

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

iThrive public facing website and staff end hosted by Health in Mind.

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 reduces current investment in the iThrive public facing website and staff end hosted by Health in Mind. iThrive is currently funded via two Service Level Agreements with a combined total of £139,462.

iThrive is Edinburgh's online space for mental health and wellbeing information providing a space for people to search for services and supports for all things related to mental health and wellbeing. In addition to this, it provides self-management tools and techniques.

The site offers information on crisis support and specific content for populations such as LGBTQI+, Minority Ethnic, New mums, Older people, Students, and Veterans. The content supports people across all stages of life.

The initial development of iThrive in 2019 came as a result of identified need for a space which held and was accessible for people, staff, and professionals and is widely used and valued by over 157,147 which is a 69% increase from previous years.

In addition to the public facing site a staff-end functionality has been embedded to allow staff from across Thrive Welcome Teams, primary care nurses, and link workers to refer directly into community services. This is supported through an information sharing agreement. This has been well received by all staff with GPs keen to be onboarded. This functionality also supports learning across the network.

The current NHS Lothian SLA for the public facing site includes West, East and Mid and therefore if this contract amount was to be reduced conversation would need to take place with other areas to consider cumulative impact.

In addition, the site is embedded in the Thrive network, including Thrive Welcome Team, and Collective, and therefore any changes to these contracts would have impact on delivery and vice versa.

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.

To date there has been no public involvement in this proposal

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

Yes

5. Date of IIA

Wednesday 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 | Strategy Manager (Interim), EHSCP | |
| Rhiannon Virgo | Programme Manager (Innovation and Sustainability) EHSCP | |
| Cat Young | Assistant Strategic Programme Manager (Thrive), EHSCP | |
| Martin Oxley | Depute Chief Executive, Health in Mind | |
| Julie Ellam | Digital Services Manager, Health in Mind | |
| Katriona Paterson | Clinical Nurse Manager for Primary Care Mental Health, EHSCP | |
| Matthew Curl | Digital Programme Manager, EHSCP | |

7. Evidence available at the time of the IIA

| Evidence | Available – detail source | Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal |
|-----------------------------|--|---|
| Data on populations in need | <p>Population and demographics - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p> <p>Supporting documents - Scottish Household Survey 2021 - telephone survey: key findings - gov.scot (www.gov.scot)</p> <p>Thrive Welcome Teams Trak data</p> <p>Scottish Government Mental Health and Wellbeing Strategy</p> <p>Census Data (2022)</p> <p>AUDIT Scotland Report on Adult Mental Health</p> <p>Joint Edinburgh Carers Strategy 7.1 The Joint Edinburgh Carer Strategy Refresh 2023-26.pdf</p> | <p>Provides current and projected data on the wider population in the City of Edinburgh</p> <p>Provides robust evidence on the composition, characteristics, attitudes and behaviour of private households and individuals as well as evidence on the physical condition of Scotland's homes</p> <p>Referral and demographic data for MH single point of access (NHS access only)</p> <p>Mental Health and Wellbeing Strategy 2023 – 2025 which describes the approach the Scottish Government will undertake to improve mental health for everyone in Scotland.</p> <p>The report contains a number of recommendations for the Scottish Government, local authorities and partners, many of which reflect the themes set out in The Scottish Government Strategy.</p> <p>Joint Edinburgh Carers Strategy which reflects national carer strategy and carer legislation (which includes a duty to ensure</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>carers are engaged and informed as part of the hospital discharge process).</p> <p>The Edinburgh Carers Survey 2023 gathered the views of 491 carers looking after someone with a mental health condition in Edinburgh.</p> <p>Summary of feedback from consultation for the Human Rights Bill</p> |
| Data on service uptake/access | <p>National Benchmarking data</p> <p>Thrive Data</p> <p>Thrive Collective quarterly</p> <p>Thrive Collective Impact Report</p> | <p>2021/22 LGBF data shows an increase in the number of people supported to live as independently as possible.</p> <p>Quantitative and Qualitative Data from Thrive Welcome Team, including demographic, equalities data. 3,424 people seen by TWT since Nov 22 and demonstrates decline in referrals to psychological therapies.</p> <p>Demonstrate the uptake of services within 3 partnerships of the Thrive Collective.</p> <p>Exploring investment of £1.8 million to support 4,367 people, with a minimum social value of £7.13 for every pound</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>Annual SLA reports</p> <p>Thrive Progress Report</p> <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>iThrive</p> | <p>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 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> |

| Evidence | Available – detail source | Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal |
|----------|--|---|
| | <p>https://changemh.org/latest_news/2023-24-annual-report/</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>What does it mean to you? (2024) — Out of Sight Out of Mind</p> <p>Penumbra penumbra.org.uk/wp-content/uploads/2023/11/Impact-Report-2023-compressed.pdf</p> <p>Experiences of unpaid Edinburgh carers engaging in mental health services: Mental-Health-Carers-Consultation-Full-Report.pdf</p> | <p>Analytics report detailing usage of iThrive website 157,147 users, up 69%</p> <p>Detailing organisations delivery and referencing the Thrive Edinburgh contract alone delivered 9,870 hours of support, showing the organisation’s commitment to community-based mental health services.</p> <p>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>Report capturing In 2024 Out of Sight Out of Mind exhibition showed artworks made by 310 people who have experience of mental health issues and report which collates what the exhibitions meant to people. Exhibition website.</p> <p>Penumbra annual report</p> <p>Research on experiences of unpaid carers caring for a</p> |

| Evidence | Available – detail source | Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal |
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| | Unpaid care has huge impact on mental health and affects low income households - https://shorturl.at/0I9qp | <p>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> |
| Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation. | <p>Joint Strategic needs Assessment City of Edinburgh HSCP (2020)</p> <p>Coronavirus: Mental Health in the Pandemic Study Mental Health Foundation</p> <p>Poverty commission reports</p> <p>Eurocare research - unpaid care has huge impact on mental health and affects low income households</p> | <p>Provides current and projected data on the demographics within Edinburgh</p> <p>MH Foundation Covid 19 report: Pandemic effect on mental health</p> <p>End Poverty Edinburgh is a group of independent citizens aiming to raise awareness of poverty in Edinburgh, influence decision-making, and hold the city to account.</p> <p>Research found carers are disproportionately impacted by decline in mental and physical health due to their caring role – more than the general population – and it affects low 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</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 |
|-------------------------------|--|---|
| | Edinburgh Carers Survey: Unpaid-carer-experiences-in-Edinburgh-Interactive-June-2024 (3).pdf | 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 |
| Data on equality outcomes | JSNA-Health-Needs-of-Minority-Ethnic-Communities-Edinburgh-April-2018.pdf (edinburghhsc.scot) Gender inequalities in unpaid care work - Engender-response-to-the-Scottish-Governments-Scottish-Carers-Assistance-consultation.pdf | Provides data on demographics of minority ethnic communities Women are more likely to be unpaid carers, and this unequal distribution of unpaid care work has long-term impacts on women and girls. |
| Research /literature evidence | Creative Health: The Arts for Health and Wellbeing https://ncch.org.uk/uploads/Creative_Health_Inquiry_Report_2017_-_Second_Edition.pdf Getting the inactive active: Barriers to physical activity and their potential policy solutions Scottish Parliament Public Health Scotland: Estimating the burden of disease attributable to physical inactivity in Scotland | Cross party report that details how the arts can help meet major challenges facing health and social care: ageing, longterm conditions, loneliness and mental health. Scottish Government report that explores the barriers and consequence to inactivity and solutions to these. 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. |

| 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 |
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| | <p data-bbox="376 528 762 595">Independent-advocacy-for-independent-lives.pdf</p> <p data-bbox="376 860 863 927">Cost-Benefits Analysis of Social & Therapeutic Horticulture 2024</p> <p data-bbox="376 1406 900 1585">Effect of exercise for depression: systematic review and network meta-analysis of randomised controlled trials The BMJ</p> <p data-bbox="376 1697 879 1765">Equality-Progress-Report-5-March-2020.pdf</p> | <p data-bbox="944 492 1382 743">Independent advocacy for independent lives: A groundbreaking evidence base to grow inclusive support services for people with learning disabilities and autistic people</p> <p data-bbox="944 784 1369 1294">Trellis: The low cost and high impact of therapeutic gardening makes a strong case for sustainable investment in this sector. Add in the compelling additional return on investment that comes from sustainable, enduring health benefits, preventative effects, population health and environmental improvements, and the case for therapeutic gardening is robust indeed.</p> <p data-bbox="944 1335 1369 1585">Concluded that exercise is a proven effective treatment for depression, with walking or jogging, yoga, and strength training more effective than other exercises, particularly when intense.</p> |
| Public/patient/client experience | HM Inspectorate of Constabulary in Scotland Thematic Review of Policing Mental Health in Scotland | Assess the state, efficiency and effectiveness of Police Scotland’s provision of mental health-related policing services. Published its |

| 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 |
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| information | <p>Health in Mind Health in Mind Annual Satisfaction Survey Report 2022 (health-in-mind.org.uk)</p> <p>https://repatientscouncil.org.uk/wp-content/uploads/2019/05/Strengthening-the-Patient-Voice-Results-Reports-190508.pdf</p> | <p>thematic review of policing Mental Health in Scotland.</p> <p>Health In Mind: Satisfaction survey report</p> <p>This report captures what patients shared about their experiences in the Royal Edinburgh Hospital (REH) as part of a quality improvement project run by the REH Patients Council.</p> |
| Evidence of inclusive engagement of people who use the service and involvement findings | <p>Complaints/ compliments: 2024 Thrive Contracts review</p> <p>Letter from Redhall Walled Garden Trainees (service users) in regard to impact of 24/25 funding reduction</p> <p>Change Mental Health @Stafford Centre: Service User feedback</p> | <p>Redhall Walled Garden service user led letter stating impact of funding reduction in FY25.</p> <p>64% of folk saying it prevents me being in crisis, 89% saying it supports my recovery and 80% saying in keeps me out of hospital. , 96% saying it keeps me well and 98 % saying it stops me feeling isolated</p> |
| Evidence of unmet need | <p>Edinburgh Integration Joint Board Strategic Plan (2019-2022)</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>Welfare reform - impact on households with children: report - gov.scot</p> <p>Scottish mental health law review: our response</p> <p>Marks-Final-PE-report-2021.pdf (rehpatientscouncil.org.uk)</p> <p>https://www.mwcscot.org.uk/policy-and-research</p> <p>Community green: using local spaces to tackle inequality and improve health</p> | <p>Details the health needs and priorities for the people of Edinburgh</p> <p>A report that presents analysis of the impacts of UK Government reform on households with children in Scotland.</p> <p>A response to the independent review of mental health, capacity and adult support and protection legislation,</p> <p>The Experience of Patients in the Royal Edinburgh Hospital –</p> <p>Mental Health Welfare Commission detailing feedback from people that use services</p> <p>This study examines the impact of the quality of local green spaces on the health and wellbeing of people living in six deprived areas. It makes the connections between green space, ethnicity and inequality.</p> |

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| <p>Good practice guidelines</p> | <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>Mental Health (Care and Treatment) (Scotland) Act 2003</p> | <p>Link to guidelines for specific mental health conditions.</p> <p>This guideline covers how to improve services for people aged 14 and above who have been diagnosed as having coexisting severe mental illness and substance misuse.</p> <p>This guideline covers mental health rehabilitation for adults with complex psychosis.</p> <p>The ALLIANCE works to ensure mental health law, policy and practice is aligned with human rights standards and principles.</p> <p>Information for public and professionals alongside specific reports on how to support people with mental issues</p> <p>Overview of the benefits of independent and collective advocacy</p> <p>Mental Health (care and treatment) (Scotland) Act 2003: Code of Practice</p> <p>Mental Health (Care and Treatment) (Scotland) Act 2003: Detailing everyones right to independent advocacy</p> |
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| | <p>The New Mental Health Act: A guide to independent advocacy: Information for Service Users and their Carers - gov.scot</p> <p>Creating Hope Together: Scotlands Suicide Prevention Strategy</p> | <p>The New Mental Health Act: A guide to independent advocacy: Information for Service Users and their Carers</p> <p>Scotland's Suicide Prevention Strategy covering the period from 2022 to 2032. Vision is to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide. To achieve this, all sectors must come together in partnership, and we must support our communities so they become safe, compassionate, inclusive, and free of stigma. Aim is for any child, young person or adult who has thoughts of taking their own life, or are affected by suicide, to get the help they need and feel a sense of hope.</p> |
| Carbon emissions generated/reduced data | N/A | |
| Environmental data | N/A | |
| Risk from cumulative impacts | | |
| Other (please specify) | | |
| Additional evidence required | <p>Equality-Mainstreaming-and-Outcomes-Report.docx</p> <p>Equality-Progress-Report-5-March-2020.pdf</p> | |

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

| Equality, Health and Wellbeing and Human Rights | Affected populations |
|---|---|
| <p>Positive</p> <p>The contract and SLA savings as a whole will help the EHSCP meet its statutory obligations by ensuring that resources can be prioritised to support the most vulnerable, by delivering efficiencies wherever possible. This will strengthen statutory services.</p> <p>The EIJB has delivered over £100m of savings over the last three years through a range of savings projects. There are few options remaining to deliver savings that do not impact on direct statutory service provision, and which would directly affect people who use our services, staff and providers. This proposal does not remove statutory services which form part of an individual’s package of care. If this saving does not proceed, alternatives will have to be found with potentially greater impacts on people with protected characteristics.</p> | <p>All</p> <p>All</p> |
| <p>Negative</p> <p>Content on iThrive offers a huge range of support for people with protected characteristics. People can make informed decision about the service and supports that they feel would be appropriate for their need, mitigating the potentially need to visit statutory service. Pressure may increase on statutory services without this option.</p> <p>Current draft of IJB strategy emphasises need for information, in addition this would support innovation as part of the EHSCP data and digital strategy.</p> <p>37 organisations listed that offer support for older people</p> | <p>Older People, Unpaid Carer, staff, professionals</p> |

| Equality, Health and Wellbeing and Human Rights | Affected populations |
|--|--|
| <p>Includes self help resources specifically for older people Very favourable feedback from older peoples forum on what iThrive provides and any loss of this could impact older people.</p> <p>The site it utilised a lot by staff as it provides a direct referral route through the staff end. If no longer available, this could increase workload for staff.</p> <p>Thrive Welcome Teams are currently exploring opening to over 65. If this was to happen having iThrive staff end would enhance people’s journey, loss of the site would make it more difficult for older people to get the help they need when required.</p> <p>As the site offers self-referral, and choice it helps empower individuals to seek their own support rather than seeing a GP. This is both reducing pressure on primary care and reducing cost.</p> <p>The site is available 24/7, people can often have different sleeping patterns, employment patterns, carer needs, childcare. This is something they can explore in their own time and readiness. Without this option, people may be limited to support which is only available in office hours.</p> <p>The site has a filter system, both for geography and type of service. People are more likely to seek support closer to home, this allows them to find it easier. People may struggle to find appropriate support without this.</p> <p>iThrive is currently available regardless of age. iThrive is available to everyone, a family member who lives at the other side of the world can help a loved one living in Edinburgh directly through searching for support.</p> <p>IThrive provides resources and signposts to services for citizens ages 18+ and so, apart from resources for families and for the 16 – 24 age range resources are not available for children. There is an opportunity to</p> | <p>Staff</p> <p>Older People, Unpaid Carer, staff, professionals</p> <p>People experiencing mental health issues, carers, family, staff</p> <p>People experiencing mental health issues, carers, family, older years</p> <p>People experiencing mental health issues, carers, family, people on low budget, older years.</p> <p>People experiencing mental health issues, carers, family, people on low budget, older years.</p> <p>Young people and families</p> <p>People experiencing mental health issues, carers, family, people on</p> |

| Equality, Health and Wellbeing and Human Rights | Affected populations |
|---|---|
| <p>expand the platform to include resources for children and young people.</p> <p>There are 130 available for long term conditions</p> <p>This information is currently being kept up to date for people to access. There would be a risk that this would not happen with a reduction in budget.</p> <p>The public site offers full accessibility tools to allow all to access. It suggests what tool to use for different populations, such as language and neurodivergence.</p> <p>The site is unique for Edinburgh and there is no other site which could provide the amount of accessible information.</p> <p>GP and primary care staff use the iThrive site within consultations through a direct link from refhelp. There is a risk the site would not be kept up to date with lost of funding.</p> <p>GPs have requested access to the iThrive staff end so they can refer directly. Reduction would prevent any innovation such as this.</p> <p>There is a steering group with representation from across voluntary and statutory sector staff who oversee updates and developments. As these are people who work locally they are responsive to need in the community. There is a risk that information would be less tailored and less responsive to need if iThrive was no longer available.</p> <p>Other sites in Edinburgh are not maintained and kept up to date. People will get frustrated if website links are not working. iThrive has an inbuilt tool which identifies if there are any broken links so they can be fixed quickly.</p> <p>The site offers anonymity and confidentiality for people. Men, and people from ethnic minority groups feel this is beneficial.</p> | <p>low budget, older years. Staff (including GP)</p> <p>Ethnic minority, learning disabilities, neurodivergent.</p> <p>People experiencing mental health issues, carers, family, people on low budget, older years.</p> <p>Clinical staff members (including GP)</p> <p>GPs, primary care mental health staff</p> <p>People experiencing mental health issues, carers, family, people on low budget, older years.</p> <p>People experiencing mental health issues, carers, family, people on low budget, older years.</p> <p>Men, ethnic minority in particular, People experiencing mental health issues, carers, family, people on low budget, older years.</p> <p>People experiencing mental health issues, carers, family, people on low budget, older years.</p> |

| Equality, Health and Wellbeing and Human Rights | Affected populations |
|--|---|
| <p>People are able to get help first on iThrive. This can be a stepping stone for them seeking further support if required or a step towards feeling better, work, education, or training. May preclude other supports.</p> <p>iThrive was codesigned as an identified as a need as part of a systems approach to delivering mental health and wellbeing services and supports in the community. Designed with people with lived experience, carers, and statutory, voluntary sector staff. Designed as a dedicated resource for mental health and wellbeing to be used by everyone and anybody.</p> <p>Interaction through the internet removes barriers for people who experience sensory impairments and neurodiverse. Has tools for managing and educating people on use.</p> <p>Available 24/7 for people who work full time.</p> <p>Accessible to people experiencing transient lifestyle, hidden populations. These people may struggle to access appropriate support without it.</p> <p>Accessible to prisoners prior to liberation to help them gain understanding of supports and services available.</p> <p>Site has page dedicated to cost of living support, a big factor in preventing suicide.</p> <p>GP buy in would be lost, bio psycho social model, single point of access</p> <p>Currently staff can use the platform to share immediate information on help e.g social workers. This may change if resource is not kept to the same quality.</p> <p>Staff get immediate receipt of referral putting mind at ease.</p> <p>Staff will need to go back to forms to make referrals which take time and can be a high risk of issues</p> | <p>People experiencing mental health issues, carers, family, people on low budget, older years. Staff, Children and Young People.</p> <p>Neurodiverse, sensory impairments</p> <p>Employed</p> <p>Homelessness, criminal justice</p> <p>Criminal justice</p> <p>People experiencing poverty</p> <p>GP</p> <p>Social Work</p> <p>Staff</p> <p>Staff</p> <p>Operational staff members</p> |

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|---|-----------------------------|
| Equality, Health and Wellbeing and Human Rights | Affected populations |
| <p>around confidentiality, currently staff end is governed by an information sharing agreement.</p> <p>Described as ‘like the captain of the ship’ – pivotal to ensuring the services and supports who they are meant to reach.</p> | |

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|---|---|
| Environment and Sustainability including climate change emissions and impacts | Affected populations |
| Positive | |
| <p>Negative</p> <p>Online mitigates the need for travel to get help and support. Not having it would increase carbon footprint and pollution.</p> <p>Can be managed and delivered at home.</p> | <p>People experiencing mental health issues, carers, family, people on low budget, older years. Staff, Children and Young People.</p> |

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| Economic | Affected populations |
| <p>Positive</p> <p>Opportunity to have a conversation with children and families around supporting expansion of elements on site associated with children and families as per other council areas.</p> <p>Approx £23m of EIJB spend will still be delivered via block contracts, primarily with third sector providers. This will continue to support local businesses and employees.</p> | <p>Children and Young People</p> <p>Local businesses and staff</p> |
| <p>Negative</p> <p>As the site is aimed at self-management, people keeping and staying well in the community, if it was there more people would seek support from statutory services. Implication on costs and capacity.</p> | <p>Edinburgh Integrated Joint Board</p> |

| Economic | Affected populations |
|---|---|
| <p>May mitigate someone seeking more intensive costly support.</p> <p>Provision of digital information is generally cheaper for IJB to deliver than face to face. The social value also</p> | <p>Edinburgh Integrated Joint Board</p> <p>Edinburgh Integrated Joint Board</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?

No

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

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

11. Is the plan, programme, strategy or policy likely to result in significant environmental effects, either positive or negative? If yes, it is likely that a Strategic Environmental Assessment (SEA) will be required and the impacts identified in the IIA should be included in this. See section 2.10 in the Guidance for further information.

No

12. Additional Information and Evidence Required

No

13. Specific to this IIA only, what recommended actions have been, or will be, undertaken and by when? (these should be drawn from 7 – 11 above) Please complete:

| Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts) | Who will take them forward (name and job title) | Deadline for progressing | Review date |
|---|--|---------------------------------|--------------------|
| Regularly review the IIA to ensure any new impacts are captured | Andy Hall, Director: Strategy | | |
| Agree a recommendation for approval by the EIJB for these contracts/SLAs and notify providers in advance. | Andy Hall, Director: Strategy | | |
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14. Are there any negative impacts in section 8 for which there are no identified mitigating actions?

There is no other function that allows for such accessibility to information for people experiencing poor mental health, carers, family, friends and staff.

There is no other functionality to allow for direct referrals through a confidential easy facility.

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

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

16. Sign off by Head of Service

Name

Date

17. Publication

Completed and signed IIAs should be sent to:
integratedimpactassessments@edinburgh.gov.uk to be published on the Council website www.edinburgh.gov.uk/impactassessments
Edinburgh Integration Joint Board/Health and Social Care
sarah.bryson@edinburgh.gov.uk to be published at
www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/

