

REPORT

Review of Contracts and Service Level Agreements

Edinburgh Integration Joint Board

26 August 2025

Executive Summary

The Edinburgh Integration Joint Board (EIJB) met on 25 March 2025 to agree its Medium-Term Financial Strategy (MTFS) and associated savings programme for 2025/26.

As part of the savings programme, it was agreed that savings of £2.2 million would be identified from the EIJB's circa £27m annual spend on block contracts and service level agreements.

The EIJB approved this in principle but asked for a further report to be presented with details of the review process applied and recommendations in relation to each individual contract and service level agreement.

Recommendations were originally intended to be made to the EIJB in April 2025, but with the agreement of the Chief Officer, Chair and Vice Chair, this date was postponed twice.

These postponements have allowed more time for providers to engage in the review process but have also reduced the scope for in-year savings to be realised.

The review process is now complete, and the results are summarised in this paper.

Recommendations are made to reduce expenditure by a total of £1.26m (full-year effect), of which £0.39m can be realised within this financial year.

This is £0.94m short of the £2.2m the EIJB had agreed in principle to realise as a full-year effect and £1.81m short of the savings target for this financial year. This slippage against the agreed savings plan creates an additional cost pressure that the EIJB will need to take additional action to address.

The shortfall occurred because the evidence obtained from the evaluation of block contracts and service level agreements did not support recommendations for greater reductions. This was either



because doing so could risk compliance against statutory duties or because of credible risks that unavoidable costs would increase elsewhere within the EIJB’s area of responsibility. The need to recommission some areas of provision to right-size capacity, realise economies of scale and/or re-align activity to the EIJB strategic plan was identified. This process may enable realisation of further savings but it is not possible to quantify these at this stage.

As a matter of courtesy, EHSCP officers wrote to all contract and SLA holders to advise them of the recommendations contained in this paper before this information was released into the public domain.

Recommendations	<p>It is recommended that the Edinburgh Integration Joint Board:</p> <ol style="list-style-type: none"> 1. Notes the review process and associated logic model applied to the review of contracts and service level agreements, as set out in paragraphs 46 – 52 and in appendix 2; 2. Approves the recommendations in Appendix 3, which will release savings of £0.39m in 2025/26, with a full year recurring effect of £1.26m; 3. Notes the intention to recommission contracts and service level agreements as set out in paragraphs 64 – 72 and in appendix 3; 4. Agrees to issue directions to the City of Edinburgh Council and NHS Lothian to give formal notice of reduction or cancellation to affected providers, as set out in appendix 3 and in line with individual contract or service level agreement terms and conditions.
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Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations	No direction required	
	Issue a direction to City of Edinburgh Council NHS Lothian	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	✓

Appendix 1 provides detail on the direction to be issued.

Main Report

Background

1. The Edinburgh Integration Joint Board (EIJB), like other IJBs across Scotland, is facing an unprecedented financial challenge.
2. Rising demand and significantly constrained funding present serious threats to the sustainability of our health and social care system.
3. The EIJB is unwavering in its dedication to serving the best interests of the citizens of Edinburgh and to protecting the most vulnerable.
4. This commitment remains strong and achieving this ambition requires the EIJB to adapt its model of delivery in the context of rising demand, driven by rapid population growth and an ageing and increasingly frail population, and significantly constrained resources.
5. The EIJB Medium-Term Financial Strategy (MTFS) outlines current budget and expenditure assumptions over a three-year period.
6. The EIJB met on 25 March 2025 to agree its [MTFS](#) and associated [Savings Programme for 2025/26](#).
7. Taking into account estimated expenditure and income, the MTFS identified a projected £31 million budget gap for 2025/26.
8. In response to this, the EIJB approved 19 separate savings proposals totalling £29 million.
9. This included approval in principle for a £2.2 million saving from the rationalisation of expenditure relating to block contracts and service level agreements for a range of services.
10. The EIJB requested a further report be presented, providing details of the review process applied and the officer recommendations in respect of each contract in scope.
11. This report was originally intended to be considered at the April 2025 meeting of the EIJB, then at the June 2025 meeting.
12. With the agreement of the Chief Officer, Chair and Vice Chair, these timescales were extended to allow officers more time to consider data and evidence and to give



affected providers more time to engage in the process and prepare for Integrated Impact Assessments.

Drivers for the Rationalisation of Contracts and Service Level Agreements

13. The EIJB is operating in a context of increasing demand, with significant and persistent financial challenges.
14. The EIJB's Strategic Plan sets the context for the next three years, with a clearly stated focus on enabling our partners to meet their statutory duties, continuing to support the most vulnerable and using resources effectively.
15. It is vital that EIJB funds are invested to best effect to keep citizens safe.
16. While the EIJB's Strategic Plan continues to prioritise prevention and early, the focus has shifted towards activity which can demonstrate clear benefits and value for money.
17. Financial constraints have increased significantly in recent years and it is no longer possible for the EIJB to fund all services that it has done in the past.
18. Over the last three years, savings programmes of approximately £90 million have been necessary to bridge the gap between income and expenditure.
19. To date, the internal EHSCP services have absorbed a disproportionately high percentage of the savings requirement relative to its share of the EIJB budget and the capacity to continue to do so without jeopardizing statutory duties has now been exhausted.
20. In December 2024, the EIJB took a decision not to extend the grants programme beyond the end of June 2025.
21. The decision to decommission the grants programme was the subject of two reports to the EIJB, [EIJB Grants Programme and Public Social Partnership](#) on 1 November 2024 and [Third Sector Commissioning Engagement Update](#) on 17 December 2024.
22. Many of the services provided under block contracts and service level agreements are similar in nature to those which are provided through the grants programme.
23. The historic rationale for establishing these as contracts rather than grants is not always clear.
24. In the context of significant ongoing financial challenges, the reports to the EIJB regarding the grants programme outlined an intention to apply a similar review process to other areas of spend, including contracts and SLAs.



25. This was to ensure that a fair and equitable approach to all purchasing spend was taken, regardless of the contractual arrangements.
26. Learning from the review is that approaches to contract specification, monitoring and management have not always been sufficiently robust.
27. Performance indicators are often not sufficiently well-defined, and it is therefore difficult to assess the extent to which contracts and SLAs are delivering the outcomes intended or represent best value for money in the current financial climate.
28. As such, this review process was necessary to establish a new baseline and ensure clarity of purpose and alignment with the EIJB's strategic plan in relation to all contractual spend.
29. This is an essential component of the EIJB's responsibility as a commissioner.

Contracts and Service Level Agreements in Scope of Review

30. A full line by line analysis has been carried out on all contractual spend within the EIJB to identify appropriate contracts for review.
31. The initial scope for review included all block contracts and service level agreements.
32. The EIJB commissions a range of services under "block contract" arrangements.
33. Block contracts refer to a contractual arrangement whereby a specific volume of a service or support is purchased from a provider (for example, a specified number of places at a day centre, or overnight support for a specified number of people).
34. The EIJB invests approximately £26.2 million each year in services and supports provided under block contract arrangements.
35. Block contracts are held by the City of Edinburgh Council on behalf of the EIJB and most contracts are with third sector organisations.
36. All block contracts have been included in the scope of this review.
37. The main categories of service provided by block contracts are outlined below:
 - Support for carers
 - Overnight care and support
 - Advocacy services (both individual and collective)
 - Day opportunities
 - Advice and support, both general and for specific conditions or demographics
 - Mental health and wellbeing services and support

- Alcohol and Drug Partnership treatment and therapies
 - Sensory support
38. The EIJB also commissions a range of services and supports through service level agreements (SLAs).
 39. These are contractual arrangements with individual providers for health and social care services and are held on behalf of the EIJB by NHS Lothian.
 40. As with block contracts, the majority of SLAs are with third sector organisations.
 41. The EIJB invests approximately £1.1 million each year in services provided under SLAs.
 42. The majority of these provide advice, support and services relating to wellbeing and mental health.
 43. All SLAs have been included in the scope of this review.
 44. The rationale for some services having been commissioned as block contracts and others as service level agreements is not always clear.
 45. Some block contracts and SLAs are for statutory services which form part of an individual's assessed package of care, however, in many cases, they provide non-statutory services which support physical or mental wellbeing, and access to them does not require a statutory assessment.

Review Process

46. The review process applied to evaluate each block contract and service level agreements follows similar principles to that which was used to consider the grant-funded services.
47. Each contract or service level agreement was assessed in relation to the following questions:

Review Questions
1. Does the contract or SLA provide services which directly link to the EIJB's delegated functions?
2. Does the contract deliver statutory services which the IJB has a duty to provide?
3. Are the services and outcomes delivered still in line with the EIJB's priorities?
4. Do contract monitoring outcome measures indicate the contract is delivering with the outcomes intended?
5. Do contract monitoring process measures indicate the contract is delivering at the volume intended?
6. Does available evidence suggest that the contract is delivering a positive return on investment (i.e. delivering annual benefit which exceeds the annual cost of the contract)?

Figure 1: Review process critical questions



48. Commissioning and contracts officers have applied a robust process to consider each contractual arrangement and reach a recommendation on future funding.
49. Officers have considered the extent to which each individual contract or SLA is a delegated function of the EIJB and is providing statutory services and still meets our strategic priorities.
50. Existing contract monitoring information has been reviewed to determine the performance, outcomes and cost/benefit delivered by each contract, alongside any additional information or evidence which may have been supplied by individual providers of services.
51. Where appropriate and available, published literature and research on the effectiveness of services has also been considered.
52. The logic model for the review process is outlined in appendix 2.

Contract and SLA Recommendations

53. The review process has resulted in one of the five recommendations shown in figure 2 being applied to each individual contract or SLA

Recommendation	Rationale
No change to contract/SLA	Contract is providing statutory services that cannot be changed without reassessment of individual need; OR providing statutory service subject to separate review; OR delivering outcomes we wish to retain with evidence of value for money / positive return on investment.
Reduce value of contract/SLA	Contract is delivering outcomes we wish to retain, but is either not fully utilised at current value, or cannot demonstrate return on investment for full value.
Recommission contract/SLA	Contract is delivering outcomes we wish to retain but there is opportunity for further efficiency through consolidation/economies of scale/ alternative commissioning routes. Need to retain service in interim to ensure risk is managed.
Do not renew contract/SLA on expiry	Contract is delivering services which either: are not delegated; OR do not align with strategic priorities; OR do not demonstrate return on investment. As expiry date is approaching, it does not make economic sense to extend/renew.
Cancel contract/SLA	Contract is delivering services are not delegated; OR do not align with strategic priorities; OR do not demonstrate return on investment. Longer expiry date means notice is required.

Figure 2: Review process outcomes and rationale for recommendations

54. A high-level summary of the outcome of the review process detailing the number and value of contracts in each category is outlined in figure 3 below.

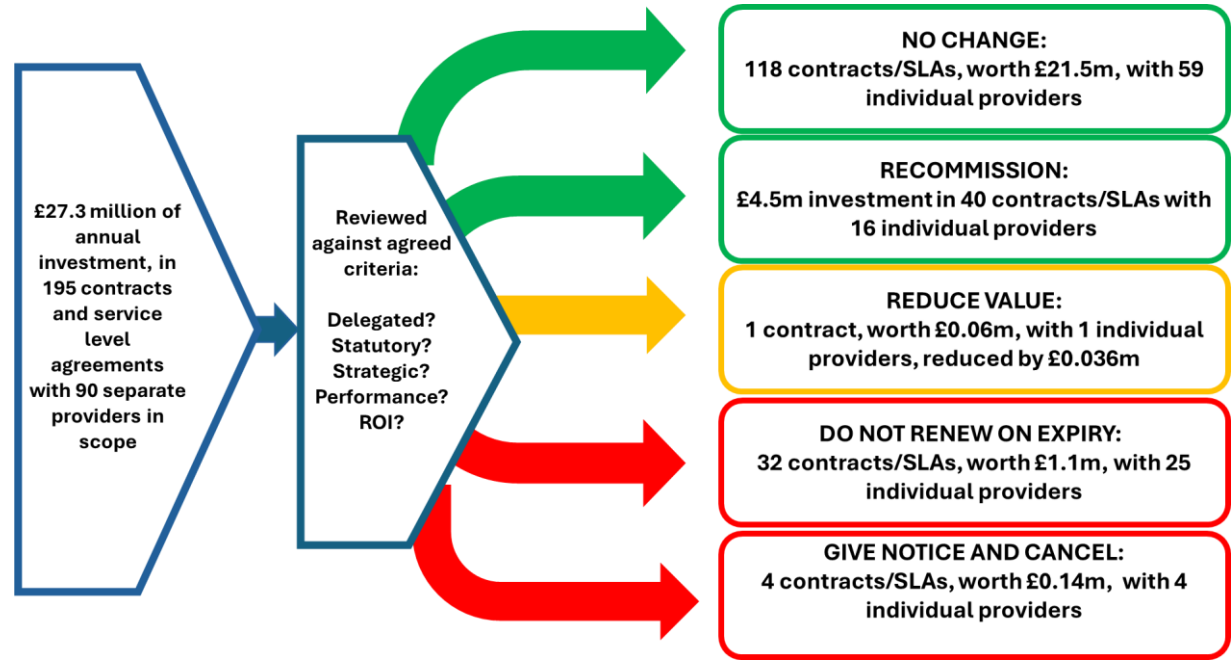


Figure 3: Summary of recommendations

55. Details of the specific recommendations made for each individual contract or SLA are outlined in Appendix 3.

56. The following sections provide more detail on the outcomes recommended.

No change to contract or SLA

57. £21.5 million annual value of contracts and SLAs fall into the category with a recommendation for no change.

58. This recommendation has generally been applied where it has been determined that contracts or service level agreements are providing delegated, statutory services which the EIJB and its partners have a duty to provide, or where they are providing services which are a strategic priority and can demonstrate a clear return on investment.

59. It should be noted that the majority of contracts in this category are providing services which meet an assessed statutory need as part of an individual’s package of care, and cannot be adjusted without a formal, professional reassessment of their needs and existing support plan by a social worker or occupational therapist.

60. Any scope for the realisation of savings in relation to individual packages of care will be explored as part of EHSCP's ongoing programme to review existing packages of care and ensure they are right-sized and aligned to the EIJB's goal of maximising independence as agreed by the EIJB in March 2025.

Contract/SLA value to be reduced

61. £0.06 million annual value of contracts and SLAs fall into this category with a recommendation for the value to be reduced.
62. This recommendation has been applied where the review determined that a contract or SLA was providing a valuable service, but the level of investment was no longer appropriate (for example, due to demand for the service being less than at the time the contract was established).
63. Changes such as this typically occur on a regular basis as part of business as usual contract management arrangements.

Contract/SLA to be recommissioned:

64. £4.5 million annual value of contracts fall into this category with a recommendation to recommission.
65. This recommendation has been applied where the review determined that there may be opportunity for more effective and efficient service delivery or to more closely align activity with the EIJB Strategic Plan but achieving this requires alternative commissioning arrangement.
66. It is intended to seek economies of scale and further financial efficiencies as part of the recommissioning while retaining a focus on outcomes for people.
67. This may result in fewer contracts, a change of providers, formation of new consortia, or in some cases, aspects of service delivery being provided in-house by the Edinburgh Health and Social Care Partnership.
68. As part of any recommissioning process, new contract specifications will be developed, with robust and clear performance measures linked to our strategic objectives.
69. Co-production and engagement with providers will be an essential element of recommissioning.
70. Timelines for recommissioning have yet to be confirmed and it is likely that this will be a phased programme of work over at least 12 months.



71. Existed contractual arrangements will continue in the interim using time-limited extensions.
72. It is expected that this recommissioning process will result in additional savings but further work is required before these could be quantified.

Contract/SLA not to be renewed upon expiry

73. £1.1 million annual value of contracts fall into this category with a recommendation not to renew upon expiry.
74. Most of the individual contracts and SLAs within this category were for relatively low monetary values.
75. A theme was identified whereby contracts and SLAs within this category failed to align with other pathways and commissioned services and in some cases duplicated provision.
76. Some contracts and SLAs in this category were for delivery of specific and time-limited projects which would not have been renewed on expiry as the work has now been completed.
77. This recommendation has been applied where the review determined that contracts or SLAs approaching the end of their existing contract term fall into one or more of the categories below:
 - The contract or SLA is providing a service which is not a delegated function of the EIJB
 - The contract or SLA is providing a service which is no longer a strategic priority as outlined in the new EIJB Strategic Plan
 - The contract or SLA is providing a service which does not help to meet a statutory duty and is not providing a sufficient return on investment to justify the cost.
78. Providers of services within this category will have the opportunity to engage in future co-production and commissioning activity.

Contract/SLA to be cancelled

79. £0.14 million annual value of contracts fall into this category with a recommendation to issue notice of cancellation in line with contractual terms and conditions.
80. This recommendation has been applied to a small number of contracts which also fall into one or more of the categories outlined in paragraph 75 (above) but are not approaching the expiry date for their existing contract.



81. As such, it is recommended that formal notice is given, and the contractual arrangement is brought to an early close.

Impacts of rationalisation of contracts and service level agreements

82. To inform these recommendations, the potential impacts of reducing or ceasing contracts and service level agreements were evaluated via a series of 13 Integrated Impact Assessments (IIAs) and 2 IIA statements.
83. Given the number of contracts involved and some providers holding multiple contracts and/or SLAs, the decision was taken to group contracts together for consideration under themed IIAs rather than assess their impacts individually.
84. Affected providers were invited to participate in the IIAs, alongside a wider range of EHSCP officers and stakeholders.
85. A Cumulative Impact Assessment was also undertaken, to ensure that the broader impact of the combined reductions on mental health pathways was assessed.
86. A list of completed IIAs is included at Appendix 4, and the Cumulative IIA is included at Appendix 5.
87. The completed IIAs are available to view on the EHSCP website here: <https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/> .
88. IIAs are a valuable tool to understand and assess the equality, economic and environmental impacts of these proposals.
89. IIAs help to inform decision-making, but they are not the sole consideration in determining the recommendations.
90. As outlined in paragraphs 46 – 52 above, a robust and comprehensive assessment of available evidence has been undertaken in addition to the findings of the IIAs.
91. It should be noted that the vast majority of the contracts and service level agreements reviewed are delivering positive interventions and performing in line with the original expectations.
92. A recommendation to reduce or disinvest from a contract or service level agreement is not a suggestion that services are not delivering effectively or providing positive benefits to the community.
93. Indeed, the IIAs note that the removal of these services will have impacts on individuals, on communities and on affected organisations and their staff, that cannot be wholly mitigated.



94. The recommendations contained in this paper have been made with full cognisance of the risks identified in the IIAs.
95. After a comprehensive analysis of the IIAs and all other data available, officers are making these recommendations to the EIJB because the impact of these spending reductions is considered to be less detrimental than any of the alternatives that exist.
96. Concerns were raised through the review process that reducing or disinvesting from these contracts and service level agreements comes with a risk of additional spend within statutory services.
97. This is based on the assumption that individuals supported through these services would otherwise require additional input from the EHSCP.
98. As was the case with the EIJB grants programme, the available evidence does not support this assumption in all circumstances.
99. The provision of statutory services is already restricted to those who meet the legal definition for “critical” or “substantial” need.
100. To meet these criteria, individuals need to be recognised as at significant risk of harm in the near future without intervention.
101. Most individuals accessing services provided through the block contracts or service level agreements which are recommended for disinvestment would not meet the criteria for critical or substantial need and therefore would be unlikely to require additional statutory service provision as a replacement.
102. Any service users that do 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.
103. Arguments were also made regarding non-monetary return on investment which is delivered by many of these organisations.
104. In recognition of the EIJB’s unsustainable financial position, this exercise made a distinction between wider, social return on investment (including economic elements) and the delivery of realisable savings to the EIJB.
105. There is no doubt that many of these services deliver wider societal benefits through positive interventions, but this does not mean that costs to the IJB directly decrease as a result.
106. As an example, some participants in the IIAs argued that their activity led to a reduction in GP appointments or attendances at A&E.



107. However, the costs of these services to the IJB are largely fixed.
108. While a reduction in appointments may lead to increased responsiveness of statutory services, it would not allow the IJB to disinvest from these services and realise savings, particularly in the short term.
109. While the IIAs have provided some detail of financial impacts to provider organisations, it should be noted that the IIAs were carried out based on the worst-case scenario that all funding would be withdrawn for affected providers.
110. The recommendations made in this paper include a wider range of outcomes, and 29 of 90 providers will see a financial impact as a result.
111. In addition, some providers have multiple contracts or SLAs with the Partnership, many of which are unaffected by these recommendations.
112. The total EIJB spend on providers who are recommended for a reduction, cancellation or non-renewal is outlined in Appendix 6.
113. Details of the recommended reduction and the percentage of the total spend are also included.

Financial impacts of the review of contracts and SLAs

114. If the recommendations outlined in appendix 3 are accepted, savings of £0.4 million will be released in 2025/26, with a full-year impact of £1.26 million going forward.
115. If these recommendations are not accepted, then the in-year budget gap will increase, but also the recurring gap for future years.
116. Additional savings will therefore need to be identified and these are likely to have a more detrimental impact on the citizens of Edinburgh.
117. It is assumed that further efficiency savings will be generated through the recommissioning of contracts and SLAs outlined in Table 2 of Appendix 3, however further work is needed to understand the timescales and potential economies of scale which could be achieved before the level of saving can be confirmed.
118. As such, no savings from recommissioning have been assumed at this time.
119. Following the detailed review of the contracts and SLAs, it is now judged that further reductions beyond that set out in appendix 3 cannot be delivered at this time without more significant impacts, including the risk of breaching statutory duties.
120. Whilst full year recurring savings of £1.26 million are possible in future years if the recommendations are accepted, the achievable in-year savings have been impacted by

this report being delayed from April 2025 to August 2025, meaning that formal contractual notice will be served later than originally intended.

- 121. Most block contracts have a notice period of 3 months, while most SLAs have a notice period of 6 months.
- 122. The in-year achievable savings from this proposal therefore represent a shortfall of £1.8 million against the original target of £2.2 million.

Strategic Priorities

Strategic Priorities	✓	Key points within report that address strategic priorities
Prevention and Early Intervention		
Tackling Inequalities		
Person Centred Care		
Managing our resources effectively	✓	Delivery of this saving will help deliver a balanced budget for the EIJB.
Making best use of capacity across the system		
Right care, right place, right time		

National Performance Indicators

Please note which national performance indicator your report aligns to		✓
1. People are able to look after and improve their own health and wellbeing and live in good health for longer.	6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	
2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	7. People who use health and social care services are safe from harm.	
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.	8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care, and treatment they provide.	
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	9. Resources are used effectively and efficiently in the provision of health and social care services.	✓



5. Health and social care services contribute to reducing health inequalities.		Not applicable	
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Implications for Edinburgh Integration Joint Board

Financial

123. This report makes recommendations for the delivery of in-year savings to the value of £0.4 million through rationalisation of spend on contracts and service level agreements as part of the EIJB savings programme for 2025/26.
124. This represents a shortfall of £1.8 million against the target of £2.2 million and further work is underway to identify alternative proposals to bridge this gap.

Risk, legal, policy, compliance, governance, and community impact

125. The key risk relates to the need to deliver a balanced budget for the EIJB.
126. If the recommendations outlined in appendix 3 are not accepted, then this will not be possible.
127. The Chief Officer will then need to bring forward a recovery plan, with consequent risks for service delivery.
128. Non-acceptance of the recommendations would also risk the continuation of the inefficiencies identified within the review.
129. Legal advice has been obtained and all recommendations made within this paper are legally compliant.

Equality and Poverty Impact

130. Impacts have been considered through the completion of a series of Integrated Impact Assessments and these reports are available on the EHSCP website here.
<https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/>

Environment, climate, and sustainability impacts

131. Any potential impacts on the environment, climate and sustainability have been identified within the Integrated Impact Assessment reports.

Quality of care

132. Integrated impact assessments have been undertaken for the recommendations within this report.



133. As outlined in the Integrated Impact Assessments, the proposal to disinvest from the type of services provided may adversely affect individuals accessing those services, particularly those with low to moderate levels of need who would not meet the criteria for commissioned services.
134. Conversely, there is likely to be a beneficial impact on the quality of care and access to services for people with critical and substantial levels of need, as approval of this proposal would prevent the need for the EIJB to find additional savings within statutory services.

Consultation

135. No formal consultation has been undertaken.
136. Affected providers were invited to participate in Integrated Impact Assessments.

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Background reading / external references

Appendices

Appendix 1	Directions Template
Appendix 2	Review Logic Model
Appendix 3	Contracts and Service Level Agreements
Appendix 4	List of IIAs
Appendix 5	Cumulative IIA
Appendix 6	Affected providers total contract spend

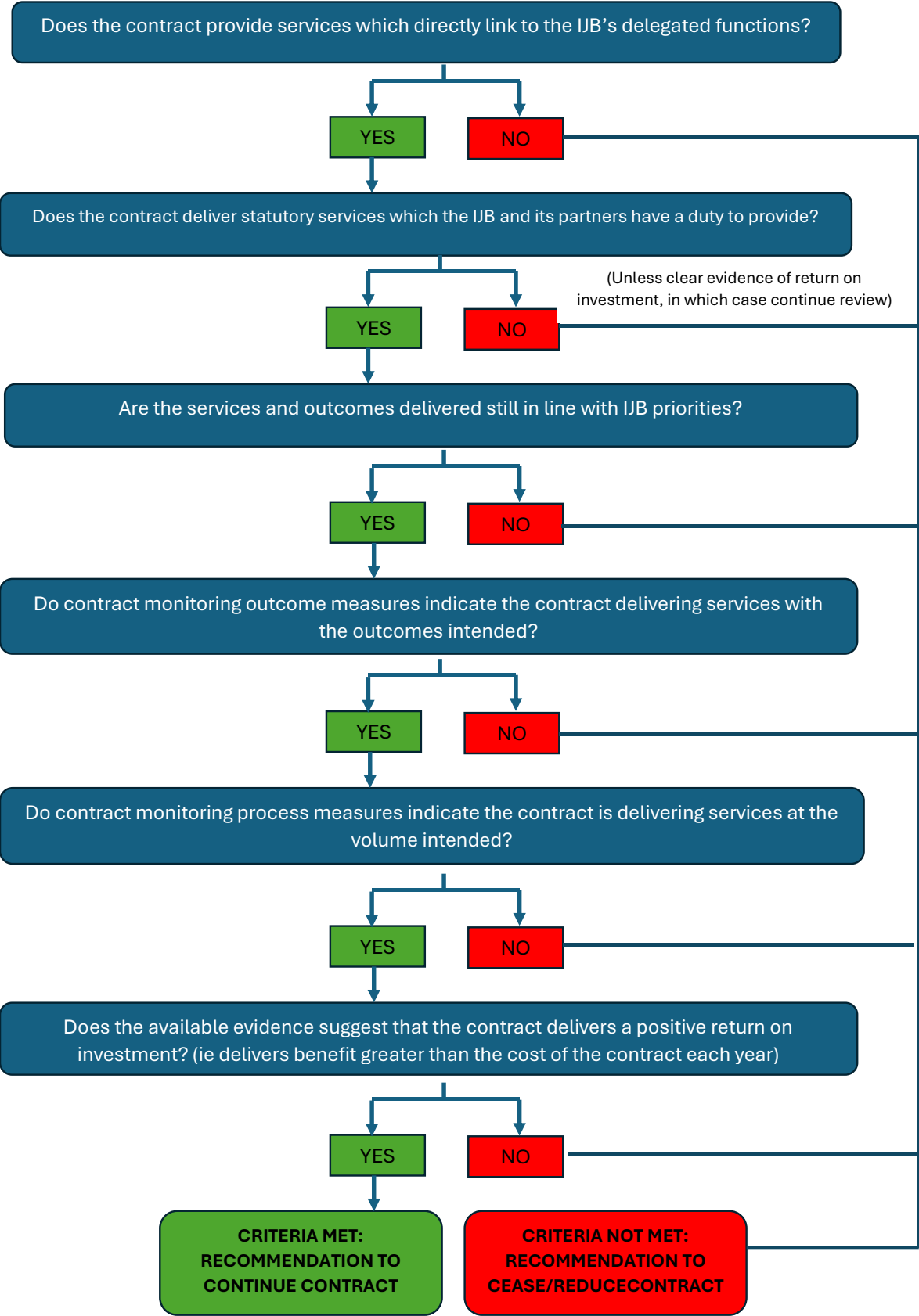
Appendix 1: Directions Template

DIRECTION FROM THE EDINBURGH INTEGRATION JOINT BOARD (EIJB)
Partner agencies are required to carry out this direction in accordance with statutory and regulatory obligations, ensuring adherence to relevant guidance, policies and procedures, in pursuit of the EIJB's strategic objectives.

Reference number	EIJB-26/08/2025-xxx
Does this direction supersede or vary an existing direction? If yes, please provide reference number of existing direction	No
Approval date	26/08/2025
Services / functions covered	All affected services funded through block contracts and service level agreements (details in appendix 3)
Full text of direction	<p>Direct NHS Lothian to:</p> <ul style="list-style-type: none"> • Issue formal notice to providers in table 3 of appendix 3 that the value of their Service Level Agreements will be reduced as detailed, in line with their SLA terms and conditions; • Issue formal notice to providers in table 4 of appendix 3 that their Service Level Agreement will cease at the planned expiry date; • Issue formal notice to providers in table 5 of appendix 3, to confirm that their Service Level Agreements will be cancelled, in line with their SLA terms and conditions. <p>Direct the City of Edinburgh Council to:</p> <ul style="list-style-type: none"> • Issue formal notice to providers in table 3 of appendix 3 that the value of their contract will be reduced as detailed, in line with their contract terms and conditions; • Issue formal notice to providers in table 4 of appendix 3 that their contract will cease at the planned expiry date; • Issue formal notice to providers in table 5 of appendix 3, to confirm that their contract will be cancelled, in line with their contract terms and conditions.
Direction to	NHS Lothian and the City of Edinburgh Council

Link to relevant EIJB report / reports	Provide hyperlinks		
Budget / finances allocated to carry out the direction.	State the financial resources allocated to enable NHS Lothian or the Council or both to implement the direction.	<i>NHS Lothian</i>	<i>City of Edinburgh Council</i>
	Year one funding 2025-26	-£0.16m	-£0.24m
	Recurring funding	-£0.54m	-£0.72m
Performance measures			
Date direction will be reviewed	April 2026 as part of the next Annual review of directions.		

Appendix 2: Review Process Logic Model



Appendix 3: *Contracts and Service Level Agreements Recommended for Reduction, Cancellation or non-renewal*

Table 1: Contracts and SLAs – recommendation for no change to existing arrangements

	Contract/ SLA Name	Provider Name	Description	Contract /SLA Annual Value £	Primary reason for recommendation
1	Post diagnostic support	Alzheimers Scotland	Support Service	£529,681	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
2	Young onset dementia	Alzheimers Scotland	Day Opportunities	£246,199	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
3	FA Broadway	Ark Housing Association	Shared Sleepover	£129,815	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
4	FA Hoseasons & Broomhouse	Ark Housing Association	Shared Sleepover	£42,632	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
5	FA Region 3	Ark Housing Association	Shared Sleepover	£42,632	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
6	FA Southouse	Ark Housing Association	Shared Sleepover	£174,366	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
7	FA Quartermile	Ark Housing Association	Shared Sleepover	£42,632	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.



8	FA Shandon Road	Autism Initiatives	Shared Sleepover	£88,367	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
9	FA Inverleith	Autism Initiatives	Shared Sleepover	£136,328	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
10	FA Stuart Court	Autism Initiatives	Shared Sleepover	£47,961	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
11	FA Bingham	Autism Initiatives	Shared Sleepover	£47,961	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
12	EL Prestonpans	Autism Initiatives	Shared Sleepover	£96,563	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
13	FA Musselburgh	Autism Initiatives	Shared Sleepover	£34,258	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
14	FA Long Newton	Autism Initiatives	Shared Sleepover	£35,418	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
15	FA Seafield	Autism Initiatives	Shared Sleepover	£70,693	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
16	One Stop Shop	Autism Initiatives	Number 6. One stop Shop	£87,373	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
17	Shared Night Cover	Blackwood Housing Association	Shared Sleepover	£441,176	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.



18	Overnight/Responder service	Blackwood Homes & Care	Overnight Responder service	£835,390	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
19	Care and repair	Care and Repair Edinburgh Ltd	Equipment & Adaptations	£230,099	Service meets a statutory duty. Service is provided at best value available
20	Carers lot 3	Care for Carers	Carers	£136,048	Service meets a statutory duty and is subject to separate annual review through Carers Programme.
21	Carers lot 5A	Care for Carers	Carers	£62,080	Service meets a statutory duty and is subject to separate annual review through Carers Programme.
22	Day services for older people	Caring in Craigmillar	Day Centre	£300,806	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
23	40 Drummond Place	Carr Gomm	Places to Live Care & Support	£42,632	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
24	14 Ettrick Road	Carr Gomm	Places to Live Care & Support	£42,632	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
25	Merchiston (12 Ettrick Road)	Carr Gomm	Places to Live Care & Support	£42,632	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
26	Morningside Drive and Craiglea Drive	Carr Gomm	Places to Live Care & Support	£42,632	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
27	32 Morningside Park	Carr Gomm	Places to Live Care & Support	£42,632	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
28	50 and 66 Muirhouse Drive	Carr Gomm	Places to Live Care & Support	£42,632	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.



29	68 Hawkhill	Carr Gomm	Places to Live Care & Support	£42,632	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
30	Community Connecting Service Firrhill	Carr Gomm	Places to Live Care & Support	£339,988	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
31	St Stephen's Court	Carr Gomm	Places to Live Care & Support	£823,475	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
32	Adult Community Treatment Services	Change Grow Live	Treatment Services	£1,477,570	Service meets a statutory duty and can evidence value for money
33	Support for People where Children and Young People are Affected by Parent Substance Use (CAPSU)	Circle Scotland	Care and Support	£325,801	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
34	FA Wauchope	Community Integrated Care	Shared Sleepover	£166,513	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
35	FA Ferniehill	Community Integrated Care	Shared Sleepover	£83,257	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
36	FA New Howdenhall	Community Integrated Care	Shared Sleepover	£47,961	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
37	FA Hyvots	Community Integrated Care	Shared Sleepover	£47,961	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
38	FA Tytler	Community Integrated Care	Shared Sleepover	£131,218	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.

39	FA Moredun	Community Integrated Care	Shared Sleepover	£47,961	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
40	Day services for older people	Corstorphine Dementia Project	Day Centre	£145,095	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
41	FA Threshold	Crossreach	Shared Sleepover	£83,257	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
42	Lot 3 - Specialist Social Work Service	Deaf Action	SW Service	£90,983	Service meets a statutory duty and can evidence value for money
43	Lot 4 - Specialist Deaf Equipment Service	Deaf Action	Equipment & Adaptations	£81,883	Service meets a statutory duty and can evidence value for money
44	Day services for older people	Drylaw Rainbow Club Day Centre	Day Centre	£247,723	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
45	EADP Adult counselling and Psychological Therapies	Edinburgh and Lothian Council on Alcohol	Adult counselling and Psychological Therapies	£740,478	Service meets a statutory duty and can evidence value for money
46	Crichton Place (Base C&S)	Edinburgh Cyrenians	Places to Live Care & Support	£196,354	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
47	Support for People in Recovery from Drug and/or Alcohol Addiction	Edinburgh Cyrenians	Adult counselling and Psychological Therapies	£210,737	Service meets a statutory duty and can evidence value for money.
48	Leap out of Hours Care Service	Edinburgh Cyrenians	Adult counselling and Psychological Therapies	£223,000	Service meets a statutory duty and can evidence value for money.
49	Walker's Wynd	Enable	Places to Live Care & Support	£47,961	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.



50	Day services for older people	Eric Liddell Centre	Day Centre	£201,717	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
51	Lot 2 - Eye Clinic Support Service	Visibility Scotland	Sensory Support	£39,051	Service meets a statutory duty and can evidence value for money.
52	FA Creelha	L'Arche	Shared Sleepover	£47,961	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
53	FA David's House (was Restalrig)	L'Arche	Shared Sleepover	£122,892	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
54	FA Skein	L'Arche	Shared Sleepover	£47,961	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
55	FA Stenhouse	Leonard Cheshire	Shared Sleepover	£107,530	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
56	Day services for older people	Libertus Day Services	Day Centre	£279,573	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
57	South West (Canalside) Day services for older people	Libertus Day Services	Day Centre	£155,711	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
58	Day services for older people	Lifecare Edinburgh Day Services	Day Centre	£360,967	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
59	29 & 30 Beaverbank Place	Loretto Care	Places to Live Care & Support	£47,961	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.

60	Moodie Walk	Loretto Care	Places to Live Care & Support	£47,961	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
61	Self-Directed Support Advice & Information	Lothian Centre for Inclusive Living	SDS advice	£186,004	Service meets a statutory duty and can evidence value for money.
62	FA Rathbone Place	Mears Care	Shared Sleepover	£47,961	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
63	FA Ratho	Mears Care	Shared Sleepover	£37,465	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
64	Day services for older people	MILAN	Day Centre	£159,250	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
65	Day services for older people	North Edinburgh Dementia Care	Day Centre	£428,206	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
66	Day services for older people	Oxgangs Care	Day Centre	£102,628	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
67	23 Downfield Place	Penumbra	Places to Live Care & Support	£47,961	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
68	18 Gilmore Place	Penumbra	Places to Live Care & Support	£47,961	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
69	Place to Live Peer Support (St Stephen's Court & Firhill)	Penumbra	Place to Live	£117,975	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.



70	Day Service	Prestonfield Neighbourhood Project	Day Centre	£106,167	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
71	Care in the Community	Queensferry Churches	Day Centre	£180,484	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
72	Longstone (Base C&S)	Real Life Options -	Shared Sleepover	£149,862	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
73	FA Lundie House	Redcroft Care Services (LIN Life Is Normal)	Shared Sleepover	£42,632	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
74	FA Paisley Drive	Redwoods Caring Foundation -	Shared Sleepover	£47,961	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
75	FA St Clair Street	Richmond Fellowship	Shared Sleepover	£169,944	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
76	FA Nicholfield Service	Richmond Fellowship	Shared Sleepover	£169,944	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
77	Lot 1 - Visual Impairment Rehabilitation and Mobility Service	Royal Blind Asylum and School	Shared Sleepover	£238,216	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
78	FA Maude Close Kirkliston	Share	Shared Sleepover	£47,961	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
79	FA Niddrie Farm Grove & Dunlaw Wynd	Share	Shared Sleepover	£270,761	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.



80	FA St Nicholas	Share	Shared Sleepover	£47,961	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
81	Carers lot 8	The Action Group	Carers	£330,865	Service meets a statutory duty and is subject to separate annual review through Carers Programme.
82	FA Bryce Avenue	The Action Group	Shared Sleepover	£42,632	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
83	FA Cameron Crescent	The Action Group	Shared Sleepover	£42,632	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
84	FA Lochend	The Action Group	Shared Sleepover	£42,632	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
85	FA - Tressilian	The Action Group	Shared Sleepover	£42,632	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
86	INFORMATION AND ADVICE SERVICE TO MINORITY ETHNIC CARERS	The Action Group	Carers	£57,397	Service meets a statutory duty and is subject to separate annual review through Carers Programme.
87	FA Westfield	Thistle Foundation	Shared Sleepover	£48,782	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
88	Carers lot 5D	The Broomhouse Centre (SPACE)	Carers	£59,588	Service meets a statutory duty and is subject to separate annual review through Carers Programme.
89	Carers lot 6	The Broomhouse Centre (SPACE)	Carers	£78,177	Service meets a statutory duty and is subject to separate annual review through Carers Programme.
90	Services for older people	The Open Door	Day Centre	£67,239	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.



91	Croft an Righ	Viewpoint Housing Association	Sheltered Housing	£13,906	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
92	Adult Community Treatment Service (Part 1)	Turning Point	Treatment	£865,155	Service meets a statutory duty and can evidence value for money.
93	FA Albert Street	Visualise	Shared Sleepover	£84,826	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
94	FA Restalrig	Visualise	Shared Sleepover	£84,826	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
95	Carers lot 1	VOCAL	Carers	£866,943	Service meets a statutory duty and is subject to separate annual review through Carers Programme.
96	Carers lot 2	VOCAL	Carers	£708,438	Service meets a statutory duty and is subject to separate annual review through Carers Programme.
97	Carers lot 4	VOCAL	Carers	£57,848	Service meets a statutory duty and is subject to separate annual review through Carers Programme.
98	Carers lot 5B	VOCAL	Carers	£62,024	Service meets a statutory duty and is subject to separate annual review through Carers Programme.
99	Carers lot 5C	VOCAL	Carers	£62,024	Service meets a statutory duty and is subject to separate annual review through Carers Programme.
100	CCS Firrhill	Volunteer Centre	Volunteering	£47,920	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
101	Tweed Lodge	Voyage Care	Adult Residential	£872,536	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
102	Milestone House Respite Service (+CORRA) BBV	Waverley Care	Adult Residential	£975,969	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.

103	3 Peffer Place	Care Support Scotland Ltd	PTL Shared Sleepover	£47,961	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
104	East Craigs	Care Support Scotland Ltd	PTL Shared Sleepover	£76,935	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
105	Pleasance Day Centre	Care Support Scotland Ltd	Day Centre	£102,628	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
106	Calton Road	Care Support Scotland Ltd	PTL Shared Sleepover	£76,935	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
107	Community Link Workers	Caring in Craigmillar	Community Link Workers	£96,878	Service is provided at best value available
108	Community Link Workers	Carr Gomm	Community Link Workers	£164,531	Service is provided at best value available
109	Community Link Workers	Community Renewal Trust	Community Link Workers	£117,013	Service is provided at best value available
110	Community Link Workers	Cyrenians	Community Link Workers	£135,883	Service is provided at best value available
111	Community Link Workers	Edinburgh and Lothians Greenspace Trust	Community Link Workers	£177,348	Service is provided at best value available
112	Community Link Workers	Health All Round	Community Link Workers	£117,013	Service is provided at best value available
113	Community Link Workers	Pilton Community Health Project	Community Link Workers	£131,165	Service is provided at best value available
114	Community Link Workers	SPACE Broomhouse	Community Link Workers	£96,878	Service is provided at best value available
115	Community Link Workers	The Health Agency	Community Link Workers	£28,476	Service is provided at best value available



116	West Craigs	Wheatley Care	Adult Residential	£694,048	Service meets a statutory duty and provides support for one or more individuals. Any change requires formal reassessment of need.
117	Critical House Cleans	Perfect Clean	Deep cleaning, decluttering and removal of waste within a house/domestic property	£83,493	Service is provided at best value available
118	Street Assist	Street Assist Edinburgh	Welfare/first aid service to help people who have become vulnerable during the night. Provides support to emergency services and reduces the number of people presenting at A&E for intoxication and minor injuries.	£20,000	Service is provided at best value available
				£21,504,838	

Table 2: Contracts and Service Level Agreements: recommendation for further review and potential recommissioning

	Contract/ SLA Name	Provider Name	Description	Contract/ SLA annual value £	Recommended annual reduction	Primary reason for recommendation
	ADVOCACY					
1	Independent Advocacy Services Lot 1	Advocard	Provision of collective and individual advocacy services for MH	£558,091	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
2	Independent Advocacy Services Lot 2	Advocard	Provision of individual and collective advocacy services for people with problem drug and alcohol use.	£47,577	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
3	Independent Advocacy Services Lot 3	Partners in Advocacy	Provision of individual and collective advocacy services for people with LD,PD OP, dementia and sensory impairment.	£297,358	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
4	Independent Advocacy Services Lot 4	VoiceAbility	Provision of individual and collective advocacy services for unpaid carers	£167,761	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
5	Carers Transition	Partner in Advocacy	Individual and collective advocacy and information for unpaid carers who support someone who uses mental health and learning disability services	£19,000	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
6	Stroke	EARS	To provide independent advocacy support and representation to Adults aged 16+ in Edinburgh, West Lothian, East Lothian and Midlothian who have survived a Stroke.	£51,608	TBC	Consider alternative commissioning approaches and opportunities for efficiency.



7	Edinburgh Prison and Welfare	Advocard	Individual advocacy for people who are affected by welfare reform or changes to benefit entitlement and individual advocacy for people detained within HMP Edinburgh	£67,330	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
8	Collective Advocacy and Education	CAPS	To strengthen the collective voice of people with mental health issues	£185,673	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
	MISC					
9	Huntington's Disease Service	Scottish Huntington's Association	Specialist Support for Adults living with Huntington's disease and their families	£40,029	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
10	iThrive Website	Health in Mind	Public facing website for Mental Health and Wellbeing	£77,051	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
11	iThrive Staff Area - development and maintenance	Health in Mind	Staff end of website for MH referrals	£62,411	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
12	Mental Health PSP - 1213 (169) Crisis Centre	Penumbra	24/7 crisis support service for any Edinburgh citizen, providing digital, face to face, and respite support.	£540,011	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
13	Volunteer Support	Volunteer Edinburgh	Supports people with long term conditions, mental health issues, disabilities & other support needs into volunteering roles in their local community.	£81,895	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
	Thrive LOT 3					
14	Thrive Lot 3: Thriving Spaces and Places	Wheatley Care - Loretto Care	Places and Spaces (Thrive Collective) – Contact Point but also includes pop up events and activities.	£153,459	TBC	Consider alternative commissioning approaches and opportunities for efficiency.



15	Thrive Lot 3: Thriving Spaces and Places	SAMH	Garden space offering garden trainee opportunities and other employment skills	£199,654	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
16	Thrive Lot 3: Thriving Spaces and Places	Change Mental Health Ltd	Stafford Centre, providing a drop-in service to reduce social isolation	£188,441	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
	LOT 1 & 2					
17	NW Welcome Team	Health in Mind	Mental Health Development Workers	£142,483	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
18	NW Welcome Team	Penumbra	Peer Workers	£115,831	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
19	NE Welcome Team	Penumbra	Mental Health Development Workers	£115,831	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
20	NE Welcome Team	Change Mental Health Ltd	Peer Workers	£128,989	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
21	SW Welcome Team	SPACE Broomhouse	Mental Health Development Workers	£36,647	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
22	SW Welcome Team	SAMH	Peer Workers	£132,707	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
23	SE Welcome Team	Penumbra	Support workers and Peer Worker	£115,831	TBC	Consider alternative commissioning approaches and opportunities for efficiency.

24	SE Welcome Team	Change Mental Health Ltd	Peer Workers	£128,989	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
25	NW Locality Team	Change Mental Health Ltd	Thrive Locality Teams	£47,294	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
26	NE Locality Team	Change Mental Health Ltd	Thrive Locality Teams	£47,294	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
27	SW Locality Team	Change Mental Health Ltd	Thrive Locality Teams	£35,107	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
28	SE Locality Team	Change Mental Health Ltd	Thrive Locality Teams	£30,853	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
29	NW Locality Team	Penumbra	Thrive Locality Teams	£33,769	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
30	NE Locality Team	Penumbra	Thrive Locality Teams	£33,769	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
31	SW Locality Team	Penumbra	Thrive Locality Teams	£33,769	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
32	SE Locality Team	Penumbra	Thrive Locality Teams	£33,769	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
33	NW Locality Team	Health in Mind	Thrive Locality Teams	£104,290	TBC	Consider alternative commissioning approaches and opportunities for efficiency.

34	NE Locality Team	Health in Mind	Thrive Locality Teams	£104,387	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
35	SW Locality Team	Health in Mind	Thrive Locality Teams	£116,267	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
36	SE Locality Team	Health in Mind	Thrive Locality Teams	£120,581	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
	COUNSELLING					
37	Edinburgh Women's Rape Centre	Counselling Services	Counselling services	£21,600	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
38	Health in Mind	Counselling Service for sexual abuse survivors	Counselling services	£36,018	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
39	Health in Mind	Craigmillar Counselling	Counselling services	£25,627	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
40	PF Counselling	Counselling Services	Counselling services	£27,000	TBC	Consider alternative commissioning approaches and opportunities for efficiency.
				£4,506,048		

Table 3: Contracts and Service Level Agreements: recommendation for reduction in value as outlined

	Contract/ SLA Name	Provider Name	Description	Contract/ SLA annual value £	Recommended annual reduction £	Assumed 2025/26 saving	Primary reason for recommendation
1	Scottish Care Independent Sector Partnership Lead	Scottish Care	Provision of support to care homes	£60,000	£24,000	£7,920	Efficiency savings sought
				£60,000	£24,000	£7,920	

Table 4: Contracts and Service Level Agreements: recommendation for no renewal upon planned expiry date

It is recommended that the IJB does not renew the following contracts and service level agreements beyond their planned expiry date.

	Contract/ SLA Name	Provider Name	Description	Contract/ SLA annual value £	Expiry Date of contract/SLA	Assumed 2025/26 saving	Primary reason for recommendation
1	Thrive Arts	Various	Organisations are supported to participate and engage with all year round calendar of Arts events	£38,000	31/03/2024	£3,154	Non-statutory service with no evidence of return on investment within EIJB services
2	SMHAF - national programme	Mental Health Foundation	Support to deliver and coordinate MH arts festival across the city	£10,000	Annual award	£0	Non-statutory service with no evidence of return on investment within EIJB services
3	Transfer Programme	Pitmeny Development Project	Maximises the skills and time offered by volunteers in the community	£7,840	30/11/2025	£2,587	More cost-effective options are available
4	Lunch and Structured Activities Programme	Forever Young	Creates opportunities to help reduce the risk of social isolation in the Whitson, Stenhouse and Saughton mains area of Edinburgh	£9,000	30/11/2025	£2,970	Non-statutory service with no evidence of return on investment within EIJB services
5	Edinburgh Support Group	Edinburgh Bipolar	Peer support for people diagnosed with bipolar disorder	£2,500	31/03/2025	£208	Non-statutory service with no evidence of return on investment within EIJB services
6	Thrive Lot 9	Media Education	User Led Research as part of the Thrive Collective, working with young parents, ethnic minorities, refugees and asylum seekers	£26,037	30/11/2025	£8,592	Research project has concluded

7	Thrive Collective Learning Organisation	Health in Mind	Thrive Collective Learning Partnership with three commissioned collaboratives	£10,120	30/11/2025	£3,340	Non-statutory service with no evidence of return on investment within EIJB services
8	Peer Community of Practice	Health in Mind	Provision of training courses and materials	£50,592	30/11/2025	£16,695	Non-statutory service with no evidence of return on investment within EIJB services
9	Bereavement Care	Cruse Bereavement Care	Bereavement support to people of all ages and backgrounds in Edinburgh and the Lothians	£10,800	30/11/2025	£3,564	Non-statutory service with no evidence of return on investment within EIJB services
10	RE:D Programme	Cyrenians	Analysis of project providing peer support to people over 18 years who were in contact with the criminal justice system and present with complex needs.	£37,350	31/03/2025	£37,350	Research project has concluded
11	Participation and Engagement Support	Partners in Advocacy	Provision of support to carers of people with mental illness, dementia, learning disabilities and autism and ABI to enable them to engage with services	£7,990	30/11/2025	£2,637	More cost-effective options are available
12	Mental Health and Wellbeing Project	LGBT Health and Wellbeing	Provision of a specialist service to promote the mental and emotional wellbeing of lesbian, gay, bisexual and transgender people across Lothian	£27,000	30/11/2025	£8,910	Non-statutory service with no evidence of return on investment within EIJB services
13	Gypsy Traveller Carers	MECOPP	To work with the Gypsy/Traveller community to improve the quality of life of informal carers and cared for people with a specific focus on mental health and broader health literacy.	£13,500	30/11/2025	£4,455	Non-statutory service with no evidence of return on investment within EIJB services

14	Women Supporting Women	Pilton Community Health Project	1-2-1 support, group work and parent/child group work for women in North Edinburgh	£21,600	30/11/2025	£7,128	Non-statutory service with no evidence of return on investment within EIJB services
15	Support for Polish Families	Polish Family Support Centre	Provision of Polish family support centre	£5,000	30/11/2025	£1,650	Non-statutory service with no evidence of return on investment within EIJB services
16	Feel Good App	Positive Rewards	Provision of a positive mental health digital resource (Feeling Good app) that can be used through self-referral or clinician-guided access	£15,660	30/11/2025	£5,168	Non-statutory service with no evidence of return on investment within EIJB services
17	SLA: Lunch club	The Open Door	Lunch club for older people, families and carers, volunteers and people with mental health or physical disabilities	£13,500	30/11/2025	£4,455	Non-statutory service with no evidence of return on investment within EIJB services
18	Outlook - adult education	CEC	Adult education courses for people who have or are experiencing mental health issues.	£10,000	30/11/2025	£3,300	Non-statutory service with no evidence of return on investment within EIJB services
19	Participation and Engagement	EVOC	Provision of support to third sector organisations	£7,200	30/11/2025	£2,376	Non-statutory service with no evidence of return on investment within EIJB services
20	Narrative Programme	Media Education	Media Education partner with peer researchers who work alongside us to gather data on people's experiences of care and support in Edinburgh	£79,160	30/11/2025	£26,123	Research project has concluded
21	A Sense of Someplace venue	St Mary's Cathedral	Provision of venue for group funded via a separate SLA	£4,000	30/11/2025	£1,320	Venue no longer required as service has closed
22	Arts and Creativity	CAPS	Collective advocacy through arts, including annual exhibition planning and support	£65,796	30/11/2025	£21,713	Consider alternative commissioning approaches and opportunities for efficiency.

23	Thrive Lot 8	VOCAL	The service provides a central point of contact for carer engagement in the design, delivery and review of mental health services	£32,448	30/11/2025	£10,708	Consider alternative commissioning approaches and opportunities for efficiency.
24	More -P Training Programme	Patients Council	Deliver Mind Our Rights Education Programme (MORE-P) and its workshops within Mental Health Service Provision	£67,500	30/11/2025	£22,275	Consider alternative commissioning approaches and opportunities for efficiency.
26	Service User Led Research/Support Groups	CAPS	Service user led research (eating disorders) and 2 collective advocacy groups	£29,745	30/11/2025	£9,816	Consider alternative commissioning approaches and opportunities for efficiency.
27	Thrive Lot 4: Physical Activity and Greenspace	SAMH	Therapeutic horticultural approach at Redhall Walled Garden to supporting adults from across Edinburgh who are experiencing mental ill-health, including stress, depression or anxiety.	£30,420	30/11/2025	£10,038	Consider alternative commissioning approaches and opportunities for efficiency.
28	Thrive Lot 4: Physical Activity and Greenspace	Edinburgh Cyrenians	Community garden at the REH for people experiencing mental or physical health problems and those impacted by poverty, isolation and homelessness.	£37,517	30/11/2025	£12,381	Consider alternative commissioning approaches and opportunities for efficiency.
29	Thrive Lot 4: Physical Activity and Greenspace	Edinburgh and Lothians Greenspace Trust	Physical Activity and Greenspaces: access to outside activities, gardening, nature, woodland workshops and social groups.	£81,119	30/11/2025	£26,769	Consider alternative commissioning approaches and opportunities for efficiency.
30	Thrive Lot 4	Edinburgh Leisure	Provision of 12 week exercise programme to support people with mental health conditions	£104,441	30/11/2025	£34,466	Consider alternative commissioning approaches and opportunities for efficiency.

31	Edinburgh Voluntary Organisations Council	EVOC	Provision of support to third sector organisations	£238,311	31/03/2024	£78,643	Contract is not fully utilised and does not provide a statutory service
32	Branching Out	Edinburgh and Lothians Greenspace Trust	12 week programme of woodland and greenspace-based activities	£4000	30/11/2025	£1320	
				£1,098,145		£374,109	

Table 5: Contracts and Service Level Agreements: recommendation for cancellation in line with contractual terms and conditions

	Contract/ SLA Name	Provider Name	Description	Contract/ SLA annual value £	Assumed 2025/26 saving £	Expiry Date of contract/SLA	Primary reason for recommendation
1	Scrantransitions	Scran Academy	Skills and employability programme aimed at young people experiencing exclusion and wider life barriers	£35,100	£2,913	30/06/2026	Non-statutory service with no evidence of return on investment within EIJB services
2	The future is unwritten	Strangetown	Provision of facilities, training, education, mentoring and development for children and young adults	£45,000	£3,735	31/03/2027	Non-statutory service with no evidence of return on investment within EIJB services
3	Something to eat someone to eat with	Cyrenians	Works with schools/youth service, individual young people and Polish mums by promoting the links between food and physical/mental wellbeing.	£23,500	£1,951	31/03/2027	Non-statutory service with no evidence of return on investment within EIJB services
4	Health and Wellbeing Programme	Dancebase	Dance and dance activities to support people's mental and physical health.	£37,080	£3,078	30/04/2026	Non-statutory service with no evidence of return on investment within EIJB services
				£140,680	£11,676		

Appendix 4: Integrated Impact Assessments

	Title	Date	Statement/IIA
1	Cumulative Impact on MH Pathways	3 and 15 July 2025	IIA
2	Thrive Lot 1 and 2	N/A	Statement
3	Thrive Lot 3	8 May 2025	IIA
4	Thrive Lot 4	9 May 2025	IIA
5	Thrive Lots 5-9	7 May 2025	IIA
6	NHS Lothian SLAs: Building Resilient Communities	12 May 2025	IIA
7	iThrive Website	7 May 2025	IIA
8	Unscheduled Care (Edinburgh Crisis Centre)	13 May 2025	IIA
9	NHS Lothian SLAs: Act Early	8 July 2025	IIA
10	NHS Lothian SLAs: Addressing Inequalities	8 July 2025	IIA
11	Edinburgh Voluntary Organisations Council	14 May 2025	IIA
12	Collective Advocacy	28 May and 12 June 2025	IIA
13	Volunteer Centre	6 May 2025	IIA
14	Care and Repair	29 April 2025	IIA
15	Counselling	N/A	Statement

Appendix 5: Integrated Impact Assessment of the cumulative impact of contract and SLA reductions on mental health pathways

Integrated Impact Assessment – Summary Report

Each of the numbered sections below must be completed

Please state if the IIA is interim or final

Final

1. Title of proposal

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

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

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

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

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

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

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

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

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

- Thrive Lot 3 IIA Summary Report
- Thrive Lot 4 IIA Summary Report
- Thrive Lots 5 - 9 IIA Summary Report
- iThrive Public and Staff End IIA Summary Report

- Unscheduled Care IIA Summary Report
- NHS Lothian SLA (MH) IIA Summary Report
- Addressing Inequalities (NHS SLA) IIA Summary Report
- Act Early (NHS SLA) IIA Summary Report
- Summary Report from Volunteer Edinburgh
- Collective Advocacy Summary IIA Report

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

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

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

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

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

Yes

5. Date of IIA

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

Dates of IIAs:

- 3rd July 2025
- 15th July 2025

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

Session One: 3rd July 2025

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

Session Two: 15th July 2025

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

7. Evidence available at the time of the IIA

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Data on populations in need	<p>Population and demographics - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p> <p>Supporting documents - Scottish Household Survey 2021 - telephone survey: key findings - gov.scot (www.gov.scot)</p> <p>Scottish Government Mental Health and Wellbeing Strategy</p> <p>Creating Hope Together: suicide prevention strategy 2022 to 2032</p>	<p>Provides current and projected data on the wider population in the City of Edinburgh</p> <p>Provides robust evidence on the composition, characteristics, attitudes and behaviour of private households and individuals as well as evidence on the physical condition of Scotland's homes</p> <p>Mental Health and Wellbeing Strategy 2023 – 2025 which describes the approach the Scottish Government will undertake to improve mental health for everyone in Scotland.</p> <p>This strategy sets out the Scottish Government and COSLA's vision for suicide prevention in Scotland over the next ten years. The strategy is supported by an initial 3 year action plan setting out the actions needed to support the vision.</p> <p>Every life lost to suicide is an enormous tragedy. And every life lost leaves devastating and long lasting impacts on families, friends and communities. Up to 135 people can be affected in some way by every suicide^[1]. This strategy is therefore designed to support anyone affected by suicide.</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p data-bbox="427 312 1025 416">Realistic Medicine - Taking Care: Chief Medical Officer for Scotland annual report 2023 to 2024</p> <p data-bbox="427 608 1025 671">Scotland's Population Health Framework 2025-2035</p> <p data-bbox="427 903 1055 1118">https://services.nhslothian.scot/publichealth/wp-content/uploads/sites/105/2024/08/NHS-Lothian-Public-Health-and-Health-Policy-A-strengthened-approach-to-prevention-across-the-Lothian-health-and-care-system.pdf</p> <p data-bbox="427 1158 913 1190">Thrive Welcome Teams Trak data</p>	<p data-bbox="1088 312 1962 488">This is the Chief Medical Officer Professor Sir Gregor Smith's fourth annual report, and the eighth report on Realistic Medicine. The overarching aim of Realistic Medicine is to deliver better value care for patients, and for our health and care system.</p> <p data-bbox="1088 608 1962 855">This Framework is for all with a role to play in creating and maintaining good physical and mental health and wellbeing. It represents a shift in culture, from treating illness to prevention and a more whole system approach to improving health. It is the beginning of a live programme of change and improvement, with clear initial actions across the drivers of health and further actions to come over the ten-year period</p> <p data-bbox="1088 943 1928 1007">NHS Lothian Public Health: A strengthened approach to prevention across the Lothian health and care system 2024</p> <p data-bbox="1088 1158 1951 1230">Referral and demographic data for MH single point of access (NHS access only)</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p>AUDIT Scotland Report on Adult Mental Health</p> <p>Joint Edinburgh Carers Strategy 7.1 The Joint Edinburgh Carer Strategy Refresh 2023-26.pdf</p> <p>Joint Edinburgh Carers Survey: Unpaid-carer-experiences-in-Edinburgh-Interactive-June-2024 (3).pdf</p> <p>Human Rights Bill: Consultation Summary</p> <p>The Contribution of Volunteering to Scotland's Health & Wellbeing - Volunteer Scotland</p> <p>EIJB Strategic Plan (approved by the EIJB on 17 June 25)</p> <p>National Benchmarking data</p>	<p>The report contains a number of recommendations for the Scottish Government, local authorities and partners, many of which reflect the themes set out in The Scottish Government Strategy.</p> <p>Joint Edinburgh Carers Strategy which reflects national carer strategy and carer legislation (which includes a duty to ensure carers are engaged and informed as part of the hospital discharge process).</p> <p>The Edinburgh Carers Survey 2023 gathered the views of 491 carers looking after someone with a mental health condition in Edinburgh.</p> <p>Summary of feedback from consultation for the Human Rights Bill</p> <p>This study reports that those who have most to gain (in health benefits) by volunteering are the least likely to engage – demonstrating need for support & capacity building for referrers & VIOs.</p> <p>https://democracy.edinburgh.gov.uk/documents/s85306/6.1%20DRAFT%20Strategic%20Plan.pdf</p> <p>2021/22 LGBF data shows an increase in the number of people supported to live as independently as possible.</p>

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="427 312 958 341">Mental Health Inpatient Census 2023</p> <p data-bbox="427 456 1039 491"><i>Core Public Health Dataset (not published)</i></p> <p data-bbox="427 754 1032 858">NHS Lothian 2022 Scottish Census Data: Ethnic group, national identity and religion. Public Health and Health Policy</p> <p data-bbox="427 938 1021 1042">NHS Lothian 2022 Scottish Census Data: Sexual orientation and trans status or history. Public Health and Health Policy</p> <p data-bbox="427 1198 1028 1302">NHS Lothian 2022 Scottish Census Data: Health, Disability and Unpaid Care. Public Health and Health Policy</p>	<p data-bbox="1088 312 1951 416">Results of the seventh Mental Health and Learning Disability Inpatient Census and Outwith NHS Scotland Placements Census, 2023.</p> <p data-bbox="1088 456 1980 639">The Edinburgh population is mostly made up of younger adults and working aged adults. The population is growing and expected to increase much more compared to Scotland as a whole, with the biggest increase happening in our oldest age group (65yrs+) and working age group.</p> <p data-bbox="1088 715 1951 858">The percentage of people in Lothian with a minority ethnic background increased from 12.6% in 2011 to 20.6% in 2022. Edinburgh had a higher percentage than compared to Scotland.</p> <p data-bbox="1088 903 1980 1118">In Lothian 4,414 people reported that they were trans or had a trans history. Lothian had a greater proportion of trans people compared with Scotland, with 0.58% of the population aged 16 or over responding that they were trans or had a trans history compared to 0.44% of the Scottish population. This difference is due to a larger number of trans people living in Edinburgh.</p> <p data-bbox="1088 1161 1973 1302">Census data tells us that the largest increase across condition types from 2011 to 2022 was in people reporting a mental health condition, from 4.2% to 11.6% for Lothian</p>

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="427 347 1032 453">NHS Lothian 2022 Scottish Census Data: Health, Disability and Unpaid Care. Public Health and Health Policy</p> <p data-bbox="427 603 1032 639">NHS Lothian Public Health Survey Results</p> <p data-bbox="427 975 1032 1011">NHS Lothian Public Health Survey Results</p> <p data-bbox="427 1273 1032 1378">NHS Lothian Public Health. A strengthened approach to prevention across the Lothian health and care system.</p>	<p data-bbox="1088 312 1984 491">While the rate of people reporting mental health conditions increased across all age groups from 2011 to 2022, the largest increase was in the 16-24 age group which rose from from 2.5% to 16.9% for Lothian. City of Edinburgh had a higher rate than Scotland for 16-24 year olds.</p> <p data-bbox="1088 608 1984 900">Over one in three people in Lothian (33.9%) reported feeling lonely some of the time and 10.1% reported feeling lonely most or all of the time. Younger people (16-24yrs) and people living in the most deprived areas were more likely to report being lonely most or all of the time. There was evidence that people from some ethnic backgrounds were more likely to report feeling lonely when compared with white people.</p> <p data-bbox="1088 975 1984 1235">Associations with deprivation were observed for some of the common long-term conditions, particularly mental health conditions, with 18.0% of those living in the most deprived areas (SIMD decile 1) reporting a mental health condition, compared to 11.2% of those living in NHS Lothian Public Health Survey 2023 58 the least deprived areas (SIMD decile 10).</p> <p data-bbox="1088 1273 1984 1342">Data also show a high burden from mental health and somatic symptoms in the working age population.</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p>The demands of caring pushing unpaid carers to the brink Carers UK</p> <p>http://www.sortedmentalhealth.app/wp-content/uploads/2025/07/Feniks-Cost-of-Living-Crisis-and-the-Polish-Community-in-Scotland-2025.pdf</p> <p>http://www.sortedmentalhealth.app/wp-content/uploads/2025/07/Feniks_2023_Ukrainian_Refugees_Mental_Health_Survey_Report.pdf</p> <p>http://www.sortedmentalhealth.app/wp-content/uploads/2025/07/Feniks-2020-Mental-health-and-suicides-among-Polish-men-in-Scotland.pdf</p> <p>http://www.sortedmentalhealth.app/wp-content/uploads/2025/07/2018_10_31-ScotPHN-Polish-Suicide-Final-1.pdf</p>	<p>2023 Carers Scotland report which revealed that over a third (36%) of unpaid carers have experienced thoughts of self-harm or suicide</p> <p>Populations in need include ethnic minorities – such as Polish and Ukrainian who have recognised disproportionate health needs -as evidenced in these reports from Feniks.</p>
Data on service uptake/access		<p>** It should be noted that service uptake data is included in the individual evidence tables of each supporting IIA. The evidence here may not replicate all evidence submitted for individual IIAs, and these documents should be read in conjunction with this**</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p>Contract monitoring data for the MH services provided through block contracts and SLAs</p> <p>Thrive Data</p> <p>Thrive Collective quarterly</p> <p>Thrive Collective Impact Report</p> <p>Annual SLA reports (Internal)</p>	<p>4200 people were supported by collective advocacy and Thrive Lots 3-9. This does not include:</p> <ul style="list-style-type: none"> - Anonymous referrals within Crisis Centre (829) - People benefitting in wider context, e.g. participants of exhibitions, those viewing resources, those using resources within VOCAL etc (wider community impacts) <p>Quantitative and Qualitative Data from Thrive Welcome Team, including demographic, equalities data. 3,424 people seen by TWT since Nov 22 and demonstrates decline in referrals to psychological therapies.</p> <p>Demonstrate the uptake of services within 3 partnerships of the Thrive Collective.</p> <p>Exploring investment of £1.8 million to support 4,367 people, with a minimum social value of £7.13 for every pound spent on the Thrive Collective programme.</p> <p>Annual and interim reporting across all SLAs in Edinburgh highlights delivery of diverse services reaching approximately 5,000 individuals, including those in vulnerable communities and with protected characteristics. Activities focus on building resilient communities, addressing inequalities, and promoting early intervention and prevention. Evidence-based approaches are used to inform service improvements and policy change, with a strong emphasis on human rights and inclusive practice. The impact spans health, wellbeing, social inclusion, and empowerment, contributing to long-term systemic change.</p>

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>Thrive Progress Report</p> <p>TRAK data (Psychological Therapies)</p> <p>https://changemh.org/latest_news/2023-24-annual-report/</p> <p>iThrive</p> <p>https://capsadvocacy.org/wp-content/uploads/2025/04/The-Impact-of-Arts-as-Advocacy.pdf</p> <p>https://capsadvocacy.org/wp-content/uploads/2025/04/The-Value-of-Collective-Advocacy.pdf</p> <p>https://capsadvocacy.org/wp-content/uploads/2025/04/More-about-the-</p>	<p>This document sets out the aspirations of Thrive Edinburgh and what has been delivered against Thrive Pillars and Adult Health and Social Care Workstreams and Change Programmes in 2023.</p> <p>Data shows significant decrease of people being referred to psychological therapies.</p> <p>Detailing organisations delivery and referencing the Thrive Edinburgh contract alone delivered 9,870 hours of support, showing the organisation’s commitment to community-based mental health services.</p> <p>Analytics report detailing usage of iThrive website 157,147 users, up 69%</p> <p>519 Mental Health Advocacy Recipients at a cost of £152.64. Achieved through the arts and building connections. (Lot 5)</p> <p>Detailing the value of using collective advocacy as service user research (Lot 7)</p> <p>CAPS work over the years</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p>significant-work-of-CAPS-over-the-years.pdf</p> <p>What does it mean to you? (2024) — Out of Sight Out of Mind</p> <p>Penumbra penumbra.org.uk/wp-content/uploads/2023/11/Impact-Report-2023-compressed.pdf</p> <p>Change Mental Health Our 2022-23 Annual Report and Impact - Change Mental Health (changemh.org)</p> <p>Redhall Walled Garden Impact Report</p> <p>Cyrenians Impact report 2022 (web) original.pdf (cyrenians.scot)</p> <p>Advocard Reports – Advocard</p> <p>CAPS independent Advocacy – Reports and Newsletter</p>	<p>Report capturing In 2024 Out of Sight Out of Mind exhibition showed artworks made by 310 people who have experience of mental health issues and report which collates what the exhibitions meant to people. Exhibition website.</p> <p>Penumbra annual report</p> <p>Change Mental Health annual report</p> <p>SAMH: Redhall Walled Garden Impact report</p> <p>Cyrenians impact report</p> <p>Reports by Advocard</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p>Volunteer Edinburgh Quarterly Reports submitted which include reports on KPIs. Not available online</p> <p>Scran Academy Annual Report</p> <p>Scottish Mental Health Festival 2024 Report</p> <p>Cruse Scotland Annual Accounts</p>	<p>Approximately 620 service users are supported to use this service each year. This includes service users who wish to volunteer but require “light-touch” support and those with higher level needs who require more intensive support; Volunteering Involving Organisations and support workers contacts. (2023/24). In addition to support workers, referrers include clinicians from NHSL & EHSCP (GPs, occupational therapists, CPNs etc). They receive advice, guidance & support to identify and nurture appropriate referrals to service &/ are signposted to other or additional specialist agencies. Volunteer involving organisations (VIOs) receive advice, guidance, training & support to accommodate & support needs of volunteers. 467 referrer contacts 425 VIO contacts (2021-24)</p> <p>Impact Report: Scran are making a difference by supporting young people facing poverty in Edinburgh to lead change in their own lives</p> <p>Detailing reach, events, participation and positive outcome for people with mental health (Over 17500 people)</p> <p>Outlining service delivery reach and impacts, including WEMWBS (Warwick & Edinburgh University Mental Wellbeing Scale) evaluation reporting 83% of service users agreed our support had significantly improved their health and wellbeing.</p>

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

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>Edinburgh Carers Survey: Unpaid-carer-experiences-in-Edinburgh-Interactive-June-2024 (3).pdf</p> <p>Unpaid care has huge impact on mental health and affects low income households - https://shorturl.at/0I9qp</p>	<p>concerns that the assessment process (for statutory services) carried risks for people in their situation, due to the emphasis placed on gathering information from people who may not be well enough to respond accurately. In addition, of the 1,169 carers who contributed to the survey, 82% said 'being a carer has affected my mental health'.</p>
Data on equality outcomes	<p>JSNA-Health-Needs-of-Minority-Ethnic-Communities-Edinburgh-April-2018.pdf (edinburghhsc.scot)</p> <p>Gender inequalities in unpaid care work - Engender-response-to-the-Scottish-Governments-Scottish-Carers-Assistance-consultation.pdf</p>	<p>Provides data on demographics of minority ethnic communities</p> <p>Women are more likely to be unpaid carers, and this unequal distribution of unpaid care work has long-term impacts on women and girls.</p>
Research/literature evidence	Creative Health: The Arts for Health and Wellbeing	Cross party report that details how the arts can help meet major challenges facing health and social care: ageing, longterm conditions, loneliness and mental health.

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

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

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://pmc.ncbi.nlm.nih.gov/articles/PMC9505389/	<p>Umbrella review of apps highlighting the advantages Potential and Pitfalls of Mobile Mental Health Apps in Traditional Treatment: An Umbrella Review - highlights that mobile mental health apps' unique potential, such as providing timely support, being cost-effective, combating stigma surrounding help-seeking, and enhancing treatment outcomes,</p> <p>A cost-effectiveness evaluation of Dance to Health: a dance-based falls prevention exercise programme in England, Sheffield Hallam University, 2021, Goldsmith, Kokolakak:</p> <p>Key findings: Findings from the research show that under the suggested health intervention there was a 58% reduction in the number of falls; Dance to Health offers a potential cost saving of over £196m over a 2-year period, of which £158m is a potential cost saving for the NHS; estimate that a roll-out of the programme would have the potential to save the taxpayer almost £200m over a 2-year period. Of this, nearly £160m would be a cost saving for the NHS; evidence outlines that Dance to Health offers the health system a cost-effective means to address the issue of older people's falls, and most importantly a method that produces strong results in terms of falls prevention.</p> <p>Dementia and Imagination: A Social Return on Investment Analysis Framework for Art Activities for People Living With Dementia, The Gerontologist, Volume 60, Issue 1, February 2020, Pages 112–123.</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
		<p>Key findings: Key findings showed art-based activities provide a positive SROI under a range of assumptions. An input of £189,498 to deliver the groups created a social value of £980,717. This equates to a base case scenario of £5.18 of social value generated for every £1 invested.</p>
Public/patient /client experience information	<p>HM Inspectorate of Constabulary in Scotland Thematic Review of Policing Mental Health in Scotland</p> <p>https://capsadvocacy.org/about-caps/publications-and-reports/</p> <p>https://rehpatientscouncil.org.uk/wp-content/uploads//2019/05/Strengthening-the-Patient-Voice-Results-Reports-190508.pdf</p> <p>Statement of support of Redhall Walled Garden by Trellis Scottish Horticultural Network</p>	<p>Assess the state, efficiency and effectiveness of Police Scotland’s provision of mental health-related policing services. Published its thematic review of policing Mental Health in Scotland.</p> <p>Detailing activity undertaken by CAPS Independent with Advocacy/Collective Advocacy</p> <p>This report captures what patients shared about their experiences in the Royal Edinburgh Hospital (REH) as part of a quality improvement project run by the REH Patients Council.</p> <p>Statement positioning Redhall Walled Garden as regarded as a centre of excellence for mental health focused horticultural therapy</p> <p>CAPS Advocacy: Impact there would be on people if the funding is withdrawn and the projects end</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p>https://capsadvocacy.org/wp-content/uploads/2025/05/CAPS-Independent-Advocacy-Testimonials.pdf</p> <p>https://acrobat.adobe.com/id/urn:aaid:sc:ap:64366974-2cca-40a9-b383-d3387d145f81</p> <p>Experiences of unpaid Edinburgh carers engaging in mental health services: Mental-Health-Carers-Consultation-Full-Report.pdf</p> <p>Health in Mind Health in Mind Annual Satisfaction Survey Report 2022 (health-in-mind.org.uk)</p> <p>http://www.sortedmentalhealth.app/wp-content/uploads/2025/07/Feniks-Sorted-Letter-of-Support.pdf</p> <p>https://vimeo.com/513521159?share=copy</p> <p>https://vimeo.com/513534078?share=copy</p>	<p>Crisis Centre user survey</p> <p>Respondents felt professionals did not take carers' situations into account, which may partially account for reported lack of referrals to carer support services. Recommendations include improved carer engagement in hospital discharge (a legal requirement).</p> <p>Health In Mind: Satisfaction survey report</p> <p>Letter of support from Feniks counselling agency for Polish and Ukrainian people</p> <p>Video Interview with individual about his recovery from severe depression (suicidality) using the Feeling Good App (now renamed Sorted)</p> <p>Video interview with Psychiatric nurse at the Royal Edinburgh hospital about benefits of using the app for staff and patients</p>
Evidence of inclusive engagement of people	Complaints/ compliments: 2024 Thrive Contracts review	

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
who use the service and involvement findings	<p>Letter from Redhall Walled Garden Trainees (service users) in regard to impact of 24/25 funding reduction</p> <p>Change Mental Health @Stafford Centre: Service User feedback</p>	<p>Redhall Walled Garden service user led letter stating impact of funding reduction in FY25.</p> <p>64% of folk saying it prevents me being in crisis, 89% saying it supports my recovery and 80% saying in keeps me out of hospital. , 96% saying it keeps me well and 98 % saying it stops me feeling isolated</p>
Evidence of unmet need	<p>Edinburgh Integration Joint Board Strategic Plan (2019-2022)</p> <p>Welfare reform - impact on households with children: report - gov.scot</p> <p>Scottish mental health law review: our response</p> <p>Marks-Final-PE-report-2021.pdf (rehpatientscouncil.org.uk)</p> <p>https://www.mwcscot.org.uk/policy-and-research</p> <p>Community green: using local spaces to tackle inequality and improve health</p>	<p>Details the health needs and priorities for the people of Edinburgh</p> <p>A report that presents analysis of the impacts of UK Government reform on households with children in Scotland.</p> <p>A response to the independent review of mental health, capacity and adult support and protection legislation,</p> <p>The Experience of Patients in the Royal Edinburgh Hospital –</p> <p>Mental Health Welfare Commission detailing feedback from people that use services</p> <p>This study examines the impact of the quality of local green spaces on the health and wellbeing of people living in six</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
		deprived areas. It makes the connections between green space, ethnicity and inequality.
Good practice guidelines	<p>SIGN guideline for specific mental health conditions</p> <p>https://www.nice.org.uk/guidance/ng58/resources/coexisting-severe-mental-illness-and-substance-misuse-community-health-and-social-care-services-pdf-1837520014021</p> <p>https://www.nice.org.uk/guidance/ng181/resources/rehabilitation-for-adults-with-complex-psychosis-pdf-66142016643013</p> <p>https://www.alliance-scotland.org.uk/policy-and-research/policy/mental-health/</p> <p>Mental Health Foundation</p> <p>Scottish Independent Advocacy Alliance</p> <p>Scotlands Mental Health and Wellbeing Strategy (2023)</p> <p>-</p>	<p>Link to guidelines for specific mental health conditions.</p> <p>This guideline covers how to improve services for people aged 14 and above who have been diagnosed as having coexisting severe mental illness and substance misuse.</p> <p>This guideline covers mental health rehabilitation for adults with complex psychosis.</p> <p>The ALLIANCE works to ensure mental health law, policy and practice is aligned with human rights standards and principles.</p> <p>Information for public and professionals alongside specific reports on how to support people with mental issues</p> <p>Overview of the benefits of independent and collective advocacy</p> <p>Mental Health (care and treatment) (Scotland) Act 2003: Code of Practice</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal														
	https://www.gov.scot/publications/mental-health-care-treatment-scotland-act-2003-code-practice-volume-1/ Mental Health (Care and Treatment) (Scotland) Act 2003 The New Mental Health Act: A guide to independent advocacy: Information for Service Users and their Carers - gov.scot	<p>Mental Health (Care and Treatment) (Scotland) Act 2003: Detailing everyone's right to independent advocacy</p> <p>The New Mental Health Act: A guide to independent advocacy: Information for Service Users and their Carers</p>														
Carbon emissions generated/reduced data	N/A															
Environmental data	N/A															
Risk from cumulative impacts	https://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/	<p>The impact of individual proposals has been assessed according to the list below:</p> <table border="1" data-bbox="1088 975 2002 1385"> <tbody> <tr> <td data-bbox="1088 975 1182 1034">1</td> <td data-bbox="1182 975 2002 1034">Cumulative Impact on MH Pathways</td> </tr> <tr> <td data-bbox="1088 1034 1182 1093">2</td> <td data-bbox="1182 1034 2002 1093">Thrive Lot 1 and 2</td> </tr> <tr> <td data-bbox="1088 1093 1182 1152">3</td> <td data-bbox="1182 1093 2002 1152">Thrive Lot 3</td> </tr> <tr> <td data-bbox="1088 1152 1182 1211">4</td> <td data-bbox="1182 1152 2002 1211">Thrive Lot 4</td> </tr> <tr> <td data-bbox="1088 1211 1182 1270">5</td> <td data-bbox="1182 1211 2002 1270">Thrive Lots 5-9</td> </tr> <tr> <td data-bbox="1088 1270 1182 1329">6</td> <td data-bbox="1182 1270 2002 1329">NHS Lothian SLAs: Building Resilient Communities</td> </tr> <tr> <td data-bbox="1088 1329 1182 1385">7</td> <td data-bbox="1182 1329 2002 1385">iThrive Website</td> </tr> </tbody> </table>	1	Cumulative Impact on MH Pathways	2	Thrive Lot 1 and 2	3	Thrive Lot 3	4	Thrive Lot 4	5	Thrive Lots 5-9	6	NHS Lothian SLAs: Building Resilient Communities	7	iThrive Website
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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	
		8	Unscheduled Care (Edinburgh Crisis Centre)
		9	NHS Lothian SLAs: Act Early
		10	NHS Lothian SLAs: Addressing Inequalities
		11	Edinburgh Voluntary Organisations Council
		12	Collective Advocacy
		13	Volunteer Centre
		14	Care and Repair
		15	Counselling
Other (please specify)			
Additional evidence required	<p data-bbox="427 890 1039 999">https://earthworm-hyperboloid-4zl6.squarespace.com/what-does-it-mean-to-you-2024</p> <p data-bbox="427 1038 1021 1147">The New Mental Health Act: A guide to independent advocacy: Information for Service Users and their Carers - gov.scot</p>	<p data-bbox="1088 890 1946 962">Below are responses shared by 2024 exhibitors, visitors and planners from the out of sight, out of mind exhibition</p> <p data-bbox="1088 1038 1957 1334">In March 2003 the Scottish Parliament passed a new law, the Mental Health (Care and Treatment) (Scotland) Act 2003. It came into effect in October 2005. It sets out how you can be treated if you have a mental illness including dementia, a learning disability or a personality disorder, and what your rights are. This booklet is one of a series about the new law, and it explains about people’s right to independent advocacy, what it is for and how it can help people.</p>	

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

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

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Positive</p> <p>The savings programme will allow the IJB to deliver its statutory duty and focus on the people most at risk in the community.</p> <p>Through reducing or disinvesting in some of the current contracts and SLAs there may be an opportunity to streamline services and support so people in need know where they can go. 'People know this is my gateway to support'.</p> <p>There is an opportunity to work together through recommissioning to get it right for the needs of the people. Acknowledgment of changing demographics which need to be considered and aligned to the priorities in the IJB strategic plan.</p> <p>Public health data shows young people (aged 16 – 24) with poor mental health wellbeing are more likely to feel better as they get older, this is the reverse for young people with a long term condition who are more likely to feel less better.</p> <p>Opportunity to focus on people rather than diagnosis and support people who are at the furthest end of complex mental health to ensure they are helped when needed.</p>	<p>All</p> <p>All</p> <p>All</p> <p>Young people</p> <p>People with disability</p>
<p>Negative</p> <p>Thrive Collective (TC) organisations have no upper age limit and therefore prevent the negative impact of forcing older individuals into age-specific services. Some mitigation could be to put in specific support for transitions, however this may be costly. There is the added impact that Thrive Welcome Teams are hoping to expand to include over 65, so there may be additional pressure on remaining age-specific services. There is already limited availability of services for older people in the city, and the likely impact of this savings proposal is to reduce availability further.</p> <p>Thrive Collective organisations are place-based and easily accessible mental health support in the community with knowledgeable and skilled staff. Without early, local intervention, mental health conditions can escalate into crises requiring emergency care or hospitalisation, which are more costly and less personalised. In addition, older people are more likely to require longer lengths of stay.</p> <p>Mitigation: people with assessed needs that meet the criteria of critical and substantial will be eligible for social care support, including self-directed support which they could in turn use to purchase ongoing support from these providers at their own discretion</p>	<p>Older People</p> <p>Older People</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Up to 40% of unpaid carers are supporting individuals in later life, and many of these carers are themselves in their middle or older years. This dual role, managing their own ageing while caring for others, places them at significant risk of mental health challenges. Mitigation: This can be mitigated by ensuring that carers are aware of the option to request an Adult Carer Support Plan and to access support through the Carers' pathway.</p> <p>Older people may be more prone to loneliness and social isolation, which can be exacerbated by bereavement, poor mental health, lack of meaningful activities and other supports. This can lead to long-term health problems and increase vulnerability to depression, stress and anxiety, heart disease and the risk of developing addiction and self-harming behaviours. The cumulative impact of the loss of mental health services is likely to increase the number of people who are lonely and isolated.</p> <p>Census data (2022) tells us mental health conditions increased across all age groups however the largest increase was in the 16-24 age group which rose from 2.5% to 16.9% for Lothian. Many young people "fall through the cracks" during the transition from Child and Adolescent Mental Health Services (CAMHS) to adult services. Adult services often have stricter thresholds, meaning young people may no longer qualify for support despite ongoing need. This transition period is a critical window, without continuity of care, young people are at higher risk of crisis, disengagement, and long-term deterioration.</p> <p>Community-based mental health organisations play a vital bridging role in this transition and in early intervention. Without them, more young people will reach crisis point, leading to higher A&E visits, hospital admissions, and longer waiting lists. These organisations offer non-clinical, youth-friendly environments that reduce stigma and encourage help-seeking. Their closure would remove trusted entry points for support, especially for marginalised or minoritised groups. Some services provide training, skills development, and employment. Without the diversity of organisations young people will have reduced opportunities for positive destinations. This could also exacerbate issues within the family unit.</p> <p>Mitigation: The Strategic Plan reiterated our commitment to supporting young people to transition to adulthood in a safe, smooth and empowering way. It outlines what we will do to achieve our desired outcomes for young people in this situation and sets out clear measures so that we will be able to see whether we have met these. In addition, some of the Thrive services commissioned focused on children under the age of 18. Children's services are not delegated to the EIJB and support for children is more appropriately commissioned by the Council's Communities and Families teams. This will enable EIJB funding to be focused on delegated functions.</p>	<p>Older People, Middle Years, and Carers</p> <p>Older people</p> <p>Young People, Young adults.</p> <p>Young People, Young adults, Families.</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Young people and their families with experience of mental health inpatient units have consistently expressed concerns that hospital environments are not appropriate for their needs. Without robust community-based services and support, there is a significant risk of inadequate care, leading to unnecessary hospital admissions. Ensuring access to local, tailored support is essential to keeping young people well and out of inpatient settings. Mitigation: young people with assessed needs that meet the criteria of critical and substantial will be eligible for social care support, including self-directed support which they could in turn use to purchase ongoing support from these providers at their own discretion.</p> <p>The loss of community mental health services in Edinburgh would have a profound and damaging impact on young carers, who already face significant emotional, social, and financial pressures. Young carers are significantly more likely to experience severe psychological distress than their peers. Mitigation: This can be mitigated by ensuring that young carers are aware of the option to request a Carer Support Plan and to access support through the Carers' pathway.</p> <p>The EHSCP plays a vital role in supporting the mental health and wellbeing of college students by signposting students to appropriate mental health and wellbeing services, collaborating with colleges to ensure staff are aware of local and national support pathways, bridging gaps between education settings and community or NHS services, promoting early intervention, especially for students who may not meet thresholds for clinical care but still need support. Many are living away from home for the first time and may not know how to access help. Timely signposting can prevent escalation and reduce pressure on emergency and acute services. Mitigation: universities and colleges provide signposting support for students. Therefore, although the reduction in funding would affect signposting services negatively alternative options would still be available.</p> <p>Loss of service user research will mean professionals, students, and young people will miss out on vital learning opportunities that cannot be replicated through textbooks or simulations, be less prepared to support individuals with complex mental health needs and contribute to a widening gap between theory and practice in mental health education. Mitigations: although the loss of investment from EHSCP will affect opportunities, other organisations across the UK commission service user research which provide alternative options for professionals, students and young people.</p>	<p>Young People</p> <p>Young Unpaid Carers</p> <p>Students</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Women make up most of the unpaid carers often balancing caregiving with employment, parenting, and their own health needs. The loss of community-based services would disproportionately affect women including widening gender inequalities in health, employment, and income. It may create greater demand on statutory services as informal care networks collapse, and loss of preventative care, leading to more acute interventions and higher costs.</p>	<p>Students, Young People, Professionals</p>
<p>When services are designed without meaningful lived experience involvement, they often fail to address real needs, leading to disengagement or harm, reinforce systemic exclusion and mistrust, and miss opportunities to build effective, inclusive care pathways. Mitigations: The EIJB is currently developing Lived Experience Panels to ensure that services can be developed effectively.</p>	<p>Women</p>
<p>LGBTQ+ individuals often self-select into community-based mental health services. Taking away these options strips LGBTQ+ people of choice and control over their care, the ability to access affirming, culturally competent support and a vital protective factor against poor mental health outcomes</p>	<p>LGBTQIA+, ethnic minorities, people with lived experience of poor mental health</p>
<p>Trans people face high rates of suicidal ideation and attempts: One participant reported that 88% of trans individuals have experienced suicidal thoughts, and 40% have attempted suicide at least once.</p>	
<p>These figures reflect the urgent need for accessible, affirming mental health support. Taking away open-access, community-based mental health services would increase barriers to care for trans people already facing stigma and discrimination, exacerbate mental health crises, especially for those who avoid statutory services due to past trauma or mistrust, and put lives at risk, particularly for young trans people navigating identity, isolation, and systemic exclusion.</p>	<p>LGBTQ+</p>
<p>In addition, the intersectionality between other protected characteristics, such as neurodivergence, ethnic minority makes this a disproportionate impact. Mitigation: However, universally accessible mental health services will be maintained, particularly through Thrive Welcome Teams. At present, it is acknowledged that MH support pathways are fragmented, and support is provided in pockets that do not meet all needs. Future commissioning exercises will focus on providing support through larger, universal contracts but setting objectives to ensure that people with protected characteristics do not face barriers to support.</p>	<p>Trans People</p> <p>Trans People</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Men often face stigma when seeking mental health support, compounded by societal expectations around masculinity. Without community-based services, these barriers become even more pronounced.</p> <p>Community-based services often provide informal social networks that combat loneliness, a major risk factor for depression, anxiety, and even physical illness. Being part of a community fosters belonging and purpose, which are protective factors for mental health. The absence of these services can lead to increased alienation.</p> <p>Poor mental health among men can lead to increased homelessness, unemployment, and strain on emergency services, and higher risks of suicide. When individuals are unsupported, the ripple effects can destabilize families, workplaces, and local economies</p> <p>Retirement often leads to a loss of professional identity, which can deeply affect self-worth especially for men who've tied their value to work roles. Without structured daily activities, older men may experience a decline in motivation, cognitive engagement, and emotional well-being.</p> <p>Many older men are less likely to seek help due to generational attitudes toward mental health, making community-based, informal support even more critical.</p> <p>Public health data shows men aged 15 – 44 are more likely to feel despair for longer periods of time. Men consistently account for about 75% of all suicide deaths in Scotland. The ages groups most affected are men aged 25–44 and 45–64.</p> <p>Mitigation: Men affected by mental health conditions will still be able to access social work or health services, to use SDS options to purchase care, and to access informal supports. However, it is recognised that capacity will be decreased across the system as a result of the funding reduction.</p> <p>When community-based mental health services, especially those delivered by the voluntary sector are disinvested in or shut down, people with mental health issues often have nowhere appropriate to turn. As a result, they are pushed toward higher-cost, crisis-driven, and often inappropriate services.</p> <p>Without early support, individuals are more likely to reach crisis points, requiring emergency or inpatient care. Lack of continuity and relational care leads to deterioration in mental health, especially for those with complex or long-term needs. People may find it difficult to find a service that is appropriate for their needs.</p>	<p>Trans People (intersectionality), ethnic minority, neurodivergence</p> <p>Men</p> <p>Men</p> <p>Men</p> <p>Men and women</p> <p>Men</p> <p>Men</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>Reduced access to trusted, informal support correlates with rising suicide rates, particularly among men and marginalized groups.</p> <p>Community services often foster connection and belonging. Their absence increases loneliness and social withdrawal. People with mental health issues may disengage from community life, education, and employment without supportive environments. Those with protected characteristics (e.g. disability, ethnicity, LGBTQ+ identity) face compounded barriers. Services require flexibility in terms of access and when they are available (time). Diversity in terms of service provision is crucial for people experiencing disabilities due to complex and multiple barriers to access.</p> <p>When community-based voluntary sector services are lost mental health carers can go unidentified, especially family and therefore, miss out on their benefits, assessments, and rights. Carers often experience chronic stress, anxiety, and depression. They may be emotionally isolated, especially if the person they care for is in crisis or has fluctuating needs. Without peer support groups or carer-specific services, this strain goes unrelieved.</p> <p>As replacement care and community services shrink, the burden shifts back onto families. The unintended consequences could be carers burn out, families break down, and more people reach crisis point—putting pressure back on the NHS and emergency services. Mitigation: This can be mitigated by ensuring that carers are aware of the option to request an Adult Carer Support Plan and to access support through the Carers' pathway.</p> <p>Without safe, informal spaces, people are pushed back into silence. This can increase discrimination, marginalized group lose advocates who understand their needs. Formal services can't fill the relational and cultural void left behind. Communities disengage from systems that feel clinical, distant, or judgmental.</p> <p>These organisations are often rooted in the communities they serve, offering support that reflects cultural values, language, and lived experiences. They understand the nuances of identity, trauma, and stigma that mainstream services may overlook.</p> <p>By offering non-clinical, community-led support, these organisations help people seek help earlier. They challenge stigma by normalising mental health conversations within their communities. Without them, many individuals will not engage with mental health services at all. The system may become less inclusive, reinforcing inequalities and worsening outcomes. This</p>	<p>People with disability</p> <p>People with disability</p> <p>People with disability, men, marginalized groups</p> <p>People with disability, ethnicity, LGBTQ+</p> <p>Carers</p> <p>Carers</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
<p>would risk a homogenised approach that fails to meet the needs of a diverse population.</p> <p>Overlapping identities can compound barriers to accessing care and are less likely to be represented in mainstream mental health models. Services that are designed through an intersectional lens are more likely to meet their needs.</p> <p>Thrive Welcome Teams are already seeing an increase in veteran numbers, they require a diverse range of services to be available to signpost people to appropriate support. Mitigation: The armed forces and a number of charities provide specific services and supports for veterans in Scotland, which will help to mitigate this impact.</p> <p>People from ethnic minorities face difficulties accessing traditional mental health support due to language barriers. People need to be able to talk about their feelings in their own languages. Traditional statutory services are not set up to do this without the further cost of translators.</p> <p>There are tensions between the medical and social models of mental health services, and there are risks of losing a mixed economy of care. A reduction in the diversity of services offered means fewer options for people who don't fit the medical model. CTOs (Community Treatment Orders) and other coercive measures may increase if care becomes more medicalised. GPs may be sidelined, with psychiatrists becoming the default gatekeepers despite limited availability. The social model will be lost to clinical systems.</p> <p>People in financial crisis will have nowhere to turn for help with the root causes of their distress. Statutory services (e.g. GPs, A&E, social work) will face increased pressure from non-clinical issues they're not equipped to handle. Delays in accessing benefits or housing support can lead to evictions, food poverty, deteriorating mental health and an increased suicide risk. Mitigation: Benefits advice and housing support is not a delegated function of the EIJB. Support and advice can be accessed through Council services.</p> <p>There is a potential risk of reducing capacity to identify adults at risk of harm and to respond as part of adult support and protection (ASP) plans. By way of mitigation, we would expect services to prioritise this work, however, we acknowledge that this could then come at the cost of further reducing capacity available for non-ASP-related work.</p>	<p>People with disability, marginalized groups</p> <p>People with protected characteristics</p> <p>People with protected characteristics</p> <p>People with protected characteristics</p> <p>Veterans</p> <p>Ethnic minority</p> <p>People with disability</p>

Equality, Health and Wellbeing and Human Rights	Affected populations
	<p>People at risk of falling into poverty, vulnerable people, people on benefits, unemployed</p> <p>People at risk of harm or subject to Adult Support and Protection measures</p>

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

Economic	Affected populations
<p>Positive</p> <p>Opportunities to explore more appropriate funding through other partners.</p> <p>As mitigation for people meeting the criteria for commissioned social care support (i.e. critical and substantial need), they could choose to receive their funding via self-directed support (SDS) and pay for non-traditional package of care provision with that. This would support third sector organisations.</p> <p>The EHSCP remains committed to supporting both mental health provision and the third sector. Approximately £25m of block contracts and SLAs will continue to be commissioned in this area.</p>	<p>Third sector organisations</p> <p>People with protected characteristics.</p> <p>Third sector organisations, local businesses</p>
<p>Negative</p> <p>Loss of community mental health services and support would mean NHS and social care systems would need to absorb the fallout, often at higher cost and lower effectiveness.</p> <p>Voluntary sector organisations are often adept at attracting additional funding sources. However, without guaranteed</p>	<p>All</p> <p>Organisations in scope</p>

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

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

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

This service is carried out wholly by contractors. Robust contract management arrangements are in place to ensure that equality, human rights including children's rights, environmental and sustainability issues are addressed appropriately.

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

We would need to work with our communication team to develop a robust communications plan as part of the implementation plan should these proposals be approved. This should be done alongside the impacted organisations to ensure consistency.

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

No

12. Additional Information and Evidence Required

None

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

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and job title)	Deadline for progressing	Review date
Regularly review the IIA to ensure any new impacts are captured	Andy Hall, Director: Strategy		
Agree a recommendation for approval by the EIJB for these contracts/SLAs and notify providers in advance.	Andy Hall, Director: Strategy		
Consider how lived experience are engaged with as part of strategic plan.	Andy Hall, Director: Strategy		
Consider future engagement with affected organisations	Andy Hall, Director: Strategy		
Explore with partners more appropriate funding sources	Andy Hall, Director: Strategy		
Agree monitoring of the impacts identified above (eg A&E waiting times, suicide rates, demand for statutory services)	Susan McMillan, Performance and Evaluation	1 October 25	Annual review

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

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

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

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

16. Sign off by Head of Service

Name: Andy Hall

Date: 18 August 2025

17. Publication

Completed and signed IIAs should be sent to:

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

Edinburgh Integration Joint Board/Health and Social Care

sarah.bryson@edinburgh.gov.uk to be published at www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/

Appendix 6: Financial impact on affected providers (where contract/SLA is recommended for reduction, cancellation or non-renewal) (Full year effect)

	Provider	Total current EIJB spend	Reduction proposed	% of EIJB spend change
1	CAPS	£281,214	£95,541	34%
2	CEC	£10,000	£10,000	100%
3	Cruse Bereavement Care	£10,800	£10,800	100%
4	Dance Base	£37,080	£37,080	100%
5	Edinburgh and Lothians Greenspace Trust	£262,467	£85,119	32%
6	Edinburgh Bipolar	£2,500	£2,500	100%
7	Partners in Advocacy	£298,047	£7,990	3%
8	Edinburgh Cyrenians	£864,341	£98,367	11%
9	Edinburgh Leisure	£104,441	£104,441	100%
10	EVOC	£245,511	£245,511	100%
11	Forever Young	£9,000	£9,000	100%
12	Health in Mind	£849,827	£60,712	7%
13	LGBT Health and Wellbeing	£27,000	£27,000	100%
14	MECOPP	£13,500	£13,500	100%
15	Media Education	£105,197	£105,197	100%
16	Mental Health Foundation	£10,000	£10,000	100%
17	Patients Council	£191,012	£67,500	35%
18	Pilmey Development Project	£7,840	£7,840	100%
19	Pilton Community Health Project	£152,765	£21,600	14%
20	Polish Family Support Centre	£5,000	£5,000	100%
21	Positive Rewards	£15,660	£15,660	100%
22	SAMH	£362,781	£30,420	8%
23	Scottish Care	£60,000	£24,000	40%
24	Scran Academy	£35,100	£35,100	100%
25	St Mary's Cathedral	£4,000	£4,000	100%
26	Strangetown	£45,000	£45,000	100%
27	The Open Door	£80,739	£13,500	17%
28	Various	£38,000	£38,000	100%
29	VOCAL	£1,789,724	£32,448	2%
	Total	£6,418,546	£1,262,826	20%