

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

Cumulative Integrated Impact Assessment 2026-2027

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

The Savings Programme 2026-27 will consist of 18 projects with a combined saving target of £19.04 million.

No	Title	Lead	Amount £M	Strategic Theme
Operational management actions				
1	Prescribing efficiency programme	Amegad Abdelgawad	£4.00	Operational management efficiencies
2	Mainstreaming GP Practices	Amegad Abdelgawad	£0.46	Operational management efficiencies
3	Hosted and set aside savings	Moira Pringle	£5.01	Operational management efficiencies
4	Ordinary Residence	Matt Kennedy	£0.50	Operational management efficiencies
5	Transport	Matt Kennedy	£0.27	Operational management efficiencies
6	Supplementary Staffing	Neil Wilson	£1.18	Operational management efficiencies
7	Community Learning Disability Services	Anna Duff	£0.24	Operational management efficiencies
Previously approved proposals				
8	Negotiations of commissioned care home rates	Emma Gunter	£0.40	Contracts/commissioning efficiencies
9	Liberton	Mike Massaro-Mallinson	£1.10	Redesign of pathways/transformation
10	Reablement	Angela Lindsay	£3.10	Redesign of pathways/transformation
11	Care @ Home reviews	Angela Lindsay	£0.75	Reviews and right-sizing
12	Reviews	Matt Kennedy	£0.35	Reviews and right-sizing
13	Direct Payments – Aligning Outcomes	Matt Kennedy	£0.60	Reviews and right-sizing

New proposals				
14	Transitions	Anna Duff	£0.21	Redesign of pathways/transformation
15	Tech-enabled Care	Robert Smith	£0.20	Redesign of pathways/transformation
16	Community rehab	Derek McEwan	£0.10	Redesign of pathways/transformation
17	One Edinburgh: tailored prescription of care	Angela Lindsay	£0.35	Contracts/commissioning efficiencies
18	Supported accommodation	Robert Smith	£0.32	Contracts/commissioning efficiencies
TOTAL			£19.04	

This year's programme is a combination of operational management efficiencies, transformational projects which will help us to deliver our strategic objectives, projects focussing on contracts and commissioning improvements, and projects centring around reviews of current support packages.

While the programme is made up of projects judged to have the least impact, it is not possible to deliver a savings programme of this size without some impact on the people of Edinburgh, services, staff and the wider community. An IIA or a statement has been completed for all individual projects to show the impact on people with protected characteristics, equalities and human rights, people at risk of poverty, staff and the economy. For some proposals, an IIA will be carried out once scoping has advanced to a stage where the impacts will be clear, and where appropriate, further approval will be sought before proceeding.

This cumulative IIA provides an opportunity to review collectively the equality impact of the proposals on the population of Edinburgh. It provides a level of assurance that a robust consideration of potential impacts has taken place. In this report, we have tried to consider the emerging cumulative impacts of our proposals from several perspectives. As well as providing an overarching strategic perspective of how projects link together, this process is helping to ensure that work is not progressing in silos. The information and evidence used to inform this cumulative analysis draws on the individual IIAs produced for proposals that will change services in 2026-27.

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

There has been no public involvement in this proposal to date. The finalised programme will be considered for approval by the Edinburgh Integration Joint Board on 24 March 2026. Where service users are directly affected by specific proposals, they will be notified via appropriate and tailored engagement. A communications plan has been developed to ensure that this programme is publicised appropriately to all key stakeholders and partners.

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

Yes

5. Date of IIA

Thursday 19th 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
Christine Laverty	Chief Officer	
Moira Pringle	Chief Finance Officer (Lead Officer)	
Jessica Brown	Head of Service: Strategic Planning	
Rhiannon Virgo	Corporate Strategic Lead: Finance (Facilitator)	February 2020
Holly Hart	PMO Officer	September 2024
Mike Massaro-Mallinson	Service Director: Operations	
Andy Hall	Service Director: Strategic Planning	
Jill Irwin	Chief Nurse	
Emma Gunter	Contracts Manager	
Ann Duff	Senior Communications Officer	
Robert Smith	Head of Service: Contracts and Commissioning	
Debbie Finch	Senior HR Consultant (invited)	
Heather Gilfillan	NHS Staffside rep (invited)	
Emma Pemberton	Care and Support Manager, Learning Disabilities	

7. Evidence available at the time of the IIA

The risk of cumulative impact on key performance indicators has been assessed as follows. Further detail on individual impact can be found in the individual IIAs for each project.

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
<p>Data on populations in need – where available use disaggregated data</p>	<p>1. Joint Strategic needs Assessment City of Edinburgh HSCP (2020)</p>	<p>1. 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)). 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>The data within the JSNA documents are reviewed on a regularly basis and updated where there are significant updates in the datasets. This means that some data point may be older than others depending on the publication cycle for those data points.</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>2. The Edinburgh Partnership – Data and Intelligence</p> <p>3. Edinburgh HSCP Joint Strategic Needs Assessment: Health and Care Needs of People from Minority Ethnic Communities (April 2018)</p> <p>4. EHSCP Strategic Plan 2025-28</p> <p>5. Census data</p>	<p>2. All JSNA data and intelligence for Edinburgh is now hosted at this link for the Edinburgh partnership – and this includes relevant data from the NHS Lothian Public Health team.</p> <p>3. Edinburgh Health and Social Care Partnership, Joint Strategic Needs Assessment, Minority Ethnic Communities Report, 2018</p> <p>4. EHSCP Strategic Plan 2025-2028 This plan covers the three financial years running from 1 April 2025 to 31 March 2028. This strategic plan has been produced with extensive input from the people of Edinburgh and organisations/teams that serve our communities.</p> <p>5. Home Scotland's Census provides data on Scotland’s population and demographics.</p>
Data on service uptake/access		Details of service access and uptake can be found in each of the individual IIA documents circulated.
Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation	1. Joint Strategic needs Assessment City of Edinburgh HSCP (2020)	<p>1. 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 with Scotland. - Edinburgh Health and Social Care Partnership - Population health and inequalities in Edinburgh</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>2. The Scottish Index of Multiple Deprivation (2020)</p> <p>3. Edinburgh Poverty Commission (2020)</p> <p>4. Poverty and LD / MH</p>	<p>2. 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>3. 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>4. There are many sources of evidence which outline that people with learning disabilities and mental health are disproportionately impacted by poverty. Below are a range of report from different bodies which support this view:</p> <p>Mind the Craic, EVOG, Aug 2020</p> <p>End Poverty in Edinburgh, CEC Progress Report, 2023</p> <p>Poverty Commission Edinburgh</p> <p>Special educational needs and their links to poverty Joseph Rowntree Foundation</p> <p>Racial inequality and mental health services in Scotland – new report calls for action Mental Welfare Commission for Scotland</p> <p>Poverty Commission - Edinburgh-Poverty-Commission-2025-Calls-to-Action.pdf</p> <p>Experience information – survey undertaken by NHS Lothian Public Health: NHS Lothian Public Health Survey Results Insights into learning disabilities and complex needs: statistics for Scotland - 16 December 2025 -...</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>4. Home - Learning Disability Today</p> <p>5. EIJB Financial Update</p>	<p>And this monthly publication by Public Health Scotland (PHS) (December 2025) presents the latest statistics on the total number of people waiting for an assessment of their need for social care services, the number of people waiting for a Care At Home package following an assessment and the weekly number of hours of care they are waiting for. This is aggregated Scottish data, not Edinburgh specific.</p> <p>4. 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. The vital role of annual health checks: tackling health inequalities in minority ethnic groups</p> <p>5. The EIJB Financial Update provides some useful context and evidence of the financial position and its impact on the people of Edinburgh.</p> <p>For detail of equality outcomes for individual proposals, see individual IIAs</p>
Research/literature evidence	<p>1. EHSCP Iriss – Doing social work and social care differently publication</p> <p>2. Health and social care legislation</p>	<p>1. Individual IIAs have provided proposal-specific research and evidence. 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>2. Health and Social Care legislation: Social Care (Self-directed Support) (Scotland) Act 2013</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>Carers (Scotland) Act 2016</p> <p>Carers' charter - gov.scot</p> <p>Adults with Incapacity (Scotland) Act 2000: principles - gov.scot</p>
Public/patient/client experience information	<ol style="list-style-type: none"> 1. Scottish Government 2. EIJB Report 	<ol style="list-style-type: none"> 1. 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 2024/5 survey. National indicators from this survey are included (from page 27) in the 2. EIJB's Annual Performance Report show that in Edinburgh: <ul style="list-style-type: none"> • 75.2% of adults supported at home agree that they are supported to live as independently as possible, compared to 72.4% for Scotland • 57.2% of adults supported at home agree that they had a say in how their help, care or support was provided, compared to 59.6% for Scotland • 63.1% of adults supported at home agreed that their health and social care services seemed to be well co-ordinated, compared to 61.4% for Scotland • 74.1% of adults receiving any care or support rated it as excellent or good, compared to 70% for Scotland • 72% of adults supported at home agree that their services and support had an impact on improving or maintaining their quality of life, compared to 69.8% for Scotland • 78.6% of adults supported at home agreed they felt safe, compared to 72.7% for Scotland • 31.3% of carers feel supported to continue in their caring role, compared to 31.2% in Scotland <p>A consultation informed the Independent Review of Adult Care in Scotland published in February 2021 which set out the Scottish Government's vision for a new health and social care system A National Care Service for 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
	<ul style="list-style-type: none"> <li data-bbox="595 371 837 440">3. Public Health NHS Lothian <li data-bbox="595 517 824 624">4. Summary of EHSCP’s consultation 	<p data-bbox="920 228 2018 296">consultation provides more information about the consultation people had the opportunity to engage with.</p> <ul style="list-style-type: none"> <li data-bbox="965 371 2085 475">3. Experience information – survey undertaken by NHS Lothian Public Health: NHS Lothian Public Health Survey Results Insights into learning disabilities and complex needs: statistics for Scotland - 16 December 2025 -... <li data-bbox="965 517 1935 585">4. Appendix 4 provides a summary of the Strategic Plan 2025-2028 consultation feedback. Report from June 2025.
Evidence of inclusive engagement of people who use the service and involvement findings	Edinburgh 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: VOCAL Carer Surveys - VOCAL, 2023 . Only 24% of carers report a good life balance between caring and other activity, and only 27% felt supported to continue caring.
Evidence of unmet need	<ul style="list-style-type: none"> <li data-bbox="595 858 846 927">1. Public Health Scotland data <li data-bbox="595 1003 882 1072">2. Data on delayed discharged <li data-bbox="595 1337 846 1406">3. Care at Home statistics 	<ul style="list-style-type: none"> <li data-bbox="965 858 2029 962">1. On public platforms, the report is available monthly from Public Health Scotland: People requiring a social care assessment and care at home services, Public Health Scotland - Jan 2026. <li data-bbox="965 1007 2085 1294">2. Timely discharge from hospital is an important indicator of quality. It is a marker that care is person-centred, effective, integrated and harm-free. A delayed discharge occurs when a hospital patient who is clinically ready for discharge from inpatient hospital care continues to occupy a hospital bed beyond the date they are ready for discharge. More information from Public Health Scotland is available here: Delayed discharges in NHS Scotland monthly, Public Health Scotland and here People requiring a social care assessment and care at home services, Public Health Scotland - Dec 2024 <li data-bbox="965 1337 2101 1406">3. 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

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>4. Audit Scotland</p> <p>5. Edinburgh Carer's Survey 2023</p>	<p>national lens is available here: Dashboard - Care at Home Statistics for Scotland: Support and services funded by Health and Social Care Partnerships in Scotland 2023/2024 - Care at Home Statistics for Scotland - Publications - Public Health Scotland</p> <p>4. Audit Scotland provides further detail on the impact of delayed discharges.</p> <p>5. As above, the VOCAL Carers survey provides further evidence of unmet need. VOCAL Carer Surveys - VOCAL, 2023.</p>
Good practice guidelines	Various links provided which provide examples of good professional standards.	<p>These links identify examples for professional good practice:</p> <ul style="list-style-type: none"> · Health and Social Care Standards: My support, my life · Self-directed Support Framework of Standards, including practice statements and core components (www.gov.scot) · Safe staffing programme · Health and care (Staffing) (Scotland) Act 2019 · Human Rights Based Approach Scottish Human Rights Commission · Fairer duty Scotland: Guidance for public bodies · Scottish Social Services Council SSSC <p>Further data is available in individual IIAs.</p>
Carbon emissions generated/reduced data	N/A	
Environmental data	The City of Edinburgh Council	<p>Climate – The City of Edinburgh Council</p> <p>2030 Climate Strategy – The City of Edinburgh Council</p>
Risk from cumulative impacts	<p>1. Individual IIAs</p> <p>2. Cumulative IIA 2025/26</p>	<p>1. The risk of impact has been assessed in each of the IIAs prepared for the 2026-27 programme.</p> <p>2. The cumulative IIA 25/26 indicates any risks and mitigations from the previous year, for reference,</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
	3. Cumulative impact on key performance indicators	3. Please see table below* (page 13)
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>Other reference links are provided below which wider ambitions for Scottish Government, aspects of which are referenced as part of the cumulative IIA. Public Service Reform Strategy Health and Social Care Service Renewal Framework Scotland's Public Health Framework</p>
Additional evidence required		

(3.) * The risk of cumulative impact on key performance indicators has been assessed as follows. Further detail on individual impact can be found in the individual IIAs for each project.

No	Title	EHSCP Staffing numbers	Delays	Assessment waitlist	Package of Care waitlist	Bed occupancy	A&E 4hr performance	
1a	Care @ Home Reviews	None	Positive	None	None	Positive	None	
1b	Reablement	Small Positive	Positive	Positive	Positive	Positive	Positive	
1c	One Edinburgh	None	Positive	Positive	Positive	Positive	None	
2	Mainstreaming GP Practices	Negative	None					
3	Prescribing	None					Small negative	
4	Community Learning Disability Services	Negative	None				Small negative	
5	Transitions	None		Positive	Positive	None		
6	Supported accommodation	None	Small Positive	None	Small Positive	None	Small negative	
7	Tech enabled care	None		Positive	Positive	None		
8	Reviews	None		Positive	Positive	None	Small negative	
9	Direct Payment Aligning Outcomes	None		Positive	None		Small negative	
10	Ordinary Residence	None			Positive	None		
11	Transport	None		Positive	Positive	None		
12	Care Home Negotiations	None	Small negative	None		Small negative	None	
13	Liberton	None						
14	Care Home Supplementary Staffing	Positive	Positive	None		Positive	None	
15	Community Rehab	Negative	Positive	None		Positive	None	
	Overall impact	Negative	Positive	Positive	Positive	Positive	Small Negative	

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

Equality, Health and Wellbeing and Human Rights and Children’s Rights	Affected populations
<p>Positive</p> <p>The Savings and Recovery Programme includes a number of projects which will have a positive cumulative impact on older people by delivering increased capacity and therefore earlier and quicker access to services. Examples of these include all reviews projects, Reablement, Prescribing, Community LD Services, Ordinary Residence and Care Home Negotiations.</p> <p>In addition, the programme as a whole will help the EHSCP meet its statutory obligations by ensuring that resources can be prioritised to support the most vulnerable, by delivering efficiencies wherever possible.</p> <p>Overall, we are working towards a simplified health and social care landscape, which will benefit all protected groups.</p> <p>It is predicted that the programme will have a net positive impact on people delayed in hospital, people awaiting a social care assessment, and people awaiting a package of care. This will be due to Reablement and the three Reviews projects maximising independence and right-sizing packages of care, freeing up capacity within the system.</p> <p>The Transitions, Reviews and Tech-Enabled Care proposals focus on maximising independence for young people, enabling them to build skills and confidence.</p> <p>The proposed changes create less restrictive practices which increases independence. A number of these involve future planning and a focus on solutions to ensure sustainable commissioning of appropriate options. The promotion of rights and independence by using tech is not a loss of other services but an opportunity.</p>	<p>Older people</p> <p>All</p> <p>Older people and people with disabilities, including learning disabilities and mental health conditions.</p> <p>Young people with a disability.</p> <p>People with disabilities including learning disabilities, physical disabilities, mental health conditions, sensory loss and long-term conditions</p>

Equality, Health and Wellbeing and Human Rights and Children’s Rights	Affected populations
<p>More appropriate staffing levels ensures that more people can be supported. This will be seen through the Supplementary Staffing and Community LD Services proposals.</p> <p>All reviews projects will ensure that people are receiving all the support to which they are entitled. This will have a positive impact on people eligible for benefits.</p> <p>Some projects (Supplementary Staffing, Reviews) will involve recruiting a permanent staff base. This will have a positive effect on staff.</p> <p>Increasing consistent application of policies will benefit staff (DP Aligning Outcomes, Transitions, Reviews, Ordinary Residence, Care home Negotiations).</p> <p>Health and social care staff are predominantly women and therefore female staff will be impacted more than male.</p> <p>The programme is likely to have a positive impact on our duty to advance equality of opportunity eg improve access / quality of services / digital access as it will create capacity within the system and ensure that everyone is getting what they need and no more. This ensures sufficient services are available for everyone who needs them. Also, a number of projects will focus on service quality and improvements made through service review.</p> <p>It will also have a positive impact on our duty to enable people to have more control of their social/work environment, due to the focus on increased independence. This will also positively impact our duty to promote participation, inclusion, dignity and control over decisions.</p> <p>There will also be a positive impact on our duty to reduce differences in status between different groups of people,</p>	<p>Older people and working age people in residential care</p> <p>People in or at risk of poverty, eg people entitled to benefits</p> <p>Staff</p> <p>Women</p> <p>Equality and human rights</p>

Equality, Health and Wellbeing and Human Rights and Children’s Rights	Affected populations
<p>as a number of proposals focus on increasing consistency of application of policies and procedures.</p>	
<p>Negative</p> <p>Some proposals, if delivered successfully, will have no impact on people. However, if delivery results in disputes, this may have a negative impact through uncertainty and stress. This impact relates particularly to the Ordinary Residence and Care Home Negotiations projects, and will therefore affect older people in residential care primarily. Mitigation: A collaborative approach will be taken to working with other partnerships and care home providers. Clear communication to residents and families will be essential to minimise stress and anxiety.</p> <p>A number of projects centre around right-sizing and increasing independence (All reviews projects, Reablement, Prescribing, Community LD Services, Ordinary Residence, Care Home Negotiations). Although rightsizing support is the right thing to do, both for the individual and for the wider pool of supported people, the resulting changes can be disruptive for individuals. In addition, reducing care reduces flexibility in the system to identify arising issues. It is important to recognise that older people cross over with a number of other groups in particular LD and mental health, and this increases their chances of being differentially impacted. Mitigation: Each individual will be carefully considered to ensure a holistic, person-centred approach is taken to any review of support. This will include listening to the voices of families and carers. Where someone’s needs vary from day to day, appropriate levels of flexibility will be included in their package of care.</p> <p>Three proposals will specifically impact young people and children (Transitions, Reviews and Tech-enabled Care). This may cause increased uncertainty for young people and their families. Mitigations: Personalising packages of care to young people transitioning to adult services. Tailoring communications for children to appropriately</p>	<p>Older people</p> <p>Older people and people with physical disabilities, long-term conditions and mental health conditions</p> <p>Young people</p>

Equality, Health and Wellbeing and Human Rights and Children’s Rights	Affected populations
<p>explain the changing services. In addition, the multi-year medium term financial strategy (MTFS) will consciously enhance commissioning, increasing support available to young people.</p> <p>Change for people within the protected characteristic of disability may be difficult, and the perception may be that they are losing services (Reviews, including Direct Payment Reviews, Transitions, Tech-enabled Care, Supported Accommodation). Mitigations: Support with change through the provision of:</p> <ul style="list-style-type: none"> - Easy read versions - Sufficient lead-in time - Easy access online - Consistent messaging - Clear communication to explain this is not a cut but a change. <p>With independence comes a potential increase in risk to vulnerable people, including those at risk of adult protection issues such as exploitation. This could include people with a history of substance use or who have experience of the criminal justice system. As this could have very serious impacts, a number of mitigations have been considered here. Mitigations: Increased focus on risk management eg:</p> <ol style="list-style-type: none"> 1. Increase people’s ability to report issues safely. 2. Other safeguards including training for family members to ensure they are aware of risk. 3. EHSCP actively not pursued savings proposals with significant impact on people most at risk. 4. Follow the MAQA (Multi Agency Quality Assurance) procedures and governance 	<p>People with disabilities including learning disabilities, physical disabilities, mental health conditions, sensory loss and long-term conditions</p> <p>Vulnerable adults</p>

Equality, Health and Wellbeing and Human Rights and Children’s Rights	Affected populations
<p>5. The restructure allows better visibility and overarching governance for rapid change to processes to support vulnerable people.</p> <p>6. The intention of our strategic plan and approach to implementation has changed positively. Specifically, there is a change to how we are setting up services to support needs.</p> <p>People on low incomes may be less able to source alternatives if their support plans change. This impact may be felt through these projects: Direct Payments Aligning Outcomes, Reviews, Tech-enabled Care, Transitions. Right-sizing care may include a review of chargeable support eg housing support. This may have a financial impact. Ensuring Direct Payments are focused on care needs is the right thing to do but may be perceived as a financial impact. Cumulatively, rightsizing support may result in a shift in responsibility to carers and therefore women. This may impact their ability to work out of the home. Mitigations:</p> <ol style="list-style-type: none"> 1. Financial assessments ensure that no one is charged more than they can afford 2. Improving quality / equity of access and applying our policies and procedures correctly provides a more consistent approach across the board 3. We are maximising the funding we have and supporting our strategic aims by investing in areas to support the most vulnerable. We will be supporting positive economic growth 4. Reviews and right-sizing will consider the needs of the family and carers as well as the supported individual 5. Carers will be supported by Adult Carer Support Plans and an increased strategic focus on our Carers Strategy 6. Increased support for carers eg short breaks 	<p>People in or at risk of poverty</p> <p>Carers, particularly female carers, young carers and older carers.</p>

Equality, Health and Wellbeing and Human Rights and Children’s Rights	Affected populations
<p>The challenge of communicating any changes arising from the savings programme with non-English speakers has been raised in individual IIAs. This differential impact is increased if people with minority ethnicities also have other protected characteristics. While translation services are available, it is noted that they are not always sufficient to meet demand for every language required. Mitigation: Ensure when comms are released they are considerate of and tailored for people with English as second language.</p> <p>People who are unmarried are more likely to live alone and have smaller support networks. People with learning disabilities are very likely to be unmarried. Single men are at an increased risk of suicide. Care experienced people are also more likely to live alone. Any reductions in support for people living alone could have a higher impact than on people living with others. People living in supported accommodation are also likely to fall into this category. Mitigations: Increased focus on suicide prevention strategies in the Strategic Plan will support those at risk. Any reviews of people living alone will consider their support network and resilience as part of the review.</p> <p>Staff may be redeployed or experience changes to place of work and duties/responsibilities (Supplementary Staffing, Community rehab, Mainstreaming GP Practices, Community LD Services). While this can be a positive, it is likely that some staff will experience this as a negative impact. Mitigations: We will provide robust training, good quality comms, and support for staff dealing with distressed families. We will ensure we are applying our managing change policies consistently to support staff in redeployment find new opportunities. The refresh of the Workforce Strategy and the Workforce Plan will also support staff.</p> <p>There may be a negative impact on our duty to promote participation, inclusion, dignity and control over decisions, The perception from the public may be that EHSCP is</p>	<p>People of minority ethnicities or non-English speakers, refugees and asylum seekers</p> <p>Unmarried/single people living alone</p> <p>Staff</p> <p>Equality and human rights</p>

Equality, Health and Wellbeing and Human Rights and Children’s Rights	Affected populations
<p>reducing scope and resource. Fewer choices means we are decreasing control over decisions for people.</p> <p>The programme may also impact negatively on our duty to build family support networks, resilience and community capacity, as it has been noted that reductions in paid-for support is likely to increase the burden on carers, reducing resilience and community capacity.</p>	

Environment and Sustainability including climate change emissions and impacts	Affected populations
<p>Positive</p> <p>None noted.</p>	
<p>Negative</p> <p>None noted.</p>	

Economic	Affected populations
<p>Positive</p> <p>Some providers will receive more work as a result of projects within the savings programme. For example, the move to reablement has involved freeing up internal capacity by placing people with external providers. The Mainstreaming GP Practices project will also offer an opportunity to local practitioners or businesses to take on a thriving practice with support.</p> <p>For business who are willing or able to review their business models to align with the changing market, there will be new opportunities. The model for the future is that commissioned providers will be “partners” in collaboration rather than just asked to provide specified services. This will be more sustainable. Both the Strategic Plan and the Strategy restructure emphasise conscious commissioning.</p>	<p>Business community, including local businesses</p>

Economic	Affected populations
<p>Providers may have more of a pull on the market and EHSCP will have a streamlined approach to contract management.</p> <p>Increasing spend with some providers may represent employment opportunities for young people or jobseekers. The proposed focus on increasing the EHSCP permanent staff base through eg the Supplementary Staffing project will also have a positive impact on employment.</p>	<p>People seeking employment</p>
<p>Negative</p> <p>Providers' business models may be impacted as numerous proposals involve a reduction in spending (Reviews, DP Aligning Outcomes, Supplementary Staffing, One Edinburgh, Transitions, Supported Accommodation, Care Home Negotiations). This will affect care homes, third sector care providers and recruitment agencies. Business uncertainty will also have an impact on planning and staffing for providers.</p> <p>Mitigations: We are increasing horizon scanning to increase understanding of upcoming changes to process and potential changes to the market. Enhanced strategic planning means a commitment to ethical commissioning. We will ensure the correct notice periods are given and we follow procedures to ensure contracts are upheld to a high quality.</p> <p>Migrant workers may be affected if providers reduce staffing as a result of the savings programme. People in this group are vulnerable to homelessness, exploitation or deportation if they lose their jobs. Mitigation: EHSCP will be recruiting permanent staff, and this will represent an opportunity for people currently working in the health and social care sector.</p>	<p>Business community, including local businesses</p> <p>Migrant workers</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 all equalities and human rights, environmental and sustainability issues 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 full communications plan is in place to ensure communication with service users, the general public, partners, provider organisations and staff. Where individual savings proposals impact on these groups, appropriate communication methods will be used.

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.

The savings programme has identified no cumulative impact on the environment.

12. Additional Information and Evidence Required

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

13. Specific to this IIA only, what recommended actions have been, or will be, undertaken and by when? (these should be drawn from 7 – 11 above) Please complete:

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and job title)	Deadline for progressing	Review date
Enact a clear communications plan which acknowledges the impacts but is clear about what the budget is protecting.	Ann Duff, Senior Communications Officer	Mar-May 2026	July 2026
Ensure that robust tracking and monitoring arrangements are in	Rhiannon Virgo, Corporate	May 2026	June 2026

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
place to assess both the delivery of financial savings, but also any escalating risks or impacts.	Strategic Lead: Finance		
Establish a regular review process to ensure that this IIA is updated appropriately	Rhiannon Virgo, Corporate Strategic Lead: Finance	July 2026	Sep 2026
Align quarterly performance reporting for 26 27 to support IIAs in future years	Susan McMillan, Service Manager DART	Sept 2026	Nov 2026

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

The actions outlined above and the mitigations referenced in individual IIAs will mitigate the majority of negative impacts to some extent, but the size and scale of the financial challenge means that it will not be possible to remove them entirely. This is indicated throughout the report.

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

An overarching view on delivery of the savings programme, including monitoring of activity and spend, will be provided at the monthly Savings Governance Board, chaired by EHSCP's Chief Officer.

Bi-monthly reports will also be provided to the EIJB and quarterly reports provided to the Performance and Delivery Committee.

Existing NHS Lothian & CEC finance reporting processes will also be utilised as appropriate. Where appropriate there will be ongoing consultation with staff, patients, and carers about any change.

16. Sign off by Head of Service

Name: Christine Laverty, Chief Officer

Date: 10 March 2026

17. Publication

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

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