

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

NHS Lothian SLA – Acting Early Workstream

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 the services outlined below.

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

Services impacted by this proposal include:

Outlook: Adult education courses for people who have or are experiencing mental health issues.

Positive Rewards: To support the mental health and wellbeing of Lothian patients and Health & Social Care Staff through the provision of an NHS accredited (DTAC) positive mental health digital, Sorted: mental health app.

Cruse Bereavement: Bereavement support to people of all ages and backgrounds in Edinburgh and the Lothians. Cruse Scotland will provide counselling in English using volunteer counsellors. We are also able to offer counselling to non-english speaking clients through a translator.

Edinburgh Lothian Greenspace Trust (branching Out): Provides a 'greenspace on referral' programme to groups of adults experiencing mental health issues through a 12-week series of woodland and greenspace-based activities.

Partners in Advocacy: Participation and Engagement: To engage carers of people with mental illness, dementia, learning disabilities and autism and ABI. To support the above carers to participate in issues which affect them.

Open Door: To provide ongoing support for our members, their families and carers, volunteers and the wider community for people with mental health, physical disabilities and older people.

The financial impact of this change is as follows:

Sorted App	Positive Rewards	£15,660
SLA	The Open Door	£13,500
Outlook - adult education	CEC	£10,000
Branching Out	ELGT	£4000
Bereavement Care	Cruse Bereavement Care	£10,800
Participation and Engagement Support	Partners in Advocacy	£7,990

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

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

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

Yes

5. Date of IIA

08 July 2025

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

Name	Job Title	Date of IIA training
Cat Young	Assistant Programme Manager; EHSCP	
Rhiannon Virgo (facilitator)	Programme Manager; EHSCP	February 2020
Alexander Callaghan	Development Officer, Outlook	
Charlie Cumming	CEO, ELGT	
Jess Wade	Acting CEO, Partners in Advocacy	
Jane Marshall	GP clinical lead, NHS Lothian	

Name	Job Title	Date of IIA training
Susan McNaught	Fundraising Manager, Cruse Scotland Bereavement Support	
Simon Warr	CEO, The Open Door	
Lynnette Baigan	The Open Door	
Iain Templeton	Operations Manager, Partners in Advocacy	

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>Thrive Collective Data 2024</p> <p>Thrive Collective Impact Report</p> <p>Thrive Progress Report</p> <p>Thrive Welcome Teams Trak data</p> <p>Sorted Reports.</p> <p>Ukranian Refugees Mental Health Survey</p> <p>Mental-health-and-suicides-among-Polish-men-in-Scotland.pdf</p> <p>ScotPHN-Polish-Suicide-Final-1.pdf</p>	<p>Data on service users from each service including demographics data and which interventions received.</p> <p>Data on Thrive Collective 2024 delivery, support 4,367 people, with a minimum social value of £7.13 for every pound spent on the Thrive Collective programme.</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>Referral and demographic data for MH single point of access (NHS access only)</p> <p>Populations in need include ethnic minorities – such as Polish and Ukrainian who have recognised disproportionate health needs -as evidenced in these reports – showing poorer mental health, specific need for resources to address cultural issues and language and non mainstream access.</p>
Public/patient/client experience information	HM Inspectorate of Constabulary in Scotland Thematic Review of	Assess the state, efficiency and effectiveness of Police Scotland’s provision of mental health-related policing services. Published its

	<p>Policing Mental Health in Scotland</p> <p>Sorted – Letter of Support (feninks)</p> <p>Video Interview with individual about his recovery</p> <p>Video interview with Psychiatric nurse at the Royal Edinburgh hospital</p> <p>Letters of support for the Sorted App</p>	<p>thematic review of policing Mental Health in Scotland.</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>
<p>Data on populations in need</p>	<p>Census Data (2022)</p> <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>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</p>

	<p><u>Edinburgh's Physical Activity and Sport Strategy</u></p> <p><u>Scottish Government Mental Health and Wellbeing Strategy</u></p> <p><u>AUDIT Scotland Report on Adult Mental Health</u></p> <p><u>Human Rights Bill: Consultation Summary</u></p>	<p>can enhance both our own and our planet's well-being; and the importance of relational continuity.</p> <p>New Physical Activity and Sport Strategy for Edinburgh (2024 – 2034). Physical activity, sport and all forms of movement are so important for our physical, mental, and social health and wellbeing, and by increasing our levels we will be collectively improving the health of our communities and Scotland's capital.</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>Summary of feedback from consultation for the Human Rights Bill</p>
<p>Data on service uptake/access</p>	<p><u>iThrive</u></p> <p>Sorted Reports:</p> <p><u>2024 – 2025</u></p> <p><u>2019 – 2020</u></p> <p><u>2021 - 2022</u></p> <p><u>2020 – 2021</u></p>	<p>Analytics report detailing usage of iThrive website 157,147 users, up 69%</p> <p>Annual reports on the uptake and outcomes of those using Sorted App (previously the Feeling Good App) over the last 5 years showing the cumulative numbers of people accessing this service to be 15,013.</p>

<p>Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.</p>	<p><u>Joint Strategic needs Assessment City of Edinburgh HSCP (2020)</u></p> <p><u>Poverty commission reports</u></p> <p><u>Eurocare research - unpaid care has huge impact on mental health and affects low income households</u></p> <p><u>Cost-of-Living-Crisis-and-the-Polish-Community-in-Scotland-2025.</u></p>	<p>Provides current and projected data on the demographics within Edinburgh</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 income households. It impacts all age groups – young adult carers, mid-life carers and older carers.</p> <p>Cost of living crisis on the Polish community and how this is negatively impacting on their mental health</p>
<p>Data on equality outcomes</p>	<p><u>JSNA-Health-Needs-of-Minority-Ethnic-Communities-Edinburgh-April-2018.pdf (edinburghhsc.scot)</u></p> <p><u>Gender inequalities in unpaid care work - Engender-response-to-the-Scottish-Governments-Scottish-Carers-Assistance-consultation.pdf</u></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>
<p>Research/literature evidence</p>	<p>Benefits of physical activity: <u>UK Chief Medical Officers' Physical Activity Guidelines</u></p>	<ul style="list-style-type: none"> • For good physical and mental health, adults should aim to be physically active every day. • Adults who are physically active report more positive mental and physical health

	<p><u>physical-activity-and-sport-strategy-for-edinburgh-2024-to-2034</u></p> <p><u>Getting the inactive active: Barriers to physical activity and their potential policy solutions Scottish Parliament</u></p> <p><u>Public Health Scotland: Estimating the burden of disease attributable to physical inactivity in Scotland</u></p> <p><u>Cost-Benefits Analysis of Social & Therapeutic Horticulture 2024</u></p>	<ul style="list-style-type: none"> • In addition to the health benefits, increasing physical activity across a population also has social, environmental and economic benefits for communities and wider society. <i>These come primarily from physical activities undertaken in a community setting.</i> • Being active improves mood, promotes better sleep and plays a key role in prevention, early intervention, and the management of long-term conditions and non-communicable diseases. <p>Staying active is crucial for maintaining a healthy lifestyle. It is not just about physical health, but also mental health and social wellbeing.</p> <p>The cost of physical inactivity to the NHS in Scotland is estimated at more than £77 million per year, or around £14.60 per person living in the country</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> <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</p>
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	<p><u>Gardening is beneficial for health: A meta-analysis - ScienceDirect</u></p> <p><u>Community green: using local spaces to tackle inequality and improve health</u></p> <p><u>Valuing the mental health benefits of woodlands</u></p> <p><u>https://pmc.ncbi.nlm.nih.gov/articles/PMC9505389/</u></p>	<p>therapeutic gardening is robust indeed.</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>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> <p>This research is the first to value the mental health benefits associated with the UK's woodlands. It does this in terms of the costs avoided due to the reduced prevalence of mental illnesses. The annual mental health benefits associated with visits to the Scotland's woodlands are estimated to be £26 million (at 2020 prices). The reflatd value provide by FR for 2024 is £29.7 million. The values are based on evidence of the reduced incidence of depression and anxiety as a result of regular visits to nature.</p> <p>Umbrella review of apps highlighting the advantages 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>
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<p>Evidence of inclusive engagement of people who use the service and involvement findings</p>	<p>Complaints/ compliments: 2024 Thrive Contracts review</p> <p>http://www.sortedmentalhealth.app/wp-content/uploads/2025/07/Feniks-Sorted-Letter-of-Support.pdf</p>	<p>Redhall Walled Garden service user led letter stating impact of funding reduction in FY25.</p> <p>Evidence of inclusion shown in statement of support from Feniks – Counselling Agency for Polish and Ukrainian refugees</p> <p>Letter of support from Feniks counselling agency for Polish and Ukrainian people</p>
<p>Evidence of unmet need</p>	<p><u>Edinburgh Integration Joint Board Strategic Plan (2019-2022)</u></p> <p><u>Scottish mental health law review: our response</u></p> <p><u>Marks-Final-PE-report-2021.pdf (rehpatientscouncil.org.uk)</u></p> <p><u>https://www.mwscot.org.uk/policy-and-research</u></p>	<p>Details the health needs and priorities for the people of Edinburgh</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 – Mental Health Welfare Commission detailing feedback from people that use services</p>
<p>Good practice guidelines</p>	<p><u>https://www.nice.org.uk/guidance/ng58/resources/coexisting-severe-mental-illness-and-substance-misuse-community-health-and-social-care-services-pdf-1837520014021</u></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. Consider incorporating activities in the care plan that can help to improve wellbeing and create a sense of belonging or purpose. For example, encourage sport or recreation activities, or attendance at community groups that support their physical health or social needs.</p>

	<p>Mental Health Foundation</p> <p>Scotlands Mental Health and Wellbeing Strategy (2023)</p> <p>NICE Guidelines</p> <p>The Sorted App is NHS Accredited</p>	<p>Ensure activities take account of a range of different abilities. Consider, for example:</p> <ul style="list-style-type: none"> • the gym • education opportunities • volunteering <p>Information for public and professionals alongside specific reports on how to support people with mental issues</p> <p>Each of our tips has been created to help us look after our mental health. Importantly, each one is backed up by evidence from research, including the Mental Health Foundation’s ground-breaking study. Tips include:</p> <ul style="list-style-type: none"> • Get closer to nature • Keep moving <p>Mental Health (care and treatment) (Scotland) Act 2003: Code of Practice</p> <p>NICE guidelines for depression - Psychological and psychosocial interventions 1.4.4 ...Consider providing self-help materials and addressing social support issues in the interim. [2022]</p> <p>Accreditation detail</p>
Carbon emissions generated/reduced data	N/A	
Environmental data	Improving access to greenspace: 2020 review	<p>Local authorities play a vital role in:</p> <ul style="list-style-type: none"> • providing new, good quality greenspace that is inclusive and equitable • improving, maintaining and protecting existing greenspace

	<u>NatureScot Research Report 1361 - SPANS Scotland's People and Nature Survey 2023/24 - outdoor recreation report NatureScot</u>	These findings emphasize the crucial role of local, accessible urban greenspaces in promoting health and well-being
Risk from cumulative impacts		
Other (please specify)		
Additional evidence required		

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 contracts review has identified that similar services have been provided in a fragmented way, with carer support, for example, funded both through this group of contracts and through the main carer workstreams. This review is an opportunity to streamline services to ensure maximum efficiency and clear and consistent pathways.</p>	<p>All</p> <p>All</p> <p>All</p>
Negative	

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>The largest group accessing Cruse services are individuals in middle age, followed by older adults. Increasing demand among those aged 60+, particularly in SIMD 1.</p>	<p>Older people, People in middle years</p>
<p>Early bereavement support has been shown to reduce the risk of severe mental health issues, such as depression and anxiety. Timely intervention can also mitigate physical health deterioration, which is often linked to prolonged grief and stress. Cruse’s services act as a preventative measure, reducing future strain on NHS and social care systems.</p>	<p>Older people, People in middle years</p>
<p>Many older adults in SIMD 1 areas cannot afford private counselling or therapy. Cruse often represents the only accessible support option for these individuals. Despite waiting lists, clients are prepared to wait, indicating the perceived value and trust in Cruse’s services.</p>	<p>Older people, People in middle years</p>
<p>Many older adults, especially those in SIMD 1 areas, experience deepening social isolation following bereavement. These individuals often do not have family, friends, or community networks to turn to for emotional support. Without Cruse, many would have no access to bereavement support, increasing the risk of: Chronic loneliness, mental health decline, hospital admissions or GP visits.</p>	<p>Older people, People in middle years</p>
<p>Many clients are referred to Cruse by GPs and Edinburgh Health and Social Care Partnership (EHSCP), recognising the need for specialist bereavement support. Without Cruse some individuals, unable to access timely support, are turning to low-cost or “sham” counselling services. These may be unregulated, unqualified, or lacking clinical supervision, posing risks of poor advice, re-traumatisation, exploitation. AI tools cannot replace the empathy, expertise, and safeguarding provided by trained human professionals.</p>	<p>Older people, People in middle years</p>
<p>Mitigation: The EHSCP has commissioned a number of relatively small counselling services. It is therefore proposed to hold a recommissioning exercise to review the type and extent of counselling provision which would help us to meet the commitments in the Strategic Plan, via a transparent procurement process.</p>	

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Older people who cannot self-advocate are at high risk of being overlooked in assessments if Partners In Advocacy (PIA) are disinvested in. Furthermore, adult carers may struggle to convey the full extent of the older person's needs, especially under automated or impersonal systems. Marginalised groups, such as those with communication barriers or cognitive impairments may become further marginalised if support is reduced. The burden on carers increases significantly, potentially leading to burnout or breakdown in care.</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>Without early intervention or preventative support, individuals are more likely to reach crisis point, requiring more intensive and costly interventions (e.g., emergency services, hospitalisation, police involvement). This shift places additional strain on unrelated services, leading to longer wait times, increased burnout among professionals, reduced quality of care across the board. Relevant to all services considered in this IIA.</p> <p>Those without strong advocacy or support networks may fall through the cracks, exacerbating inequalities and leading to worse long-term outcomes i.e Partners in Advocacy.</p> <p>Branching Out (ELGT) work with young adults experiencing homelessness, often with severe mental health needs, using outdoor and woodland-based interventions. This includes partnering with Streetwork to reach people who are experiencing or at risk of homelessness. They offer non-clinical, trauma-informed, and choice-based support, especially for those who don't engage with mainstream systems.</p> <p>Mitigation: Homelessness is not a delegated function of the EIJB. The Council's Housing and Homelessness Teams provide support for people experiencing homelessness and commission appropriate services.</p> <p>People often face barriers in understanding or accessing support systems, particularly when dealing with mental health complexities. Carers also struggle with navigating these systems on behalf of those they support. There is a concern that rights are not always upheld, especially when services are cut or when individuals are not</p>	<p>Older people, People in middle years, carers</p> <p>Carers</p> <p>People with disability (Mental Health)</p> <p>People with disability (Mental Health)</p> <p>Young adults, people at risk of homelessness, people with disability (Mental Health)</p> <p>People with disability (Mental Health), Carers, Ethnic Minority</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>adequately informed of their entitlements. The Partners in Advocacy carer support SLA helps carers to access services. Mitigation: The EIJB commissions extensive carers' services to meet our obligations under the Carers (Scotland) Act. This SLA was commissioned separately, and there is an opportunity to include this in the review of carers support, ensuring that carers pathways are clear and consistent.</p> <p>Language barriers make it difficult to access mental health and bereavement support. Cultural stigma around mental health can discourage individuals from seeking help. Lack of culturally competent services means people often don't feel understood or safe. Loss of translation services or culturally specific support can leave people completely isolated. Cruse Bereavement provides translation services where required. Mitigation: numbers of people accessing translation through Cruse/other services should be clarified to ascertain whether CEC or NHS translation services can substitute.</p> <p>Need to have cognisance of changing communities and demographics and should be future proofing our services. Relevant to all services.</p> <p>Migration, aging populations, and shifting cultural identities are reshaping our communities and services that can be flexible in delivery are required.</p> <p>Single individuals are more likely to experience loneliness, especially without family or community support. Relevant to all services.</p> <p>Homeless people often lack stable relationships and safe spaces. Relevant to all.</p> <p>The loss of community-based bereavement services can have a profound and often invisible impact, especially on those who become single through the death of a partner.</p> <p>For many, especially those on benefits or low wages, private support is simply unaffordable. This creates a two-tier system where only those with means can access timely, quality care. Relevant to Cruse. Mitigation: bereavement support is available through</p>	<p>Ethnic Minority</p> <p>Ethnic Community, Older and Middle years, Young people, LGBTQIA+</p> <p>Single People</p> <p>Homeless People</p> <p>Single people</p> <p>People on benefits</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>hospital chaplains, faith groups and other informal services.</p> <p>Without access to support, vulnerable individuals are more likely to fall into deeper poverty, experience worsening health, become socially isolated, lose housing or employment stability. Relevant to all.</p> <p>Many individuals who access support from Partners in Advocacy are on benefits and may have no other resource, and may not be able to access any other support. Mitigation: The EIJB commissions extensive carers' services to meet our obligations under the Carers (Scotland) Act.</p> <p>The death of a loved one, particularly a main breadwinner can instantly destabilize a household's financial situation. For individuals and families already living in poverty or on the margins, this loss can be catastrophic. Without access to community-based bereavement support, the emotional and financial consequences are often compounded. Relevant to Cruse. Mitigation: The Council provides benefits and income maximisation and housing support to help people in unstable financial situations.</p> <p>Many older adults rely solely on state pensions, which often do not stretch to cover unexpected costs like funerals, counselling, or travel to services. Without free or subsidised bereavement support, they may be unable to access counselling at all. Relevant to Cruse.</p> <p>Without advocacy, people may lose access to disability benefits, housing support, employment protections and risk falling into poverty or using what resource they have for support creating further financial crisis. Relevant to Partners in Advocacy. Mitigation: the EIJB commissions approximately £1.6 million of advocacy support, which is the highest spend per head of population in Scotland. This SLA has been set up outside the main advocacy lots and there is an opportunity to streamline and rationalise provision.</p> <p>People in prison often experience complicated grief, especially when they are unable to attend funerals, far from family or community support, grieving in an environment that discourages emotional expression</p>	<p>Vulnerable people</p> <p>People on benefits</p> <p>People at risk of falling into poverty</p> <p>People on pensions</p> <p>People at risk of falling into poverty</p> <p>People in the judicial system</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Without bereavement support, this can lead to depression, anxiety, and trauma, increased risk of self-harm or suicide, disruption of rehabilitation efforts. Relevant to Cruse. Mitigation: People in prison are managed by Criminal Justice, and support may be commissioned more appropriately through these teams.</p> <p>In the absence of professional support, some individuals may turn to alcohol, prescription drugs, or illicit substances to numb emotional pain. This is especially common among those with a history of trauma, mental illness, or substance use. Relevant to all. Mitigation: The Edinburgh Alcohol and Drug Partnership will continue to commission services to support people at risk of harm through substance misuse.</p> <p>The withdrawal of services such as the Edinburgh Outlook Project does not affect all individuals equally. Those who are already experiencing disadvantage due to poverty, disability, age, race, or other protected characteristics are disproportionately impacted. No other dedicated education support which would help people experiencing mental health problems get back into education or training. In addition, Outlook link people to other supports to help with financial supports such as Action Group and food banks.</p> <p>Outlook is one of the only opportunities where people with more complex mental health issues can gain learning, and training, which can empower them to seek work. They are more likely to be in poverty. Outlook develop person centred plans with the people to allow them to choose their direction based on their hopes. Mitigation: Adult education is not a delegated function of the EIJB.</p> <p>Mitigation: IIA highlighted impact further recommendations for savings across the system will have and suggested it would be useful to refer to an asset map of the city to see what would be available if all savings recommendations are agreed. This would give further understanding of impact. In addition data for each area could be mapped against such map.</p> <p>Increasingly hard to plan when projects are at risk which in turn affects staff morale and wellbeing across the system. Relevant to All.</p>	<p>People experiencing substance misuse</p> <p>People with disability (Mental Health)</p> <p>People with disability (Mental Health) at risk of poverty</p> <p>Staff across sectors</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Organisations are struggling to retain staff amid insecurity, unable to plan effectively as funding timelines remain unclear. Redundancy processes are already underway, with more than 100 community-based roles at risk particularly in areas of high deprivation. This represents not just a loss of expertise but an erosion of trust and continuity in essential mental health supports.</p>	<p>People with disability (Mental Health), staff</p>
<p>The compounded impact of local and national funding pressures what many have called a “double whammy” has left third sector organisations vulnerable and disempowered in what was meant to be an equal partnership.</p>	<p>Staff across sectors</p>
<p>For Cruse if there is disinvestment there won't be the staff to support volunteers and therefore there will be much reduced bereavement support offered through volunteers, impacting volunteers and people with protected characteristics.</p>	<p>Protected characteristics, volunteers, carers</p>
<p>Disinvestment in Outlook risks stripping away inclusive access to arts, education, and digital skills, resources often perceived as exclusive. It undermines a fundamental human right to learn, express, and progress. Without support, pathways to inspiration, IT proficiency, and gallery engagement narrow, deepening inequality and silencing community-driven creativity.</p>	<p>People with disability (Mental Health)</p>
<p>Disinvestment in community mental health services that provide peer support and educational opportunities undermines recovery, inclusion, and empowerment. These programmes foster connection, build skills, and reduce crisis interventions. Relevant to Outlook.</p>	<p>People with disability (Mental Health)</p>
<p>Loss of neurodiverse peer support in bereavement care removes a vital source of understanding, safety, and shared experience. These peers offer unique emotional insight and communication styles that traditional services may lack. Disinvestment silences neurodivergent voices, deepens isolation, and undermines inclusive, trauma-informed approaches to grief and recovery. Relevant to all.</p>	<p>People with disability (Mental Health), neuro developmental disorders</p>
<p>Outlook's face-to-face model is a cornerstone of social life, offering vital human contact and connection. Disinvestment threatens people's ability to socialise, especially those facing isolation. Access to meaningful</p>	<p>People with disability (Mental Health)</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>interaction is a fundamental human right essential for wellbeing, inclusion, and the dignity of being seen, heard, and valued.</p> <p>Men are statistically less likely to engage with primary care services, often delaying GP visits until symptoms become severe. This delay is influenced by a mix of cultural norms, practical barriers, and a preference for informal or community-based support settings such as Outlook, ELGT.</p> <p>Disinvestment in the Edinburgh & Lothians Greenspace Trust (ELGT) will cause a significant decrease in community wellbeing, environmental equity, and preventative health outcomes across Edinburgh and the Lothians. Mitigation: Edinburgh has a range of outdoor opportunities including some commissioned through the EIJB such as Redhall Walled Garden.</p> <p>The loss of voluntary organisations that work with people experiencing mental health issues represents more than a reduction in services. It marks the erosion of a vital conduit for understanding, amplifying, and acting on lived experience. Many local and national strategies have majored in understanding the voices we support, recognising that meaningful change comes from listening to those with direct experience. Without voluntary sector partners, this commitment risks becoming rhetorical rather than real. Relevant to all.</p> <p>Positive Rewards app: Specific feedback as unable to attend</p> <p>More people will reach crisis point: Without early support, mental health problems are more likely to escalate, leading to increased demand for GP appointments, emergency services, and hospital care. Inequalities</p> <p>People who can't easily access traditional services (e.g., due to stigma, language barriers, literacy, disability, or cost) will lose a vital, discreet resource, worsening health inequalities.</p> <p>Strain on services will grow: Already stretched community mental health teams and primary care providers will face more avoidable demand.</p>	<p>Men</p> <p>People with disability (Mental Health), all protected characteristics</p> <p>People with disability (Mental Health), all protected characteristics</p> <p>People with disability (Mental Health), all protected characteristics</p> <p>People with disability (Mental Health), all protected characteristics</p> <p>People with disability (Mental Health), all protected characteristics</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Reduced person-centred options: Removing Sorted limits choices for people to manage their mental health in a way that suits them best, undermining Edinburgh's commitment to personalised care.</p> <p>Higher long-term costs: Crises cost far more to treat than prevention; removing Sorted risks driving up spending on acute interventions.</p> <p>Mitigation: Digital support for mental health and wellbeing is a vibrant and growing market. There are many apps which provide support with depression and anxiety which can be downloaded free of charge.</p>	<p>Mental Health System, People with disability (Mental Health), all protected characteristics</p> <p>People with disability (Mental Health), all protected characteristics</p>

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

Economic	Affected populations
<p>Positive</p> <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, employees</p>
<p>Negative</p> <p>Voluntary sector organisations must be recognised not only for their service delivery but for their strategic value in brokering partnerships across Edinburgh's health and social care landscape. They can act as trusted intermediaries between large statutory bodies and smaller community-led groups, creating a landscape for collaborative working. Relevant to all.</p> <p>Voluntary organisations often use EHSCP support as matched funding, unlocking additional investment from national programmes, charitable trusts, and</p>	<p>Mental Health System</p> <p>Mental Health System, People with disability</p>

Economic	Affected populations
<p>philanthropic sources. In many cases, this approach more than doubles the original funding, amplifying the impact across Edinburgh's communities. Relevant to all.</p> <p>These organisations play a critical role in income maximisation for people experiencing mental health challenges. Through welfare advice, benefits navigation, debt support, and advocacy, they help individuals access the financial resources they are entitled to resources that are often missed due to stigma, cognitive barriers, or lack of system knowledge. Without this support, many are left vulnerable to poverty, housing insecurity, and worsening mental health. Relevant to all. Mitigation: Income maximisation and benefits advice is not a delegated function of the EIJB.</p> <p>Greenspaces are proven to reduce stress, anxiety, and depression. Spending just two hours a week in nature is associated with significantly better mental wellbeing. Yet, when funding is withdrawn or their value is overlooked, we lose a cost-effective, accessible mental health resource especially for those who may never reach formal services. Relevant to ELGT. Mitigation: Edinburgh is home to many greenspaces which are available to all.</p>	<p>(Mental Health), all protected characteristics</p> <p>Mental Health System, People with disability (Mental Health), all protected characteristics</p> <p>Mental Health System, People with disability (Mental Health), all protected characteristics</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?

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.

This will need to be carefully considered, and robust communications developed in partnership with providers impacted.

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
Following decisions create asset map supported by data to have a clear picture of the mental health system and where gaps exist.	Susan McMillan, Data and Performance Manager	TBC	
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, 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?

It is not possible to fully mitigate the impact of removing funding, however, where mitigations are possible these have been identified.

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

There will need to be more increased and robust monitoring of impact of loss of community based services on statutory services, and social care service, including request for packages for care, waiting list, primary care etc.

16. Sign off by Head of Service

Name: Andy Hall

Date: 15 August 2025

17. Publication

Completed and signed IIAs should be sent to:

integratedimpactassessments@edinburgh.gov.uk 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/