

## **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**

NHS Lothian SLA: Addressing Inequalities

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

To meet the EIJB savings target of £2.2 million through reduction in spend on block contracts and Service Level Agreements, it is proposed that the EIJB discontinues funding to MECOPP, the Pilton Community Health Project, the Polish Family Support Centre and LGBT Health and Wellbeing.

It should be noted that the proposal to be considered in this IIA is based on the worst-case scenario of a total removal of funding from affected organisations. However, officers will consider all available evidence, including the impacts noted in the IIA, when making their recommendations to the EIJB, and may therefore recommend an alternative option, such as retaining or recommissioning the contract or SLA.

Services considered under this IIA were as follows:

Mental Health and Wellbeing Project	LGBT Health and Wellbeing	Provision of a specialist service to promote the mental and emotional wellbeing of lesbian, gay, bisexual and transgender people across Lothian	£27,000
Gypsy Traveller Carers	MECOPP	To work with the Gypsy/Traveller community to improve the quality of life of informal carers and cared for people with a specific focus on mental health and broader health literacy.	£13,500
Women Supporting Women	Pilton Community Health Project	1-2-1 support, group work and parent/child group work for women in North Edinburgh	£21,600
Support for Polish Families	Polish Family Support Centre	Provision of Polish family support centre	£5,000

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

Affected providers were notified that they were in scope of savings programme proposals in early June 2025.

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

Yes

**5. Date of IIA**

08 July 2025

**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>
<b>Cat Young</b>	Assistant Programme Manager; EHSCP	
<b>Rhiannon Virgo (facilitator)</b>	Programme Manager; EHSCP	<b>Feb 2020</b>
<b>Holly Hart (scribe)</b>	PMO Officer; EHSCP	<b>Sept 2024</b>
<b>Charise Barclay Daly</b>	Community Health Manager; Gypsy/Traveller Community Health Team	
<b>Michelle Davitt</b>	Edinburgh Service Manager; LGBT Health and Wellbeing	
<b>Mark Kelvin</b>	CEO; LGBT Health and Wellbeing	
<b>Marta Nowak</b>	Project Manager; Polish Family Support Centre	

**7. Evidence available at the time of the IIA**

<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>
<p>Data on populations in need</p>	<p><a href="#">Population and demographics - Edinburgh Health &amp; Social Care Partnership (edinburghhsc.scot)</a></p> <p><a href="#">Supporting documents - Scottish Household Survey 2021 - telephone survey: key findings - gov.scot (www.gov.scot)</a></p> <p>Thrive Welcome Teams Trak data</p> <p><a href="#">Scottish Government Mental Health and Wellbeing Strategy</a></p> <p><a href="#">AUDIT Scotland Report on Adult Mental Health</a></p> <p>Joint Edinburgh Carers Strategy <a href="#">7.1 The Joint Edinburgh Carer Strategy Refresh 2023-26.pdf</a></p>	<p>Provides current and projected data on the wider population in the City of Edinburgh</p> <p>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</p> <p>Referral and demographic data for MH single point of access (NHS access only)</p> <p>Mental Health and Wellbeing Strategy 2023 – 2025 which describes the approach the Scottish Government will undertake to improve mental health for everyone in Scotland.</p> <p>The report contains a number of recommendations for the Scottish Government, local authorities and partners, many of which reflect the themes set out in The Scottish Government Strategy.</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="#">Joint Edinburgh Carers Survey</a></p> <p><a href="#">Human Rights Bill: Consultation Summary</a></p> <p><a href="#">MECOPP GT CHW Service report Final proof 03 11.04.24.pdf</a></p> <p><a href="#">LGBT+ Health and wellbeing</a></p> <p><a href="#">LGBT+ Health Needs Assessment – Equality and Human Rights</a></p> <p><a href="#">1.-Infographic-Summary-June-2022.pdf</a></p> <p><a href="#">LGBTYS LiS e-use</a></p> <p><a href="#">The Scottish LGBT Equality Report - Equality Network</a></p>	<p>The VOCAL Carers Survey gathers the views of carers looking after people in Edinburgh and Midlothian</p> <p>Summary of feedback from consultation for the Human Rights Bill</p> <p>Evaluation of a Gypsy/Traveller Community Health Worker service</p> <p>Glasgow Centre for Population Health - The overall aim of this project is to examine the contemporary social determinants of LGBT+ health and wellbeing.</p> <p>LGBT Health Needs Assessment</p> <p>Health needs assessment of LGBT+ people Summary infographic report</p> <p>This report details the findings of LGBT Youth Scotland's longitudinal research into what life is like for LGBT Young People in Scotland. F</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="#">United Kingdom - Rainbow Map</a></p> <p><a href="#">Trans-People-and-Work-Executive-Summary-LGBT-Health-Aug-2021-FINAL.pdf</a></p> <p><a href="#">carers-uk-lgbtq-briefing-2023-web.pdf</a></p> <p><a href="#">Briefing Sheets — MECOPP</a></p> <p><a href="#">Scotland's Census 2022 - Ethnic group, national identity, language and religion   Scotland's Census</a></p> <p><a href="#">Polish Men in Scotland are Dying by Suicide at Nearly Twice the Average</a></p>	<p>The Scottish LGBT Equality Report is a state of the nation report on lesbian, gay, bisexual and transgender (LGBT) people's experiences of inequality in Scotland. (Scotland-wide not Edinburgh specific but examples from Edinburgh resident given and wider issues are relevant to this IIA).</p> <p>These are the main findings for the 2025 edition of the rainbow map The Rainbow Map ranks 49 European countries on their respective legal and policy practices for LGBTI people, from 0-100%.</p> <p>Trans People and Work: Survey Report - a research project on the experiences of trans people at work and when looking for work. Identifying the barriers that this minority faces in finding and staying in appropriate employment.</p> <p>Supporting LGBTQ+ carers: A good practice briefing</p> <p>Evidence/briefing notes on a range of topics. There is relevant information on BME communities including provision for carers (Gypsy/Travellers, LGBT community &amp; dementia) and BME demographics.</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
	<a href="#">Rate   End Mental Health Stigma and Discrimination</a>	<p>Scotland's census indicating the prevalence of the Polish community.</p> <p>Rates of suicide amongst Polish community and rates in men in particular.</p>
Data on service uptake/access	<p>National Benchmarking data</p> <p>Thrive Data</p> <p>Thrive Collective quarterly</p> <p><a href="#">Thrive Collective Impact Report</a></p> <p>Annual SLA reports</p>	<p><a href="#">2021/22 LGBF</a> data shows an increase in the number of people supported to live as independently as possible.</p> <p>Quantitative and Qualitative Data from Thrive Welcome Team, including demographic, equalities data. 3,424 people seen by TWT since Nov 22 and demonstrates decline in referrals to psychological therapies.</p> <p>Demonstrate the uptake of services within 3 partnerships of the Thrive Collective.</p> <p>Exploring investment of £1.8 million to support 4,367 people, with a minimum social value of £7.13 for every pound spent on the Thrive Collective programme.</p> <p>Annual and interim reporting across all SLA on what is being delivered across Edinburgh and the impact of such activities</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>
	<p data-bbox="488 368 824 403"><a href="#">Thrive Progress Report</a></p> <p data-bbox="488 584 1025 619">TRAK data (Psychological Therapies)</p> <p data-bbox="488 647 1016 683"><a href="#">Mental Health Inpatient Census 2023</a></p> <p data-bbox="488 842 1059 919"><a href="https://changemh.org/latest_news/2023-24-annual-report/">https://changemh.org/latest_news/2023-24-annual-report/</a></p> <p data-bbox="488 1078 779 1114"><a href="#">Census Data (2022)</a></p>	<p data-bbox="1093 328 2074 448">This document sets out the aspirations of Thrive Edinburgh and what has been delivered against Thrive Pillars and Adult Health and Social Care Workstreams and Change Programmes in 2023.</p> <p data-bbox="1093 496 1935 576">Data shows significant decrease of people being referred to psychological therapies.</p> <p data-bbox="1093 667 2085 746">Results of the seventh Mental Health and Learning Disability Inpatient Census and Outwith NHS Scotland Placements Census, 2023.</p> <p data-bbox="1093 799 2074 959">Detailing organisations delivery and referencing the Thrive Edinburgh contract alone delivered 9,870 hours of support, showing the organisation’s commitment to community-based mental health services.</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><a href="#">Joint Strategic needs Assessment City of Edinburgh HSCP (2020)</a></p> <p><a href="#">Coronavirus: Mental Health in the Pandemic Study   Mental Health Foundation</a></p> <p><a href="#">Poverty commission reports</a></p> <p><a href="#">Collective Advocacy (People's conference report)</a></p> <p><a href="#">Trans-People-and-Work-Executive-Summary-LGBT-Health-Aug-2021-FINAL.pdf</a></p>	<p>Provides current and projected data on the demographics within Edinburgh</p> <p>MH Foundation Covid 19 report: Pandemic effect on mental health</p> <p>End Poverty Edinburgh is a group of independent citizens aiming to raise awareness of poverty in Edinburgh, influence decision-making, and hold the city to account.</p> <p>Conference space for people to have their voice heard – this year focused on what makes a house a home</p> <p>Trans people and work executive summary</p>
<p>Data on equality outcomes</p>	<p><a href="#">JSNA-Health-Needs-of-Minority-Ethnic-Communities-Edinburgh-April-2018.pdf (edinburghhsc.scot)</a></p>	<p>Provides data on demographics of minority ethnic communities</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	<a href="#">LGBT++ HNA Qualitative stage Final Report</a>	Health needs assessment of lesbian, gay, bisexual, transgender and non binary people QUALITATIVE RESEARCH
Public/patient/client experience information	<p>HM Inspectorate of Constabulary in Scotland Thematic Review of Policing Mental Health in Scotland</p> <p><a href="#">Trans-People-and-Work-Executive-Summary-LGBT-Health-Aug-2021-FINAL.pdf</a></p>	<p>Assess the state, efficiency and effectiveness of Police Scotland’s provision of mental health-related policing services. Published its thematic review of policing Mental Health in Scotland.</p> <p>Trans People and Work: Survey Report - a research project on the experiences of trans people at work and when looking for work. Identifying the barriers that this minority faces in finding and staying in appropriate employment.</p>
Evidence of inclusive engagement of people who use the service and involvement findings	Complaints/ compliments: 2024 Thrive Contracts review	

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
Evidence of unmet need	<p><a href="#">Edinburgh Integration Joint Board Strategic Plan (2019-2022)</a></p> <p><a href="#">Welfare reform - impact on households with children: report - gov.scot</a></p> <p><a href="#">Scottish mental health law review: our response</a></p> <p><a href="#">Marks-Final-PE-report-2021.pdf (rehpatientscouncil.org.uk)</a></p> <p><a href="https://www.mwscot.org.uk/policy-and-research">https://www.mwscot.org.uk/policy-and-research</a></p>	<p>Details the health needs and priorities for the people of Edinburgh</p> <p>A report that presents analysis of the impacts of UK Government reform on households with children in Scotland.</p> <p>A response to the independent review of mental health, capacity and adult support and protection legislation,</p> <p>The Experience of Patients in the Royal Edinburgh Hospital –</p> <p>Mental Health Welfare Commission detailing feedback from people that use services</p>
Good practice guidelines	<p><a href="#">SIGN guideline for specific mental health conditions</a></p> <p><a href="https://www.nice.org.uk/guidance/ng58/resources/coexisting-severe-mental-illness-and-substance-misuse-">https://www.nice.org.uk/guidance/ng58/resources/coexisting-severe-mental-illness-and-substance-misuse-</a></p>	<p>Link to guidelines for specific mental health conditions.</p> <p>This guideline covers how to improve services for people aged 14 and above who have been diagnosed as having coexisting severe mental illness and substance misuse.</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="#">community-health-and-social-care-services-pdf-1837520014021</a></p> <p><a href="https://www.nice.org.uk/guidance/ng181/resources/rehabilitation-for-adults-with-complex-psychosis-pdf-66142016643013">https://www.nice.org.uk/guidance/ng181/resources/rehabilitation-for-adults-with-complex-psychosis-pdf-66142016643013</a></p> <p><a href="https://www.alliance-scotland.org.uk/policy-and-research/policy/mental-health/">https://www.alliance-scotland.org.uk/policy-and-research/policy/mental-health/</a></p> <p><a href="#">Mental Health Foundation</a></p> <p><a href="#">Scottish Independent Advocacy Alliance</a></p> <p><a href="#">Scotlands Mental Health and Wellbeing Strategy (2023)</a></p> <p>-</p>	<p>This guideline covers mental health rehabilitation for adults with complex psychosis.</p> <p>The ALLIANCE works to ensure mental health law, policy and practice is aligned with human rights standards and principles.</p> <p>Information for public and professionals alongside specific reports on how to support people with mental issues</p> <p>Overview of the benefits of independent and collective advocacy</p> <p>Mental Health (care and treatment) (Scotland) Act 2003: Code of Practice</p> <p>Mental Health (Care and Treatment) (Scotland) Act 2003: Detailing everyone's right to independent advocacy</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.gov.scot/publications/mental-health-care-treatment-scotland-act-2003-code-practice-volume-1/">https://www.gov.scot/publications/mental-health-care-treatment-scotland-act-2003-code-practice-volume-1/</a></p> <p><a href="#">Mental Health (Care and Treatment) (Scotland) Act 2003</a></p> <p><a href="#">The New Mental Health Act: A guide to independent advocacy: Information for Service Users and their Carers - gov.scot</a></p>	<p>The New Mental Health Act: A guide to independent advocacy: Information for Service Users and their Carers</p>
Carbon emissions generated/reduced data	N/A	
Environmental data	N/A	
Risk from cumulative impacts		
Other (please specify)		
Additional evidence required	<p><a href="https://earthworm-hyperboloid-4zl6.squarespace.com/what-does-it-mean-to-you-2024">https://earthworm-hyperboloid-4zl6.squarespace.com/what-does-it-mean-to-you-2024</a></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-bbox="488 331 1039 491"><a href="#">The New Mental Health Act: A guide to independent advocacy: Information for Service Users and their Carers - gov.scot</a></p> <p data-bbox="488 544 1055 619"><a href="#">Equality-Mainstreaming-and-Outcomes-Report.docx</a></p> <p data-bbox="488 671 987 746"><a href="#">Equality-Progress-Report-5-March-2020.pdf</a></p>	

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

<b>Equality, Health and Wellbeing and Human Rights</b>	<b>Affected populations</b>
<p><b>Positive</b></p> <p>The contract and SLA savings as a whole will help the EHSCP meet its statutory obligations by ensuring that resources can be prioritised to support the most vulnerable, by delivering efficiencies wherever possible. This will strengthen statutory services.</p> <p>The EIJB has delivered over £100m of savings over the last three years through a range of savings projects. There are few options remaining to deliver savings that do not impact on direct statutory service provision, and which would directly affect people who use our services, staff and providers. This proposal does not remove statutory services which form part of an individual’s package of care. If this saving does not proceed, alternatives will have to be found with potentially greater impacts on people with protected characteristics.</p> <p>Small value contracts require the same level of contract management resource as larger ones. It is therefore more efficient to ensure that commissioning is done at a reasonable level of spend in future. This proposal, if agreed, will support that goal and free up scarce resources to ensure that all contracts are managed well.</p> <p>The carers’ support contract under consideration here (Gypsy Traveller Carers) was commissioned in isolation from the main carers funding. This proposal will dovetail with the review of carers funding currently underway to ensure that all carers receive appropriate and consistent support.</p>	<p><b>All</b></p> <p><b>All</b></p> <p><b>All</b></p> <p><b>All carers</b></p>
<p><b>Negative</b></p> <p>As the Polish Family Support Centre provides services to families, older people and people in their middle years will be negatively impacted, with children/young people being indirectly impacted too. In particular children are impacted when the mental health of their older primary care givers deteriorates. Many of these people do not have the required language skills to access an appropriate alternative service elsewhere – this service provides the main and often only contact they can access. This is exacerbated by increased isolation if they are here alone, away from family who could</p>	<p><b>Polish older people and people in their middle years</b></p> <p><b>Polish young people and children</b></p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>support them. There has been no identified alternative that provides such comprehensive support as there is nowhere similar in terms of provision of culture and language. There is a growing number of older service users who would be directly impacted by the reduction in service. Prevention is the main factor here as the loss of funding for this service would decrease the ability of the service to mitigate issues in future.</p> <p>Developing a safe and trusted service for children transitioning from children to adult services is key. The benefits of this have been seen in the Gypsy/Traveller community where providing education and smoother pathways have been found to improve health outcomes in the future. Preventative care in Gypsy/ Traveller community means that it will cost less in the future for services. Also, building trust and increasing safeguarding helps to prevent hate crimes against Gypsy/Travellers. The removal of funding will impact these benefits negatively. <b>Mitigation:</b> This service has been commissioned to support Gypsy/Traveller carers in isolation from the main carers workstreams and funding. Whilst it is recognised that people in this group have historically failed to engage with mainstream services, that does not mean that support must be commissioned as a separate entity. Appropriate commissioning outcomes could be set to ensure that the needs of this community could be met within a larger framework.</p> <p>Older people who are also members of the LGBT community are experiencing an increased level of discrimination. Social care services they receive at home are not suitable to supporting the mental health and wellbeing of older queer people. These services do not always provide a safe space for older people to be openly queer and there is evidence of them hiding their identities and feeling unable to raise issues for fear of losing their required care packages. LGBT Health and Wellbeing Services provide support for these protected characteristics which otherwise cannot be provided. <b>Mitigation:</b> All health and social care staff are trained to provide service to people of all sexualities and genders without discrimination or judgement. A robust complaints procedure is available to LGBT people who have experienced discrimination from members of staff. Any service users that meet the criteria of critical or substantial need could opt to receive the funding for the support they are eligible via self-directed support and could choose to purchase appropriate services of their choosing directly.</p>	<p><b>Polish vulnerable families</b></p> <p><b>Gypsy/Travellers</b></p> <p><b>Older people and people in their middle years</b></p> <p><b>Lesbian, gay, bisexual and transgender people</b></p> <p><b>Older people and people in their middle years</b></p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Edinburgh's high turnover and prevalence of temporary accommodation means that many older people and, in particular, older queer people, do not have consistent neighbours to build relationships with. There is limited availability of shopping/cooking/support from known neighbours and an increased fear of potential hate crimes in this community. This is exacerbated by a reduction in their circle as older people lose friends. The LGBT Health and Wellbeing services provide a consistent safe space and support to this detrimentally impacted community. <b>Mitigation:</b> Any service users that meet the criteria of critical or substantial need could opt to receive the funding for the support they are eligible via self-directed support and could choose to purchase appropriate services of their choosing directly.</p> <p>In terms of maternity issues, there will also be a significant impact especially for the LGBT community. There is a massive exclusion of maternity care for LGBT families currently and the LGBT Health and Wellbeing service provides training and produced films to reduce this impact. Although the distribution of these films could be seen as a mitigation for the future, the film has had to be embargoed and not widely shared as the families involved would be subject to hate crimes which puts them at further risk. <b>Mitigation:</b> maternity services are not delegated to the EIJB. Alternative options could therefore be more appropriately commissioned by NHS Lothian.</p> <p>Although children's services are not a delegated function of the EHSCP, the removal of funding to LGBT Health and Wellbeing would have repercussions for the LGBT Youth as the network they have cultivated over time has eased and improved the transition from children's to adult's service. The loss of this network of trust and shared knowledge is not replaceable if a part of it is removed. <b>Mitigation:</b> Transitions from children's to adult services are a recognised risk point. Where young people are eligible for adult services, workstreams are in development as part of the Strategic Plan implementation planning to ensure that these transitions are managed well. However, not all young people benefitting from LGBT services may be eligible for adult statutory services.</p> <p>There has been a significant increase in the Care 10 mental health and wellbeing scores following the Supreme Court ruling that Gender Recognition Certificate does not change a person's legal sex (for the purposes of the Equality Act 2010).</p>	<p><b>People in receipt of pensions</b></p> <p><b>Lesbian, gay, bisexual and heterosexual people</b></p> <p><b>Men (include trans men), Women (include trans women) and non-binary people. (Include issues relating to pregnancy and maternity including same sex parents)</b></p> <p><b>Children and Young People</b></p> <p><b>Trans people</b></p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>There is more distress in the LGBT community and anxiety surrounding this issue is high. As people cannot quickly access the required mental health statutory services, there has been a need for an increased number of welfare checks. Services supporting trans people are making a significant difference to their wellbeing and the loss of these would result in an increased level of risk. <b>Mitigation:</b> Transgender care is provided via the Chalmers Sexual Health Clinic and people experiencing increased levels of distress can contact their clinician for support. However, it is recognised that this is only likely to be a partial mitigation as demand may outstrip availability.</p> <p>The LGBT centre also provides a safer sober space where people with shared experiences can meet and provide mutual support. There will be negative implications for the alcohol and drug services as a result of the withdrawal of this service as Edinburgh does not have an alternative safe sober space for this community. In addition to this, people experiencing difficulties with substance abuse will also be differentially impacted by these proposed funding cuts as there will be a loss of early intervention that is key to improved outcomes. The Polish Family Support Centre delivers early intervention, in particular to men, where there has been a rise in spending their limited funds on alcohol and substance use as a result of poor mental health. They have also reported an increase in self-harm within this population. <b>Mitigation:</b> The Edinburgh Alcohol and Drug Partnership will continue to provide support for people experiencing addiction.</p> <p>Another protected characteristic which would be differentially impacted would be disabled people. In particular, the LGBT Health and Wellness service supports a significant number of the trans community who also have neurodivergence. This support is important as the waiting lists for statutory services is long and can increase anxiety amongst the service users. A lot of collaborative work is carried out within these services to share learning, in particular to support people with learning disabilities. It can be difficult for people living with learning disabilities to understand the transition from youth services to adult services, these wellness centres ease this transition through their networks. They are also able to support with written, verbal and digital communication as needed to suit the needs of the service user. <b>Mitigation:</b> disabled people who meet the eligibility criteria for adult services could opt to receive the funding for the support they are eligible via self-directed support and could choose to purchase appropriate services of their choosing directly.</p>	<p><b>People experiencing difficulties with substance use</b></p> <p><b>Disabled people (includes physical disability, learning disability, sensory loss, long-term medical conditions, mental health problems)</b></p> <p><b>Minority ethnic people (includes Gypsy/Travellers, migrant workers, non-English speakers)</b></p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>There are also issues with translation for ethnic minorities such as the Polish community. This group may also face additional differential impacts through cuts to service provision. The Polish Family Support Service have identified a distinct mental health issue which has been found to be challenging to address due to language barriers and lack of translation services, cultural differences in people’s approach to seeking help, stigma/inability to access mainstream services and long waiting lists. The cuts would result in a reduction and potential loss of Polish speaking psychologist’s time and would directly impact Polish people with mental health conditions as a result. Due to the above examples, mitigation with statutory services would not always be appropriate or effective. This family service not only supports with issues of mental health but provides a culturally appropriate service that targets family services, health, financial issues and isolation.</p> <p>Further examples of BME groups differentially impacted would be that of the Gypsy/Traveller community. The risk of suicide for this group is high and increasing, this trend has also been seen in refugees and asylum seekers too. One significant issue is when BME groups are also members of LGBT, including the risk of hate crime. <b>Mitigation:</b> The Place Directorate provides a range of supports for Gypsy/Travellers. The funding provided via the EIJB has supported Gypsy/Traveller carers, and there are a range of alternative supports for carers available via the Carers pathways. At present, all commissioned services for carers are being reviewed, and support for Gypsy/Traveller carers will be incorporated into the main carers lots.</p> <p>Refugees and asylum seekers may face potential loss of life from returning to the country they are seeking asylum from – for themselves and remaining family members. This group requires culturally aware and informed help that cannot be provided elsewhere and services at risk of these proposals such as the LGBT New Scot services can provide this. <b>Mitigation:</b> the Council supports refugees and asylum seekers via the Resilience team and other supports.</p> <p>For people who are unmarried, married or in a civil partnership as a protected characteristic, there are a number of identified negative impacts. A lot of the services that are at risk of closure involve supporting unmarried people at risk of loneliness – and in turn, poor mental health. For married people there were two elements identified. One, is that of</p>	<p><b>Gypsy Travellers, including LGBT</b></p> <p><b>Refugees and asylum seekers</b></p> <p><b>People who are unmarried, married or in a civil partnership</b></p> <p><b>Unemployed</b></p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>married people who become widowed (including LGBT community) and two, is married people who have family in a different country (as identified in the Polish community and other BM groups). The loss of these services will differentially impact all people within this protected characteristic. As well, there are studies currently being undertaken which will take time to show transformation impact. Removing them now will reduce their impact on the population in the future.</p> <p>Unemployed people are at risk of a negative impact as a result of the closure of these SLAs and, as evidenced in the table above, there is already a disadvantage for trans people (who have already or are currently transitioning) as there are many challenges and barriers they face in relation to employment, including work place harassment. Those living in poverty in the gypsy/traveller community were identified as being impacted by the loss of funding to these services too as they help with not only unemployment but access to food banks, travel, arrears/banking and bus passes for children. People are still in poverty even after services have been provided but they have an opportunity of having statutory services available to them. Often it is equitable access that is the issue rather than direct financial issues. <b>Mitigation:</b> Advice services for income maximisations are available through the Council, as this is not a delegated function of the EIJB.</p> <p>The final population group which has been identified as being significantly differentially impacted is that of carers. MECOPP reported that they are the only organisation to work with minority ethnic carers in Scotland. In addition to providing support to carers within the community, they are also a vital resource in providing information for research and collating data on this community. The loss of this service would be detrimental to current research and therefore negatively impact on future generations that would benefit from the outcomes of this research. In addition, carers are underfunded and under resourced with only 1/10 carers having an adult carers support plan. If funding were to be reduced from these groups that support minority ethnic carers, this would be hugely detrimental to an already vulnerable group. The services currently in place are generic and therefore unsuited to a BME group who require specialist support. <b>Mitigation:</b> While specialist support may be necessary for hard to reach groups, this can be commissioned through a mainstream contract, with differential sub-contracts or other contracting arrangements. It would be more efficient to have all carers support</p>	<p><b>Carers</b></p> <p><b>Minority ethnic people (includes Gypsy/Travellers, migrant workers, non-English speakers)</b></p> <p><b>Trans/queer carers</b></p> <p><b>Women, including Gypsy/Traveller women</b></p>

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<p>commissioned in a coherent framework, rather than to have individual small contracts managed by different teams/officers.</p> <p>A further issue is that a lot of people do not identify as carers and therefore they are in a key risk group who need further support. Currently there is a lot of work being undertaken to signpost trans/queer people, who are carers, to safe support networks. Currently services are mainstream and do not accommodate the needs of queer carers whose psychological safety may be at risk within their family unit but for whom there is still a requirement to provide care. <b>Mitigation:</b> Carer services are commissioned with the expectation and obligation that they are accessible and supportive for all groups of people including those with protected characteristics.</p> <p>There is also an aspect of gender roles within providing care, with women disproportionately impacted. For BME groups like Gypsy/Travellers there are a lot of other social issues which may confound difficulties with seeking help. It was suggested that, particularly in Gypsy women, an increased number of people have been seeking help with gambling linked with women being more digitally literate in this community – although not related to the issue of caring necessarily, this highlights the compounding nature of social issues which is why specialist and trusted services are required.</p> <p>One equality and human rights objective is to promote participation, inclusion, dignity and control over decisions. A number of the population groups already face discrimination and dehumanisation within their communities. It has been seen that hate crime and people living in fear is rising and with it, social deprivation is as well. The services as part of the proposed funding cuts understand their populations and can provide support to those most at risk. To remove funding and rollback support bolsters the rhetoric of these groups being undeserving and promotes intolerance.</p> <p><b>Mitigation:</b> people with assessed needs, that meet the criteria of critical and substantial, will be eligible for social care support, including self-directed support which they could in turn use to purchase ongoing support from these providers at their own discretion.</p> <p>Furthermore, it should be acknowledged that there is a potential risk of reducing capacity to identify adults at risk of harm and to respond as part of adult support and protection (ASP) plans. By way of mitigation, we would expect services</p>	<p><b>All</b></p> <p><b>Adults at risk of harm</b></p>

<b>Equality, Health and Wellbeing and Human Rights</b>	<b>Affected populations</b>
to prioritise this work but also acknowledge that this could then come at the cost of further reducing capacity available for non-ASP-related work.	

<b>Environment and Sustainability including climate change emissions and impacts</b>	<b>Affected populations</b>
<b>Positive</b>	
<b>Negative</b>  Gypsy/Travellers are often required to live in more remote areas where there is a lack of resources and services available. When sites close, it is the trusted services that they have built a relationship with that can provide support. The loss of this will put this BME group at risk as they are more likely to be living roadside or unsafe places where they are more at risk. These groups are also disproportionately impacted by environmental issues e.g. climate change.	<b>Minority ethnic people (includes Gypsy/Travellers, migrant workers, non-English speakers)</b>

<b>Economic</b>	<b>Affected populations</b>
<b>Positive</b>  Approx £23m of EIJB spend will still be delivered via block contracts, primarily with third sector providers. This will continue to support local businesses and employees.	<b>Local businesses and staff</b>
<b>Negative</b>  For the LGBT Health and Wellbeing Service, there would be a loss of a mental wellbeing personnel who can provide 1-1 as well as therapeutic group work. This group work provides very good value for money in terms as well as providing ongoing peer support. This service is not available elsewhere and is free of charge to the service user. The loss of the service would financially impact the staff members as well as detrimentally impact the service users.  One of the economic objectives is to improve quality and access however, the uncertainty of these contracts is having a negative financial impact on the services. Staff members are leaving or not being recruited as a result of instability and future funding and reputational damage has already been seen. Some of this cannot be mitigated against.	<b>Staff</b>  <b>Staff</b>

Economic	Affected populations

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?**

All services affected by this proposal are carried out by third sector organisations. Robust contract management processes exist to ensure that equality, human rights, environmental and sustainability issues are handled appropriately.

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.**

We would need to work with our communication team to develop a robust strategy. This should be done alongside our impacted partnerships to ensure people understand the mitigation to the loss of any service or support. Especially within the populations affected we need to provide clear idea of how we lessen any negative impacts to reduce anxieties.

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**

Listed above in section 7

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>
Regularly review the IIA to ensure any new impacts are captured	Andy Hall, Director: Strategy		Quarterly
Agree a recommendation for approval by the EIJB for these contracts/SLAs and notify providers in advance.	Andy Hall, Director: Strategy	8 <sup>th</sup> August	N/A
Agree monitoring of the impacts identified above (eg demand for statutory services)	Susan McMillan, Performance and Evaluation	1 October 25	Annual review
Create a transition plan for affected service users if proposals are agreed	Commissioning officers and providers	TBC	

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

There are many services identified who have indicated that there is no alternative services which can provide the same level of support to their population groups and therefore the loss of them could not be fully mitigated against. Some services have identified a statutory service which could provide a level of care but the negative impacts would still be felt as many of these services have long waiting lists.

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

Onward discussion with any organisation impacted. Review of actions from this IIA frequently alongside providers. Ongoing monitoring of data to recognise any impacts or trends.

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

**Name: Andy Hall**

**Date: 15 August 2025**

**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)

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