

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

IIA to assess impact of proposal to reduce funding within the prevention and early intervention workstream

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

Wider discussion on funding reduction to 3rd sector including :

- Organisations who are funded as part of the Inequalities Grants
- Organisations who are funded as part of Community Mobilisation

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

- Edinburgh Community Health Forum – voluntary sector discussions
- EVOC engagement
- IIA meeting

5. Date of IIA


29th February 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
Rhiannon Virgo	Project Manager - Innovation and Sustainability	February 2020
Dr Linda Irvine Fitzpatrick	Strategic Programme Manager, Thrive Edinburgh and Substance Use SRO, Edinburgh Wellbeing Pact, Community Mobilisation, Prevention and Early Intervention	

Name	Job Title	Date of IIA training
Cat Young	Assistant Programme Manager (Thrive)	November 2018
Emma Gall	Assistant Programme Manager (Thrive)	
Ian Brooke	Deputy Chief Executive EVOC	
Stephanie-Anne Harris	Strategic Development Manager Edinburgh Community Health Forum	
Suzanne Lowden	Strategic Planning and Commissioning Officer	
Susan Robertson	Strategic Planning and Commissioning Officer for Physical Disabilities	
Anna Wimbley	Programme Manager – Long Term Conditions	

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> <div style="text-align: center;">  <p>2024-02 ECF 2023-2024 IMPACT.pc</p> </div> <p>thetriangleofcare-thirdedition.pdf (nhslothian.scot)</p>	<p>Provides current and projected data on the wider population in the City of Edinburgh</p> <p>How we should be working with carers</p> <p>Carers Survey forthcoming</p>
Data on service uptake/access	<p>National Benchmarking data</p> <p>https://www.edinburghhsc.scot/moregooddays/</p> <p>NESSie - NESSie - Fresh Start (freshstartweb.org.uk)</p>	<p>2021/22 LGBF data shows an increase in the number of people supported to live as independently as possible.</p> <p>Report on Community Mobilisation, Accelerate and Capacity to Collaborate programmes</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>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>https://www.edinburghhsc.scot/the-ijb/jsna/</p> <p>Tackling Inequalities to reduce mental health problems – Mental Health Foundation (Jan 2020)</p> <p>Edinburgh poverty commission report – A just capital: Actions to end poverty in Edinburgh</p> <p> EUBREPORT2023_202 4 - Copy.docx</p> <p> 2024-03-01 - ECF National.docx</p>	<p>Provides current and projected data on the demographics within Edinburgh</p> <p>Disproportionate impact of CVoid 19 for people with protected characteristics and people experiencing mental ill health and illness</p> <p>Actions to end poverty – commitment to end poverty in the city by 2030</p> <p>Key publications focusing on food poverty and strategies to address this</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
Data on equality outcomes	JSNA-Health-Needs-of-Minority-Ethnic-Communities-Edinburgh-April-2018.pdf (edinburghhsc.scot)	Provides data on demographics of minority ethnic communities
Research/literature evidence	Hard Edges Report -Scotland	Health impact on woken experiencing disadvantages
Public/patient/client experience information	https://www.edinburghhsc.scot/moregooddays/	Evidence reports from Capacity to Collaborate projects Evidence of unmet needs through Community Mental health Fund research
Evidence of inclusive engagement of people who use the service and involvement findings	Complaints/ compliments	Each organisation receiving grants will have examples of case studies included in annual reports
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	https://www.gov.scot/publications/national-good-food-nation-plan/pages/4/	National Good Food Nation Act - which places duties on ministers, local authorities and health boards- as part of the Scottish Food Coalition organisations supported by EIJB are playing a vital role in ensuring Edinburgh's ability to deliver the Act's mandatory duties.
Carbon emissions generated/reduced data	N/A	
Environmental data	N/A	

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Risk from cumulative impacts		
Other (please specify)		
Additional evidence required		

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

Equality, Health and Wellbeing and Human Rights	Affected populations
Positive	
<p>Negative</p> <p>Health Inequalities Grants - Approximately 51,321 people (see Appendix One) took part in activities/used services funded through the EIJB grant programme and will be impacted on across all communities and demographics with a risk to:</p> <ul style="list-style-type: none"> • People’s physical and mental health which in turn will impact on statutory services. • Further demand for referrals and assessments • Potential impact on social care direct • May increase poverty. • Increase in social isolation and loneliness. <p>May impact young people going through transition who may feel lack of support</p> <p>Will impact vulnerable older people in community – social isolation, poor mental health and wellbeing.</p> <p>Will impact young people and children from vulnerable families, looked after children, and young adults going through transition.</p> <p>Women may be impacted more due to carer roles within families.</p> <p>Disabled people will feel deeper specific impact – lack of support and opportunities. Friendships and activities.</p> <p>Potential impact on ethnic minority organisations providing support – IIA in 2018 already noted lack of ethnic minority so further impact. May impact: The Welcoming, Feniks, Sahelyia, MECOPP</p> <p>Will adversely affect people living with isolation.</p>	<p>Older people and people in their middle years</p> <p>Young people and children</p> <p>Men (include trans men), Women (include trans women) and non-binary people. (Include issues relating to pregnancy and maternity including same sex parents)</p> <p>Disabled people (includes physical disability, learning disability, sensory loss, long-term medical conditions, mental health problems)</p> <p>Minority ethnic people (includes Gypsy/Travellers, migrant workers, non-English speakers)</p> <p>Refugees and asylum seekers</p> <p>People with different religions or beliefs (includes people with no religion or belief)</p> <p>Lesbian, gay, bisexual and heterosexual people</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Will reduce opportunity for people to connect with their natural communities.</p> <p>Transitions are extremely essential and vulnerable points in life and the support has to be there to help ensure these are meaningful and fulfilling experiences. As above.</p> <p>Lack of opportunities for unemployed people to get volunteer opportunities or more competition in job market.</p> <p>Will increase number of people on benefits potentially.</p> <p>Will specifically impact vulnerable families who current seek and require support from organisations.</p> <p>With evidence from community resilience team showing people leaving care settings need 'basic needs' helped with, such food and heating – can impact on delayed discharge from hospitals.</p> <p>Carers benefit from periods of respite when their cared for, and themselves can access a range of opportunities. If these are ceased, their caring role becomes more demanding and their own MH and wellbeing is affected. This can lead to a crisis point when more social care input is required.</p> <p>Communications:</p> <p>Effective, inclusive and accessible information and communications are required could mitigate the sense of isolation and exclusion, and possibly encourage collective peer support and community of interest cohesion.</p> <p>May impact on communities out with city centre area – more rural if organisations get reduced finance which causes closures – further understand of where may be impacted.</p> <p>General:</p> <ul style="list-style-type: none"> • people will feel more isolated with lack of community connection and support. 	<p>Unemployed</p> <p>People in receipt of benefits</p> <p>Lone parents</p> <p>Vulnerable families eg young mothers, people experiencing domestic abuse, children at risk of statutory measures, includes disabled adult/child, minority ethnic families</p> <p>People in receipt of pensions</p> <p>Care experienced children and young people</p> <p>Carers (including young carers and carers with protected characteristics)</p> <p>Geographical</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<ul style="list-style-type: none"> • lack of opportunity to engage and participate. • staff and volunteers may feel insecure about work environment. • will increase divide between people with money and less. • will reduce opportunities to build community and participate. • Opportunities to get activity, be part of something that promotes learning, health, and wellbeing, <p>Multi layered impact on staff:</p> <ul style="list-style-type: none"> • Will impact staff both paid and in volunteering roles – people may fall into poverty or increased mental health. • Will impact staff’s ability to find appropriate support or places to signpost to. • Fewer opportunities for volunteering • Confidence and competence are crucial factors for staff. Support and promoting positive regard are essential to reassure <p>Food Poverty is a major commitment for the City of Edinburgh and is one of the work streams within the Edinburgh Poverty commission. It is an integral part of Poverty commission work to which the EIJB is signed up.</p> <ul style="list-style-type: none"> • Food insecurity levels – these are not available at Edinburgh level: • The 2021 Scottish Health Survey showed that 9% of adults experienced food insecurity in the preceding 12 months, defined as worrying about running out of food due to lack of money or other resources. <p>At UK level, the latest data on food insecurity comes from JRF’s UK Poverty 2024 - “The prevalence of food insecurity varies between different groups of people in poverty. In 2021/22, more than one in five children in poverty (22%) experienced insecurity, compared with 18% of working-age adults. But both children and adults were equally likely to experience very low food security (9%). Meanwhile only 3% of pensioners in poverty were food insecure</p>	<p>Staff in statutory and 3rd sector</p> <p>People living in poverty / experiencing food poverty</p>

Equality, Health and Wellbeing and Human Rights	Affected populations

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
Positive	
Negative <ul style="list-style-type: none"> • Due to cuts people may need to go on benefits for financial support. • Could increase poverty. • May see closure of buildings. • Lack of jobs and volunteering/training opportunities • Increased impact on services and supports including GPs and hospital services 	All

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.

We have a commissioned Human Rights Training Programme which we can utilise to further understand impact.

- 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.**

Communications and Engagement Team to advise on this, along with taking advice and expertise from those working with groups on most appropriate and effective ways to communicate.

We will also utilise different approaches including film, PhotoVoice and podcasts.

- 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.

- 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
EHSCP should work with partners to gain clarity and promotes what is available for our unique populations	Linda Irvine Fitzpatrick, Strategic Programme Manager	Commence April 2024 – ongoing	March 2024

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
EHSCP should meet with partners affected by the savings to discuss the impact and plan together for going forward	Linda Irvine Fitzpatrick , Strategic Programme Manager	Commence late March 2024	August 2024
EHSCP should work with colleagues and experts to ensure communications are made available for all especially those with sensory loss	John McKee, Comms and Engagement Manager	Commence late March 2024	August 2024
A shared impact of the savings should be circulated for transparency and learning	Pat Togher	May	August 2024
Work with Volunteer Edinburgh to promote volunteering opportunities in the community	Linda Irvine Fitzpatrick Strategic Programme Manager,	Commence May 2024	August 2024
Continue, and strengthen, the approach already being taken by the EHSCP contracts team to monitor impacts across providers and allow for early warning where a specific provider may be at risk through reductions.	Emma Gunter	Ongoing throughout 2024/25	August 2024
Work closely with other partners to identify alternative funding sources (such as the Big Lottery) to offset any loss of funding. It was recognised however, that such funds are under increased pressure nationally.	Linda Irvine-Fitzpatrick	Ongoing throughout 2024/25	June 24
Work closely with third sector partners to prioritise and innovate to spend the remaining funding in the most effective way. It was recognised that there was opportunity to consolidate community bases to focus on areas of deprivation and thereby contribute more to the local economy in these areas.	Linda Irvine-Fitzpatrick	Ongoing throughout 2024/25	June 24

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
Continue to develop plans to redesign the front door in an integrated way, with third sector at the heart of this as an opportunity to build on early intervention and prevention.	Pat Togher	March 2025	June 24
Ensure that community benefits from any commercial procurement contracts are fully realised to help mitigate any reduced funding.	Emma Gunter/ Moira Pringle	March 2025	June 24
Work with partners to develop a poverty strategy for the EIJB and ensure that all partners are aware of income maximisation approaches and opportunities.	Pat Togher	March 2025	June 24

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

The actions outlined above 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.

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

- More localities provider meetings to improve communication and allow for faster interventions and enrich our understanding
- Coproduction of future provision involved by communities of interest, identity and locale

16. Sign off by Head of Service

Name: Mike Massaro-Mallinson

Date: 11 March 2024

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/

Appendix One

EIJB Grant Programme Evaluation Report 2022/23 Preliminary Findings

- 1.1 The grant programme helps realise two key priorities of the IJB's Strategic Plan:

Prevention and early intervention: establish links with community resources and assets to ensure people have the opportunity to access preventative opportunities which will help them keep themselves as fit and healthy as possible.

Tackle inequalities: take action to identify those experiencing poorer health outcomes and address the barriers they face.

and works towards 7 priority outcomes:



The EIJB grant programme currently provides 64 grants to 61 organisations across the city, with a budget £4,545,383 in 2022/23.

Number of Service users

As part of SMAR annual returns, organisations provided an indication of the number of people who use their services. From these it is estimated that approximately **51,321** people took part in activities/used services funded through the EIJB grant programme.

This number is an increase on the 44,000 service users recorded in 2021/22 which reflected the impact of covid restrictions on the most vulnerable individuals in society. However, the increase in number now equates favourably with the first year of EIJB grant programme 2019-22 which provided services to 50,000 service users and demonstrates that the EIJB grant programme has recovered well from the impact of the pandemic.

Customer satisfaction

As part of the SMAR monitoring returns, organisations were asked to provide user satisfaction figures for their organisation. From those which did provide the information, the average user satisfaction figure was 94%. This figure demonstrates a year on year increase since 2019, with 93% recorded in 2021/22 and 92% in 2020/21.

Volunteer numbers

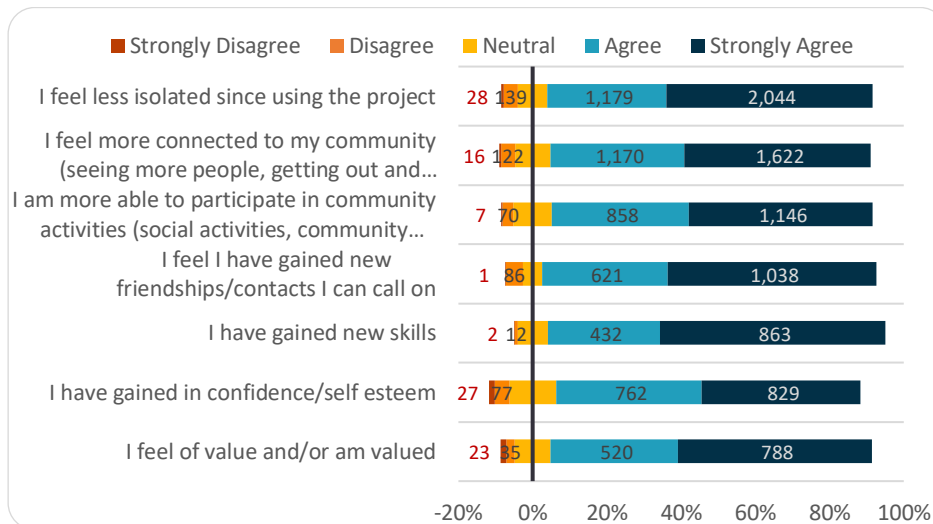
The use of volunteers is often central to an organisation's service delivery model. Many of the organisations support by the EIJB grant programme depend on volunteers to help deliver their programmes. In 2022/23, volunteer hours added a further 23.87% of hours worked by paid staff. Without their involvement, the wide range of service provision would just not be possible. The current financial value of this volunteering is estimated at over £2.3m. Equally important are the many benefits which volunteering brings to the individuals who volunteer, such as improved confidence, increased skills and social connections and improved physical and mental wellbeing.

Impact on Service Users

As part of the annual monitoring process, organisations are asked to record the type of impact their services have on individual users. This is achieved by using a suite of standardised impact measures called Standard Impact Assessment Questions, SIAQS. Results from the SIAQs demonstrate the following results:

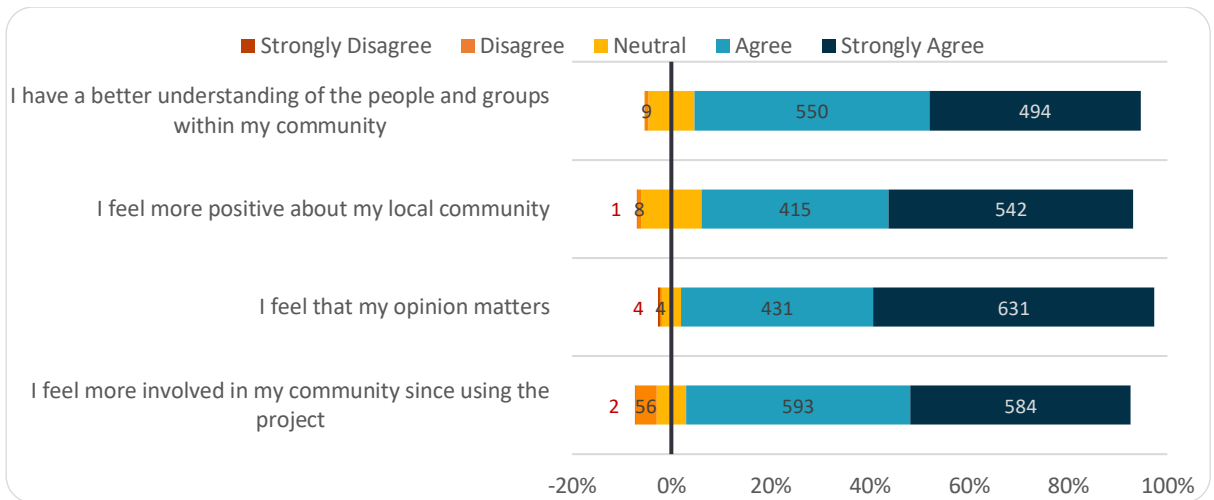
Priority Outcome 1: Increased Social Capital

Overall positive impact for this priority was 87%, only 4% indicated a negative impact, with the remaining 9% indicating a neutral impact.



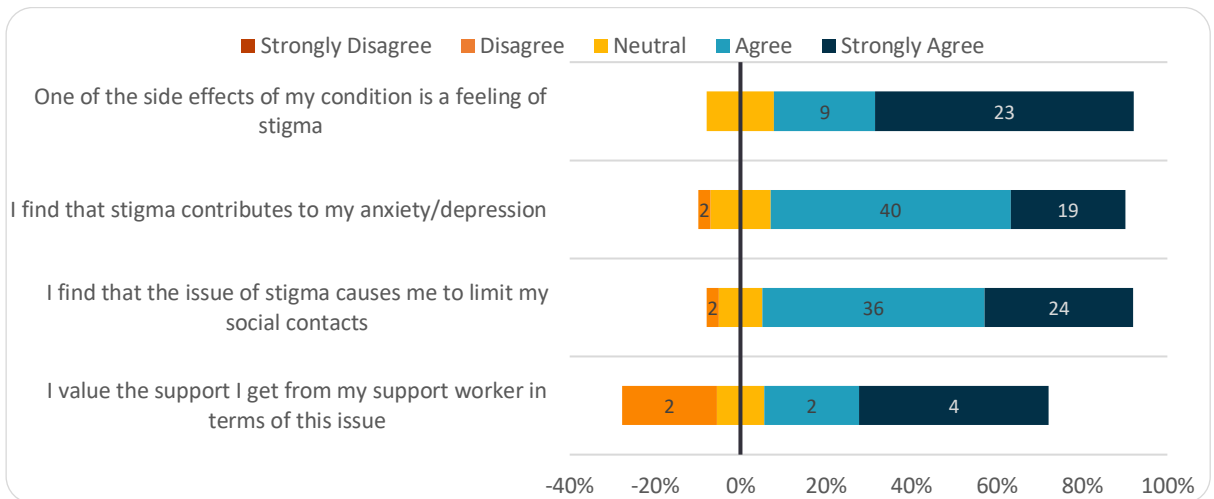
Priority Outcome 2 : Increased Community Capacity

Overall positive impact for this priority was 90%, only 2% indicated a negative impact, with the remaining 8% indicating a neutral impact.



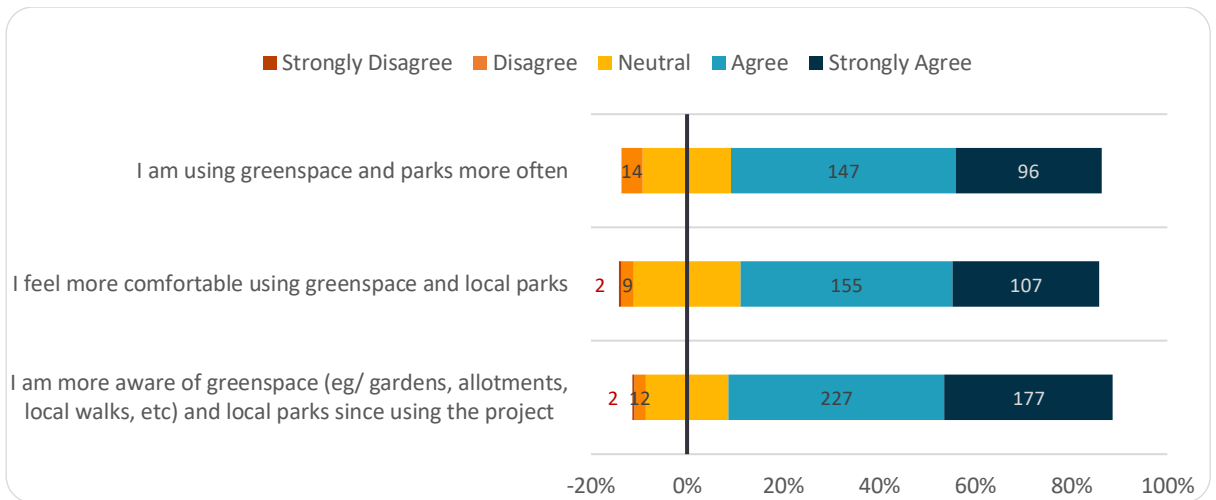
Priority Outcome 3 : Reduce the stigma surrounding poverty and health

Overall positive impact for this priority was 84%, only 3% indicated a negative impact, with the remaining 13% indicating a neutral impact.



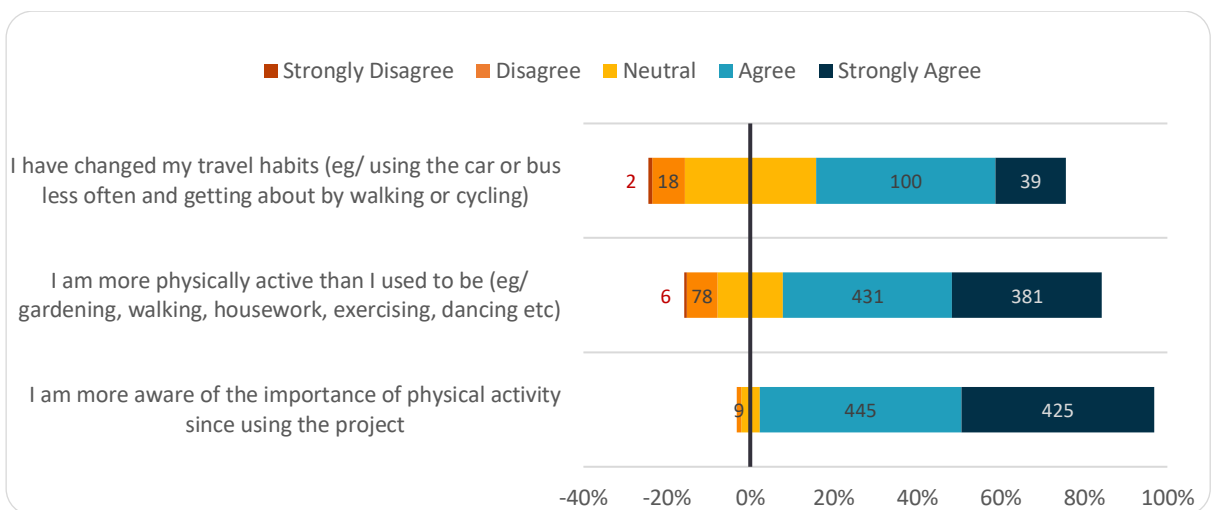
Priority Outcome 4 : More people live in healthy environments and use greenspace

Overall positive impact for this priority was 78%, only 3% indicated a negative impact, with the remaining 19% indicating a neutral impact.



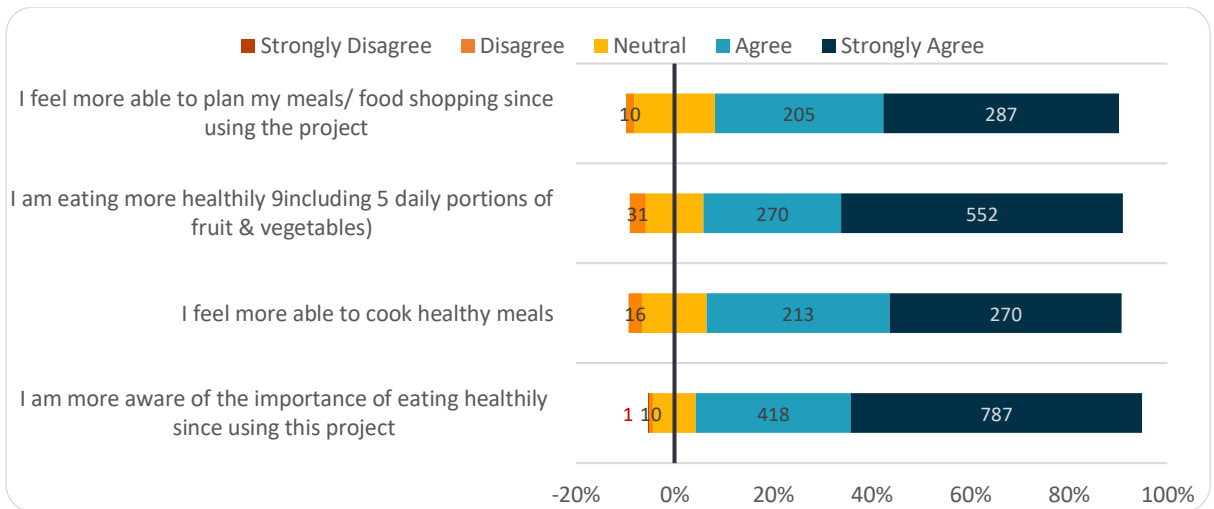
Priority Outcome 5 : Increased participation in physical activity

Overall positive impact for this priority was 82%, only 5% indicated a negative impact, with the remaining 13% indicating a neutral impact.



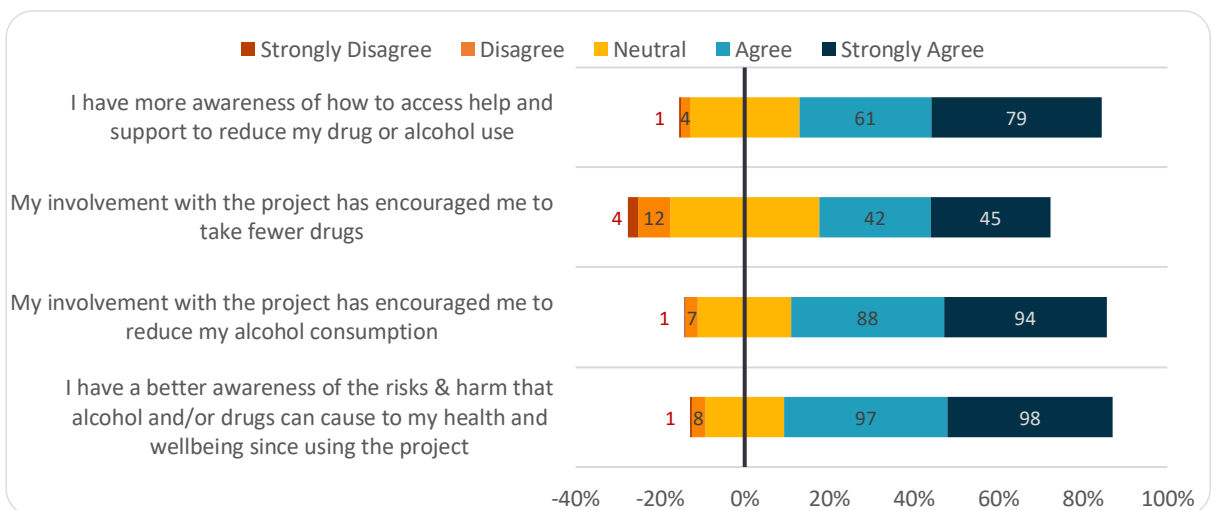
Priority Outcome 6: Increased numbers of people eat healthily/ know how to cook healthy food and how to eat healthily on a budget

Overall positive impact for this priority was 86%, only 2% indicated a negative impact, with the remaining 12% indicating a neutral impact.



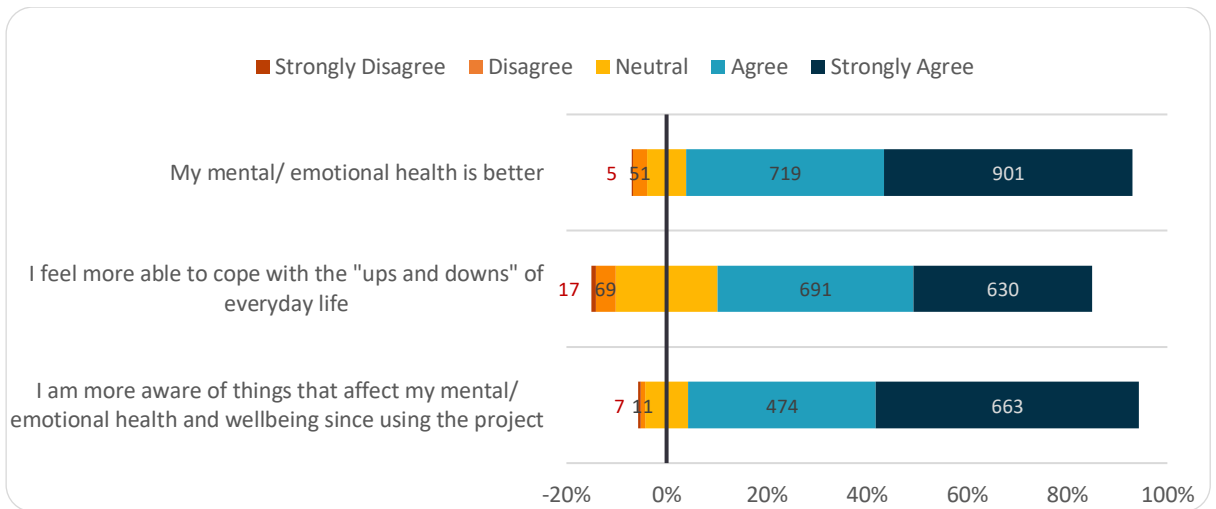
Priority Outcome 7: Reduced damage /harm to physical and mental health from misuse of alcohol and drugs

Overall positive impact for this priority was 71%, only 5% indicated a negative impact, with the remaining 24% indicating a neutral impact.



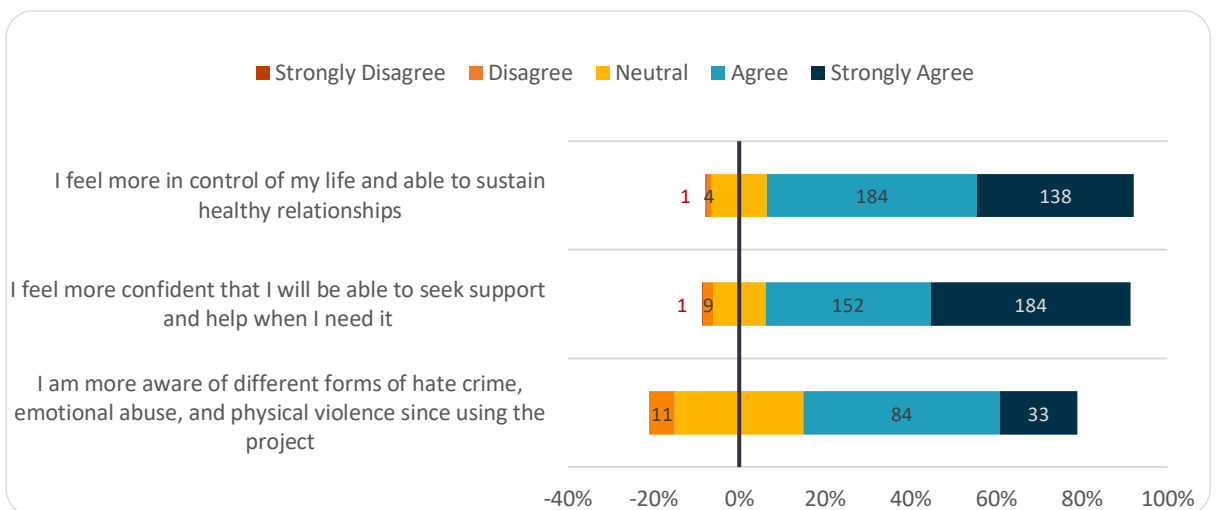
Priority Outcome 8: Reduced levels of anxiety/ depression

Overall positive impact for this priority was 84%, only 3% indicated a negative impact, with the remaining 13% indicating a neutral impact.



Priority Outcome 9: Reduced damage to physical and mental health from all forms of abuse and violence

Overall positive impact for this priority was 81%, only 3% indicated a negative impact, with the remaining 16% indicating a neutral impact.



Priority Outcome 10: Increased income due to improved access to income maximisation services and advice on problem debt levels

Overall positive impact for this priority was 86%, only 4% indicated a negative impact, with the remaining 10% indicating a neutral impact.

