

REPORT

Edinburgh Integration Joint Board Grants Programme and Public Social Partnership

Edinburgh Integration Joint Board

1 November 2024

Executive Summary

Ever since its inception, the EIJB has operated with a large financial deficit (described as £32M in 2015) and, in most years has relied on partner organisations providing additional money to meet its spending commitments each year. A deterioration in the macro-economic climate has reduced the capacity of the partner organisations to continue providing this level of support. Despite achievement of around £50M in savings in the last two years (the overwhelming majority of which has occurred within EHSCP), there remains a significant financial deficit. Without either a substantial increase in income or reduction in expenditure, the EIJB will be unable to meet its fundamental responsibilities which will cause the partners to breach their statutory obligations and deliver core services.

This paper evidences that the money currently invested in the EIJB grants programme would be better spent on other priorities. This would include a more focused approach to prevention with a greater emphasis placed on the EIJB's realisation of return on investment.

A proposal for a new working relationship with third sector providers based on improved partnership working and longer-term sustainability is outlined. The model proposed would more comprehensively integrate third sector partners into EIJB strategic decision-making with influence across the whole £900M of spend.

Recommendations

1. Bring forward the scheduled end date of the existing grants programme by two months by directing the Council to issue a 90 day notice of cancellation to all grant recipients to support reduction in the EIJB's in-year deficit.
2. Do not provide an EIJB grants programme in 25/26.

	<ol style="list-style-type: none"> 3. Adopt a more focused and evidence-based approach to prevention and early intervention. 4. Implement a new public-social partnership model whereby third sector representatives are integrated into EIJB's planning, evaluation and decision-making processes to achieve the best outcomes possible within the resources available.
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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	✓
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	

Main Report

1. The EIJB is unwavering in its dedication to serving the best interests of the citizens of Edinburgh and to protecting the most vulnerable. This commitment remains strong and yet the EIJB must adapt its model of delivery if it is going to achieve this ambition in the context of rising demand, driven by rapid population growth and an ageing and increasingly frail population, and significantly constrained resources.
2. While still in draft form, the next IJB Strategic Plan reinforces a commitment to protect the most vulnerable and gives a renewed focus on prevention and early intervention. The requirement for a greater strategic focus in relation to these two priorities was highlighted in the inspection of Social Work and Social Care in Edinburgh report (2023). A strong strategic focus is required to ensure resources are used efficiently and the essential services provided by the EIJB are sustainable in the longer term.
3. This paper evidences that the money invested in the EIJB grants programme would be better spent on other priorities. In the context of the EIJB's severe financial challenges and in alignment with the EIJB's strategic priority of 'Using Our Resources Effectively', the following recommendations are made to the EIJB:
 - a) Bring forwards the scheduled end date of the existing grants programme by two months by directing the Council to issue a 90 day notice of cancellation to all grant recipients to support reduction in the EIJB's in-year deficit.
 - b) Do not provide an EIJB grants programme in 25/26.

Adopt a more focused and evidence-based approach to prevention and early intervention.

- c) Implement a new public-social partnership model whereby third sector representatives are integrated into EHSCP's planning, evaluation and decision-making processes to achieve the best outcomes possible within the available resources.
4. There will always be scope to improve efficiency; huge progress has already been made in this area with around £50M of financial savings already having been achieved in the last two years alone and more in the pipeline. This is additional to the service improvement teams continuously implement to make better use of the resources available. All opportunities to improve efficiency will continue to be relentlessly explored so that the money available is stretched as far as possible. Unfortunately, the reality that needs to be faced is that the gap between the EIJB's income and its expenditure remains significant and will not be closed through efficiency savings or improved grip and control alone. The size of the deficit is such that without decisive action, the EIJB will be unable to meet its statutory obligations and unable to protect our most vulnerable. In the absence of a substantial (and recurring) increase in income, the EIJB needs to reduce the scale of the services it provides.
 5. This situation is not entirely new; when the EIJB was first established in 2016, a financial deficit of around £30M existed and despite exhaustive efforts and successful delivery of substantial savings programmes each year, the EIJB has never been able to reconcile this position. In most subsequent years, the partner organisations (NHS Lothian and City of Edinburgh Council) have had to provide additional funding to enable the EIJB to balance its books at the end of the financial year. What has changed is that the deterioration in the macroeconomic situation has reduced the capacity of the partner organisations to provide this level of additional support as they each have substantial savings of their own to make.
 6. Extensive work has been (and continues to be) undertaken to critically examine all areas of EIJB spend to identify how and where savings can be made to enable the EIJB to meet its statutory obligations and protect the most vulnerable. This work has identified the discontinuation of the grants programme as an opportunity to contribute to this. Recommendations 1 and 2, the in-year cancellation of existing grants and discontinuation of the grants programme in the next financial year are explored in the following section.

Putting this proposal in context of other savings plans

7. Of the EIJB's £900M annual budget, approximately £150M is spent purchasing services from third sector providers (17%). In the last two years, the EIJB has realised £50M of savings, of which only £1.5M has been realised within the third sector. This equates to a reduction in third sector spend of just 1% (which includes a previous reduction to the EIJB grants programme). To date,

therefore, only 3% of savings achieved have occurred within the third sector despite this area representing 17% of the EIJB's total spend. The remaining 91% of the savings made have been realised within EHSCP services through significant re-design and reductions to staffing and services.

8. The EIJB is forecasting a requirement to make a further £50M of savings in the 25/26 financial year. The full-year effect of this proposal to discontinue the grants would contribute £4.5M towards this savings requirement (i.e. 9% of the total). These figures illustrate the extent to which the EIJB has been successful in protecting third sector organisations from the worst of the economic challenges in recent years. The current position is not sustainable as the EHSCP cannot continue to absorb such a disproportionately high percentage of the savings requirement relative to its share of the EIJB's budget without jeopardising core and statutory service provision.

The EIJB Grants Programme

9. The EIJB Grants Programme was established in 2019 as three-year programme where 64 third sector organisations were awarded a share of an annual £5M fund to deliver projects linked to the EIJB's 2019-22 strategic plan, principally, the priorities of Prevention and Early Intervention and Tackling Inequalities. The programme was due to end in March 2022 but was subsequently extended due to continued disruption resulting from Covid. The grant-funded projects which were originally intended to run for only three years have therefore been running for almost six. As part of the EIJB's 2024/25 savings plan, the programme's funding was reduced by 10% to £4.5M for this year. The programme is due to end at the end of March 2025.
10. A lot has changed in the six years since the grants programme was implemented and the decision to fund these projects was made. After reviewing the programme in the current context, it has been concluded that it is no longer considered to be the best use of resources in the prevailing financial climate and the following recommendations are made to the EIJB:
 - a) Bring forwards the scheduled end date of the existing grants programme by two months by issuing a 90 day notice of cancellation to all grant recipients to support reduction in the EIJB's in-year deficit.
 - a) Do not provide an EIJB grants programme in 25/26.
11. As with disinvestment from any service, there are likely to be adverse consequences for some individuals and as detailed in the Integrated Impact Assessment (Appendix 1), these cannot be entirely mitigated. The recommendation to disinvest from the grants programme remains because these disadvantages are outweighed by the benefits that would be felt by the most vulnerable members of society for whom there is a legal duty to provide

services (i.e. those assessed as having a critical or substantial need). An itemised list of the organisations in receipt of grant funding is included in Appendix 2.

12. It is not possible to spend the same pound twice and therefore spending money in one area for the benefit of some individuals inevitably means it is not then available to benefit others. To put the grant programme spend into context and illustrate the complex competing demands on the EIJB budget, figure 1 provides some examples of what this sum of money could fund during 2025/26 in the other areas of the EIJB’s responsibility.

£4.5M is enough to fund:
187,500 hours of home care (equivalent of a year’s worth of three times daily support for around 300 people)
4,729 weeks of care in a nursing home (equivalent of a year’s worth of support for 91 people)
1,500 GP sessions per year (Equivalent to 30 GP’s working full time for a year)
Staffing for 2 x hospital wards (equivalent of a 48 hospital beds for a years)
18 weeks of all NHS Lothian Emergency Department and Minor Injuries Units

Figure 1.

Evaluation of the current grants programme

13. An evaluation of projects funded through the grants programme is conducted annually. The most recent evaluation relates to activity within 2022-23 (Appendix 4). This evaluation was completed in line with the EIJB’s traditional practice and evidences that the services funded through the grants programme are well-regarded by service users and have been of benefit to the city.
14. A major limitation of the evaluation method used is that it does not consider the opportunity cost associated with the grant allocations (i.e. what evidence is there that the activities funded through the EIJB grants programme was the best use of that money?). In the current economic climate where the EIJB (along with the rest of the public sector) is facing severe and persistent financial against a background of rising demand and demographic change, a greater level of critical analysis is needed. It is not enough to know that money spent has brought benefit, the EIJB need to be assured that every pound has been spent to best effect and done as much good as possible.
15. As part of an ongoing effort to resolve the EIJB’s financial challenges, every area of spend is being actively reviewed; this includes all internal costs within EHSCP, every contract with an external supplier and all grants. The critical questions included in the assessment of purchased services (for contracts and grants) is outlined in figure 2. These questions were developed after

considering the National Audit Office’s best practice guide for evaluating value for money in commissioning (National Audit Office 2024), the Model for Improvement (Langley 2009), the IJB strategic plan and the IJB integration scheme.

Review Questions for Purchased Services
<ol style="list-style-type: none">1. What were the anticipated outcomes that the funding of this service was intended to achieve?2. Do these outcomes directly relate to EHSCP's delegated functions?3. Are the anticipated outcomes of funding this service still our priority?4. What proportion of service users are from groups of high strategic impact (i.e. socially deprived; residing in SIMD1, claiming housing benefit or universal credit, living with a disability, substance user or are unpaid carers)?5. What is the theory of change that links the funding of this service to the anticipated outcomes?6. How robust is the evidence supporting the theory of change?7. To what extent are the service's process measures indicating that the service is doing what they set out to do?8. To what extent are the service's outcome measures having the impact that was intended (i.e. outcome measures?)9. What evidence exists that the intervention is the most cost-effective option for the IJB? (i.e. the costs avoided for IJB-provided services need to exceed the cost of the intervention)

Figure 2.

The logic of the decision-making process is outlined in figure 3.

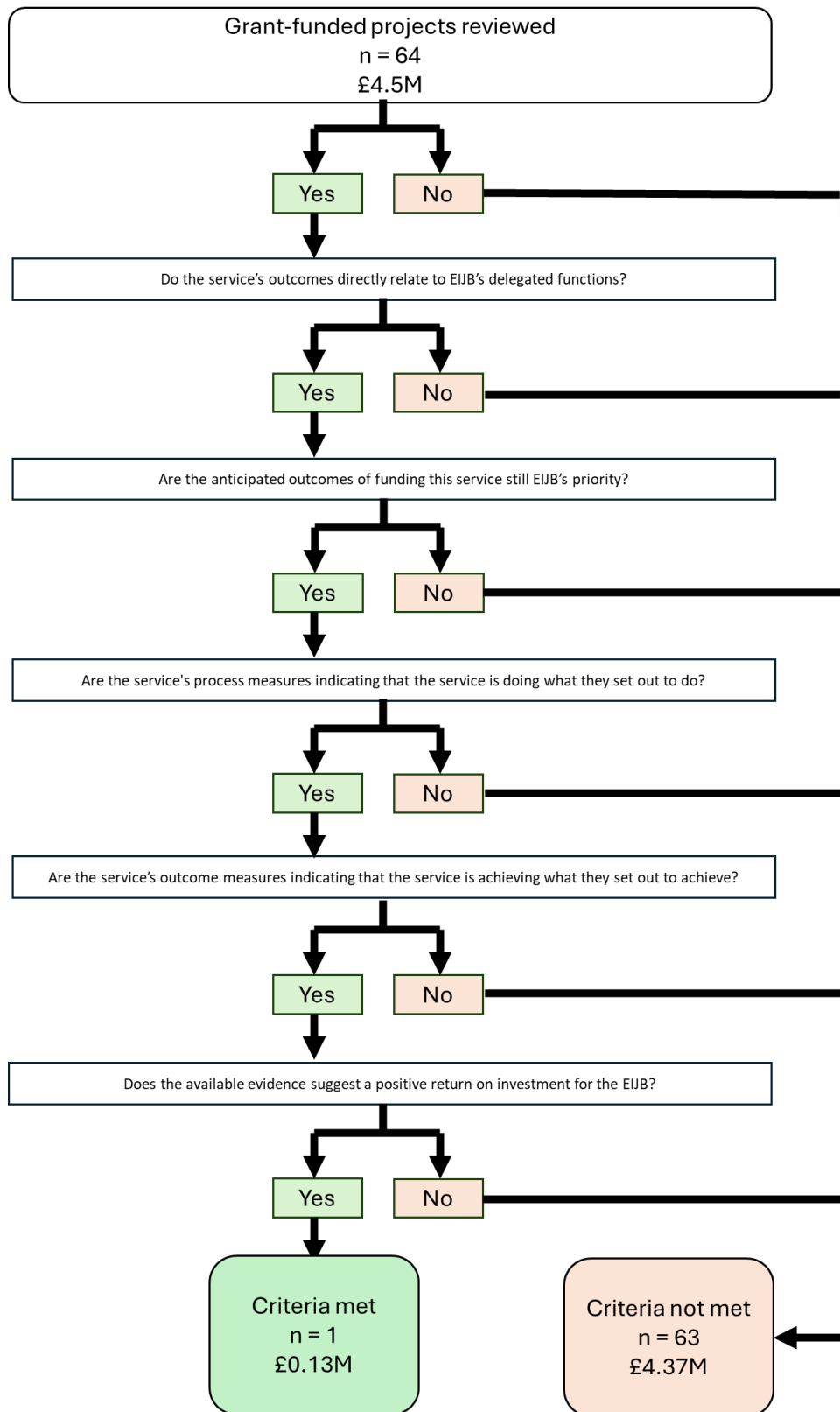


Figure 3.

16. An important caveat to note is that the above findings do not necessarily mean that the interventions are not effective; in fact, all were able to demonstrate that they were providing a useful service to the community.

17. A substantial proportion of the spend related to three Income Maximisation grants totalling £941,702; this is a well-evidenced and effective intervention which will undoubtedly have a beneficial impact to the city but was excluded because income maximisation/poverty reduction is not one of the EIJB's delegated functions. It is worth noting that income maximisation would have been excluded further down the model anyway given evidence of only a modest return on investment of £0.18 for health and social care services for each £1 spent (albeit with a very significant return on investment for other areas of society). The case for investing in income maximisation services is incredibly strong but given that so little of the return on investment materialises within EIJB's delegated functions, it is difficult to justify this continued investment from the EIJB given its own financial situation.
18. Most exclusions occurred at the final stage of the process due to evidence that there was likely to be insufficient return on investment within EIJB services to justify the costs of the interventions. The most common need addressed by grant-funded projects is a reduction in social isolation and loneliness. Clearly, this is an important issue and the evaluations from the projects do demonstrate that their interventions are effective in reducing feelings of social isolation and loneliness. These projects did not meet the criteria due to evidence that such interventions are unlikely to be cost-effective for the EIJB with a probable return on investment of £0.95 for every £1 spent.
19. Fundamentally, two assumptions underpin the grants programme:

Assumption 1) Individuals receiving services from grant-funded organisations would otherwise require input from statutory services.

Assumption 2) The preventative effect from grant-funded services will ultimately save the EIJB money because it reduces demand for more expensive health or social care services in the future.
20. Each of these assumptions will be explored in the following section.

Assumption 1) Individuals receiving services from grant-funded organisations would otherwise require input from statutory services.
21. The available evidence does not support this assumption. In response to rising demand and financial pressures, the provision of statutory social care services is already restricted to individuals that meet the legal definition for 'critical' or 'substantial' need (Appendix 4). To meet these criteria, individuals need to be recognised as at significant risk of harm within the near future without intervention.
22. Whilst no such clearly defined and legally-binding criteria exist for NHS services, in practice, access to most health services is also routinely based on

the stratification of risk and it is common for services to apply a higher threshold for access and treatment today than would have been the case in previous years.

23. Most individuals accessing services funded from the grants programme would not meet the criteria of critical or substantial need and therefore the discontinuation of the grants programme would not lead to an increase in statutory service provision.

Assumption 2) The preventative effect from grant-funded services will ultimately save the EIJB money because it reduces demand for more expensive NHS or Social Care services in the future

24. This assumption is not supported by the available evidence. The data collection and evaluation processes in place for the grant programme are insufficient to allow a health economics assessment to be undertaken for the specific projects that are currently funded. As a proxy, a literature review has been conducted to establish the return on investment of the types of interventions that are being provided by grant-funded organisations. This concluded that with only one exception, the types of interventions that are currently funded through the grants programme do not have a large enough preventative effect to offset their own costs.
25. The one exception relates to community-based falls prevention classes which have been repeatedly found to be effective and to provide a positive return on investment in the areas of the EIJB's delegated responsibility: unscheduled care and rehabilitation for management of falls-related injuries and long-term home care or care home placements following major falls-related harms such as fractured neck of femurs injuries. The strength of evidence and positive return on investment in this area warrants further development of this type of service provision. This action will be taken forward by Edinburgh HSCP which will procure community-based falls prevention services through a longer-term block-contract arrangement to secure access to this provision for the years to come and maximise stability for providers.
26. For the remainder of the grant-funded services, the return on investment for each pound spent by the IJB is likely to be less than £1 and as such represent an additional cost pressure for the IJB. There is no dispute that these organisations deliver quality services and that they are valued by their service users and by the communities they serve; this is evidenced by the positive evaluation reports completed for the services funded by this programme (Appendix 4). Similarly, it is not disputed that such services provide other benefits such as building community cohesion and preventing the distress associated with adverse events which are not as easily quantified as financial return on investment but also have value. The limitations of applying a return on investment lens to this evaluation are acknowledged but such an approach is necessitated given the severity of the EIJB's financial situation. When

insufficient funds are available to meet statutory obligations such as the provision of care packages and care home placements for people at imminent risk of harm (i.e. those with critical or substantial need), it is appropriate to critique all areas of expenditure that the EIJB is not legally obliged to undertake.

27. The evidence base illustrates that the types of intervention funded by the grants programme do have a positive preventative effect but that this effect is not large enough to offset the full cost of those preventative interventions. Robust evidence does exist for other types of preventative interventions where the EIJB would be likely to realise a positive return on investment, but these are not funded by the current grants programme. This area of evidence is explored in more depth in the next section of this report which discusses the economics of prevention and highlights some of the EIJB's best opportunities to maximise the benefits of prevention and early intervention.

Prevention and Early Intervention

28. The EIJB is committed to prevention and early intervention. This should not be seen as a separate entity as it is hardwired into the fundamentals of our core operations; domiciliary home care is only provided to individuals in critical or substantial need who would, by definition, come to harm without it; district nurses and hospital at home teams support individuals with active medical needs to remain in their homes where they would otherwise need to be admitted to hospital; social workers provide critical interventions for individuals at risk of harm; whilst therapists and re-ablement workers actively support individuals to overcome barriers to their independence and lead more active and fulfilling lives.
- 3.1 This report recommends a disinvestment from the existing grants programme (which was established as an investment in early intervention and prevention) but continues to advocate for prevention and early intervention. There is no dispute it is right to prioritise prevention, but it is highlighted that some forms of prevention are more effective than others and some will have a more beneficial impact on EIJB's financial situation than others.
32. In recognition of the evidence base in this area and, in line with previous reports, submitted to EIJB such as NHS Lothian's 'A more focused approach to prevention' which was shared in June 2024, the EIJB would benefit from being more judicious in how it allocates resources for the purposes of prevention and early intervention. The following recommendation is therefore made:
 - c) Adopt a more focused and evidence-based approach to prevention and early intervention.

33. In the context of the EIJB’s strategic plan, and the severity of the financial challenges, the EIJB is advised to prioritise investments in prevention and early intervention in the areas where robust evidence exists for effectiveness and positive return on investment and specifically, where future costs would be avoided within EIJB delegated service areas. This would maximise the beneficial impact for service users whilst also ensuring that the EIJB’s resources stretch as far as possible and help as many people as much as possible.
34. For prevention to have a meaningful impact on the EIJB’s financial position, consideration also needs to be given to the likelihood that the EIJB would be able to realise any cost-savings from preventative actions in real cash terms. In practice, this primarily means avoiding the requirement for prolonged hospital stays, long-term medication, long-term home care or admission to a care home. Whilst potentially beneficial for the individuals concerned and for the system overall, activity reductions such as decreasing the number of attendances to the emergency department or at a GP surgery do not directly translate into financial savings as cash can only be released by reducing the provision within those areas (i.e. having fewer staff working in the emergency department or in primary care).
35. An indicative list of interventions with evidence of suggesting they are most likely to provide a positive return on investment for EIJB services is shown in figure 2. This is not an exhaustive list and further work is required to define the scope of interventions, the likelihood that benefits would be transferable to the City of Edinburgh population and the specific cohorts of individuals most likely to benefit.

Intervention	Return on Investment for EIJB for each £1 spent	Reference
Help at Home / Housing support (domestic tasks)	£2.95	The older adults’ NHS and social care return on investment tool - Final report
WHELD Training Programme for staff looking people with Dementia in Care Homes.	£1.75	The older adults’ NHS and social care return on investment tool - Final report
Suicide and Self-Harm Prevention	£2.52	PHE document
Home-based assessment and environmental modifications for older people at risk of falls	£2.75	A Return on Investment Tool

Immunisations	£34	Return on investment of public health interventions: a systematic review Journal of Epidemiology & Community Health
Smoking cessation	£2.37	Brunel University Research Archive: The NICE tobacco return on investment tool

Figure 2.

36. Outside of a financial recovery plan context, the relative benefits of preventative interventions would be assessed in relation to the costs associated with a measurable improvement in quality of life (such as cost per Quality Adjusted Life Year (£/QALY)). Even after acknowledging the inherent bias of the QALY methodology towards younger people and those without disabilities, it is undoubtedly a better indicator of the value of preventative interventions than looking at monetary return on investment alone; the EIJB's sole interest is in supporting the wellbeing of the city's population. Nevertheless, the severity of the EIJB's financial situation whereby it is unable to meet its statutory obligations within its operating budget necessitates an analysis of non-statutory expenditure through a pragmatic financial recovery-orientated lens.
37. The adoption of a more focused and evidence-based approach to prevention would enable the EIJB to use its resources more effectively whilst prioritising interventions proven to provide a positive return on investment within areas of EIJB responsibility would assist the EIJB in balancing the books and meeting its statutory obligations.

Looking forward to a Public-Social Partnership Model

38. The EIJB recognises and values the contribution that third sector organisations make to the City of Edinburgh and to the EIJB's strategic mission; this is evident in the circa £150M of services that the EIJB commissions from third sector providers each year.
39. To build on this positive relationship, Edinburgh HSCP and third sector organisations have worked together to consider how the concept of a Public-Social Partnership (PSP) could be implemented successfully within Edinburgh.
40. To date, engagement on the development of a PSP model has assumed that the PSP would act as the commissioning vehicle for the circa £4.5M grant programme budget. As previously outlined in this report, it is recommended that EIJB discontinues this funding stream as a contribution towards closing its large financial deficit.

41. Despite recommending the discontinuation of this budget, the commitment to the PSP model remains strong. Indeed, the severity of the financial context only supports the need for such an approach whereby complex challenges can be explored and addressed using as diverse of a range of expertise as possible to stimulate innovation and shared learning.
42. Rather than restrict the PSP model to the commissioning of a ring-fenced £4.5M budget, it is suggested that even greater benefit could be obtained by taking the PSP model further and integrating third sector representatives as full partners within EHSCP's strategic leadership. In effect, what is being proposed is to use the PSP model as the commissioning vehicle for the majority of EIJB's budget with a shared responsibility to achieve the best outcomes for citizens within the financial resources available and the autonomy to determine how best to allocate resources to achieve this (i.e. Internal EHSCP provision, third sector provision, independent sector provision and delegated acute health care services).
43. The model proposed would be a true partnership of equals; to succeed all participants must accept responsibility and accountability for the best use of a single-shared pot of public money to achieve an agreed portfolio of outcomes. This maximises flexibility and gives teams the best chance of success but would also oblige members to actively participate in the development and realisation of future savings plans. The following recommendation is therefore made:
44. Implement a new public-social partnership model whereby third sector representatives are integrated into EHSCP's planning, evaluation and decision-making processes to achieve the best outcomes possible within the available resources.
45. Given the increase in the scope of the proposed PSP model, further engagement with stakeholders is required. A high-level outline from EHSCP's perspective is provided below as starting point for such a conversation and to provide the EIJB with an insight into the proposed direction of travel.
46. Please note, some interdependencies exist between the PSP model structure and EHSCP's ongoing organisational re-structure which limits the level of the detail that can be shared regarding the specific staffing roles that EHSCP will allocate to each PSP at this time. For the assurance of the EIJB, detailed consideration has been given to the capacity and skill-mix required to maximise the effectiveness of PSPs and the level of staffing resource invested will be commensurate to this.
47. It is proposed that five PSPs are developed, each chaired by one of the EHSCP's Heads of Service, and tasked with achieving a specific portfolio of outcomes within a defined budget. The scope of each PSP will include all EIJB spend associated with those outcomes and the group will have the autonomy to

decide how and where to allocate money for best effect. The five PSPs and some indicative examples of portfolio they may be tasked with improving are shown in figure 3 (each PSP will be supported to develop a detailed list of Key Performance Indicators attached to specific outcomes linked to the EIJB's Strategic Plan – the list shown is intended for illustrative purposes only).

PSP	Exemplar potential outcomes for the portfolio
Primary Care	<ul style="list-style-type: none"> • Completion of and adherence to future care plans • Continuity of care for people with long-term conditions • Timeliness of access to GP appointments
Home First	<ul style="list-style-type: none"> • Total occupied bed days in hospital • Total occupied bed days in hospital associated with delayed discharge • Number of people in hospital over 14 days
Mental Health, Learning Disability and Substance Use	<ul style="list-style-type: none"> • Total occupied bed days in Royal Edinburgh Hospital • Quality indicators for care in community • Number of successful rehabilitations from substance use
Hospitals, Care Homes and End of Life Care	<ul style="list-style-type: none"> • Quality measures for safety in hospitals and care homes (e.g. number of falls/pressure sores) • Quality measures for experience in hospitals and care homes • Number of people to die in preferred place of death
Carers and Cared For	<ul style="list-style-type: none"> • Timeliness of access to social care assessment • Number of carer/cared for relationships to break down • Levels of self-efficacy in cared for community and carers

Figure 3.

48. A representative from the third sector would be a core member of each PSP. This would be a funded role. As part of the remit of this role, the third sector representative would have responsibility for facilitating consortia of third sector providers, helping to develop their bids for funding, ensuring appropriate data collection and helping to evaluate the effectiveness of interventions delivered by third sector partners. To prevent conflicts of interest and optimise objectivity, the representative's host organisation would not be permitted to receive funding to deliver services linked to this PSP.

49. An independent evaluation of PSP models undertaken by the University of Glasgow found that providers typically welcomed the PSP model as an opportunity to have more influence and believed that it enabled greater creativity and collaboration. This evaluation also identified several barriers to success from the perspective of provider organisations from previous PSPs which have been outlined in figure 4 alongside comments and proposed mitigations for the model proposed for Edinburgh would include.

Barrier	Comments and proposed mitigation
They did not result in the anticipated levels of collaboration or power sharing	Implementation of the PSP model will follow a Quality Improvement approach which will include regular reviews of its effectiveness with a specific focus on collaboration.
They were costly for voluntary sector partners to contribute to, using charitable resources with no promise of work	Rather than having multiple third sector providers join the PSP directly, it is proposed to fund a third sector representative to attend on behalf of a consortium of providers with a specialist interest in the portfolio area. This mitigation ensures third sector representation whilst also negating financial risks of potential providers.
They still lead to competitive tendering	Where the PSP determines a service would best be delivered by third sector organisations, a tendering process would be followed although collaboration between third sector providers will be actively encouraged through a consortium model.
They lacked clear objectives	Each PSP will be allocated a clearly defined set of objectives linked to the portfolio area and will also have a measurement framework and data support to monitor their progress against these.
Anticipated funding to sustain the pilot was not forthcoming.	The PSP will have autonomy to determine how their allocated budget is spent. This will primarily be made up of the EHSCP's core operating budget and is therefore mainly recurring (although subject to savings and financial recovery requirements). The PSP will be help accountable for their allocated outcomes.

Figure 4.

51. There is no escaping the reality that the EIJB is significantly overspent and needs to reduce its expenditure if it is going to meet statutory obligations within its allocated budget. Moving to the proposed PSP model would help create a more collaborative environment where the knowledge, skills and experience of all sectors is leveraged to best effect to mitigate the impact of service reductions on the city's most vulnerable citizens.

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	✓	
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	

Implications for Edinburgh Integration Joint Board

Financial

52. Acceptance of the proposal would have a positive financial impact of £0.7M within this financial year (24/25) and £4.5M in the next financial year (25/26).

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

53. Acceptance of the proposal would help to reduce the risk of the City of Edinburgh Council breaching its statutory obligations.

Equality and Poverty Impact

54. Both positive and negative impacts related to Equality and Poverty Impact were identified in the Integrated Impact Assessment completed for this proposal (Appendix 1). In summary, acceptance of the proposal is likely to adversely affect some of the individuals accessing the types of services that are currently funded from the grants programme which are typically individuals that would not meet the criteria for statutory support services. Conversely, acceptance of the proposal would enable the IJB to concentrate its resources on its core and statutory responsibilities and providing services to individuals with Critical and Substantial need. The socio-economic drivers of health mean that the majority of service users from both populations are likely to be from communities significantly affected by deprivation.

Environment, climate, and sustainability impacts

55. There are no specific implications arising from this report.

Quality of care

56. As outlined in the Integrated Impact Assessment, the proposal to disinvest from the type of services provided by grant-funded organisations may adversely affect individuals access those services, particularly those with low to moderate levels of need who would not meet the criteria for commissioned services. 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 an additional £4.5M of savings within these services.

Consultation

57. Whilst no formal consultation is required, we would actively engage with partner agencies in the development of the PSP model.

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Background reading / external references

1. EIJB Medium Term Financial Strategy (Update 01/11/24)
2. Langley, GL. Moen, R. Nolan, KM. Nolan, TW. Norman, CL. Provost, LP. (2009) *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance* (2nd Edition). San Francisco, Jossey-Bass Publishers
3. Masters, R. Anwar, E. Collins, B. Cookson, R. Capewell, S. (2017) 'Return on Investment of Public Health Interventions: A Systematic Review.' *Journal of Epidemiology & Community Health* **71 (8), 827-834**
4. National Audit Office (2024) *Successful Commissioning toolkit; Assessing Value for Money*. [Online] available at <[Successful commissioning toolkit Assessing value for money - National Audit Office \(NAO\)](#)> (Accessed 24/10/24)
5. NICE (2014) *Estimating Return on Investment of Tobacco Control: NICE Tobacco ROI Tool Version 3.0*. [Online] Available at <[FullText.pdf](#)> (Accessed 24/10/24)
6. Public Health England (2017) *Commissioning Cost-Effective Services for Promotion of Mental Health and Wellbeing and Prevention of Mental Health* [Online] Available at <[PHE document](#)> (Accessed 24/10/24)
7. Public Health England (2020) *The Older Adults' NHS and Social Care Return on Investment Tool – Final Report*. [Online] Available at <[The older adults' NHS and social care return on investment tool - Final report](#)> (Accessed 24/10/24)
8. Public Health England (2018) *A Return on Investment Tool for the Assessment of Falls Prevention Programmes for Older People*

- Living in the Community*. [Online] Available at < [A Return on Investment Tool](#)> (Accessed 24/10/24)
9. Public Health England (2018) *A Structured Literature Review to Identify Cost-Effective Interventions to Prevent Falls in Older People Living in the Community*. [Online] Available at < [A structured literature review](#)> (Accessed 24/10/24)
10. Public Health England (2020) *The Older Adults'*

Appendices

- Appendix 1 - Integrated Impact Assessment
- Appendix 2 - List of grant-funded organisations
- Appendix 3 - Criteria for statutory services - Critical and Substantial Need
- Appendix 4 - Evaluation of EIJB grant programme 2022-23
- Appendix 5 - Direction for City of Edinburgh Council

Appendix 1: Integrated Impact Assessment

Integrated Impact Assessment – Summary Report

Each of the numbered sections below must be completed

Please state if the IIA is interim or final

1. Title of proposal

EIJB Grants

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

The EHSCP invests circa £14m per year in a number of third sector supports and services as part of a number of strategic programmes including Health Inequality Grants, Community Mobilisation, Thrive Edinburgh, Learning and Physical Disabilities, the Older People's Programme and capacity building programmes in support of our strategic aims and ambitions. In 2024/25, £4.592M of this funding has been allocated to the grants programme.

The grants programme commissions 64 organisations to provide services accessed by an estimated 55,500 people across Edinburgh. The grant programme aims to realise two key priorities of the IJB's Strategic Plan 2019-22:

Prevention and early intervention: establish links with community resources and assets to ensure people have the opportunity to access preventative opportunities which will help them keep themselves as fit and healthy as possible.

Tackle inequalities: take action to identify those experiencing poorer health outcomes and address the barriers they face.

The programme has been running for a three year period with a three year extension, which will end on 31 March 2025.

In March 2024, the EIJB reported a £60 million budget gap for 2024/25 and despite having achieved substantial savings, it is not on course to break even by the end of this financial year and is therefore at risk of being unable to meet its legal obligations to provide core and statutory services.

As required by the terms of the EIJB integration scheme, the Chief Officer and Chief Financial Officer are obliged to submit a financial recovery plan outlining what additional savings can be achieved to reconcile the position by the end of the financial year.

To address this, the EHSCP must focus on providing core and statutory services and ensure optimum value for money in all areas of spend. An evaluation of the grants programme showed that although the programme had very high satisfaction scores, the Partnership's evaluation criteria had not included a requirement to consider value for money. Further analysis showed that none of the grants funded core or statutory service provision and only one project was likely to provide a positive return on investment for the IJB. It was therefore concluded that the grants programme did not represent good value for money in the current economic climate.

It is therefore proposed to close the existing grants programme two months earlier than originally planned, with two options for consideration by the EIJB.

1. **Early closure of the existing programme.** This would involve giving providers three months notice, with savings realised from 1 February. This option would save approximately £750,000 in 2024/25.
2. **Dis-investment in community grants in future years.** A more comprehensive, evidence-based approach would be developed to ensure that preventative activities could be targeted to support the EHSCP's strategic objectives. However, the overall level of investment in third-sector spend would be reduced, enabling core EIJB services to be maintained and protecting the most vulnerable. This option would save £4.5 million in 2025/26 and future years.

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

This proposal will be considered as part of the Recovery Plan presented to the EIJB on 1 November 2024. Due to timeframe associated with developing the proposal in the context of an in-year financial recovery plan, there has been no public involvement, however, a communications and engagement plan has been developed for implementation should the proposal be approved.

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

This proposal could be considered strategic under the Fairer Scotland Duty, which places a legal responsibility on particular public bodies in Scotland to pay due regard to (actively consider) how they can reduce inequalities of outcome, caused by socio-economic disadvantage, when making strategic decisions. As the grants programme specifically aimed to tackle inequalities, this proposal may fall into this category.

5. Date of IIA

22 October 2024

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

Name	Job Title	Date of IIA training
Andrew Hall	Service Director – Strategic Planning (Lead Officer)	
Moira Pringle	Chief Finance Officer	
Rhiannon Virgo	Programme Manager (Facilitator)	March 2020
Holly Hart	PMO Officer (Scribe)	September 2024
Karen Thom	Strategic Planning and Commissioning Officer	
Anna Wimberley	Project Team Manager (LTC)	
Flora Ogilvie	Consultant in Public Health	
Stephanie-Anne Harris	Strategic Development Manager, Edinburgh Community Health Forum*	
Paul Wilson	Third Sector Interface Representative	
John McKee	Communications and Engagement Manager	

* A declaration of interest was made: the Edinburgh Community Health Forum is in receipt of an EIJG grant.

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
<p>Data on populations in need – where available use disaggregated data</p>	<p>Population and demographics - Edinburgh Health & Social Care Partnership (edinburghhsc.scot)</p> <ul style="list-style-type: none"> • In 2019 - estimated 8,065 citizens are living with dementia (includes 281 citizens under 65 years) • In 10 years (2034) projected to rise by 26%: 11,077 • In 19 years (2043): projected to rise by 53.2%: 13,464 • Around 63.5% of people live at home, and 36.5% live in care homes <p>Household data</p> <p>Census 2022</p> <p>NHS Lothian Public Health Survey Results</p>	<p>The Joint Strategic Needs Assessment provides current and projected data on the wider population in the City of Edinburgh that also includes data on poverty, carers, mental health, dementia, population health and inequalities.</p> <p>The Scottish Household Survey (SHS) is an annual, cross-sectional survey that 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. The SHS asks questions of a random sample of people in private residences in Scotland. Questions are asked by an interviewer in homes all over Scotland. Its large sample size allows analysis of all Scotland's 32 local authorities.</p> <p>State of Caring In Scotland 2022</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p>https://www.carersuk.org/reports/state-of-caring-in-scotland-2022-a-cost-of-living-crisis-for-unpaid-carers-in-scotland/</p> <p>https://www.gov.scot/collections/scottish-health-survey/</p>	<p>Scottish Government – Scottish Health Survey</p>
<p>Data on service uptake/access</p>		<p>In 2022/23, 64 projects received funding through the EIJB Grant Programme for the continued provision of preventative and early intervention services across the city. It is estimated that approximately 50,556 people took part in activities/used services funded through the Programme. EIJB grant-funded organisations often attract additional funding which was estimated at around £16m in 2022/23 and represents an extra £3.56 for every pound awarded through the programme.</p> <p>Volunteer hours also added a further 15% of hours to those worked by paid staff adding significant social and financial value. The financial value of these volunteering hours is estimated at over £2.1m. Some of these individuals may find alternative volunteering opportunities.</p>
<p>Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation</p>	<p><i>Joint Strategic needs Assessment City of Edinburgh HSCP (2020)</i></p> <p>https://www.edinburghhsc.scot/the-ijb/jsna/</p> <p>Tackling Inequalities to reduce mental health problems – Mental Health Foundation (Jan 2020)</p> <p>Edinburgh poverty commission report – A just capital: Actions to end poverty in Edinburgh</p>	<p>Provides current and projected data on the demographics within Edinburgh</p> <p>Disproportionate impact of Covid 19 for people with protected characteristics and people experiencing mental ill health and illness</p> <p>Actions to end poverty – commitment to end poverty in the city by 2030</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>End Poverty in Edinburgh Annual Progress Report 2023</p> <p>Key publications focusing on food poverty and strategies to address this</p>
Data on equality outcomes	<p>Evidence hub: What drives health inequalities? - The Health Foundation</p> <p>https://www.joinedupforiobs.org/uploads/store/mediaupload/547/file/Ethnicity%20and%20Employment%20-%20recent%20data%20Oct%202023.pdf</p> <p>https://democracy.edinburgh.gov.uk/documents/s57476/Item%207.2%20-%20Impact%20of%20Poverty%20on%20Women%20and%20Girls.pdf</p> <p>Scotland's Wellbeing - Measuring the National Outcomes for Disabled People (www.gov.scot)</p>	<p>Information on and analysis of equality outcomes</p> <p>Poverty and ethnicity information</p> <p>Evidence of poverty amongst women</p> <p>Outcome for people with disabilities</p>
Research/literature evidence	<p>Public health approach to prevention and the role of NHSScotland - Publications - Public Health Scotland</p> <p>NHS Lothian Public Health and Health Policy - A strengthened approach to prevention across the</p>	<p>Data and insight highlighting how the circumstances in which we live shape our health.</p> <p>The research highlights the complexity of the lives of people facing multiple</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>Lothian health and care system</p> <p>Hard Edges Report -Scotland</p> <p>All-Party Parliamentary Group on Arts, Health, and Wellbeing - Inquiry Report (July 2017).</p>	<p>disadvantage north of the border. It also details the challenges that charitable services and the public sector are facing. In particular, the report illustrates the mismatch between the multiple disadvantages people face and the fact that services are often set up to address ‘single issues’.</p> <p>Includes evidence of health economics and the impact of creative health initiatives</p>
Public/patient/client experience information		<p>Overall, the returns show that of the 560 output targets set for 2022/23, 489 were exceeded or fully met. The average user satisfaction score was found to be 91% across the EIJB Grant programme for 2022/23.</p>
Evidence of inclusive engagement of people who use the service and involvement findings		<p>As part of the annual monitoring process, organisations are asked to select the type of impact their services are likely have on individual users. This is achieved by using a suite of standardised impact measures called Standard Impact Assessment Questions, SIAQS. These impact targets are included in the organisation’s funding agreement and organisations are assessed against their expected outcomes. To measure the actual impacts achieved, organisations carry out service user surveys using the relevant Standard Impact Assessment Questions (SIAQs) and the results from these SIAQs are subsequently</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
		used as proxy impact measures for the EIJB Grant Programme.
Evidence of unmet need	<p>Extract from an unpublished report to the EIJB's Performance and Delivery Committee</p> <p>Director of Public Health Annual Report 2023</p>	<p>58. A review of relevant published literature illustrates that there is a lack of evidence supporting the cost-effectiveness of many of the types of interventions employed by grant recipients.</p> <p>59. This does not necessarily mean that the interventions are not effective; as evidenced in the report, most services achieved their stated objectives but rather that it has not been established that the approaches used are the best value way of achieving those objectives.</p> <p>60. It is also evident in the literature that the cost of some preventative interventions can even exceed the cost of the issue they prevent (the financial cost, at least).</p> <p>61. There is one clear exception to this which is community-based falls prevention classes which have been consistently found to be highly cost-effective (The EIJB Grants Programme funded one organisation £144,324 to provide falls prevention classes in the community). Work is actively underway to develop a comprehensive falls prevention plan which is likely to include procurement of community-based falls prevention classes through a bespoke contractual</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p>NHS-Lothian-Public-Health-Annual-Report-2022-final.pdf</p> <p>At present there are 557 people waiting for statutory care at home services, with the longest wait at 625 days. Delayed discharge data shows that there are currently 228 people delayed in hospital.</p>	<p>arrangement which would mitigate any impact from this.</p> <p>Evidence showing areas of unmet need for statutory services. This provides the context in which financial decisions are made.</p>
Good practice guidelines	<p>thetriangleofcare-thirdedition.pdf (nhslothian.scot)</p> <p>SIGN 168 Assessment, diagnosis, care and support for people with dementia and their carers</p> <p>https://www.oscr.org.uk/becoming-a-charity/preparing-for-your-application/4-where-will-you-get-funding-from/</p> <p>https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2024/09/clarification-inherent-obligations-united-nations-convention-rights-child-uncrc/documents/clarification-inherent-obligations-united-nations-convention-rights-child-uncrc/clarification-inherent-obligations-united-nations-convention-rights-child-uncrc/govscot%3Adocument</p>	<p>Carers’ guide to best practice in Mental Health in Scotland</p> <p>National clinical guidelines for people with dementia, which highlights impact of social isolation and the need to be connected with community and carer support.</p> <p>Good practice guidelines for charity funding</p> <p>Extract from the UNCRC</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
	/clarification-inherent-obligations-united-nations-convention-rights-child-uncrc.pdf	
Carbon emissions generated/reduced data	N/A	
Environmental data	N/A	
Risk from cumulative impacts	Savings programme 2024-25 - cumulative IIA - Edinburgh Health & Social Care Partnership Savings programme 2024-25 - Early intervention and prevention IIA - Edinburgh Health & Social Care Partnership	<p>This IIA assessed the cumulative impact of the 24/25 savings programme</p> <p>This IIA assessed the impact of the 10% reduction in Early Intervention and Prevention spend in 2024/25.</p>
Other (please specify)	https://democracy.edinburgh.gov.uk/documents/s68215/Item%207.3%20MTFS.pdf	Draft Medium-Term Financial Strategy paper evidencing the budget gap facing the EHSCP
Additional evidence required		

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

Equality, Health and Wellbeing and Human Rights and Children's Rights	Affected populations
<p>Positive</p> <ul style="list-style-type: none"> This proposal will protect statutory services, allowing the EHSCP to continue support to people with substantial and critical needs. These people are likely to be some of the most vulnerable citizens of Edinburgh. There is an opportunity to consider a more equitable form of investment and commissioning which may improve access for those users with highest level of need. 	<p>All adults eligible for services and their families and carers</p> <p>All adults eligible for services and their families and carers</p>

Equality, Health and Wellbeing and Human Rights and Children's Rights	Affected populations
<ul style="list-style-type: none"> Supporting statutory services will protect EHSCP staff in these services 	Staff
<p>Negative</p> <ul style="list-style-type: none"> Current service users of organisations funded by grants may experience a loss of service. This could mean that the organisation will close or that specific services will be discontinued due to the funding loss. However, the response of each organisation will depend on their individual financial situation. Any service user who has critical or substantial needs will be eligible for a social work assessment (or review, if they already access statutory services) which will mitigate these needs, however there is likely to be reduced opportunity to act to prevent future needs arising, which may in turn lead to higher demand for services to meet critical / substantial need and therefore less capacity to deliver a quality service for the existing high need population. Signposting to alternative community services will also mitigate the impact. Currently 7 grant funded organisations provide non-Care Inspectorate registered centre-based day services and outreach services for older people, with approx. 825 service users (source: Data from unpublished report to the EIJB's Performance and Delivery Committee). This includes 3 non-Care Inspectorate registered day services for people with a dementia diagnosis (155 places). This proposal may impact future availability of both older people and dementia community-based supports. There are potential interconnections system-wide with EIJB contracted centre-based Care Inspectorate registered older people's day services and associated carer respite support. May result in increased referrals for health and social care assessments for alternatives including CI registered day service support, particularly if increased carer stress and potential breakdown. Carers may be affected if services close or are reduced. 5 grants provide carer support services. Women are more likely to be carers and may be affected more than men or people with a trans identity. It is recognised that informal carers of people living with dementia are disproportionately female and often from areas of socioeconomic deprivation¹. Women make up around two thirds of 	<p>Anyone who accesses a grant-funded service, predominantly older people, people with a disability, carers, younger people, and their families including children.</p> <p>Older people</p> <p>Carers, young carers and women</p>

¹ SIGN 168 - Assessment, diagnosis, care and support for people with dementia and their carers. National Clinical Guideline (Nov 23) <https://www.sign.ac.uk/our-guidelines/dementia/>

Equality, Health and Wellbeing and Human Rights and Children's Rights	Affected populations
<p>unpaid carers², and may also have other caring responsibilities for children, therefore impact on provision of support to carers may have wider family impacts. However, carers' funding has increased and all carers are eligible for a Carer's Assessment under the Carer's (Scotland) Act 2016, which will consider alternative options for support.</p> <ul style="list-style-type: none"> • 67% of people with dementia in Scotland are women. Longer life expectancy alone does not explain this disparity³. Women may therefore be disproportionately affected by this proposal. In mitigation, if their needs are critical or substantial they may qualify for increased statutory supports. • Social isolation may increase for people who lose their service who cannot easily access alternative services. This is likely to disproportionately affect groups who experience barriers when accessing services, such as non-English speakers, people of different religions who access religion-specific services, people of minority ethnicities and refugees or asylum seekers, as well as people living in areas of lower deprivation who are less likely to have alternative sources of support. Feniks, for example, provides support to the Central European community. It would also affect people with low level of digital literacy. • People who access services which provide specific support for disabilities eg dementia, Huntington's Disease, asthma, ABI or HIV may find it more difficult to find alternative supports targeted to their condition. Some conditions also disproportionately affect populations from certain groups (eg. higher prevalence of HIV in MSM and black African population, therefore any reductions in disease-specific support may adversely affect these groups. However, if they have critical or substantial unmet needs they would remain eligible for statutory supports. Global support services may also provide potential alternatives. • The current grants programme provides support for maternal mental health. If the funding loss results 	<p>Women Children and young people</p> <p>Non-English speakers, people of different religions, people of minority ethnicities, refugees and asylum seekers, people with low levels of digital literacy</p> <p>People with a disability accessing condition-specific support services, LGBT+; BAME populations</p>

² [Dementia Statistics Hub | Alzheimer's Research UK](#)

³ SIGN 168 - Assessment, diagnosis, care and support for people with dementia and their carers. National Clinical Guideline (Nov 23) <https://www.sign.ac.uk/our-guidelines/dementia/>

Equality, Health and Wellbeing and Human Rights and Children's Rights	Affected populations
<p>in service loss or reduction, pregnant women or new mothers with mental health issues may be affected, which could in turn affect the health and wellbeing of other children and young people within the household. However, a wide range of mental health supports are still provided which could act as an alternative. In addition, NHS Lothian provides maternal healthcare and support.</p> <ul style="list-style-type: none"> • People in or vulnerable to poverty are more likely to feel a disproportionate impact of any service loss or reduction. They may be less able to afford alternative supports or any associated travel. Migrants with no recourse to public funds are likely to be more affected than others. • The grants programme criteria looked at geographical spread and a large number have been awarded in areas of socio-economic deprivation, particularly in the south west of the city. Any service loss or reduction resulting from the funding loss may therefore impact in these areas to a greater extent. This can be partly mitigated by signposting to alternatives if possible. • Income maximisation services supporting people in poverty are likely to be affected. While, income maximisation is not a delegated service to the EIJB and a number of alternative services are provided by the City of Edinburgh Council, it is important to recognise that there is already a level of unmet demand in the city, and so any reduction in service is likely to affect overall levels of access. Women, those with a disability and BAME populations are more likely to be affected by poverty and therefore disproportionately affected by reduced availability of poverty mitigation interventions such as welfare advice • A number of programmes support those who are homeless. Care experience is a risk factor for homelessness so those populations may be disproportionately affected. The mitigation would be signposting to alternative services or access to statutory services where appropriate. • No redundancies will be made as a result of this proposal, however, there may be some impact on staff who work regularly with third sector organisations or with service users accessing those services. This is likely to include increased complaints and a potential emotional impact of working with people in distress. Some staff 	<p>Pregnant women and new mothers and their children and young people</p> <p>People in or vulnerable to falling into poverty, BAME populations with no recourse to public funds</p> <p>People living in areas with high levels of deprivation</p> <p>People on low incomes and / or eligible for benefits; women, children and young people, those with a disability and BAME populations</p> <p>People experiencing homelessness, people with care experience</p> <p>Staff</p>

Equality, Health and Wellbeing and Human Rights and Children's Rights	Affected populations
members are likely to see changes to their role. In mitigation, there will be clear communication of any changes with affected staff.	

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

Economic	Affected populations
Positive <ul style="list-style-type: none"> This proposal will protect providers of statutory services within Edinburgh by reducing the likelihood that these services will have to be curtailed Some volunteers may commit to supporting other third-sector organisations 	Independent sector providers including local businesses
Negative <ul style="list-style-type: none"> A reduction of investment of this magnitude will undoubtedly affect third sector providers by reducing the funding available. This will be partly mitigated for 19 providers who benefit from additional funding from EHSCP. Some organisations may be able to redeploy staff to cover changes, however, others will reduce headcount as funding reduces. Organisations working in areas of higher deprivation may be more likely to employ people from those areas so job losses may be disproportionate in areas of deprivation Some organisations may close as a result of the reduction in funding. However, the OSCR guidance for charities recommends that they develop a robust funding model that can withstand fluctuations in financial support. It is not possible or appropriate to assess each of the 64 organisations to identify the specific impact of loss of funding on their overall finances. 	Third sector providers, including local businesses, and employees, areas with high levels of deprivation Third sector providers, including local businesses, and employees

Economic	Affected populations
<ul style="list-style-type: none"> • There may be a reduction in the overall volunteer workforce and in the number of volunteer hours provided. This will impact on other opportunity providers who may not have capacity/ availability to provide alternative supports. • Potential contraction of social-care sector and third sector overall as a result of reduction in funding. This can be mitigated by developing a commissioning strategy to support organisations providing services which align with the EHSCP Strategic Plan. 	

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?

N/A – as this would reduce contractor spend, there would be no impact on the above.

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.

A robust communications and engagement plan is being produced to ensure that if this proposal is implemented, it will be communicated appropriately to people in these groups.

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.

N/A

12. Additional Information and Evidence Required

If further evidence is required, please note how it will be gathered. If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.

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
Develop robust comms and engagement plan	John McKee, Communications and Engagement Manager	1 Nov 2024	TBC
Review IIA on a regular basis if the proposal is implemented	Andy Hall, Service Director	1 Feb 2024	TBC
Develop future commissioning plan to ensure that spend is targeted at strategic objectives and provides clarity and stability for providers	Andy Hall, Service Director	TBC	

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

Yes. It is not possible to entirely mitigate the impact of the proposed reduction in investment in the third sector, although every effort will be made to ensure that service users are not impacted. The unmitigated impacts relate mainly to the economic impacts on third sector providers rather than on service users. However, where the mitigation is to signpost to alternative services, there may not be sufficient capacity in those services to meet the additional need.

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

- Monitoring of any increased demand for statutory services resulting from this proposal. Coproduction of future provision involved by communities of interest, identity and locale.

16. Sign off by Head of Service

Name: Andy Hall

Date: 24 October 2024

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 2: List of grant-funded organisations

Of the 64 organisations currently in receipt of grants:

- 19 also receive other funding from EIJB
- The EIJB Grants provided to these organisations total: £1,999,407 (i.e. 44% of the total grants awarded)
- The other EIJB funding to these organisations total: £13,079,352.71
- These 19 providers therefore account for a spend of around £15M (i.e. 10% of third sector spend)
- **It is not known what other sources of funding these organisations receive from outside of the EIJB.**
- Details of the funding to these organisations is listed below.

Organisation	Project	Description	EIJB Grant Value	Sum of other EIJB funding provided
Autism Initiatives	Diagnosis and support for autistic adults without a learning disability	The Project will assist Mental Health Teams (MHTs), and the Lothian Adult ADHD and Autism Resource Team (LAAART), in Edinburgh by meeting those seeking an autism diagnosis; gathering information to support MHTs in their assessments; diagnosing those who do not meet their criteria for functional impairment, and providing post-diagnostic support.	£76,594	£6,738,828.82
Care for Carers	Stepping Out Residential and Short Breaks for Carers	To provide information, support and a range of organised, structured and supported short breaks (residential, day and evening breaks) to unpaid carers in	£66,967	195203.68

		Edinburgh. The short breaks aim to support and improve carers mental and physical wellbeing and enable them to feel able to maintain and sustain their caring role.		
Caring In Craigmillar	Phonelink	We plan to extend "Phonelink"; our unique telephone support service, to all Edinburgh localities. CiC, currently offers reassuring & supportive phone calls, twice daily, 365 days, to vulnerable & elderly clients, living in their own homes with long term health conditions, additional support needs or at risk of social isolation	£89,921	£317,425.47
Edinburgh Headway Group	Early Intervention ABI Rehabilitation Support Project	To provide an early intervention rehabilitation project for 20 adults in total with an Acquired Brain Injury to improve everyday functioning and encourage reintegration into the community. Our preventative support includes: independent living skills, physical activities, social opportunities, therapeutic creative activities, advocacy, complementary therapies and 1:1 Community Outreach.	£42,775	£45,481.09
Edinburgh Leisure	Steady Steps	Edinburgh Leisure are seeking funding for	£129,892	£116,045.07

		Steady Steps, a 16-week group based physical activity and exercise falls prevention programme which focuses on improving strength and balance to deliver positive health and social outcomes for around 2,328 older adults over three years.		
Eric Liddell Centre	Caring for Carers	An emotional, physical and practical programme to support unpaid carers across Edinburgh delivered by the Eric Liddell Centre (ELC). This proposal will build on established experience/service delivery and increase the level of support being offered to carers throughout Edinburgh.	£24,052	£243,495.21
	Befriending Service	Provide emotional support through linking, matching and ongoing support service in which volunteer befrienders offer a socially supportive relationship to befriendees		
Hillcrest Futures(formerly Gowrie Care Ltd)	Futures Hub	An accessible resource hub where vulnerable people who are, have been or are at risk of becoming homeless, can be supported to learn independent living skills and experience social, recreational, employment and educational opportunities they would	£ 87,588	£48,192.51

		otherwise be excluded from. Promoting health & wellbeing, tenancy sustainment, recovery and social inclusion		
Health In Mind	Craigmillar Counselling	Counselling offered to people with anxiety, depression and similar issues living in the Craigmillar /Portobello area. Self-referrals, and referrals through GP's, voluntary organisations, social work or other professionals accepted. This proposal funds direct counselling costs, with other staffing, direct costs and overhead funded by NHS Lothian.	£ 12,053	£687,653.97
Libertus Services	Positive Futures - The Volunteering Project	The project is a collaboration of 2 well established projects with proven track records based within Libertus Services. Using the 5 principles of community development we aim to reduce social isolation, promote healthy lifestyles/mental wellbeing and build strong and inclusive communities by running groups for older people and recruiting volunteers	£138,348	£ 670,898.08
Lothian Centre for Inclusive Living (LCIL)	Lothian Centre for Inclusive Living (LCIL)	We will extend our Grapevine Disability Information Service to cover Universal Credit claims and raise awareness of the support we can provide, through collaborative	£ 18,788	£ 318,548.22

		working, with this new extremely complex benefit across the 4 localities.		
Queensferry Churches Care in the Community	Queensferry Churches Care in the Community	Develop a Community Hub for older people living in the rural areas of South Queensferry, Dalmeny, Kirkliston, Newbridge, Ratho Village and Station. To ensure that older people are well connected, have a variety of support services and volunteering opportunities, therefore enabling them to participate and remain active in their communities.	£41,072	£200,333.11
Rowan Alba Limited	Rowan Alba Limited	CARDS is a city-wide volunteer led service which supports people with Alcohol Related Brain Damage (ARBD), who are at risk of developing ARBD and people whose alcohol use puts them at risk. We require funding to continue to deliver this service across all localities and improve health outcomes for people who use this service	£46,742	£ 373,925.20
The Broomhouse Centre The Beacon Club	The Broomhouse Centre The Beacon Club	We are seeking funding to develop The Beacon Club: our services for older people with dementia in South West Edinburgh which prevents this long-term	£50,807	£ 222,112.41

		condition affecting their quality of life in old age.		
The Open Door Senior Men's Group	The Open Door Senior Men's Group	The group will continue to provide a safe and supportive space for men over the age of 60, who are at risk of social isolation, to meet, make friends and participate in a programme of shared activities one afternoon per week.	£5,586	£ 72,492.49
VOCAL	VOCAL	This application seeks funding to allow an additional 100+ carers a year to access and benefit from professional counselling, to respond to a growing need for counselling support and help carers manage the severe emotional impacts of many caring situation arising from changing relationships and the effects guilt, anger and social isolation.	£48,766	£ 1,743,433.48
Waverley Care	Waverley Care	This project will support populations affected by HIV and Hepatitis C to live healthy positive lives and to achieve their full potential. Through outreach, self-management programmes, peer mentoring, befriending and volunteer opportunities, we will address the health and social inequalities that impact on people	£177,754	£ 935,283.90

		affected by these conditions.		
CHAI,	Income Maximisation – Welfare and Debt Advice	Income Maximisation – Welfare and Debt Advice	£313,901	£50,000
Citizens Advice Edinburgh,			£ 313,897	£50,000
Granton Information Centre Consortium			£313,904	£50,000

Of the 64 organisations currently in receipt of grants

- 45 do not receive any other funding from EIJB
- The EIJB Grants provided to these organisations total: £2,591,666 (i.e. 56% of the total grants awarded)
- These 45 providers account for around 2% of total third sector spend
- **It is not known what other sources of funding these organisations receive from outside of the EIJB.**
- Details of the funding to these organisations is listed below.

Organisation	Project	Description	EIJB Grant Total
ACE IT	Digital Inclusion for Older People	The project will enhance digital knowledge, skills and well-being in older people with staff, volunteers and other organisations via four services: Moose in the Hoose for residents in care homes, Office - based one to one training , Scam workshops with Changeworks sessions, Outreach for older workers and people in retirement establishments	£ 57,683.00
Art In Healthcare - Room for Art	Room for Art	Room For Art is a series of visual arts workshops delivered by artists throughout Edinburgh using an 'art on prescription' approach and an occupational therapy supported model of 1:1s to support self-management. Participants will be referred by professionals in statutory and third sectors working in partnership with Art in Healthcare.	£ 64,890.00
Bethany Christian Trust	Passing the Baton Project	Through volunteer befriending and community groups for isolated and lonely individuals, the project aims to decrease social isolation and prevent homelessness in Edinburgh.	£ 48,035.00
Bridgend Farmhouse	Community kitchen	Creating a community kitchen as an engagement tool to connect and engage a multi-generational, multi-cultural, multi-ability food community supporting each other to learn, gain confidence, reduce social isolation, and help each other	£ 23,155.00

		become part of the wider community. Using local collaborations and food as the focus for building community capacity	
Calton Welfare Services	Welfare Services for Socially Isolated Older People	The project will provide a Club for Socially Isolated Older People and a Day Care Service for Dementia sufferers, as well as providing Welfare Advice and Information for our service users and their carers and socially isolated older people in our area, and events throughout the year for older people.	£ 15,185.00
Changeworks	Heat Heroes	Heat Heroes provides support to people vulnerable to health impacts of living in fuel poverty. A team of 12 volunteers will be trained to support 1650 people to be in control of their energy costs, helping them be affordably warm and prevent health issues caused by living in cold/damp homes.	£ 52,189.00
Community One Stop Shop	COSS	The project will deliver our existing project and ancillary services. We provide advice and advocacy for clients living in poverty and challenging circumstances within the Broomhouse and South West area. Continued provision of our Food Bank and support services, and our outreach services. We currently receive two smalls grants but as suggested have amalgamated them both for the purpose of this application for the first time.	£ 21,321.00
Community Renewal Trust	Health Case Management (HCM)	Continuation and improvement of Edinburgh's HCM service: intensive support for GPs' 2% most complex adult cases. Our open-ended long-term community-based one-to-one support assesses need, introduces people to services and reduces demand for Primary Care. Our staff are experts in compassionate-listening, coaching, self-management and recovery techniques to foster resilience and wellbeing.	£ 45,482.00
Cruse Bereavement Care Scotland	Edinburgh Bereavement Services	Cruse Scotland will provide a community-based listening/counselling support for over 850 people who are bereaved across Edinburgh. On average clients will receive six sessions, which will improve their mental well-being and reduce their visits to GPs services. The service is delivered by highly trained volunteers at an accredited standard.	£ 31,518.00
Cyrenians	Golden Years Community Connecting Service	A preventative service to reduce loneliness and social isolation in older people by connecting them with their community and in turn reduce the number of people who need support of statutory services and increase the number of people who can live at home for as long as possible.	£ 74,970.00
Drake Music Scotland	Musicspace	We propose to deliver Musicspace – a programme giving 80 disabled young people and adults in the Craigmillar area access to group music making activities which have proven benefits to mental health and wellbeing, physical coordination and social inclusion.	£ 16,686.00

Edinburgh & Lothians Greenspace Trust	Healthy Lifestyles in South Edinburgh	The project is to provide a programme of outdoor activities that promote physical activity and healthy eating for those who face health inequalities. The work involves developing the successful programme that has been running since 2013.	£ 111,634.00
Edinburgh Community Food	Healthier Food, Healthier Lives, Healthier Futures	The project will promote healthy lifestyles by delivering community food and health work across Edinburgh. The key components will be a range of cooking courses, nutrition workshops, health promotion sessions, training and support. We will also provide greater access to affordable healthy food within communities.	£ 160,426.00
Edinburgh Community Health Forum	Tackling health inequalities by building a stronger and more resilient 3rd sector	To continue the work of the Forum which provides and coordinates tailored support, information and training to Forum members who are the managers of locally based community led health projects and to raise awareness strategically about the importance of addressing health inequalities.	£ 49,763.00
Edinburgh Garden Partners	Befriending Through Gardening	EGP and Edinburgh and Lothians Regional Equality Council (ELREC) will jointly deliver a befriending model, creating relationships through shared gardening within the black and minority ethnic (BME) communities. Using EGP's established and successful model, 15 befriending partnerships will be created annually between socially isolated, predominantly older garden owners and volunteers.	£ 23,968.00
Edinburgh Rape Crisis Centre	Rape Crisis support Service	The project will support the provision of our specialist, trauma-informed rape crisis support service for women, non-binary and trans people who have experienced sexual violence, including rape, sexual assault and childhood sexual abuse/exploitation. The proposed activities of the service include trauma support, counselling, advocacy and group support.	£ 68,807.00
FAIR Ltd (Family Advice and Information Resource)	FAIR – Information and advice for people with learning	FAIR will: Provide a welfare rights and financial capability advice service. Produce an Easy Read Newsletter every 2 months that will include and share information from key stakeholders. Work in co-production with the Health and Social Care Partnership to consult on the Strategic	£ 87,984.00

	disabilities and their carers	Commissioning Plan for People with Learning Disabilities.	
Feniks: Counselling, Personal Development and Support Services Ltd	“Reach Out, Help Within” Supporting Central Eastern European community in Edinburgh	This project aims to tackle mental health inequalities and social isolation amongst Polish and Central Eastern European people in Edinburgh. We will employ two therapists/counsellors, a CEE Mental Health Service manager and a community development worker to improve the provision of the mental health services, integration and cultural-bridging within the city.	£ 72,864.00
Fresh Start	Fresh Start: helping people make a home for themselves	Working with partners across Edinburgh and with volunteer teams, we will support people previously homeless to ‘make a home’ in new tenancies providing goods and practical support to 5,000+ households and 1000+ places on gardening, cooking, and employability activities. Service-users develop key lifeskills and access ongoing social and emotional support.	£ 81,742.00
Health All Round	Health All Round Community Health Initiative	HAR is a community health initiative covering the Sighthill/ Gorgie ward of Edinburgh. We deliver a range of services to improve the physical, emotional & social wellbeing of local people. We specifically target low income and other vulnerable groups.	£ 185,548.00
Home-Start Edinburgh West and South West (HSEW)	Promoting positive perinatal mental health	Access to family learning from a perinatal stage provides opportunities for parents/carers to gain confidence in their role and has a positive impact on mental health and children’s learning outcomes/resilience. Promotion of attachment is offered through Baby Massage and Peep. Home-based support is available where required.	£ 23,090.00
LGBT Health and Wellbeing	Core Funding and Community Programme	The project will support LGBT Health’s work to promote the health, wellbeing and equality of lesbian, gay, bisexual and transgender (LGBT) adults, as well as funding to continue established social capital work through our Edinburgh LGBT Community Programme of social, community engagement and volunteering activities.	£ 91,310.00
MECOPP Jump Start	MECOPP Jump Start	The project will deliver a ‘broad-based health literacy and health improvement service to Chinese people aged 40+ who are disadvantaged by age, disability or	£ 29,149.00

		long-term health condition, economic or social circumstances through the provision of: health information sessions, educational workshops, physical activity programme and supporting civic engagement	
MECOPP BME Carer Support	MECOPP BME Carer Support	Carer support service for Black and Minority Ethnic carers (primarily South Asian and Chinese) to include casework support, telephone based multi-lingual advice and information and carer training. Training on 'achieving cultural competency' will also be provided to health and social care staff.	£ 60,062.00
Multi-Cultural Family Base	Multi-Cultural Family Base – Syrian Men's Mental Health Group	Group supporting Syrian men newly arrived to Edinburgh under the United Nations Scheme for Vulnerable Persons Relocation. The group will support 15 men per week with issues including integration, employment and English language. The project will also offer outreach and befriending, including for men who cannot attend the weekly sessions.	£ 15,563.00
Murrayfield Dementia Project	Murrayfield Dementia Project	Day resource for those with dementia	£ 50,814.00
Pilmey Development Project	Pilmey Development Project (PDP) – Older Peoples Services	PDP will deliver activities, services and opportunities within Leith and North East Edinburgh, reducing social isolation, promoting participation and inclusion of socially isolated older people in need of community-based support, using low level, preventative, early intervention and self-help approaches, which improves their quality of life.	£ 68,504.00
Pilton Equalities Project Mental Health	The Mental Health & Wellbeing Support Service (Neighbourhood Group)	The Service will provide support to older people with enduring mental health problems; who may have significant issues with substance dependencies; to remain and participate in the community. The service aims to increase individual capacity; improve group co-operation and socialization; raise skills and confidence; encourage wellbeing preventing readmission to hospital.	£ 83,128.00

Pilton Equalities Project Day Care Services	Pilton Equalities Project Day Care Services	PEP will operate 5 daycare clubs, a weekend provision, a visiting/assessment service across North Edinburgh for vulnerable older adults; reducing isolation and enabling older people to stay in their homes longer, and enhancing a level of independence and socialisation. This supports CEC's Reshaping Care for Older Peoples prevention strategy.	£ 81,270.00
Portobello Monday Centre	Portobello Monday Centre	The project will provide informal day-care once a week for our members (10 to 12) who suffer from dementia, whilst at the same time giving some valued respite for their carers. The service is run entirely by volunteers for members resident in the Portobello area.	£ 4,128.00
Portobello Older People's Project	Portobello Older People's Project	Portobello Older Peoples Project is a lunch/social club that gives older people the opportunity to have the company of others and enjoy a hot meal. It supports people who are isolated and the aims are to reduce loneliness and social isolation, increase social connectivity and improve health & wellbeing.	£ 14,620.00
Positive Help	Positive Help	Positive Help will deliver needs-led services to vulnerable adults affected by HIV/AIDS and Hepatitis C. Supportive Transport and Home Support enables service users to live independently, positively engage with health services, thus improving wellbeing and quality of life. These services deliver best value and reduce pressures on NHS and Council services.	£ 45,576.00
Scottish Huntington's Association	Lothian Huntington's Disease Service	The Lothian Huntington's Disease service will deliver an integrated Health & Social Care model of person-centred care-management to people impacted by Huntington's disease across Edinburgh City. Providing specialist assessment, expert advice, information and one to one support to reduce social isolation, increased resilience, improved quality of life and well-being	£ 31,158.00
Sikh Sanjog	Health and Wellbeing Group	The Health and Wellbeing Group, partnering with health organisations, will deliver a programme focussing on preventative measures by providing a safe space for ethnic minority women to access bespoke activities, designed to support their mental	£ 22,612.00

		and physical health and wellbeing, reduce isolation and loneliness, increase confidence and develop interpersonal skills.	
South Edinburgh Amenities Group SEAG	South Edinburgh Amenities Group SEAG	Utilise our specially adapted minibuses to enable elderly, frail and other vulnerable groups of people in our communities to access a range of 30 voluntary sector, lunch clubs, day centres, and dementia services, which will contribute to the passengers' mental and physical well-being and therefore reduce their social isolation.	£ 65,725.00
Support in Mind Scotland RAISE for Carers	Support in Mind Scotland RAISE for Carers	We will deliver an integrated support, information and education service for carers of people with mental health problems/mental illness. Reception: open access; Assessment: compassionate response and review; Information: rights and services; Support: crisis, emotional and practical; Empowerment: rights, advocacy and resilience for the future	£ 22,255.00
The Broomhouse Centre on behalf of Vintage Vibes Consortium	The Broomhouse Centre on behalf of Vintage Vibes Consortium	A city-wide project to tackle isolation in Edinburgh's loneliest over 60s through creating long term, locally based one-to-one friendships based on shared interests. This is a Vintage Vibes Consortium application for 2.5 Service Coordinators for 3-year period. The Consortium is a partnership between LifeCare and The Broomhouse Centre.	£ 71,629.00
B Healthy together (The Broomhouse Health Strategy Group)	Supporting Healthier Lifestyles	To improve physical and mental health and wellbeing in SW Edinburgh, a recognised area of deprivation, we will deliver a programme of volunteering, healthy eating and exercise services. Our comprehensive package of support will also help vulnerable people overcome barriers to effective parenting, build positive relationships and develop resilience.	£ 52,800.00
The Dove Centre	The Dove Centre	The Dove Centre is a social day centre whose aims are to help older people remain as independent as they can be through a variety of socially inclusive activities, learning, volunteering, fresh meals and fully accessible transport.	£ 124,020.00

The Health Agency	The Health Agency	The Health Agency is an organisation that aims to promote and develop a community led approach to health improvement in an area that experiences a high level of social and economic deprivation.	£ 170,287.00
The Living Memory Association	The Living Memory Association	We will use reminiscence projects to decrease isolation and improve the health and quality of life of isolated older people and their carers. We will run groups, a 'drop in' facility, recruit older volunteers and work with those who are housebound offering a whole range of activities and ongoing support.	£ 22,864.00
The Ripple Project	The Ripple Project	Using a community-led approach the Ripple aims to improve the quality of life for all ages living in our community by helping people to help themselves.	£ 87,703.00
The Welcoming Association	The Welcoming Association	Welcoming Health is a programme of volunteer-led health and wellbeing activities for migrants and refugees in Edinburgh. It is designed to promote active lifestyles, improve wellbeing, reduce isolation and build community between locals and newcomers to the city.	£ 14,219.00
Venture Scotland	Venture Scotland	We will deliver four weekend residential experiences, four extended 5-day residential experiences plus 32 x full-day outdoor activity sessions across Edinburgh's four areas. The programme is designed to build physical, emotional and mental wellbeing, resilience, development of problem-solving skills, building positive relationships and the opportunity to experience meaning and accomplishment.	£ 45,994.00

Appendix 3: Criteria for statutory services - Critical and Substantial Need

Critical Need
<p>Either now or in the next few days:</p> <ul style="list-style-type: none">• life threatening harm or danger due to your physical or mental health or behaviour• being unable to carry out most or all personal care and daily household chores, causing a major risk to your independence• being unable to sustain most or all aspects of work or education or learning and family life, causing a major risk to your independence• extensive loss of control over most or all aspects of your home environment, causing a major risk to your independence• complete relationship breakdown between you and your carer.

Substantial
<p>Either now or in the next three months:</p> <ul style="list-style-type: none">• significant harm or danger due to your physical or mental health or behaviour• being unable to carry out many personal care and daily household chores, causing significant risks to your independence• being unable to sustain many aspects of work or education or learning or community and family life, causing significant risks to your independence• loss of control over many aspects of your home environment, causing significant risks to your independence• significant risk of a relationship breakdown between you and your carer.



Edinburgh Integrated Joint Board Grant Programme

Monitoring and Evaluation Report 2022-23

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Monitoring and Evaluation Report

2022/23

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Thanks go to all the grant funded organisations who provided the information and data required to complete this report. The extent of work involved in this task is recognised and appreciated.

1. Introduction

- 1.1 This report provides an overview of the work carried out by organisations grant funded by the Edinburgh Integration Joint Board (EIJB) in 2022/23. This funding period is first year of a three year extension of the grant programme which was approved to allow the voluntary sector reset its services due to the impact of and slow resumption of services following Covid.
- 1.2 The total budget for the EIJB Grant Programme in 2022/23 was £5,043,073.
- 1.3 The grant programme aims to realise two key priorities of the IJB's Strategic Plan 2019-22:

Prevention and early intervention: establish links with community resources and assets to ensure people have the opportunity to access preventative opportunities which will help them keep themselves as fit and healthy as possible.

Tackle inequalities: take action to identify those experiencing poorer health outcomes and address the barriers they face.



- 1.4 The grant programme was developed collaboratively in 2018 following extensive engagement with partners and stakeholders. An open

invitation to bid for funding was widely promoted and support provided for small organisations lacking resources and expertise in application processes.

- 1.5 The EIJB grant fund was considerably over-subscribed in 2018 and, following an assessment process, 3-year funding (subsequently extended to 6 years) was awarded to 66 organisations to implement activities and services aligned to the seven funding priorities of the Programme. (See Appendix 1).
- 1.6 In 2022/23, 61 organisations continued to receive 64 grants from the EIJB with 5 organisations haven ceased to operate as a result of natural attrition and the impact of Covid on their activities.

2. Monitoring and Evaluation Methodology

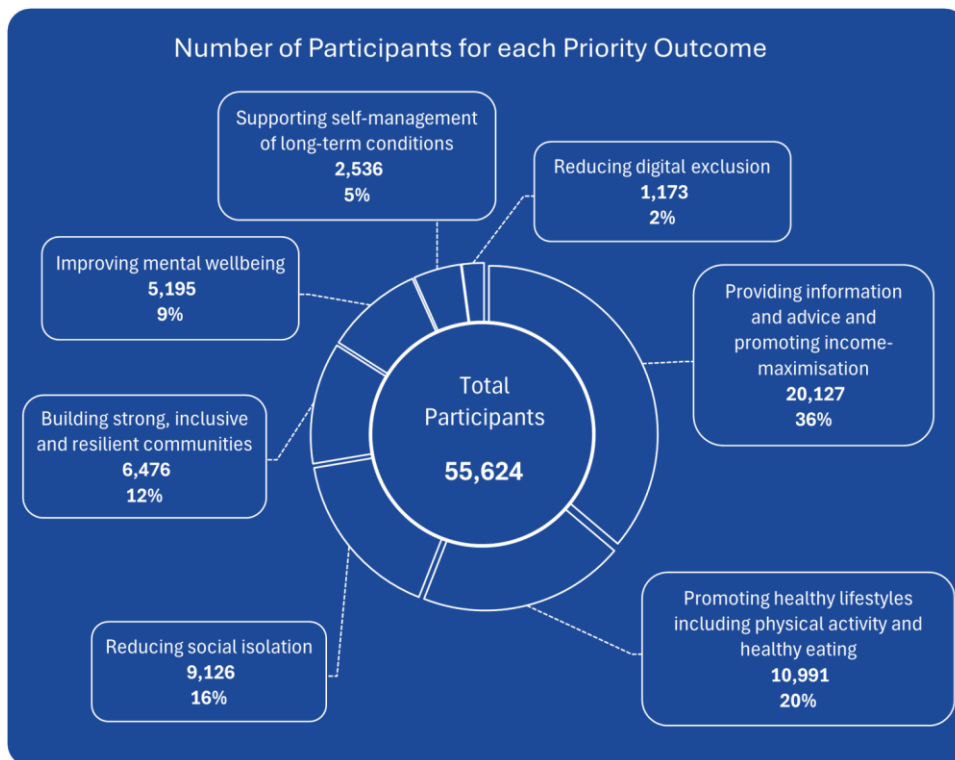
- 2.1 The conditions of grants require that organisations receiving funding must complete annual monitoring returns using both quantitative and qualitative data. The information provided in the returns is compiled and used to complete this annual report. The returns from organisations include:
 - Self-Monitoring Annual Returns (SMARs) evidencing performance against agreed Key Performance Indicators
 - Standard Impact Assessment Question (SIAQS) returns which are a suite of impact measures that all recipients are asked to use to show impact outcomes for service users
 - Case Studies (a selection of which are contained within Appendix 2)
- 2.2 Due to difficulties caused by Covid-19 restrictions, organisations were not required to complete SIAQ Impact returns during 2019-22, however the collection of this impact data resumed for 2022/23.

3. Key Performance Indicators

Number of Service Users

- 3.1 In 2022/23, 64 projects received funding through the EIJB Grant Programme for the continued provision of preventative and early intervention services across the city. These services aim to tackle inequalities by taking action to identify those experiencing the poorest health outcomes in the city and addressing some of the barriers that they face.
- 3.2 The grants awarded through the programme ranged from those aiming to improve social isolation, self-management of long-term conditions, promotion of healthy lifestyles, improved mental health, a reduction in harm from drugs and alcohol misuse and from all forms of abuse and violence, increased income maximisation, reduced digital exclusion and building stronger, inclusive and more resilient communities.

3.3 As part of their annual returns, organisations provided an indication of the number of people who use their services. From these it is estimated that approximately 50,556 people took part in activities/used services funded through the Programme. (Some participants may have taken part in more than one activity and so will be double counted.) The pie chart below provides a guide to the number of participants for each priority outcome.



3.4 The number of service users in 2022/23 was higher than the previous year's figure (approx. 44,000) and represents a recovery to pre-covid levels.

Targets

3.5 Overall, the returns show that of the 560 output targets set for 2022/23, 489 were exceeded or fully met.

3.6 This is equal to 87% of outcomes which is equal to the performance achieved in the previous year.

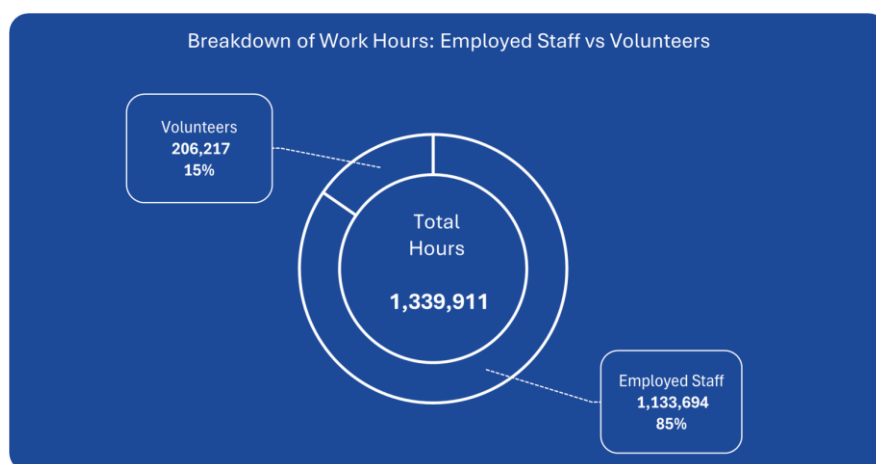
Customer Satisfaction

As part of the SMAR monitoring returns, organisations were asked to provide user satisfaction figures for their organisation. The average user satisfaction

score was found to be 91% across the EIJB Grant programme for 2022/23, which is in line with satisfaction levels from the previous 2 years.

Volunteer Numbers

- 3.7 Many of the organisations depend on volunteers to help deliver their programmes. In 2022/23, the grant programme funded a total 1,133,694 of employed staff hours with volunteers providing a further 206,217 hours which represents an additional 15% hours of capacity.



- 3.8 The financial value of this volunteering is estimated at over £2.1m.
- 3.9 Volunteering can also have other beneficial effects to the individuals who volunteer, such as improved confidence, increased skills and social connections and improved physical and mental wellbeing as well as progression into employment, training or further and higher education.
- 3.10 Within the third sector, volunteers are often central to an organisation's service delivery model and it remains a concern within the city that for many organisations, volunteer numbers have yet to return to pre-covid levels. Consequently, organisations are trying to rebuild and diversify their volunteering teams and are working hard to attract new volunteers and return to pre-Covid levels.

Additional Funding

- 3.11 Annual returns from EIJB grant funded organisations show that for every pound awarded through the programme, organisations attracted further investment of £3.56.

- 3.12 Additional Funding is secured through a variety of sources including donations from individuals, grants from a wide range of national and local trusts and investment from other statutory providers.
- 3.13 This equates to an additional benefit to service providers of around £16.1m. These figures represent a slight increase on the figures from previous years.
- 3.14 Most organisations rely on this additional funding to maintain delivery of their services and organisations continue to be encouraged to maximise all sources income outside of the EIJB.

4. Impact of Services

- 4.1 As face-to-face services re-open post-covid, organisations were acutely aware that despite best efforts, many people who were struggling before lockdown became even more withdrawn and isolated which resulted in a deterioration in both mental and physical health. This impacted on the type and depth of services required as many service users and referrals required a greater level of support than they might have in the past necessitating greater staff involvement in supporting them. Alongside this, many services, particularly counselling services, have seen a significant increase in demand for services.
- 4.2 Despite the changing nature of service user presentations to third sector organisations and the significant impact this had had on staff with increased workload, conflicting priorities, often lengthy waiting times to receive statutory services and an increased number of complex presentations, the services provided by EIJB funded organisations have continued to demonstrate a positive impact on their service users.
- 4.3 As part of the annual monitoring process, organisations are asked to select the type of impact their services are likely have on individual users. This is achieved by using a suite of standardised impact measures called Standard Impact Assessment Questions, SIAQS. These impact targets are included in the organisation's funding agreement and organisations are assessed against their expected outcomes. To measure the actual impacts achieved, organisations carry out service user surveys using the relevant Standard Impact Assessment Questions (SIAQs) and the results from these SIAQs are subsequently used as proxy impact measures for the EIJB Grant Programme.

Impact Targets

- 4.4 The collated results gathered from organisations demonstrate a positive health and well-being impact on individuals against each impact outcome. Overall, the results show that of the 934 impact or

outcome targets set for 2022/23, 85% (795) were exceeded or fully met across EIJB Grant Programme with a further 7% being partially met.

Impact Measures

4.5 A breakdown of the results from the SIAQs is given below for each of the 10 impact measures:

Impact Outcome 1: Increased Social Capital

The overall positive impact for the Increased Social Capital priority was 87%, only 4% indicated a negative impact, with the remaining 9% indicating a neutral impact.

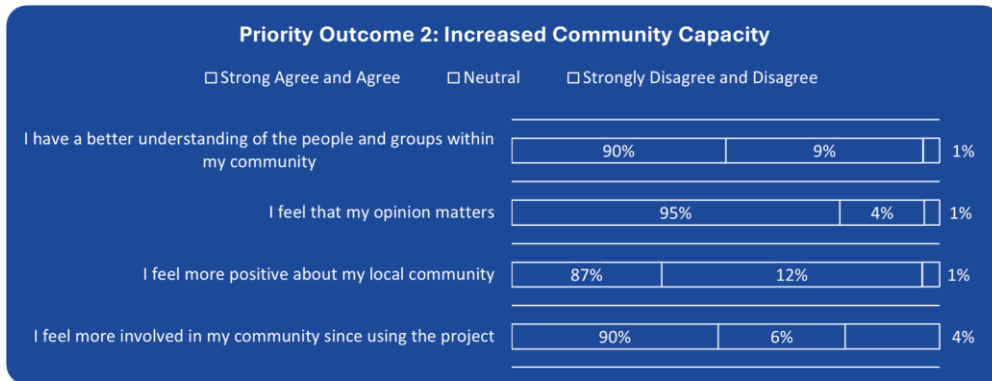
A breakdown of the detailed outcome criteria for increased social capital is provided in figure 1 below.



Impact Outcome 2 : Increased Community Capacity

The overall positive impact for this priority was 90%, only 2% indicated a negative impact, with the remaining 8% indicating a neutral impact.

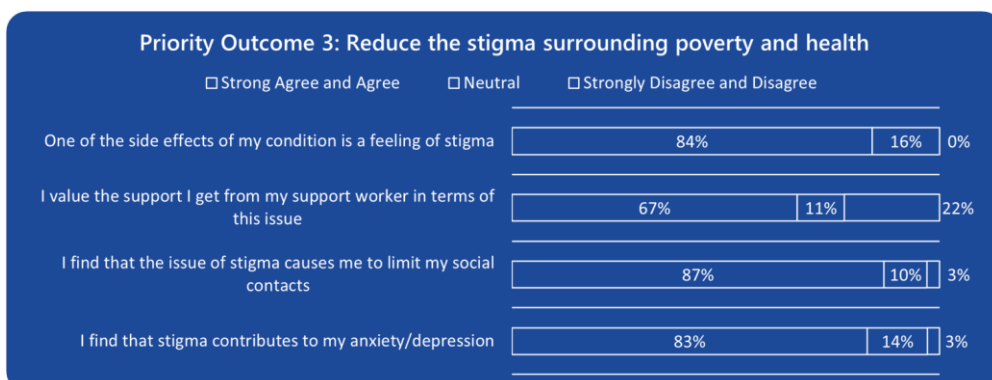
A breakdown of the detailed outcome criteria for increased community capacity is provided in figure 2 below.



Impact Outcome 3 : Reduce the stigma surrounding poverty and health

The overall positive impact for this priority was 84%, only 3% indicated a negative impact, with the remaining 13% indicating a neutral impact.

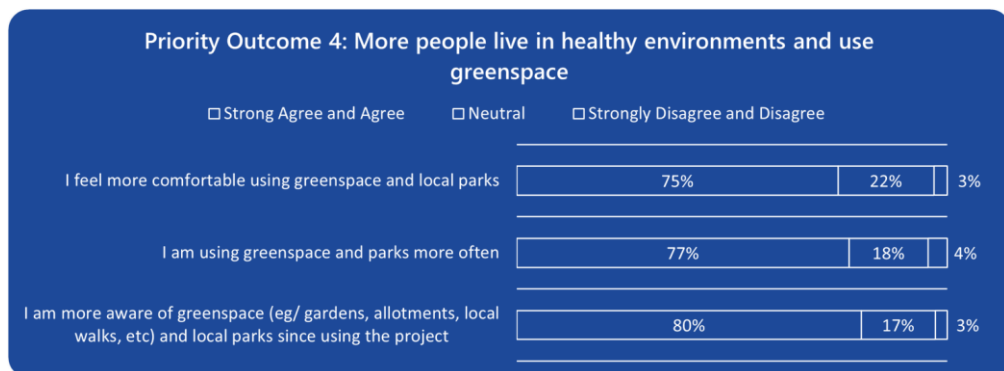
A breakdown of the detailed outcome criteria for reduced stigma surrounding poverty and health is provided in figure 3 below.



Impact Outcome 4 : More people live in healthy environments and use greenspace

The overall positive impact for this priority was 78%, only 3% indicated a negative impact, with the remaining 19% indicating a neutral impact.

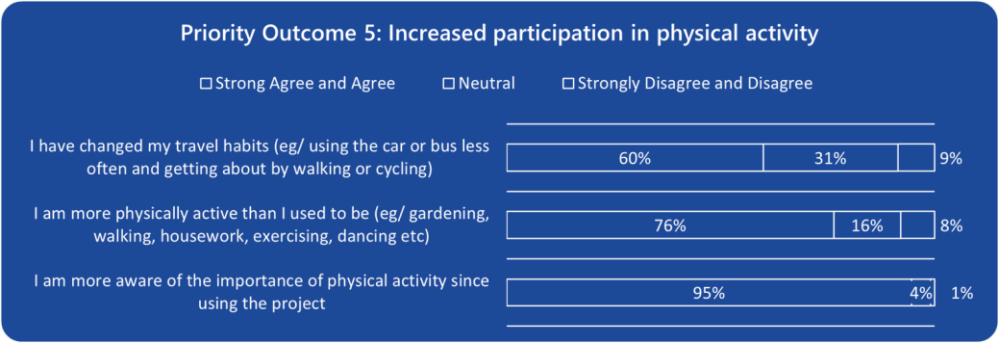
A breakdown of the detailed outcome criteria for more people live in healthy environments and use greenspace is provided in figure 4 below.



Impact Outcome 5 : Increased participation in physical activity

The overall positive impact for this priority was 82%, only 5% indicated a negative impact, with the remaining 13% indicating a neutral impact.

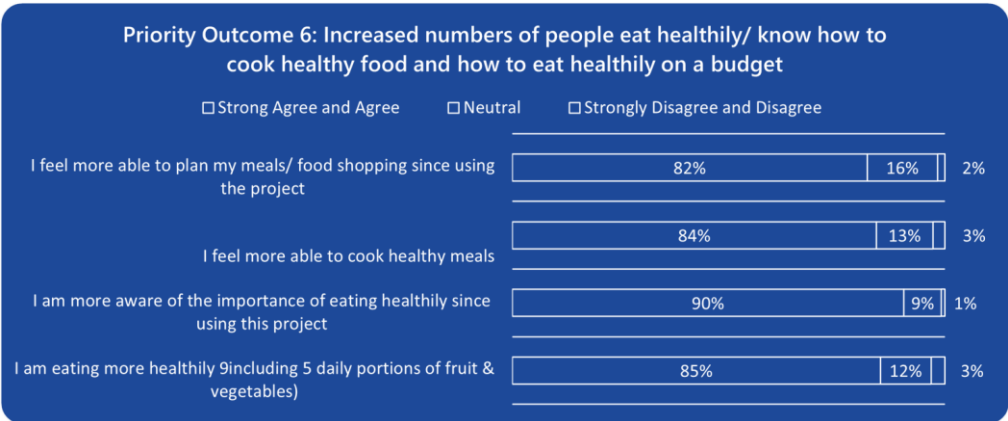
A breakdown of the detailed outcome criteria for increased participation in physical activity is provided in figure 5 below.



Impact Outcome 6: Increased numbers of people eat healthily/ know how to cook healthy food and how to eat healthily on a budget

The overall positive impact for this priority was 86%, only 2% indicated a negative impact, with the remaining 12% indicating a neutral impact.

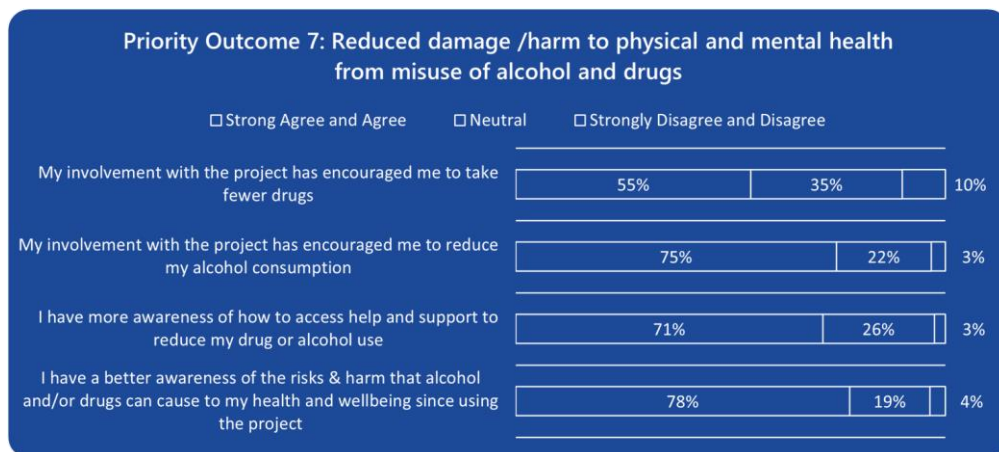
A breakdown of the detailed outcome criteria for increased numbers of people eat healthily/ know how to cook healthy food and how to eat healthily on a budget is provided in figure 6 below.



Impact Outcome 7: Reduced damage /harm to physical and mental health from misuse of alcohol and drugs

The overall positive impact for this priority was 71%, only 5% indicated a negative impact, with the remaining 24% indicating a neutral impact.

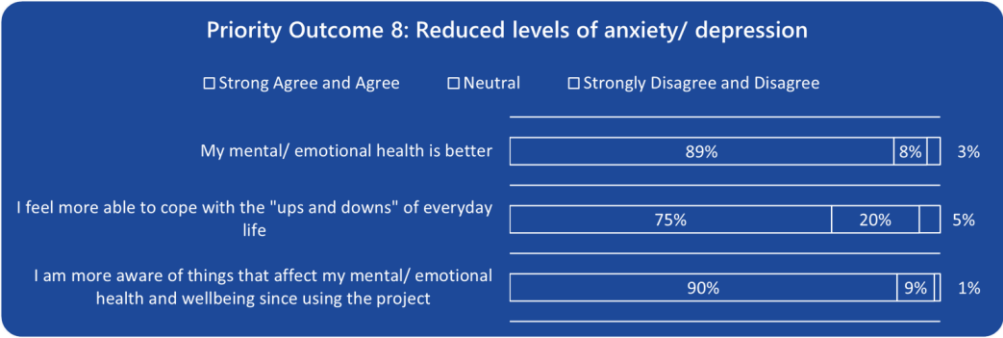
A breakdown of the detailed outcome criteria for reduced damage /harm to physical and mental health from misuse of alcohol and drugs is provided in figure 7 below.



Impact Outcome 8: Reduced levels of anxiety/ depression

The overall positive impact for this priority was 84%, only 3% indicated a negative impact, with the remaining 13% indicating a neutral impact.

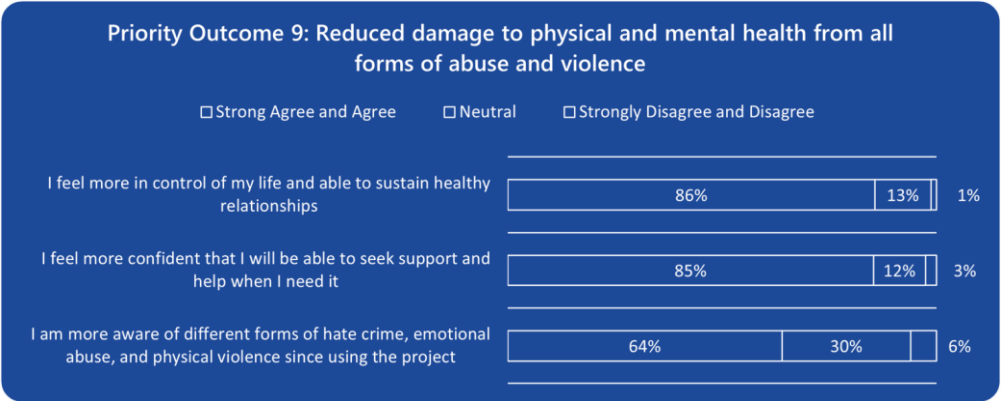
A breakdown of the detailed outcome criteria for: reduced levels of anxiety/ depression is provided in figure 8 below.



Impact Outcome 9: Reduced damage to physical and mental health from all forms of abuse and violence

The overall positive impact for this priority was 81%, only 3% indicated a negative impact, with the remaining 16% indicating a neutral impact.

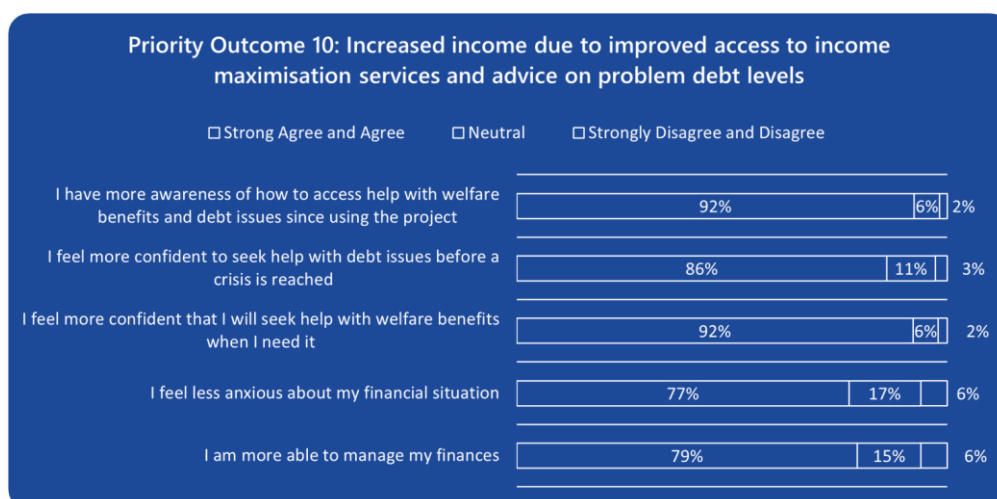
A breakdown of the detailed outcome criteria for reduced damage to physical and mental health from all forms of abuse and violence is provided in figure 9 below.



Impact Outcome 10: Increased income due to improved access to income maximisation services and advice on problem debt levels

The overall positive impact for this priority was 86%, only 4% indicated a negative impact, with the remaining 10% indicating a neutral impact.

A breakdown of the detailed outcome criteria for increased income due to improved access to income maximisation services and advice on problem debt levels health is provided in figure 10 below.



5. Partnership Working

- 5.1 Many of the organisations funded have continued to build their working partnerships with other 3rd sector organisations, with public sector delivery partners and community groups.
- 5.2 These partnerships aim to strengthen service delivery, strengthen referral routes and help to increase awareness of service availability to ensure that people have access to the most appropriate service at the time when they need it.
- 5.3 Working in collaboration with the statutory sector is a requirement for EIJB funded organisations.

- 5.4 Many of the core Community Health Initiatives (CHIs) in the city currently host Community Link Worker posts which are embedded in 45 GP practices across Edinburgh. The Community Link Worker Programme is a Scottish Government funded Initiative which is delivered in partnership with GP practices and the third sector to support people to live well through connecting them with community resources and primary care. This initiative aims to reduce pressure on GP time and enable them to focus on patients' medical needs whilst the social and financial issues which patients often bring to their GP consultation and have a significant impact on their wellbeing are addressed by third sector partners.
- 5.5 Throughout 2022/23 there were 4149 referrals made to community link workers in Edinburgh which is 23% increase on 2021/22 levels. Of these 75% were made by GPs, 11% by practice nurses and 6% by mental Health Practitioners. The main reasons for referrals were mental health issues (47%) and social isolation (27%) although 44% of clients had multiple referral reasons⁴. Most onward referrals are then made to third sector organisations.
- 5.6 A new Income Maximisation Consortium was developed in 2019 whereby services were developed and embedded within GP settings and community mental health and recovery hubs to complement the Community Link Worker model.
- 5.7 Most of the funding for this consortium came from the EIJB Grants Programme.
- 5.8 In 2022/23, the EIJB grant programme funded provision of welfare and debt advice to 15,807 people and resulted in over £9.8M in financial gain for those experiencing financial hardship. This included around £5M from welfare rights and debt advice provision within GP settings and a further £2.5M gained from appointments offered in mental health and recovery hubs across the city.
- 5.9 In addition to funding provided by the EIJB and Primary Care Improvement Fund, funding was provided by the Scottish Government for income maximisation services in seven Deep End GP practices in the most deprived areas of the city. This funding ended in January 2024.
- 5.10 Further funding was also provided by the UK Shared Prosperity Fund for income maximisation services to support people with mental health issues. This funding is due to end in March 2025.
- 5.11 Some grant recipient organisations are also entering into local partnership arrangements with GP practices. For example, a collaborative GP and third sector initiative to support people living with chronic pain has now expanded into a city-wide programme which aims

⁴ *https://www.evoc.org.uk/wp-content/uploads/2023/09/clwannualreview_202223_digital.pdf

to reduce pressure on GP clinical time and reduce medication prescribing by offering alternative therapies such as physiotherapy at home, CBT; Acupuncture; Mindfulness/ Meditation; Yoga and Ecotherapy.

- 5.12 In addition to receiving funding from the EIJB, this project also received funding from the Modernising Patient Pathways fund to cover the cost of GP involvement.

6. Strategic Fit

National Health and Wellbeing Outcomes

- 6.1 In addition to contributing to the 2 key priorities of the Strategic Plan - **preventing poor health and wellbeing and reducing health inequalities** - the services delivered also work directly to achieve the National Health and Wellbeing Outcomes those noted in the table below.

NATIONAL OUTCOME	ACHIEVEMENT
Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer	Provision of services to encourage healthy lifestyles and improve self-management and wellbeing continued and included activities to reduce alcohol intake, improve diet, improve mental health, help to access technology, encourage social interactions and connections and increase physical activity. The programme also addresses the environmental and social factors that can act as barriers to health and wellbeing, for example, improving greenspace and maximising income.
Outcome 2 People, including those with disabilities, 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.	The Grant Programme has helped build and create community capacity and resilience so that people can receive the care and support they need locally whilst remaining independent within their own homes. The EIJB Grant Programme has continued to fund essential services such as telephone support and befriending, falls prevention activities, advice and support for carers, self-management programmes and one to one support. Post Covid services have now adapted and redesigned services to meet the changing needs of the individuals, many of whom have increased frailty and more complex physical and mental health conditions.
Outcome 3. People who use health and social care services	Many services funded through the Grant Programme receive referrals from health professionals in the community and some services such as income

have positive experiences of those services, and have their dignity respected	<p>maximisation and community link workers are directly embedded in health setting such GP practices whilst others are in hospital settings promoting healthy eating advice and practical support.</p> <p>From the feedback gathered, it is clear that with an average user satisfaction rate of 91%, experiences of services provided through the grant programme are positive and that those services embedded within health settings are valued and welcomed by service users.</p>
Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services	<p>The grant criteria are built around the key components of a good quality of life including social interactions, personal income, physical environment, personal confidence and improved mental health.</p> <p>Grants through the programme are awarded to experienced organisations who have continuous improvement plans in place which take a person-centred approach.</p>
Outcome 5. Health and social care services contribute to reducing health inequalities	<p>Edinburgh shows better than average levels of health and wellbeing, compared against Scottish averages, however, levels of health inequalities are worse than the Scottish average.</p> <p>The Grant Programme began in 2019, with a key aim of redressing this imbalance.</p> <p>Post Covid organisations have adapted their services to address the changing need of those now presenting to their organisations and to mitigate against the additional impacts which tended to hit the most vulnerable and disadvantaged the hardest during the pandemic.</p>
Outcome 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	<p>The impact of Covid on carers has been well documented and research⁵ has found that the coronavirus crisis had a profound impact on carers' lives.</p> <p>A number of grant funded projects provide support specifically for carers which is vital for both carer's mental and physical health post Covid. Services provided to carers through the Grant Programme include counselling services, respite and healthy living programmes.</p>
Outcome 9. Resources are used effectively and efficiently in the	<p>To ensure effective use of the limited grant budget, the criteria for grant funding was co-produced with stakeholders and a stringent grants assessment process was followed.</p>

⁵ [Caring behind closed doors Forgotten families in the coronavirus outbreak April 2020, Carers UK](#)

provision of health and social care services	<p>In addition, grant funded organisations complete and return annual monitoring returns which provide an assessment of both their output targets as well as their impact targets.</p> <p>Due to the flexibility of the grant process, organisations can also adapt and redesign services annually to address changing social need and ensure services provide a best fit locally.</p>
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Poverty

- 6.2 **Throughout 2022-23, a number of EIJB grant funded organisations** have contributed to a wide range of strategic partnership groups across the city including the Poverty Commission, Local Community Planning Partnership and the Preventing homelessness Working Group.
- 6.3 **In 2022/23, it was estimated that 17% of people in Edinburgh were living on incomes below the poverty threshold, including 20% of all children living in Edinburgh⁶. Analysis also indicates that there is higher risk of poverty among women, families with children, minority ethnic groups and disabled families in the city, with some of these groups experiencing more than double the poverty rate than the average citizen. Recent data also shows that some 10,000 Edinburgh families skipped meals because they could not afford food during 2022 and that year on year there has been a 50% increase in clients seeking support for rent arrears citizens Advice Scotland.**
- 6.4 EIJB grant funded organisations undertook work in relation to the six areas for action identified in the Edinburgh Poverty Commission final report ***A Just Capital: Actions to End Poverty in Edinburgh*** (health and well-being; connections; fair work; a decent home; income security, opportunities to progress). With two sets of EIJB funded organisations leading on the delivery and implementation of the Maximising Support from Social Safety Nets workstream and the Ending Poverty Related Hunger in Edinburgh Strategy through the Cash First workstream.

6

<https://democracy.edinburgh.gov.uk/documents/s62265/7.1%20End%20Poverty%20in%20Edinburgh%20Annual%20Progress%20Report.pdf>

Climate Change/Sustainability

- 6.5 The EIJB recognises the global climate change emergency and that everyone has a **part to** play if we are to reach Edinburgh's ambitious net zero 2030 target.
- 6.6 A core aim of the Grant Programme -*building strong, inclusive and resilient communities* is in-step with the central aims of our partners' sustainability strategies and aspirations of creating sustainable, 20-minute neighbourhoods.
- 6.7 Looking forward however, consideration should be given to what the Partnership can do to help organisations become more environmentally sustainable and support the behavioural change required to help Edinburgh reach its ambitious net zero target for 2030.

7. Conclusion

- 7.1 2022/23 saw the first year of a three year extension to the operation of the EIJB Grant Programme (annual budget of £5m) which aimed to realise two key priorities of the IJB's Strategic Plan - to **tackle inequalities** and promote **prevention and early intervention**; the 7 key priorities of the EIJB Grant Programme; several of the National Health and Wellbeing Outcomes; and contributed the City's Poverty Commission and its anti-poverty work.
- 7.2 Returns showed that approximately 55,000 participants took part in or received a service from EIJB grant recipient organisations during 2022-23 and the average user satisfaction rate was found to be 91%.
- 7.3 Appendix 3 provides case studies from projects funded through the EIJB grant programme.

Appendix 1 – Project Funding 2022-23

Organisation	Project	Activities	Amount
ACE IT	Digital Inclusion for Older People	<p>The project will enhance digital knowledge, skills and well-being in older people with staff, volunteers and other organisations via four services.</p> <ul style="list-style-type: none"> • Moose in the Hoose for residents in care homes • Office - based one to one training sessions • Scam workshops with Changeworks • Outreach for older workers and people in retirement establishments 	64,092
Art In Healthcare - Room for Art	Room for Art	<p>Room For Art is a series of visual arts workshops delivered by artists throughout Edinburgh using an 'art on prescription' approach and an occupational therapy supported model of 1:1s to support self-management. Participants will be referred by professionals in statutory and third sectors working in partnership with Art in Healthcare.</p>	72,100
Autism Initiatives	Diagnosis and support for autistic adults without a learning disability	<p>The Project will assist Mental Health Teams (MHTs), and the Lothian Adult ADHD and Autism Resource Team (LAAART), in Edinburgh by meeting those seeking an autism diagnosis; gathering information to support MHTs in their assessments; diagnosing those who do not meet their criteria for functional impairment and providing post-diagnostic support.</p>	85,104

Bethany Christian Trust	Passing the Baton Project	Through volunteer befriending and community groups for isolated and lonely individuals, the project aims to decrease social isolation and prevent homelessness in Edinburgh.	53,372
Bridgend Farmhouse	Community kitchen	Creating a community kitchen as an engagement tool to connect and engage a multi-generational, multi-cultural, multi-ability food community supporting each other to learn, gain confidence, reduce social isolation, and help each other become part of the wider community. Using local collaborations and food as the focus for building community capacity	25,728
Calton Welfare Services	Welfare Services for Socially Isolated Older People	The project will provide a Club for Socially Isolated Older People and a Day Care Service for Dementia sufferers, as well as providing Welfare Advice and Information for our service users and their carers and socially isolated older people in our area, and events throughout the year for older people.	16,872
Care for Carers	Stepping Out Residential and Short Breaks for Carers	To provide information, support and a range of organised, structured and supported short breaks (residential, day and evening breaks) to unpaid carers in Edinburgh. The short breaks aim to support and improve carers mental and physical wellbeing and enable them to feel able to maintain and sustain their caring role.	74,408
Caring In Craigmillar	Phonelink	The project has now extended the Phonelink service to all Edinburgh localities. CiC currently offers reassuring & supportive phone calls, twice daily, 365 days, to vulnerable & elderly clients, living in their own homes with long term health conditions, additional support needs or at risk of social isolation.	99,912
Changeworks	Heat Heroes	Heat Heroes provides support to people vulnerable to health impacts of living in fuel poverty. A team of 12 volunteers will be trained to support 1650 people to be in control of their energy costs, helping them be affordably warm and prevent health issues caused by living in cold/damp homes.	57,988

Community One Stop Shop	COSS	The project will deliver our existing project and ancillary services. We provide advice and advocacy for clients living in poverty and challenging circumstances within the Broomhouse and South West area. Continued provision of our Food Bank and support services, and our outreach services. We currently receive two smalls grants but as suggested have amalgamated them both for the purpose of this application for the first time.	23,690
Community Renewal Trust	Health Case Management (HCM)	Continuation and improvement of Edinburgh's HCM service: intensive support for GPs' 2% most complex adult cases. Our open-ended long-term community-based one-to-one support assesses need, introduces people to services and reduces demand for Primary Care. Our staff are experts in compassionate-listening, coaching, self-management and recovery techniques to foster resilience and wellbeing.	50,536
Cruse Bereavement Care Scotland	Edinburgh Bereavement Services	Cruse Scotland will provide a community-based listening/counselling support for over 850 people who are bereaved across Edinburgh. On average clients will receive six sessions, which will improve their mental well-being and reduce their visits to GPs services. The service is delivered by highly trained volunteers at an accredited standard.	35,020
Cyrenians	Golden Years Community Connecting Service	A preventative service to reduce loneliness and social isolation in older people by connecting them with their community and in turn reduce the number of people who need support of statutory services and increase the number of people who can live at home for as long as possible.	83,300
Drake Music Scotland	MusicSpace	We propose to deliver MusicSpace – a programme giving 80 disabled young people and adults in the Craigmillar area access to group music making activities which have proven benefits to mental health and wellbeing, physical coordination and social inclusion.	18,540
Edinburgh & Lothians Greenspace Trust	Healthy Lifestyles in South Edinburgh	The project is to provide a programme of outdoor activities that promote physical activity and healthy eating for those who face health	124,038

		inequalities. The work involves developing the successful programme that has been running since 2013.	
Edinburgh Community Food	Healthier Food, Healthier Lives, Healthier Futures	The project promotes healthy lifestyles by delivering community food and health work across Edinburgh. The key components will be a range of cooking courses, nutrition workshops, health promotion sessions, training and support. We will also provide greater access to affordable healthy food within communities.	178,251
Edinburgh Community Health Forum	Tackling health inequalities by building a stronger and more resilient 3 rd sector	The Forum provides and coordinates tailored support, information and training to Forum members who are the managers of locally based community led health projects and to raise awareness strategically about the importance of addressing health inequalities.	55,292
Edinburgh Garden Partners	Befriending Through Gardening	EGP and Edinburgh and Lothians Regional Equality Council (ELREC) will jointly deliver a befriending model, creating relationships through shared gardening within the black and minority ethnic (BME) communities. Using the EGP's established and successful model, 15 befriending partnerships will be created annually between socially isolated, predominantly older garden owners and volunteers.	23,968
Edinburgh Headway Group	Early Intervention ABI Rehabilitation Support Project	To provide an early intervention rehabilitation project for 20 adults in total with an Acquired Brain Injury to improve everyday functioning and encourage reintegration into the community. Our preventative support includes independent living skills, physical activities, social opportunities, therapeutic creative activities, advocacy, complementary therapies and 1:1 Community Outreach.	47,528
Edinburgh Leisure	Steady Steps	Edinburgh Leisure are seeking funding for Steady Steps, a 16-week group based physical activity and exercise falls prevention programme which focuses on improving strength and balance to deliver positive health and social outcomes for around 2,328 older adults over three years.	144,324
Edinburgh Rape Crisis Centre	Rape Crisis support Service	The project supports the provision of our specialist, trauma-informed rape crisis support service for women, non-binary and trans people who	76,452

		have experienced sexual violence, including rape, sexual assault and childhood sexual abuse/exploitation. The proposed activities of the service include trauma support, counselling, advocacy and group support.	
Eric Liddell Centre	Caring for Carers Befriending Service	The project provides emotional, physical and practical programme to support unpaid carers across Edinburgh through linking, matching and providing an ongoing support service in which volunteer befrienders offer a socially supportive relationship to befriendees.	26,724
FAIR Ltd (Family Advice and Information Resource)	FAIR – Information and advice for people with learning disabilities and their carers	FAIR provides a welfare rights and financial capability advice service for people with learning disabilities and their carers. It also produces an updated Easy Read Newsletter every 2 months which shares information from key stakeholders to those using its service. FAIR also works in co-production with the Health and Social Care Partnership to consult on the Strategic Commissioning Plan for People with Learning Disabilities.	97,760
Feniks: Counselling, Personal Development and Support Services Ltd	“Reach Out, Help Within” Supporting Central Eastern European community in Edinburgh	This project aims to tackle mental health inequalities and social isolation amongst Polish and Central Eastern European people in Edinburgh. We will employ two therapists/counsellors, a CEE Mental Health Service manager and a community development worker to improve the provision of the mental health services, integration and cultural-bridging within the city.	80,960
Fresh Start	Fresh Start: helping people make a home for themselves	Working with partners across Edinburgh and with volunteer teams, we will support people previously homeless to ‘make a home’ in new tenancies providing goods and practical support to 5,000+ households and 1000+ places on gardening, cooking, and employability activities. Service-users develop key life skills and access ongoing social and emotional support.	90,824

Hillcrest Futures(formerly Gowrie Care Ltd)	Futures Hub	An accessible resource hub where vulnerable people who are, have been or are at risk of becoming homeless, can be supported to learn independent living skills and experience social, recreational, employment and educational opportunities they would otherwise be excluded from. Promoting health & wellbeing, tenancy sustainment, recovery and social inclusion	97,320
Health All Round	Health All Round Community Health Initiative	HAR is a community health initiative covering the Sighthill/ Gorgie ward of Edinburgh. We deliver a range of services to improve the physical, emotional & social wellbeing of local people. We specifically target low income and other vulnerable groups.	206,164
Health In Mind	Craigmillar Counselling	Counselling offered to people with anxiety, depression and similar issues living in the Craigmillar /Portobello area. Self-referrals, and referrals through GP's, voluntary organisations, social work or other professionals accepted. The funding covers direct counselling costs, with other staffing and overhead costs funded by NHS Lothian.	13,392
Home-Start Edinburgh West and South West (HSEW)	Promoting positive perinatal mental health	Access to family learning from a perinatal stage provides opportunities for parents/carers to gain confidence in their role and has a positive impact on mental health and children's learning outcomes/resilience. Promotion of attachment is offered through Baby Massage and Peep. Home-based support is available where required.	25,656
LGBT Health and Wellbeing	Core Funding and Community Programme	The project supports LGBT Health's work to promote the health, wellbeing and equality of lesbian, gay, bisexual and transgender (LGBT) adults, as well as funding to continue established social capital work through our Edinburgh LGBT Community Programme of social, community engagement and volunteering activities.	101,455
Libertus Services	Positive Futures - The Volunteering Project	The project is a collaboration of 2 well established projects with proven track records based within Libertus Services. Using the 5 principles of community development we aim to reduce social isolation, promote	153,720

		healthy lifestyles/mental wellbeing and build strong and inclusive communities by running groups for older people and recruiting volunteers.	
Lothian Centre for Inclusive Living (LCIL)	Lothian Centre for Inclusive Living (LCIL)	The project delivers a comprehensive benefit checks and follow up support to physically disabled people. This service has now extended the Grapevine Disability Information Service to cover Universal Credit claims and raise awareness of the support it can provide with this extremely complex benefit across the 4 localities.	20,876
MECOPP Jump Start	MECOPP Jump Start	The project delivers a 'broad-based health literacy and health improvement service to Chinese people aged 40+ who are disadvantaged by age, disability or long-term health condition, economic or social circumstances through the provision of: health information sessions, educational workshops, physical activity programme and supporting civic engagement.	32,388
MECOPP BME Carer Support	MECOPP BME Carer Support	Carer support service for Black and Minority Ethnic carers (primarily South Asian and Chinese) to include casework support, telephone based multi-lingual advice and information and carer training. Training on 'achieving cultural competency' is also provided to health and social care staff.	66,736
Multi-Cultural Family Base	Multi-Cultural Family Base – Syrian Men's Mental Health Group	Group supporting Syrian men newly arrived in Edinburgh under the United Nations Scheme for Vulnerable Persons Relocation. The group supports 15 men per week with issues including integration, employment and English language. The project will also offer outreach and befriending, including for men who cannot attend the weekly sessions.	17,292
Murrayfield Dementia Project	Murrayfield Dementia Project	Day resource for those with dementia.	56,460

Pilmeny Development Project	Pilmeny Development Project (PDP) – Older Peoples Services	PDP delivers activities, services and opportunities within Leith and North East Edinburgh, reducing social isolation, promoting participation and inclusion of socially isolated older people in need of community-based support, using low level, preventative, early intervention and self-help approaches, which improve their quality of life.	76,116
Pilton Equalities Project Mental Health	The Mental Health & Wellbeing Support Service (Neighbourhood Group)	The Service provides support to older people with enduring mental health problems; who may have significant issues with substance dependencies; to remain and participate in the community. The service aims to increase individual capacity; improve group co-operation and socialization; raise skills and confidence; encourage wellbeing preventing readmission to hospital.	92,364
Pilton Equalities Project Day Care Services	Pilton Equalities Project Day Care Services	PEP operates a 5 daycare clubs, a weekend provision, and a visiting/assessment service across North Edinburgh for vulnerable older adults, reducing isolation and enabling older people to stay in their homes longer, and enhancing a level of independence and socialisation. This service supports CEC's Reshaping Care for Older Peoples prevention strategy.	90,300
Portobello Monday Centre	Portobello Monday Centre	The project provides informal day-care once a week for our members (10 to 12) who suffer from dementia, whilst at the same time giving some valued respite for their carers. The service is run entirely by volunteers for members resident in the Portobello area.	4,587
Portobello Older People's Project	Portobello Older People's Project	Portobello Older Peoples Project is a lunch/social club that gives older people the opportunity to have the company of others and enjoy a hot meal. It supports people who are isolated with the aim are to reduce loneliness and social isolation, increase social connectivity and improve health & wellbeing.	16,244

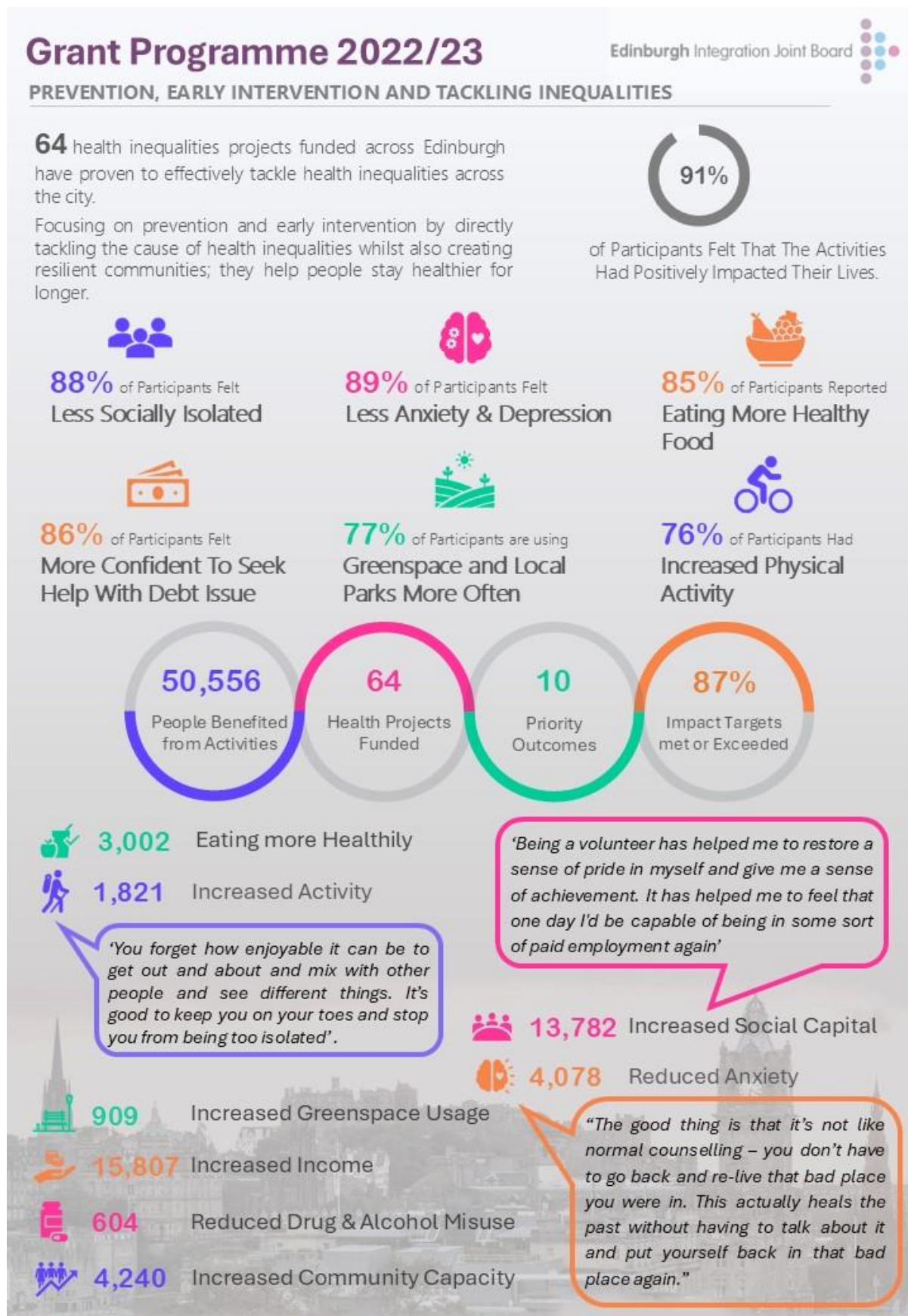
Positive Help	Positive Help	Positive Help delivers a needs-led services to vulnerable adults affected by HIV/AIDS and Hepatitis C. Supportive Transport and Home Support enables service users to live independently, positively engage with health services, thus improving wellbeing and quality of life. These services deliver best value and reduce pressures on NHS and Council services.	50,640
Queensferry Churches Care in the Community	Queensferry Churches Care in the Community	Funding is used to develop and maintain a Community Hub for older people living in the rural areas of South Queensferry, Dalmeny, Kirkliston, Newbridge, Ratho Village and Station. To ensure that older people are well connected, have a variety of support services and volunteering opportunities which enables them to participate and remain active in their communities.	45,636
Rowan Alba Limited	Rowan Alba Limited	CARDS is a city-wide volunteer led service which supports people with Alcohol Related Brain Damage (ARBD), who are at risk of developing ARBD and people whose alcohol use puts them at risk. We require funding to continue to deliver this service across all localities and improve health outcomes for people who use this service	51,936
Scottish Huntington's Association	Lothian Huntington's Disease Service	The Lothian Huntington's Disease service delivers an integrated Health & Social Care model of person-centred care-management to people impacted by Huntington's disease across Edinburgh City. Providing specialist assessment, expert advice, information and one to one support to reduce social isolation, increased resilience, improved quality of life and well-being	34,620
Sikh Sanjog	Health and Wellbeing Group	The Health and Wellbeing Group, partnering with health organisations, delivers a programme focussing on preventative measures by providing a safe space for ethnic minority women to access bespoke activities, designed to support their mental and physical health and wellbeing,	25,124

		reduce isolation and loneliness, increase confidence and develop interpersonal skills.	
South Edinburgh Amenities Group SEAG	South Edinburgh Amenities Group SEAG	The project utilises its specially adapted minibuses to enable elderly, frail and other vulnerable groups of people in the community to access a range of 30 voluntary sector, lunch clubs, day centres, and dementia services, which contributes to the passengers' mental and physical well-being and reduces their social isolation.	73,028
South Edinburgh Day Centre Volunteer Forum	South Edinburgh Day Centre Volunteer Forum (SEDCVF)	The grant is to assist with the running costs of five local day groups for people aged 60+ who are socially isolated in the SE area of Edinburgh. The grant is used to employ trained care staff, transport and volunteer expenses.	Part of Libertus services
Support in Mind Scotland RAISE for Carers	Support in Mind Scotland RAISE for Carers	This project delivers an integrated support, information and education service for carers of people with mental health problems/mental illness using the following approach: Reception: open access Assessment: compassionate response and review Information: rights and services Support: crisis, emotional and practical Empowerment: rights, advocacy and resilience for the future	24,728
The Broomhouse Centre - The Beacon Club	The Broomhouse Centre - The Beacon Club	Funding is used to develop and maintain the delivery of The Beacon Club: a service for older people with dementia in South West Edinburgh which prevents this long-term condition affecting their quality of life in older age.	56,452
The Broomhouse Centre on behalf of	The Broomhouse Centre on behalf of	A city-wide project to tackle isolation in Edinburgh's loneliest over 60s through creating long term, locally based one-to-one friendships based on shared interests. This is a Vintage Vibes Consortium application for	79,588

Vintage Vibes Consortium	Vintage Vibes Consortium	2.5 Service Coordinators for 3-year period. The Consortium is a partnership between LifeCare and The Broomhouse Centre.	
B Healthy together (The Broomhouse Health Strategy Group)	Supporting Healthier Lifestyles	To improve physical and mental health and wellbeing in SW Edinburgh, a recognised area of deprivation, we will deliver a programme of volunteering, healthy eating and exercise services. The comprehensive package of support will also help vulnerable people overcome barriers to effective parenting, build positive relationships and develop resilience.	58,667
The Dove Centre	The Dove Centre	The Dove Centre is a social day centre whose aims are to help older people remain as independent as they can be through a variety of socially inclusive activities, learning, volunteering, fresh meals and fully accessible transport.	137,800
The Health Agency	The Health Agency	The Health Agency is an organisation that aims to promote and develop a community led approach to health improvement in an area that experiences a high level of social and economic deprivation.	189,208
The Living Memory Association	The Living Memory Association	The reminiscence project aims to decrease isolation and improve the health and quality of life of isolated older people and their carers. It runs groups, a 'drop in' facility, recruits older volunteers and works with those who are housebound offering a whole range of activities and ongoing support.	25,404
The Open Door Senior Men's Group	The Open Door Senior Men's Group	The group continues to provide a safe and supportive space for men over the age of 60, who are at risk of social isolation, to meet, make friends and participate in a programme of shared activities one afternoon per week.	6,207
The Ripple Project	The Ripple Project	Using a community-led approach, the Ripple aims to improve the quality of life for all ages living in our community by helping people to help themselves.	97,448

The Welcoming Association	The Welcoming Association	Welcoming Health is a programme of volunteer-led health and wellbeing activities for migrants and refugees in Edinburgh. It is designed to promote active lifestyles, improve wellbeing, reduce isolation and build community between locals and newcomers to the city.	15,799
Venture Scotland	Venture Scotland	The project delivers four weekend residential experiences, four extended 5-day residential experiences plus 32 x full-day outdoor activity sessions across Edinburgh's four areas. The programme is designed to build physical, emotional and mental wellbeing, resilience, development of problem-solving skills, building positive relationships and the opportunity to experience meaning and accomplishment.	51,104
VOCAL	VOCAL	The funding allows an additional 100+ carers a year to access and benefit from professional counselling, to respond to the growing need for counselling support and help carers manage the severe emotional impacts of many caring situation arising from changing relationships and the effects guilt, anger and social isolation.	54,184
Waverley Care	Waverley Care	This project supports populations affected by HIV and Hepatitis C to live healthy positive lives and to achieve their full potential. Through outreach, self-management programmes, peer mentoring, befriending and volunteer opportunities, the project addresses the health and social inequalities that impact on people affected by these conditions.	197,504
CHAI, Citizens Advice Edinburgh, Granton Information Centre Consortium	Income Maximisation – Welfare and Debt Advice	The service delivered by this consortium aims to Improve financial stability through a welfare advice and debt advice service based in socially deprived communities, GP settings and community mental health and recovery hubs.	330,260 (CHAI) 330,256 (CAE) 330,264 (GIC)

Appendix 2 – Infographic



Appendix 3 – Impact of EIJB Grant Funded Services on Individuals

Priority Outcome 1: Reducing Social Isolation

Case Study 1

Mr G was referred to Caring in Craigmillar (CIC) services following a referral from his GP detailing that he would like a morning call to check he is up and about for the day. The organisation was informed this man had COPD only, no list of other health conditions, and that he managed his COPD well.

After supporting Mr G for a few weeks, it appeared that Mr G also suffered from very high anxiety when it comes to attending any appointments. Other than this Mr G came across as a very active man, out and about every day and enjoyed keeping on top of his housework.

Mr G had no immediate family apart from a niece living in the Borders who only kept in touch via telephone.

Generally, Mr G always answered his calls, was cheery and upbeat and plausible. However, CIC detected a change in his behaviour and reported this back to his GP who originally referred him. Unfortunately, the GP informed CIC unless he presented himself to the surgery there wasn't much they could do as Mr G was regarded as an able man who attended his appointments when they were scheduled for him. Mr G continued to assure CIC he was fine.

CIC remained concerned and contacted his niece who was his specified emergency contact. Mr G refused to allow access to his relatives and police were called the next morning when he refused to answer CIC's daily telephone call.

Mr G was found unconscious on his floor. Initially the Police thought he had been attacked in his home as he was so bruised and was taken to hospital where they managed to stabilise him. His house was found in a bad state with mice, dirt, uneaten food and boxes of medication that he hadn't taken for some time. It also emerged that Mr G had become blind and was no longer able to manage but had not shared this deterioration in his sight with anyone.

The family were grateful for CIC pursuing their concerns and the family are now back in each other's life and Mr G is getting the help and support he needs. His house was cleaned and decorated while he was in hospital giving him the motivation to return home and live safe and well with support. Mr G now has the support of homecare and a befriender to get him out and about while being supported with his sight loss.

Strategic Outcomes:

- Reduced social isolation
- Improved mental wellbeing
- Supported self-management of long-term conditions

Personal Outcomes:

- Received appropriate support for his sight loss.
- Reconnected with his extended family.
- Continues to be active despite his deteriorating health.
- Supported self-management of his long-term health conditions.
- Reduced loneliness and isolation through regular contact with his befriender.

Wider Impacts

Savings to frontline services due to:

- Reduced risk of crisis hospital admission due to re-engagement with health services and acceptance of appropriate support.

Priority Outcome 2: Promoting Healthy lifestyles

<p>Case Study 2</p> <p>B is a 41 year old man living in The Inch. He was introduced to the project in 2020 through his nephew who had been referred to our walking group by the Cyrenians. B wanted to support his nephew and thought that he would also benefit from attending our sessions.</p> <p>B has a mild learning disability which means that he can't read or write. Before attending our sessions, he led a very sedentary and isolated lifestyle, staying indoors playing video games and watching films. When the organisation first met B, he was keen to make lifestyle changes to improve his mood and help him to lose weight. He had already begun his weight loss journey and was looking for ways to support this.</p> <p>He first came along to Walking Adventures in Moredun just before COVID and continued with zoom catch ups and yoga sessions in lockdown following digital support to get him connected. When restrictions lifted and the outside exercise sessions to resumed, B benefitted from meeting new people and forming friendships with other participants.</p> <p>Peer support encouraged him to attend other communities such as the Goodtrees Garden Get Togethers and Move n Groove sessions. This widened his circle of friends and consequently his support network. He learned about other sessions happening in the community such as cycling sessions at Bridgend Farmhouse and began attending activities provided by other projects. Through his new social network, he also struck up a friendship with a lady who had previously been a head teacher who began teaching him to read and write each week.</p> <p>With structure and support in his week, B reach and maintain his target weight, he found a love of jogging and outdoor exercise and has become a real ambassador for the organisation's Out & About programme. B completed the Couch to 5K jogging programme in 2021 and now regularly runs 10k distances on his own although he still runs with the jogging group, helping others in their fitness journey.</p> <p>In 2022, B attended a programme of Social Cycling sessions with ELGT and joined the new Ambling Adventures walking group in Holyrood Park, which have helped him get to know new parts of the city and whole new groups of people.</p>
<p>Strategic Outcomes:</p> <ul style="list-style-type: none"> • Promote healthy lifestyles including physical activity and healthy eating • Improved mental wellbeing • Reduced social isolation • Reduced digital exclusion • Building stronger, inclusive and resilient communities
<p>Personal Outcomes:</p> <ul style="list-style-type: none"> • Became fitter and healthier, achieved new fitness goals. • Created positive change in habits and lifestyle. • Improved confidence and increased independence. • Greater connection with community, formed friendships and social networks.
<p>Wider Impacts</p> <ul style="list-style-type: none"> • Encouraging engagement in community activities. • Building inclusive communities.

Priority Outcome 3: Improving Mental Wellbeing

Case Study 3
<p>JJ was referred to CARDS in November 21, the organisation started supporting him in May 22. Before engaging with the service, JJ, he had spent 2 years isolated in his home, had no-one to talk to and received no additional support.</p> <p>JJ was in extremely poor health and refusing to take necessary medications, he later explained he was angry with his GP whom he believed should have contacted him, he said he felt forgotten. JJ displayed poor communication skills and, despite the removal of Covid restrictions, JJ remained very scared of Covid and was shocked that people weren't wearing masks or observing restrictions. JJ only left his home briefly to buy essentials provisions from a local shop.</p> <p>It took a while to gain JJ's trust, conversation was difficult to start but eventually conversations around the medical profession were instigated and offers to accompany him to appointments were made.</p> <p>JJ was introduced to a volunteer in November 22 and with his volunteer's encouragement, JJ started engaging with his GP and taking his medications, thus improving his overall health. the volunteer also encouraged JJ to get out of the house for short spells, initially to the local shop, then for regular visits to a local café and eventually to a museum which had been favourite for JJ in the past. Visits to museums and art galleries continued with his befriender whilst JJ built up his confidence. The next goal for JJ is to join one of the organisation's regular groups at an Art gallery which will give him the opportunity to socialise with the wider CARDS community.</p> <p>JJ had previously been in the music industry but a mental health break down had led to years of homelessness and problematic alcohol use. However, JJ is now writing music again which is helping him manage his thoughts and take his mind off his physical pain.</p>
Strategic Outcomes:
<ul style="list-style-type: none"> • Improved mental wellbeing • Reduced social isolation • Supported self-management of long-term conditions
Personal Outcomes:
<ul style="list-style-type: none"> • Improved physical & mental health – Taking prescribed medications & engaging with medical professionals. • Increased trust and improved social skills – Engaging regularly with his volunteer and participating in meaningful activities. • Self-management of health conditions – Writing music – to distract from intrusive thoughts and pain. • Reduced loneliness and isolation – regular contact with volunteer, having someone who cares about his wellbeing, getting out of the house and being part of his local community.

Wider Impacts

Savings to frontline services due to:

- Reduced risk of crisis hospital admission due to re-engagement with health services.
- Reduced risk of repeat homelessness due to social interaction with volunteer and acceptance of support.
- Developed of self-management techniques through peer support.

Priority Outcome 4: Supported Self-Management of Long-term Conditions

<h3>Case Study 4</h3>
<p>Mrs B was having a very difficult time when she contacted the Action for Pain service. The lockdown situation had caused her a lot of distress and had affected her mental health and her pain levels. At the time of referral, she was feeling suicidal and was encouraged by her GP to seek support from Health All Round.</p>
<p>After an initial discussion, it was agreed that Mrs B would start the 6-week Action for Pain course. At the beginning, she remained unsure about participating in the group but with encouragement she decided to give it a try. Mrs B attended all six sessions and engaged well. She felt that there was something within the Action for Pain group which just 'clicked' with her – a lot more than previous experiences of pain management groups / services – and that having a GP involved with the course was particularly useful. She felt really listened to by the GP on the course, which was something she had not felt for some time.</p>
<p>Whilst on the course Mrs B started making changes to her lifestyle, and soon began feeling better both physically and mentally. Her PAM (Patient Activation Measure) scores increased which is indicative of an increased sense of control over her own health and wellbeing. This improved confidence resulted in her not having to 'rely' on others so much and encouraged her to consider reducing her use of pain medication.</p>
<p>After the course, Mrs B went on to access other Health All Round services: counselling, art and the writing group and these became an important part of her self - management. Increasing physical activity also played a key role in Mrs B's recovery and with support via the <i>Active Steps</i> service at HAR she was able to access a local pool for swimming. Mrs B received further support to enhance her activity levels through the organisation's in home physio service which supported her to leave the house for short walks, increasing gradually in distance until she met her personal target.</p>
<h3>Strategic Outcomes:</h3>
<ul style="list-style-type: none">• Supported self-management of long-term conditions• Promote healthy lifestyles including physical activity and healthy eating• Improved mental wellbeing• Long term support at a local level
<h3>Personal Outcomes:</h3>
<ul style="list-style-type: none">• Self-management of health conditions – reduce reliance on medication & engagement with alternative approaches.• Improved physical & mental health – improved activity levels and engagement with the Heads Up Counselling Service.• Developed of self-management techniques through peer support.• Ability to leave the house.
<h3>Wider Impacts</h3>
<p>Savings to frontline services due to:</p> <ul style="list-style-type: none">• Reduced number of repeat GP presentations and GP appointments.• Increased GP clinical time.• Reduced need for prescribed medication.

- Recognition of an alternative pathway for chronic pain.
- Supported through the Modernising Patient Pathways Fund.

Priority Outcome 5: Income Maximisation

Case Study 5

Client is single, 23 years old, living in temporary accommodation due to homelessness. Client has significant learning difficulties and also suffers from anxiety and depression. Client is unable to work due to his health conditions. Client is resident in an area of Edinburgh which is identified through the SIMD as being within the top 5% of deprived areas in Scotland

Client accessed the service after attending a CAB drop-in session with a support worker.

Client had been in long-term receipt of benefits, including ESA awarded due to his health conditions preventing him from working, housing benefit, and PIP. Client had his PIP revoked after a review, but due to client having significant learning difficulties client did not understand the letter giving the outcome of the review and was unaware that his PIP had stopped. Client's other benefits – ESA and Housing Benefit had also been stopped due to client spending a short spell in prison on remand. As a result, client had accumulated around £1000 in rent arrears.

The adviser that dealt with the client made contact with the DWP to ascertain the situation regarding the client's benefits, and with help from a support worker that was allocated by client's landlord LINK Living, contact was made with Housing Benefit to ascertain the situation here as well. These actions were necessary as, due to client's learning difficulties he was unable to advocate on his behalf and would have been unable to make this contact himself.

The outcome of these interventions was extremely positive for the client as the initial re-instatement of Housing Benefit prevented further debt accruing and cancelled out previously accrued debt. The client had been struggling and essentially living on no income, but this was rectified with the help of the CAE support worker who was successful in reinstating previous benefits and successfully making new benefit claims. The partnership working with the client's LINK Living support worker proved invaluable in this case, in enabling the client to access CAE services initially, and providing a point of contact that could ably liaise with the client.

Strategic Outcomes:

- Appropriate welfare advice support provided
- Increase in financial circumstances
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Personal Outcomes:

- The client's debt was addressed.
- The clients received annual financial gains of £7380 in Housing Benefit, £1,061.24 Universal Credit (short Term Payment) and £6,240 in Adult Disability Payments.
- The client's rights as a vulnerable person were upheld.
- Improved financial stability.
- Stronger support networks.

Wider Impacts

- Learning was established for both the DWP and Edinburgh Council that the Housing Benefit Payments should not have ceased.
- A person's vulnerabilities should have been taken into consideration at the time of prison release and from his housing support worker.
- Prevention of homelessness.

- Aiding recovery and reducing likelihood of re-offending.

Priority Outcome 6: Reducing Digital Exclusion

Case Study 6

The learner first approached ACE IT in August 2022 with a very old laptop running windows 7. She wanted to be able to use her device confidently as she was very unsure of using the internet, what it could offer and issues around online safety. The learner had seen one of the organisation’s flyers and hoped that they might be able to help her. She initially presented with poor mental health and had very little disposable income. She was not in a position to prioritise accessing paid IT services either due to financial circumstances or her lack of IT knowledge.

There were a number of initial obstacles to her learning. Her laptop was very old and next to unusable, there was no antivirus installed on it. She was also very anxious and lacked any IT skills which resulted in her struggling to understand and IT information that was given to her.

As a first step, ACE IT offered her a refurbished laptop from their partnership with Edinburgh Remakery as she did not have the funds to purchase a new device. They then assisted her with setting up, installing appropriate anti-virus software and educating her about scams and how to be vigilant online. They also helped to move her files from the old machine to the new one.

The learner was delighted with the help she received from ACE IT quoting “I definitely appreciated my new laptop. What a lovely thing to do to help people”.

Volunteers from the organisation continued to calmly and patiently help the learner to understand further functionality in her laptop, assisted her to setup a Facebook account and to navigate social media in general. Over time, it emerged that the learner was very artistic and produced a number of creative items. At her request, ACE IT volunteers investigated the best way for her to sell her artistic items online and eventually helped her to build an online shop which she now confidently uses.

Strategic Outcomes:

- Reduced digital exclusion
- Reduced social isolation
- Improved mental wellbeing

Personal Outcomes:

- improved confidence in both her IT knowledge and IT skills.
- Selling her products online has given her a real focus which has improved her mental wellbeing.
- She continues to use ACE IT services where she benefits from social interaction whilst continuing to enhance her IT skills.
- Facebook has opened up her world, as she has joined local groups and communicates with many more people now.

Wider Impacts

- The learner has recently started volunteering with a local charity which has been in part due to the positive experience that she has had with ACE IT volunteers.

Priority Outcome 7: Building Stronger, Inclusive and Resilient Communities

Case Study 7

Mr JN is 87. He had been admitted to hospital following a fall. He spent several weeks there, then 6 weeks in a local care home due to his property needing a deep clean, pest control and removal of accumulated clutter.

Mr JN had been referred to the Digital Inclusion service. The referrer requested help with reconnecting broadband, support in accessing a suitable device and coaching Mr JN on how to access online shopping. The community key worker called Mr JN to arrange a home visit, and agreed to visit the day Mr JN would be discharged from the care home because the client was keen on accessing online shopping asap.

Upon visiting Mr JN in his flat, it turned out that the gas central heating was not working, and the TV had been disconnected by the contractors who carried out the deep clean. Although Mr JN had a bed in his bedroom, he was unable to use it as it had also been disconnected by the cleaning company and was in a position that made it impossible for Mr JN to access it.

The community key worker consulted with Mr JN and established that the bed was his priority, then the heating and then the TV. They decided to address the client's digital needs once the most urgent needs had been addressed.

The key worker managed to reconnect the electric operated bed and set the remote control to the required setting. He also phoned the City of Edinburgh Council out of hours emergency repairs and established that due to Mr JN's age and health conditions he was a priority case and an urgent heating engineer visit was scheduled for the same night. The key worker also managed re-connected the TV set (Mr JN was unable to do this independently as he was at risk of falls and could not reach the sockets or work out all the different wires) and set the remote control so Mr JN could access the programmes he liked.

During subsequent visits the key worker managed to get Mr JN's broadband reconnected and visit the local shopping centre jointly with Mr JN to support him to purchase a suitable device. Due to successful reconnections, Mr JN recently managed to place his first order online with Wiltshire meals and is now looking forward to his weekly deliveries by a friendly delivery driver.

Strategic Outcomes:
<ul style="list-style-type: none">• Improved digital connectiveness• Improved sense of wellbeing• More able to cope with everyday life• Building stronger, inclusive and resilient communities
Personal Outcomes:
<ul style="list-style-type: none">• The client accessed appropriate community support when it was needed.• He has regained confidence in looking after his own affairs following his hospital visit.• He is enjoying his regained independence.• He has remained part of the local community.
Wider Impacts
<ul style="list-style-type: none">• Due to the role of key community worker the client no longer requires a place in a local authority's care facility.• Due to the client's digital connectiveness, he is able to access his own meals and does not require local authority provision.

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-01/11/2024-1		
Does this direction supersede or vary an existing direction? If yes, please provide reference number of existing direction	No		
Approval date	01/11/2024		
Services / functions covered	All services funded through the EIJB Grants Programme		
Full text of direction	Issue a 90 days’ notice of cancellation to all recipients of the EIJB grants programme, bringing the scheduled end date of the programme forward.		
Direction to	The City of Edinburgh Council		
Link to relevant EIJB report / reports	Provide hyperlink once published		
Budget / finances allocated to carry out the direction.		<i>NHS Lothian</i>	<i>City of Edinburgh Council</i>
	2024/25	£0	-£0.7m (reduction in funding)
	Recurring funding	£0	-£4.5m (reduction in funding)
Performance measures	Performance measures and outcomes are in place for individual projects, with an evaluation report for the overall programme provided to the Performance and Delivery Committee annually.		
Date direction will be reviewed	N/A		