Equality Impact Assessment (EQIA) Template: Please complete alongside the guidance document

Title of work: Adult Social Care Commissioning Strategy and Intentions 2026–2029	**Date of completion:** 21 May 2026	**Completed by:** Commissioning Strategy Reference Group Gillian Grant, Interim Head of Commissioning

Description of work

The **Adult Social Care Commissioning Strategy and Intentions 2026–2029** sets out the Highland Health and Social Care Partnership's strategic approach to commissioning adult social care services as an implementation vehicle of the Joint Strategic Plan, for which an EQIA has already been completed:
Equality Impact Assessment - Highland Health and Social Care Partnership Strategic Plan for Adult Services 2024-2027

The commissioning strategy and intentions:
- Defines prioritisation and direction of travel for commissioned services
- Focuses on delivery within financial and demographic constraints
- Supports a shift toward community-based care and support at home, reflecting what individuals report they want.

The EQIA has been informed through structured discussion at the Commissioning Strategy Reference Group, alongside existing strategic and operational intelligence.

Outcome of work

The strategy sets out a change and transformation programme built around the Highland Care Model and a shift in the balance of care towards supporting more people to live independently and well at home. The strategy includes intentions to increase use of Self-Directed Support (Options 1 and 2), strengthen community-based supports and prevention, expand technology-enabled care, and rebalance the delivery landscape (including reducing reliance on higher-cost institutional models where safe and appropriate).

Key rebalancing intentions include:
- Reduce the number of people with unmet assessed critical care needs.
- Increase the combined number of people actively using SDS Options 1 and 2 and reduce reliance on current Option 3 services.
- Increase the number of people supported to live at home and reduce the number of people supported in residential settings.
- Increase the ratio of activity commissioned from independent providers and alternative community solutions and reduce the footprint of provision delivered in-house by NHS Highland.

The intended outcomes of the strategy are to:
- Better meet the needs of adults in need and at risk across Highland
- Deliver services aligned to choice, flexibility and control (Self-Directed Support principles)
- Improve personal outcomes through personalised approaches
- Provide transparency on how services will be delivered and prioritised
- Support rebalancing of care, including increasing community-based provision

Who

Stakeholders: (who will this work affect?)

- The strategy impacts:
  - Adults accessing social care support
  - Adults at risk and those with complex needs
  - Unpaid carers and families
  - Care workforce (independent, third sector and NHS/Local Authority)
  - Wider communities and voluntary sector partners

Disability and older age groups - are disproportionately represented in adult social care populations. This strategy is expected to deliver positive impacts for these disproportionally represented groups.

Workforce – we are looking to increase the number of support routes to join the market, creating a positive impact.

Communities – not everything is available to everyone in all areas. We are intending to offer a suite of options in communities to strengthen community fabric and equalisation of access.

How do you know

The strategy and this EQIA are informed by national and local policy, population needs evidence, engagement activity and service/finance data.

Key sources include:

- Highland Joint Strategic Needs Assessment (JSNA) 2025 (published March 2025; revised June 2025) – population profile, inequalities, rurality/access deprivation and projected demand.
- Joint Strategic Plan for Adult Services 2024–2027 – vision, outcomes and statutory planning context.
- Adult social care activity, demand and finance profile set out in the strategy (including delayed discharge, care home and care at home activity, and budget/forecast position).
- Service area commissioning actions and intentions and the consolidated intentions plan.
- Engagement through an NHS Highland / Highland Council Reference Group and discussion at Strategic Planning Group, Health and Social Care Committee, provider engagement and senior leadership review.
- Professional and operational experience of the Reference Group.
- Scottish Human Rights Commission report Economic, Social and Cultural Rights in the Highlands and Islands (2024), which identifies challenges associated with access to health and social care, transport, workforce availability, poverty, housing and rural service provision.
- Feedback and learning from service users, carers, providers and community stakeholders obtained through commissioning engagement activity.
- Consideration of equality, human rights, safeguarding and rurality and island community impacts.

What will the impact of this work be?

The impact will be as noted:

- Improved equality of access across Highland (including rural areas)
- Strengthening of community infrastructure ("community fabric")
- Increased choice, flexibility and personalised outcomes
- Expansion of employment opportunities within care sector
- More transparent and consistent service offer

More specifically, by characteristic, this is as noted:

Characteristic	Positive	Negative	Neutral	Comments
Gender	X			The move to self-direction and greater choice, control and flexibility should ensure that all equality groups have the opportunity to maximise the personalisation of their care. This should offer a significant positive impact
Age	X			The strategy should have a positive impact on adults of all ages as highlights the need to plan around needs. Potential impact relates to service delivery challenges and implementation of strategy rather than the strategy itself.
Disability	X			The strategy should have positive impact on needs. Potential impact relates to service delivery challenges and implementation of strategy rather than the strategy itself.
Religion or Belief			X	Unclear whether there are any issues in relation to different religions.
Race			X	Unclear whether any issue in relation to strategy and different races. Many services will be commissioned for individuals and groups only after Social Work assessment and care-planning. These Social Workers are required to promote equality in their practice and seek to mitigate the impact of oppression.
Sexual Orientation	X			It is recognised that LGBT+ individuals can experience barriers to accessing services and may be at greater risk of social isolation. The strategy's focus on personalised, community based support may contribute positively to inclusion and access.
Gender reassignment			X	No anticipated negative impact.
Pregnancy/maternity			X	No anticipated negative impact.
Marriage and Civil Partnership*			X	No anticipated negative impact.

Area of Impact	Positive	Negative	Neutral	Comments
Pockets – potential impact on household resources (income, benefits, outgoings), ability to access a service due to reduction or withdrawal	X			Ability to access a service: +ve – ability to be supported at home, tech enabled/community support -ve – residential support…families needing to travel to visit as no Care Home beds in every community – cost of being out of your community +ve – supporting carers +ve – focusing on filling gaps by the approach
Prospects – potential impact on people's life chances e.g. access to, or ability to access education, employment, training (e.g. transport, childcare, support),	X			Not on individual but on wider family and community – access People with more resources have more choice – mitigation is that the strategy is trying to ensure people can remain within their community and not be required to use more intensive resources
Places – potential to impact on specific vulnerable areas or communities (SIMD, fragile rural) e.g. housing, transport)	X			Positive impacts anticipated through increased focus on local provision, prevention and community capacity building. However, rural and island communities face distinct challenges relating to workforce recruitment, transport, geographic isolation, digital connectivity and access to services.

Given all of the above, what actions, if any, do you plan to take?

No specific EQIA mitigation actions required, as no significant adverse equality impacts have been identified at this stage.

However, the following actions will be undertaken:

- Continue engagement with people who use services, carers, providers and communities.
- Undertake targeted engagement with disabled people and representative organisations.
- Ensure accessible consultation materials are available, including consideration of Easy Read formats.
- Include consideration of rural and island community impacts throughout implementation.
- Monitor access, outcomes and service utilisation across protected characteristic groups where data is available.
- Maintain safeguarding and Adult Support and Protection arrangements throughout implementation.
- Review and update the EQIA as further evidence and consultation findings emerge.

Monitoring and review

Ongoing monitoring through:

- Contract management.
- Provider engagement.
- Service user and carer feedback.
- Strategic Planning Group and governance arrangements.
- Review of equality impacts identified through complaints, feedback, performance reporting and engagement activity.

This EQIA will be treated as a live document and reviewed as consultation activity progresses and implementation arrangements are developed.

Alignment with:

- Implementation Plan.
- Joint Monitoring Committee governance arrangements.

EQIA outcome

- Strategy expected to deliver positive and disproportionate benefits to key groups.
- No significant adverse equality impacts identified at this stage.
- Proceed with implementation.
- Monitoring arrangements in place
- Further assessment and refinement will take place as consultation and implementation progress.

Sign off

EQIA completed by: Commissioning Strategy Reference Group

EQIA Children's Rights – Screening Sheet

The United Nations Convention on the Rights of the Child places a compatibility duty on NHS Highland to ensure the rights of children are protected and promoted in all areas of their life. Completing this Screening Sheet will indicate if completing **the EQIA Children's Rights Questions is required**.

Please note that the actions, or inactions, of public authorities such as NHS Highland can impact children more strongly than any other group in society and every area of policy/service development affects children to some degree, whether directly or indirectly.

For information or support contact: NHSH Child Health Commissioner: deborah.stewart2@nhs.scot

Overview

Completing the Children's Rights Screening Sheet is a preliminary check on the proposed policy/service development to help determine whether completing October 2025 the Children's Rights questions in the EQIA is required, and provide a record of that decision. The Children's Rights screening questions below; ask basic information about the policy/service development and how it will affect children and young people specifically. Decisions about whether or not to complete the Children's Rights Screening questions as part of the EQIA should take place as early as possible in the formation of the policy/service development. This is the best way of ensuring that children's rights and wellbeing influence the way in which the policy develops, and that NHS Highland duties to act in a manner compatible with the UNCRC (Incorporation) (Scotland) Act 2024 are met. Who takes part in the Screening exercise depends on the complexity and potential reach of the policy/service development under consideration.

1. What aspects of the policy/service development will affect children and young people up to the age of 18?

The Articles of the UNCRC apply to all children and young people up to the age of 18, including non-citizen and undocumented children and young people.

Planning, commissioning and rebalancing of the following services:

- Carers services - Adult carer of a child – carers strategy supportd this
- Support services - Children into transition into adult services – increase range of support services.

2. What likely impact – direct or indirect – will the policy/service development have on children and young people?

'Direct' impact refers to policies/service developments where children and young people are directly affected by the proposed changes, e.g. in early years, education, child protection or looked after children (children in care). 'Indirect' impact refers to policies/service developments that are not directly aimed at children but will have an impact on them. Examples include: hospital visiting policy, treatment/support to parents, staff parental leave, access to play areas, transport schemes.

Positive (indirect)

- Improved planning and clarity for transitions
- Increased choice, flexibility and control

3. Which groups of children and young people will be affected?

Under the UNCRC, 'children' can refer to: individual children, groups of children, or children in general. Some groups of children will relate to the groups with protected characteristics under the Equality Act 2010: disability, race, religion or belief, sex, sexual orientation. 'Groups' can also refer to children by age band or setting, or those who are eligible for special protection or assistance: e.g. preschool children, children in hospital, care experienced children and young people, children in rural areas, young people who offend, victims of abuse or exploitation, child migrants, or children living in poverty.

- Children in transition to adult services
- Children supported indirectly via adult carers
- Young people likely to have ongoing adult social care needs

4. Is completion of the EQIA Children's Rights Questions required?

Please state if completion of the Children's Rights Questions in the EQIA template will be carried out or not. Please explain your reasons.

- No negative impact identified at this screening stage.
- Impacts on young people transitioning into adult services and young carers have been considered within the strategy.
- The screening conclusion will be revisited should future consultation identify material impacts on children and young people.