

Integrated Impact Assessment – Summary Report

Each of the numbered sections below must be completed
Please state if the IIA is interim or final

1. Title of proposal

Edinburgh Integration Joint Board Strategic Plan 2025-28 IIA

2. What will change as a result of this proposal?

The Strategic Plan sets out how health and social care services will evolve in Edinburgh over the next 3 years. It applies to all adults in the City of Edinburgh who require health and social care or who are considered at risk.

This Strategic Plan is being shared almost three years late. It should have been published in 2022. A lot has changed in those three years, so this plan has also had to adapt to keep up. What has not changed is the IJB's commitment to provide the best possible health and social care services that we can to the people of Edinburgh with the resources we have available.

This Strategic Plan summarises the big issues facing different communities within Edinburgh and explains how the IJB plans to help. The Strategic Plan sets out four strategic priorities:

- Prevention and early intervention
- Maximising independence
- Protecting our most vulnerable
- Using our resources effectively and sets out the agreed ambitions, priorities and guiding principles

The theme that unifies each of these strategic priorities and runs throughout this Strategic Plan, is that the IJB is committed to doing the best it can with the resources it has.

3. Briefly describe public involvement in this proposal to date and planned

A previous version of the Strategic Plan was shared in a public consultation over the summer of 2024. We received a lot of positive feedback about the plan's principles, although some people also felt it was unrealistic, too vague or too complicated and did not cover all areas of the IJB's responsibility. This Strategic Plan was produced in response to that feedback. It follows the same principles whilst being clear about

what we can afford to do and what this is likely to mean in practice for different communities and service areas.

A further period of public involvement was held over February 2025. The online survey received 173 responses, including 91 from people living in Edinburgh, 40 from people who use services provided by the partnership, 55 from people employed in EHSCP and 97 from people employed in other health and social care related organisations (numbers do not add up as people can select more than one option). Further engagement was also undertaken with specific stakeholder groups and people who receive services from us. Feedback is still being reviewed.

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

Yes

5. Date of IIA

28th February 2025

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
Andy Hall	Director: Strategy, EHSCP (Lead Officer)	
Moira Pringle	Chief Finance Officer, EHSCP	
Rhiannon Virgo	Programme Manager, EHSCP (Facilitator)	February 2020
Laura Dover	Project Manager, EHSCP (Scribe)	February 2025
Brian Robertson	Representative, Unite the Union (CEC)	
Robert Smith	Interim Strategy Manager, EHSCP	
Laura Hill	Depute CEO, Vocal	
Magda Czarnecka	CEO, Feniks	
Melissa Rowlands	Nurse Consultant, NHS Lothian	
Selina Shek	Senior Information Analyst, EHSCP	
Rachel Howe	Communications Officer, EHSCP	
Amegad Abdelgawad	Interim Director of Primary Care, EHSCP	

Emma Gunter	Contracts Manager, EHSCP	
Hannah Cairns	Chief Allied Health Professional, EHSCP	
Richard Cawker	Unite the Union Rep, CEC	
Jessica Brown	Sustainability and Innovation Senior Manager, EHSCP	
Flora Ogilvie	Consultant in Public Health, NHS Lothian	
Rene Rigby	Development Officer, Scottish Care	
Karen Thom	Strategic Planning and Commissioning Officer for Older People's Services, EHSCP	

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 – where available use disaggregated data	<p><i>Joint Strategic needs Assessment City of Edinburgh HSCP (2020)</i></p> <p><i>Edinburgh HSCP Joint Strategic Needs Assessment: Health and Care Needs of People from Minority Ethnic Communities (April 2018)</i></p> <p><i>Census data</i></p>	<p>Provides current and projected data on the wider population in the City of Edinburgh - Over 65's account for a smaller proportion of the population in Edinburgh than elsewhere in Scotland but the older population is expected to grow significantly - Each of the older population age groups in Edinburgh and Scotland are expected to grow by at least a fifth. This growth highlights the need for the future sustainability within the service. (Population and demographics - Edinburgh Health & Social Care Partnership (edinburghhsc.scot))</p> <p>Provides an understanding of what contributes to poor health and wellbeing and the barriers and challenges to seeking and obtaining support (many being interrelated). Edinburgh Health and Social Care Partnership, Joint Strategic Needs Assessment, Minority Ethnic Communities Report, 2018</p> <p>Home Scotland's Census provides data on Scotland's population and demographics.</p> <p>NHS Lothian Public Health and Health Policy - A strengthened approach to prevention across the Lothian health and care system</p>
Data on service uptake/access	EIJB Annual Performan	The health and social care services we deliver and commission include:

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
	<p>ce Report 2023/24</p> <p>Public Health Scotland</p>	<ul style="list-style-type: none"> • carers support services to a subset of the 45,000 and 70,000 adult carers estimated in Edinburgh • social care assessment and other social work services provided to around 10-12,000 people a year • care at home services provided to around 8,000 adults and older people over the course of the year • technology enabled care provided to around 9-10,000 people a year • around 2,000 people supported through learning disability services • dementia services to support the estimated 8-9,000 people in Edinburgh with dementia • primary care services including pharmaceutical services, district nursing and GP services and enhanced primary care services across around 70 GP practices • mental health and wellbeing services and services that support people with substance misuse • services to prevent admission to and support discharge from hospital, such as hospital at home services, with about 5,000 discharges supported each year • around 3,500 people supported in care homes and nursing homes across each year • adult support and protection services, with around 3,000 duty to inquire assessments completed each year. <p>More detail on service provision can be found in national publications including but not limited to: Care at Home: Dashboard - Care at Home Statistics for Scotland: Support and services funded by Health and Social Care Partnerships in Scotland 2023/2024 - Care at Home Statistics for Scotland - Publications - Public Health Scotland.</p> <p>Care Homes: https://www.publichealthscotland.scot/publications/care-home-statistics-for-scotland/care-home-statistics-for-scotland-support-and-services-</p>

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
		<p>funded-by-health-and-social-care-partnerships-in-scotland-202324/</p> <p>Primary Care: https://www.publichealthscotland.scot/healthcare-system/primary-care/</p> <p>Hospital activity: https://www.publichealthscotland.scot/publications/acute-hospital-activity-and-nhs-beds-information-quarterly/acute-hospital-activity-and-nhs-beds-information-quarterly-quarter-ending-30-september-2024/data-summary/</p>
<p>Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation</p>	<p><i>Joint Strategic needs Assessment City of Edinburgh HSCP (2020)</i></p>	<p>Provides current and projected data on the demographics within Edinburgh Joint strategic needs assessment - Edinburgh Health & Social Care Partnership</p> <p>There is also a specific JSNA topic paper on population health and inequalities, which demonstrates that Edinburgh generally is more affluent and has better health than other parts of Scotland, but this hides significant health inequalities in Edinburgh especially when compared to Scotland. - Edinburgh Health and Social Care Partnership - Population health and inequalities in Edinburgh</p> <p>The SIMD (Scottish Index of Multiple Deprivation) looks at the extent to which an area is deprived across seven domains: income, employment, education, health, access to services, crime and housing. A map of the geographical areas of deprivation in Edinburgh can be found using the SIMD site.</p> <p>Poverty in Edinburgh – data and evidence, Edinburgh Poverty Commission, 2020 - 15% of the population, and as many as 20% of children, live in relative poverty. This poverty is spread throughout the city, with two thirds of those living in poverty not living in areas described as deprived. The majority of those in poverty are in employment.</p>

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
	Edinburgh Poverty Commission	<p>There are many sources of evidence which outline that people with learning disabilities and mental health are disproportionately impacted by poverty. Below are a range of report from different bodies which support this view:</p> <p>Mind the Craic, EVOC, Aug 2020</p> <p>End Poverty in Edinburgh, CEC Progress Report, 2023</p> <p>Poverty Commission Edinburgh</p> <p>Special educational needs and their links to poverty Joseph Rowntree Foundation</p> <p>Racial inequality and mental health services in Scotland – new report calls for action Mental Welfare Commission for Scotland</p> <p>There is an internal piece of work undertaken by the Performance and Evaluation Team in EHSCP to understand Care at Home service in relation to inequalities. This piece of work is in the early stages, but this is referenced to highlight these areas have been identified as a particular focus.</p>
Data on equality outcomes	<p>Scottish Government</p> <p>Home - Learning Disability Today</p>	<p>These links research into equality outcomes across Scotland:</p> <p>The Independent Review of Adult Care in Scotland published in February 2021 set out the Scottish Government’s vision for a new health and social care system. The review both gathered information of people’s/ organisation’s views to inform the body of the review, but also the equality of outcomes for people who require support and care in Scotland were the focus on the review which emphasised people’s human rights.</p> <p>People with learning disabilities from Black, Asian, and minoritised ethnic communities are at a higher risk of early and avoidable death, yet annual health check uptake among this group is typically low. Here, Dr Jahan Foster Zabit, Senior</p>

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
	<p>NHS Lothian Public Health information</p> <p>The Health Foundation</p>	<p>Researcher at the Race Equality Foundation, discusses a project which is working to improve this uptake by promoting cultural sensitivity, accessible communication, and community engagement. The vital role of annual health checks: tackling health inequalities in minority ethnic groups</p> <ul style="list-style-type: none"> • NHS Lothian Public Health and Health Policy - A strengthened approach to prevention across the Lothian health and care system • NHS Lothian Public Health Survey Results • Public Health Reports – Public Health and Health Policy • What builds good health? The Health Foundation • Evidence hub: What drives health inequalities? - The Health Foundation • Leave no one behind The Health Foundation
Research/literature evidence	<p>Health and social care legislation</p> <p>Fair Work Scotland</p>	<p>There is a wide range of research /literature available relevant to EIJB services that is taken into account throughout our planning process.</p> <p>Health and Social Care legislation:</p> <p>Social Care (Self-directed Support) (Scotland) Act 2013</p> <p>Carers (Scotland) Act 2016</p> <p>Carers' charter - gov.scot</p> <p>Adults with Incapacity (Scotland) Act 2000: principles - gov.scot</p> <p>https://www.fairworkconvention.scot/our-report-on-fair-work-in-social-care/</p>

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
		https://www.gov.scot/publications/fair-work-action-plan-becoming-leading-fair-work-nation-2025/
Public/patient/client experience information	Scottish Government	<p>The Scottish Health and Care Experience Survey commissioned by the Scottish Government is sent randomly to around 5% of the Scottish population every two years. The latest update was received in July 2024 for the results of the 2023/24 survey. National indicators from this survey included in the EIJB's Annual Performance Report show that in Edinburgh:</p> <ul style="list-style-type: none"> • 75.2% of adults supported at home agree that they are supported to live as independently as possible, compared to 72.4% for Scotland • 57.2% of adults supported at home agree that they had a say in how their help, care or support was provided, compared to 59.6% for Scotland • 63.1% of adults supported at home agreed that their health and social care services seemed to be well co-ordinated, compared to 61.4% for Scotland • 74.1% of adults receiving any care or support rated it as excellent or good, compared to 70% for Scotland • 72% of adults supported at home agree that their services and support had an impact on improving or maintaining their quality of life, compared to 69.8% for Scotland • 78.6% of adults supported at home agreed they felt safe, compared to 72.7% for Scotland • 31.3% of carers feel supported to continue in their caring role, compared to 31.2% in Scotland <p>A consultation informed the Independent Review of Adult Care in Scotland published in February 2021 which set out the Scottish Government's</p>

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
	Information on carer experience	<p>vision for a new health and social care system A National Care Service for Scotland: consultation provides more information about the consultation people had the opportunity to engage with.</p> <p>Valuing Carers 2022: Scotland Feniks research on experience of Polish carers Feniks research on suicide in the Polish community</p>
Evidence of inclusive engagement of people who use the service and involvement findings	<p>VOCAL Carer’s Survey 2023</p> <p>Strategic Plan engagement</p>	<p>To strengthen support for carers now and for future generations, VOCAL actively seeks carer views and engagement to determine what support might be important to carers in the future: VOCAL Carer Surveys - VOCAL, 2023.</p> <p>The online survey received 173 responses, including 91 from people living in Edinburgh, 40 from people who use services provided by the partnership, 55 from people employed in EHSCP and 97 from people employed in other health and social care related organisations (numbers do not add up as people can select more than one option). Further engagement was also undertaken with specific stakeholder groups and service users.</p>
Evidence of unmet need	<i>Public Health Scotland data</i>	<p>On public platforms, a report related to social care is available monthly from Public Health Scotland: People requiring a social care assessment and care at home services, Public Health Scotland - Dec 2024.</p> <p>Timely discharge from hospital is an important indicator of quality. It is a marker that care is person-centred, effective, integrated and harm-free. A delayed discharge occurs when a hospital patient who is clinically ready for discharge from inpatient hospital care continues to occupy a hospital bed beyond the date they are ready for discharge. More information from Public Health Scotland is available here: Delayed discharges in NHS Scotland monthly, Public Health Scotland</p>

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
		climate-ready-edinburgh
Environmental data	N/A	
Other (please specify)		<p>The Independent Review of Adult Social Care Adult Social Care: independent review, The Scottish Government, 2021</p> <p>A National Care Service for Scotland: Consultation A National Care Service for Scotland: consultation - gov.scot (www.gov.scot)</p> <p>Inspection of adult social work and social care services: the City of Edinburgh Inspection of adult social work and social care services March 2023</p> <p>Integration Joint Boards' Finance and performance 2024 Audit Scotland</p> <p>NHS in Scotland 2024: Finance and performance Audit Scotland</p>
Additional evidence required		

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

Equality, Health and Wellbeing and Human Rights and Children’s Rights	Affected populations
<p>Positive</p> <ul style="list-style-type: none"> The Strategic Plan has been explicitly written to have a positive impact on the most vulnerable eg. those detained under the Mental Health Act, 	Older people and people in their middle years

Equality, Health and Wellbeing and Human Rights and Children’s Rights	Affected populations
<p>and the plan makes a conscious choice to prioritise their needs</p> <ul style="list-style-type: none"> • Several sections of the plan specifically discuss conditions largely affecting older people, for example the section on frailty, and the plan seeks to ensure that these conditions will be prioritised • The plan provides clarity of what the Partnership can afford to do and what citizens can expect from the IJB • There are likely to be positive impacts of the new commitments on rehabilitation – enhancing community rehab resources and capacity, doing things differently and better • The plan does not have a specific section on dementia but it is positive that dementia is mentioned throughout. Services need to be less reactive and more proactive in response to dementia. • The emphasis on frailty is positive and mental frailty should not be forgotten. Early diagnosis and focus on prevention of admission will help to reduce delayed discharge. • EHSCP does not provide services for children, however the plan contains specific detail and a high level of information on services that will be provided, making clearer what EHSCP will or won’t do. This is helpful for anxiety about transition from school to adult services • People with learning disabilities are more likely to be placed out of area or in hospital inappropriately. The plan has a positive impact on human rights aspects for people with a learning disability • People with learning disabilities will see themselves reflected in multiple sections of the plan • The emphasis on maximising independence covers accessibility of environment, housing and social barriers to access, which is a positive • People with learning disabilities are amongst the groups who are least likely to be able to move forward in employment. The support identified in the plan for people with learning disabilities will mitigate this 	<p>Young people and children transitioning to adult services</p> <p>Disabled people (includes physical disability, learning disability, sensory loss, long-term medical conditions, mental health problems)</p>

Equality, Health and Wellbeing and Human Rights and Children’s Rights	Affected populations
<ul style="list-style-type: none"> • Positive impact in terms of accessibility of services and access to appointments outwith 9-5 • Positive impact of clearly setting out the IJB’s approach to workforce planning 	Staff
<p>Negative</p> <ul style="list-style-type: none"> • The plan includes acknowledgement of limited funds. This by default means there will be negative impacts • The plan embeds a shift from population-based and preventative work to a focus on the greatest levels of need. Accordingly, there will be people/groups who are deprioritised and will lose access to services that were available before. Mitigation: the plan provides clarity about the responsibilities of IJB and the areas that are not the IJB’s responsibility. This allows the IJB to point to other sources of funding and organisations who could step in to fill this gap. • Currently the plan is broken down into population groups but many people will fall into multiple categories. We need to ensure that services feel holistic from a user perspective rather than a series of separate pathways. Mitigation required: we need to be clear what the links are between each section • The plan contains some limiting factors around choice – for example the National Care Home Contract rate will impact the choice of care that is available to older people. Mitigation: every effort will be made to find people a place • Long Term Conditions: many of the older community will be affected by this section. For example, the dementia population will be significant but individual conditions aren’t addressed discretely which will make planning difficult. Prevalence is expected to worsen but local data in this area is not available, which does not allow projection of demand for services. This gap in data needs to be resolved as availability of data will impact service provision by IJB and other services. Mitigation: specific 	<p>Older people and people of middle years</p> <p>People with multiple needs and conditions</p> <p>Older people with long-term conditions</p>

Equality, Health and Wellbeing and Human Rights and Children’s Rights	Affected populations
<p>strategies to be developed with stakeholders on specific conditions</p> <ul style="list-style-type: none"> • More Polish service users are requiring support for dementia and frailty. There is a need for more language support as people forget their second languages with these conditions. Ethnic minorities are mentioned in the plan but no mitigations for the issues identified. More accessible materials are mentioned but the plan does not specify how these will be distributed or in which languages. Mitigation/action required: More clarity needed on how people from ethnic minorities will be supported. • The Strategic Plan mentions day support as a resource to provide respite for carers. Day support is also crucial to maintain independence and reduce isolation so there is a benefit for older people as well as carers and a need to ensure this isn’t lost. Providers are often oversubscribed. Day support is an integral part of supporting people to live a good life, and services may be lost as a result of both agreed and proposed reductions to third sector funding. Mitigation: the plan specifically delineates people who have an assessed critical and substantial need and these people will continue to receive day services. There are risks to only providing for critical and substantial need and EHSCP is not moving away from day services in their entirety. Carers also have rights and day services may be appropriate to support them. All day support services are CI registered and dealing with high level/complex needs. • The Be Able team has been decommissioned – this team played a valuable role in frailty and rehabilitation. Mitigation: the service was provided to a small number of people only. The new falls approach will consider the needs of a much wider group who require this support. This will not be about creating another service but rather, taking a systems approach to frailty and rehabilitation. EHSCP is also working on identifying people at risk of falls and ensuring their independence and ability to access services outwith H&SC, which is already highlighted in the plan. 	<p>Older people from ethnic minorities</p> <p>Older people and their carers</p>

Equality, Health and Wellbeing and Human Rights and Children’s Rights	Affected populations
<ul style="list-style-type: none"> • The plan has a focus on reducing care hours and maximising independence – however, sometimes people need more support to live independently Mitigation: Transition planning starts from age 14 and young people can move any time from 16, which supports unpaid carers and family relationships. Investing to save is not about cheapest option but identifying the best support for the individual in the long term. • The plan represents a move away from primary prevention work. It should be saying more about working with partners to shape the wider environment that children and young people grow up in, for example, via community planning. It is appreciated that children’s services are not delegated to the IJB, however, the plan could include a wider perspective on how the IJB influences spending in other areas. The IJB could still be an enabler and supportive of partners without directly funding services. • The majority of unpaid carers are women so any reduction in support will impact women. It can be challenging for carers to be able to sustain work while caring • Men and women have pre-existing differential circumstances which will affect the impact of the plan on them. There is no intentional differential impact but the IJB has a responsibility to look at where the burden of care sits and to acknowledge the unintended consequences of decisions. • The impact of trauma and domestic abuse on women and their H&SC needs is not mentioned in the plan. The need for a trauma sensitive approach is not mentioned. Violence Against Women and Girls and commercial sexual exploitation should be included in the plan. • Intersectional factors are contributing to poor mental health – the Polish community has highest number of suicides in Scotland. This also affects Ukrainian communities. Structural solutions are needed to address this. Mitigation: Consider including focus on ethnicity and adapting services to cater to different ethnic groups. 	<p>Young people and children transitioning to adult services</p> <p>Women, particularly female carers</p> <p>People from a minority ethnic community</p>

Equality, Health and Wellbeing and Human Rights and Children’s Rights	Affected populations
<p>of service reduction/withdrawal may be exacerbated</p> <ul style="list-style-type: none"> • Specific mitigations could be considered against low pay in the sector to reduce in-work poverty. The IJB could consider additional support for the workforce in terms of employability. Mitigation: It is difficult to stipulate terms and conditions of provider organisations. The IJB is not fully funded for Scottish Government wage commitments, which come with significant cost attached at the expense of service provision. This is acknowledged in other IJB publications such as the Medium-Term Financial Strategy • The plan includes a strategic choice to move away from income maximisation provision and there is nothing in this plan about issuing cash other than legal requirements. Mitigation: the plan provides clarity on this point and highlights a gap which needs to be filled by other organisations. • There is a need for a holistic approach to assessing whether someone needs support with finances rather than making assumptions. Financial wellbeing rather than welfare advice – people not receiving benefits may still need support/advice on money and can still be signposted elsewhere even if the provision of benefits advice is not delegated to the IJB. Mitigation: Upskilling staff to signpost appropriately. • Intersectional impact of poverty eg on certain ethnic minorities. Digitisation of information can be an issue. Mitigation: front door redesign and commitment to providing an easy read version of the plan • The IJB previously funded homelessness service on basis that homelessness is a risk factor. We are now withdrawing from this but recognising that bespoke services are needed for this group of people. This is a change to how this group are supported and the IJB is continuing to undertake its responsibilities but acknowledging that we are not resourced to tackle the entirety of problem • There is evidence that ethnic minority groups do not always recognise themselves as carers due to different cultural expectations, and do not receive same level of support as services 	<p>Staff including staff in the wider sector</p> <p>People in or at risk of falling into poverty</p> <p>People at risk of homelessness</p> <p>Carers, particularly carers from ethnic minorities</p>

Equality, Health and Wellbeing and Human Rights and Children's Rights	Affected populations
assume they will know this. There is a need to do more to pro-actively support people and improve self-recognition. Mitigation: Capture this in Carers Strategy.	

Environment and Sustainability including climate change emissions and impacts	Affected populations
Positive	
Negative	

Economic	Affected populations
<p>Positive Positive and negative impacts on businesses/providers, some will receive continued investment and some will not.</p> <p>Clarity on services which will receive ongoing investment is welcomed, as this may reduce threat of redundancies in some providers.</p>	Local businesses and providers
<p>Negative Businesses and providers who do not receive ongoing investment under the Strategic Plan will be negatively affected. Impacts could include closure of services/workstreams, redundancies and the potential that some organisations may not longer be financially viable.</p>	Local businesses and providers

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?

The Edinburgh Health and Social Care Partnership commissions services from both the third and independent sector. Robust contract management arrangements ensure that equality, human rights including children's rights, environmental and sustainability issues will be addressed appropriately.

- 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.**

A full communications plan is in place to ensure communication with service users, the general public, partners, provider organisations and staff.

- 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 (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.**

No

12. Additional Information and Evidence Required

If further evidence is required, please note how it will be gathered. If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.

- 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
Implement the communications and engagement plan to ensure that all stakeholders are aware of the impacts of the Strategic Plan	Rachel Howe, Participation and Engagement Officer	August 2025	October 2025
Develop clear implementation plans to ensure that all elements of the Strategic Plan can be delivered over the next 3 year period	Andy Hall, Director: Strategy	March 2026	Annual

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
Review the IIA at regular intervals to ensure that any new impacts or mitigations are captured	Andy Hall, Director: Strategy	Oct 25	Jan 26

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

The Strategic Plan represents a shift from previously agreed strategies towards a more evidence-based approach rooted in financial sustainability. Some negative impacts identified relate to the shift of investment to meet the new strategic priorities. Where possible, mitigations have been identified, but there will still be negative impact resulting from withdrawal of investment which cannot be fully mitigated.

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

There is a strong focus on robust measurement throughout the plan. This will improve our ability to monitor the impact of changes on different groups, including on people with protected characteristics. A full performance framework is in development to ensure that EHSCP performance against the plan is assessed regularly.

16. Sign off by Head of Service

Name

Date

17. Publication

Completed and signed IIAs should be sent to:
integratedimpactassessments@edinburgh.gov.uk to be published on the Council website www.edinburgh.gov.uk/impactassessments

Edinburgh Integration Joint Board/Health and Social Care
sarah.bryson@edinburgh.gov.uk to be published at
www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/

