

# Integrated Impact Assessment – Summary Report

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

## 1. Title of proposal

Reviews 26-27

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

### **Background:**

The goal of the Review Project is to ensure people's care is based on assessed need and as a by-product of this to deliver a cost saving. The Edinburgh Health and Social Care Partnership has taken a systematic approach to assessment and review to focus on 'right-sizing' packages of care; it's a person-centred approach that ensures someone's outcomes are met in the most cost-effective way, including a focus on maximising independence and consideration of digital solutions and community-based supports as an alternative to traditional care at home support.

### **The proposed change:**

Following on from the 25-26 Reviews Project, it is proposed to continue the reviewing work into the new financial year with a savings target of £350,000.

Following analysis of the different cohorts of reviews, it is proposed that the Internal Review Team will focus on reviewing people with additional support needs (learning disability), aiming to complete 312 reviews with an estimated in-year saving for 26/27 of £350,000.

The team will link in with Learning Disability staff where appropriate to draw upon their understanding of LD best practice and analysis of clinical risk.

The team will review against the following criteria:

- Presumption of no more than 30 hours day support for <65 and 18 hrs for 65+
- Review ratio of care e.g. 2:1, 3:1 etc
- Review overnight support (waking nights, sleepovers, responder service)
- Review transport.

The scope of the reviews include:

- Complex care reviews
- Housing support reviews, including a review of charges levied
- Reviews of people receiving support from a Tier 2 or 3 provider
- Reviews of people recorded with low or moderate need
- Reviews of people living in a residential setting that also receive other services, such as daycare, DP or 1-2-1 support

This calculation has been based on current levels of staffing (11 team members) and current throughput of 6 reviews per week. Transport savings will be calculated separately.

Reviews are now targeted by provider and where appropriate by shared accommodation. This promotes planning and collaboration in preparation for the reviews.

The full-year impact of 25/26 Reviews has been top sliced and will be offset against the relevant budgets.

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

Historic Integrated Impact Assessments were carried out to identify the impact of the original changes to the review and assessment processes in June 2023. A further IIA was conducted in February 2024 regarding the Housing Support changes. The Reviews savings project 2025/26 was approved by the EIJB in March 2025.

This proposal will be considered for approval at the Edinburgh Integration Joint Board on 24 March 2026.

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

No

**5. Date of IIA**

3<sup>rd</sup> 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
Steph Craig	Interim Manager, Review Team	
Matt Kennedy	Head of Service for Assessment and Care Management	
Anna Duff	Service Manager, Mental Health and Substance Use	
Jill Acheson	Senior Social Worker, SDS Team	
Alan Wilson	Senior Social Worker, Review Team	
Louise Fawns	Senior Social Worker, Review Team	
Patricia Hope	Senior Social Worker, Review Team	

Name	Job Title	Date of IIA training
Rhiannon Virgo	Corporate Strategic Lead – Finance (facilitator)	Feb 2020
Lee-Anne McConnell	Business Manager	
Robert Smith	Interim Disability Service Manager	
John Enock	Senior Information Officer	Sep 2023

## 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:	<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>Edinburgh Integration Joint Board Strategic Plan (2025-2028)</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. (<a href="#">Population and demographics - Edinburgh Health &amp; Social Care Partnership (edinburghhsc.scot)</a>)</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).</p> <p>Actions highlighted as needed to address these include:</p> <ul style="list-style-type: none"> <li>• Staff training including cultural sensitivity</li> <li>• Recognition of the role of the Third Sector</li> <li>• Effective community engagement</li> <li>• Developing effective approaches to prevention including overcoming isolation.</li> </ul> <p><a href="#">Edinburgh Health and Social Care Partnership, Joint Strategic Needs Assessment, Minority Ethnic Communities Report, 2018</a></p> <p><a href="https://www.edinburghhsc.scot/the-ijb/strategicplan/">https://www.edinburghhsc.scot/the-ijb/strategicplan/</a></p> <p>The plan for the Reviews Project 2026/27 will focus on people with additional support needs categorised under the Learning Disability cost code within the EHSCP systems.</p>

Evidence	Available – detail source	<b>Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal</b>
		<p>All local authorities in Scotland collect information on the numbers of people with learning disabilities and/or autism in their area. Information is collected about everyone who is known to the local authority – not just the people who are using services.</p> <p>There is a marked increase in the numbers of young people with Additional Support Needs (ASN) in recent years, driving a growing need for specialist resources and an impact on future adult service provision.</p> <p>There has been an increase in the percentage of people reporting they have one or more of learning disability, learning difficulty or developmental disorder comparing 2022 with 2011. However, National Records of Scotland (NRS) are not currently able to break this down into each individual part from the Census results. This is due to the way the question was presented in 2022 compared with 2011 where descriptions were added next to the category. During their quality assurance procedures NRS identified that some respondents with a single condition may have incorrectly decided to tick more than one box if they were unsure what category they should have selected. This means NRS can only currently publish a combined measure covering learning disability, learning difficulty or developmental disorder, but they are confident that this is accurate. They have compared responses with the Scottish Government pupil census in 2010 and 2021 and although there is no increase in the percentage of school pupils with an Additional Support Need (ASN) of learning disability, there have been large increases in pupils with ASNs of learning difficulties, Autistic Spectrum Disorder and Social, Emotional and Behavioural Difficulties. In 2022, 5.2% of people in Edinburgh reported having one or more learning disability, learning difficulty or developmental disorder, the same as in Scotland, and up from 3% in 2011 (Scottish Census, 2022).</p> <p>Whilst there has been a gradual managed decline in provision of traditional day care services in favour of the use of personal budgets (SDS), there will continue to be some people who require an environment that is commensurate with their needs. The way that the Council provides services has changed and will continue to develop and evolve with the impact of adult health and social care integration (as set out in the Public Bodies (Joint Working) (Scotland) Bill 201) and</p>

Evidence	Available – detail source	<b>Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal</b>
		<p>implementation of the Self-Directed Support (Scotland) Act 2013.</p> <p>Adult social care services face considerable challenges in order to address identified current and future demographic pressures.</p> <p>The plan for the Reviews Project 2025/26 will also focus on people who are categorised under the Mental Health cost code within the EHSCP systems.</p> <p>The number of people reporting a physical disability, mental health condition, and/or long-term illness has increased between 2011 and 2022 in Edinburgh, as well as across Scotland as a whole. Physical disabilities increased from 5.1% to 6.7%, mental health conditions increased from 4.2% to 11.9% and long-term illness increased from 16.1% to 18.1% of the population. (Scottish Census, 2022). While not all of these conditions will require social care support, the growth may suggest increasing demand for services that needs to be managed now and in the future within limited resources.</p> <p><b>Below are some reports and background demographic information about people with learning disabilities:</b></p> <p><a href="#">2019 Report, Scottish Commission for People with Learning Disabilities</a></p> <p><a href="#">6.1 Innovation and Sustainability Pipeline - Learning Disability Change Proposals.pdf</a></p> <p><a href="#">Insights into learning disabilities and complex needs: statistics for Scotland - 28 November 2023 - Insights into learning disabilities and complex needs: statistics for Scotland - Publications - Public Health Scotland</a></p>
Data on service uptake/access	Internal EHSCP data from our assessment and care management system – SWIFT.	<p>The people the Edinburgh Health and Social Care Partnership support across the overall service and who are identified belonging to one of the two cohorts impacted by this proposal are shown below.</p> <p>People EHSCP support with additional support needs under the learning disability cost code. The data is</p>

Evidence	Available – detail source	<b>Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal</b>
	<p data-bbox="355 891 667 925">EHSCP Internal Data</p> <p data-bbox="355 1189 549 1256">Public Health Scotland</p> <p data-bbox="355 1883 663 1989">Internal EHSCP data from our assessment and care</p>	<p data-bbox="699 304 1513 376">accurate when it was extracted in January 2026. 16% of all service users are coded as LD.</p> <ul data-bbox="794 383 1490 533" style="list-style-type: none"> <li>• Care at home – 383 people</li> <li>• ISF – 122 people</li> <li>• Day Services (excludes block contract users) – 357 people</li> </ul> <p data-bbox="699 568 1501 786">Edinburgh Health and Social Care Partnership provide just over 136,000 hours of care at home a week through external providers, with another 4,000 hours provided through our internal service. Around 50,000 hours are for those with learning disabilities, 16,000 for those with mental health issues (Internal data, 17 Jan 2026).</p> <p data-bbox="699 824 1497 1122">Benchmarking data from the <a href="#">Public Health Scotland Care at Home Statistics for Scotland</a> shows that Edinburgh provides more hours of care than other partnerships and is in the bottom ten partnerships for hours of care provided per population, average hours of care provided and the percentage of packages of care over 50 hours. (Public Health Scotland Care at Home Statistics, 2022/23)</p> <p data-bbox="699 1160 1501 1451">In 2022/23 Edinburgh had the sixth lowest proportion of people of all ages receiving care at home services who have a community alarm and/or telecare at 47.8%. For 18-64 only our relative position is better, with the fifth highest proportion, but a lower proportion in this age group have a community alarm and/or telecare at 23.9%. (Public Health Scotland Care at Home Statistics, 2022/23)</p> <p data-bbox="699 1489 1497 1630">To evidence the work the review teams have completed this past year during the 2025/26 cycle, here is a breakdown of the reviews completed and the review outcome the assessments:</p> <ul data-bbox="746 1637 1465 1787" style="list-style-type: none"> <li>• 1<sup>st</sup> April 2025 – 21<sup>st</sup> January 2026 – number of reviews: 193</li> <li>• Review Team Total in Year Validated Savings 344K</li> </ul> <p data-bbox="699 1823 1465 1998"><b>Review Outcomes:</b>  Increase in support within care package – 21 reviews  Decrease in support within care package - 75 reviews  Needs unchanged within care package – 96 reviews  Person no longer requires care – 1 review</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
	management system – SWIFT:  <b>Review Project Team</b>	
Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.	<i>Joint Strategic needs Assessment City of Edinburgh HSCP (2020)</i>  Edinburgh Poverty Commission	<p>Provides current and projected data on the demographics within Edinburgh  <a href="#">Joint strategic needs assessment - Edinburgh Health &amp; Social Care Partnership</a></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. - <a href="#">Edinburgh Health and Social Care Partnership - Population health and inequalities in Edinburgh</a></p> <p>The <a href="#">SIMD (Scottish Index of Multiple Deprivation)</a> 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><a href="#">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.</a></p> <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 reports from different bodies which support this view:</p> <p><a href="#">Mind the Craic, EVOC, Aug 2020</a></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><a href="#">End Poverty in Edinburgh, CEC Progress Report, 2023</a></p> <p><a href="#">Poverty Commission Edinburgh</a></p> <p><a href="#">Special educational needs and their links to poverty   Joseph Rowntree Foundation</a></p> <p><a href="#">Racial inequality and mental health services in Scotland – new report calls for action   Mental Welfare Commission for Scotland</a></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	Internal EHSCP data from our assessment and care management system – SWIFT.	<p>We have extracted information about people’s protected characteristics in each cohort to understand who could be disproportionately impacted. This information is only relevant the date it was extracted which was January 2026 and is limited as not all fields are mandatory within our system.</p> <p><b><u>Protected characteristics of people in the learning disability cohort:</u></b></p> <p><b><u>Gender</u></b></p> <ul style="list-style-type: none"> <li>• Female - 42%</li> <li>• Male - 58%</li> </ul> <p><b><u>Ethnicity</u></b></p> <ul style="list-style-type: none"> <li>• African 0%</li> <li>• Arab 0%</li> <li>• Bangladeshi 1%</li> <li>• Black 0%</li> <li>• Caribbean 0%</li> <li>• Chinese 1%</li> <li>• Indian 0%</li> <li>• Mixed 1%</li> <li>• Not Disclosed (Refused) 3%</li> <li>• Not Known (Not Requested) 24%</li> <li>• Other Ethnic Background - Any 1%</li> <li>• Pakistani 1%</li> </ul>

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
		<ul style="list-style-type: none"> <li>• White - Irish 0%</li> <li>• White - Other 3%</li> <li>• White - Other British 3%</li> <li>• White - Polish 0%</li> <li>• White - Scottish 26%</li> <li>• White [No Further Detail] 34%</li> </ul> <p><b><u>Age</u></b></p> <ul style="list-style-type: none"> <li>• 65 or over 8%</li> <li>• Under 65 92%</li> </ul> <p><b><u>Marital Status</u></b></p> <ul style="list-style-type: none"> <li>• Civil Partnership 0%</li> <li>• Cohabiting 1%</li> <li>• Divorced 0%</li> <li>• Married 1%</li> <li>• Married/Cohabiting 0%</li> <li>• Not Disclosed/Not Known 7%</li> <li>• Not Recorded 36%</li> <li>• Separated 1%</li> <li>• Single 53%</li> <li>• Unknown 1%</li> <li>• Widowed 1%</li> </ul> <p><b><u>Religion</u></b></p> <ul style="list-style-type: none"> <li>• Church Of Scotland 3%</li> <li>• Muslim 3%</li> <li>• None (Atheist Or Agnostic) 5%</li> <li>• Not Disclosed 47%</li> <li>• Not Known 20%</li> <li>• Not Recorded 18%</li> <li>• Other Christian 1%</li> <li>• Other Religion 0%</li> <li>• Pagan 0%</li> <li>• Roman Catholic 2%</li> <li>• Sikh 0%</li> </ul> <p><b><u>Sexual Orientation</u></b></p> <ul style="list-style-type: none"> <li>• Heterosexual/Straight 0%</li> <li>• Not Recorded 100%</li> <li>• Prefer Not To Answer 0%</li> </ul>

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="357 454 663 488">Scottish Government</p> <p data-bbox="357 786 549 853">Public Health Scotland</p> <p data-bbox="357 1189 549 1256">Public Health Scotland</p> <p data-bbox="357 1480 600 1547"><a href="#">Home - Learning Disability Today</a></p>	<p data-bbox="700 309 1433 376">These links research into equality outcomes across Scotland:</p> <p data-bbox="700 421 1506 712">The <a href="#">Independent Review of Adult Care in Scotland</a> 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 data-bbox="700 745 1506 1077">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: <a href="#">Delayed discharges in NHS Scotland monthly, Public Health Scotland</a>.</p> <p data-bbox="700 1115 1497 1406">Care at Home is care tailored to the needs of an individual that is provided in a person’s own home. Further information on Care at Home through a national lens is available here: <a href="#">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</a>.</p> <p data-bbox="700 1444 1506 1809">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 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. <a href="#">The vital role of annual health checks: tackling health inequalities in minority ethnic groups</a></p>
Research/literature evidence	Iriss – Doing social work and social care differently publication	In <a href="#">our response to the National Care Service consultation</a> , we propose that social work and social care support needs to fundamentally change to meet the needs of the people of Scotland. <a href="#">Doing social work and social care differently   Iriss</a> .





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
	Scottish Government	<p>themselves and what they want, not being told what to do and when to do it.</p> <ul style="list-style-type: none"> <li>• For the impact of this to be good on people with learning disabilities, they have to think about human rights and the rights of disabled citizens, not how to best manage people to fit them into services</li> <li>• Hidden disabilities may not be taken into consideration e.g. sight loss, mental health, autism.</li> <li>• The Council needs to hear us and our specific experience that is not the same as many other disabled or older people. If they care about the impact they have to think specifically about our needs and our rights as citizens.</li> <li>• The impact of this plan will only be good if our points are taken on board, otherwise our problems will be brushed under the carpet. We don't want that.</li> </ul> <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 <a href="#">EIJB's Annual Performance Report</a> show that in Edinburgh:</p> <ul style="list-style-type: none"> <li>• 75.2% of adults supported at home agree that they are supported to live as independently as possible, compared to 72.4% for Scotland</li> <li>• 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</li> <li>• 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</li> <li>• 74.1% of adults receiving any care or support rated it as excellent or good, compared to 70% for Scotland</li> <li>• 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</li> <li>• 78.6% of adults supported at home agreed they felt safe, compared to 72.7% for Scotland</li> </ul>

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>Scottish Commission for People with Learning Disabilities</p> <p>Scottish Government</p>	<ul style="list-style-type: none"> <li>31.3% of carers feel supported to continue in their caring role, compared to 31.2% in Scotland</li> </ul> <p>The Scottish Commission for People with Learning Disabilities position themselves as a Human Rights Defender. Their vision is of a Scotland where people with learning disabilities live full, safe, loving and equal lives. They influence the development of policy, practice and legislation and are respectful, inclusive, collaborative and pioneering and focus on: Human rights, Leadership and Evidence. Further information about their engagement with people with learning disabilities can be found in their <a href="#">Annual Review 2022-2023</a>.</p> <p>A consultation informed the <a href="#">Independent Review of Adult Care in Scotland</a> published in February 2021 which set out the Scottish Government’s vision for a new health and social care system A <a href="#">National Care Service for Scotland: consultation</a> provides more information about the consultation people had the opportunity to engage with.</p>
Evidence of inclusive engagement of people who use the service and involvement findings	VOCAL Carer’s Survey 2023	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: <a href="#">Carer surveys - VOCAL</a>
Evidence of unmet need	<p>Weekly EHSCP systems flow report:</p> <p>Public Health Scotland Data</p>	<p>The unmet need list as at the middle of January 2026, shows that 453 people were awaiting a package of care. 1442 people were awaiting assessment. It is not possible to separate the report by the two main cohorts of people to be reviewed in this proposal. On public platforms, the report is available monthly from Public Health Scotland: <a href="#">People requiring a social care assessment and care at home services, Public Health Scotland - Dec 2024</a>.</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</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>Scottish Commission for People with Learning Disabilities</p>	<p>occupy a hospital bed beyond the date they are ready for discharge. More information from Public Health Scotland is available here: <a href="#">Delayed discharges in NHS Scotland monthly, Public Health Scotland</a> and <a href="#">People requiring a social care assessment and care at home services, Public Health Scotland - Dec 2024</a></p> <p>Care at Home is care tailored to the needs of an individual that is provided in a person’s own home. Further information on Care at Home through a national lens is available here: <a href="#">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</a></p> <p>In an increasingly digital world, it is important that people with learning disabilities are empowered with the tools and knowledge they need to take advantage of the opportunities digital presents. In 2022 SCLD was given funding by the <a href="#">Scottish Government Digital Health and Care Directorate’s Technology Enabled Care (TEC) Programme</a>, to consider how digital technology can transform the lives of people with learning disabilities. Throughout 2023 the SCLD had conversations with people with learning disabilities about their experiences with digital technology, as well as looking at innovations in digital technology – both mainstream and specialist. To read the full report of their finding, access the link: <a href="#">Our right to be techy!</a></p>
Good practice guidelines	<p>Self-Directed Support Statutory Guidance</p> <p><a href="#">Keys-To-Life-Implementation-Framework. 2019-2021</a></p>	<p><a href="#">Social Care (Self-directed Support) (Scotland) Act 2013: statutory guidance - gov.scot (www.gov.scot)</a></p> <p>The <a href="#">Principles of Good Transitions 3</a> provides a framework to inform, structure and encourage the continual improvement of support for young people with additional needs between the ages of 14 and 25 who are making the transition to young adult life.</p>
Carbon emissions generated/reduced data	N/A	
Environmental data	N/A	

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
Risk from cumulative impacts		<p>The cumulative impact of this and other savings proposals for 2024/25 was assessed on 4<sup>th</sup> March 2024 and the report can be provided on request.</p> <p>The Integrated Impact Assessment for the Reviews Project during 2024 – 2025 can also be provided on request.</p>
Other (please specify)		<p>The Independent Review of Adult Social Care <a href="#">Adult Social Care: independent review, The Scottish Government, 2021</a></p> <p>A National Care Service for Scotland: Consultation <a href="#">A National Care Service for Scotland: consultation - gov.scot (www.gov.scot)</a></p> <p>Inspection of adult social work and social care services: the City of Edinburgh <a href="#">Inspection of adult social work and social care services March 2023</a></p> <p>Integrated Impact Assessments for Review and Assessment, 2023-24, and Housing Support, February 2024. Documents can be provided on request.</p>
Additional evidence required		N/A

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

Equality, Health and Wellbeing and Human Rights (Part 1)	Affected populations
<p><b>Positive</b></p> <p>The EHSCP will continue support to people with substantial and critical needs. These people are likely to be some of the most vulnerable citizens of Edinburgh.</p> <p>The people whose care will be reviewed in this proposal will receive a holistic assessment from a team of professional practitioners who have experience conducting person-centric reviews based on the person’s outcomes. In general, this project</p>	<p>Everyone</p> <p>People who use learning disabilities and meet the criteria for a review of their current care</p>

<p>will aim to build the independence of people with long term support needs.</p> <p>The Young Adult Disability Team work with people who need support from the age of 14 years old with the aim to create a smooth transition to adult services. There may be a reduction in the formal support some people receive during this transition, which is often be attributed to the skills someone has developed and being able to live more independently. This is often seen as a positive.</p> <p>The benefit from this approach promotes shared ownership, collaboration and a consistent approach to rolling out the review programme with the provider. The Seniors and Team Lead pre meet with the provider leadership team to discuss the best approach, communication and needs of the people who are receiving the service and the carers/guardians and important people. The team aim to be as flexible as possible when conducting the reviews, ensuring that all relevant and important parties can participate. The team members are experienced in conducting reviews and ensure that their approach allows individuals the chance to share what is important to them and what outcomes they would like to achieve as well as ensuring that they are considering the substantial and critical criteria set by the department. All reviews being carried out should be person centred with the needs of the individual being assessed on a case-by-case basis.</p> <p>The team is now stable in terms of its established workforce, this ensures a consistent approach to undertaking reviews.</p> <p><b>Negative</b></p> <p>The concept of change and process of change can create anxiety for those impacted by this proposal. To mitigate against this people whose care will be reviewed in this proposal will receive a holistic assessment from a team of professional practitioners who have experience conducting person-centric reviews based on the person's outcomes.</p> <p>Carers of all ages could experience anxiety due to this proposal. Anxiety can be triggered by a range of causes depending on their specific personal circumstances. This can led to someone requiring more care for which there could be implications for a carers in terms of employment, health &amp; wellbeing and social.</p>	<p>Young people with additional support needs/ Families and carers</p> <p>Edinburgh Health and Social Care Partnership</p> <p>Private and Third/ Independent Care Providers</p> <p><b>Staff</b></p> <p>People who use learning disabilities and mental health support and meet the criteria for a review of their current care and their relevant others, especially older people</p> <p>Carers (including young carers and carers with protected characteristics)</p>
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<p>Older carers will often take on more responsibilities in their older years, reducing their opportunities to enjoy their older years. It is important to ensure the individual's partner does not feel pressured to take on additional support needs. There could also be an impact if a reduction in formal support prohibits a carer from pursuing paid employment and the health implications of this. The <a href="#">Carers Act</a> specifies the need for carers' outcomes to be considered. This needs to be handled sensitively. To mitigate against the overall impact to carers - the carers' needs are included in the holistic assessment the Review Team and there is the option for carers to complete an <a href="#">Adult Carer Support Plan</a> through Edinburgh Health and Social Care Partnership or Third Sector Partners.</p> <p>This proposal will impact people who receive learning disabilities and mental health support from EHSCP who may see changes to their current care package. There is an additional cumulative impact on people with learning disabilities whose life expectancy is below the general population. The mitigation to this is the reviews are conducted based on proportionate care for someone's assessed needs – the Review Team will not remove support from someone who meets the criteria and support is needed. The EHSCP Community Learning Disability Team are beginning more general health checks for people with additional support needs.</p> <p>There could be a disproportionate impact on some people who have mild learning disabilities and appear verbally confident, but this doesn't reflect their day-to-day function or capabilities. To partly mitigate against this impact EHSCP will work with the internal Learning Disability Positive Behavioural Steps teams. There is also the opportunity for the Review Team to use communication tools for speech and language from the NHS Occupational Therapy and Adult Intellectual Disability Service Teams. There is also the opportunity for safety net services to avoid crisis. It may not happen due to financial pressures but still required.</p> <p>There are people within this review cohort whose care will be reviewed who have cognitive impairment, sensory loss or dementia and are vulnerable within this process. To mitigate against this impact, it is essential people have someone to represent them if required. The support from the Positive Behavioural Steps Team will be valuable. There could also be potential to use independent advocacy services too, dependent on their availability and capacity.</p>	<p>Unpaid carers.</p> <p>Older people</p> <p>People who are unmarried, married or in a civil partnership</p> <p>Disabled people (includes physical disability, learning disability, sensory loss, long-term medical conditions, mental health problems)</p>
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<p>People with autism are a group of people who may be impacted by this proposal and their care reviewed but not to a greater degree due to this protected characteristic. To mitigate against this, their review would follow the same holistic assessment from a team of professional practitioners who have experience conducting person-centric reviews based on the person's outcomes.</p>	<p>People with autism</p>
<p>There was a concern raised that reviews conducted capture a 'snapshot of time' and someone could escalate into crisis. To mitigate against this the Review Team, engage with care providers and carers prior to review who are known to the person and any other relevant others to inform a review outcome. There has been no evidence during this last cohort of reviews that any reduction in support has resulted in a crisis, if a person experiences a crisis, it has not been from a reduction in support following a review. It will be for another reason, for example, a sudden deterioration in a person's health, this would be appropriately managed by the locality team.</p>	<p>Everyone</p>
<p>There was a concern that whilst someone's fundamental needs are met following a review, their ambitions and aspirations are overlooked if the primary focus is to keep someone safe. As mentioned previously, the reviews conducted are holistic assessments from a team of professional practitioners who have experience conducting person-centric reviews based on the person's outcomes.</p>	<p>Everyone</p>
<p>People of minority ethnic backgrounds may be impacted due to this proposal to a greater degree due to their underlying disadvantage in accessing alternative services. A recent Welfare Commission Report provides further detail on this topic <a href="#">here</a>. To mitigate this, the Review Team will engage translator services or interpreter services to ensure the person can engage fully in the review. There is also the possibility to use standardised tools for translation which the NHS Lothian Occupational Therapy and Intellectually Disability Teams use. However, this mitigation is only partial due to the capacity constraints on these additional services.</p>	<p>Minority ethnic people (includes Gypsy/Travellers, migrant workers, non-English speakers)</p> <p>Refugees and asylum seekers</p>
<p>There are cultural implications in some cases where a man needs to be present for someone's care review. There are also circumstances where a male or female person has to be seen by a practitioner of the same gender. To mitigate this the Review Teams will make every effort to accommodate these preferences where they can, but it will not always be possible to deliver.</p>	

<p>There are refugee or asylum seekers in communities who have a mistrust of people in an official capacity due to concerns about their right to remain in the UK.</p> <p>Owing to certain groups of people may be more reliant on consulting relevant others outside their immediate household or are more likely to live alone (particularly the LGBTQ+ community), it could take longer to conclude the review outcome if other people need to be engaged. This is an aspect to be mindful of within the project. To mitigate against this the Review Team would use relevant advocacy services where required and ensure any relevant other(s) who needs to be consulted during a review is/are contacted.</p> <p>People with learning disabilities may rely on someone else to support them complete forms in terms of literacy and numeracy. This could create a greater degree of vulnerability relying on someone to advocate for you, or the person advocating from them may not have their best intentions. Mitigations include sending photographs of workers to providers/service users in advance of reviews to allow them to familiarise themselves with the worker.</p> <p>People who have experienced care and young people are especially vulnerable. To mitigate against this people whose care will be reviewed in this proposal will receive a holistic assessment from a team of professional practitioners who have experience conducting person-centric reviews based on the person's outcomes. Staff are aware of potential barriers to support for people with these background and experiences and will take this into account when carrying out reviews. Staff are expected to familiarise themselves with all information held on the individual and to tailor approaches to them in a supportive manner.</p> <p>There are fewer options for support in rural communities for people who could be disproportionately impacted. The mitigation is the same as above.</p> <p>There are also limited travel options to connect people living in rural communities or people could find learning a new travel route difficult. To mitigate this there is some provision in the EHSCP Local Area Coordinator (LAC) Team who could provide travel training or relevant support, however, this is limited. There may be similar support in the Third Sector, but this is predicated on service availability and their capacity to deliver against demand. Therefore, this is only a partial mitigation.</p>	<p>Refugees and asylum seekers</p> <p>Everyone The LGBTQ+ community</p> <p>People with low literacy/numeracy</p> <p>Care experienced children and young people</p> <p>Those leaving care settings (including children and young people and those with illness)</p> <p>Rural communities and the people who live there</p>
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Equality, Health and Wellbeing and Human Rights (Part 2)	Affected populations
<p>This section will explore the impacts of the EHSCP Review Teams themselves and the care providers. There are unique differences between how this proposal will impact staff within Edinburgh Health and Social Care Partnership and staff within Care Provider organisations.</p> <p><b><u>The EHSCP Review Team impacts</u></b></p> <p><b>Positive</b></p> <p>The Review team has been operating as a temporary arrangement since 2024, and this year will move to being made permanent. This will increase stability for the staff in the team, and reduce ongoing training requirements as the team settles fully.</p> <p>The team has built up knowledge of community supports available to people in this cohort in the last year.</p> <p>Communication both for practitioners in the team and what they send out will be vital for practitioners to feel supported and the people whose care is being reviewed has all the information they need about the process, implications for them and how to maximise their existing assets (both financial and otherwise).</p> <p>Staff take pride in knowing that a full review has been carried out to right-size care to support the individual in the best way possible, and to encourage independence as much as they can. They also take pride in knowing that they are supporting locality colleagues in their work, and in ensuring that people receive reviews in as timely a manner as possible, to meet our statutory responsibilities.</p> <p>The work of the team resolving issues with packages of care, invoicing etc will reduce pressure on other teams eg Contracts, Transactions, DART etc.</p> <p><b>Negative</b></p> <p>In terms of EHSCP staff the Internal Review Team will be impacted the most. The staff who go out to conduct reviews may encounter people who are nervous, or even angry. To mitigate against this impact - there is a lone working policy that</p>	<p>EHSCP staff - the Internal Review Team</p> <p>EHSCP staff - the Internal Review Team</p>

Equality, Health and Wellbeing and Human Rights (Part 2)	Affected populations																						
<p>the team adhere to, and the team will partner together in twos if necessary.</p> <p>It can be stressful for workers in the review teams to make decisions about other people’s lives. To mitigate against this – it is important workers know these are decisions based on the organisation’s overall responsibility to ensure people’s care packages are proportionate to someone’s need and there is equity across the city. If workers engage with this message and feel supported, the ambition is they would feel safer in the practice.</p>																							
<p><b><u>Care Providers in the private sector and Independent/ Third Sector</u></b></p> <p>The table below shows the ten care providers who deliver the highest proportionate share of care to people who feature on the learning disabilities review list and would meet our criteria for review. This data is accurate as of mid-Jan 2025.</p> <table border="1" data-bbox="97 1077 1018 1480"> <thead> <tr> <th data-bbox="97 1077 475 1111">Provider</th> <th data-bbox="475 1077 1018 1111">% of Partnership CAH LD Costs</th> </tr> </thead> <tbody> <tr> <td data-bbox="97 1111 475 1144">Thistle Foundation (Isf)</td> <td data-bbox="475 1111 1018 1144">5.51%</td> </tr> <tr> <td data-bbox="97 1144 475 1178">Autism Initiatives</td> <td data-bbox="475 1144 1018 1178">5.21%</td> </tr> <tr> <td data-bbox="97 1178 475 1211">The Action Group</td> <td data-bbox="475 1178 1018 1211">4.37%</td> </tr> <tr> <td data-bbox="97 1211 475 1245">Voyage Care</td> <td data-bbox="475 1211 1018 1245">3.64%</td> </tr> <tr> <td data-bbox="97 1245 475 1279">Crossreach Threshold Edinburgh</td> <td data-bbox="475 1245 1018 1279">2.70%</td> </tr> <tr> <td data-bbox="97 1279 475 1312">Teens+</td> <td data-bbox="475 1279 1018 1312">2.59%</td> </tr> <tr> <td data-bbox="97 1312 475 1346">Tiphereth</td> <td data-bbox="475 1312 1018 1346">2.37%</td> </tr> <tr> <td data-bbox="97 1346 475 1379">Living Ambitions</td> <td data-bbox="475 1346 1018 1379">2.31%</td> </tr> <tr> <td data-bbox="97 1379 475 1413">Ark Housing Association Ltd</td> <td data-bbox="475 1379 1018 1413">2.12%</td> </tr> <tr> <td data-bbox="97 1413 475 1447">Active Healthcare Services</td> <td data-bbox="475 1413 1018 1447">2.06%</td> </tr> </tbody> </table> <p>*Note: the table shows the ten care providers with the largest proportionate share. This data does not include those in the mental health cohort of reviews.</p> <p><b>Positive</b></p> <p>There could be perceived benefits from care providers, who in the past may not have known when reviews were likely to take place or how the reviews were to be conducted – in one block or staggered. A provider engagement session was held on 23 January 2025 and led by the EHSCP Interim Strategy Manager for Learning Disabilities. The session brought together approx. 50 attendees and generally the principle</p>	Provider	% of Partnership CAH LD Costs	Thistle Foundation (Isf)	5.51%	Autism Initiatives	5.21%	The Action Group	4.37%	Voyage Care	3.64%	Crossreach Threshold Edinburgh	2.70%	Teens+	2.59%	Tiphereth	2.37%	Living Ambitions	2.31%	Ark Housing Association Ltd	2.12%	Active Healthcare Services	2.06%	<p>Care Providers in the private sector and Independent/ Third Sector</p>
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Equality, Health and Wellbeing and Human Rights (Part 2)	Affected populations
<p>within this proposal of reviewing people provider by provider was well received in the room.</p> <p><b>Negative</b></p> <p>There is anxiety about the consequences for the delivery of this proposal, in particular the level of additional pressure on community teams and whether there will be more calls for support potentially diverted to inappropriate care settings.</p> <p>A point was raised in relation to the Independent Sector providing the majority of care in Edinburgh. Through the delivery of this proposal there was concern about provider staff doing more visits, greater intensity work and the implications for their wellbeing. It would be an anxious time for providers and their frontline workers. The mitigation against this was a provider briefing which was arranged for 23 January 2025. Since the IIA session, this event has taken place and was led by the EHSCP Interim Strategy Manager for Learning Disabilities. The session brought together approx. 50 attendees and generally the principle within this proposal of reviewing people provider by provider was well received in the room.</p> <p>There was some agreement with the points raised above but not universally. Regarding the pressures on staffing on care providers in the independent sector, EHSCP do hear that providers do struggle to retain staff, so there may be opportunities for providers to optimise their operational models through this planned review process.</p> <p>There was a general point raised about the provision of Third Sector funded early intervention, prevention and advice services impacted across Edinburgh. To mitigate against this, any service user who has critical or substantial needs will be eligible for a social work assessment (or review, if they already access statutory services) which will mitigate these needs, however there is likely to be reduced opportunity to act to prevent future needs arising, which may in turn lead to higher demand for services to meet critical / substantial need and therefore less capacity to deliver a quality service for the existing high need population. Signposting to alternative community services will also mitigate in part but it is acknowledged that alternative community services depend on the organisation's individual financial situation and viability.</p>	<p>Care Providers in the private sector and Independent/ Third Sector</p> <p>Care Providers in the private sector and Independent/ Third Sector</p> <p>Third Sector early intervention, prevention and advice services</p>

<b>Environment and Sustainability including climate change emissions and impacts</b>	<b>Affected populations</b>
<p><b>Positive</b> None recorded in discussion</p>	
<p><b>Negative</b> None recorded in discussion</p>	

<b>Economic</b>	<b>Affected populations</b>
<p><b>Positive</b></p> <p>The EHSCP will continue to support people with substantial and critical needs. These people are likely to be some of the most vulnerable citizens of Edinburgh.</p> <p>By adopting a provider-by-provider approach to reviews there could be opportunities to review support arrangements of on an individual and aggregate basis. By adopting this holistic approach to reviews there could be the opportunity through economies of scale for providers and EHSCP to ensure their respective resources are utilised efficiently and effectively and support is configured in the most appropriate, both in terms of people’s outcomes and operationally.</p> <p>If any of the changes during the review result in financial pressures for the individuals there are mitigations available through the City of Edinburgh Council: <a href="#">Help if you're worried about money – The City of Edinburgh Council</a>. The City of Edinburgh Council holds a significant responsibility for inequalities across Edinburgh and providing the appropriate routes to reach support, including direct responsibility for some areas which as some overlap in health and social care such as housing. Although it is worth noting that mainstream advice services are not always accessible to people with additional support needs, so this is only a partial mitigation.</p>	<p>Everyone but especially those with critical or substantial support needs in Edinburgh</p> <p>EHSCP and Care Providers in the private sector and Independent/ Third Sector</p> <p>Everyone, but especially:</p> <ul style="list-style-type: none"> <li>• Unemployed</li> <li>• People in receipt of benefits</li> <li>• People in receipt of pensions</li> <li>• Vulnerable families e.g. young mothers, people experiencing domestic abuse, children at risk of statutory measures, includes disabled adult/child, minority ethnic families</li> </ul>

Economic	Affected populations
	<ul style="list-style-type: none"> <li>• Families with a child under 1/Larger Families (3+ children).</li> <li>• Care experienced children and young people</li> <li>• Those leaving care settings (including children and young people and those with illness)</li> </ul>
<p><b>Negative</b></p> <p>It is important people impacted by reviews of their support are aware of how to maximise their income. While, income maximisation is not a delegated service to the EIJB and a number of alternative services are provided by the City of Edinburgh Council, it is important to recognise that there is already a level of unmet demand in the city, and so any reduction in service is likely to affect overall levels of access. In addition, the EHSCP has a duty to provide information and advice under the Carer's Act, which may include signposting to benefits information. Women, those with a disability and minority ethnic populations are more likely to be affected by poverty and therefore disproportionately affected by any reduced availability of poverty mitigation interventions such as welfare advice. We cannot fully mitigate against service provision in other sectors as each organisation's viability is reliant on their own individual financial situation but as a partial mitigation, the Review Team need to be knowledgeable about methods to maximise someone's income and share the relevant information with the individual impacted and their relevant others or refer/ link someone to the relevant services as appropriate.</p> <p>The client groups who are the focus of this proposal have a higher risk or poverty, higher living costs and are using food banks. They are less likely to respond to information, attend an appointment or visit the doctor. This proposal increases the risk of someone's welfare and poverty risk higher further. To mitigate against this impact, the reviews conducted are holistic assessments, are sensitively conducted. It is important particularly in these situations where people are more financially vulnerable that the Review Teams are equipped with the appropriate level of information to share.</p>	<p>Everyone, but especially:</p> <ul style="list-style-type: none"> <li>• Unemployed</li> <li>• People in receipt of benefits</li> <li>• People in receipt of pensions</li> <li>• Vulnerable families e.g. young mothers, people experiencing domestic abuse, children at risk of statutory measures, includes disabled adult/child, minority ethnic families</li> <li>• Families with a child under 1/Larger Families (3+ children).</li> <li>• Care experienced children and young people</li> <li>• Those leaving care settings (including children and young people and those with illness)</li> <li>• Women</li> <li>• Minority ethnic people (includes Gypsy/Travellers, migrant workers, non-English speakers)</li> <li>• Disabled people (includes physical disability, learning disability,</li> </ul>

Economic	Affected populations
<p>People in or vulnerable to poverty are more likely to feel a disproportionate impact of any service loss or reduction. They may be less able to afford alternative supports or any associated travel. Migrants with no resource to public funds are likely to be more affected than others. The mitigation is the same as above.</p> <p>A number of programmes support those who are homeless. Care experience is a risk factor for homelessness so those populations may be disproportionately affected. The mitigation would be signposting to alternative services or access to statutory services where appropriate. However, we acknowledge that alternative community services depend on the organisation's individual financial situation and viability.</p>	<p>sensory loss, long-term medical conditions, mental health problems)</p> <p>Everyone but especially refugees and asylum seekers</p> <p>People who experience homelessness</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 Edinburgh Health and Social Care Partnership commissions services from both the third and independent sector. Robust contract management arrangements ensure that this will be addressed.

- 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 proposed communication plan is on the next page.

Stage of the review process	Purpose of communication	Tools/ resources	Audience to engage	Responsible owner	Consult/ input required	Cost
<b>Pre-visit</b>	To engage people who will be visited by the practitioner in the most appropriate way during initial contact regarding an assessment	The Review Team will access the standard service assessment and care management team use, including translation, advocacy, communication tools such as Talking Mats and interpreter services. The Review Team have access to our Community Learning Disability Team and colleagues in contracts and commissioning. Each service is dependent on their own capacity to provide support.	Everyone whose care is reviewed	The Review Team		£0

	<p>To inform and engage with people whose care is being reviewed about the intent and ensure people impacted are communicated with directly in a meaningful way.</p> <p>If we can engage meaningfully earlier in the process it could minimise some of the anxiety which can be generated by waiting for a review.</p>	<p>Develop an EasyRead version of what to expect during a review. Action Group have developed this communication so EHSCP could adapt.</p> <p>There could also be the opportunity to link in with VOCAL who use an 'assessment planning tool for SDS' - a document outlining a toolkit in an accessible format. This is sent in advance to someone whose care will be reviewed. It is a prop which enables someone to engage in the process earlier; allowing someone and their family to consider what they want to get out of their day-to-day life, how their current support aligns to these goals and anything they wish to discuss during an appointment. This could be adapted by the Review Team.</p>	<p>Everyone but especially those who have additional support needs</p>	<p>The Review Team</p>	<p>Midlothian VOCAL team and Action Group</p>	<p>Printing costs</p>
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	<p>Where spoken language is a barrier to assessment, a mitigation could be for the Review Team to contact the Occupational Therapy and Adult Intellectual Disability Service Teams who do use some standardised observation tools.</p>	<p>There is a standardised assessment tool called Amps. It is an observational tool to identify the level/ type of additional support someone may require in the community. It can be used alongside an interpreter if required.</p> <p>There are capacity constraints within OT in the Community Learning Disability Team (CLDT). A planned approach would be required and lead time of 4-6 weeks expected for support, following first initial discussion.</p>	<p>People who require additional support with verbal communication</p>	<p>The Review Project Team Management to contact CLDT.</p>	<p>Occupational Therapists, Adult Intellectual Disability Service</p> <p>Assessment would need to be delivered by OT in CLDT as they are trained to use the tool.</p>	<p>£0</p>
	<p>There is also the opportunity for the Review Team to work closely with the Occupational Therapists and Speech and Language Therapists to share tools to aid communication</p>	<p>The Review Team could contact the LD Speech and language team about specific approaches. There could be the option for the team to engage in community courses where they could access Talking Mats, Sign-along and additional assistive technologies.</p> <p>A planned approach would need to be adopted, and a lead time expected based on level of support the Review Team require and other priorities in LD Speech and Language Teams.</p>	<p>People who require additional support with verbal communication</p>	<p>The Review Project Team Management to contact LD Speech and Language Team.</p>	<p>Occupational Therapists and Speech and Language Therapists</p>	<p>£0</p>

<b>During the visit</b>	Ensure practitioners in the Review Team feel supported and have all the information to inform the people who they assess about the process, implications and how to maximise their existing assets (both financial and otherwise).	<ul style="list-style-type: none"> <li>• A calculator for practitioners to use to estimate potential financial implications</li> <li>• Income Max learning session for the Review Team</li> </ul>	<p>Review Project Team</p> <p>People whose care is assessed and their families / carers / relevant others</p>	Review Team Manager	Transactions Team	£0
	The public leaflet has potentially a dual purpose whereby the leaflet could provide a level of assurance to practitioners in the Review Team these are organisational-led conversations and provide an overview of information to people whose care is due to be reviewed and their families.	Public leaflet	People whose review package are being review, their families and the Review Team workers	The Review Team management	Reviews Project Board	<p>£180 for 300 copies</p> <p>£120 for 200 copies</p>

- 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.

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:**

<b>Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)</b>	<b>Who will take them forward (name and job title)</b>	<b>Deadline for progressing</b>	<b>Review date</b>
Confirm the IIA Group and Review Project Board approve the communications plan. Implement the communications plan found in section 10 of this report.	Steph McDougall, Review Team Manager	March 2026	June 2026
Monitor the ongoing impact of reviews through the agreed process for monitoring savings programme impacts.	Susan McMillan, Service Manager, DART John Enock, Senior Data Analyst	March 2026	April 2026

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

There are some impacts which have only partial mitigations. These are identified in the body of the report.

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

A method for monitoring the ongoing impact of the savings programme was approved by the Performance and Delivery Committee in September 2025.

**16. Sign off by Head of Service**

Matt Kennedy  
12 March 2026

**17. Publication**

Completed and signed IIAs should be sent to:  
[integratedimpactassessments@edinburgh.gov.uk](mailto:integratedimpactassessments@edinburgh.gov.uk) to be published on the Council website [www.edinburgh.gov.uk/impactassessments](http://www.edinburgh.gov.uk/impactassessments)  
**Edinburgh Integration Joint Board/Health and Social Care**  
[sarah.bryson@edinburgh.gov.uk](mailto:sarah.bryson@edinburgh.gov.uk) to be published at  
[www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/](http://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/)