

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

One Edinburgh approach to internal reablement (revision 2026)

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

The Edinburgh Health & Social Care Partnership is reshaping how we deliver care at home with our internal Social Care workforce. Under the One Edinburgh programme our teams are transitioning to provide short-term interventions through reablement.

Reablement is a short-term service that helps a person to do as much as possible for themselves at home. People will work with the reablement teams if they are no longer able to cope with everyday living. This could be if they struggle to do things for themselves, or after a stay in hospital. Reablement helps to identify the right level of support a person needs to keep living safely at home.

Reablement teams are made up of carers, occupation therapists and physiotherapists. The teams work with service users and families to:

- Help people do activities they need or want to do
- Help make the home environment safe
- Provide and teach people to use aids and equipment that makes doing things easier at home
- Connect people with their community supports to keep them well after the reablement service has finished

Reablement is delivered over a few days up to around six weeks.

The One Edinburgh strategic programme formally closes in March 2026.

Reablement services are now the standard care at home offering by our internal care teams. Operational reablement will deliver cost avoidance savings. Reablement also works as a preventative approach to avoid admissions to hospital.

Savings are delivered by reducing the pressure on the purchasing budget and offsetting expected growth in demand. People receiving reablement will either leave the service with no formal, longer-term care needs, or will move into ongoing care that has been assessed at the right level for them.

The management lines for the reablement service have been through organisational review. The new structure implementation began in October 2025 and is anticipated

to be fully in place by early summer 2026. The new management structure brings consistency to the universal elements of reablement across the city, with a focus on delivering a high quality, competent workforce, and a service that can support more people to realise better outcomes at home.

New packages of reablement care will be provided in five-minute increments. Due to historic system-based limitations we typically deliver care in fifteen-minute increments. Reablement is delivered in a dynamic way with the length of visits changing on a regular basis to accommodate current goals and the outcomes a person is working towards. At the point of a person receiving ongoing care, we also plan to commission this care in five-minute increments. If a person needs 50 minutes of care we will commission to this level, rather than the historic approach of commissioning 60 minutes. There will be a minimum consideration of 15 minutes for all packages of care.

Additionally, a team will continue to focus on reviewing packages of care at set points after a person's transition from reablement to ongoing care with our partner providers. Evidence suggests a person's abilities continue to improve beyond the initial period of reablement and package size can be further personalised to support that individual.

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

A full integrated impact assessment took place following two sessions in July and August 2022, considering the proposed changes within the entirety of the One Edinburgh Programme, including an increased reablement offer, more flexibility in visits, and the optimisation work taking place with providers to ensure our shared capacity is maximised.

An IIA was held in June 2023 to specifically focus on the external commissioning framework element of One Edinburgh. We also had additional sessions specifically with carers and people who use our services.

A specific reablement IIA was completed in March 2024 with a focus on the moving of our ongoing care to external providers to realise capacity to deliver reablement. Co-production activities continue with external providers, and a new framework is due to go live in May 2025.

A further IIA was completed in February 2025 to consider implications for the delivery of reablement that works with the new provider framework, that promotes proportionate care in the community and bakes-in regular review touchpoints to the system.

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

No

5. Date of IIA

13 February 2026

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
Philip McAusland	Programme Manager (IIA Facilitator), EHSCP	October 2023
Angela Lindsay	One Edinburgh SRO, Head of Service – Home First, Community Rehabilitation and Reablement, EHSCP	
Lynn Forrest	Service Manager Reablement, EHSCP	
Peter Lloyd	Data Analyst, 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																										
<p>Data on populations in need – where available use disaggregated data</p>	<p>Population and demographics – Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p> <p>Edinburgh Joint Strategic Needs Assessment (JSNA)</p> <p>National Records of Scotland (NRS) population projections for local authority areas</p> <p>Audit Scotland Report on Health and Social Care Integration</p> <p>Internal Service Reports</p> <p>Scotland's Census 2022 - Rounded population estimates Scotland's Census</p> <p>Census 2022 – The City of Edinburgh Council Intranet</p>	<p>Data on the increasing after age of the City of Edinburgh population, and future projections.</p> <p>Edinburgh will also see an increase of those with complex and long-term care needs within the adult population.</p> <p>Estimates of future numbers of older people are sourced from National Records of Scotland (NRS) population projections for local authority areas. The number of people aged 85+ living in Edinburgh is projected to increase by 80% between 2018 and 2043.</p> <p>There are estimated to be 65,084 carers in Edinburgh, or 13.7% of the population. One in five of these carers provides over 50 hours of care a week.</p> <p>Data on Care at Home service user demographics (Jan 2025)</p> <p><u>Age Range</u></p> <table border="0"> <tr><td>25-34</td><td>0.32%</td></tr> <tr><td>35-44</td><td>0.32%</td></tr> <tr><td>45-54</td><td>0.96%</td></tr> <tr><td>55-64</td><td>6.37%</td></tr> <tr><td>65-74</td><td>15.13%</td></tr> <tr><td>75-84</td><td>31.53%</td></tr> <tr><td>85-94</td><td>38.54%</td></tr> <tr><td>95+</td><td>6.85%</td></tr> </table> <p><u>Gender</u></p> <table border="0"> <tr><td>Female</td><td>63%</td></tr> <tr><td>Male</td><td>37%</td></tr> </table> <p><u>Ethnic Origin</u></p> <table border="0"> <tr><td>Chinese</td><td>0.16%</td></tr> <tr><td>Indian</td><td>0.16%</td></tr> <tr><td>Not Disclosed</td><td>2.07%</td></tr> </table>	25-34	0.32%	35-44	0.32%	45-54	0.96%	55-64	6.37%	65-74	15.13%	75-84	31.53%	85-94	38.54%	95+	6.85%	Female	63%	Male	37%	Chinese	0.16%	Indian	0.16%	Not Disclosed	2.07%
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		<p>Not Known 49.36%</p> <p>Pakistani 0.16%</p> <p>White - Gypsy/Traveller 0.16%</p> <p>White - Other 1.27%</p> <p>White - Other British 7.48%</p> <p>White - Polish 0.16%</p> <p>White - Scottish 31.85%</p> <p>White 7.17%</p>
<p>Data on service uptake/access</p>	<p>Edinburgh Integration Joint Board draft strategic plan - City of Edinburgh Council - Citizen Space</p> <p>Internal Service Reports</p> <p>Care Inspectorate: Inspection of adult social work and social care services (March 2023)</p>	<p>EIJB Draft strategic plan:</p> <p>Reablement is a model of supported and short-term care. It is delivered in people's homes and is person-centred and outcome driven. The service helps a person identify goals they want to achieve and then works towards realising these. It typically lasts up to six weeks.</p> <p>The IJB is responsible for commissioning reablement services which are provided by EHSCP. The EHSCP has delivered a reablement service for several years. It typically sees around 1,000 people a year. The service has achieved good outcomes including managing to reduce hours of care at home required from initial referral by 44%. It does this by effectively supporting people to recover after illness or injury.</p> <p>In line with our prioritisation of maximising independence as part of this Strategic Plan, we are significantly expanding our reablement service. We will also be taking a 'Reablement first approach' for all care at home. This means that with only a small number of exceptions, such as for people with advanced dementia or end of life needs, anybody identified as needing a new package of care at home will first</p>

		<p>undergo a period of reablement. This will be with a specialist team with close alignment to our rehabilitation services and give people the best opportunity to recover their independence. We anticipate that the number of people receiving reablement will rise from around 1,000 people to around 3,500 people each year.</p> <p>After a period of reablement, people with longer term care needs will be transferred to a long-term care provider. This will maintain capacity within the reablement service and improve continuity of care for people. The EHSCP will remain the 'provider of last resort' to maintain the safety of our citizens. This means EHSCP will be able to step in to provide support in emergencies such as a care provider going out of business, or the breakdown of relationship between a service user and their care provider. Once stability is restored, people with long-term care needs will transfer back to an independent care provider.</p> <p>We believe that our reablement approach will help us to achieve the national health and wellbeing outcome, 'people, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.'</p> <p>Our focus throughout the next three years will be to complete the transition to a reablement first approach, to develop the skills of our reablement teams and ensure a seamless relationship between our rehabilitation services and reablement services.</p>
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Data on socio-economic disadvantage e.g.	Population and demographics - Edinburgh	JSNA provides key data on socio-economic disadvantage

<p>low income, low wealth, material deprivation, area deprivation.</p>	<p>Health & Social Care Partnership</p> <p>Poverty in Edinburgh - Edinburgh Health & Social Care Partnership</p> <p>Census 2022 – The City of Edinburgh Council Intranet</p> <p>Christie Commission (2011)</p>	<p>The Christie Commission highlighted that the greatest challenge facing public services is to combat the negative outcomes for individuals and communities arising from deep-rooted inequalities.</p>
<p>Data on equality outcomes</p>	<p>Population health and inequalities in Edinburgh - Edinburgh Health & Social Care Partnership</p> <p>Population and demographics - Edinburgh Health & Social Care Partnership</p> <p>Census 2022 – The City of Edinburgh Council Intranet</p> <p>Edinburgh Integration Joint Board draft strategic plan - City of Edinburgh Council - Citizen Space</p> <p>Item 7.6 - Equality and Diversity Framework 2021-2025.pdf</p>	<p>“While life expectancy is the average number of years those in a defined population are expected to live, healthy life expectancy (HLE) is the average number of years a person in a particular population is expected to live in a healthy state. People experiencing disabilities or limiting long term conditions tend to have poorer health overall.</p> <p>Females in Edinburgh experience fewer years of good health than males. In recent years, there is evidence of a widening gap between males and females which appears to be a combination of improvements in male HLE and a worsening of female HLE. Although females have a higher life expectancy, they spend more than 20% of that life experiencing a low quality of life. For many people, increased life expectancy will be offset by years lived with disability.”</p>
<p>Research/literature evidence</p>	<p>Role and principles of reablement - SCIE</p> <p>Overview Intermediate care including reablement Quality standards NICE</p> <p>Overview Intermediate care including reablement Guidance NICE</p>	<p>In Scotland improving workforce planning is vital to sustaining our high quality and safe services into the future. National comparisons of healthcare workforce planning have underlined the need for a range of responses to global supply and demand challenges.</p> <p>Future Workforce: The skills that will be required and shaped by our ongoing transformation of services, in line with patient and service user demand.</p>

		<p>Efficient Use of the Workforce: Alongside growth and retention, we need to make more efficient use of existing resources. This will involve a range of approaches, including improvements in rostering.</p>
Public / patient / client experience information	<p>EHSCP Satisfaction Consultation Feedback March 2021</p> <p>Feedback examples from family to locality team – on importance of access to information</p> <p>Edinburgh Pact consultation 2019</p> <p>Care inspectorate inspection of South East Hub Services</p>	<p>EHSCP Satisfaction Consultation Feedback early findings indicate areas of support individuals and carers value the most for the care and support they receive through external care providers.</p> <p>Regular IIAs held as the programme develops, additional sessions specifically held with carers and people using our services, and ongoing co-production with the market</p>
Evidence of inclusive engagement of people who use the service and involvement findings	<p>Independent Review of Adult Social Care (2021)</p> <p>Edinburgh Integration Joint Board draft strategic plan - City of Edinburgh Council - Citizen Space</p>	
Evidence of unmet need	<p>Internal Service Reports</p> <p>Independent Review of Adult Social Care (IRASC)</p>	<p>Approximately 2,300 hours of unmet need across community, hospice and hospital</p> <p>IRASC:</p> <p>As the older population has increased and resources have been focused increasingly on those in greatest need, a smaller proportion of the adult population is in receipt of social care support than was before austerity, with the result that the needs of a number of people are probably not being met and for others they are being met in a crisis response rather than to anticipate or avoid such interventions.</p>
Good practice guidelines	<p>Role and principles of reablement - SCIE</p>	<p>IRASC:</p>

	<p>Overview Intermediate care including reablement Quality standards NICE</p> <p>Overview Intermediate care including reablement Guidance NICE</p> <p>Independent Review Adult Social Care</p> <p>Health and Social Care Standards (2018)</p> <p>Health and Social Care Integration (2016)</p> <p>Guidance framework on the national health and wellbeing outcomes and indicator measures (February and April 2015)</p> <p>Digital health and social care strategy (2018)</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 9 – Person Centred Care</p>	<p>Examples of the kind of improvements that people are trying to make include:</p> <ul style="list-style-type: none"> • Reducing use of institutional/residential care – increased opportunity for support at home • Making better use of adaptations and technology • Involving people and their families more in decisions • Including wider community supports in care • Professionals working together better across traditional boundaries of health, social care support and other services such as housing • Fair Work principles to improve workers’ working conditions; peer support and supervision; and a more consistent approach to providing high quality training for staff <p>Health and Social Care Integration and Standards- As part of the integration of health and social care we have a requirement and duty of care to work with our local communities and providers of care to ensure care is responsive to people’s needs and that we follow the guidance for the national health and wellbeing outcomes to ensure: People, including those with disabilities or long-term conditions, or who are frail, can live, as far as reasonably practicable, independently and at home or in a homely setting in their community.</p>
<p>Carbon emissions generated/reduced data</p>	<p>Climate change charter - Edinburgh Health & Social Care Partnership</p>	<p>35.39% of workforce use car as method of transport</p> <p>64.61% of workforce use public transport of walk as method of transport</p>

	2030 Climate Strategy – The City of Edinburgh Council Internal Service Reports	
Environmental data	Climate change charter - Edinburgh Health & Social Care Partnership 2030 Climate Strategy – The City of Edinburgh Council	
Risk from cumulative impacts	Savings programme 2026-27 cumulative IIA	
Other (please specify)	Independent Adult Social Care Review (IASCR) 2021	‘(A)...foundation that needs nurturing and strengthening is the social care workforce. For us to achieve the improvements we seek, they need to feel engaged, valued and rewarded for the vitally important work that they do’.
Additional evidence required	Health and Safety Executive (HSE)	“It is the employer’s duty to take every reasonable precaution to ensure the safety of lone workers and to carefully consider and deal with any health and safety risks for people working alone.”

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
Positive	

Equality, Health and Wellbeing and Human Rights and Children's Rights	Affected populations
<p>Reablement is focused on improving a person's ability to do things for themselves and maximising independence. Evidence shows that this enables people to stay healthier at home for longer.</p> <p>Physical improvements can lead to cognitive improvements.</p> <p>A universal approach to reablement and maximising independence that is age agnostic can lead to better outcomes.</p> <p>Reablement enables early intervention and multiple touchpoints which will give the service a greater ability to refer and signpost service users and those around them to other support, such as income maximisation or community initiatives.</p> <p>Opportunity to maximise independence could have a positive impact on the comorbidities associated with those at increased risk of experiencing deprivation.</p> <p>Reablement is a free service and can provide advice and support in sourcing low-cost support for other or ongoing needs.</p> <p>Enhanced training delivered to full service. New skill sets and confidence to deliver effective reablement to maximise independence.</p> <p>Competency framework built around new training to identify issues early and provide further support to those that might need it, including shadowing and confidence building activities.</p> <p>Multiple channels now exist for delivery of training to more appropriately meet differing needs within workforce. Online, face-to-face, written documents and shadowing activities in the field.</p> <p>Consistency of care will look different as teams of carers will operate throughout the lifecycle of reablement depending on staff availability, service user goals and demand on service.</p> <p>Reablement is a co-production approach to care delivery between carers and service users. This allows</p>	<p>People in receipt of benefits.</p> <p>Those vulnerable to falling into poverty: eg have low or no wealth, on low income, live in areas of deprivation, experiencing material deprivation (socio-economic disadvantage)</p> <p>People with different religions or beliefs (includes people with no religion or belief)</p> <p>Older people and people in their middle years</p> <p>Disabled people (includes physical disability, learning disability, sensory loss, long-term medical conditions, mental health problems)</p> <p>Unemployed</p> <p>People in receipt of Pensions</p> <p>Rural/semi-rural communities</p> <p>Staff</p> <p>Local businesses (providers)</p>

Equality, Health and Wellbeing and Human Rights and Children's Rights	Affected populations
<p>both groups to have elements of control over their environment.</p> <p>Organisational review provides opportunity to use scheduling tools more effectively and positioning workforce to make use of those that walk and those that drive.</p> <p>Reablement can result in greater sense of achievement for both staff and service users as goals are realised.</p> <p>new way of working may encourage more younger workers into health and social care as they will see more positive progress and can visualise making a difference to individuals' quality of life and reablement process</p> <p>Plan to develop guidance on using a reablement approach in ongoing care and this to be communicated amongst long-term providers. This will allow service users to continue improvement journey after formal reablement ends.</p>	
<p>Negative</p> <p>Reduced choice in provision of care as individual preference (gender of carer etc) cannot be guaranteed. Mitigated by reablement being a short-term care model and new published guidance on what the service does offer being distributed into hospital and community settings to inform the wider public.</p> <p>Language preference cannot be guaranteed. Mitigated by more choice in the external market through ongoing care needs.</p> <p>Consistency of care will look different as teams of carers will operate throughout the lifecycle of reablement depending on staff availability, service user goals and demand on service.</p> <p>Service organisational review reduces control staff have over their work environment. Mitigated by formal periods of engagement and consultation with</p>	<p>People experiencing difficulties with substance use</p> <p>People in receipt of benefits.</p> <p>Those vulnerable to falling into poverty: eg have low or no wealth, on low-income, live-in areas of deprivation, experiencing material deprivation (socio-economic disadvantage)</p> <p>People with different religions or beliefs</p>

<p>Equality, Health and Wellbeing and Human Rights and Children’s Rights</p>	<p>Affected populations</p>
<p>opportunity to provide timely feedback and ability to effect change.</p> <p>Reablement is a short-term intervention and can be intense in terms of initial participation. Engagement with people experiencing substance use issues can be challenging. Mitigated through close working with substance use teams and associated supporting services such as social work.</p> <p>Parking and associated costs for city-centre based care has an impact of ability to deliver efficient visits. Mitigated through application of appropriate permits on a case-by-case basis.</p> <p>Transferring services from internal workforce to commissioned providers carries risk and potential for cumulative impacts. Mitigated by good contract management, a robust hand over process and escalation routes when things do go wrong.</p> <p>60% of current workforce are over 50 years of age. Potential impact of change could result in higher rates of retiral or leaving service.</p> <p>Hesitation and resistance to change and new way of working. Mitigated with peer support, additional training, guidance and shadowing will help.</p> <p>Reviews will be focused on set periods after the end of reablement to reflect that confidence and abilities continue to develop beyond a static six-week period.</p> <p>Service users with limited English could struggle to realise full benefits of reablement due to the short-term and intensive nature of this approach. Mitigated by using workforce with other language skills, working with family/support networks and using digital options via smartphones.</p>	<p>(includes people with no religion or belief)</p> <p>Older people and people in their middle years</p> <p>Disabled people (includes physical disability, learning disability, sensory loss, long-term medical conditions, mental health problems)</p> <p>Unemployed</p> <p>People in receipt of Pensions</p> <p>Rural/semi-rural communities</p> <p>Staff</p>

<p>Environment and Sustainability including climate change emissions and impacts</p>	<p>Affected populations</p>
<p>Positive</p> <p>If reablement runs are made more efficient we can work to reduce travel time, but a lot of barriers across the city</p>	<p>Staff</p>

Environment and Sustainability including climate change emissions and impacts	Affected populations
<p>to this e.g. parking, public transport, and low emission zones</p> <p>More walkers and less drivers – local recruitment will reduce drivers etc.</p> <p>More people supported through reablement, working in wider teams can liaise with localities on the housing support that people might provide</p> <p>Links to home fire safety visits – direct referral route into fire and rescue for home fire safety</p> <p>Improvements made to buildings e.g. lighting via direct contact with reablement teams</p>	
<p>Negative</p> <p>Low emission zones in city – challenge for internal and external staff with cost implications. Mitigated by consideration of fleet vehicles, enterprise car club, and supporting staff where appropriate to explore benefits such as the salary sacrifice car scheme</p>	Staff

Economic	Affected populations
<p>Positive</p> <p>Providers may supply a wider range of diverse staff to support service users. This will increase employment opportunities for carers.</p> <p>Visa sponsorship applies to social care worker roles and could encourage employment from a wider pool of people</p> <p>The more people that receive reablement, the more money is released through efficiencies which means services can be distributed across more people. Care is delayed going to external market during assessment and therefore the care we do commission will be better suited and appropriate.</p> <p>Provider confidence supported by a person having received reablement. Package more likely to be appropriate for the person so reduces administration requirements to deal with package changes</p>	<p>Local businesses (providers)</p> <p>Minority ethnic people (includes Gypsy/Travellers, migrant workers, non-English speakers)</p> <p>People with different religions or beliefs (includes people with no religion or belief)</p>

Economic	Affected populations
<p data-bbox="204 309 343 342">Negative</p> <p data-bbox="204 383 1002 600">Lower cost packages coming out of reablement may result in financial instability in market. Providers may be unable to supply care to meet level of demand or may look for additional financial support. Mitigated by the geographical structure of the new framework allocations and by density of packages available.</p> <p data-bbox="204 640 1002 931">commissioning in 5-minute increments and that there is potential that this reduces flexibility for independent providers to meet acute or changing needs of the person. In addition, the message this gives around the value and commitment we have as a partnership about wider social care delivery. Mitigated by a phased approach, strong proactive communication, and ongoing coproduction support to providers.</p>	<p data-bbox="1029 383 1300 454">Local businesses (providers)</p>

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 reablement service is entirely in-house, however by providing a reablement model we will know what needs commissioned via our external framework with our providers. We continue to co-produce the external commissioning framework to ensure equity of access to quality support across the city for people and their carers. This includes commissioning improved integrated support options for adults living at home which are sustainable, well-coordinated, accessible, and appropriate at point of need, supporting improved outcomes and maximising independence. All equality, human rights, environmental and sustainability issues will be covered by the Contractual or Framework Agreements, good practice guidance or the contracted terms and conditions.

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.

This will involve collaboration with planning and commissioning colleagues and partners to ensure a wide range of communication tools, including easy read, large

print, alternative language options and online access to information. We have also agreed for FAIR (Family Advice and Information Resource) to produce an easy-read version of the final IIA report once published.

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

None

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
Ensure close working for staff with substance use teams as reablement can be more challenging. Look at how we link up service provision and create clear guidance on how colleagues take a joined-up approach	Lynn Forrest – Service Manager Reablement Philip McAusland – Programme manager	Complete – Business as usual process for services to work closely with each other	None
Build in competency-based approach to evaluating field-based care. Ensuring training is effective and reablement is embedded fully in our internal provision of care at home.	Janne Solpark – Practice Development Lead Lynn Forrest – Service Manager Reablement	Complete – Competency framework-based training and develop in place and maintained/enhanced by new practice development roles	None

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
Create a repository of internal workforce language skills to support where language may pose a barrier to effective reablement	Lynn Forrest – Service Manager Reablement	Complete – Reablement senior management team maintain repository	None

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?

Whilst strategic programme management closes on One Edinburgh in March 2026. Operational services assume responsibility for monitoring the delivery of reablement, including management of impacts on different groups. The reablement service reports on performance as part of a quality improvement cycle with the Partnerships senior management team.

16. Sign off by Head of Service

Name : Angela Lindsay



Date: 16.02.2026

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/