.

At this stage we will be focusing upon the following, but more detailed plans are required:

- Shift to Preventative and Community-Based Care - By redirecting resources to preventative care and community health services, marginalised groups can gain access to healthcare earlier, reducing the need for hospital admissions.
- Increased Investment in community-based services in Midlothian - reducing the reliance on hospital beds might free up funding for more accessible and locally tailored health and care services.
- Resource Redistribution - resources saved from reducing hospital beds can be reinvested in other services/programmes, rehabilitation programs, or specialised support for groups like people with disabilities or older adults.
- Encouraging Collaboration and Partnerships - A shift in focus could lead to stronger partnerships between healthcare providers, social services, and local organisations, creating a more holistic approach to addressing the social determinants of health that drive inequalities.

Relevant group	Can your work advance equality of opportunity? [reduce disadvantage, meet needs, increase participation]	Can your work foster good relations? [reduce prejudice + increase tolerance]
People in different age groups	No	Further consideration required.
Disabled people	No	Further consideration required.
Trans and non-binary people	No	Further consideration required.
People who are pregnant or on maternity leave	No	Further consideration required.
People from different ethnic backgrounds	No	Further consideration required.

Relevant group	Can your work advance equality of opportunity? [reduce disadvantage, meet needs, increase participation]	Can your work foster good relations? [reduce prejudice + increase tolerance]
People with religious or protected beliefs	No	Further consideration required. .
Men or women [This may include carers, because many are women]	No	Further consideration required.
People who are heterosexual, lesbian, gay or bisexual	No	Further consideration required.
Care experienced people	No	Further consideration required.
People who experience health inequalities caused by socio-economic disadvantage [This may include people in different or difficult circumstances, such as people experiencing homelessness, who are in prison or ex-offenders, people with addictions and	No	Further consideration required.

Relevant group	Can your work advance equality of opportunity? [reduce disadvantage, meet needs, increase participation]	Can your work foster good relations? [reduce prejudice + increase tolerance]
people involved with prostitution. Note – travel costs have a particular impact on people experiencing poverty.]		
<p>People who experience employment inequalities caused by socio-economic disadvantage.</p> <p>[This may include people in different or difficult circumstances, such as people experiencing homelessness, who are in prison or ex-offenders, people with addictions, ex-service personnel/veterans and people involved with prostitution. Note – travel costs have a particular impact on people experiencing poverty.]</p>	No	Further consideration required.
Carers	No	Further consideration required.

Impact on UNCRC rights

Guidance pages 23-25

If your proposal does not affect children and young people do not complete this section.

If your proposal affects children and young people up to age 18, use the evidence you have collected to explain how your proposal could impact Children's Rights. Not all UNCRC rights may apply to your proposal. If this is the case, simply say 'Neutral.'

UNCRC right	Is your work compatible with this right?	How will your work progress this right?	Are any groups of children particularly impacted
1 – we must make sure everyone under 18 years old can enjoy all UNCRC rights	Neutral		
2 – we must make sure all UNCRC rights apply to every child without discrimination.	Neutral		
3 – we must make sure the best interests of the child are a top priority in all decisions and actions that affect the child.	Neutral		
4 - we must create systems that promote and protect UNCRC rights.	Neutral		

UNCRC right	Is your work compatible with this right?	How will your work progress this right?	Are any groups of children particularly impacted
5 – we must respect the rights and responsibilities of parents and carers to provide guidance and direction to their child as they grow up, recognising the child's capacity to make their own choices.	Neutral		
6 – we must do everything we can to ensure that children survive and develop to their full potential.	Neutral		
7 – we must respect the right to be registered at birth, to have a name and nationality and as far as possible for children to know and be cared for by their parents.	Neutral		
8 – we must respect and protect children's right to an identity and prevent a child's name, nationality or family relationships from being changed unlawfully.	Neutral		
9 – we must not separate children from their parents against their will unless it is in their best interests and uphold the right to stay in contact with both parents, unless this could cause them harm.	Neutral		

UNCRC right	Is your work compatible with this right?	How will your work progress this right?	Are any groups of children particularly impacted
10 – we must respond quickly and sympathetically if a child or their parents apply to live together in the same country. The right to visit and keep in contact with both parents if they live in different countries.	Neutral		
11 – we must do everything we can to stop children being taken out of their own country illegally by their parents or other relatives, or being prevented from returning home.	Neutral		
12 – we must respect the right for children to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously.	Neutral		
13 – we must make sure every child is free to express their thoughts and opinions and to access all kinds of information, as long as it is within the law.	Neutral		
14 – we must respect children's right to think and believe what they choose and also to practise their religion as long as they are not stopping other people from their rights. We must respect the rights	Neutral		

UNCRC right	Is your work compatible with this right?	How will your work progress this right?	Are any groups of children particularly impacted
and responsibilities of parents to guide their child as they grow up.			
15 – we must respect the right to meet with other children and join groups and organisations as long as this does not stop other people from enjoying their rights.	Neutral		
16 – we must respect the right to privacy and protecting the child's private, family and home life, including protecting children from unlawful attacks that harm their reputation.	Neutral		
17 – we must ensure children have access to reliable information from a variety of sources, and help to protect children from materials that could harm them.	Neutral		
18 – we must support parents by creating support services for children and giving parents the help they need to raise their children.	Neutral		
19 – we must do everything we can to protect children from all forms of violence, abuse, neglect and bad	Neutral		

UNCRC right	Is your work compatible with this right?	How will your work progress this right?	Are any groups of children particularly impacted
treatment by their parents or anyone else who looks after them.			
20 – we must give children who cannot be looked after by their immediate family special protection and assistance, that is continuous and respects their culture, language and religion.	Neutral		
21 – the process of adoption must be safe, lawful and prioritises children's best interests.	Neutral		
22 – if a child is seeking refuge or has refugee status, we must provide them with appropriate protection and assistance (within our remit/ functions) to help them enjoy UNCRC rights.	Neutral		
23 – we must do all we can to support disabled children and their families to enjoy their right to live a full and decent life with dignity and as far as possible independence and to play an active part in the community.	Neutral		

UNCRC right	Is your work compatible with this right?	How will your work progress this right?	Are any groups of children particularly impacted
24 – we must provide good quality health care and education on health and well-being so that children can stay healthy.	Neutral		
25 – we must make sure children who have been placed away from home for the purpose of care or protection (e.g. in hospital) can have a regular review of their treatment, the way they are cared for and their wider circumstances.	Neutral		
26 – Governments must provide social security, including financial support and other benefits to families in need of assistance.	Neutral		
27 – we must help families (within our remit, functions) who cannot afford to, to provide their child with a standard of living that is good enough to meet their physical and social needs and support their development.	Neutral		
28 – every child has the right to an education and discipline in schools must respect children's dignity and their rights.	Neutral		

UNCRC right	Is your work compatible with this right?	How will your work progress this right?	Are any groups of children particularly impacted
29 – education must develop every child's personality, talents and abilities to the full and encourage child's respect for human rights, as well as respect for their parents, their own and other cultures and the environment.	Neutral		
30 – we must respect that every child has the right to learn and use their language, customs and religion of their family, whether or not these are shared by the majority of the people in the country where they live.	Neutral		
31 – we must respect the right of every child to relax, play and take part in a wide range of cultural and artistic activities.	Neutral		
32 – we must protect children from economic exploitation and work that is dangerous or might harm their health, development or education.	Neutral		
33 – we must protect children from the illegal use of drugs and from being involved in the production or distribution of drugs.	Neutral		

UNCRC right	Is your work compatible with this right?	How will your work progress this right?	Are any groups of children particularly impacted
34 – we must protect children from all forms of sexual abuse and exploitation.	Neutral		
35 – we must protect children from being abducted, sold or moved illegally to a different place in or outside their country for the purpose of exploitation.	Neutral		
36 – we must protect children from all other forms of exploitation (e.g. by the media, or for medical research)	Neutral		
37 – we must not torture or cause suffering or other cruel or degrading treatment or punishment. Children should be detained only as a last resort and for the shortest time possible. They must be treated with respect and care and be able to keep in contact with their family.	Neutral		
38 – we must do everything we can to protect and care for children affected by war and armed conflicts.	Neutral		

UNCRC right	Is your work compatible with this right?	How will your work progress this right?	Are any groups of children particularly impacted
39 – we must provide special support to help children who have experienced neglect, abuse, exploitation, torture or who are victims of war to recover their health, dignity, self-respect and social life.	Neutral		
40 – we must treat a child accused or guilty of breaking the law with dignity and respect.	Neutral		
41 – we must comply with national laws and standards that go further than UNCRC rights.	Neutral		
42 – we must actively work to make sure children and adults know about UNCRC.	Neutral		