

Integrated Impact Assessment – Summary Report

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

1. Title of proposal

Direct Payments: Aligning Outcomes

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

In adherence with Self-Directed Support legislation, Edinburgh Health and Social Care Partnership offer individuals all available options including the use of Direct Payments (DPs). The HSCP is committed to approximately £44m of Direct Payments each financial year.

A project was initiated in 2025/26 to hold more in-depth reviews of Direct Payments and ensure that in addition to reclaiming funds from accounts with high balances we were responding where use of DPs was not in accordance with agreed outcomes, where inaccurate payments are being made and to resolve the root cause of some people regularly building large balances. It is anticipated that this will deliver approx. £600k by the end of this financial year (2025/26).

Unspent funds are recouped every year, however, levels have remained higher than anticipated. Such significant amounts are an indication that agreed DP levels for some people are greater than required, not aligned to agreed outcomes or over-payments are being made. There may be some instances where individuals have been unable to secure a resource to meet their needs as intended which has led to a build-up of funds.

It is therefore proposed to continue the review work throughout 2026/27, with a savings target of £600,000.

An initial IIA was carried out in February 2025 and reviewed by the project team in February 2026 to identify any changes to the impacts.

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

The 2025/26 project was approved by the EIJB on 25 March 2025 and can be found here: <https://democracy.edinburgh.gov.uk/documents/s82165/7.1%20-%20Savings%20Programme%202025-2026.pdf>

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

No

5. Date of IIA

6 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
Matt Kennedy	Principal Social Worker and Head of Service for Assessment and Care Management	
Jill Acheson	Senior Social Worker, SDS Advice Service Team	
Ashley Mazs	SDS Advisor	
Vicki Murray	Service Manager, West Localities and City wide (RRT, YAD, SDS Advice Service, SW Student Hub)	
Thomas Stokes	Senior Accountant	
John Enock	Senior Information Analyst	Sep 2023
Rhiannon Virgo	Corporate Strategic Lead - Finance (facilitator)	Feb 2020
Lee-Anne McConnell	Business Manager (report writer)	Feb 2020

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

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 (2019-2022)</i></p>	<p>Provides current and projected data on the wider population in the City of Edinburgh - Over 65's account for a smaller proportion of the population in Edinburgh than elsewhere in Scotland but the older population is expected to grow significantly - Each of the older population age groups in Edinburgh and Scotland are expected to grow by at least a fifth. This growth highlights the need for the future sustainability within the service. (Population and demographics - Edinburgh Health & Social Care Partnership (edinburghhsc.scot))</p> <p>Provides an understanding of what contributes to poor health and wellbeing and the barriers and challenges to seeking and obtaining support (many being interrelated).</p> <p>Actions highlighted as needed to address these include:</p> <ul style="list-style-type: none"> • Staff training including cultural sensitivity • Recognition of the role of the Third Sector • Effective community engagement • Developing effective approaches to prevention including overcoming isolation. <p>Edinburgh Health and Social Care Partnership, Joint Strategic Needs Assessment, Minority Ethnic Communities Report, 2018</p> <p>Details the Strategic direction of the EHSCP Strategic Plan. A draft strategic plan is available through the EHSCP website: Draft Strategic Plan 2025-2028 - Edinburgh Health & Social Care Partnership. This plan covers the three financial years running from 1 April 2025 to 31 March 2028. At the time the report was written [6 February 2025] the draft strategic plan is going through public consultation through the City of Edinburgh Council. The consultation closes on 23rd Feb 2025.</p> <p>Adult social care services face considerable challenges in order to address identified current and future demographic pressures. Most population growth is occurring in the groups that have the highest health and social care needs.</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</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>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>Data on service uptake/access</p>	<p>Allpay reporting of active accounts.</p> <p>BACS reporting of active accounts.</p> <p>Internal EHSCP data from our assessment and care management system – SWIFT.</p>	<p>As of early February 2025, there were circa. 1,200 Allpay accounts active and used for DPs and approx. 200 BAC accounts through financial management.</p> <p>The number of active Allpay and BACS accounts fluctuates over time.</p> <p>As of January 2026, across the Direct Payment Service there are the following people using the scheme for different service areas in EHSCP:</p> <ul style="list-style-type: none"> • Learning disability – 318 • Mental Health – 81 • Older People – 598 • Physical Disability – 266 • TOTAL – 1263 <p>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 outcomes of the assessments by the SDS Team.</p> <ul style="list-style-type: none"> • 1st April 2025 – 21st January 2026 – number of reviews: 149 (Note at start of financial year team were diverted to work on invoicing issues) • SDS Reclaim Savings from 1st May 2024 – 3rd February 2025 by reclaim banking type is: <ul style="list-style-type: none"> ○ Allpay - £4,557,307.68 ○ BACS - £729,365.73 ○ TOTAL - £ 5,286,673.41 <p>The total saving from reclaims for the financial year to date (1st April 2024 – 3rd February 2025) is £6,167,597.16.</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 review is defined as a full review of their assessed needs. Hear is a breakdown of the total number of reviews split by the review outcome:</p> <ul style="list-style-type: none"> • Change in need decrease – 31 • Change in need increase – 4 • Needs unchanged – 75 • Support no longer required by individual – 9 • Support no longer required hospital admission etc / Unable to complete – 27 • Direct Payment ended – care moved to another SDS option - 3
<p>Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.</p>	<p><i>Joint Strategic needs Assessment City of Edinburgh HSCP (2020)</i></p> <p>Edinburgh Poverty Commission</p> <p>Scottish Index of Multiple Deprivation</p>	<p>Provides current and projected data on the demographics within Edinburgh Joint strategic needs assessment - Edinburgh Health & Social Care Partnership</p> <p>There is also a specific JSNA topic paper on population health and inequalities, which demonstrates that Edinburgh generally is more affluent and has better health than other parts of Scotland, but this hides significant health inequalities in Edinburgh especially when compared to Scotland. - Edinburgh Health and Social Care Partnership - Population health and inequalities in Edinburgh</p> <p>The SIMD (Scottish Index of Multiple Deprivation) looks at the extent to which an area is deprived across seven domains: income, employment, education, health, access to services, crime and housing. A map of the geographical areas of deprivation in Edinburgh can be found using the SIMD site.</p> <p>Poverty in Edinburgh – data and evidence, Edinburgh Poverty Commission, 2020 - 15% of the population, and as many as 20% of children, live in relative poverty. This poverty is spread throughout the city, with two thirds of those living in poverty not living in areas described as deprived. The majority of those in poverty are in employment.</p> <p>There are many sources of evidence which outline that Below are a range of reports from different bodies which support this view:</p> <p>Mind the Craic, EVOC, Aug 2020</p>

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		<p>End Poverty in Edinburgh, CEC Progress Report, 2023</p> <p>Poverty Commission Edinburgh</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 who currently use the Self-Directed Support service to understand who could be disproportionately impacted. This information was extracted in January 2026 and is limited as not all fields are mandatory within our system.</p> <p><u>Protected characteristics of people who use Direct Payment across EHSCP:</u></p> <p>Gender:</p> <ul style="list-style-type: none"> • Female – 56% • Male – 44% • Not Known – 0% • Not Recorded – 0% <p>Ethnicity:</p> <ul style="list-style-type: none"> • African – 0% • Arab – 0% • Bangladeshi – 0% • Black – 0% • Chinese – 0% • Indian – 0% • Mixed – 1% • Not Disclosed (Refused) – 2% • Not Known (Not Requested) – 38% • Other Ethnic Background (Any) – 1% • Pakistani – 1% • White – Irish – 1% • White – Other – 2% • White - Other British – 6% • White – Polish – 1% • White – Scottish – 29% • White [No Further Detail] – 17% <p>Age:</p> <ul style="list-style-type: none"> • 65 or over – 50% • Under 65 – 50%

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>Marital Status:</p> <ul style="list-style-type: none"> • Cohabiting – 1% • Divorced – 1% • Married – 16% • Married/Cohabiting – 0% • Not Disclosed/Not Known – 9% • Not Recorded – 44% • Separated – 1% • Single – 23% • Unknown – 1% • Widowed – 5% <p>Religion:</p> <ul style="list-style-type: none"> • Buddhist – 0% • Church Of Scotland – 7% • Episcopalian – 0% • Jewish – 0% • Muslim – 1% • None (Atheist Or Agnostic) – 5% • Not Disclosed – 19% • Not Known – 26% • Not Recorded – 37% • Other Christian – 2% • Other Religion – 0% • Pagan – 0% • Roman Catholic – 2% • Sikh – 0% <p>Sexual Orientation:</p> <ul style="list-style-type: none"> • Heterosexual/Straight – 0% • Not Recorded – 100% <p>The Independent Review of Adult Care in Scotland published in February 2021 set out the Scottish Government’s vision for a new health and social care system. The review both gathered information on people’s/ organisation’s views to inform the body of the review, and focused on the equality of outcomes for people who require support and care in Scotland.</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Research/literature evidence	<p data-bbox="427 495 612 707">Iriss – Doing social work and social care differently publication</p> <p data-bbox="427 931 612 1003">Scottish Government</p>	<p data-bbox="655 495 1474 674">In our response to the National Care Service consultation, we propose that social work and social care support needs to fundamentally change to meet the needs of the people of Scotland. Doing social work and social care differently Iriss.</p> <p data-bbox="655 712 1437 784">Below are relevant health and social care legislation in relation to this proposal:</p> <p data-bbox="655 822 1453 857">Social Care (Self-directed Support) (Scotland) Act 2013</p> <p data-bbox="655 893 1461 965">Social Care (Self-directed Support) (Scotland) Act 2013: Statutory Guidance</p> <p data-bbox="655 1003 1046 1039">Carers (Scotland) Act 2016</p> <p data-bbox="655 1077 1019 1113">Carers' charter - gov.scot</p> <p data-bbox="655 1151 1374 1187">Scotland's Carers update report (2025) – gov.scot</p>
Public/patient/client experience information	<p data-bbox="427 1261 632 1406">SDS Scotland post legislative scrutiny</p> <p data-bbox="427 1485 612 1556">The Scottish Government</p> <p data-bbox="427 1594 501 1630">EIJB</p>	<p data-bbox="655 1261 1414 1296">Details Scotland wide feedback from people on SDS.</p> <p data-bbox="655 1375 1458 1630">The Scottish Health and Care Experience Survey commissioned by the Scottish Government is sent randomly to around 5% of the Scottish population every two years. The latest update was received in July 2024 for the results of the 2023/24 survey. National indicators from this survey included in the EIJB's Annual Performance Report show that in Edinburgh:</p> <ul data-bbox="703 1668 1445 2031" style="list-style-type: none"> <li data-bbox="703 1668 1414 1776">• 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 data-bbox="703 1783 1445 1890">• 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 data-bbox="703 1897 1430 2031">• 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

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	<p data-bbox="427 779 544 815">EHSCP</p> <p data-bbox="427 1039 612 1111">Scottish Government</p>	<ul data-bbox="703 309 1474 719" style="list-style-type: none"> • 74.1% of adults receiving any care or support rated it as excellent or good, compared to 70% for Scotland • 72% of adults supported at home agree that their services and support had an impact on improving or maintaining their quality of life, compared to 69.8% for Scotland • 78.6% of adults supported at home agreed they felt safe, compared to 72.7% for Scotland • 31.3% of carers feel supported to continue in their caring role, compared to 31.2% in Scotland <p data-bbox="655 757 1458 864">We cannot reliably report on those care experienced who have a DP. There is no field in swift for adult social work that records those care experienced accurately.</p> <p data-bbox="655 943 1474 1196">A consultation informed the Independent Review of Adult Care in Scotland published in February 2021 which set out the Scottish Government’s vision for a new health and social care system A National Care Service for Scotland: consultation provides more information about the consultation people had the opportunity to engage with.</p>
Evidence of inclusive engagement of people who use the service and involvement findings	<p data-bbox="427 1227 616 1294">Complaints/ compliments</p> <p data-bbox="427 1335 616 1442">VOCAL Carer’s Survey 2023</p>	<p data-bbox="655 1263 1474 1442">To strengthen support for carers now and for future generations, VOCAL actively seeks carer views and engagement to determine what support might be important to carers in the future: VOCAL Carer Surveys - VOCAL, 2023.</p>
Evidence of unmet need	<p data-bbox="427 1518 616 1666">Weekly EHSCP systems flow report:</p>	<p data-bbox="655 1518 1458 1738">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 identify people awaiting an assessment, which has the potential to result in a DP being the preferred option for service delivery.</p> <p data-bbox="655 1778 1474 1917">As the proposal concerns an estimated 300 people who are currently in receipt of a Direct Payment to ensure it is appropriately used, there is limited unmet need relating to this proposal.</p> <p data-bbox="655 1957 1458 2024">On public platforms, the report is available monthly from Public Health Scotland: People requiring a social care</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
		assessment and care at home services, Public Health Scotland - Dec 2024.
Good practice guidelines	<p>Scottish Government</p> <p>The Care Inspectorate</p> <p>SDS Procedure document.</p> <p>SDS Factsheet</p> <p>Financial Management of SDS</p> <p>SDS policy</p> <p>Self-Directed Support Scotland</p> <p>ALLIANCE</p>	<p>Social Care (Self-directed Support) (Scotland) Act 2013: Statutory Guidance</p> <p>Self-Directed Support Framework of Standards (2024) Care Inspectorate Hub</p> <p>There is a DP Recovery procedure being drafted but this has not been finalised and approved yet [Feb 2025].</p> <p>Produced by Self-directed Support Scotland.</p> <p>CIPFA guidance for financial managers to support flexible use of DP’s whilst adhering to the principles of SDS legislation.</p> <p>The SDS Policy has been produced was approved by the relevant governance bodies and was implemented on 1st November 2024.</p> <p>Welcome - The SDS HandbookThe SDS Handbook</p> <p>New GIRFE Toolkit launched to enhance person-centred care across Scotland - Health and Social Care Alliance Scotland</p>
Carbon emissions generated/reduced data	N/A	
Environmental data	N/A	
Risk from cumulative impacts		The cumulative impact of this and other savings proposals for 2024/25 was assessed on 4 th March 2024

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
		and can be found here: EHSCP Website - Integrated Impact Assessments
Other (please specify)		<p>The Independent Review of Adult Social Care Adult Social Care: independent review, The Scottish Government, 2021</p> <p>A National Care Service for Scotland: Consultation A National Care Service for Scotland: consultation - gov.scot (www.gov.scot)</p> <p>Inspection of adult social work and social care services: the City of Edinburgh Inspection of adult social work and social care services March 2023</p> <p>Joint inspection of Adult Support and Protection November 2024</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>Positive</p> <p>The EHSCP will adopt a consistent, robust and fairer application of our internal policies and procedures relating to Direct Payments.</p> <p>Because of a more robust application of our internal procedures and policies EHSCP will be able to continue support to people with substantial and critical needs. These people are likely to be some of the most vulnerable citizens of Edinburgh. There is a general misconception about what a ‘review’ entails and what the objective of the activity is. The purpose is not to remove critical support where it is needed, it is about ensuring EHSCP take a fair and consistent approach and ensure resources used are proportionate to the person’s needs and outcomes.</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 taking into account the person’s existing assets, both financial and otherwise. The practitioners within the team are aware of the sensitive nature of this topic and are skilled and familiar in how to conduct difficult conversations.</p> <p>The Self-Directed Support (SDS) Team is currently comprised of 3 full time SDS Advisors and managed by one Senior Social Worker Team Lead. It was approved via the Recruitment Panel to fund 1 x additional FTE and permanent Social Workers to enable the implementation of this proposal to be delivered. The recruitment of the social workers is currently in progress and there are applicants who will support the plan for next financial year.</p> <p>Negative</p> <p>For those impacted by this proposal the concept of change and process of change can create anxiety and impact someone’s health and wellbeing, especially older people. To mitigate against this people whose care will be reviewed in this proposal will receive a holistic assessment including the person’s existing assets from a team of professional practitioners who have</p>	<p>Everyone</p> <p>Everyone</p> <p>The people directly impacted by this proposal and their families, carers and relevant others</p> <p>EHSCP Self Directed Support Team</p> <p>The people directly impacted by this proposal and their families, carers and relevant others</p>

<p>experience conducting person-centric reviews based on the person's outcomes.</p> <p>There could be wide ranging impacts and barriers for young people and children because of any change to direct payment. This could impact a child's or young person's ability to access education or transports which could have more significant barriers later in life about fulfilling their personal and academic potential. There is a partial mitigation for the young people or children to access support through alternative support, but this is reliant on an organisation operational that meets their specific needs, capacity available and capability of someone to use them and meet any relevant criteria. This includes the cohort of children and young people who have care experience. We cannot report on the numbers of those care experienced accurately.</p> <p>It is possible women could be disproportionately impacted by this proposal due to the higher proportion of informal carers who are female and the divide of household matters relating to finance and how this is used to maintain members of their family. 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 Adult Carer Support Plan through Edinburgh Health and Social Care Partnership or Third Sector Partners. The way in which the SDS team engage with people directly and indirectly impacted by this proposal and conduct these difficult conversations will be a significant factor to how any changes are perceived. The system has very limited data on unpaid carers as this is not a mandatory field. Across all services, in the system we have 8% are recorded as being Unpaid Carers (this includes those listed as principal and non principal carers, it also includes those with an Adult Carer Support Plan). We know as an organisation this is likely to be much higher.</p> <p>There needs to be thought and care around how we communicate with people with additional needs. A representative from VOCAL in Midlothian shared their '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. This enables some people 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. It was designed to minimise the anxiety that can be generated waiting for a review.</p>	<p>Especially older people and people in their middle years</p> <p>Young people</p> <p>Care experienced children and young people</p> <p>Women (include trans women) and non-binary people. (Include issues relating to pregnancy and maternity including same sex parents)</p> <p>The people directly impacted by this proposal and their families, carers and relevant others</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 of minority ethnic backgrounds may be impacted by this proposal to a greater degree due to their underlying disadvantage being unable to fully contribute to the review process and in accessing alternative services.</p> <p>To mitigate this, the SDS Team will engage translator services or interpreter services to ensure the person can engage fully in the review. However, this mitigation is only partial due to the capacity constraints on these additional services. If people are unhappy with their assessment outcome they will be provided with the complaints process.</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 must be seen by a practitioner of the same gender. To mitigate this the SDS Teams will make every effort to accommodate these preferences where they can, but it will not always be possible to deliver.</p> <p>It has been identified that there are situations where DPs payments are used to support people to engage in their religious belief activities either through personal assistants or agency. As a result, this group of people could be disproportionately impacted if there were changes to their existing support and alternative services were not available to provide this service.</p> <p>Historically, there have been situations previously where partners were included in a DP when we have assessed people as a couple, however strictly only one party was eligible for support (an example being both partners having access to a gym membership). If these are no longer be funded, this could impact on the service user and their partner. A potential mitigation for this could be to approach the impacted families with early engagement and effective communication about the change. This could include discussions with the family and signposting to any alternative supports subject to their availability.</p> <p>We discussed the impact on people who have experienced care in Edinburgh but without knowing the cohort of people impacted by this proposal, it is difficult to analyse and share a conclusion.</p> <p>There could be perceived negative impacts by the EHSCP SDS Team themselves. It will be a change to the way they currently work and the implications which stem from this including a likelihood they will have more difficult conversations with people who the service more regularly. It can be difficult for staff to work through these changes, but consideration has been given to mitigate against these potentially difficult conversations – with</p>	<p>Minority ethnic people (includes Gypsy/Travellers, migrant workers, non-English speakers)</p> <p>People with different religions or beliefs (includes people with no religion or belief)</p> <p>Unmarried/ married or civil partnership</p> <p>People who have experienced care in Edinburgh</p> <p>EHSCP Self Directed Support Team</p>
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<p>development of policy and procedures and a greater understanding of the nuances associated with DP. There are additional resources and tools the SDS could explore to support these conversations, and the team will develop a communications plan to identify any gaps.</p> <p>If alternative services are required due to DP reducing or being stopped, there may be limited travel options to connect people living in rural communities or reduced services in coastal areas to allow them to reach these services. Equally, urban communities could be negatively impacted due to a range of factors in terms of accessibility, finances or transport. Therefore, people could be negatively impacted, and some people may 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. There are a range of community transport options people could access. 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>Geographical communities – urban/rural/semi rural/coastal</p>

Environment and Sustainability including climate change emissions and impacts	Affected populations
<p>Positive No discussion points noted</p>	
<p>Negative No discussion points noted</p>	

Economic	Affected populations
<p>Positive</p> <p>The EHSCP SDS Team will adopt a more robust application of our internal procedures and policies EHSCP. It may be that through this process, the SDS team identify additional needs someone has which have not been officially recorded.</p> <p>EHSCP will be able to continue support to people with substantial and critical needs. These people are likely to be</p>	<p>The people directly impacted by this proposal and their families, carers and relevant others</p>

Economic	Affected populations
<p>some of the most vulnerable citizens of Edinburgh. There is a general misconception about what a 'review' entails and what the objective of the activity is. The purpose is not to remove critical support where it is needed, it is about ensuring EHSCP take a fair and consistent approach and ensure resources used are proportionate to the person's needs and outcomes.</p> <p>The use of Independent Living Funds can be promoted to people in receipt of a Direct Payment as well. In 2024/25 Edinburgh had applications for £1.2m of annual spend agreed. The aim of the fund is to promote independence alongside other service provision, it is not designed to supplement any statutory services where people meet the eligibility criteria for care or support.</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: Help if you're worried about money – The City of Edinburgh Council. 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.</p>	<p>Everyone</p> <p>The people directly impacted by this proposal and their families, carers and relevant others</p>
<p>Negative</p> <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. This needs to be handled sensitively. As per the Carers (Scotland) Act 2016 carers' needs and outcomes need to be considered. 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 Adult Carer Support Plan through Edinburgh Health and Social Care Partnership or Third Sector Partners.</p> <p>It is important people impacted by reviews of their support are aware of how to maximise their income as they will be more likely to be facing a cumulative impact the direct payment is</p>	<p>Everyone, especially carers....</p> <ul style="list-style-type: none"> • Unemployed • Carers including young carers • People in receipt of benefits • Lone parents • Vulnerable families e.g. young mothers, people experiencing domestic abuse, children at risk of statutory measures, includes disabled adult/child, minority ethnic families • Families with a child under 1/Larger Families (3+ children)

Economic	Affected populations
<p>filling a financial gap. While, income maximisation is not a delegated service to the EIJB; and a number of alternative services 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. 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 can link/ refer to specialist services where relevant.</p> <p>There is likely to be an impact on people who have either knowingly or unknowingly used direct payments for supplementing household or living costs, which are outside the expected use of a direct payment according to our policy. Irrespective of how this situation occurred, people will likely have become reliant on this additional income. To mitigate against this, the SDS Team conducting reviews need to be able to advise people sensitively about how to maximise their income and refer them to specialist advice services where relevant. The person would also have the option to change to option 3 if appropriate.</p> <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 or access alternative supports and 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>	<ul style="list-style-type: none"> • People in receipt of pensions • Care experienced children and young people • Those leaving care settings (including children and young people and those with illness) • People experiencing homelessness • Carers (including young carers and carers with protected characteristics) • Those involved in the criminal justice system • People with low literacy/numeracy • People experiencing difficulties with substance use • Others e.g. veterans and students <p>People in, vulnerable to poverty or on lower incomes</p> <p>Everyone but especially refugees and asylum seekers</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 robust communications plan has been developed by the SDS Team to notify all Direct Payment holders of forthcoming reviews. This has been designed in line with best practice for communicating with people with additional support needs.

- 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:**

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
<p>There needs to be thought and care around how we communicate with people with additional needs. A representative from VOCAL in Midlothian shared their '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. It was designed to minimise the anxiety that can be generated waiting for a review.</p>	<p>Jill Acheson, Senior Social Worker</p>		<p>Complete – reviewed and process implemented</p>

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

There are some actions which have only partial mitigations in the body of the report. The impact and partial mitigation of these are included in the table below.

Impact	Mitigation (partial)
<p>There could be wide ranging impacts and barriers for young people and children because of any change to direct payment. This could impact a child's or young person's ability to access education or transports which could have more significant barriers later in life about fulfilling their personal and academic potential.</p>	<p>There is a partial mitigation for the young people or children to access support through alternative support, but this is reliant on an organisation operational that meets their specific needs, capacity available and capability of someone to use them and meet any relevant criteria.</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 here.</p>	<p>To mitigate this, the SDS Team will engage translator services or interpreter services to ensure the person can engage fully in the review. However, this mitigation is only partial due to the capacity constraints on these additional services.</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 must be seen by a practitioner of the same gender.</p>	<p>To mitigate this the SDS Team will make every effort to accommodate these preferences where they can, but it will not always be possible to deliver.</p>
<p>In addition, for the protected characteristic of unmarried/married/civil partnerships, there have been situations previously where partners were included in a DP when we have assessed people as a couple, however strictly only one party was eligible for support (an example being both partners having access to a gym membership). If these are no longer be funded, this could impact on the service user and their partner.</p>	<p>A potential partial mitigation for this could be to approach the impacted families with early engagement and effective communication about the change. This could include discussions with the family and signposting to any alternative supports, depending on their availability.</p>
<p>If alternative services are required due to DP reducing or being stopped, there may be limited travel options to connect people living in rural communities or reduced services in coastal areas to allow them to reach these services. Therefore, people here could be negatively impacted and also some people may find learning a new travel route difficult.</p>	<p>To mitigate this there is some provision in the EHSCP Local Area Coordinator (LAC) Team who could provide travel training or relevant support. 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>This relates to any impacts which reference community support or alternative provision for any protected characteristic population.</p> <p>There was a general point raised about the provision of Third Sector funded early intervention, prevention and advice services impacted as a whole across Edinburgh.</p>	<p>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>It is important people impacted by reviews of their support (including DP) 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.</p>	<p>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 SDS 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.</p>

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.

We will also review any complaints that are received that relate to a Direct Payment review.

16. Sign off by Head of Service

Matt Kennedy, Head of Service, Assessment and Care Management

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/