

Integrated Impact Assessment – Summary Report

**Interim IIA – draft, awaiting feedback from attendees*

1. Title of proposal – Review of Clinical Care Support

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

In progressing from long-term living in hospital to the community, a small nursing team continued to support a small number of people with a learning disability within their new homes across two services.

Nursing withdrew from one service in March 2024 and increased social care support was temporarily put in place. Service user reviews have been completed and have confirmed the temporary increase is no longer required. This ended in December 2025.

A review is proposed for the nursing support in the remaining service with the potential to withdraw direct nursing input for 3 individuals, whilst maintaining safe staffing levels, quality of care, and workforce wellbeing. Engagement and consultation with service users, families and the provider is required, and service user reviews will be completed by assessment and care management in partnership with key stakeholders to ensure appropriate social care and Community Learning Disability Nurse (CLDN) provision.

This IIA is specific to these services.

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

Appropriate engagement and consultation took place with key stakeholders for the service in which Nursing withdrew in 2024. Consultation is planned for the remaining service and will include all key stakeholders including service users, family members and/or guardians, and provider organisation.

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

No

5. Date of IIA

21.01.2026

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
Rhiannon Virgo	Corporate Strategic Lead – Finance EHSCP Facilitator	
Emma Pemberton	Care and Support Manager Learning Disability Service EHSCP Report writer	15/12/2021
Anna Duff	Head of Service, Learning Disability, Mental Health and Substance Use. Edinburgh EHSCP	
Stella Morris	Learning Disability Service Manager EHSCP	
Anne-Marie Donaldson	Care and Support Manager Learning Disability Service EHSCP	
Mike Crossland	Contracts Officer EHSCP	
Vicki Murray	Service Manager West Localities and Citywide Service EHSCP	
Claire Borthwick	Head of Nursing, Mental Health and Substance Use EHSCP	
Heather Gilfillan	NHSL Staff Representative	
Michelle Yeaman	Clinical Nurse Manager Learning Disabilities EHSCP	
Meggan Hoy	Community Learning Nurse Team Lead Learning Disabilities 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	Local data	<p>There are 3 individuals with a learning disability living within their own tenancy in a shared property and receiving housing support and care at home from a commissioned third sector social care provider. Additionally, they receive nursing care with onsite nurses generally available 24/7. When there are nursing resource limitations, additional social care support is funded and provided.</p> <p>There is a small team of NHS Lothian Learning Disability Nurses (Band 6 and 5). The team has naturally reduced over time with further natural movement expected in the coming months.</p>
Data on service uptake/access	Local data	<p>In progressing from long-term living in hospital to the community, a small nursing team continued to support individuals within their new homes across two services.</p> <p>Nursing withdrew from one service in March 2024 and increased social care support was temporarily put in place. Service user reviews have been completed and have confirmed the temporary increase is no longer required. This ended in December 2025.</p> <p>A review is proposed for the nursing support in the remaining service with the potential to withdraw direct nursing input for 3 individuals, whilst maintaining safe staffing levels, quality of care, and workforce wellbeing. Engagement and consultation with service users, families and the provider is required and service user reviews will be completed by assessment and care management in partnership with key stakeholders to ensure appropriate social care and Community Learning Disability Nurse (CLDN) provision.</p> <p>Associated nursing costs for both services total £0.45M.</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>Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation</p>	<p>Edinburgh Joint Strategic Needs Assessment (JSNA)</p> <p>EIJB Strategic Plan 2025-2028</p> <p>The keys to life: Improving quality of life for people with</p>	<p>People with LD often experience poor health and have an average life expectancy around 20 years lower than the rest of the population. Over 95% of people with LD have at least one other health condition, with many having both physical and mental health problems.</p> <p>Statistics show that people with learning disabilities do not yet enjoy the same life chances as others.</p> <p>Recommendation 5 - That in preparation for the legal duties imposed by the Social Care (Self-directed Support) (Scotland) Act 2013, local authorities and their NHS partners should work with private, voluntary and third sector agencies to ensure that people with learning disabilities have access to a creative variety of providers and supports and are assisted to think creatively about how outcomes can be met and what assistance they may need to develop control.</p> <p>Under this recommendation, health and social care partnerships should: gather robust information on unmet eligible need; ensure that future joint commissioning plans and strategies seek to shape the range of choices available to people with learning disabilities; combine demographic and care management information to project future eligible need; improve the links between the information recorded in individual assessments and the major strategic decisions about what services to commission, what type and variety of services and where; v work in co-production with providers to stimulate the development of new services and new service models in response to what people with learning disabilities say they want; and v build the capacity of people with learning disabilities so that they can collaborate with the Health and Social Care Partnership to design, deliver and commission a greater variety of services and supports. An overarching requirement will be that any new provision should not be large scale and/or one which attempts to replicate long stay hospital provision of the past. Joint commissioning is a key mechanism by which integrated health, wellbeing and social care will be expected to deliver the Government agenda for better outcomes for older people, including those with learning disabilities. Many people with learning disabilities have experienced lifelong exclusion resulting from lack of choice and opportunity as well as experiencing significant barriers to access. People with learning disabilities are more</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>likely to be exposed to common causes of poor health such as poverty, poor housing, and lack of employment, social isolation and discrimination. Many people with learning disabilities experience limited verbal communication skills which impacts on others' ability to understand health needs. Both paid and family carers play an important role in identifying health needs. Many people with more severe learning disabilities rely completely on others to communicate what their health needs are.</p> <p>Many factors influence an individual's health and health choices. People with learning disabilities experience challenges maintaining good health because of a combination of factors, such as: Individual factors, for which services require to make reasonable adjustments, for example, communication needs; many cooccurring health needs; distinct health needs and low expectations of services. Health and social care service factors, such as: negative assumptions; inexperience and lack of knowledge; lack of experience and acknowledgement of the contribution of family and paid carers.</p> <p>http://www.healthcareimprovementscotland.org/previous_resources/performance_review/tackling_indifference.asp</p>
Data on equality outcomes	<p>Equality act 2010 - guidance</p> <p>Fairer duty Scotland: Guidance for public bodies</p>	<p>The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it's unlawful to treat someone.</p> <p>Places a legal responsibility on particular public bodies in Scotland to actively consider ('pay due regard' to) how they can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.</p>
Research/literature evidence		
Public/patient/client experience information	Local data	The first service where this approach has been taken has been successful with positive outcomes noted, particularly in relation to consistency of support on a more structured and planned basis.

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
		People with similar support and health concerns are accessing to the Community Learning Disability Nursing Teams and wider primary care services with additional support where required.
Evidence of inclusive engagement of people who use the service and involvement findings		The same approach from the first service will be adopted and full consultation will commence on completion of IIA and will involve service users, unpaid carers, appropriate colleagues and relevant provider organisation.
Evidence of unmet need	Local data	<p>Current arrangement can present a risk due to the small number of nursing colleagues in the team. This team has gradually decreased and there are gaps at times, leaving staffing pressures for the social care provider who increases social care support to mitigate risk. This risk is expected to increase as natural movement in the coming months decreases the team further. Utilising social care staff on an unplanned basis can result in risk and challenges for service users, the team and the provider organisation.</p> <p>There are 4 Community Learning Disability Nursing Teams across the city supporting the wider Learning Disability community. All areas hold waiting lists and recruitment can be challenging due to the specialist nature of the role. District Nursing is utilised and there are good links with GP surgeries, many who offer reasonable adjustments where there are varying complexities.</p>
Good practice guidelines	Safe staffing programme Health and care (Staffing) (Scotland) Act 2019	To deliver safe and effective care, we need to ensure there are the right people with the right skills in the right numbers and in the right place at the right time. The introduction of the Health and Care (Staffing) (Scotland) Act 2019 provides the statutory basis for the provision of appropriate staffing in health and social care services, This enables safe, high quality care and improved outcomes for staff as well as people being supported. The Health and Care Staffing in Scotland Knowledge and Skills Framework reflects the guiding principles for health and care staffing. It will support staff in understanding the requirements of their role in the application of the Act.

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-bbox="454 300 835 400">The Scottish Commission for People with Learning Disabilities - SCLD</p> <p data-bbox="454 504 835 770">qnl-d-community---second-edition-standards.pdf (rcpsych.ac.uk) Quality Network for Learning Disability Services (QNLD) Standards for Adult Community Learning Disability Services (2021)</p> <p data-bbox="454 1286 835 1380">Self-directed Support - Social Care (Self-directed Support) (Scotland) Act 2013</p>	<p data-bbox="869 300 2007 467">The Scottish Commission for People with Learning Disabilities' (SCLD) vision is of a fairer Scotland where people with learning disabilities live full, safe, loving and equal lives. We are a human rights defender, working to uphold, protect and raise awareness of the human rights of people with learning disabilities.</p> <p data-bbox="869 504 2007 635">Taking a human rights based approach is about making sure that people's rights are put at the very centre of policies and practices. The PANEL principles are one way of breaking down what this means in practice. These are: Participation, Accountability, Non-Discrimination, Empowerment and Legality</p> <p data-bbox="869 671 2029 1038">In recent years and with the government's 'Transforming Care' agenda, there has been a great deal of emphasis on the provision of appropriately resourced community services for people with a learning disability. There is a wide variety of available teams and services at least partly, due to the variation in local arrangements, partnerships with other providers and the complexity of care for people with a learning disability. Nonetheless, and indeed, as a result of this variability, there is a need for nationally accepted standards towards which teams can aspire to. These standards have been mapped against the 'Five Essential Learning Disabilities Health Teams Roles' outlined by the Learning Disability Professional Senate in their paper 'Delivering Effective Specialist Community Learning Disabilities Health Team Support to People with Learning Disabilities and their Families or Carers, 2019:</p> <ul data-bbox="920 1046 1933 1254" style="list-style-type: none"> • Supporting positive access to and responses from mainstream services. • Enabling others to provide effective person-centred support to people with learning disabilities • Direct specialist clinical therapeutic support for people with complex needs • Responding positively and effectively to crisis • Quality assurance and service development in support of commissioners <p data-bbox="869 1294 1984 1358">Self-directed support is the way that all social care must be delivered in Scotland. The Social Care (Self-directed Support) (Scotland) Act</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 data-bbox="456 400 808 464">Social Work (Scotland) Act 1968 (legislation.gov.uk)</p> <p data-bbox="456 536 808 667">QNI-and-QNIS-Voluntary-Standards-for-Community-Learning-Disability-Nurse-Education-and-Practice.pdf</p>	<p data-bbox="873 266 1989 330">2013 and detailed Practitioner Guidance set out the principles and policy for delivering Self-directed Support (SDS).</p> <p data-bbox="873 376 2033 576">There are a wide range of people, organisations and authority functions with responsibilities concerning the assessment of needs or the provision of Self-Directed Support (SDS). The supported person’s voice and wishes must be at the centre of all conversations and decision-making about their support, taking into account relevant factors such as their disability, age and the potential for another person to assist them, for example to help meet communication and accessibility needs.</p> <p data-bbox="873 624 2007 786">Good quality assessment continues to be central to achieving better outcomes with and for people with social care needs, and to ensuring consistency and transparency in decision making. Section 12A of the Social Work (Scotland) Act 1968 places a duty on local authorities to assess any person who appears to need “community care services” and then to decide whether the assessed needs “call for the provision” of such services.</p> <p data-bbox="873 834 2007 1066">Unpaid Carers - The unpaid carer provides care and support to a family member or friend, and may be an adult or a child. They may provide a wealth of information, expertise and guidance. Carers may be guardians or attorneys for the individuals they support, or friends helping them to access the statutory support they need. Carers are entitled to have their views taken into account when authorities assess the needs of the cared for person, including when and how to provide services to the cared-for person. The relevant authority should ensure that carers are aware of these rights.</p> <p data-bbox="873 1114 2029 1378">Practitioners - The social worker should take steps to ensure that assessment is conducted in line with social work legislation. They should consider any wider legal duties beyond the duties provided in social work legislation for instance, in a crisis situation or where the person’s safety is at risk. Practitioners should ensure that the person’s support plan is comprehensive and that the support plan meets the identified needs of the supported person. They may arrange for some additional assistance so that the supported person can play a full part in the assessment or support planning process. They must ensure the supported person is involved as far as is possible, and their voice</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 data-bbox="456 504 808 600">Health and Social Care Standards: My support, my life</p> <p data-bbox="456 943 770 975">The same as you? 2000</p> <p data-bbox="456 1217 842 1313">Keys to Life Keys-To-Life-Implementation-Framework. 2019-2021</p>	<p data-bbox="873 268 1984 467">and wishes respected. The practitioner or local area team should be provided with the appropriate support and guidance from their organisation to ensure that they are empowered to use their professional judgement to apply appropriate discretion in line with Standard 8 (Worker Autonomy) in the SDS Framework of Standards 43. Assessment, support, planning and review systems and processes should be personalised, recognising people’s strengths, assets and existing community.</p> <p data-bbox="873 512 2018 643">These Health and Social Care Standards (the Standards) set out what we should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity, and that the basic human rights we are all entitled to are upheld.</p> <ol data-bbox="920 687 2018 863" style="list-style-type: none"> 1. I experience high quality care and support that is right for me. 2. I am fully involved in all decisions about my care and support. 3. I have confidence in the people who support and care for me. 4. I have confidence in the organisation providing my care and support. 5. I experience a high quality environment if the organisation provides the premises. <p data-bbox="873 906 2018 1106">The same as you? was launched by the Scottish Executive in May 2000 and reviewed the services then available to people with learning disabilities and people on the autism spectrum. It said that people with learning disabilities had the right to be included in, and contribute to, society, to have a voice, and to have access, with their families, to support to live the life of their choosing. It contained 29 recommendations intended to drive a change programme to improve services.</p> <p data-bbox="873 1142 1917 1206">This was the catalyst for Scotland's long stay Learning Disability hospital closure programme.</p> <p data-bbox="873 1243 1995 1342"><i>The keys to life</i> Priorities are guided by four rights-based strategic outcomes which are closely aligned to the strategic ambitions in Scotland’s disability delivery plan, <u>A Fairer Scotland for Disabled People</u>:</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 data-bbox="477 943 824 970">Homes Not Hospitals bild</p> <div data-bbox="539 1177 757 1302" style="text-align: center;">  <p data-bbox="539 1251 757 1302">Organisational Change Policy v2.0 dc</p> </div>	<p data-bbox="871 268 2018 331">A Healthy Life: People with learning disabilities enjoy the highest attainable standard of living, health and family life.</p> <p data-bbox="871 376 1928 440">Choice and Control: People with learning disabilities are treated with dignity and respect, and are protected from neglect, exploitation and abuse.</p> <p data-bbox="871 485 1966 549">Independence: People with learning disabilities are able to live independently in the community with equal access to all aspects of society.</p> <p data-bbox="871 593 2018 657">Active Citizenship: People with learning disabilities are able to participate in all aspects of community and society.</p> <p data-bbox="871 702 2029 836">The Scottish Government's Keys to Life (2013) referenced the long-standing issue of delayed discharge and out-of-area placements as a result of wider system failure. One of the priorities of the Keys to Life is that all adults with learning disabilities, including those with complex needs, experience meaningful and fulfilled lives.</p> <p data-bbox="871 922 2029 1018">Bild's homes not hospitals activity focusses on improving support for people with learning disabilities and autistic people within the community, supporting discharge and preventing admission.</p> <p data-bbox="871 1104 1487 1136">NHSL Organisational Change Policy Principles:</p> <ul data-bbox="871 1136 2007 1385" style="list-style-type: none"> <li data-bbox="871 1136 1944 1200">● Where staff reductions are necessary this will be achieved as far as practicable through recruitment control and normal staff turnover. <li data-bbox="871 1209 2007 1279">● NHS Lothian is committed to a policy of security of employment where a contractual relationship exists and no detriment through any organisational change policy. <li data-bbox="871 1286 1995 1385">● NHS Lothian will invest in enhancing the skills of its staff by tailoring training and development to help staff do the best job they can in an appropriate manner and to support flexibility in undertaking alternate roles where necessary.

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>Wellbeing+and+Staff+Support.pdf</p> <p>Dynamic Support Register</p>	<ul style="list-style-type: none"> • An Impact Assessment should be undertaken prior to making any final decisions to address any impacts on equality & diversity. This will ensure that the needs of all staff, including those from disadvantaged backgrounds, are taken into account. It is the responsibility of the service lead to ensure this is completed. <p>This is a curated list of support resources available to NSHL colleagues</p> <p>The purpose of the Dynamic Support Register (referred to as the Register) is ultimately to avoid people with learning disabilities living in hospitals, or in out-of-area placements which they/their family have not chosen. It has been designed to help professionals working with people with learning disabilities to better respond to situations where there is a need for a more intensive level of care management.</p> <p>It aims to:</p> <ul style="list-style-type: none"> • Identify and address risks of admission to hospital or out-of-area placement • Support the development of local community placements
Carbon emissions generated/reduced data	N/A	
Environmental data	N/A	
Risk from cumulative impacts		Cumulative Impact IIA will be completed for all programmes associated with savings programmes.
Other (please specify)	HSE: Information about health and safety at work	It is the employer's duty to take every reasonable precaution to ensure the safety of employees, including lone workers and to carefully consider and deal with any health and safety risks for people working.
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> <p>Reduced risk of not having nursing staff on shift at short notice and enables more effective service/ staff planning. Opportunity for the service to strengthen staffing resource, offering enhanced training opportunities to provide effective and safe care with a consistent team.</p> <p>The re-deployment of nursing staff will enhance community capacity, particularly where there are recruitment challenges and will support the wider learning disability population, including younger people with similar needs transitioning to adult services. There is opportunity for a more supportive working/team environment.</p> <p>This change ensures more equal access to services and is in line with current services in the community. Access to District Nursing is likely where this is required and may minimise any future hospital admissions for service users.</p> <p>Assessment and Care Management colleagues will carry out a full review of service users needs to ensure their needs are being fully met and enables consideration across wider self-directed support options.</p>	<p>Disabled people (includes physical disability, learning disability, sensory loss, long-term medical conditions, mental health problems)</p> <p>Family members, children and young people, people with a diverse range of needs, people on low incomes,</p> <p>Older people and people in their middle years</p> <p>Young people and children</p> <p>Employees of CEC, NHSL and partner organisations.</p>
<p>Negative</p> <p>There may be a risk the provider cannot provide the quality of care and required support hours. Full engagement and planning with the provider will be required including access to training and a ‘lessons learned’ approach from the first service to ensure best practice.</p>	<p>Employees of CEC, NHSL and partner organisations.</p> <p>Older people and people in their middle years</p> <p>Disabled people (includes physical disability, learning disability, sensory loss, long-</p>

Equality, Health and Wellbeing and Human Rights and Children’s Rights	Affected populations
<p>Change can be perceived as challenging and may be stressful for some people, including service users, unpaid carers, colleagues or the relevant provider organisation. Changes in support may take time to understand and clear communications will be required to be developed in a variety of inclusive / accessible formats to ensure a sensitive and well planned transition.</p> <p>Colleagues will likely experience a change in rota pattern and work location and depending on any personal circumstances this may prove challenging for some. Appropriate support will be required in line with NHSL Managing Change Policies and guidance and where any protected characteristics are identified they will be considered on an individual basis, including any flexible work arrangements/options. Engagement with Workplace Representatives will be planned.</p>	<p>term medical conditions, mental health problems)</p> <p>Lone parents</p> <p>Carers</p> <p>People with a diverse range of needs, people on low incomes.</p> <p>People with Learning Disabilities and some people across all affected groups may have additional protective characteristics such as age, gender and race.</p>

Environment and Sustainability including climate change emissions and impacts	Affected populations
<p>Positive</p> <p>Any re-organisation of workplace may result in additional travel time or change of arrangements for people. This may prove positive for some.</p>	<p>Employees of NHSL</p>
<p>Negative</p> <p>Any re-organisation of workplace may result in additional travel time or change of arrangements for people. For any negative experiences, colleagues will be supported according with NHSL managing change policy.</p>	<p>Employees of NHSL</p>

Economic	Affected populations
<p>Positive</p> <p>Colleagues will remain within their current positions (Learning Disability Nurse) on their existing band and there will be no change in their salary.</p> <p>Opportunity for provider growth, increasing staffing opportunities and a more skilled and consistent staff team.</p>	<p>Employees of NHSL and partner organisations.</p> <p>People with Learning Disabilities and some people across all affected groups may have additional protective characteristics such as age, gender and race.</p>
<p>Negative</p> <p>If there are changes within work time/ rota pattern this may make it more challenging and impact colleagues life outside of work or other commitments. Any impacts will be considered on an individual basis in line with NHSL policies and guidance.</p>	<p>Employees of NHSL and partner organisations. All affected groups may have additional protective characteristics such as age, gender and race.</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?

Any increase in care and support will be provided by a voluntary organisation, purchased by the Partnership. All equality, human rights, environmental and sustainability issues are covered by the Contractual or Framework Agreements, good practice guidance or the contracted terms and conditions. Where it is required continued oversight, monitoring and assured sustainability will be provided by the Partnership.

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 partners within the wider Community Learning Disability Team, including Speech and Language Therapists where required and supported on an individual basis, to ensure a wide range of communication tools can be utilised where required. This may include but is not limited to, easy read, large print, alternative language options.

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

No

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
Engagement and consultation with service users, families/ unpaid carers, Nursing Colleagues (including staff representatives) and provider organisation. Consider any identified impacts highlighted on an individual basis.	Stella Morris Service Manager – Learning Disabilities Michelle Yeaman Clinical Nurse Manager Learning Disabilities	31/3/26	31/3/26
Ensure that communications are available in a range of accessible communication options including Easy Read or large print (as individually required).	Stella Morris Service Manager – Learning Disabilities Michelle Yeaman Clinical Nurse Manager Learning Disabilities	31/3/26	31/3/26

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
Engagement with colleagues in District Nursing and Assessment and Care Management.	Stella Morris Service Manager – Learning Disabilities Michelle Yeaman Clinical Nurse Manager Learning Disabilities	31/3/26	31/3/26

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?

The Learning Disability Service Manager will lead on this change. It will be monitored through monthly reporting to the Senior Management Team which will include any risks or impacts on different groups, including those with protected characteristics. Where required further IIAs will be completed.

16. Sign off by Head of Service

Name: Anna Duff

Date: 4/2/26

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/