# IIA Report – Carers Eligibility Criteria/Replacement Care Interim IIA

Each of the numbered sections below must be completed

Please state if the IIA is interim or final - **Interim**

## Title of proposal

Carers Eligibility Criteria/Replacement Care

## What will change as a result of this proposal?

**Carers eligibility Criteria**

* ELHSCP agreed our carers eligibility criteria in 2018
* We agreed a duty to support at substantial and critical need, a power to support at lower levels
* Criteria are applied to the information given in the ACSP
* Carers meeting eligibility criteria at substantial or critical can access budgets to pay for supports to meet their personal outcomes.

What will change:

* The threshold for support will not change, what we hope is workers will apply these criteria more consistently increasing equity of access to supports
* Carers should experience more equitable support
* Eligibility criteria have been updated to include carers experiences
* ELHSCP will develop a resource allocation system giving workers and carers a guide to the support they may be able to access
* ELHSCP will continue to develop this model to allow carers more flexibility over how they spend their budgets.

**Replacement care for older people**

* ELHSCP and carers are experiencing reduced access to replacement care in residential settings
* The cost of replacement care in residential homes is significantly higher than the National Care Home Rate
* ELHSCP have a contract for one bed in East Lothian to try and meet the needs of many older carers.

What will change:

* ELHSCP recognises that people cannot access these placements at the National Care Home Rate
* ELHSCP will fund agreed placements at the current market average.

## Briefly describe public involvement in this proposal to date and planned

Extensive engagement on the needs of carers has been carried out for the Carers Strategy, Dementia Strategy and Planning for Older People’s Services. This has included meetings, workshops, focus groups, panels and surveys. Most of this work has been undertaken in-house but has also been supported by one-off projects commissioned from specialist engagement providers. The Partnership has been supported in all of this work by Carers of East Lothian, which has conducted and supported a wide range of engagement with carers.

Specific engagement on eligibility criteria and replacement care was undertaken in partnership with Carers of East Lothian and culminated in an engagement event with carers in January 2024.

## 4. Is the proposal considered strategic under the Fairer Scotland Duty?

Fairer Scotland Duty requires East Lothian IJB to reduce inequalities of outcome, caused by socio-economic disadvantage, when making strategic decisions.

More consistent application of the eligibility criteria is intended to:

* Increase equality of access to breaks

Increasing the rate agreed to fund residential breaks is intended to:

* Ensure socio economic factors don’t determine the carers access to breaks.

## 5. Date of IIA

22nd May 2024

## 6. Who was present at the IIA? Identify facilitator, lead officer, report writer and any employee representative present and main stakeholder (e.g. Council, NHS)

| **Name** | **Job Title** | **Date of IIA training** |
| --- | --- | --- |
| Maria Burton (Lead Officer) | ELHSCP Strategic Commissioning Officer | **07/09/2022** |
| Diane Rodgers | ELHSCP Community Care Worker |  |
| Cat Brown | ELHSCP Occupational Therapist (Carers Pathway) |  |
| Dorothy Bartholomew | Carers’ Representative  |  |
| Melissa Goodbourn | ELHSCP Team Manager, Adult Wellbeing |  |
| Jess Wade | Chief Executive, Carers of East Lothian |  |
| Matthew Fenlon | Deaf Action, Statutory Operations Manager |  |
| Isobel Nisbet | ELHSCP General Manager, Adult Wellbeing Social Work |  |
| Robin Grant | Carers’ Representative |  |
| Lucy Niven | BSL Interpreter |  |
| Jane Ogden-Smith | Equalities and Engagement Officer | **Completed** |

## 7. Evidence available at the time of the IIA

| **Evidence** | **Available – detail source**  | **Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal** |
| --- | --- | --- |
| Data on populations in need | * [East Lothian Joint Strategic Needs Assessment](https://www.bing.com/ck/a?!&&p=3d17de32d76266e6JmltdHM9MTcxNjk0MDgwMCZpZ3VpZD0wZDZiYWMyYy1lNzBlLTYzM2ItMjI5Mi1iOGEyZTZlMTYyYTUmaW5zaWQ9NTIwOQ&ptn=3&ver=2&hsh=3&fclid=0d6bac2c-e70e-633b-2292-b8a2e6e162a5&psq=east+lothian+joint+strategic+needs+assessment&u=a1aHR0cHM6Ly93d3cuZWFzdGxvdGhpYW4uZ292LnVrL2Rvd25sb2FkL2Rvd25sb2Fkcy9pZC8zMjY0OC9lYXN0X2xvdGhpYW5fam9pbnRfc3RyYXRlZ2ljX25lZWRzX2Fzc2Vzc21lbnRfcmVwb3J0XzIwMjIucGRm&ntb=1)
* [East Lothian Carers Strategy 2023-26](https://www.bing.com/ck/a?!&&p=9a92f8fb0b117ec5JmltdHM9MTcxNjk0MDgwMCZpZ3VpZD0wZDZiYWMyYy1lNzBlLTYzM2ItMjI5Mi1iOGEyZTZlMTYyYTUmaW5zaWQ9NTIwMg&ptn=3&ver=2&hsh=3&fclid=0d6bac2c-e70e-633b-2292-b8a2e6e162a5&psq=east+lothian+carers+strategy&u=a1aHR0cHM6Ly93d3cuZWFzdGxvdGhpYW4uZ292LnVrL2Rvd25sb2Fkcy9kb3dubG9hZC8xMjk3NC9lYXN0X2xvdGhpYW5fY2FyZXJzX3N0cmF0ZWd5&ntb=1)
 | 40% of carers of all ages report experiencing one or more health conditions compared to 29% of non- carers.One of the most commonly reported conditions cited by carers is the impact of caring on their mental health and that this affects those between the ages of 25 and 49 the most. Older carers in our area are less likely to be able to rate their health as either good/very good. A greater number of carers who provide the largest number of hours of care rate their health as poor/very poor compared to those providing fewer hours (12% compared to 3%). |
| Data on service uptake/access | * [East Lothian Carers Strategy 2023-26](https://www.bing.com/ck/a?!&&p=9a92f8fb0b117ec5JmltdHM9MTcxNjk0MDgwMCZpZ3VpZD0wZDZiYWMyYy1lNzBlLTYzM2ItMjI5Mi1iOGEyZTZlMTYyYTUmaW5zaWQ9NTIwMg&ptn=3&ver=2&hsh=3&fclid=0d6bac2c-e70e-633b-2292-b8a2e6e162a5&psq=east+lothian+carers+strategy&u=a1aHR0cHM6Ly93d3cuZWFzdGxvdGhpYW4uZ292LnVrL2Rvd25sb2Fkcy9kb3dubG9hZC8xMjk3NC9lYXN0X2xvdGhpYW5fY2FyZXJzX3N0cmF0ZWd5&ntb=1)
* Contract monitoring data from CoEL
* East Lothian poverty profile
 | Carers of East Lothian are actively supporting around 1200 carers in each 6 month period.Since 2001 East Lothian has had the highest increase in population of any Scottish local authority. Between the 2001 Census and the 2022 Census, East Lothian’s population increased from just over 90,000 to 112,300 – an increase of 24.7%. Estimates are that 1 in 5 people are carers. |
| Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation. | * SIMD data 2020
* Scotlands national carers strategy
* State of caring survey 2023
 | 8 (6%) of East Lothian’s 132 data zones were ranked in the 20% most deprived in Scotland whilst 26 (20%) were in the 20% least deprived in Scotland. Four of these datazones are in Tranent, three are in Prestonpans and one is in Musselburgh.29% of carers in the most deprived areas care for more than 35 hours a week or more, more than double the level in the least deprived areas.65% of carers agreed cost of living increases was having a negative impact on their physical and/or mental health |
| Data on equality outcomes | * 2022 census and NRS updates
 | The 2022 Census shows that just 2% of East Lothian’s population is from non-white minority ethnic groups and 1% are from mixed or multiple ethnic groups. |
| Research/literature evidence | Scotlands National carers strategy | Demand for social care services is predicted to grow by 25% by 2031 the role and contribution of unpaid carers is even more critical in future |
| Public/patient/client experience information | * East Lothian Carers strategy
 | A wide range of consultation was carried out to inform the priorities for East Lothians carers strategy.Further engagement has continued since, specifically in relation to carers eligibility criteria. |
| Evidence of inclusive engagement of people who use the service and involvement findings |  | Engagement has taken place with CoEL carers panel and more widely with the local carer community. |
| Evidence of unmet need |  | If we apply the 1 in 5 estimate there will be at least 20,000 carers in East Lothian, CoEL are actively supporting 1200 every 6 months and in touch with 5000, our Young Carers service support at least 600 yooung carers with 250 new carers being identified over 2023/’24.Both carers orgs continue to see increases in numbers supported but this leaves a significant number either supported by their existing networks or not accessing support |
| Good practice guidelines |  | We embrace good practice guidance from the Coalition of Carers in Scotland, Carers rights as set out in The Carers Act (Scotland) 2016 and Scotlands Carers Charter |
| Carbon emissions generated/reduced data |  | Not applicable |
| Environmental data |  | Not applicable |
| Risk from cumulative impacts |  |  |
| Other (please specify) |  |  |
| Additional evidence required |  | - |

## 8. In summary, what impacts were identified and which groups will they affect?

On the whole members felt that whether this policy had a positive/negative or neutral effect came down to consistency in how it is delivered including the skill and communication of the workers. The biggest impact will be on carers and as discussed this group can have one or multiple characteristics themselves.

Quality assurance needs to be clear and ongoing to ensure people don’t take decisions personally but are supported to understand reasoning and processes.

ELHSCP should be open and honest about the challenges we are facing and willing to learn.

Finances need to be available to meet the populations needs and the 2024/’25 balanced budget process has meant a reduction in provision and local authority managed placements while the population requiring support has increased.

Complexity of people supported in community has increased and this has obvious impact on carers and need for breaks.

| **Equality, Health and Wellbeing and Human Rights** | **Affected populations**  |
| --- | --- |
| **Positive** | The IIA group felt that the intentions of these changes were positive but without increase in investment for provision of services the intentions would not be achieved. |
| **Negative** | **Those with protected characteristics**Matthew (BSL user) highlighted that it takes a skilled person to carry out an assessment of a deaf person and communicate their rights effectively, the workers need deaf awareness and to provide culturally sensitive support.Carers found information difficult to understand with use of terminology familiar to professionals but lacking meaning for service users. Members felt these issues would be similar for those with English as a second language. **Carers**In terms of general accessibility and processing ability, carers are stressed and we have to adjust our communications to “meet them where they’re at” Some shared concerns that the better the communication is the more expectations will rise and without increased resource this could lead to negative outcomes for carers.Many carers have multiple protected characteristics and have significant ill health themselves.People felt conception that different communities ‘look after their own’ was ignorant and needed challenging.Women often providing more hours of care and having to give up or reduce work which impacts financially and on identity.Members were concerned that management of a budget once it is approved can be overwhelming and felt there should be more support in this.Carers were concerned that where carers are assessed and don’t meet criteria for replacement care that they are given information on other supports. Concerns from carers that in terms of unintended characteristics paying the higher rate for residential respite could have an effect on the market rate.Concerns around development of the resource allocation system and how well it will work for carers, members urged HSCP to keep this under review and ensure they have support to access what is requires. **Children and Young people**Children who are Young Carers, part of a family where someone has disabilities/ additional needs, we should support their understanding of what they do to minimise the impact on their health and well being. Understand behaviours expressed are a form of communication.Same issues as above in terms of accessible information for children.Effect on childrens relationships with parents can be seen as an adverse childhood experience.HSCP should consider how we take a more holistic view of the whole family and also consider transitions, what support is provided impacts whole family.**Alcohol and substance use**Members felt this should be considered as the stress threshold for people with substance misuse may mean they are less able to maintain their own well being. Coping and self harm should be acknowledged and if not can become crisis. **People in rural areas**Limited availability of local resources mean increased travel to access services, this may impact more on older people.**\*Older people**Data from ELHSCP shows a higher number of people over the age of 75 in the east of the county. Unintended consequences of using a public health need model - SIMD 1&2 equates to 6% of population) for allocation of funding, rather than a “disease need model” (e.g. dementia), is that East Lothian will be allocated fewer resources to deal with the elderly demographic the majority of whom live in SIMD 3,4,5 areas (i.e. 94% of East Lothian Population)\*noted following the IIA session that age should be considered as a protected characteristic and this paragraph was added to reflect a members comments on this. |

| **Environment and Sustainability including climate change emissions and impacts** | **Affected populations**  |
| --- | --- |
| **Positive** | Overall not applicable |
| **Negative** |  |

| **Economic**  | **Affected populations**  |
| --- | --- |
| **Positive** | Funding residential replacement care at market rate should reduce inequality in that potentially carers with more favourable economic positions were able to ‘top up’ budgets prior to this change and therefore access services.  |
| **Negative**  | This could affect the market average although homes were already seeing demand for these services and charging inflated rates (Private care home will not agree to run at a loss to subsidise LA residents, when they can get self-funders paying standard rates) |

## 9. Is any part of this policy/ service to be carried out wholly or partly by contractors and if so how will equality, human rights including children’s rights, environmental and sustainability issues be addressed?

Completion of the Adult Carer Support plan on which the carers eligibility is based is mostly carried out by our local carers organisation, Carers of East Lothian. Many of the services that carers will access to support their break from caring will be provided by contractors of care at home or residential care services.

Equality and human rights requirements are built into all HSCP contracts.

Where the carer chooses support under option 1 and is in effect ‘the employer’ they take responsibility for these issues and that will be fully explained in the Direct Payment letter of agreement.

## 10. Consider how you will communicate information about this policy/ service change to children and young people and those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.

Communication with different groups was highlighted as a specific issue in relation to this and wider communications from ELHSCP, groups mentioned were those with English as a second language, those with accessibility needs and people from different communities such as gypsy traveller communities. The fact that there is no longer a permanent traveller site serving East and Midlothian was highlighted as a challenge for sharing information with this particular community.

Information will be made available on our website, all information on our website must meet accessibility guidelines. Staff should be able to support individuals through the assessment process and support any accessibility requirements.

## 11. Is the plan, programme, strategy or policy likely to result in significant environmental effects, either positive or negative? If yes, it is likely that a [Strategic Environmental Assessment](https://www.gov.scot/policies/environmental-assessment/strategic-environmental-assessment-sea/) (SEA) will be required and the impacts identified in the IIA should be included in this. See section 2.10 in the Guidance for further information.

This policy is unlikely to result in any significant environmental effects.

## 12. Additional Information and Evidence Required

Monitoring of any unintended consequences, participants agreed that the rationale for these changes was positive but cautioned that unintended consequences can always result and officers should be aware and monitor this.

They suggested monitoring for a bounce back in hospital admissions as if you don’t increase community care admissions increase. Whether data allows us to look at where admission is a result of carer stress and therefore breakdown needs to be established.

## 13. Specific to this IIA only, what recommended actions have been, or will be, undertaken and by when? (these should be drawn from 7 – 11 above) Please complete:

| **Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)** | **Who will take them forward (name and job title**  | **Deadline for progressing** | **Review date** |
| --- | --- | --- | --- |
| All ELHSCP communications should be considered from the perspective of accessibility to different groups | Jen Jarvis (senior communications officer) | Accessibility guidelines in place |  |
| Monitoring of market rate for residential respite should continue | Maria Burton | Annual review of rates | Nov 2024 |
| ELHSCP to explore alternatives to residential respite | Maria Burton | Contract for respite bed until June 2025 |  |
| Follow up whether data shows where hospital/care home admission is due to carer stress | Maria Burton | July 2024 |  |
|  |  |  |  |

## 14. Are there any negative impacts in section 8 for which there are no identified mitigating actions?

No

## 15. How will you monitor how this proposal affects different groups, including people with protected characteristics?

Updates to reporting procedures will allow social work to monitor access to replacement care and consider any trends.

## 16. Sign off by Head of Service

 **Name Isobel Nisbet**



 **Date 16 August 2024**

## 17. Publication

Completed and signed IIAs should be sent to:

jogden-smith@eastlothian.gov.uk for publication on the ELHSCP [IIA Database](https://www.eastlothian.gov.uk/info/210558/social_care_and_health/12776/east_lothian_health_and_social_care_partnership_integrated_impact_assessments) on [www.eastlothian.gov.uk](http://www.eastlothian.gov.uk)