Midlothian Health & Social Care Partnership

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

Home First Services Review (including D2A, MART, CRT and Flow/SPOA)

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Description

Title of proposed work

Midlothian Home First Service Review

Purpose/objective of proposed work

The main objective of the review is to improve the service delivery and ensure financial balance.

Home First is currently used as an umbrella term for Discharge to Assess (D2A), Community Respiratory Team, Midlothian Assessment and Rehabilitation Team, Flow/SPOA and Hospital at Home. Presently, these 5 teams are distinct and separate teams, operating with their own separate caseloads with limited evidence of true collaborative working. These teams may see the same patients separately, or patient's may not be able to be picked up because the level of multidisciplinary involvement required cannot be coordinated across the different teams.

Throughout the covid period, capacity in D2A was grown using covid funding to bolster the B3 workforce by 11.0 WTE, without the usual planning processes, due to the urgent need to support Care at Home by bridging packages of care during a period of extreme pressure. As part of covid recovery and financial recovery, with this funding no longer available, it has therefore become essential to review our workforce, processes and practices to ensure it is correct for our demand.
It is expected that through this review, the service will be delivered within budget.

Who will be affected by this proposed work

The Home First Teams (described above) are integrated teams consisting of Allied Health Professionals primarily employed by either NHS Lothian or Midlothian Council. Those on NHS Lothian contracts have different rights and protections than those on Midlothian Council contracts. All contracts are permanent.

Organisational Staff Equality Data

Information provided by NHS Lothian Workforce Analytics Team.

Figures are based on contracts (excluding bank staff contracts). Any person who has more than one contract will show multiple times.

A breakdown of Midlothian AHP and All AHP Protected Characteristic data is depicted in the next sections.

Initial findings/thoughts:

- Midlothian AHP ethnicity, religion and disability profiles appear similar enough to the NHS Lothian AHP profile

- Midlothian employ more female AHP staff, and fewer male AHP staff than across all NHS Lothian AHPs
- Midlothian has some AHP age profile differences to all NHS Lothian: AHP age profile - more 35-29year olds, fewer 55-59year olds, and Midlothian have no contracts beyond 65years old
- Whilst AHP SIMD profiles are broadly similar, there are comparatively fewer AHPs in SIMD1 in Midlothian, than across AHPs in NHS Lothian

Report written by: Debbie Crerar

Report authorised by: Claire Ross

Date: 4/12/25

Summary of findings:

The service review concluded that the preferred option

Because NHS Lothian do not have an agreed process to collect and appropriately store staff equality data in small number for analysis as part of a service review, the NHS Lothian organisational equality data from the NHS Lothian Equality and Diversity Monitoring Report 2023/2024 has been used to inform this process.

Where it has been possible to consider what the impact of this decision might be subject to unfair or unlawful discrimination this was been give due consideration as follows

- **Disabled people:** There is no available data with which to consider the impact of the decision within the service. However, 3.8% of NHS Lothian workforce declared a disability. Proportionately, this could be reflective of approximately of the total WTE in scope for this service review and approximately WTE of the members of staff directly impacted (WTE).

- **People from different ethnic backgrounds:** There is no available data with which to consider the impact of the decision within the service. However, 4.4% of NHS Lothian workforce identified as Black and Minority Ethnic (BME). Proportionately, this could be reflective of approximately WTE of the total WTE in scope for this service review (WTE) and approximately WTE of the members of staff directly impacted (WTE).

- **Men and women:** NHS Lothian workforce data tells us that 80% if the workforce are women and 20% are men. Proportionately, this equates to approximately WTE of men, and % of women in the total WTE in scope for this service review (WTE), and approximately WTE of men, and WTE of women of the members of staff directly impacted (WTE).

  The number of men and women actually impacted by the decision is WTE men and WTE women. This means the WTE of men affected by this decision is lower than the proportionate % of men within the organisation.

This report finds that people with protected characteristics have not experienced unfair or unlawful discrimination as part of this service review.

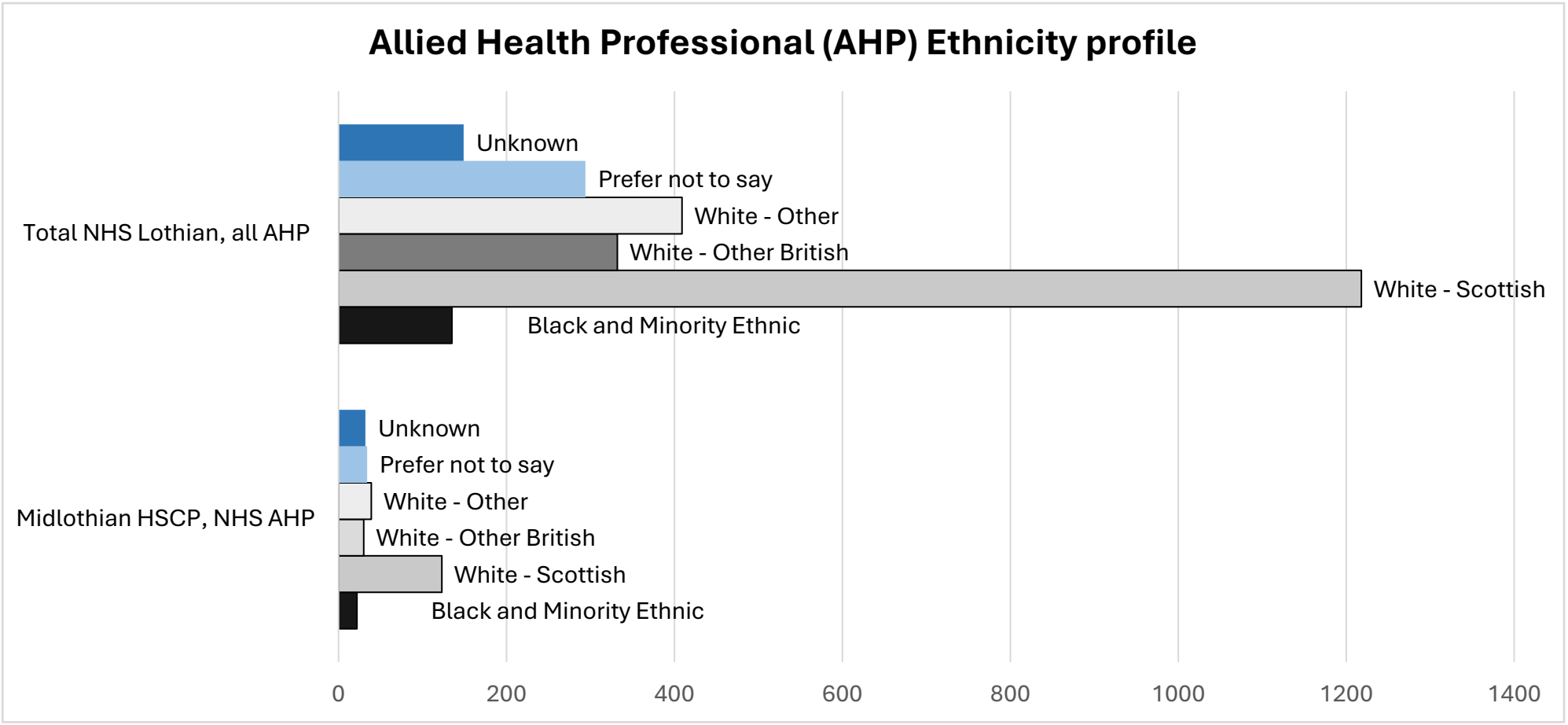
Evidence

Evidence used:

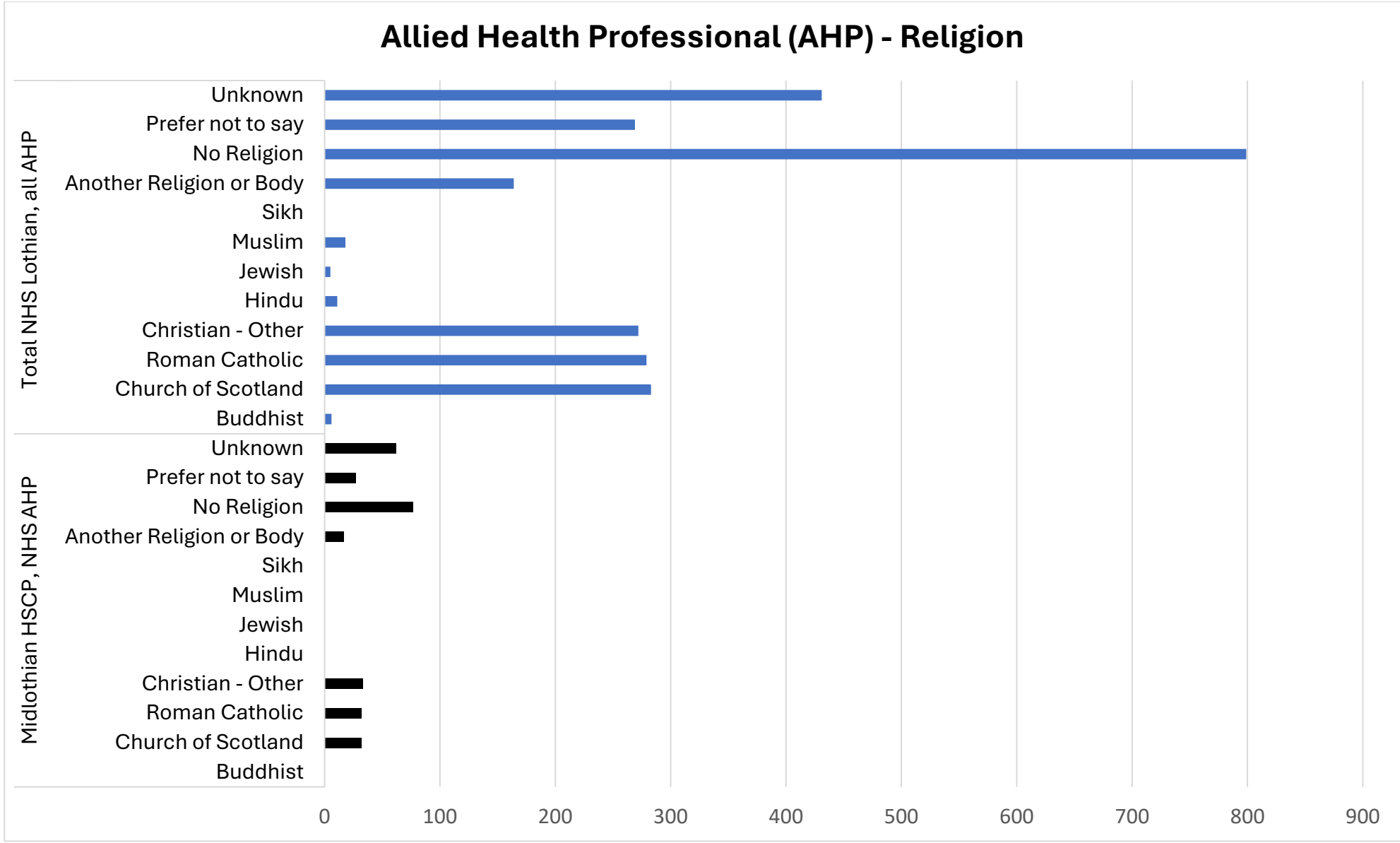
- Service Portfolio review document identifying the activity relating to the service objectives, and reviewed against
    - » Task priority (Statutory, Locally Mandated, and Locally Desired)
    - » Skill base (skills available only in the service, though our partners, across the the HSCP)
- Midlothian Council Employee Monitoring Report 2023/2023 – Occupational Segregation section
- NHS Lothian Equality and Diversity Monitoring Report 2023/2024

Contributors to this process included people that

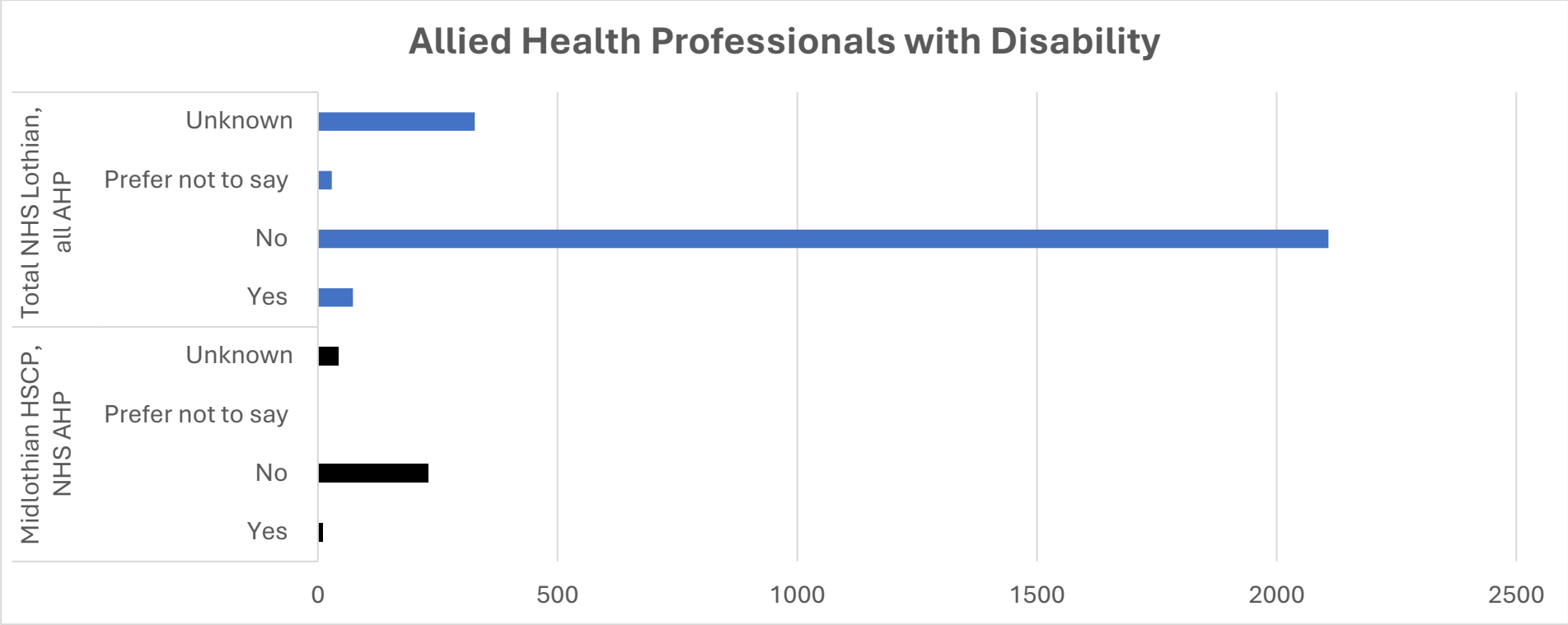
- have declared a disability (12.5%)
- work within the service (25%)



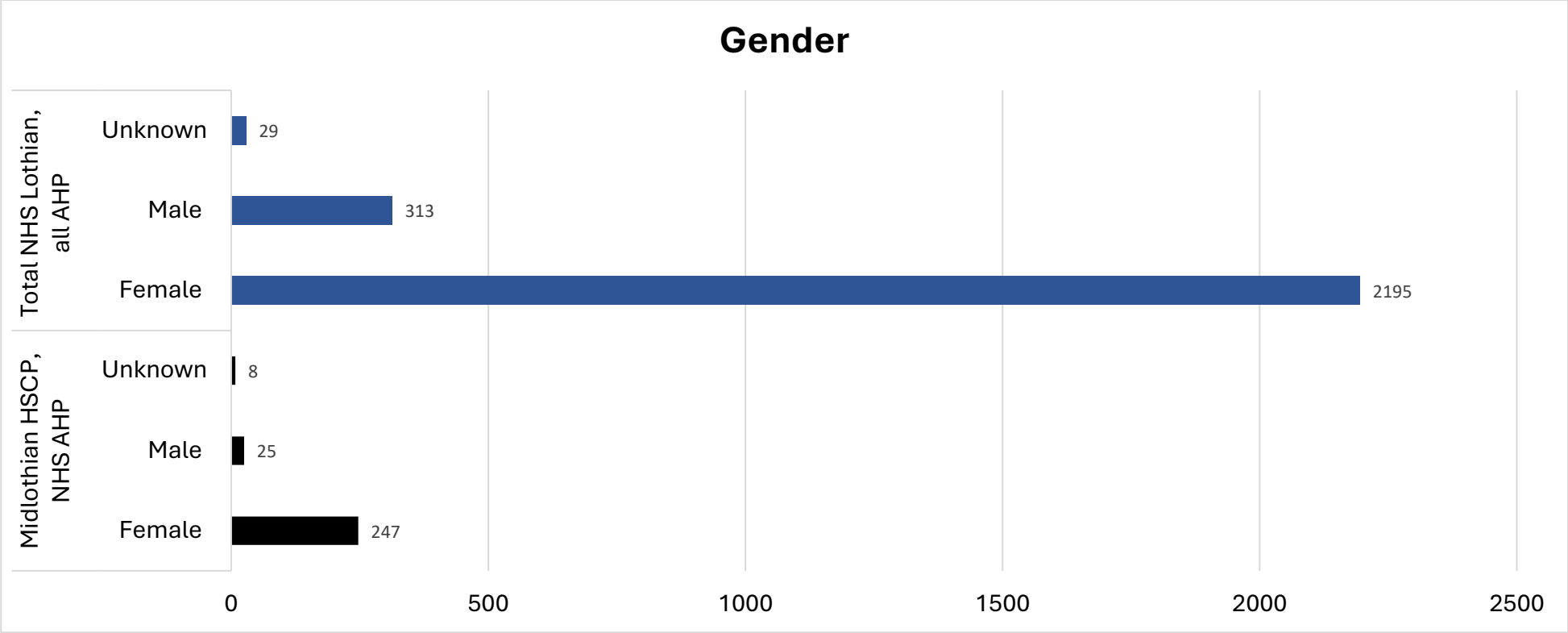
Operational line	Black and Minority Ethnic	White Scottish	White Other British	White Other	Prefer not to say	Unknown
Midlothian HSCP, NHS AHP	22	123	30	39	34	32
Total NHS Lothian, all AHP	135	1218	332	409	294	149


Allied Health Professional (AHP) - Religion
Total NHS Lothian, all AHP
Unknown
Prefer not to say
No Religion
Another Religion or Body
Sikh
Muslim
Jewish
Hindu
Christian - Other
Roman Catholic
Church of Scotland
Buddhist
Midlothian HSCP, NHS AHP
Unknown
Prefer not to say
No Religion
Another Religion or Body
Sikh
Muslim
Jewish
Hindu
Christian - Other
Roman Catholic
Church of Scotland
Buddhist
0
100
200
300
400
500
600
700
800
900

Religion	**Midlothian HSCP, NHS AHP**	**Total NHS Lothian, all AHP**
Buddhist		6
Church of Scotland	32	283
Roman Catholic	32	279
Christian - Other	33	272
Hindu		11
Jewish		5
Muslim		18
Sikh		
Another Religion or Body	17	164
No Religion	77	799
Prefer not to say	27	269
Unknown	62	431

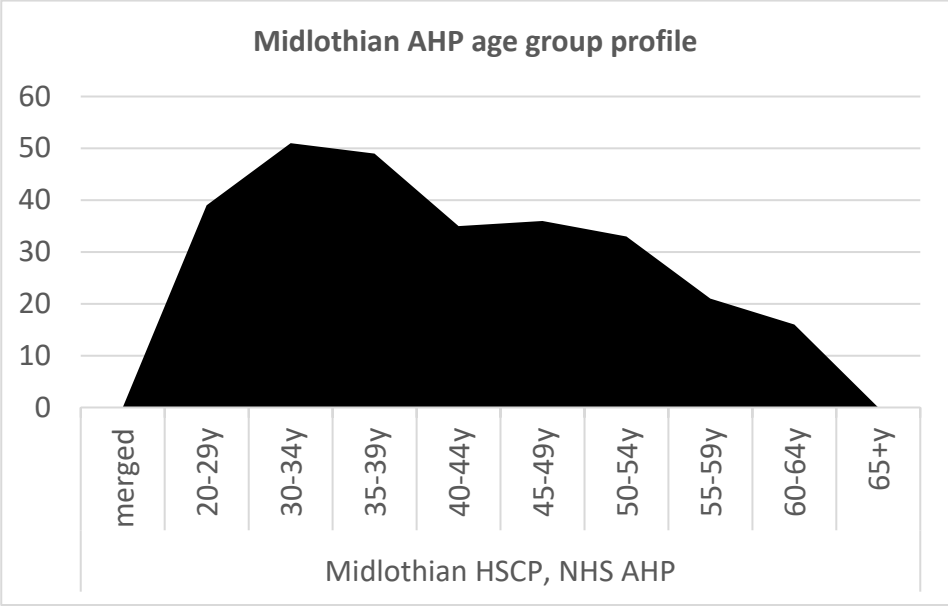


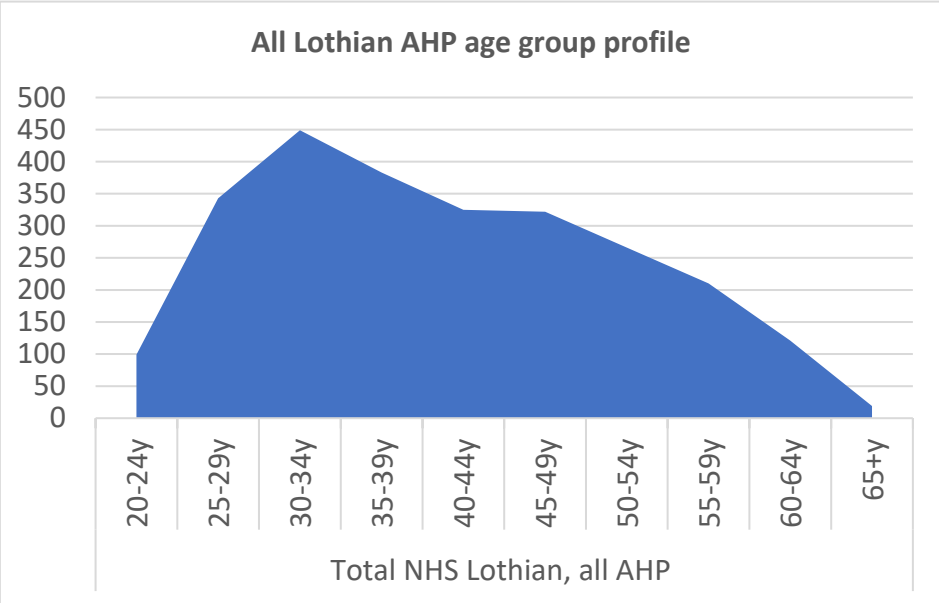
Disability	Midlothian HSCP, NHS AHP	Total NHS Lothian, all AHP
Yes	9	73
No	229	2108
Prefer not to say		29
Unknown	42	327



Gender	Midlothian HSCP, NHS AHP	Total NHS Lothian, all AHP
Female	247	2195
Male	25	313
Unknown	8	29

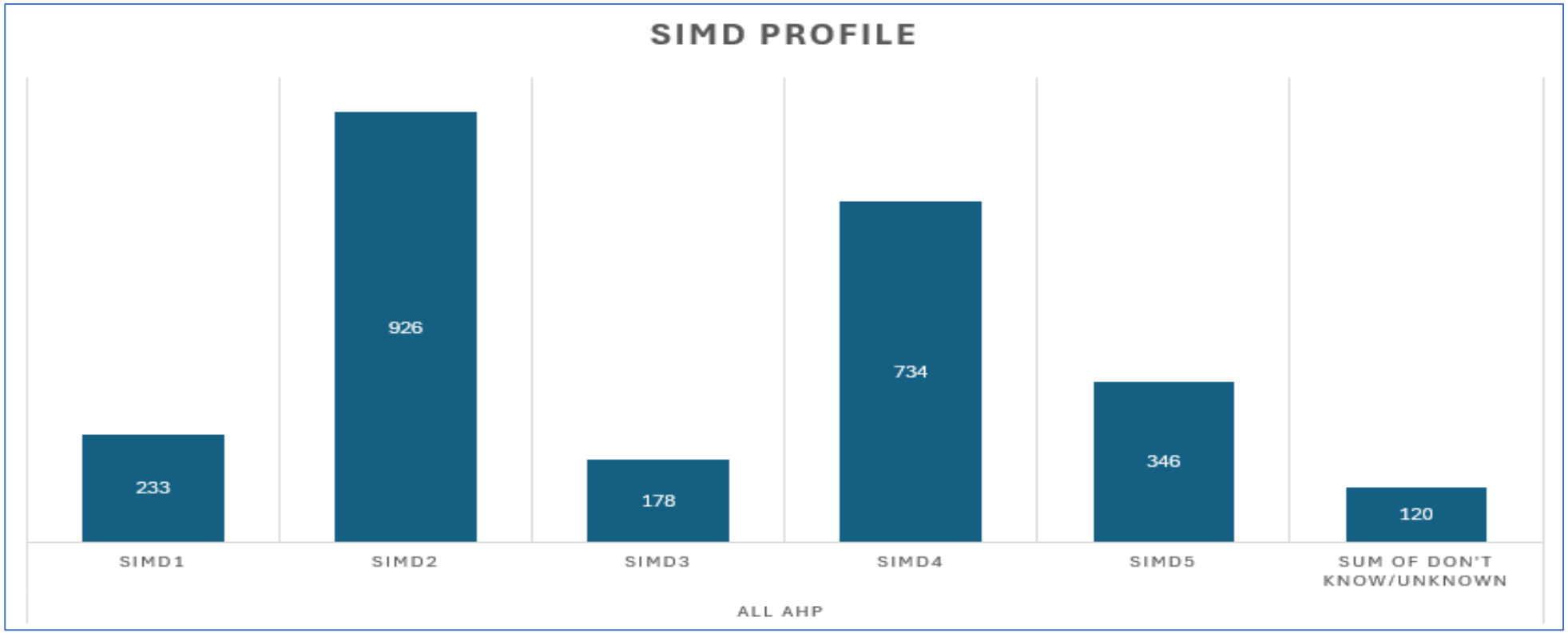
AHP - Age

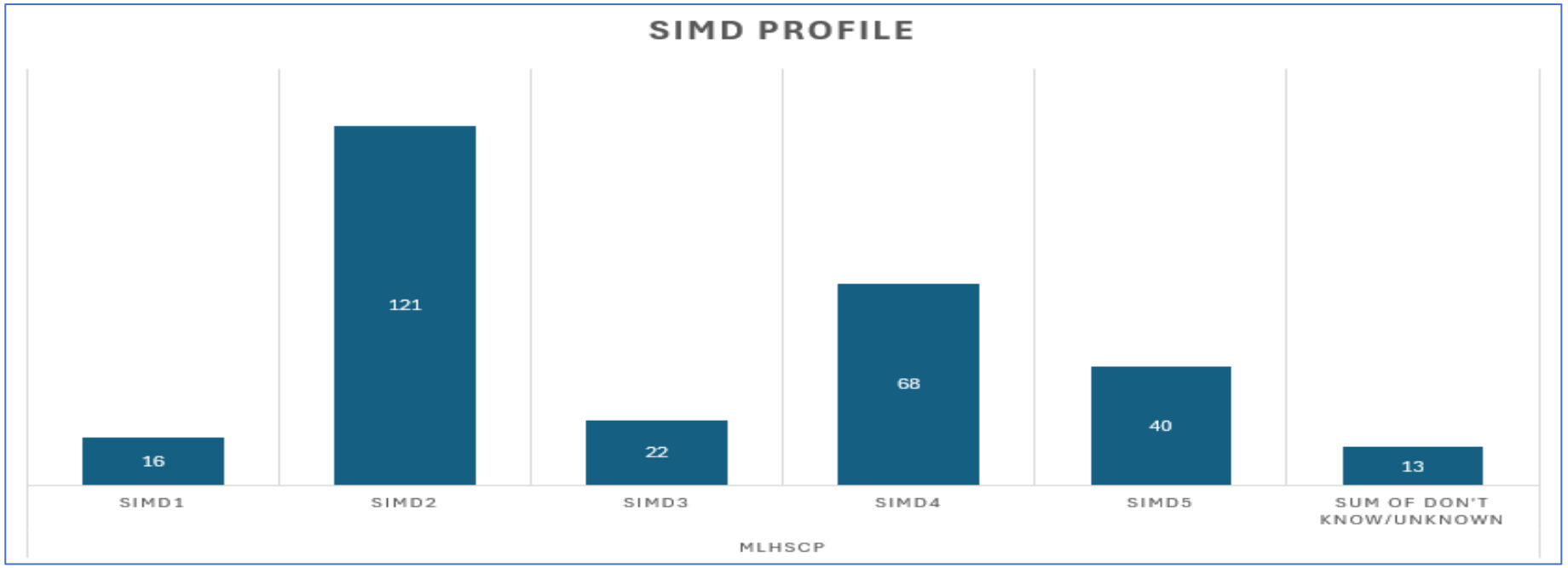




Where there are fewer than 5 staff members in an age group the data has been merged with the nearest age group

Age	**Total NHS Lothian, all AHP**	**Midlothian HSCP, NHS AHP**
20-24y	99	Merged with below 20-29
25-29y	343	39
30-34y	449	51
35-39y	383	49
40-44y	325	35
45-49y	322	36
50-54y	266	33
55-59y	210	21
60-64y	121	16
65+y	19	0


SIMD PROFILE
233
926
178
734
346
120
SIMD1
SIMD2
SIMD3
SIMD4
SIMD5
SUM OF DON'T KNOW/UNKNOWN
ALL AHP



SMD Category	Total NHS Lothian – all AHP	Midlothian HSCP – NHS AHP
1 – most deprived	233	16
2	926	121
3	178	22
4	734	68
5	346	40
Don't know	120	13

Staff data available through NHS Lothian and Midlothian Council equality monitoring reports can be isolated by grade for the year 2024/2025.

Midlothian Council

Midlothian Council do not have an agreed process to collect and appropriately store staff equality data in small number for analysis as part of a service review. As a result, Midlothian Council organisational data relating to Ethnicity (BME or White), Disability (Yes or No), and Gender (Female or Male) was used to inform this process. Midlothian Council report this data by Council Pay Grade.

The Midlothian Council Grade 4 Workforce

- Ethnicity
  2.2% identified as Black and Minority Ethnic (BME), and 62.8% identified as White. 35% chose not to disclose this information.
- Disability
  0.7% of the workforce reported they have a disability, and 57.5% reported they did not have a disability. 41.8% chose not to disclose this information.
- Gender
  80.1% identified as female, and 19.9% identified as male.

The Midlothian Council Grade 8 Workforce

- Ethnicity
  0.0 % identified as Black and Minority Ethnic (BME), and 72.6% identified as White. 27.4% chose not to disclose this information.
- Disability
  4.7% of the workforce reported they have a disability, and 65.4% reported they did not have a disability. 29.9% chose not to disclose this information.
- Gender
  54.7% identified as female, and 45.3% identified as male.

NHS Lothian

NHS Lothian do not have an agreed process to collect and appropriately store staff equality data in small number for analysis as part of a service review. As a result, NHS organisational equality data from the NHS Lothian Equality and Diversity Monitoring Report 2023/2024 has been used to inform this process.

The NHS Lothian Equality and Diversity Monitoring Report 2023/2024 provides a snapshot for all protected characteristics. As the Planning, Performance, and Programme service NHS Lothian employed workforce are all part of the Administration Services Job Family, data relating to the Administration Services Job Family has been reviewed.

NHS Lothian Administration Services Workforce

- Ethnicity
  4.4% identified as Black and Minority Ethnic (BME), and 72.5% identified as White. 18% chose not to disclose this information.
  (Ethnic Group Category by Job Family, page 19)
- Disability
  3.8% of the workforce declared a disability.
  (employees who have declared themselves disabled by job family, page 43)
- Gender
  80% identified as female, and 20% identified as male.

(Sex by Job Family, page 31)

Other Key information in the NHS Lothian Equality Monitoring Report 2023/2024 includes

- 7% of NHS Lothian staff in 2023/2024 were BME - Black, Asian or Minority Ethnic categories. 10% of the total BME staff at NHS Lothian are employed in the Administration Services Job Family.
- 2.2% of NHS Lothian staff in 2023/2024 had a disability. 27.1% of the total number of staff with a disability at NHS Lothian were in the Admin Services job family
- 78.1% of NHS Lothian staff in 2023/2024 were women. 16.2% of the total women staff at NHS Lothian were in the Admin Services job family.

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.

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. The process for organisational change is clearly defined and designed to ensure that decisions are based on required skills and competency.	
Disabled people	No. The process for organisational change is clearly defined and designed to ensure that decisions are based on required skills and competency.	
Trans and non-binary people	No. The process for organisational change is clearly defined and designed to ensure that decisions are based on required skills and competency.	
People who are pregnant or on maternity leave	No. Communication plan has covered those currently on maternity leave to ensure fair and consistent access to information.	

Relevant group	Could your work result in unlawful discrimination?	Could your work put people at a disadvantage/ make their lives worse?
People from different ethnic backgrounds	No. The process for organisational change is clearly defined and designed to ensure that decisions are based on required skills and competency.	
People with religious or protected beliefs	No. The process for organisational change is clearly defined and designed to ensure that decisions are based on required skills and competency.	
Men and women [This may include carers, because many are women.]	No. The process for organisational change is clearly defined and designed to ensure that decisions are based on required skills and competency.	
People who are heterosexual, lesbian, gay or bisexual	No. The process for organisational change is clearly defined and designed to ensure that decisions are based on required skills and competency.	
People who are married or in a civil partnership [only in employment situations]	No. The process for organisational change is clearly defined and designed to ensure that decisions are based on required skills and competency.	
Care experienced people	No. The process for organisational change is clearly defined and designed to ensure that decisions are based on required skills and competency.	

Relevant group	Could your work result in unlawful discrimination?	Could your work put people at a disadvantage/ make their lives worse?
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. The process for organisational change is clearly defined and designed to ensure that decisions are based on required skills and competency. There is no protection from discrimination on basis of health inequalities caused by socio-economic disadvantage.	
Carers	No. The process for organisational change is clearly defined and designed to ensure that decisions are based on required skills and competency. There is no protection from discrimination on basis of caring responsibilities.	

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.

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	The process for organisational change is clearly defined and designed to ensure the promotion of equality and includes a number of safeguards to ensure the process is fair and equitable for all members of the workforce impacted.	n/a
Disabled people	The process for organisational change is clearly defined and designed to ensure the promotion of equality and includes a number of safeguards to ensure the process is fair and equitable for all members of the workforce impacted.	n/a
Trans and non-binary people	The process for organisational change is clearly defined and designed to ensure the promotion of equality and includes a number of safeguards to ensure the process is fair and equitable for all members of the workforce impacted.	n/a
People who are pregnant or on maternity leave	The process for organisational change is clearly defined and designed to ensure the promotion of equality and includes a number of safeguards to ensure the process is fair and equitable for all members of the workforce impacted.	n/a

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 from different ethnic backgrounds	The process for organisational change is clearly defined and designed to ensure the promotion of equality and includes a number of safeguards to ensure the process is fair and equitable for all members of the workforce impacted.	n/a
People with religious or protected beliefs	The process for organisational change is clearly defined and designed to ensure the promotion of equality and includes a number of safeguards to ensure the process is fair and equitable for all members of the workforce impacted.	n/a
Men or women [This may include carers, because many are women]	The process for organisational change is clearly defined and designed to ensure the promotion of equality and includes a number of safeguards to ensure the process is fair and equitable for all members of the workforce impacted.	n/a
People who are heterosexual, lesbian, gay or bisexual	The process for organisational change is clearly defined and designed to ensure the promotion of equality and includes a number of safeguards to ensure the process is fair and equitable for all members of the workforce impacted.	n/a
Care experienced people	The process for organisational change is clearly defined and designed to ensure the promotion of equality and includes a number of safeguards to ensure the process is fair and equitable for all members of the workforce impacted.	n/a

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 who experience health inequalities caused by socio-economic disadvantage	The process for organisational change is clearly defined and designed to ensure the promotion of equality and includes a number of safeguards to ensure the process is fair and equitable for all members of the workforce impacted.	n/a
People who experience employment inequalities caused by socio-economic disadvantage.	The process for organisational change is clearly defined and designed to ensure the promotion of equality and includes a number of safeguards to ensure the process is fair and equitable for all members of the workforce impacted.	n/a
Carers	The process for organisational change is clearly defined and designed to ensure the promotion of equality and includes a number of safeguards to ensure the process is fair and equitable for all members of the workforce impacted.	n/a

Impact on UNCRC rights

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

If your proposal affects children and young people, 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 'Not relevant' or 'no known relevance'.

UNCRC right	How will your work limit or restrict this right?	How will your work progress this right?	Are any groups of children particularly impacted
3 – best interests of the child	Not relevant	Not relevant	Not relevant
4. making rights real	Not relevant	Not relevant	Not relevant
5 – family guidance as children develop	Not relevant	Not relevant	Not relevant
6 – life, survival and development	Not relevant	Not relevant	Not relevant

UNCRC right	How will your work limit or restrict this right?	How will your work progress this right?	Are any groups of children particularly impacted
7 – name and nationality	Not relevant	Not relevant	Not relevant
8 – identity	Not relevant	Not relevant	Not relevant
9 – keeping families together	Not relevant	Not relevant	Not relevant
10 - contact with parents across countries	Not relevant	Not relevant	Not relevant
11 – protection from kidnapping	Not relevant	Not relevant	Not relevant
12 – respect for children's views	Not relevant	Not relevant	Not relevant

UNCRC right	How will your work limit or restrict this right?	How will your work progress this right?	Are any groups of children particularly impacted
13 – sharing thoughts freely	Not relevant	Not relevant	Not relevant
14 – freedom of thought and religion	Not relevant	Not relevant	Not relevant
15 –freedom of association and peaceful assembly	Not relevant	Not relevant	Not relevant
16 – protection of privacy	Not relevant	Not relevant	Not relevant
17 – access to information	Not relevant	Not relevant	Not relevant
18 – responsibility of parents	Not relevant	Not relevant	Not relevant

UNCRC right	How will your work limit or restrict this right?	How will your work progress this right?	Are any groups of children particularly impacted
19 – protection from violence	Not relevant	Not relevant	Not relevant
20 – children without families	Not relevant	Not relevant	Not relevant
21 – children who are adopted	Not relevant	Not relevant	Not relevant
22 – refugee children	Not relevant	Not relevant	Not relevant
23 – disabled children	Not relevant	Not relevant	Not relevant
24 – enjoyment of the highest attainable standard of health	Not relevant	Not relevant	Not relevant

UNCRC right	How will your work limit or restrict this right?	How will your work progress this right?	Are any groups of children particularly impacted
25 – review of a child's placement	Not relevant	Not relevant	Not relevant
26 – social and economic help	Not relevant	Not relevant	Not relevant
27 – food, clothing and safe home	Not relevant	Not relevant	Not relevant
28 – access to education	Not relevant	Not relevant	Not relevant
29 – aims of education	Not relevant	Not relevant	Not relevant
30 – minority culture, language and religion	Not relevant	Not relevant	Not relevant

UNCRC right	How will your work limit or restrict this right?	How will your work progress this right?	Are any groups of children particularly impacted
31 – rest, play, culture, arts	Not relevant	Not relevant	Not relevant
32 – protection from harmful work	Not relevant	Not relevant	Not relevant
33 – protection from harmful drugs	Not relevant	Not relevant	Not relevant
34 – protection from sexual abuse	Not relevant	Not relevant	Not relevant
35 – prevention of sale and trafficking	Not relevant	Not relevant	Not relevant
36 – protection from exploitation	Not relevant	Not relevant	Not relevant

UNCRC right	How will your work limit or restrict this right?	How will your work progress this right?	Are any groups of children particularly impacted
37 – children in detention	Not relevant	Not relevant	Not relevant
38 – protection in war	Not relevant	Not relevant	Not relevant
39 – recovery and reintegration	Not relevant	Not relevant	Not relevant

Making a difference

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

Changes	What difference this will make
n/a	n/a

Sharing with decision-makers

Explain how you will make sure the results of your impact assessment will be taken into account by decision-makers before a final decision is taken.

This ECRIA was presented to the Midlothian HSCP Joint Director for, consideration and reflection approval. The Service Manager has also discussed this ECRIA with both the Steering Group/Programme Board and the finance partners of both partner organisations. This information has also be considered by the Midlothian HSCP Partnership Forum and the AHP Workforce Programme Board. The ECRIA will be shared with Midlothian IJB and published on the Midlothian Health and Social Care website.

Monitoring the impact

How will you monitor the actual impact of this piece of work on equality, socio-economic disadvantage or children's rights?

Performance Indicator for equality, socio-economic disadvantage and children's rights.	What impact are you measuring
Any future investment and associated future recruitment will consider the opportunities to advance equality.	No of staff recruited and associated equality information