

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

Lots 5 – 9:

- Lot 5: Thrive Arts and Creativity - Arts as Advocacy: CAPS Independent Advocacy:
- Lot 6: Thrive Peer Development Health in Mind, subcontract with CAPS Independent Advocacy
- Lot 7: Thrive Service User Led Collective Advocacy and Lived Experience Research CAPS Independent Advocacy
- Lot 8: Thrive Carers Support Vocal
- Lot 9: Thrive User Led Research Media Education

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 to disinvest in Thrive Lots 5 to 9.

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

CT0562	Lot 5: Arts and Creativity	CAPS	Collective advocacy through arts, including annual exhibition planning and support	£65,796
--------	----------------------------	------	------------------------------------------------------------------------------------	---------

CT2865	Lot 6: Peer Community of Practice	Health in Mind	Provision of training courses and materials	£50,592
CT0562	Lot 7: Service User Led Research/Support Groups	CAPS	Service user led research (eating disorders) and 2 collective advocacy groups	£29,745
CT0562	Lot 8: Thrive Carers Support	VOCAL	The service provides a central point of contact for carer engagement in the design, delivery and review of mental health services	£32,448
CT0562	Lot 9: User Led Research	Media Education	User Led Research as part of the Thrive Collective, working with young parents, ethnic minorities, refugees and asylum seekers	£26,037
				£204,618

Please see details of the activity they deliver:

Lot 5: Thrive Arts and Creativity - Arts as Advocacy: CAPS Independent Advocacy:

A unique advocacy project which utilises the power of the arts to benefit people who have mental health issues. This includes the renowned Out of Sight, Out of Mind exhibition which offers people with lived experience of mental health issues an opportunity to exhibit art works. A group of 28 people with mental health issues volunteer to organise and plan the exhibition. Numbers have grown to over 300 artists over the 13 years running and has created a real sense of community across the city. It has contributed to reducing loneliness as well as giving people a voice and increased self-esteem, as well as increased opportunities for work and study. Individuals are also supported to deliver their own art projects, often as part of the Scottish Mental Health Arts Festival.

Lot 6: Thrive Peer Development Health in Mind, subcontract with CAPS Independent Advocacy

Thrive Peer Community supports the development of peer workers and peer work across the city including training, coordinating volunteers, courses and meetings. Through increasing our capacity for peer support, we are creating a more multiskilled workforce across mental health settings and beyond. This is facilitated through steering group, gathering voices events, and supporting SQA PDA in Mental Health Peer Support. In addition to supporting a forum for peer workers across the city. CAPS facilitates an independent collective advocacy forum for peer workers and volunteers across the city.

Lot 7: Thrive Service User Led Collective Advocacy and Lived Experience Research CAPS Independent Advocacy

Collective Advocacy and Experience Led Research as part of the Thrive Collective ensures there are increased opportunities for people who use mental health services to voice their experiences to help inform how the partnership delivers its priorities. There are three separate projects included in this Lot: LGBTQIA+ Collective Advocacy, Collective Advocacy for people from Minority Ethnic backgrounds and Lived Experience Research – Men and Eating Disorders. As a result of these groups people are enabled to have a voice that is heard and their views understood, feel connected and have positive relationships, are supported to contribute to making positive change, improvements to culture and practice and challenge any discrimination, have improved confidence in asking questions or raising concerns, and have opportunities to learn, work and volunteer.

Lot 8: Thrive Carers Support Vocal

Supporting unpaid carers to support someone with a mental health condition. Mental Health Carer Support Practitioner (CSP) provides bespoke support to carers including mental health support for carer and cared for, connecting with other services and peer groups. The CSP also connects directly with other organisations and services across Edinburgh City to provide advice to allow them to better support carers.

Lot 9: Thrive User Led Research Media Education

User Led Research as part of the Thrive Collective is to ensure there are increased opportunities for service user led research to help inform how the partnership delivers its priorities and understands gaps in provision whilst reflecting the voice of lived experience. Projects include Lived Experience Research and filmmaking with people from Global Majority backgrounds, people with experience of migration and Young parents.

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.

Testimonials and feedback included in the evidence table

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

Yes

5. Date of IIA

Tuesday 7th May 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)

Name	Job Title	Date of IIA training
Robert Smith (Overview)	Strategy Manager (Interim), EHSCP	
Rhiannon Virgo (Facilitator)	Programme Manager - Innovation and Sustainability, EHSCP	February 2020
Cat Young (Report writer)	Assistant strategic programme manager (Thrive), EHSCP	
Jane Crawford	Chief Executive Officer, CAPS Independent Advocacy	
Kate Deacon	Development Team, Company Director, Media Education	

Name	Job Title	Date of IIA training
Lucy Butterworth	Carer Services Manager, VOCAL	
Rosemary McLoughlin	Chief Executive, VOCAL	
Kerry Girdwood	Senior Services Manager North, Health in Mind	
Michele Mason	Chair of MH forum and Head of Services for Edinburgh and Lothians, Change MH	
Lauren Stonebanks	CAPS Group member	
Pam Van de Burg	Arts as Advocacy worker with CAPS	

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	Population and demographics - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)	Provides current and projected data on the wider population in the City of Edinburgh Provides robust evidence on the composition, characteristics, attitudes and behaviour of private households and individuals

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>Supporting documents - Scottish Household Survey 2021 - telephone survey: key findings - gov.scot (www.gov.scot)</p> <p>Thrive Welcome Teams Trak data</p> <p>Scottish Government Mental Health and Wellbeing Strategy</p> <p>AUDIT Scotland Report on Adult Mental Health</p> <p>Creating Hope Together: Scotland's suicide strategy</p> <p>Realistic Medicine - Taking Care: Chief Medical Officer for Scotland annual report 2023 to 2024</p>	<p>as well as evidence on the physical condition of Scotland's homes</p> <p>Referral and demographic data for MH single point of access (NHS access only)</p> <p>Mental Health and Wellbeing Strategy 2023 – 2025 which describes the approach the Scottish Government will undertake to improve mental health for everyone in Scotland.</p> <p>The report contains a number of recommendations for the Scottish Government, local authorities and partners, many of which reflect the themes set out in The Scottish Government Strategy.</p> <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>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>

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 1066 379">Scotland's Population Health Framework 2025-2035</p> <p data-bbox="427 608 1066 823">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="427 903 819 935">Census Data for Edinburgh</p> <p data-bbox="427 1238 1010 1342">Joint Edinburgh Carers Strategy 7.1 The Joint Edinburgh Carer Strategy Refresh 2023-26.pdf</p>	<p data-bbox="1088 312 1973 568">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 647 1928 711">NHS Lothian Public Health: A strengthened approach to prevention across the Lothian health and care system 2024</p> <p data-bbox="1088 903 1962 1118">The Census data tells us that there has been a 84% increase in people who are BME since 2011 in Scotland, and that in Edinburgh Central the proportion of people in BME groups is 20.01%. The work delivered by Cyrenians within Thrive is targeted at these groups, reduces their isolation, and builds communities of support.</p> <p data-bbox="1088 1198 1973 1342">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>

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>Joint Edinburgh Carers Survey: Unpaid-carer-experiences-in-Edinburgh-Interactive-June-2024 (3).pdf</p> <p>Human Rights Bill: Consultation Summary</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>Data on service uptake/access</p>	<p>National Benchmarking data</p> <p>Thrive Data</p> <p>Thrive Collective quarterly</p> <p>Thrive Collective Impact Report</p> <p>Annual SLA reports</p> <p>Thrive Progress 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> <p>Annual and interim reporting across all SLA on what is being delivered across Edinburgh and the impact of such activities</p> <p>This document sets out the aspirations of Thrive Edinburgh and what has been delivered against Thrive Pillars and Adult</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>TRAK data (Psychological Therapies)</p> <p>Mental Health Inpatient Census 2023</p> <p>Experiences of unpaid Edinburgh carers engaging in mental health services: Mental-Health-Carers-Consultation-Full-Report.pdf</p> <p>NHS Lothian 2022 Scottish Census Data: Ethnic group, national identity and religion. Public Health and Health Policy</p> <p>NHS Lothian 2022 Scottish Census Data: Sexual orientation and trans status or history. Public Health and Health Policy</p>	<p>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>Results of the seventh Mental Health and Learning Disability Inpatient Census and Outwith NHS Scotland Placements Census, 2023.</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>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>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>

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>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-significant-work-of-CAPS-over-the-years.pdf</p> <p>https://www.outofsightoutofmind.scot/</p> <p>Health in Mind Health in Mind Annual Satisfaction Survey Report 2022 (health-in-mind.org.uk)</p>	<p>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> <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> <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>Exhibition Website</p> <p>Health in Mind Annual Satisfaction Survey</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>CAPS independent Advocacy – Reports and Newsletter</p> <p>Experiences of unpaid Edinburgh carers engaging in mental health services: Mental-Health-Carers-Consultation-Full-Report.pdf</p> <p>Unpaid care has huge impact on mental health and affects low income households - https://shorturl.at/0l9qp</p> <p>The demands of caring pushing unpaid carers to the brink Carers UK</p> <p>Scottish Mental Health Festival 2024 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>Eurocare research, carried out by University College London and Carers Trust, evidencing impact of unpaid care on mental health.</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>Detailing reach, events, participation and positive outcome for people with mental health (Over 17500 people)</p>
<p>Data on socio-economic disadvantage e.g. low income, low wealth, material 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>Provides current and projected data on the demographics within Edinburgh</p> <p>MH Foundation Covid 19 report: Pandemic effect on mental health</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
area deprivation.	<p>Collective Advocacy (People’s conference report)</p> <p>Eurocare research - unpaid care has huge impact on mental health and affects low income households</p> <p>Edinburgh Carers Survey: Unpaid-carer-experiences-in-Edinburgh-Interactive-June-2024 (3).pdf</p>	<p>End Poverty Edinburgh is a group of independent citizens aiming to raise awareness of poverty in Edinburgh, influence decision-making, and hold the city to account.</p> <p>Conference space for people to have their voice heard – this year focused on what makes a house a home</p> <p>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.</p> <p>491 Edinburgh carers looking after someone with a mental health condition contributed to this survey. Some raised 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>Provides data on demographics of minority ethnic communities</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p>Gender inequalities in unpaid care work - Engender-response-to-the-Scottish-Governments-Scottish-Carers-Assistance-consultation.pdf</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>
<p>Research/literature evidence</p>	<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>Independent-advocacy-for-independent-lives.pdf</p>	<p>Cross party report that details how the arts can help meet major challenges facing health and social care: ageing, long term conditions, loneliness and mental health. The Creative Health Review highlights that creative health approaches can prevent the onset of illness, support long-term condition management, and reduce reliance on GPs and emergency services. Case studies show that arts-based interventions can lead to fewer GP visits, reduced medication use, and better health outcomes, especially in mental health and chronic illness</p> <p>Scottish Government report that explores the barriers and consequence to inactivity and solutions to these.</p> <p>This research found that for every £1 spent on Independent Advocacy, there is a £12 saving to the Health Board and the local authority.</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 1066 416">Public Health Scotland: Estimating the burden of disease attributable to physical inactivity in Scotland</p> <p data-bbox="427 533 1066 564">Equality-Progress-Report-5-March-2020.pdf</p>	<p data-bbox="1088 312 1984 488">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>
Public/patient /client experience information	<p data-bbox="427 831 1066 935">HM Inspectorate of Constabulary in Scotland Thematic Review of Policing Mental Health in Scotland</p> <p data-bbox="427 1015 1066 1086">https://capsadvocacy.org/about-caps/publications-and-reports/</p> <p data-bbox="427 1126 1066 1198">What does it mean to you? (2024) — Out of Sight Out of Mind</p>	<p data-bbox="1088 831 1984 967">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 data-bbox="1088 1054 1984 1126">Detailing activity undertaken by CAPS Independent with Advocacy/Collective Advocacy</p> <p data-bbox="1088 1166 1984 1238">Feedback from people who participate in Out of Sight, Out of Mind Exhibition (Over 300)</p> <p data-bbox="1088 1310 1984 1375">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
	https://capsadvocacy.org/wp-content/uploads/2025/05/CAPS-Independent-Advocacy-Testimonials.pdf	
Evidence of inclusive engagement of people who use the service and involvement findings	Complaints/ compliments: 2024 Thrive Contracts review	
Evidence of unmet need	Edinburgh Integration Joint Board Strategic Plan (2019-2022) Welfare reform - impact on households with children: report - gov.scot Scottish mental health law review: our response https://www.mwcscot.org.uk/policy-and-research	<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>Mental Health Welfare Commission detailing feedback from people that use services</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
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>https://www.gov.scot/publications/mental-health-care-treatment-scotland-act-2003-code-practice-volume-1/</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>Independent Collective and Individual 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
	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	Mental Health (Care and Treatment) (Scotland) Act 2003: Detailing everyone's right to independent advocacy The New Mental Health Act: A guide to independent advocacy: Information for Service Users and their Carers
Carbon emissions generated/reduced data	N/A	
Environmental data	N/A	
Risk from cumulative impacts		
Other (please specify)		
Additional evidence required	https://earthworm-hyperboloid-4zl6.squarespace.com/what-does-it-mean-to-you-2024 Equality-Mainstreaming-and-Outcomes-Report.docx Equality-Progress-Report-5-March-2020.pdf	

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>The advocacy contracts considered in this IIA were commissioned separately from the main advocacy lots. This has led to a fragmented advocacy landscape and potential duplication. This proposal provides an opportunity to review</p>	<p>All</p> <p>All</p> <p>All</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>and revise advocacy provision across the Partnership to ensure coherent and effective delivery.</p> <p>The carer’s support contract under consideration here was also commissioned in isolation from the main carers funding. This proposal will dovetail with the review of carers funding currently underway to ensure that all carers receive appropriate and consistent support.</p>	
<p>Negative</p> <p>The loss of accessible training and qualifications in peer support and service user research represents a significant setback for mental health advocacy, recovery, and inclusion—particularly for older adults and people in their middle years. (This refers to Health in Mind services) Mitigation: The good work delivered through service user research to date will continue to inform strategy and service development in future. These contracts are not the only route to securing the input of those with lived experience. The EHSCP has a range of established forums eg the Older People’s Forum, the Disability Forum, through which we can access service user feedback. Lived experience forums are also being developed which will ensure that this input is retained.</p> <p>Many participants are in their middle to older years. People can find renewed purpose and identity through peer support roles after retirement, redundancy, or long-term illness. Accessible</p>	<p>Older People, and people in their middle years</p> <p>Older People, and people in their middle years</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>training offers a rare opportunity for people in middle years to re-enter education or employment after periods of ill health or caring responsibilities. Older peer supporters bring valuable life experience and stability to peer networks, enriching the learning environment for all. Without these opportunities, older adults may become more socially isolated, which is a known risk factor for both physical and mental health decline. (Health in Mind & CAPS)</p> <p>(CAPS) The closure of the Arts as Advocacy project and the Out of Sight Out Of Mind annual mental health art exhibition will negatively impact the approximately 300 people with mental health challenges who rely on these creative platforms to maintain their wellbeing throughout the year. These projects offer more than art—they provide a therapeutic outlet, a sense of purpose, and a way to process trauma. The exhibition fosters connection, solidarity, and hope. Its absence risks increasing isolation, relapse, and disengagement from services. Concerns were also raised that cancelling the exhibition would cause reputational damage to the EIJB. Mitigation: While the therapy approach cannot necessarily be duplicated, any service users that meet the criteria of critical or substantial need could opt to receive the funding for the support they are eligible via self-directed support and could choose to purchase appropriate services of their choosing directly. Reputational impacts would need to be carefully managed through effective communications planning.</p>	<p>All</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>A group of 28 people with mental health issues will lose the opportunity to volunteer over the year to organise and plan the Out of Sight Out of Mind exhibition, which is a way to improve their own wellbeing, become empowered, contribute meaningfully, take part in culture in Edinburgh, design cultural activities for other marginalized people, learn skills and increase their own opportunities for the future. Mitigation: Alternative volunteering opportunities exist within Edinburgh, both funded by the EIJB eg the Volunteer Centre and independently.</p> <p>The closure or disinvestment in trauma-informed services and spaces represents a profound loss for individuals and communities who rely on these environments for healing, safety, and connection. They are designed with safety, trust, and empowerment at their core, acknowledging the widespread impact of trauma. Trauma-informed approaches are essential for people who have experienced abuse, neglect, discrimination, or systemic injustice. Without trauma-informed environments, people may avoid services altogether, leading to worsening mental health. Without safe spaces to process trauma, individuals may experience increased anxiety, isolation, or even hospitalization. Trauma-informed care builds trust. Its absence can reinforce feelings of being unsafe or unheard. Mitigation: People experiencing worsening mental health will retain access to primary and secondary mental health services. It is unclear how much this would increase demand on statutory services, with some people requiring alternative formal support but others not.</p>	<p>People with experience of trauma, carers, family, and friends.</p> <p>People with experience of trauma</p> <p>People with mental health and physical health issues, including schizophrenia, bipolar, autism, and ADHD, Learning/Physical disability, People with low</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>The removal of community-based, creative, and peer-led mental health initiatives represents a critical loss of opportunity for individuals particularly those who are rebuilding their lives after trauma, illness, or long-term unemployment. These programmes offer safe, supportive environments where people can rediscover their strengths and talents. Participation helps individuals build self-esteem, develop new skills, and reconnect with a sense of purpose. For many, these spaces are the first step in believing that recovery and a return to work or education is possible. (CAPS)</p> <p>Structured activities, peer support roles, and creative projects often lead to volunteering, training, or paid work. Without these stepping stones, people may feel stuck, disconnected, and excluded from the workforce. This is especially true for those who face multiple barriers, such as age, disability, or discrimination. (Health in Mind & CAPS)</p> <p>Mitigation: The EIJB and the Council fund alternative volunteering opportunities, in addition to independent volunteering opportunities within Edinburgh. Employability services are not a delegated function of the EIJB, however, employability support is available from the Council (for example, via the Edinburgh Guarantee).</p> <p>The closure of community-based mental health initiatives threatens to dismantle the relationships that people have built. These spaces are not just about support—they are about belonging. For many, they are the only place where they feel truly seen, accepted, and understood, especially for those who are isolated, marginalised, or have experienced trauma.</p>	<p>literacy, Refugee/Asylum seeker, Ethnic Minority</p> <p>People with mental health and physical health issues, including schizophrenia, bipolar, autism, and ADHD, Learning/Physical disability, People with low literacy, Refugee/Asylum seeker, Ethnic Minority</p> <p>People with mental health and physical health issues, including schizophrenia, bipolar, autism, and ADHD, Learning/Physical disability, People with low literacy, Refugee/Asylum seeker, Ethnic Minority</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>The loss of these connections can lead to grief, loneliness, and a sense of abandonment. The breakdown of these networks can increase mental health crises, relapse, and hospital admissions.</p> <p>If these services were withdrawn the burden of care shifts heavily onto unpaid carers, often family members or close friends who are already stretched thin. The average age of unpaid carers for people with mental health issues is 52, often balancing care with employment, their own health needs, or other family responsibilities. Many are women, and a significant number are older adults, who may also be managing their own long-term conditions. Carers often experience anxiety, depression, and burnout, especially when support systems are removed. Many reduce their working hours or leave employment entirely, leading to income loss and pension insecurity. The stress of caregiving without adequate support can lead to physical and mental health deterioration in carers themselves. Without accessible services, carers become the default safety net, often without training, respite, or recognition. This can lead to crisis situations, where both the carer and the person they support are at risk. It also places additional strain on emergency and acute services, which are more costly and less effective than early, community-based support.</p> <p>Mitigation: People with a caring role can request an Adult Carer Support Plan, and potentially access support via the carers workstreams and funding.</p>	<p>Unpaid carers, Women, People in middle and older years,</p> <p>Unpaid carers, Women, People in middle and older years,</p> <p>LGBTQIA+</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>The discontinuation or lack of promotion of LGBT Health Audit tools (developed by CAPS in partnership with LGBT Health and Wellbeing) represents a serious setback in ensuring that health and social care services are inclusive, accessible, and safe for LGBTQIA+ individuals. These tools help services assess their readiness and effectiveness in supporting LGBTIAQ+ people. Without these tools, services may fail to recognise or address systemic barriers faced by LGBTIAQ+ individuals. It becomes harder to hold services accountable for inclusive practice and the absence of structured audits can lead to inconsistent care, discrimination, and mistrust in health systems. (CAPS)</p> <p>Mitigation: all health and social care services, whether internal or commissioned, are expected to be inclusive, accessible and safe for LGBTQIA+ individuals, and to ensure that services are delivered in line with best practice in this area.</p> <p>The closure of programmes that centre the voice of lived experience removes a vital learning opportunity for students and new staff entering health and social care professions. Lived experience offers real-world insight into what works and what doesn't in mental health care. (CAPS) It helps learners develop empathy, cultural humility, and trauma-informed practice from the start of their careers. These interactions humanise the system, reminding professionals that behind every diagnosis is a person with a story. Students and new staff may enter the workforce without ever hearing directly from the people they serve. This can lead to detachment, unconscious bias, and a reliance on clinical models that overlook the whole person. It also weakens the culture of co-production, where services are shaped by those with lived</p>	<p>LGBTQIA+</p> <p>Students, Staff entering workforce</p> <p>Students, Staff entering workforce</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>experience. (CAPS) Mitigation: this is not a delegated service to the EIJB. Universities and training colleges are responsible for developing professional training in line with best practice. In addition, workforce training was identified as a key aspect of the Strategic Plan. As implementation plans are developed, joined-up training plans will be created to ensure that the EHSCP workforce is skilled appropriately.</p> <p>The removal of Media Education programmes that explore the real-life experiences of refugees through storytelling, film, art, and digital media is a critical loss for children’s social and emotional development. Media is a powerful tool for bringing refugee stories to life in ways that are accessible and engaging for young people. It helps children visualise complex global issues, understand different perspectives, and connect emotionally with people they may never meet. Learning about refugee journeys through media fosters empathy, compassion, and solidarity. It equips children to recognise injustice, understand systemic inequality, and become active allies in their communities. Loss of opportunity to bring culture change through participation and education and listening to voice of lived experience. Mitigation: Children’s services are not delegated to the EIJB, and comparable support may be more appropriately provided through the Council’s Children’s Services teams.</p> <p>Losing the LGBTQIA+ group and the Minority Ethnic group means one less independent safe space for those under-represented communities to express what is important to them</p>	<p>Children and Young people</p> <p>Children and Young people</p> <p>LGBTQIA+, Trans folk, ethnic minority, staff</p> <p>EHSCP staff</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>and to work together to change things for the better, and for people from those groups in future.</p> <p>(CAPS) Workshops led by people with lived experience offer a unique and powerful learning environment for professionals across health, social care, education, and community services. Professionals develop greater empathy, cultural awareness, and trauma-informed approaches. The experience led workshops offer services and professionals a unique learning environment where they can truly realise what it feels like to belong to these communities. This not only reduces stigma but helps workers relate better to people they come in contact with and makes their work easier and achieves a better result for the person. HSCP staff will lose this unique way to understand how to work with these communities and appreciate what their needs are. Mitigation: workforce training was identified as a key aspect of the Strategic Plan. As implementation plans are developed, joined-up training plans will be created to ensure that the EHSCP workforce is skilled appropriately.</p> <p>Loss of important research: As part of service user research there is a specific research group focused on men and eating disorders, outputs will give a voice to men with this experience and help inform service improvement and education.</p> <p>Loss of provision of meaningful activities which can boost someone into volunteering, employment, and education. Loss of Lots 5 – 9 will potentially push more people into crisis, and poverty. Mitigation: alternative volunteering and employability</p>	<p>Men, education, services</p> <p>People at risk of poverty</p> <p>People with mental health and physical health issues, including schizophrenia, bipolar, autism, and ADHD Statutory Service, crisis, MHAS, REH, all of the above</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>support opportunities exist, although they may be less tailored options.</p> <p>People will not be able to gain insight from people with similar diagnosis or feeling about what services are available or how to seek support leaving them with nothing and potentially increased illness. Marginalized groups don't understand the system. (CAPS) Mitigation: individual advocacy support will be maintained to help people, although demand may increase for these services.</p> <p>People from ethnic minority may be more susceptible to mental and physical illness, and more likely to experience harassment or micro-aggression. Disinvestment in these lots would mean loss of safe spaces and places for people to be.</p> <p>Service user research lots have contributed to national policy. Thrive Welcome Team and Collective is a national and UK award winning model of procurement which is being replicated nationally. Mitigation: Thrive Welcome Teams will not be affected by this proposal.</p> <p>This proposal may risk contravening three of the EIJB's Equalities Plan outcomes.</p> <p>Equality Outcome 2 – People with protected characteristics are directly able to influence the way in which Health and Social Care services are planned and delivered at both local and citywide level.</p>	<p>LGBTQIA+, Minority Ethnic Communities,</p> <p>National policy, Scot Gov</p> <p>All</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Equality Outcome 3 – All health and social care services are accessible, appropriate and inclusive to the needs of all with no barriers which can limit access for those with protected characteristics</p> <p>Equality Outcome 4 – Awareness and understanding of the challenges and needs faced by those with protected characteristics is raised</p> <p>Mitigation: The EIJB remains committed to delivering the outcomes of the Equalities Plan. However, these must be delivered within the funding available to us. There are many ways in which outcomes can be met and we will work with people with protected characteristics to ensure that we meet their needs appropriately.</p>	

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

Economic	Affected populations
Positive	

Economic	Affected populations
<p>Approx £25m 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>	<p>Local businesses and staff</p>
<p>Negative</p> <p>A reduction in peer support may result in increasing costs for the EIJB by increasing demand for statutory services. Mitigation: While there may be some increase in demand, not all people currently accessing third sector services will be eligible for support via statutory services.</p> <p>There is a risk that staff may be made redundant as a result of funding reductions. This may risk staff falling into poverty.</p> <p>Less opportunity for neurodiverse, lone parents, refugee, or asylum seekers to build skills and confidence to be part of the workforce. Mitigation: alternative volunteering and employability support opportunities exist, although they may be less tailored options.</p> <p>Lack of opportunity to gain living wage deepens poverty gap. Mitigation: alternative volunteering and employability support opportunities exist, although they may be less tailored options.</p> <p>Loss of partnerships who bring added value and enterprise to the city and people who need it.</p>	<p>EHSCP budget, GPs, crisis services, MHAS, REH</p> <p>Organisation staff</p> <p>Neurodiverse, Lone parents, Refugee, Asylum Seekers</p> <p>All people at risk of poverty or unemployed</p> <p>All</p> <p>All people at risk of poverty</p>

Economic	Affected populations
Supporting people to grow and re-engage reduces long-term reliance on health and social care services. It also contributes to community resilience, economic participation, and social inclusion. The loss of these opportunities risks deepening inequality and entrenching poverty.	

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

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

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

If this proposal is approved by the EIJB, a robust communications plan will be developed in conjunction with our Communications Team to ensure that all relevant people are notified appropriately.

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
Explore other opportunities for affected populations.	Thrive/Providers	7 th July	1 st Sept
Be able to clearly communicate how we lessen the negative impact of any loss through working with partners.	EHSCP Comms	1 st June	1 st Sept
Considers other safe spaces and places where people could connect and participate.	Thrive/Providers	7 th July	1 st Sept
Consider how universities, colleges, and places of education could support organisations.	Thrive Students	1 st August	1 st Sept
Regularly review the IIA to ensure any new impacts are captured	Andy Hall, Director: Strategy		Quarterly
Agree a recommendation for approval by the EIJB for these contracts/SLAs and notify providers in advance.	Andy Hall, Director: Strategy	8 th August	N/A
Agree monitoring of the impacts identified above (eg demand for statutory services)	Susan McMillan,	1 October 25	Annual review

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
	Performance and Evaluation		

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

Not all impacts can be fully mitigated across all protected groups. Where mitigations are possible they have been included. However, the impact of reduction of funding on people accessing these services is acknowledged.

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

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

16. Sign off by Head of Service

Name

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/