

Integrated Impact Assessment – Summary Report

Each of the numbered sections below must be completed

INTERIM

1. Title of proposal

Withdrawal of IJB Social Care Funding from EADP services

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

This is difficult to identify at this stage: the proposal is that a reduction in the overall EADP budget will be made. The effect of the proposal would be to reduce the IJB's contribution to drug and alcohol services by 460,000 pa (approximately 4.75% of the total ADP budget).

This money was originally allocated at the time of a large, sudden cut in ADP funding from the SG which was largely achieved through a savings plan (reducing funding in a range of services) but which could not be achieved in full – the IJB allocated this money to reduce the scale of the reductions which had to be made. Since then, additional investment has been made by the SG along with new expectations of the partnership. The funding which it is proposed to withdraw is not from the SG allocation directly to the ADP but will obviously have an impact on the overall level of investment in drug and alcohol services in the city.

The expected impact in the first year is likely to be mitigated by our current reserves but will require reductions in non-recurring spending plans. However the full impact will be realised in 2025-26 and reductions in revenue funded services will be required. The EADP Joint commissioning group will develop a proposal for making these longer term reductions and present it to the EADP Executive in the first half of 2024-25.

At this point, before a specific plan has been developed, only the impact of a general reduction in funding for alcohol and drug services has been assessed.

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

- None directly – evidence from other public engagement activities have been incorporated



5. Date of IIA

11th March 2024

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
Cat Young (facilitator)	Assistant Programme Manager (Thrive)	November 2018
Elenora Ho	H&SCP	
Patricia Burns	Mental Health & substance Misuse Manager, EH&SCP	
David Williams (report writer)	Programme Manager, Edinburgh Alcohol and Drug Partnership	
Ian Davidson	Strategic planning and commissioning officer, Edinburgh Alcohol and Drug Partnership	
Flora Ogilvie	Consultant, NHSL Public Health	

7. Evidence available at the time of the IIA

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Data on populations in need	<p>Population and demographics - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p> <p>Household data</p> <p>Census 2022</p> <p> 2024-02 ECF 2023-2024 IMPACT.pc</p> <hr/> <p> Alcohol HNA Text DRAFT 26-02-2024.pc</p> <hr/> <p> NHS Lothian Drug Related Deaths Repor</p> <hr/> <p> Paper 5 MAT Standards Jan 2024 p</p>	<p>Provides current and projected data on the wider population in the City of Edinburgh</p> <p>Alcohol harms and overprovision of alcohol have a significant impact on the population of Edinburgh</p> <p>There are ongoing rises in Drug related deaths in Edinburgh and these are contributing to a public health emergency in Scotland.</p> <p>Aspects of the Medication assisted treatment standards are being met in Edinburgh but there remain significant challenges in sustaining the progress made and in achieving them in primary care and criminal justice</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>Health Needs Assessment – 2017 – Harm Reduction Team (nhslothian.scot)</p> <p>Edinburgh SDCF needs assessment and feasibility study - Executive Summary</p>	<p>settings.</p> <p>Needs assessment for injecting drug users</p> <p>Needs assessment of ongoing drug related harms in edinburgh and evaluation that a Safer drugs consumption facility and a Drug checking service should be funded to extend existing services</p> <p>Housing emergency Needs assessment for SDCF Milestone house development ARBD MAT standards reporting</p>
Data on service uptake/access		
Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.	<p><i>Joint Strategic needs Assessment City of Edinburgh HSCP (2020)</i></p> <p>https://drugstaskforce.knowthescore.info/wp-content/uploads/sites/2/2022/08/scottish-drug-deaths-taskforce-evidence-paper-final-version.pdf</p> <p>https://www.edinburghhsc.scot/the-ijb/jsna/</p> <p>Tackling Inequalities to reduce mental</p>	<p>Provides current and projected data on the demographics within Edinburgh</p> <p>Drug use is highly concentrated in areas of deprivation and in groups already vulnerable groups.</p> <p>Actions to end poverty – commitment to end poverty in the city by 2030</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>health problems – Mental Health Foundation (Jan 2020)</p> <p>Edinburgh poverty commission report – A just capital: Actions to end poverty in Edinburgh</p> <div style="text-align: center;">  EUBREPORT2023_202 4 - Copy.docx </div>	
Data on equality outcomes	<p>JSNA-Health-Needs-of-Minority-Ethnic-Communities-Edinburgh-April-2018.pdf (edinburghhsc.scot)</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Equality Progress Report 25 Feb 2020.d </div> <div style="text-align: center;">  Appendix 8 - Informing Equality.pdf </div> </div>	<p>Provides data on demographics of minority ethnic communities</p> <p>Resource documents describing the relationships between equalities and substance use.</p>
Research/literature evidence	<p>Hard Edges Report -Scotland</p> <p>Drugs death task force report scottish-drug-</p>	<p>Health impact on people experiencing multiple disadvantages</p> <p>Several key points on trends in harm and specific harms</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
	deaths-taskforce-evidence-paper-final-version.pdf (knowthescore.info)	to particular groups
Public/patient/client experience information	 Paper 3d Living Experience Panel - overview	A number of pieces of patient experience information, most of which indicate that the existing system of care is unable to meet a range of their expectations within current resources
Evidence of inclusive engagement of people who use the service and involvement findings		
Evidence of unmet need	Edinburgh Integration Joint Board Strategic Plan (2019-2022)	Details the health needs and priorities for the people of Edinburgh Strategic-Plan-2019-2022-1.pdf (edinburghhsc.scot)
Good practice guidelines	Alcohol-related brain damage - new guide Mental Welfare Commission for Scotland (mwcscot.org.uk)	ARBD is under diagnosed and under treated. Developing a fuller response to ARBD is a key, but resource dependant, element of the ADP draft strategy
Carbon emissions generated/reduced data	N/A	
Environmental data	N/A	
Risk from cumulative impacts		
Other (please specify)	https://www.evoc.org.uk/wp-content/uploads/2022/06/MICU-Evaluation-Report_V8.pdf	Milestone House report
Additional evidence required		

If you would like to view any of the documents noted in the table, email david.williams@edinburgh.gov.uk

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

Potential benefits of change	Affected populations
Positive	
<p>Some potential unintended benefits of change were identified</p> <ul style="list-style-type: none"> - Opportunity to look for efficiencies which could both reduce costs and streamline service user pathways (and therefore improve service user experience) eg. any potential opportunities for co-location or co-provision of services - Opportunity to look for efficiencies by supporting this service user group in more general services, which, if supported with appropriate training could potentially help to reduce stigma in relation to this population group - Opportunity to look for efficiencies through centralised location of services for those in later stages of recovery journey, which, with appropriate support could promote greater confidence and independence in access a wider range of resources across the city 	All

Equality, Health and Wellbeing and Human Rights	Affected populations
Negative	
<p>In addition to this specific proposal of cuts, People who use drugs and alcohol may be particularly adversely affected by any wider HSCP proposals to reduce focus on prevention. they will also be impacted by the wider pressures in the public sector (e.g. the Edinburgh housing emergency, the cost of living crisis) – they have intersectional needs and will be multiply disadvantaged by reductions in the social safety net.</p> <p>Any further reductions in key spend in other budgets (such as on welfare advice and supported housing) will further risk increasing the number of individuals who go on to experience substance use as well as reducing harm reduction and recovery opportunities for those who use drugs and alcohol at present.</p>	People who use substances
A range of core EADP service activity is directed at the	Young people and

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>needs of children and young people</p> <ul style="list-style-type: none"> • Adult support and protection Activity • Responding to the needs of children affected by parental substance use • Young people’s services – early intervention with young people with emerging drug and alcohol problems <p>All of these are resource intensive interventions but all carry significant risk of present and future harm if not delivered fully</p> <p>Development of a whole family approach to intervention will be hampered by reduced funding- Availability of Whole Family Approaches</p>	children
<p>The compromised health of ageing population of drug users is an established driver of DRD and management of the complex clinical needs of this group is challenging and will be more so with additional capacity pressures on services</p> <p>sdf.org.uk/wp-content/uploads/2017/06/Working-group-report-OPDPs-in-2017.pdf</p> <p>the majority of alcohol and drug related deaths occur in older people (median age 45 for DRD) and DRD in those over 55 are the driver of increased total deaths in Lothian</p>	Older people and people in their middle years
<p>Approximately 2/3 of drug service users are men and c70% of Lothians DRD are male</p>	Men
<p>What the Research says about LGBTQ+ People and Substance Use - SFAD</p>	Trans and LGBTQ
<p>It is estimated that 3% to 5% of children are affected by prenatal alcohol exposure. Stigma surrounding this is very powerful – shame of mothers in particular. Diagnosis is very challenging – long waiting lists in Edinburgh (6 years for assessment!). Early identification, support and interventions can significantly improve life chances for those affected and the quality of life for them and their families.</p> <p>Fetal Alcohol Spectrum Disorder in Scotland (alcohol-focus-scotland.org.uk)</p> <p>Edinburgh ADP funds a dedicated pregnancy intervention team PrePare (edinburghadp.co.uk)</p>	Women and pregnancy
<p>A key impact of reduced resource is expected to be decreased flexibility, personalisation and outreach –</p>	All groups

Equality, Health and Wellbeing and Human Rights	Affected populations
provision of universal services is a more efficient approach, but cuts will reduce services' ability to adapt to individual needs.	
Members of most BME communities access services at lower rates than the average. However, there are established additional barriers to members of many BME communities using mainstream services (perceived issues of cultural exclusivity, increased stigma in some communities) and low service uptake may well indicate a hidden need.	BME communities
Drug and alcohol treatment provides primary and secondary prevention of unemployment and treatment and recovery are known to result in increased levels of economic activity. Only 30% of those assessed at drug and alcohol services are economically active at the time that they enter services.	Unemployed and in receipt of benefits
Several areas of ADP services focus on lone parents and vulnerable families - Child protection work, Family support services and whole family approaches are all resource intensive elements of the system of care.	Lone parenting and vulnerable families
The EADPs services have a number of impacts on care experience – the treatment of adults has a primary prevention effect, enabling families to safely remain together in many cases. The ADP also funds direct support to Looked after children and care leavers and targets young people's substance use support on this group	Care experienced young people
The ADP, in line with the SG strategy, supports two main areas of development for adult carers of people who use alcohol and drugs: Offering dedicated funded support for them as a group (via VOCAL) And promoting family inclusive practice (involvement in care plans and their loved ones' support) https://www.gov.scot/publications/improving-holistic-family-support-towards-whole-family-approach-family-inclusive-practice-drug-alcohol-services/	Adult Carers
Low levels of literacy are more common than average in users of drug and alcohol services. EADP services have an ameliorative effect providing support and advocacy on behalf of their clients and removing barriers to access to other systems (housing, benefits etc) As noted above, the likely impact of reduced resource is reduced flexibility for this type of activity.	Those with low literacy
All cuts to this budget will, perforce, impact adversely on those who use substances	Problem Substance use

Equality, Health and Wellbeing and Human Rights	Affected populations
Veterans are overrepresented in substance use services and the EADP makes a number of contributions to veterans' wellbeing	Veterans
Turnover in this population in Edinburgh create resource-intensive challenges in meeting this need.	Students
Much of the ADP services' work is with people with relatively poor access to transport (though this is mitigated as far as possible through supporting access to public transport and, for those at the highest risk, providing transport to key services). As noted above, the ability to offer more flexible access and to expand provision outwith fixed location centres is one of the areas at greatest risk of being compromised by reduced funding (e.g. additional satellite clinics or bases require staff time but offer better access into areas of high need)	Geographical communities
Almost all of the budget is spent on staff therefore numbers are likely to fall, as are security, wellbeing and morale Recruitment is already a challenge in a number of professional groups and apparent vulnerability of service's funding may act as a deterrent to potential entrants to the sector among professionals choosing their specialisms	Staff
Substance use is subject to powerful stigma and those who experience it often are denied a range of rights Substance use access requires Provision of high quality services which is very much resource dependant	Human rights and equalities
Treatment and recovery has a known impact on drug related crime. One of the key areas of development in the EADP strategy is focussed on ensuring that criminal justice involvement can become an opportunity for treatment access.	Those involved in the Criminal Justice system and Crime and perception of crime
Ongoing substance use is a well established risk factor for poor sexual health. ADP services both directly provide risk reduction activities and promote access to sexual health services	Access to sexual health interventions
Enabling recovery for an individual is a key to family recovery and improvements in relationships are a known impact of effective drug and alcohol treatment	Relationships
Reduced resource will prevent improvement in premises in which people are seen – many of the existing facilities used are extremely unsatisfactory and regarded as stigmatised locations for the delivery of healthcare services	Physical environment

Environment and Sustainability including climate change emissions and impacts	Affected populations
Positive	
Negative Reduction in local provision resulting in people having to travel more	All

Economic	Affected populations
Negative	
Untreated substance use has an array of economic costs associated with it including loss of productive capacity, healthcare, criminal justice and other expenditures	Economic
Demand on drug and alcohol services can rise in response to recessions. High prevalence of substance use in an area contributes to deprivation and has a direct impact on the cost of living for those affected – substance use is a cause and a consequence of deprivation	Cost of living
Untreated substance use is strongly correlated with lack of economic activity: only 30% of people at time of assessment are in work (DAISy) Substance use services, by providing trusted relationships, advocacy and co-location with/ pathways to income maximisation services, minimise financial exclusion for some of the most excluded and stigmatised groups in the Edinburgh community	Income maximisation, employability and benefits

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?

This will depend on the detail of the savings plans but all services are required to complete ERIA

- 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.**

Again – dependant of the detail of the savings plan

- 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**

INTERIM

- 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
Consider the IIA	IJB board	April 2024	
Target the reductions to minimise the impact on protected groups	EADP programme manager/ EADP exec	April 2025	
Mitigate harms with innovation and training	All partners	April 2025	
Continue to monitor the cumulative impact of reductions in funding across partnerships and to advocate sustaining key preventative spending	All partners	Ongoing	

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

These are to be reviewed as part of any future IIA

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

As per fuller IIA to be completed based on the detailed savings plan

16. Sign off by Head of Service

Name

Date

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/