

Integrated Impact Assessment – Summary Report

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

1. Title of proposal

Lot 3: Thriving Spaces and Places

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 disinvests in Lot Three of the Thrive Collective, Thriving Spaces and Places, which includes partners from Change Mental Health, Scottish Action for Mental Health (SAMH), and Wheatley Care. The contracts to be considered under this IIA have a combined annual value of £542,000.

Ref	Provider	Description	Annual contract value
CT0562	Wheatley Care - Loretto Care	Places and Spaces (Thrive Collective) – Contact Point but also includes pop up events and activities.	£153,459
CT0562	SAMH	Garden space offering garden trainee opportunities and other employment skills at Redhall Walled Garden	£199,654
CT0562	Change Mental Health Ltd	Stafford Centre, providing a drop-in service to reduce social isolation	£188,441

This proposal would mean loss of funding to the Stafford Centre, Redhall Walled Garden and Wheatley Contact Point (which is likely to lead to the closure of these services) which provide a wide array of therapeutic and social support. This partnership offers people somewhere to go, to connect with others and to engage in meaningful and purposeful activities. People who use these services predominantly have a diagnosis of a mental illness, and severe/enduring mental health/mental illness. They may also have been in hospital in the past.

Support delivered as part of these contracts include Café/social support • Social entertainment and scheduled activities • Creative space: arts, crafts and jewellery design • Music • Fitness, walking and Tai Chi • Carpentry and stone carving • Therapeutic horticulture activities • Employability advice • Social connections and activities.

In addition, these services offer one-to-one support to individuals, gradually reintegrating them into society through group activities. They support those at risk of needing statutory intervention or with past involvement, providing structure, safety, life skills, and informal monitoring for vulnerable individuals, especially those with mental health challenges.

959 referrals were made to this partnership during 2024

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.

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

Yes

5. Date of IIA

Thursday 8th May

6. Who was present at the IIA? Identify facilitator, lead officer, report writer and any employee representative present and main stakeholder (e.g. Council, NHS)

Name	Job Title	Date of IIA training
Robert Smith	Strategy Manager, EHSCP	
Rhiannon Virgo	Programme Manager Innovation and Sustainability	February 2020
Cat Young	Assistant Programme Manager (Thrive)	
Jayne Kemp	Strategic Planning & Commissioning Officer, EHSCP	
Michele Mason	Head of Edinburgh and Lothian Services, Change Mental Health	
Claire Reynolds	Senior Service Manager, SAMH	
Joanna Eceiza	Contracts Officer, EHSCP	

Name	Job Title	Date of IIA training
Nick Ward	Chief Executive, Change Mental Health	
Shirlee Baird	Head of Care, Wheatley Care	
Debbie Cope	Service Manager, SAMH	

Drafts copies of the IIA summary report were shared with clinical and operational staff for comment:

- Anna Duff: Head of Service for Mental Health, Substance Use & Learning Disability | Edinburgh Health and Social Care Partnership
- Lisa Spalding: Thrive Welcome Teams Clinical Manager | Edinburgh Health and Social Care Partnership

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>Creating Hope Together: Scotland's suicide strategy</p> <p>CMO's Annual Report "Realistic Medicine: Critical Connections.</p> <p>Thrive Welcome Teams Trak data</p> <p>Scottish Government Mental Health and Wellbeing Strategy</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>Scotland's 10-year suicide prevention strategy with a vision for partners to work together to prevent people attempting and completing suicide.</p> <p>Suggests what we can do to support healthy ageing and encourage greater upstream prevention; discusses how connection to nature can enhance both our own and our planet's well-being; and the importance of relational continuity.</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</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>NHS Lothian 2022 Scottish Census Data: Health, Disability and Unpaid Care. Public Health and Health Policy</p> <p>NHS Lothian Public Health Survey Results</p> <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>undertake to improve mental health for everyone in Scotland.</p> <p>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>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>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</p>

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	<p>Joint Edinburgh Carers Survey: Unpaid-carer-experiences-in-Edinburgh-Interactive-June-2024(3).pdf</p> <p>Human Rights Bill: Consultation Summary</p>	<p>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>
Data on service uptake/access	<p>National Benchmarking data</p> <p>Thrive Data</p> <p>Thrive Collective quarterly</p> <p>Thrive Collective Impact Report</p>	<p>2021/22 LGBF 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>

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="376 748 711 781">Thrive Progress Report</p> <p data-bbox="376 1043 916 1077">TRAK data (Psychological Therapies)</p> <p data-bbox="376 1373 852 1514">Experiences of unpaid Edinburgh carers engaging in mental health services: Mental-Health-Carers-Consultation-Full-Report.pdf</p> <p data-bbox="376 1630 475 1664">iThrive</p> <p data-bbox="376 1738 903 1809">https://changemh.org/latest_news/2023-24-annual-report/</p>	<p data-bbox="948 602 1385 853">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="948 931 1310 1077">Data shows significant decrease of people being referred to psychological therapies.</p> <p data-bbox="948 1189 1385 1552">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 data-bbox="948 1592 1299 1697">Analytics report detailing usage of iThrive website 157,147 users, up 69%</p> <p data-bbox="948 1738 1385 2022">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>

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	<p>Redhall Walled Garden Impact Report</p> <p>Experiences of unpaid Edinburgh carers engaging in mental health services: Mental-Health-Carers-Consultation-Full-Report.pdf</p>	<p>SAMH: Redhall Walled Garden Impact report</p> <p>Research on experiences of unpaid carers caring for a person using mental health services in Edinburgh, in shaping the care of those they cared for, and how well supported they felt as carers.</p>
<p>Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.</p>	<p>Joint Strategic needs Assessment City of Edinburgh HSCP (2020)</p> <p>Coronavirus: Mental Health in the Pandemic Study Mental Health Foundation</p> <p>Poverty commission reports</p> <p>Eurocare research - unpaid care has huge impact on mental health and affects low income households</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>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</p>

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		income households. It impacts all age groups – young adult carers, mid-life carers and older carers.
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	<p>Creative Health: The Arts for Health and Wellbeing 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>Public Health Scotland: Estimating the burden of disease attributable to physical inactivity in Scotland</p>	<p>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.</p> <p>Scottish Government report that explores the barriers and consequence to inactivity and solutions to these.</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>

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>Cost-Benefits Analysis of Social & Therapeutic Horticulture 2024</p> <p>Effect of exercise for depression: systematic review and network meta-analysis of randomised controlled trials The BMJ</p> <p>Equality-Progress-Report-5-March-2020.pdf</p> <p>Gardening is beneficial for health: A meta-analysis - ScienceDirect</p> <p>Effect of exercise for depression: systematic</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>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>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>Concluded that exercise is a proven effective treatment for depression, with walking or</p>

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	<p>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>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>
Public/patient/client experience information	<p>HM Inspectorate of Constabulary in Scotland Thematic Review of Policing Mental Health in Scotland</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>Statement positioning Redhall Walled Garden as regarded as a centre of excellence for mental health focused horticultural therapy</p>
Evidence of inclusive engagement of people who use the service and involvement findings	<p>Complaints/ compliments: 2024 Thrive Contracts review</p> <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 %</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
		saying it stops me feeling isolated
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 (repatientscouncil.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 deprived areas. It makes the connections between green space, ethnicity and inequality.</p>
Good practice guidelines	Developing a POPULATION HEALTH FRAMEWORK for Scotland	This vision is supported by four key areas of work: improving population health, a focus on prevention and early

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>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>Scotlands Mental Health and Wellbeing Strategy (2023)</p> <p>-</p>	<p>intervention, providing quality services, and maximising access</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>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
	<p>https://www.gov.scot/publications/mental-health-care-treatment-scotland-act-2003-code-practice-volume-1/</p> <p>Mental Health (Care and Treatment) (Scotland) Act 2003</p> <p>The New Mental Health Act: A guide to independent advocacy: Information for Service Users and their Carers - gov.scot</p>	<p>Mental Health (Care and Treatment) (Scotland) Act 2003: Detailing everyones 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	<p>This proposal alongside savings plan for Lot 4: Physical Activity and Green Space will result in the closure of Redhall Walled Garden, not only a mental health service but a valued green space within Edinburgh. This will push responsibility of securing and maintaining this site to CEC at significant cost and resource.</p>
Risk from cumulative impacts		
Other (please specify)		
Additional evidence required	<p>https://earthworm-hyperboloid-4z16.squarespace.com/what-does-it-mean-to-you-2024</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>The New Mental Health Act: A guide to independent advocacy: Information for Service Users and their Carers - gov.scot</p> <p>Equality-Mainstreaming-and-Outcomes-Report.docx</p> <p>Equality-Progress-Report-5-March-2020.pdf</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 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>All</p> <p>All</p>
<p>Negative</p> <p>Many older people access the three services, with high usage by individuals over 65. Overall, there is an average service user age of 49 with Redhall, and 47% of Stafford Centre users in the past year have been aged 51 and above. Over 900 individuals supported annually by the three services, many with complex and enduring mental health needs.</p> <p>Some people have attended for over 18 years and would be at risk of social isolation, exacerbated mental health problems, hospitalisation, and sadly potentially suicide if the services were to close. The length of attendance highlights the long-term value and trust built with these services.</p> <p>Similarly social isolation is the precursor to poor mental health in older years. Social isolation is a major risk factor for poor mental health in older adults. It can lead to or worsen conditions like depression, anxiety, and cognitive decline.</p> <p>Attending these spaces provides physical benefits to older people and people in their middle years, and all services</p>	<p>Older people and people of middle years</p> <p>Older people and people of middle years</p> <p>Older people and people of middle years</p> <p>Older people and people of middle years</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Loss of opportunities for early intervention and prevention for young adults who may attend. Spaces can act as a stepping stone for positive destinations for people where they can connect with others and learn new skills which may help in employment or encourage them to go into education.</p>	Men
<p>Places provided safe space for neurodiverse folk, peer support, friendship, and activities.</p>	
<p>Community-based mental health services especially those offering non-clinical, peer-led, and activity-based support are particularly effective for men, who often face unique barriers to accessing traditional mental health care.</p>	Men
<p>High percentage of men use these services, e.g. 282 out of 419 at the Stafford centre, and they find the models of support accessible, safe and supportive. Loss of these services could trigger more hospital admissions, increased use of statutory services and possible suicides in men.</p>	Men, People experiencing poor mental health
<p>Many men, especially those who are socially isolated, without stable home lives, or disconnected from family and formal services require connection to a safe and welcoming community, which is offered by these spaces.</p>	Men, People experiencing poor mental health
<p>Men are statistically twice as likely to be diagnosed with schizophrenia or experience psychosis and, generally speaking, people with schizophrenia are more likely to harm themselves than others however still an increasing risk with loss of service and support. People with schizophrenia are far more likely to harm themselves than others.</p>	Men, People experiencing poor mental health
<p>For example, at the Stafford Centre all our users experience at least one symptom of a mental health issue or illness. April 2024 – March 2025 = 34.64% anxiety, 29.02% depression, around 8% experience schizophrenia and psychosis.</p>	Men, People experiencing poor mental health
<p>Suicide risk is especially high in the early years after diagnosis and during periods of isolation or service disruption.</p>	
<p>These spaces play a vital role in supporting individuals who are on Community Treatment Orders (CTOs). These services provide safe, non-clinical environments where people can:</p>	LGBTQIA+

Equality, Health and Wellbeing and Human Rights	Affected populations
<ul style="list-style-type: none"> • Receive and adhere to treatment plans (e.g. medication, therapy) • Build trust with staff and peers, which improves engagement • Avoid hospital readmission by maintaining stability in the community <p>e.g. Around 20 people at any one time are subject to CTO (Compulsory Treatment Orders) at the Stafford Centre.</p> <p>LGBTQ+ people, especially trans and non-binary individuals, already face higher rates of mental health challenges, including depression, anxiety, suicidal ideation. Many have experienced discrimination or trauma in healthcare settings, making safe community led services identity-affirming services essential.</p> <p>These services often provide the only safe, welcoming environments where LGBTQ+ people can be themselves without fear of judgment, access peer support from others with shared experiences, build long-term, trusting relationships with staff.</p> <p>Loss of services would see increased Pressure on GPs and Statutory Services. Without these services, people will return to overstretched GPs, many of whom may not have the specialist training or time to provide adequate support. Losing them could mean loss of identity-affirming support, re-traumatisation, Increased risk of suicide or self-harm. National data already suggests an increase in suicide from this community. (British Transport Police data)</p> <p>Mental health conditions are a recognised disability and over 95% people using these services declared having a disability. At the Stafford Centre 20% people also have other disabilities and chronic health conditions and physical disabilities</p> <p>People with learning disabilities are supported by Garvald to utilise the Walled Garden so this would be a loss to people with LD.</p> <p>People with autism and ADHD are particularly vulnerable to the negative impacts of losing community-based mental health services. These neurodevelopmental conditions often co-occur with mental health challenges, and the right</p>	<p>LGBTQIA+</p> <p>LGBTQIA+</p> <p>Disabled people (includes physical disability, learning disability, sensory loss, long-term medical conditions, mental health problems)</p> <p>Neurodivergent</p> <p>Neurodivergent</p> <p>Neurodivergent</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>isolation, distress, and risk of suicide. 23% of people attending these partnerships spaces are of ethnic minority.</p> <p>Children and young people who have been part of the care system are significantly more likely to experience mental health challenges. Many have also faced sexual abuse, financial exploitation, or other forms of trauma. As they transition into adulthood, they often do so without the consistent support networks that many of their peers rely on. These services offer this support to many care experienced young adults..</p> <p>If these vital services are no longer available in Edinburgh, the consequences will ripple across the entire health and social care system.</p> <ul style="list-style-type: none"> • GPs and frontline staff—often the first point of contact for individuals in crisis—will be left without a clear, safe, and immediate referral pathway. • Without access to specialist, trauma-informed services, professionals will struggle to connect vulnerable individuals with the help they urgently need. <p>This gap in provision will increase pressure on already overstretched NHS services, emergency departments, and mental health teams.</p> <p>The Stafford Centre hosts a veteran café every Tuesday night where over 40 veterans meet for peer support. Veterans are at high risk of mental health issues such as serious PTSD, and suicide. Participants reported positive mental health rose from 11% before participation to 77.6% afterwards.</p> <p>These services do more than provide individual support—they build and sustain communities that foster connection, understanding, and resilience.</p> <p>Staff working in these services represent a diverse workforce, many of whom hold protected characteristics under the Equality Act 2010, including:</p> <ul style="list-style-type: none"> • Race and ethnicity • Gender • Disability • Age • Religion or belief • Sexual orientation 	<p>Veterans</p> <p>Culture as a whole</p> <p>Staff</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Decommissioning these services would have a disproportionate negative impact on these individuals, compounding existing inequalities and potentially breaching public sector equality duties.</p> <p>Mitigations People attending the three services would be signposted to alternative provisions where appropriate. This might include Thrive Welcome and Locality Teams, charities, alternative community groups both formal and informal, and online health and wellbeing support and advice. However, it is recognised that these options may not have capacity to support the number of people currently accessing the Lot 3 services, and that these are not like-for-like replacements. Some service users (eg, those with complex needs) might not be suitable for these alternatives.</p> <p>In addition, where people meet the eligibility criteria they could be supported by statutory social work or health services eg GP practices, community link workers etc. They could also access services such as A&E or secondary mental health services. However, some service users may not meet the eligibility criteria, and there is a risk that this represents a more expensive and less effective way of meeting needs.</p>	

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

Economic	Affected populations
<p>Positive</p> <p>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.</p>	Local businesses and staff
Negative	

Economic	Affected populations
<p>Over 90% of individuals who access these services are unemployed, rely on benefits, and come from the most deprived areas specifically Scottish Index of Multiple Deprivation (SIMD) quintiles 1 and 2.</p> <p>These individuals face multiple, overlapping disadvantages, including:</p> <ul style="list-style-type: none"> • Poor mental health • Financial insecurity • Barriers to accessing mainstream services • Social isolation <p>Welfare rights advice and support offered through these services is a lifeline helping people navigate complex systems, secure entitlements, and reduce financial stress, which in turn supports their mental wellbeing.</p> <p>Removing these services would disproportionately harm those already facing the greatest challenges, deepening inequality and increasing pressure on other public services.</p> <p>Mitigation: Welfare rights advice and benefit support is available via the Council for people seeking support in this area.</p> <p>Many individuals who access these services also carry the weight of unpaid caring responsibilities supporting family members, partners, or friends who are ill, disabled, or otherwise in need of care. These responsibilities often go unrecognized and unsupported, adding emotional, physical, and financial strain.</p> <ul style="list-style-type: none"> • Carers are more likely to experience mental health challenges, social isolation, and economic hardship. • The services provide a safe space where carers can access support for themselves, not just those they care for. <p>By offering holistic, trauma-informed, and practical support, these services help unpaid carers maintain their own wellbeing ensuring they are not forgotten in the systems they help sustain.</p> <p>Mitigation: Carers can ask for an Adult Carer Support Plan and may access alternative supports through the EIJB's substantial carer support provision.</p>	<p>People with disability, unemployed, on benefits, lone parent, people at risk of poverty</p> <p>People with disability, unemployed, on benefits, lone parent, people at risk of poverty</p> <p>Unpaid carers</p>

Economic	Affected populations
<p>These services are uniquely positioned to identify early signs of financial distress and detect potential financial exploitation, especially among vulnerable individuals.</p> <ul style="list-style-type: none"> • Staff build trusted relationships with service users, allowing them to notice subtle changes in behaviour or circumstances. • They can intervene early, offering support with budgeting, benefits, and referrals to specialist advice before crises escalate. • They are also alert to signs of financial abuse or exploitation, particularly among those with additional vulnerabilities such as cognitive impairments, trauma histories, or caring responsibilities. <p>By providing timely, compassionate support, these services help protect individuals from harm and promote long-term financial stability and independence.</p> <p>The closure or defunding of these services would not only harm those who rely on them it would also have a negative impact on the dedicated staff who deliver this vital support:</p> <ul style="list-style-type: none"> • Many staff members are themselves part of the communities they serve and may already be on modest incomes. • Losing their jobs would place them at immediate risk of poverty, especially in the current economic climate. • The loss of these roles would also mean the loss of highly skilled, trauma-informed professionals who are difficult to replace. <p>This is not just a loss of employment it's a loss of community knowledge, trust, and continuity of care.</p> <p>Across all <i>Spaces and Places</i> services, informal peer support plays a vital role in promoting wellbeing and reducing isolation.</p> <ul style="list-style-type: none"> • These environments naturally foster friendships and mutual support, helping individuals feel seen, heard, and valued. 	<p>People with disability, unemployed, on benefits, lone parent, people at risk of poverty, people at risk of homelessness</p> <p>People with disability, unemployed, on benefits, lone parent, people at risk of poverty, people at risk of homelessness</p> <p>Third sector staff</p> <p>All</p>

Economic	Affected populations
<ul style="list-style-type: none"> Peer relationships reduce loneliness and social isolation, which are major risk factors for poor mental and physical health. This sense of community often means people don't need to rely as heavily on statutory services, easing pressure on the wider system. <p>These every day, human connections are not incidental—they are essential. They create a culture of care and solidarity that formal systems alone cannot replicate.</p> <p>There will be more pressure across the health and social care system if these services are decommissioned / More escalation to statutory services.</p> <p>If these services are decommissioned, the consequences will be felt far beyond the individuals who directly use them. The entire health and social care system will face increased strain due to:</p> <ul style="list-style-type: none"> Escalation of need: Without early, community-based support, more people will reach crisis point, requiring intervention from statutory services such as GPs, A&E, mental health teams, and social work. Longer waiting times and reduced capacity across services already under pressure. Higher costs to the public sector, as crisis care and statutory interventions are significantly more expensive than preventative, community-based support. <p>These services act as a protective buffer, preventing escalation and reducing demand on overstretched systems. Removing them would be a false economy—saving in the short term, but costing far more in the long run.</p> <p>Decommissioning these services will not only harm service users—it will also have serious financial and operational consequences across the wider <i>Thrive</i> network: The financial viability of other Thrive Lots may be compromised, leading to a widespread loss of jobs across the sector.</p> <ul style="list-style-type: none"> Staff morale is already low, with many reporting anxiety, insecurity, and burnout due to the uncertainty and lack of clear communication. Skilled, compassionate professionals are now considering leaving the care sector altogether, 	<p>EHSCP, CEC and NHS staff</p> <p>EIJB, EHSCP</p> <p>All staff, EIJB</p>

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

No

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	September 25	Quarterly review
Agree a recommendation for approval by the EIJB for these contracts/SLAs and notify providers in advance.	Andy Hall, Director: Strategy	8 August 25	N/A
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?

There are no other spaces in Edinburgh that offer similar levels of support for people’s mental health. As a partnership these services see over 900 people, each providing different support and activities.

Those who receive community and compulsory treatment orders, there may be a direct effect upon the justice system and community safety if these people cannot be safely supported in places such as the Stafford centre.

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

Date

17. Publication

Completed and signed IIAs should be sent to:

integratedimpactassessments@edinburgh.gov.uk to be published on the Council website www.edinburgh.gov.uk/impactassessments

Edinburgh Integration Joint Board/Health and Social Care

sarah.bryson@edinburgh.gov.uk to be published at

www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/