

# Integrated Impact Assessment – Summary Report

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

## 1. Title of proposal

EIJB Grants

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

The EHSCP invests circa £14m per year in a number of third sector supports and services as part of a number of strategic programmes including Health Inequality Grants, Community Mobilisation, Thrive Edinburgh, Learning and Physical Disabilities, the Older People's Programme and capacity building programmes in support of our strategic aims and ambitions. In 2024/25, £4.592M of this funding has been allocated to the grants programme.

The grants programme commissions 64 organisations to provide services accessed by an estimated 55,500 people across Edinburgh. The grant programme aims to realise two key priorities of the IJB's Strategic Plan 2019-22:

**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.

The programme has been running for a three year period with a three year extension, which will end on 31 March 2025.

In March 2024, the EIJB reported a £60 million budget gap for 2024/25 and despite having achieved substantial savings, it is not on course to break even by the end of this financial year and is therefore at risk of being unable to meet its legal obligations to provide core and statutory services.

As required by the terms of the EIJB integration scheme, the Chief Officer and Chief Financial Officer are obliged to submit a financial recovery plan outlining what additional savings can be achieved to reconcile the position by the end of the financial year.

To address this, the EHSCP must focus on providing core and statutory services and ensure optimum value for money in all areas of spend. An evaluation of the grants

programme showed that although the programme had very high satisfaction scores, the Partnership's evaluation criteria had not included a requirement to consider value for money. Further analysis showed that none of the grants funded core or statutory service provision and only one project was likely to provide a positive return on investment for the IJB. It was therefore concluded that the grants programme did not represent good value for money in the current economic climate.

It is therefore proposed to close the existing grants programme two months earlier than originally planned, with two options for consideration by the EIJB.

1. **Early closure of the existing programme.** This would involve giving providers three months notice, with savings realised from 1 February. This option would save approximately £750,000 in 2024/25.
2. **Dis-investment in community grants in future years.** A more comprehensive, evidence-based approach would be developed to ensure that preventative activities could be targeted to support the EHSCP's strategic objectives. However, the overall level of investment in third-sector spend would be reduced, enabling core EIJB services to be maintained and protecting the most vulnerable. This option would save £4.5 million in 2025/26 and future years.

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

This proposal will be considered as part of the Recovery Plan presented to the EIJB on 1 November 2024. Due to timeframe associated with developing the proposal in the context of an in-year financial recovery plan, there has been no public involvement, however, a communications and engagement plan has been developed for implementation should the proposal be approved.

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

This proposal could be considered strategic under the Fairer Scotland Duty, which places a legal responsibility on particular public bodies in Scotland to pay due regard to (actively consider) how they can reduce inequalities of outcome, caused by socio-economic disadvantage, when making strategic decisions. As the grants programme specifically aimed to tackle inequalities, this proposal may fall into this category.

### **5. Date of IIA**

22 October 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)**



<b>Name</b>	<b>Job Title</b>	<b>Date of IIA training</b>
Andrew Hall	Service Director – Strategic Planning (Lead Officer)	
Moira Pringle	Chief Finance Officer	
Rhiannon Virgo	Programme Manager (Facilitator)	March 2020
Holly Hart	PMO Officer (Scribe)	September 2024
Karen Thom	Strategic Planning and Commissioning Officer	
Anna Wimberley	Project Team Manager (LTC)	
Flora Ogilvie	Consultant in Public Health	
Stephanie-Anne Harris	Strategic Development Manager, Edinburgh Community Health Forum*	
Paul Wilson	Third Sector Interface Representative	
John McKee	Communications and Engagement Manager	


\* A declaration of interest was made: the Edinburgh Community Health Forum is in receipt of an EIJB grant.

## 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
<p>Data on populations in need – where available use disaggregated data</p>	<p><a href="#">Population and demographics - Edinburgh Health &amp; Social Care Partnership (edinburghhsc.scot)</a></p> <ul style="list-style-type: none"> <li>• In 2019 - estimated 8,065 citizens are living with dementia (includes 281 citizens under 65 years)</li> <li>• In 10 years (2034) projected to rise by 26%: 11,077</li> <li>• In 19 years (2043): projected to rise by 53.2%: 13,464</li> <li>• Around 63.5% of people live at home, and 36.5% live in care homes</li> </ul> <p><a href="#">Household data</a></p> <p><a href="#">Census 2022</a></p> <p><a href="#">NHS Lothian Public Health Survey Results</a></p>	<p>The Joint Strategic Needs Assessment provides current and projected data on the wider population in the City of Edinburgh that also includes data on poverty, carers, mental health, dementia, population health and inequalities.</p> <p>The Scottish Household Survey (SHS) is an annual, cross-sectional survey that provides robust evidence on the composition, characteristics, attitudes and behaviour of private households and individuals as well as evidence on the physical condition of Scotland’s homes. The SHS asks questions of a random sample of people in private residences in Scotland. Questions are asked by an interviewer in homes all over Scotland. Its large sample size</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p><a href="https://www.carersuk.org/reports/state-of-caring-in-scotland-2022-a-cost-of-living-crisis-for-unpaid-carers-in-scotland/">https://www.carersuk.org/reports/state-of-caring-in-scotland-2022-a-cost-of-living-crisis-for-unpaid-carers-in-scotland/</a></p> <p><a href="https://www.gov.scot/collections/scottish-health-survey/">https://www.gov.scot/collections/scottish-health-survey/</a></p>	<p>allows analysis of all Scotland's 32 local authorities.</p> <p>State of Caring In Scotland 2022</p> <p>Scottish Government – Scottish Health Survey</p>
Data on service uptake/access	<p> Grant Programme Evaluation Appendix 1</p> <p><a href="https://democracy.edinburgh.gov.uk/Data/Edinburgh%20Integration%20Joint%20Board/20181214/Agenda/\$item_52_-_recommendations_from_the_health_and_social_care_grants_review_programme_2019.xls.pdf">https://democracy.edinburgh.gov.uk/Data/Edinburgh%20Integration%20Joint%20Board/20181214/Agenda/\$item_52_-_recommendations_from_the_health_and_social_care_grants_review_programme_2019.xls.pdf</a></p>	<p>In 2022/23, 64 projects received funding through the EIJB Grant Programme for the continued provision of preventative and early intervention services across the city. It is estimated that approximately 50,556 people took part in activities/used services funded through the Programme. EIJB grant-funded organisations often attract additional funding which was estimated at around £16m in 2022/23 and represents an extra £3.56 for every pound awarded through the programme.</p> <p>Volunteer hours also added a further 15% of hours to those worked by paid staff adding significant social and financial value. The financial value of these volunteering hours is estimated at over £2.1m. Some of these individuals may find alternative volunteering opportunities.</p>
Data on socio-economic disadvantage e.g. low income, low	<i>Joint Strategic needs Assessment City of Edinburgh HSCP (2020)</i>	Provides current and projected data on the demographics within Edinburgh

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
wealth, material deprivation, area deprivation	<p><a href="https://www.edinburghhsc.scot/th/e-ijb/jsna/">https://www.edinburghhsc.scot/th/e-ijb/jsna/</a></p> <p><a href="#">Tackling Inequalities to reduce mental health problems – Mental Health Foundation (Jan 2020)</a></p> <p><a href="#">Edinburgh poverty commission report – A just capital: Actions to end poverty in Edinburgh</a></p> <p> EIJBREPORT2023_2024 - Copy.docx</p> <p> 2024-03-01 - ECF National.docx</p>	<p>Disproportionate impact of Covid 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>End Poverty in Edinburgh Annual Progress Report 2023</p> <p>Key publications focusing on food poverty and strategies to address this</p>
Data on equality outcomes	<p><a href="#">Evidence hub: What drives health inequalities? - The Health Foundation</a></p> <p><a href="https://www.joinedupforjobs.org/uploads/store/mediaupload/547/file/Ethnicity%20and%20Employment%20-%20recent%20data%20Oct%202023.pdf">https://www.joinedupforjobs.org/uploads/store/mediaupload/547/file/Ethnicity%20and%20Employment%20-%20recent%20data%20Oct%202023.pdf</a></p> <p><a href="https://democracy.edinburgh.gov.uk/documents/s57476/Item%207.2%20-%20Impact%20of%20Poverty%20on%20Women%20and%20Girls.pdf">https://democracy.edinburgh.gov.uk/documents/s57476/Item%207.2%20-%20Impact%20of%20Poverty%20on%20Women%20and%20Girls.pdf</a></p> <p><a href="http://www.gov.scot">Scotland's Wellbeing - Measuring the National Outcomes for Disabled People (www.gov.scot)</a></p>	<p>Information on and analysis of equality outcomes</p> <p>Poverty and ethnicity information</p> <p>Evidence of poverty amongst women</p> <p>Outcome for people with disabilities</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Research/literature evidence	<p><a href="#">Public health approach to prevention and the role of NHSScotland - Publications - Public Health Scotland</a></p> <p><a href="#">NHS Lothian Public Health and Health Policy - A strengthened approach to prevention across the Lothian health and care system</a></p> <p><a href="#">Hard Edges Report</a> -Scotland</p> <p><a href="#">All-Party Parliamentary Group on Arts, Health, and Wellbeing - Inquiry Report (July 2017).</a></p>	<p>Data and insight highlighting how the circumstances in which we live shape our health.</p> <p>The research highlights the complexity of the lives of people facing multiple disadvantage north of the border. It also details the challenges that charitable services and the public sector are facing. In particular, the report illustrates the mismatch between the multiple disadvantages people face and the fact that services are often set up to address 'single issues'.</p> <p>Includes evidence of health economics and the impact of creative health initiatives</p>
Public/patient/client experience information	 <p>Grant Programme Evaluation Appendix 1</p>	<p>Overall, the returns show that of the 560 output targets set for 2022/23, 489 were exceeded or fully met. The average user satisfaction score was found to be 91% across the EIJB Grant programme for 2022/23.</p>

Evidence	Available – detail source	<b>Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal</b>
Evidence of inclusive engagement of people who use the service and involvement findings		As part of the annual monitoring process, organisations are asked to select the type of impact their services are likely have on individual users. This is achieved by using a suite of standardised impact measures called Standard Impact Assessment Questions, SIAQS. These impact targets are included in the organisation's funding agreement and organisations are assessed against their expected outcomes. To measure the actual impacts achieved, organisations carry out service user surveys using the relevant Standard Impact Assessment Questions (SIAQs) and the results from these SIAQs are subsequently used as proxy impact measures for the EIJB Grant Programme.
Evidence of unmet need	Extract from an unpublished report to the EIJB's Performance and Delivery Committee	<ol style="list-style-type: none"> <li data-bbox="1038 1256 1522 1525">1. A review of relevant published literature illustrates that there is a lack of evidence supporting the cost-effectiveness of many of the types of interventions employed by grant recipients.</li> <li data-bbox="1038 1559 1522 1944">2. This does not necessarily mean that the interventions are not effective; as evidenced in the report, most services achieved their stated objectives but rather that it has not been established that the approaches used are the best value way of achieving those objectives.</li> </ol>



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-bbox="523 1077 986 1227"> <a href="#">Director of Public Health Annual Report 2023</a>  <a href="#">NHS-Lothian-Public-Health-Annual-Report-2022-final.pdf</a> </p> <p data-bbox="523 1267 1002 1525">           At present there are 557 people waiting for statutory care at home services, with the longest wait at 625 days. Delayed discharge data shows that there are currently 228 people delayed in hospital.         </p>	<p data-bbox="1038 427 1517 689">           3. It is also evident in the literature that the cost of some preventative interventions can even exceed the cost of the issue they prevent (the financial cost, at least).         </p> <p data-bbox="1038 730 1525 1440">           4. There is one clear exception to this which is community-based falls prevention classes which have been consistently found to be highly cost-effective (The EIJG Grants Programme funded one organisation £144,324 to provide falls prevention classes in the community). Work is actively underway to develop a comprehensive falls prevention plan which is likely to include procurement of community-based falls prevention classes through a bespoke contractual arrangement which would mitigate any impact from this.         </p> <p data-bbox="1038 1621 1469 1767">           Evidence showing areas of unmet need for statutory services. This provides the context in which financial decisions are made.         </p>
Good practice guidelines	<p data-bbox="523 1839 986 1906"> <a href="#">thetriangleofcare-thirdedition.pdf (nhslothian.scot)</a> </p>	<p data-bbox="1038 1839 1497 1906">           Carers' guide to best practice in Mental Health in Scotland         </p> <p data-bbox="1038 1946 1469 2018">           National clinical guidelines for people with dementia, which         </p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p><a href="#">SIGN 168 Assessment, diagnosis, care and support for people with dementia and their carers</a></p> <p><a href="https://www.oscr.org.uk/becoming-a-charity/preparing-for-your-application/4-where-will-you-get-funding-from/">https://www.oscr.org.uk/becoming-a-charity/preparing-for-your-application/4-where-will-you-get-funding-from/</a></p> <p><a href="https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2024/09/clarification-inherent-obligations-united-nations-convention-rights-child-uncrc/documents/clarification-inherent-obligations-united-nations-convention-rights-child-uncrc/clarification-inherent-obligations-united-nations-convention-rights-child-uncrc/govscot%3Adocument/clarification-inherent-obligations-united-nations-convention-rights-child-uncrc.pdf">https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2024/09/clarification-inherent-obligations-united-nations-convention-rights-child-uncrc/documents/clarification-inherent-obligations-united-nations-convention-rights-child-uncrc/clarification-inherent-obligations-united-nations-convention-rights-child-uncrc/govscot%3Adocument/clarification-inherent-obligations-united-nations-convention-rights-child-uncrc.pdf</a></p>	<p>highlights impact of social isolation and the need to be connected with community and carer support.</p> <p>Good practice guidelines for charity funding</p> <p>Extract from the UNCRC</p>
Carbon emissions generated/reduced data	N/A	
Environmental data	N/A	
Risk from cumulative impacts	<p><a href="#">Savings programme 2024-25 - cumulative IIA - Edinburgh Health &amp; Social Care Partnership</a></p> <p><a href="#">Savings programme 2024-25 - Early intervention and prevention IIA - Edinburgh Health &amp; Social Care Partnership</a></p>	<p>This IIA assessed the cumulative impact of the 24/25 savings programme</p> <p>This IIA assessed the impact of the 10% reduction in Early Intervention and Prevention spend in 2024/25.</p>
Other (please specify)	<a href="https://democracy.edinburgh.gov.uk/documents/s68215/Item%207.3%20MTFS.pdf">https://democracy.edinburgh.gov.uk/documents/s68215/Item%207.3%20MTFS.pdf</a>	Draft Medium-Term Financial Strategy paper evidencing the budget gap facing the EHSCP

<b>Evidence</b>	<b>Available – detail source</b>	<b>Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal</b>
Additional evidence required		

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

<b>Equality, Health and Wellbeing and Human Rights and Children’s Rights</b>	<b>Affected populations</b>
<p><b>Positive</b></p> <ul style="list-style-type: none"> <li>• This proposal will protect statutory services, allowing the EHSCP to continue support to people with substantial and critical needs. These people are likely to be some of the the most vulnerable citizens of Edinburgh.</li> <li>• There is an opportunity to consider a more equitable form of investment and commissioning which may improve access for those users with highest level of need.</li> <li>• Supporting statutory services will protect EHSCP staff in these services</li> </ul>	<p><b>All adults eligible for services and their families and carers</b></p> <p><b>All adults eligible for services and their families and carers</b></p> <p><b>Staff</b></p>
<p><b>Negative</b></p> <ul style="list-style-type: none"> <li>• Current service users of organisations funded by grants may experience a loss of service. This could mean that the organisation will close or that specific services will be discontinued due to the funding loss. However, the response of each organisation will depend on their individual financial situation. Any service user who has critical or substantial needs will be eligible for a social work assessment (or review, if they already access statutory services) which will mitigate these needs, however there is likely to be reduced opportunity to act to prevent future needs arising, which may in turn lead to higher demand for services to meet critical / substantial need and therefore less capacity to deliver a quality service for the existing high need population. Signposting to alternative community services will also mitigate the impact.</li> </ul>	<p><b>Anyone who accesses a grant-funded service, predominantly older people, people with a disability, carers, younger people, and their families including children.</b></p> <p><b>Older people</b></p>

<b>Equality, Health and Wellbeing and Human Rights and Children’s Rights</b>	<b>Affected populations</b>
<ul style="list-style-type: none"> <li>• Currently 7 grant funded organisations provide non- Care Inspectorate registered centre-based day services and outreach services for older people, with approx. 825 service users (source: Data from unpublished report to the EIJ’s Performance and Delivery Committee). This includes 3 non-Care Inspectorate registered day services for people with a dementia diagnosis (155 places). This proposal may impact future availability of both older people and dementia community-based supports. There are potential interconnections system-wide with EIJB contracted centre-based Care Inspectorate registered older people’s day services and associated carer respite support. May result in increased referrals for health and social care assessments for alternatives including CI registered day service support, particularly if increased carer stress and potential breakdown.</li> <li>• Carers may be affected if services close or are reduced. 5 grants provide carer support services. Women are more likely to be carers and may be affected more than men or people with a trans identity. It is recognised that informal carers of people living with dementia are disproportionately female and often from areas of socioeconomic deprivation<sup>1</sup>. Women make up around two thirds of unpaid carers<sup>2</sup>, and may also have other caring responsibilities for children, therefore impact on provision of support to carers may have wider family impacts However, carers’ funding has increased and all carers are eligible for a Carer’s Assessment under the Carer’s (Scotland) Act 2016, which will consider alternative options for support.</li> <li>• 67% of people with dementia in Scotland are women. Longer life expectancy alone does not explain this disparity<sup>3</sup>. Women may therefore be disproportionately affected by this proposal. In</li> </ul>	<p><b>Carers, young carers and women</b></p> <p><b>Women Children and young people</b></p>

<sup>1</sup> SIGN 168 - Assessment, diagnosis, care and support for people with dementia and their carers. National Clinical Guideline (Nov 23) <https://www.sign.ac.uk/our-guidelines/dementia/>

<sup>2</sup> [Dementia Statistics Hub | Alzheimer’s Research UK](#)

<sup>3</sup> SIGN 168 - Assessment, diagnosis, care and support for people with dementia and their carers. National Clinical Guideline (Nov 23) <https://www.sign.ac.uk/our-guidelines/dementia/>

<b>Equality, Health and Wellbeing and Human Rights and Children’s Rights</b>	<b>Affected populations</b>
<p>mitigation, if their needs are critical or substantial they may qualify for increased statutory supports.</p> <ul style="list-style-type: none"> <li>• Social isolation may increase for people who lose their service who cannot easily access alternative services. This is likely to disproportionately affect groups who experience barriers when accessing services, such as non-English speakers, people of different religions who access religion-specific services, people of minority ethnicities and refugees or asylum seekers, as well as people living in areas of lower deprivation who are less likely to have alternative sources of support. Feniks, for example, provides support to the Central European community. It would also affect people with low level of digital literacy.</li> <li>• People who access services which provide specific support for disabilities eg dementia, Huntington’s Disease, asthma, ABI or HIV may find it more difficult to find alternative supports targeted to their condition. Some conditions also disproportionately affect populations from certain groups (eg. higher prevalence of HIV in MSM and black African population, therefore any reductions in disease-specific support may adversely affect these groups. However, if they have critical or substantial unmet needs they would remain eligible for statutory supports. Global support services may also provide potential alternatives.</li> <li>• The current grants programme provides support for maternal mental health. If the funding loss results in service loss or reduction, pregnant women or new mothers with mental health issues may be affected, which could in turn affect the health and wellbeing of other children and young people within the household. However, a wide range of mental health supports are still provided which could act as an alternative. In addition, NHS Lothian provides maternal healthcare and support.</li> <li>• People in or vulnerable to poverty are more likely to feel a disproportionate impact of any service loss or reduction. They may be less able to afford alternative supports or any associated travel. Migrants with no recourse to public funds are likely to be more affected than others.</li> </ul>	<p><b>Non-English speakers, people of different religions, people of minority ethnicities, refugees and asylum seekers, people with low levels of digital literacy</b></p> <p><b>People with a disability accessing condition-specific support services, LGBT+; BAME populations</b></p> <p><b>Pregnant women and new mothers and their children and young people</b></p> <p><b>People in or vulnerable to falling into poverty, BAME populations with no recourse to public funds</b></p>

<b>Equality, Health and Wellbeing and Human Rights and Children’s Rights</b>	<b>Affected populations</b>
<ul style="list-style-type: none"> <li>• The grants programme criteria looked at geographical spread and a large number have been awarded in areas of socio-economic deprivation, particularly in the south west of the city. Any service loss or reduction resulting from the funding loss may therefore impact in these areas to a greater extent. This can be partly mitigated by signposting to alternatives if possible.</li> <li>• Income maximisation services supporting people in poverty are likely to be affected. While, income maximisation is not a delegated service to the EIJB and a number of alternative services are provided by the City of Edinburgh Council, it is important to recognise that there is already a level of unmet demand in the city, and so any reduction in service is likely to affect overall levels of access. Women, those with a disability and BAME populations are more likely to be affected by poverty and therefore disproportionately affected by reduced availability of poverty mitigation interventions such as welfare advice</li> <li>• A number of programmes support those who are homeless. Care experience is a risk factor for homelessness so those populations may be disproportionately affected. The mitigation would be signposting to alternative services or access to statutory services where appropriate.</li> <li>• No redundancies will be made as a result of this proposal, however, there may be some impact on staff who work regularly with third sector organisations or with service users accessing those services. This is likely to include increased complaints and a potential emotional impact of working with people in distress. Some staff members are likely to see changes to their role. In mitigation, there will be clear communication of any changes with affected staff.</li> </ul>	<p><b>People living in areas with high levels of deprivation</b></p> <p><b>People on low incomes and / or eligible for benefits; women, children and young people, those with a disability and BAME populations</b></p> <p><b>People experiencing homelessness, people with care experience</b></p> <p><b>Staff</b></p>

<b>Environment and Sustainability including climate change emissions and impacts</b>	<b>Affected populations</b>
<p><b>Positive</b></p> <p>N/A</p>	

<b>Environment and Sustainability including climate change emissions and impacts</b>	<b>Affected populations</b>
<b>Negative</b>  N/A	

<b>Economic</b>	<b>Affected populations</b>
<b>Positive</b> <ul style="list-style-type: none"> <li>• This proposal will protect providers of statutory services within Edinburgh by reducing the likelihood that these services will have to be curtailed</li> <li>• Some volunteers may commit to supporting other third-sector organisations</li> </ul>	<b>Independent sector providers including local businesses</b>
<b>Negative</b> <ul style="list-style-type: none"> <li>• A reduction of investment of this magnitude will undoubtedly affect third sector providers by reducing the funding available. This will be partly mitigated for 19 providers who benefit from additional funding from EHSCP. Some organisations may be able to redeploy staff to cover changes, however, others will reduce headcount as funding reduces. Organisations working in areas of higher deprivation may be more likely to employ people from those areas so job losses may be disproportionate in areas of deprivation</li> <li>• Some organisations may close as a result of the reduction in funding. However, the OSCR guidance for charities recommends that they develop a robust funding model that can withstand fluctuations in financial support. It is not possible or appropriate to assess each of the 64 organisations to identify the specific impact of loss of funding on their overall finances.</li> <li>• There may be a reduction in the overall volunteer workforce and in the number of volunteer hours provided. This will impact on other opportunity providers who may not have capacity/ availability to provide alternative supports.</li> <li>• Potential contraction of social-care sector and third sector overall as a result of reduction in funding. This can be mitigated by developing a</li> </ul>	<b>Third sector providers, including local businesses, and employees, areas with high levels of deprivation</b>  <b>Third sector providers, including local businesses, and employees</b>

Economic	Affected populations
commissioning strategy to support organisations providing services which align with the EHSCP Strategic Plan.	

**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?**

N/A – as this would reduce contractor spend, there would be no impact on the above.

**10. Consider how you will communicate information about this policy/ service change to children and young people and those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.**

A robust communications and engagement plan is being produced to ensure that if this proposal is implemented, it will be communicated appropriately to people in these groups.

**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.**

N/A

**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:**



<b>Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)</b>	<b>Who will take them forward (name and job title)</b>	<b>Deadline for progressing</b>	<b>Review date</b>
Develop robust comms and engagement plan	John McKee, Communications and Engagement Manager	1 Nov 2024	TBC
Review IIA on a regular basis if the proposal is implemented	Andy Hall, Service Director	1 Feb 2024	TBC
Develop future commissioning plan to ensure that spend is targeted at strategic objectives and provides clarity and stability for providers	Andy Hall, Service Director	TBC	

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

Yes. It is not possible to entirely mitigate the impact of the proposed reduction in investment in the third sector, although every effort will be made to ensure that service users are not impacted. The unmitigated impacts relate mainly to the economic impacts on third sector providers rather than on service users. However, where the mitigation is to signpost to alternative services, there may not be sufficient capacity in those services to meet the additional need.

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

- Monitoring of any increased demand for statutory services resulting from this proposal. Coproduction of future provision involved by communities of interest, identity and locale.

**16. Sign off by Head of Service**

**Name: Andy Hall**

**Date: 24 October 2024**

## 17. Publication

Completed and signed IIAs should be sent to:  
[integratedimpactassessments@edinburgh.gov.uk](mailto:integratedimpactassessments@edinburgh.gov.uk) to be published on the  
Council website [www.edinburgh.gov.uk/impactassessments](http://www.edinburgh.gov.uk/impactassessments)

**Edinburgh Integration Joint Board/Health and Social Care**  
[sarah.bryson@edinburgh.gov.uk](mailto:sarah.bryson@edinburgh.gov.uk) to be published at  
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