

Integrated Impact Assessment – Summary Report

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

1. Title of proposal

Cumulative IIA to consider the impact the savings programme will have on the current mental health system in Edinburgh

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

The EHSCP spends approximately £27m on a wide range of block contracts and Service Level Agreements (SLAs) for externally commissioned services and supports. Block contracts and SLAs provide a range of different services including day opportunities, advocacy support, overnight support, carers contracts, Thrive mental health services, information and advice services, adult community treatment services, specialist condition specific supports and volunteer support. Many of these contracts have been in place for some years, having been originally commissioned to meet priorities at the time.

Given the size and scale of the financial challenge facing the EIJB, the Service Director for Strategy has reviewed and evaluated all block contracts to ensure that they remain:

- Aligned to current strategic priorities and the refreshed IJB Strategic Plan
- Focused clearly on the provision of delegated services which meet our statutory duties
- Delivering the volume and outcomes anticipated and demonstrating return on investment.

As a result of this review, recommendations will be brought to the EIJB to retain, reduce, recommission or disinvest in contracts or SLAs. The savings target for this workstream as a whole is £2.2m in 2025/26. This was approved by the EIJB on 25 March 2025 as part of the budget-setting process.

As a result of these recommendations, this IIA will consider the overall impact the savings proposals will have across the mental health system. It will also consider any mitigation to such impact.

Separate IIAs have taken place to identify the impact the savings programme will have on people with protected characteristics and other factors, who use the services who are in scope.

The IIAs to be considered as part of this cumulative integrated impact assessment are:

- Thrive Lot 3 IIA Summary Report
- Thrive Lot 4 IIA Summary Report
- Thrive Lots 5 - 9 IIA Summary Report
- iThrive Public and Staff End IIA Summary Report
- Unscheduled Care IIA Summary Report
- NHS Lothian SLA (MH) IIA Summary Report
- Addressing Inequalities (NHS SLA) IIA Summary Report
- Act Early (NHS SLA) IIA Summary Report
- Summary Report from Volunteer Edinburgh
- Collective Advocacy Summary IIA Report

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

Affected providers were notified that they were in scope in late March 2025. A more detailed communication was sent on 3 April outlining the specific proposed changes to their contracts or SLAs. Providers were then notified that the finalised proposals would be considered by the EIJB on their meeting of 26 August 2025.

Services being impacted on have submitted feedback from people who use the services regarding the proposals. Links in the evidence table.

Concern was noted during the process about the lack of engagement and consultation with people with lived experience and carers.

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

Yes

5. Date of IIA

Two sessions took place as providers who are in scope for savings still had a lot of questions for senior management. Therefore, an additional session was added:

Dates of IIAs:

- 3rd July 2025
- 15th 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)

Session One: 3rd July 2025

Name	Job Title	Date of IIA training
Rhiannon Virgo - Facilitator	Programme Manager Innovation and Sustainability	February 2020
Cat Young - Scribe	Assistant Programme Manager (Thrive)	
Michele Mason	Chair of the Edinburgh Mental Health Forum	
Marion Findlay	Director of Services, Volunteer Edinburgh	
John Hawryluk	Service Delivery Lead, EVOG	
Nick Ward	CEO, Change Mental Health	
Jane Crawford	CEO, CAPS Independent Advocacy	
Joanna Eceiza	Contracts Officer, EHSCP	
Avril Mackay	Strategic Programme Manager, Public Health, NHS Lothian	
Tiffany Croucher	Thrive Welcome Team Co-ordinator, EHSCP	
Wendy Bates	CEO, Health In Mind	
Laura Hill	Deputy CEO, VOCAL	
Debbie McLachlan	Head of Services (South), Penumbra	
Ian Waitt	Head MHO, EHSCP	
Emma Gunter	Contracts Manager, EH SCP	
Adele Hill	Co-Chief Executive, Access to Industry	

Session Two: 15th July 2025

Name	Job Title	Date of IIA training
Hazel Stewart – Facilitator	Programme Manager, Innovation and Sustainability team, EHSCP	February 2020
Cat Young - Scribe	Assistant Programme Manager (Thrive)	
Andy Hall	Service Director – Strategic Planning, EHSCP	
Claire Reynolds	Senior Service Manager, SAMH	
Jeanie Scott	CEO, Dancebase	
Shirlee Baird	Head of Care, Wheatley Care	
Michele Mason	Chair of the Edinburgh Mental Health Forum	
Jess Wade	Interim CEO, Partners in Advocacy	
Jane Marshall	GP Clinical Lead (SE)	
Iain Templeton	Operations Manager, Partners in Advocacy	
Francis Galashan	Acting Executive Director, Bipolar Edinburgh	
Charlie Cumming	CEO, ELGT	
Marion Findlay	Director of Services, Volunteer Edinburgh	
Jane Crawford	CEO, CAPS Independent Advocacy	
Wendy Bates	CEO, Health In Mind	
Laura Hill	Deputy CEO, VOCAL	
Debbie McLachlan	Head of Services (South), Penumbra	
Simon Porter	CEO, REH Patients Council	
Kelly Shade	CEO, EARS Independent Advocacy Service	
Emma Gunter	Contracts Manager, EHSCP	
Lisa Spalding	Thrive Welcome Team Practice Manager	
Avril Mackay	Strategic Programme Manager, Public Health, NHS Lothian	
Michelle Davitt	Service Manager, LGBT Health	
Bruce Crawford	CEO, EVOC	
Alexander Callaghan	Development Officer, Outlook	
Moira Pringle	Chief Finance Officer, EHSCP	
Lucyna Mazur-Markatzi	Director, Polish Family Support Centre	
Gail Aldam	Arts and Events Manager, Mental Health Foundation	
Rhona Neill	Service Manager, People First	
Ben Baldock	CEO, Advocard	
Nina Westwood	Voicability	
Anne Munro	CEO, Pilmeny Development Project	
Nicola Reed	Director of Client Services, Cruse Scotland	

Jim Hume	Director of Public Affairs and Communications	
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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>Supporting documents - Scottish Household Survey 2021 - telephone survey: key findings - gov.scot (www.gov.scot)</p> <p>Scottish Government Mental Health and Wellbeing Strategy</p> <p>Creating Hope Together: suicide prevention strategy 2022 to 2032</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>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>This strategy sets out the Scottish Government and COSLA's vision for suicide prevention in Scotland over the next ten years. The strategy is supported by an initial 3 year action plan setting out the actions needed to support the vision.</p> <p>Every life lost to suicide is an enormous tragedy. And every life lost leaves devastating and long lasting impacts on families, friends and communities. Up to 135 people can be affected in some way by every suicide^[1]. This strategy is therefore designed to support anyone affected by suicide.</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="427 312 1025 416">Realistic Medicine - Taking Care: Chief Medical Officer for Scotland annual report 2023 to 2024</p> <p data-bbox="427 608 1025 679">Scotland's Population Health Framework 2025-2035</p> <p data-bbox="427 903 1059 1118">https://services.nhslothian.scot/publichealth/wp-content/uploads/sites/105/2024/08/NHS-Lothian-Public-Health-and-Health-Policy-A-strengthened-approach-to-prevention-across-the-Lothian-health-and-care-system.pdf</p> <p data-bbox="427 1158 913 1190">Thrive Welcome Teams Trak data</p>	<p data-bbox="1088 312 1962 488">This is the Chief Medical Officer Professor Sir Gregor Smith's fourth annual report, and the eighth report on Realistic Medicine. The overarching aim of Realistic Medicine is to deliver better value care for patients, and for our health and care system.</p> <p data-bbox="1088 608 1962 855">This Framework is for all with a role to play in creating and maintaining good physical and mental health and wellbeing. It represents a shift in culture, from treating illness to prevention and a more whole system approach to improving health. It is the beginning of a live programme of change and improvement, with clear initial actions across the drivers of health and further actions to come over the ten-year period</p> <p data-bbox="1088 935 1928 1007">NHS Lothian Public Health: A strengthened approach to prevention across the Lothian health and care system 2024</p> <p data-bbox="1088 1158 1951 1230">Referral and demographic data for MH single point of access (NHS access only)</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>AUDIT Scotland Report on Adult Mental Health</p> <p>Joint Edinburgh Carers Strategy 7.1 The Joint Edinburgh Carer Strategy Refresh 2023-26.pdf</p> <p>Joint Edinburgh Carers Survey: Unpaid-carer-experiences-in-Edinburgh-Interactive-June-2024 (3).pdf</p> <p>Human Rights Bill: Consultation Summary</p> <p>The Contribution of Volunteering to Scotland's Health & Wellbeing - Volunteer Scotland</p> <p>EIJB Strategic Plan (approved by the EIJB on 17 June 25)</p> <p>National Benchmarking data</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> <p>Joint Edinburgh Carers Strategy which reflects national carer strategy and carer legislation (which includes a duty to ensure carers are engaged and informed as part of the hospital discharge process).</p> <p>The Edinburgh Carers Survey 2023 gathered the views of 491 carers looking after someone with a mental health condition in Edinburgh.</p> <p>Summary of feedback from consultation for the Human Rights Bill</p> <p>This study reports that those who have most to gain (in health benefits) by volunteering are the least likely to engage – demonstrating need for support & capacity building for referrers & VIOs.</p> <p>https://democracy.edinburgh.gov.uk/documents/s85306/6.1%20DRAFT%20Strategic%20Plan.pdf</p> <p>2021/22 LGBF data shows an increase in the number of people supported to live as independently as possible.</p>

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	<p data-bbox="427 312 958 344">Mental Health Inpatient Census 2023</p> <p data-bbox="427 456 1039 488"><i>Core Public Health Dataset (not published)</i></p> <p data-bbox="427 751 1039 855">NHS Lothian 2022 Scottish Census Data: Ethnic group, national identity and religion. Public Health and Health Policy</p> <p data-bbox="427 935 1021 1038">NHS Lothian 2022 Scottish Census Data: Sexual orientation and trans status or history. Public Health and Health Policy</p> <p data-bbox="427 1198 1028 1302">NHS Lothian 2022 Scottish Census Data: Health, Disability and Unpaid Care. Public Health and Health Policy</p>	<p data-bbox="1088 312 1951 416">Results of the seventh Mental Health and Learning Disability Inpatient Census and Outwith NHS Scotland Placements Census, 2023.</p> <p data-bbox="1088 456 1984 639">The Edinburgh population is mostly made up of younger adults and working aged adults. The population is growing and expected to increase much more compared to Scotland as a whole, with the biggest increase happening in our oldest age group (65yrs+) and working age group.</p> <p data-bbox="1088 711 1951 855">The percentage of people in Lothian with a minority ethnic background increased from 12.6% in 2011 to 20.6% in 2022. Edinburgh had a higher percentage than compared to Scotland.</p> <p data-bbox="1088 903 1984 1118">In Lothian 4,414 people reported that they were trans or had a trans history. Lothian had a greater proportion of trans people compared with Scotland, with 0.58% of the population aged 16 or over responding that they were trans or had a trans history compared to 0.44% of the Scottish population. This difference is due to a larger number of trans people living in Edinburgh.</p> <p data-bbox="1088 1158 1973 1302">Census data tells us that the largest increase across condition types from 2011 to 2022 was in people reporting a mental health condition, from 4.2% to 11.6% for Lothian</p>

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	<p data-bbox="427 347 1032 453">NHS Lothian 2022 Scottish Census Data: Health, Disability and Unpaid Care. Public Health and Health Policy</p> <p data-bbox="427 603 1032 639">NHS Lothian Public Health Survey Results</p> <p data-bbox="427 975 1032 1011">NHS Lothian Public Health Survey Results</p> <p data-bbox="427 1273 1032 1375">NHS Lothian Public Health. A strengthened approach to prevention across the Lothian health and care system.</p>	<p data-bbox="1088 312 1980 491">While the rate of people reporting mental health conditions increased across all age groups from 2011 to 2022, the largest increase was in the 16-24 age group which rose from from 2.5% to 16.9% for Lothian. City of Edinburgh had a higher rate than Scotland for 16-24 year olds.</p> <p data-bbox="1088 608 1980 898">Over one in three people in Lothian (33.9%) reported feeling lonely some of the time and 10.1% reported feeling lonely most or all of the time. Younger people (16-24yrs) and people living in the most deprived areas were more likely to report being lonely most or all of the time. There was evidence that people from some ethnic backgrounds were more likely to report feeling lonely when compared with white people.</p> <p data-bbox="1088 978 1980 1233">Associations with deprivation were observed for some of the common long-term conditions, particularly mental health conditions, with 18.0% of those living in the most deprived areas (SIMD decile 1) reporting a mental health condition, compared to 11.2% of those living in NHS Lothian Public Health Survey 2023 58 the least deprived areas (SIMD decile 10).</p> <p data-bbox="1088 1273 1980 1345">Data also show a high burden from mental health and somatic symptoms in the working age population.</p>

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	<p>The demands of caring pushing unpaid carers to the brink Carers UK</p> <p>http://www.sortedmentalhealth.app/wp-content/uploads/2025/07/Feniks-Cost-of-Living-Crisis-and-the-Polish-Community-in-Scotland-2025.pdf</p> <p>http://www.sortedmentalhealth.app/wp-content/uploads/2025/07/Feniks_2023_Ukrainian_Refugees_Mental_Health_Survey_Report.pdf</p> <p>http://www.sortedmentalhealth.app/wp-content/uploads/2025/07/Feniks-2020-Mental-health-and-suicides-among-Polish-men-in-Scotland.pdf</p> <p>http://www.sortedmentalhealth.app/wp-content/uploads/2025/07/2018_10_31-ScotPHN-Polish-Suicide-Final-1.pdf</p>	<p>2023 Carers Scotland report which revealed that over a third (36%) of unpaid carers have experienced thoughts of self-harm or suicide</p> <p>Populations in need include ethnic minorities – such as Polish and Ukrainian who have recognised disproportionate health needs -as evidenced in these reports from Feniks.</p>
Data on service uptake/access		<p>** It should be noted that service uptake data is included in the individual evidence tables of each supporting IIA. The evidence here may not replicate all evidence submitted for individual IIAs, and these documents should be read in conjunction with 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
	<p>Contract monitoring data for the MH services provided through block contracts and SLAs</p> <p>Thrive Data</p> <p>Thrive Collective quarterly</p> <p>Thrive Collective Impact Report</p> <p>Annual SLA reports (Internal)</p>	<p>4200 people were supported by collective advocacy and Thrive Lots 3-9. This does not include:</p> <ul style="list-style-type: none"> - Anonymous referrals within Crisis Centre (829) - People benefitting in wider context, e.g. participants of exhibitions, those viewing resources, those using resources within VOCAL etc (wider community impacts) <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 SLAs in Edinburgh highlights delivery of diverse services reaching approximately 5,000 individuals, including those in vulnerable communities and with protected characteristics. Activities focus on building resilient communities, addressing inequalities, and promoting early intervention and prevention. Evidence-based approaches are used to inform service improvements and policy change, with a strong emphasis on human rights and inclusive practice. The impact spans health, wellbeing, social inclusion, and empowerment, contributing to long-term systemic change.</p>

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	<p>Thrive Progress Report</p> <p>TRAK data (Psychological Therapies)</p> <p>https://changemh.org/latest_news/2023-24-annual-report/</p> <p>iThrive</p> <p>https://capsadvocacy.org/wp-content/uploads/2025/04/The-Impact-of-Arts-as-Advocacy.pdf</p> <p>https://capsadvocacy.org/wp-content/uploads/2025/04/The-Value-of-Collective-Advocacy.pdf</p> <p>https://capsadvocacy.org/wp-content/uploads/2025/04/More-about-the-</p>	<p>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 shows significant decrease of people being referred to psychological therapies.</p> <p>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> <p>Analytics report detailing usage of iThrive website 157,147 users, up 69%</p> <p>519 Mental Health Advocacy Recipients at a cost of £152.64. Achieved through the arts and building connections. (Lot 5)</p> <p>Detailing the value of using collective advocacy as service user research (Lot 7)</p> <p>CAPS work over the years</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>significant-work-of-CAPS-over-the-years.pdf</p> <p>What does it mean to you? (2024) — Out of Sight Out of Mind</p> <p>Penumbra penumbra.org.uk/wp-content/uploads/2023/11/Impact-Report-2023-compressed.pdf</p> <p>Change Mental Health Our 2022-23 Annual Report and Impact - Change Mental Health (changemh.org)</p> <p>Redhall Walled Garden Impact Report</p> <p>Cyrenians Impact report 2022 (web) original.pdf (cyrenians.scot)</p> <p>Advocard Reports – Advocard</p> <p>CAPS independent Advocacy – Reports and Newsletter</p>	<p>Report capturing In 2024 Out of Sight Out of Mind exhibition showed artworks made by 310 people who have experience of mental health issues and report which collates what the exhibitions meant to people. Exhibition website.</p> <p>Penumbra annual report</p> <p>Change Mental Health annual report</p> <p>SAMH: Redhall Walled Garden Impact report</p> <p>Cyrenians impact report</p> <p>Reports by Advocard</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>Volunteer Edinburgh Quarterly Reports submitted which include reports on KPIs. Not available online</p> <p>Scran Academy Annual Report</p> <p>Scottish Mental Health Festival 2024 Report</p> <p>Cruse Scotland Annual Accounts</p>	<p>Approximately 620 service users are supported to use this service each year. This includes service users who wish to volunteer but require “light-touch” support and those with higher level needs who require more intensive support; Volunteering Involving Organisations and support workers contacts. (2023/24). In addition to support workers, referrers include clinicians from NHSL & EHSCP (GPs, occupational therapists, CPNs etc). They receive advice, guidance & support to identify and nurture appropriate referrals to service &/ are signposted to other or additional specialist agencies. Volunteer involving organisations (VIOs) receive advice, guidance, training & support to accommodate & support needs of volunteers. 467 referrer contacts 425 VIO contacts (2021-24)</p> <p>Impact Report: Scran are making a difference by supporting young people facing poverty in Edinburgh to lead change in their own lives</p> <p>Detailing reach, events, participation and positive outcome for people with mental health (Over 17500 people)</p> <p>Outlining service delivery reach and impacts, including WEMWBS (Warwick & Edinburgh University Mental Wellbeing Scale) evaluation reporting 83% of service users agreed our support had significantly improved their health and wellbeing.</p>

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	http://www.sortedmentalhealth.app/wp-content/uploads/2025/07/Report-Lothian-EHSCP-2024-2025.pdf	Annual report on the uptake and outcomes of those using Sorted App
Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.	Joint Strategic needs Assessment City of Edinburgh HSCP (2020) Coronavirus: Mental Health in the Pandemic Study Mental Health Foundation The City of Edinburgh Council Business Plan Collective Advocacy (People’s conference report) Eurocare research - unpaid care has huge impact on mental health and affects low income households	Provides current and projected data on the demographics within Edinburgh MH Foundation Covid 19 report: Pandemic effect on mental health Council business plan which highlights strategic objectives are to create good places to live and work across Edinburgh, end poverty in this city and deliver a net zero city by 2030 Conference space for people to have their voice heard – this year focused on what makes a house a home Research found carers are disproportionately impacted by decline in mental and physical health due to their caring role – more than the general population – and it affects low income households. It impacts all age groups – young adult carers, mid-life carers and older carers. 491 Edinburgh carers looking after someone with a mental health condition contributed to this survey. Some raised

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	<p>Edinburgh Carers Survey: Unpaid-carer-experiences-in-Edinburgh-Interactive-June-2024 (3).pdf</p> <p>Unpaid care has huge impact on mental health and affects low income households - https://shorturl.at/0l9qp</p>	<p>concerns that the assessment process (for statutory services) carried risks for people in their situation, due to the emphasis placed on gathering information from people who may not be well enough to respond accurately. In addition, of the 1,169 carers who contributed to the survey, 82% said 'being a carer has affected my mental health'.</p>
Data on equality outcomes	<p>JSNA-Health-Needs-of-Minority-Ethnic-Communities-Edinburgh-April-2018.pdf (edinburghhsc.scot)</p> <p>Gender inequalities in unpaid care work - Engender-response-to-the-Scottish-Governments-Scottish-Carers-Assistance-consultation.pdf</p>	<p>Provides data on demographics of minority ethnic communities</p> <p>Women are more likely to be unpaid carers, and this unequal distribution of unpaid care work has long-term impacts on women and girls.</p>
Research/literature evidence	Creative Health: The Arts for Health and Wellbeing	Cross party report that details how the arts can help meet major challenges facing health and social care: ageing, longterm conditions, loneliness and mental health.

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>https://ncch.org.uk/uploads/Creative_Health_Inquiry_Report_2017 - Second Edition.pdf</p> <p>Getting the inactive active: Barriers to physical activity and their potential policy solutions Scottish Parliament</p> <p>Independent-advocacy-for-independent-lives.pdf</p> <p>Cost-Benefits Analysis of Social & Therapeutic Horticulture 2024</p> <p>Public Health Scotland: Estimating the burden of disease attributable to physical inactivity in Scotland</p>	<p>Scottish Government report that explores the barriers and consequence to inactivity and solutions to these.</p> <p>I</p> <p>Independent advocacy for independent lives: A groundbreaking evidence base to grow inclusive support services for people with learning disabilities and autistic people</p> <p>Trellis: The low cost and high impact of therapeutic gardening makes a strong case for sustainable investment in this sector. Add in the compelling additional return on investment that comes from sustainable, enduring health benefits, preventative effects, population health and environmental improvements, and the case for therapeutic gardening is robust indeed.</p> <p>An estimated 3,185 deaths and over eleven thousand (11,474) disability-adjusted life years (DALYs) are attributable to physical inactivity in Scotland. Efforts to reduce the disease burden of physical inactivity should focus on those who are least active.</p>

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	<p>Gardening is beneficial for health: A meta-analysis - ScienceDirect</p> <p>https://www.who.int/groups/commission-on-social-connection/report</p> <p>Effect of exercise for depression: systematic review and network meta-analysis of randomised controlled trials The BMJ</p> <p>A prospective study of existential issues in therapeutic horticulture for clinical depression</p> <p>Equality-Mainstreaming-and-Outcomes-Report.docx</p> <p>Equality-Progress-Report-5-March-2020.pdf</p>	<p>Robust evidence to show gardening activity improves physical, psychological, and social health, which can, from a long-term perspective, alleviate and prevent various health issues facing today's society. Highlighting role of parks and greenspace, and recommendation to policy makers to increase green activities.</p> <p>Evidence of the impact of loneliness and social isolation on populations.</p> <p>Concluded that exercise is a proven effective treatment for depression, with walking or jogging, yoga, and strength training more effective than other exercises, particularly when intense.</p> <p>Demonstrates horticultural therapy significantly improves depression and change is sustained.</p> <p>This report provides a brief summary of the continuing progress Scotland is making to mainstream equality and human rights as an employer and as a decision maker.</p>

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	https://pmc.ncbi.nlm.nih.gov/articles/PMC9505389/	<p>Umbrella review of apps highlighting the advantages Potential and Pitfalls of Mobile Mental Health Apps in Traditional Treatment: An Umbrella Review - highlights that mobile mental health apps' unique potential, such as providing timely support, being cost-effective, combating stigma surrounding help-seeking, and enhancing treatment outcomes,</p> <p>A cost-effectiveness evaluation of Dance to Health: a dance-based falls prevention exercise programme in England, Sheffield Hallam University, 2021, Goldsmith, Kokolakak:</p> <p>Key findings: Findings from the research show that under the suggested health intervention there was a 58% reduction in the number of falls; Dance to Health offers a potential cost saving of over £196m over a 2-year period, of which £158m is a potential cost saving for the NHS; estimate that a roll-out of the programme would have the potential to save the taxpayer almost £200m over a 2-year period. Of this, nearly £160m would be a cost saving for the NHS; evidence outlines that Dance to Health offers the health system a cost-effective means to address the issue of older people's falls, and most importantly a method that produces strong results in terms of falls prevention.</p> <p>Dementia and Imagination: A Social Return on Investment Analysis Framework for Art Activities for People Living With Dementia, The Gerontologist, Volume 60, Issue 1, February 2020, Pages 112–123.</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>Key findings: Key findings showed art-based activities provide a positive SROI under a range of assumptions. An input of £189,498 to deliver the groups created a social value of £980,717. This equates to a base case scenario of £5.18 of social value generated for every £1 invested.</p>
Public/patient /client experience information	<p>HM Inspectorate of Constabulary in Scotland Thematic Review of Policing Mental Health in Scotland</p> <p>https://capsadvocacy.org/about-caps/publications-and-reports/</p> <p>https://rehpatientscouncil.org.uk/wp-content/uploads//2019/05/Strengthening-the-Patient-Voice-Results-Reports-190508.pdf</p> <p>Statement of support of Redhall Walled Garden by Trellis Scottish Horticultural Network</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>Detailing activity undertaken by CAPS Independent with Advocacy/Collective Advocacy</p> <p>This report captures what patients shared about their experiences in the Royal Edinburgh Hospital (REH) as part of a quality improvement project run by the REH Patients Council.</p> <p>Statement positioning Redhall Walled Garden as regarded as a centre of excellence for mental health focused horticultural therapy</p> <p>CAPS Advocacy: Impact there would be on people if the funding is withdrawn and the projects end</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>https://capsadvocacy.org/wp-content/uploads/2025/05/CAPS-Independent-Advocacy-Testimonials.pdf</p> <p>https://acrobat.adobe.com/id/urn:aaid:sc:ap:64366974-2cca-40a9-b383-d3387d145f81</p> <p>Experiences of unpaid Edinburgh carers engaging in mental health services: Mental-Health-Carers-Consultation-Full-Report.pdf</p> <p>Health in Mind Health in Mind Annual Satisfaction Survey Report 2022 (health-in-mind.org.uk)</p> <p>http://www.sortedmentalhealth.app/wp-content/uploads/2025/07/Feniks-Sorted-Letter-of-Support.pdf</p> <p>https://vimeo.com/513521159?share=copy</p> <p>https://vimeo.com/513534078?share=copy</p>	<p>Crisis Centre user survey</p> <p>Respondents felt professionals did not take carers' situations into account, which may partially account for reported lack of referrals to carer support services. Recommendations include improved carer engagement in hospital discharge (a legal requirement).</p> <p>Health In Mind: Satisfaction survey report</p> <p>Letter of support from Feniks counselling agency for Polish and Ukrainian people</p> <p>Video Interview with individual about his recovery from severe depression (suicidality) using the Feeling Good App (now renamed Sorted)</p> <p>Video interview with Psychiatric nurse at the Royal Edinburgh hospital about benefits of using the app for staff and patients</p>
Evidence of inclusive engagement of people	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
who use the service and involvement findings	<p>Letter from Redhall Walled Garden Trainees (service users) in regard to impact of 24/25 funding reduction</p> <p>Change Mental Health @Stafford Centre: Service User feedback</p>	<p>Redhall Walled Garden service user led letter stating impact of funding reduction in FY25.</p> <p>64% of folk saying it prevents me being in crisis, 89% saying it supports my recovery and 80% saying in keeps me out of hospital. , 96% saying it keeps me well and 98 % saying it stops me feeling isolated</p>
Evidence of unmet need	<p>Edinburgh Integration Joint Board Strategic Plan (2019-2022)</p> <p>Welfare reform - impact on households with children: report - gov.scot</p> <p>Scottish mental health law review: our response</p> <p>Marks-Final-PE-report-2021.pdf (rehpatientscouncil.org.uk)</p> <p>https://www.mwcscot.org.uk/policy-and-research</p> <p>Community green: using local spaces to tackle inequality and improve health</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> <p>This study examines the impact of the quality of local green spaces on the health and wellbeing of people living in six</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
		deprived areas. It makes the connections between green space, ethnicity and inequality.
Good practice guidelines	<p>SIGN guideline for specific mental health conditions</p> <p>https://www.nice.org.uk/guidance/ng58/resources/coexisting-severe-mental-illness-and-substance-misuse-community-health-and-social-care-services-pdf-1837520014021</p> <p>https://www.nice.org.uk/guidance/ng181/resources/rehabilitation-for-adults-with-complex-psychosis-pdf-66142016643013</p> <p>https://www.alliance-scotland.org.uk/policy-and-research/policy/mental-health/</p> <p>Mental Health Foundation</p> <p>Scottish Independent Advocacy Alliance</p> <p>Scotlands Mental Health and Wellbeing Strategy (2023)</p> <p>-</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> <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>

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
	https://www.gov.scot/publications/mental-health-care-treatment-scotland-act-2003-code-practice-volume-1/ Mental Health (Care and Treatment) (Scotland) Act 2003 The New Mental Health Act: A guide to independent advocacy: Information for Service Users and their Carers - gov.scot	<p>Mental Health (Care and Treatment) (Scotland) Act 2003: Detailing everyone's right to independent advocacy</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	https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/	<p>The impact of individual proposals has been assessed according to the list below:</p> <ol style="list-style-type: none"> 1. Cumulative Impact on MH Pathways 2. Thrive Lot 1 and 2 3. Thrive Lot 3 4. Thrive Lot 4 5. Thrive Lots 5-9 6. NHS Lothian SLAs: Building Resilient Communities 7. iThrive Website 8. Unscheduled Care (Edinburgh Crisis Centre) 9. NHS Lothian SLAs: Act Early 10. NHS Lothian SLAs: Addressing Inequalities

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
		11. Edinburgh Voluntary Organisations Council 12. Collective Advocacy 13. Volunteer Centre 14. Care and Repair 15. Counselling
Other (please specify)		
Additional evidence required	<p data-bbox="427 608 1039 715">https://earthworm-hyperboloid-4zl6.squarespace.com/what-does-it-mean-to-you-2024</p> <p data-bbox="427 754 1021 861">The New Mental Health Act: A guide to independent advocacy: Information for Service Users and their Carers - gov.scot</p>	<p data-bbox="1088 608 1944 679">Below are responses shared by 2024 exhibitors, visitors and planners from the out of sight, out of mind exhibition</p> <p data-bbox="1088 754 1957 1050">In March 2003 the Scottish Parliament passed a new law, the Mental Health (Care and Treatment) (Scotland) Act 2003. It came into effect in October 2005. It sets out how you can be treated if you have a mental illness including dementia, a learning disability or a personality disorder, and what your rights are. This booklet is one of a series about the new law, and it explains about people’s right to independent advocacy, what it is for and how it can help people.</p>

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

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Positive</p> <p>The savings programme will allow the IJB to deliver its statutory duty and focus on the people most at risk in the community.</p> <p>Through reducing or disinvesting in some of the current contracts and SLAs there may be an opportunity to streamline services and support so people in need know where they can go. 'People know this is my gateway to support'.</p> <p>There is an opportunity to work together through recommissioning to get it right for the needs of the people. Acknowledgment of changing demographics which need to be considered and aligned to the priorities in the IJB strategic plan.</p> <p>Public health data shows young people (aged 16 – 24) with poor mental health wellbeing are more likely to feel better as they get older, this is the reverse for young people with a long term condition who are more likely to feel less better.</p> <p>Opportunity to focus on people rather than diagnosis and support people who are at the furthest end of complex mental health to ensure they are helped when needed.</p>	<p>All</p> <p>All</p> <p>All</p> <p>Young people</p> <p>People with disability</p>
<p>Negative</p> <p>Thrive Collective (TC) organisations have no upper age limit and therefore prevent the negative impact of forcing older individuals into age-specific services. Some mitigation could be to put in specific support for transitions, however this may be costly. There is the added impact that Thrive Welcome Teams are hoping to expand to include over 65, so there may be additional pressure on remaining age-specific services. There is already limited availability of services for</p>	<p>Older People</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>older people in the city, and the likely impact of this savings proposal is to reduce availability further.</p> <p>Thrive Collective organisations are place-based and easily accessible mental health support in the community with knowledgeable and skilled staff. Without early, local intervention, mental health conditions can escalate into crises requiring emergency care or hospitalisation, which are more costly and less personalised. In addition, older people are more likely to require longer lengths of stay. Mitigation: 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>Up to 40% of unpaid carers are supporting individuals in later life, and many of these carers are themselves in their middle or older years. This dual role, managing their own ageing while caring for others, places them at significant risk of mental health challenges. Mitigation: This can be mitigated by ensuring that carers are aware of the option to request an Adult Carer Support Plan and to access support through the Carers' pathway.</p> <p>Older people may be more prone to loneliness and social isolation, which can be exacerbated by bereavement, poor mental health, lack of meaningful activities and other supports. This can lead to long-term health problems and increase vulnerability to depression, stress and anxiety, heart disease and the risk of developing addiction and self-harming behaviours. The cumulative impact of the loss of mental health services is likely to increase the number of people who are lonely and isolated.</p> <p>Census data (2022) tells us mental health conditions increased across all age groups however the largest increase was in the 16-24 age group which rose from 2.5% to 16.9% for Lothian. Many young people "fall through the</p>	<p>Older People</p> <p>Older People, Middle Years, and Carers</p> <p>Older people</p> <p>Young People, Young adults.</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>robust community-based services and support, there is a significant risk of inadequate care, leading to unnecessary hospital admissions. Ensuring access to local, tailored support is essential to keeping young people well and out of inpatient settings. Mitigation: young 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>The loss of community mental health services in Edinburgh would have a profound and damaging impact on young carers, who already face significant emotional, social, and financial pressures. Young carers are significantly more likely to experience severe psychological distress than their peers. Mitigation: This can be mitigated by ensuring that young carers are aware of the option to request a Carer Support Plan and to access support through the Carers' pathway.</p> <p>The EHSCP plays a vital role in supporting the mental health and wellbeing of college students by signposting students to appropriate mental health and wellbeing services, collaborating with colleges to ensure staff are aware of local and national support pathways, bridging gaps between education settings and community or NHS services, promoting early intervention, especially for students who may not meet thresholds for clinical care but still need support. Many are living away from home for the first time and may not know how to access help. Timely signposting can prevent escalation and reduce pressure on emergency and acute services. Mitigation: universities and colleges provide signposting support for students. Therefore, although the reduction in funding would affect signposting services negatively alternative options would still be available.</p>	<p>Young Unpaid Carers</p> <p>Students</p> <p>Students, Young People, Professionals</p> <p>Women</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Loss of service user research will mean professionals, students, and young people will miss out on vital learning opportunities that cannot be replicated through textbooks or simulations, be less prepared to support individuals with complex mental health needs and contribute to a widening gap between theory and practice in mental health education. Mitigations: although the loss of investment from EHSCP will affect opportunities, other organisations across the UK commission service user research which provide alternative options for professionals, students and young people.</p> <p>Women make up most of the unpaid carers often balancing caregiving with employment, parenting, and their own health needs. The loss of community-based services would disproportionately affect women including widening gender inequalities in health, employment, and income. It may create greater demand on statutory services as informal care networks collapse, and loss of preventative care, leading to more acute interventions and higher costs.</p> <p>When services are designed without meaningful lived experience involvement, they often fail to address real needs, leading to disengagement or harm, reinforce systemic exclusion and mistrust, and miss opportunities to build effective, inclusive care pathways. Mitigations: The EIJB is currently developing Lived Experience Panels to ensure that services can be developed effectively.</p> <p>LGBTQ+ individuals often self-select into community-based mental health services. Taking away these options strips LGBTQ+ people of choice and control over their care, the ability to access affirming, culturally competent support and a vital protective factor against poor mental health outcomes</p>	<p>LGBTQIA+, ethnic minorities, people with lived experience of poor mental health</p> <p>LGBTQ+</p> <p>Trans People</p> <p>Trans People</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Trans people face high rates of suicidal ideation and attempts: One participant reported that 88% of trans individuals have experienced suicidal thoughts, and 40% have attempted suicide at least once.</p> <p>These figures reflect the urgent need for accessible, affirming mental health support. Taking away open-access, community-based mental health services would increase barriers to care for trans people already facing stigma and discrimination, exacerbate mental health crises, especially for those who avoid statutory services due to past trauma or mistrust, and put lives at risk, particularly for young trans people navigating identity, isolation, and systemic exclusion.</p> <p>In addition, the intersectionality between other protected characteristics, such as neurodivergence, ethnic minority makes this a disproportionate impact.</p> <p>Mitigation: However, universally accessible mental health services will be maintained, particularly through Thrive Welcome Teams. At present, it is acknowledged that MH support pathways are fragmented, and support is provided in pockets that do not meet all needs. Future commissioning exercises will focus on providing support through larger, universal contracts but setting objectives to ensure that people with protected characteristics do not face barriers to support.</p> <p>Men often face stigma when seeking mental health support, compounded by societal expectations around masculinity. Without community-based services, these barriers become even more pronounced.</p> <p>Community-based services often provide informal social networks that combat loneliness, a major risk factor for depression, anxiety, and even physical illness. Being part of a community fosters belonging and purpose, which are protective factors for mental health. The absence</p>	<p>Trans People (intersectionality), ethnic minority, neurodivergence</p> <p>Men</p> <p>Men</p> <p>Men</p> <p>Men and women</p> <p>Men</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>of these services can lead to increased alienation.</p> <p>Poor mental health among men can lead to increased homelessness, unemployment, and strain on emergency services, and higher risks of suicide. When individuals are unsupported, the ripple effects can destabilize families, workplaces, and local economies</p> <p>Retirement often leads to a loss of professional identity, which can deeply affect self-worth especially for men who've tied their value to work roles. Without structured daily activities, older men may experience a decline in motivation, cognitive engagement, and emotional well-being.</p> <p>Many older men are less likely to seek help due to generational attitudes toward mental health, making community-based, informal support even more critical.</p> <p>Public health data shows men aged 15 – 44 are more likely to feel despair for longer periods of time. Men consistently account for about 75% of all suicide deaths in Scotland. The ages groups most affected are men aged 25–44 and 45–64. Mitigation: Men affected by mental health conditions will still be able to access social work or health services, to use SDS options to purchase care, and to access informal supports. However, it is recognised that capacity will be decreased across the system as a result of the funding reduction.</p> <p>When community-based mental health services, especially those delivered by the voluntary sector are disinvested in or shut down, people with mental health issues often have nowhere appropriate to turn. As a result, they are pushed toward higher-cost, crisis-driven, and often inappropriate services.</p> <p>Without early support, individuals are more likely to reach crisis points, requiring emergency or inpatient care. Lack of continuity and relational</p>	<p>Men</p> <p>People with disability</p> <p>People with disability</p> <p>People with disability, men, marginalized groups</p> <p>People with disability, ethnicity, LGBTQ+</p> <p>Carers</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>care leads to deterioration in mental health, especially for those with complex or long-term needs. People may find it difficult to find a service that is appropriate for their needs.</p> <p>Reduced access to trusted, informal support correlates with rising suicide rates, particularly among men and marginalized groups.</p> <p>Community services often foster connection and belonging. Their absence increases loneliness and social withdrawal. People with mental health issues may disengage from community life, education, and employment without supportive environments. Those with protected characteristics (e.g. disability, ethnicity, LGBTQ+ identity) face compounded barriers. Services require flexibility in terms of access and when they are available (time). Diversity in terms of service provision is crucial for people experiencing disabilities due to complex and multiple barriers to access.</p> <p>When community-based voluntary sector services are lost mental health carers can go unidentified, especially family and therefore, miss out on their benefits, assessments, and rights. Carers often experience chronic stress, anxiety, and depression. They may be emotionally isolated, especially if the person they care for is in crisis or has fluctuating needs. Without peer support groups or carer-specific services, this strain goes unrelieved.</p> <p>As replacement care and community services shrink, the burden shifts back onto families. The unintended consequences could be carers burn out, families break down, and more people reach crisis point—putting pressure back on the NHS and emergency services.</p> <p>Mitigation: This can be mitigated by ensuring that carers are aware of the option to request an Adult Carer Support Plan and to access support through the Carers' pathway.</p>	<p>Carers</p> <p>People with disability, marginalized groups</p> <p>People with protected characteristics</p> <p>People with protected characteristics</p> <p>People with protected characteristics</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Without safe, informal spaces, people are pushed back into silence. This can increase discrimination, marginalized group lose advocates who understand their needs. Formal services can't fill the relational and cultural void left behind. Communities disengage from systems that feel clinical, distant, or judgmental.</p> <p>These organisations are often rooted in the communities they serve, offering support that reflects cultural values, language, and lived experiences. They understand the nuances of identity, trauma, and stigma that mainstream services may overlook.</p> <p>By offering non-clinical, community-led support, these organisations help people seek help earlier. They challenge stigma by normalising mental health conversations within their communities. Without them, many individuals will not engage with mental health services at all. The system may become less inclusive, reinforcing inequalities and worsening outcomes. This would risk a homogenised approach that fails to meet the needs of a diverse population.</p> <p>Overlapping identities can compound barriers to accessing care and are less likely to be represented in mainstream mental health models. Services that are designed through an intersectional lens are more likely to meet their needs.</p> <p>Thrive Welcome Teams are already seeing an increase in veteran numbers, they require a diverse range of services to be available to signpost people to appropriate support. Mitigation: The armed forces and a number of charities provide specific services and supports for veterans in Scotland, which will help to mitigate this impact.</p> <p>People from ethnic minorities face difficulties accessing traditional mental health support due to language barriers. People need to be able to talk</p>	<p>Veterans</p> <p>Ethnic minority</p> <p>People with disability</p> <p>People at risk of falling into poverty, vulnerable people, people on benefits, unemployed</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>about their feelings in their own languages. Traditional statutory services are not set up to do this without the further cost of translators.</p> <p>There are tensions between the medical and social models of mental health services, and there are risks of losing a mixed economy of care. A reduction in the diversity of services offered means fewer options for people who don't fit the medical model. CTOs (Community Treatment Orders) and other coercive measures may increase if care becomes more medicalised. GPs may be sidelined, with psychiatrists becoming the default gatekeepers despite limited availability. The social model will be lost to clinical systems.</p> <p>People in financial crisis will have nowhere to turn for help with the root causes of their distress. Statutory services (e.g. GPs, A&E, social work) will face increased pressure from non-clinical issues they're not equipped to handle. Delays in accessing benefits or housing support can lead to evictions, food poverty, deteriorating mental health and an increased suicide risk. Mitigation: Benefits advice and housing support is not a delegated function of the EIJB. Support and advice can be accessed through Council services.</p> <p>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 to prioritise this work, however, we acknowledge that this could then come at the cost of further reducing capacity available for non-ASP-related work.</p>	<p>People at risk of harm or subject to Adult Support and Protection measures</p>

Environment and Sustainability including climate change emissions and impacts	Affected populations
Positive	
Negative	

Environment and Sustainability including climate change emissions and impacts	Affected populations
	.

Economic	Affected populations
<p>Positive</p> <p>Opportunities to explore more appropriate funding through other partners.</p> <p>As mitigation for people meeting the criteria for commissioned social care support (i.e. critical and substantial need), they could choose to receive their funding via self-directed support (SDS) and pay for non-traditional package of care provision with that. This would support third sector organisations.</p> <p>The EHSCP remains committed to supporting both mental health provision and the third sector. Approximately £25m of block contracts and SLAs will continue to be commissioned in this area.</p>	<p>Third sector organisations</p> <p>People with protected characteristics.</p> <p>Third sector organisations, local businesses</p>
<p>Negative</p> <p>Loss of community mental health services and support would mean NHS and social care systems would need to absorb the fallout, often at higher cost and lower effectiveness.</p> <p>Voluntary sector organisations are often adept at attracting additional funding sources. However, without guaranteed core funding from the Partnership, they may find it difficult to apply for, or secure these funds, as many external funders require evidence of financial stability and operational continuity.</p> <p>False economy as loss of preventative value. Voluntary sector services prevent crises, hospitalisations, and long-term dependency, which ultimately saves public money.</p>	<p>All</p> <p>Organisations in scope</p> <p>All</p> <p>Local economy, people at risk of poverty</p>

Economic	Affected populations
<p>Reduced employment and productivity: Poor mental health leads to absenteeism, unemployment, and economic disengagement.</p> <p>People currently choose to attend these services rather than seek packages of care. If people don't have these services, they will need to rely on packages of care which may be more costly to the IJB. Mitigation: At present, not all people accessing the services will meet the eligibility criteria for social work support, and will therefore have little or no impact on costs. However, some will be eligible for formal support.</p> <p>When 24/7 crisis support is unavailable, people may struggle to access help when they need it most. This can force individuals to take time off work or interrupt their daily responsibilities, potentially impacting their income and wellbeing.</p> <p>Instability in funding can have a profound impact on voluntary sector providers. Staff may face redundancy, leading to a significant loss of job opportunities across the sector. This not only affects individuals and their livelihoods but also results in a substantial loss of skills and experience. As skilled professionals move on to other sectors, a skills deficit emerges, making it harder to rebuild services even if funding becomes available later. The long-term consequences include weakened service delivery capacity and reduced innovation in the sector.</p> <p>Short-term and blended funding arrangements often result in fixed-term contracts rather than secure, long-term employment. This lack of job security can deter skilled professionals from entering or staying in the voluntary sector, leading to high staff turnover and instability in service delivery.</p>	<p>People with protected characteristics</p> <p>People with protected characteristics</p> <p>In scope organisations, staff</p>
<p>Edinburgh relies on a vast unpaid workforce, with hundreds of volunteers contributing their time, skills, and compassion—often supporting individuals with complex mental health needs. These volunteers are essential to the delivery of services on behalf of the Partnership and the IJB. However, many voluntary organisations are at risk</p>	<p>Volunteers and people of all protected characteristics who are supported by volunteer-delivered services</p>

Economic	Affected populations
<p>of being lost or significantly reduced, threatening their ability to recruit, train, and support volunteers.</p> <p>The cumulative impact of this would be profound: a reduction in community-based support, a loss of Edinburgh’s diverse and dedicated volunteer base, and a weakening of the social fabric that underpins local wellbeing.</p> <p>Volunteering is a deeply personal choice, and for many individuals particularly those with mental health conditions such as psychosis. It can be a meaningful part of recovery, connection, and self-worth. However, engaging in volunteering often requires tailored support, structure, and compassion. The cumulative impact of reducing funding is a less inclusive volunteering landscape, a weakened recovery pathway for vulnerable individuals, and a diminished capacity for communities to care for their own.</p> <p>Mitigation: Support for volunteering will still be available through the Volunteer Centre, as well as through many other formal and informal volunteer networks in Edinburgh. However, this is unlikely to fully mitigate the impacts of reduction in volunteering opportunities across the sector.</p>	

9. Is any part of this policy/ service to be carried out wholly or partly by contractors and if so how will equality, human rights including children’s rights, environmental and sustainability issues be addressed?

This service is carried out wholly by contractors. Robust contract management arrangements are in place to ensure that equality, human rights including children’s rights, environmental and sustainability issues are addressed 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 communications plan as part of the implementation plan should these proposals be approved. This should be done alongside the impacted organisations to ensure consistency.

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

None

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
Regularly review the IIA to ensure any new impacts are captured	Andy Hall, Director: Strategy		
Agree a recommendation for approval by the EIJB for these contracts/SLAs and notify providers in advance.	Andy Hall, Director: Strategy		
Consider how lived experience are engaged with as part of strategic plan.	Andy Hall, Director: Strategy		
Consider future engagement with affected organisations	Andy Hall, Director: Strategy		
Explore with partners more appropriate funding sources	Andy Hall, Director: Strategy		
Agree monitoring of the impacts identified above (eg A&E waiting times, suicide rates, demand for statutory services)	Susan McMillan, Performance and Evaluation	1 October 25	Annual review

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

Where mitigations are possible, they have been noted. However, it is not possible to fully mitigate all potential impacts while reducing spend.

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

Onward discussion with any organisation impacted on. 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: 18 August 2025

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/