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Transcript

3 July 2025, 01:32pm



[REDACTED] 0:04

Afternoon every day.

My name is [REDACTED].

I'm the chair of the Mental Health Forum and I'm head of services for change mental health in Edinburgh.



[REDACTED] 0:12

Thanks [REDACTED]



[REDACTED] 0:12

I'm associated with a number of the lots.



[REDACTED] 0:16

Thank you, [REDACTED].



[REDACTED] 0:21

Hi. I'm [REDACTED] from volunteer Edinburgh service director and manage one of the services voluntary work for people with support needs, which is being considered for disinvestment.



[REDACTED] 0:34

Thanks [REDACTED]

At [REDACTED]



[REDACTED] 0:38

Hello everyone. My name is [REDACTED].

I am the chief exec of change mental health and we deliver as part of our work the work at the Stafford Centre, which part of that is being considered for this investment through LOT 3.

 [REDACTED] 0:53
Thanks [REDACTED]. [REDACTED].

 [REDACTED] 0:55
Hi, I'm [REDACTED].
I'm chief executive of health and mind and we deliver a number of mental health services across Edinburgh, Edinburgh.

 [REDACTED] 1:04
Brilliant. Thank you, [REDACTED] and [REDACTED]

 [REDACTED] 1:09
Hi, my name's [REDACTED]
I am the interim South,
West thrive Welcome team coordinator.
So I'm here on behalf of [REDACTED] our clinical manager for Thrive Welcome teams.

 [REDACTED] 1:19
Thanks [REDACTED]
Nice to meet you.
[REDACTED]

 [REDACTED] 1:24
Hello, I'm [REDACTED] the contracts officer.
Er being involved in majority of the contracts we are discussing today.

 [REDACTED] 1:27
Yeah.
Thanks, [REDACTED]

 [redacted] 1:37

Yeah. Hello. I'm [redacted].

I'm the chief exec of caps independent advocacy.

Caps delivers two of the thrive lots that are proposed to be disinvested from and.

Whereas subcontracted partner on another one with health in mind.

We also, I also attended the collective advocacy IIA, where it's being proposed that all of collective advocacy in Edinburgh is going to be disinvested from.

And I also have an NHS Lothian.

Service level agreement, which is planned to be disinvested from I attended the unscheduled care IA two because caps is a you know, an interested advocacy partner on the steering group of the Crisis Centre.

 [redacted] 2:23

Thanks, [redacted]

 [redacted] 2:27

Afternoon. Good evening.

I'm [redacted] service delivery lead at Ebot.

I'm just signing in for our Chief Executive today. From an observation perspective.

So [redacted] thank you much.

 [redacted] 2:38

Thanks [redacted]

[redacted]

 [redacted] 2:43

Hi everybody.

[redacted] I'm from public health NHS Lothian.

I don't think we've been involved in any of the iies up till now, but have had a copy of them and I've had a wee look at them. [redacted] florescenter, apologies.

So I'm here instead.

 [redacted] 2:57

Brilliant. [redacted] I've met [redacted] before, but I think first time I've met you, [redacted]

  3:05

Hi everybody.

I'm  deputy CEO, vocal and we support unpaid carers across the city and we are currently funded under Law 8 thrive.

  3:14

Thanks, ,

  3:17

Hi. Afternoon everybody at Dale Hill and the Co chief executive of exit industry.

But this afternoon I'm here because I am the chair of soon, which is a substance users network, Edinburgh and I also sit on the ADP executive as a third sector representative.

Some here from a drug and alcohol perspective looking through the 3rd sector lensity. Thank you.

  3:39

Thanks  and 

  3:43

Hi everybody.

I'm  heads of services for the South of Scotland at Penumbra. Mental health.

And we are funded for the Edinburgh Crisis Centre and we're also involved in the Connect partnership in LOT 1 and LOT 2.

  3:56

Thanks 

All right. I think a number of you have attended one or other of the iia's that we've conducted so far, but just to put everybody in the picture.

We have what we've been examining over the last few months is a saving of potentially up to £2.2 million across a number of our contracts and service level agreements with the third sector.

And what we've done to date is to look at all of the individual contracts that we hold,

review them against various criteria.

Earlier and come and bring together a proposal and at this stage it is just a proposal about what might be the long term impact.

We have asked.

We've done a number of individual impact assessments for each of these lots that we've looked at and for different contracts and we have asked everybody to provide us with evidence about their contracts, about evidence about the impacts that we might have if the contract was to be dis.

And we have looked at the impact on the wider system of doing that. The purpose of today's session is a little bit different. What we're going to do today is look at the effect of all of these cuts together.

So if we were to go ahead with all the proposals, as they've been as it's been outlined so far, what would the global effect be on mental health services?

So when we start to look at the impact.

We have listened really carefully to everything everybody has said in the individual. lia S and what we're trying to do in this one is to bring together look. If you do this and this and this, that will be the impact.

So what?

I'm going to ask you guys to do is to.

If it's an impact that relates to one service to assume that we've captured that in the individual II as. But if you can try and see, I think if you if you do 112 or three or more of these together, it will have, it will have.

A specific impact.

I know it's not always easy to do.

They can be very it can be difficult to kind of think across different contracts, particularly if it's not something that you yourself are familiar with, but that's what we're trying to do today is look at the, the overall impact. So we've got a number of hands up, so.

you were first.



6:12

Thanks, and thank you so much for outlining. Like the specific purpose of today.

I think that's helpful for us to understand that we're looking at that interconnectedness and that's something that I think then all the IIA we've been

trying to emphasize.

So it's great for us to pull that out just to go back on one thing you said before, you talked about how in the process to get to this point, you'd looked at individual contracts and individual lots and you'd assess them against a set of criteria.

  6:24
Mm hmm.

  6:38
Like we've never had that criteria shared with us.

  6:38
Back.

  6:40
We've also never seen exactly how our individual services have been rated against that.
Criteria which I think is a bit of a problem and so I was wondering if we will be able to get to a point where that is where that is possible.
I know that.
What you're saying now, these are just a set of proposals.
It's not.
It's not a definite decision, but I think there continues to be outstanding concern around both the natural justice fairness and accuracy of the process.
So all the more information we can get, I think the better.

  7:05
So first of all, I think the criteria have been shared. There were we've done I think two or three communications to affected providers that says these are the criteria that we use to assess the contracts and it is things like is it a statutory service, is it a? Delegated function to the ijb are the contracts providing value for money and so I think there were six criteria all together and I can't remember all of them off the top of my head, but I think those who've been communicated.

  7:33

Yeah. Sorry, that's not that. Sorry.

Yeah, those had been communicated.

I didn't realize those were the six criteria, but where could we then see the like? Like your assessment of individual services against those criteria? And I suppose part of the challenge, I think we all have in this sort of forum is it's quite difficult to understand how you.

Can assess, for example, the impact of a service on people without directly engaging with that service itself.

And I think that there's some concerns there as well.



[REDACTED] 8:02

OK.

No, that's fair enough, [REDACTED] I think in answer to the first part of that, it's we are. I suppose the assessment isn't completely finished yet because part of it is carrying out the IIA is listening to the feedback that you've given us through these sessions, and I suppose the bits that have been submitted as part of evidence tables and so on, as well as the.

Work that the contracts team and the planning commissioning officers have been doing to look through the contract monitoring information that we hold.

And so on and things like that.

So what we are hoping to do is to end up with a set of papers that will include very clearly.

This is why this is the rationale for the decisions.

So I think in terms of the timeline, we are aiming to have everything pulled together and ready to publish.

We will share it with the IGB members first on the 6th of August and we're aiming to write to all providers probably the day after that, with the kind of final. This is the recommendation that will go forward for for you and your contracts.

So that when we get to the public meeting on the 26th, it shouldn't be a surprise to anybody.

It should be something that you know what we're intending to.

OK, [REDACTED]



[REDACTED] 9:14

Thanks [REDACTED]

One was a question and one was a statement.
Really, the question was, why isn't [REDACTED] here today?
I was expect I was expecting.
You know the head honcho to be here.
Why isn't he here today if you can?



[REDACTED] 9:26

Unfortunately, he had a diary clash.
He's on. He's on leave at the moment and I was unable to reach out. This one's already been rescheduled a couple of times and I thought better to go ahead with it. He is, though, going to review the the report that comes out of this really closely.



[REDACTED] 9:42

OK. And the second one was more of a comment.
I'm glad that you kind of brought us all together, but there's been a number of occasions where we've been asked where I have asked and I know other colleagues are on this call, have asked who else is affected by this and we've been told that we can't tell.
You because it's confidential because it's contracts.
So it's not, we're not in a very difficult position of having to play catch up about thinking about how we come together and explain and digest and disseminate what. Impact of all these iia's together could have, so I would.
I would say it would have been better at the start of the IIA process for us all to be made aware of who was involved in the IAS and who wasn't, because I think that's just a little bit unfair. Thank you.



[REDACTED] 10:24

Thanks [REDACTED]
No, I think fair enough.
I think we were worried to start with that. There might be organisations that didn't want us to hand out that information.
But I realised that one's a bit of a.
I think you know. Let's see.

 [redacted] 10:39
That's a bit of.

 [redacted] 10:40
No, I think the fair statement.

 [redacted] 10:40
That's a bit of a fudge, yeah.

 [redacted] 10:43
OK, [redacted], did you want to come in on that one?

 [redacted] 10:45
I just jump at.
Yeah. I just want to for transparency.
We do have two other iia's next week for further NHS Slas that we hold within our acting early and are addressing inequalities.
I'm happy to write out to well, I could probably actually share it, but I don't. If I've got time just now.
But I've been gathering up data from them, so I'll be inputting on their behalf for this.
But will also add any specifics next week and they'll be invited to comment on the draft if that's OK. I just wanted for transparency sector bring that in.

 [redacted] 11:26
Thanks cat.

 [redacted] 11:27
Yeah.

 [redacted] 11:28
[redacted]

 [redacted] 11:31

I wanted to share I think.

[REDACTED], you've done an amazing job at capturing the discussions and the IIA summaries. However, I wondered if there was an opportunity for those who were present to feedback on them.

There seems to be a a few anomalies within them, and I think some of that is to do with the change in dates for things going forward.

So for example, in LOT 5 to 9, it refers to the June IGB meeting.

 [REDACTED] 12:01
All right. OK.

 [REDACTED] 12:02
So there's some kind of factual information there, but I wondered if there's going to be a formal opportunity for those that were present at each of the iia's to be able to update with further information.

 [REDACTED] 12:13
So you should have received an e-mail with the draft E.
Everyone who attended an IIA session should have been sent the kind of draft summary report. I know you've all been circulated it for this meeting today for for the mental health ones related to mental health, but for some of the others, and I think we gave a dead.
In that communication of the 18th of July for providing feedback.
So anything you pick up that you go actually that's either you know, something like a mistake in dates is absolutely that will be because of the change in times.
But if there's anything.

 [REDACTED] 12:44
Yeah, yeah.

 [REDACTED] 12:45
Else that you see on that and you go actually that's not a fair representation of what was discussed in the session or you or you want to flag something you think's been missed then absolutely. Please send it in to us.



██████████ 12:57

Thank you.

That's I've missed that.

Thank you for clarifying.

Thank you.



██████████ 13:01

Yeah, no.

Because we don't publish these on on our website until the week before the formal ID meeting. So we have time to, you know, make sure everyone's had a good chance to read through them and add in anything they think we've not got right.

At ██████.



██████████ 13:19

Yeah. Thank you.

I suppose I just wanted to speak about the fact that some of the IIS that were done were focused on one provider and so therefore the effects of negative effects of removing or taking action is clear because it's clearly attributed to that one provider. However, there were some of those where there was a number of providers involved. So for instance, lots 55 to 9:00, that's five of the thrive lots which involved.

Number of different providers who all do different things with different groups of people with different protected characteristics, and the IIA doesn't make it clear which organization you're talking about when you say that there's a particular impact. So for someone who an IGB member or a job public, who?

Doesn't understand what we all do.

It's really hard to determine the difference.

It seems there's been 1 proposed outcome.

Option of disinvestment for all five of those lots, and which seems quite unfair when each one does a very different thing and the levels of impact of one organization might be different from another.

Also to say now I can see all of the. I see the same as same as there for the one where there's four providers and one's been.

Recommended to be kept in full as it is, and the other three have been

recommended to be disinvested from.

Set a lot 4 four maybe.

 [REDACTED] 14:49
Yeah.

 [REDACTED] 14:49
But you can't tell by reading the IIA, where which lot has which impact on which protected characteristic that the information is not thorough enough to to determine that.
So there's no way of knowing why is it one is going to be kept and three are recommended to be to be reduced.
I I just felt that that's quite an important procedural point about the content of the IIA'S and how decisions will be made.
On the on the back of them.

 [REDACTED] 15:20
I think that the sorry cat, do you want to come in on this?

 [REDACTED] 15:23
Yeah, I'm happy to.
Yeah, I tried to give a kind of descriptor at the beginning of the lia's to show.
Kind of so that they could use their own kind of basically imagination, I suppose, and kind of knowledge.
However, [REDACTED] I'm completely happy to go back through the IIS and actually amend that and make it much more detailed.
So leave that with me.
I've put time aside so I can do that. Happy to.

 [REDACTED] 15:49
Yeah, I think anything we can do to clarify things were absolutely happy to do.
[REDACTED]

 [REDACTED] 15:59
I suppose this isn't.

It would be a request, but I don't think it's. You're not going to be able to give me an answer to [REDACTED].

It was just when you were talking about the papers going to the IGB for the rationale for decisions going to the IGB first and then coming to us the day after.

 [REDACTED] 16:11
Mm hmm.

 [REDACTED] 16:15
I just, I suppose for me, for us being able to there may be something in that and I'm not questioning what rationale people come to within the within the partnership. But for us, I think it'd be more useful to see it the day before or a few days before, to be able to come back. If there's anything that's maybe not accurate.

 [REDACTED] 16:35
All right. OK.

 [REDACTED] 16:36
Or maybe we something we feel that's missed.

 [REDACTED] 16:40
Sorry, [REDACTED].
Carry on interrupting you before you can finish.

 [REDACTED] 16:42
No, no, no.
That was that. Was that really? I just felt like coming to us the day after, when I suppose, you know, we've got time today, but already times getting on with the with us joined up thing.
But there may be something that we see on that rationale that we think will actually you've missed us or did you?
Did you think about that?
Was that?
Do you know what I mean?

So you're not really given an opportunity for that?
It's just kind of we have this and then it's that it's.

  17:09

So the meeting on the with IDB on the 6th is not a decision making meeting. It's it's merely a session that kind.

  17:10

Yeah.

No, I know, I know that.

But that's the information they're going to see before we've seen it as well.

  17:19

OK.

What I would say on that is the purpose of that session on the 6th is to give them a chance to look at all the contracts in detail and go right. What? What? What have you decided? You know, which ones are you thinking of? Disinvesting in which ones? Are you thinking of maybe a partial reduction?

Which ones are you keeping?

Which ones do you want to Commission?

Slightly differently, but in essence most of the contracts would stay as they are.

It's absolutely it's not even at that stage.

Is that a kind of final version?

So I once we write out you and go, this is the rationale.

Absolutely. If you want to write back into us and say, look, I think you've missed something or you change something, then we'll be happy to look at that.

We'll still have a couple of weeks to finalise fine tune before we put before we publish the final ijb paper that we're asking IDB to vote on.



  18:16

Thanks. Thanks 

It's basically a comment under question my my comment I suppose is quite a strong statement that I'm very disappointed that there are that the absence of senior officials from the Edinburgh Health and Social Care Partnership when, when the

invite came out and I know that there's been proble.

With scheduling and so on, but the invite list was massive.

Included [REDACTED].

[REDACTED] included board members.

I was expecting this to be a really busy meeting. In fact, as it's pretty much the membership of the Mental Health Forum post a few other you know, it's basically a meeting of service providers.

So I am very, very, very disappointed at that. And I I think that then casts.

A bit of doubt on the rigorousness of the process in terms of the audience.

And the participants at this meeting.

The second point is a question and and you said you're happy to clarify things and apologies if I picked it up wrong.

It's in response to [REDACTED] and [REDACTED]'s questions about.

The iia's that we've been circulated and you said the date was for the 19th of July for amendments.

Was that correct? 18th of July?

[REDACTED] 19:37

18th yeah, 18th if possible.

[REDACTED] 19:39

So does that mean then that we're we're working this afternoon on documents?

That are inaccurate or have have emissions or inconsistencies or have factual errors or emissions.

[REDACTED] 19:51

I think I would save.

[REDACTED] 19:52

I suppose again about the rigorous of the the process.

[REDACTED] 19:56

I think we're working off draft today, [REDACTED]

I think that's fair to say.

The final versions will be circulated to you guys once they're completed, but I think in

terms of the the process, because it does take up, it takes quite a lot of time to write these settings up afterwards.

Or is it with we were starting to feel that this particular session had to be in the diary and go ahead so that we had time to write it up, get feedback from you guys, make sure we've got a fair and accurate summary document at the end of.

As well.

   20:26

OK.

I suppose I'm. I'm just concerned as part before the horse in the we been circulated paper.

So I know from from the the IIA for my own service, I know that I've had I I submitted quite a lot as as  and clarify I I submitted quite a number of changes and things that you know, but I was one of the very first ones.

To get done.

I'm concerned that others haven't had that opportunity, that they're still quite a long timeline and also that I I'm amazed that there's still 2II as to be done.

So I just don't how that all fits into a logical timeline.

  21:06

Well, thanks 

I think sometimes we have to go with the the times that we can manage.

It's not always perfect.

It's not always ideal, but I think we're trying to do the best we can here in terms of timing and giving everyone a chance to feed in.

  21:25

I'm sorry. I I people will have the chance to feed in by the 18th of July, which is 2 weeks from now.

And we're we're looking at cumulative impact just now.

I think that's an important point.

  21:36

Sorry, that's for the ones that been circulated so far, this one that we're holding today, I think.

We're you'll need a bit longer to read through it and make sure you've got all the rest of it.

So [REDACTED] and I were discussing this earlier and I think we agreed.

[REDACTED] keep me right on this. I think we were seeing if we could get comments back on this one by the 25th of July.

I know it's a little bit longer.

It can be circulated out to the group that were invited in the 1st place rather than the group that is attended and will take in as much feedback as possible.



[REDACTED] 22:07

Yep. So I'm going to be trying to send the draft for this one by the end of next week, and then we'll invite comments back here by the 25th.

So and we will kind of try and get the other amended out.

It is very short but I think.

That we've tried that our hardest to be able to make the kind of IIA what's been written up as rigorous as possible.

Yeah, apologies.



[REDACTED] 22:37

Thanks [REDACTED]



[REDACTED] 22:40

I just want to fully back everything that [REDACTED] said and and I hear what you're really fully back.

Everything that [REDACTED] just said.

And I hear what you're saying.

Just [REDACTED] got to make the best of it, [REDACTED]

But this is talking about disinvestment of services and and the the citizens of Edinburgh possibly not having access to mental health services, so trying to make the best of it is probably not something that some of us on this call.

Would maybe support because we need to make it excellent.

Not the best of it.

And I again with [REDACTED]

I'm slightly concerned about who's not here, so there's people who will be affected

through disinvestment, who haven't been invited on this call.
So yeah, I just wanted to support [REDACTED] and what she said.

 [REDACTED] 23:25
Thanks [REDACTED].

 [REDACTED] 23:30
Sorry, [REDACTED], you're getting the brunt of.

 [REDACTED] 23:32
That's all right.

 [REDACTED] 23:34
So apologies for that.
I understand you're in a a tricky situation here. I think all through the process what we've been asking for is clarity about the process, about where we'll be involved, where we can't be involved, how other like, how people accessing services will be involved.
And apologies, I can't remember if it was earlier this week or last week.
[REDACTED] wrote to us all with an update.
And it is really quite different to the update that you've given us today.
And it to me is just quite a good example of where our heads are kind of is all over the place and there's that's why I think there's this real sense of frustration coming through because we're getting all of these mixed messages and all we're asking for is.
The clarity of purpose.
Of the process.
I beg your pardon.
So in [REDACTED]'s letter, he said to us and in conversations that individual organisations have had with [REDACTED], he said that impacted organisations will be informed prior to the ijb.
Being told and now and there was no mention of this session with ljb on the 6th and that he did say.
Impacted organisations would find out by the 8th and I just think it's it's just this lack of partnership approach and we it's OK we can hold the information that you're that

you tell us and then there must be a plan somewhere with a timeline and it would just.

Be so helpful if that was shared with us in a consistent way.

To help us not only manage.

The process.

But manage information that is going to our staff, team and even more importantly than that, to people that are using our services that are under a lot of anxiety just now and how we're week is impacting how we can communicate with them as well and reassure them because.

A lot is public as well as a lot being private and it's helpful for us to have a little bit of advance notice.

And to be able to talk that through.

With people.



25:59

All right, if I'm seeing anything here that's contradicting what said in his e-mail and that's on me.

I'm really sorry I'm not meaning to do that.



26:08

No, it's health.

What you've shared today is really, really helpful, because now we know there's a session with ijb on the 6th and that we all find out on the 7th.



26:18

Yeah, that that is absolutely what we're aiming to do. And the briefing on the 6th is really just to give the IDB the information. They won't make any decisions on that date as to give them an outline of the kind of process we've gone through and the the.



26:18

That's really helpful. That's more helpful.



26:33

IAS that have been held and the and at that point, what will even at that point be

draft recommendations. And as I say, you guys will get told about it the next day and then you can feed into us and recommendations may still change after that.

 [redacted] 26:39

Mm hmm.

Yeah, that's clear. That's clear. Thank you.

 [redacted] 26:51
[redacted]

 [redacted] 26:56

Yeah, the I guess the comment or the possible complaint I want to make again is about, you know the the accuracy and the robust reporting of what happened in the IIS.

I was in an IIA where there was a provider there who didn't seem to know why they were there when they arrived.

There was conversations in the lie and about that service, as well as as another. But then IIA does not report anything.

About that provider, who who didn't know why they were there and and it turns out that that's because after the IIA, that provider was told they were no longer going to be assessed, their funding was OK.

The the note of the IA does not make that clear to any reader, and particularly the IGB members. And I also think it seems completely unfair and you know.

Not not right at all. That one provider is being assessed.

In an IAE and then a decision is made about their funding behind closed doors when no one else knows about that after the meeting.

And it's not recorded at all.

I just think that's that doesn't give me much confidence in in the in the process.

 [redacted] 28:14

[redacted] we can absolutely amend that IIA report to make it clearer, because it isn't. It's not.

I think we can go back to that one and make it clear what a bit.

More robustly, what happened in the session?

 [REDACTED] 28:29

There is no information that was said by that other provider at all, and there is nothing written at the bottom or at the start of it about the fact they were there. They were assessed and then somehow it got decided that they were no longer to be to be assessed that that their funder was OK.

There's there's nothing and not my complaint is not about the the massive importance of that service.

It's about the process of all of that.

That seems to me and you know.

That seems to be very unfair.

 [REDACTED] 29:01

[REDACTED] were you coming in on that one?

 [REDACTED] 29:04

Yeah, I think that was in relevant to the unscheduled care and St. Assist [REDACTED] that direct the decision had already been made to take St. assist out. So I wrote it in a way that was relevant for Edinburgh Crisis Centre because they were the ones getting impacted on.

So it was the way that I wrote it.

 [REDACTED] 29:22

Should I?

 [REDACTED] 29:22

But I thought Belton made more sense.

 [REDACTED] 29:25

Can see that that [REDACTED]

Yeah, but the fact is, how was it decided that they were taken out of the process?

That's that's not clear to anybody.

 [REDACTED] 29:33

That was.

I suppose what we're getting into here is a bit about the individual recommendations, some of which.

Some of which were made at the beginning of the process, some of which we started off with one recommendation, and because of the work that we've done with people, they're not always the same.

By the get time we get to this.

■.



■ 29:56

Yeah. So I was on another point, but I suppose on that like I'm not.

I'm not sure if it is about the individual recommendations, because fundamentally it's it's another issue with the process.

So it's another issue that, like there's a lack of confidence that a fear and and transparent process is going.

Obviously, we know you guys are working really hard.

We know that you're not.

You know, we know you're trying to get to the best outcome you can.

But if you take a different lens to it, it looks corrupt and I don't use that word lightly.

It looks like someone there was a mistake that was made. A decision was made that actually in order to hide that mistake because it wasn't on the documentation that that person's OK, no, I accept. I accept.

That's what not what happened. But I'm just saying that because of the lack of transparency in the process, that's where minds can go to very, very quickly.

And I think that's really, really dangerous.

And worrying.

Because again, we don't really fully understand what how the criteria is being used.

And I think we don't really understand. You know, I think a better process would have been if, as if you know there was a being completely frank, I think that the point that was that.



■ 30:52

OK.

Yeah.



■ 31:03

Was being made before by [REDACTED] is right that actually this should have not been done in lots.

It should have been done in a one to one basis with providers, and I know that would have been more work, but then you could have had an honest and.

Conversation with providers about how is your service doing.

What is happening?

Is it meeting our goals?

Is it not?

And that would have felt much, much more simpler. By lumping things together, we've created that confusion.

And I suppose that kind of reason to my question, which is so on the 6th, when you are giving the IGB members the documentation, like how, what is that going to look like?

 [REDACTED] 31:34
Yeah.

 [REDACTED] 31:39
Is that going to look like lots?
Is that going to look like individual providers?
You know, and what level of detail is that going to be?

 [REDACTED] 31:48
I'm not sure if I can answer that one in full, [REDACTED] What it's likely to be is essentially a list of providers, a list of a description of what the service provides, the rationale for the sorry, the recommendation, and the rationale if why we've made that recommendation.
They will also receive the draft iia's so they can see the detail.
There is also going to be a covering report that will set out.
This is the process that we went through.
These are the steps that we took.
And that will be, I suppose, the first draft of what will be published for the IDB meeting on the 26th.

 [REDACTED] 32:24

Will we?

Will we have that covering report shared with us as well on the 7th or 8th?

  32:30

That I'm not sure about.

I'm going to have to take advice on that one.

  32:34

OK.

Thank you.

  32:36

Just to clarify, one of the things you said about grouping the lots together is, I suppose the purpose of an IIA isn't necessarily to carry out a full contract assessment. And that's and it's for that reason that we were able to group some of them and I appreciate that some were carried out individually and some were done as groups and that was really around with whether we thought they fell into a similar enough category where you could.

Carry out like that.

We've we've also gone back to the iiea.

s, which doesn't specify particularly whether you can do it in groups or not. However, we have done iia's in groups before when it was all, I suppose the same sort of effect that you were doing.

So I appreciate that for those people who ended up in a group, it has not felt like quite the same process. But even for the ones that were done individually, the purpose of an IIA is not to do that kind of contract assessment. It's to look at the Impact of the change we're proposing.

Which is not the same thing as looking at the evidence of how somebody's contract works and how.

How well it is running if they've met their outcomes and so on.

At 

  33:48

Thanks .

Yeah, a lot of what I was just about to say,  has has shared his comments that it

that is a concern certainly about the transparency with the decision making around this criteria.

It feels like probably just seeing what everybody's saying decisions already to be made, but this is just a tick box exercise to drag us all through this and probably why senior management are present but.

I do have real concerns about the criteria because.

Is pretty much unpaid care and stacked up against statutory responsibility and duty. Yet we are.

We are also being earmarked for disinvestment so we it feels like we have no space in which to discuss who's made that decision.

What has led them to mark us against that criterion? I'm sure that's where many of the services here.

So where do we get that discussion?

I appreciate you. Many of us sat through long iia's, but it feels like we're still not getting to the space where we actually get.

Organizations to see how have you come to that decision and what is that based on?

We keep hearing about evidence base and but we don't get that back in return.

So where do we get that point and how much exactly is next?

How much of this recommendation people will we actually get to see, given that decisions are being made in our services and our our client groups as well?

So I do have real concerns about that and I also have concerns about the way in which we're communicated.

It was just by chance.

Stumbled across that this this meeting was happening.

Carers are apparently equal partners in care that goes beyond just focal as a service, so we must make sure that whether it's different laws and how they're split, unpaid carers are represented in some way in any space that we we have in relation to this.



[REDACTED] 35:38

Thanks [REDACTED].

I will absolutely feedback the the everyone's statements and everyone's concerns that you're all telling me here today and see and discuss whether there's anything further we can do to offer you an opportunity to hear that and express it.

But I will.

I will feed that back, but I can't necessarily give you an answer to that right now.

██████████.



██████████ 36:03

Thanks. I wanted to go back to something that you said earlier, ██████████

And this is about transparency. Again, that recommendations were made at the start of the process for not to disinvest. Some organisations like street, US, St. Assist, that's who we were to. ██████████ was talking about how how did that happen?



██████████ 36:06

Mm hmm.



██████████ 36:20

What was the process?

Who was involved in that process?

Why wasn't an IIA about that?

I'm I'm thoroughly confused at the start of the process and I'm assuming we mean.

The disinvestment process that recommendations were given to whom?

Not to disinvest. Some particular services. Can you shed some light on that?



██████████ 36:41

Yeah. So what, when we started the process, I suppose to outline it, we started off by asking, planning and commissioning officers and contracts officers to look at each individual contract and to put to get forward an initial recommendation about whether we should retain the contract disinvest in it.

Or reduce it in some way.

Change it a bit in some way or form, and that was the start. That was our first process.

Those decisions were then reviewed by a panel of senior managers.

At which point some of the decisions were upheld.

Some were changed and so on and so forth.

The IIA process was then done on a suppose that revised proposal because for an IIA you need something to discuss.

We need to go look.

This is a proposal on the table.

This is what we're trying to assess the impact of and that's you know, I'm not. I think that's the process that we went through after the IIA some of the proposals. Will have changed because some of the evidence that people submitted as part of the IIA process and some of the discussion will have brought forward stuff that hasn't necessarily been considered and has caused us to go actually maybe the original recommendation was not right. Maybe let's try.

This again.

We are still in the process of finalising that, as you know, we're still working through the IIA'S, so not all of that has been completed and that's why I don't want to say, look, this is the final decision because it's not yet.

  38:10

Yeah. So the people.

That was so a panel decided who was not going to be disinvested at the start of this process.

Is there a public record?

  38:16

As a proposal.

  38:17

Is there a pub as a proposal?

As a public, is there a public record of that?

  38:24

And that will be part that I suppose that is ultimately what goes in the IJB paper, which will be a public document.



  38:40

Thanks. You're reminding me 

I think we've been living and breathing this for such a long time now, and you're actually reminding me of that very first e-mail we got which said you're being considered for full or partial disinvestment. And we lived with that for a week or so. And when we got.

Back to say actually the impact of that will be quite different in terms of what is disinvest.

Oh yeah, and then so it feels as if.

We've been constantly chasing our tail.

So for the this last period and in a sense as [REDACTED] said, of not having confidence that the process had been cleared, right, right from the beginning, it hasn't. It feels as if it's been getting made-up as it goes along, to be honest. And I have real.

Sympathy for your position this afternoon because you've been put to front this with. You know very experienced service providers who have been living and breathing this, you know, for a long time.

I I'm quite.

Without putting well, I'm going to put somebody on the spot, but I'm conscious that [REDACTED]s here from NHS Lothian, you know, in terms of strategic programmes and public health, I'm just, we have we, we've been living and breathing this for such a long time, it's it's a.

Very tricky and frustrating process in a lot of ways.

What's your take on it, [REDACTED]? As somebody external to the insurance and outs of it? Because I think going forward and [REDACTED]'s comment about [REDACTED] will be in the public record, you know, I I have a real fear that in times to come there will be a serious investigation into this whole process.

You know, I I you know, when you look at what's happening with Dundee University just now and folk getting called over the course in a parliamentary inquiry, I I have visions of of this not going away and the the the process has been so flawed and so Inc.

But you know, I suppose I'm making that comment. But secondly, after watch your take on it as a as a slightly external person to this and obviously NHS Lothian going on to the actual cumulative impact, NHS Lothian will be picking up an awful lot if 2.2. 1,000,000 lbs of savings are made from from these services.



[REDACTED] 41:06

Well, I don't think it's really fair that I comment on the kind of process I haven't been involved in the process. So I'm kind of hearing a lot of things first time here.

So I don't think that would be fair for me to answer that, but I suppose.



[REDACTED] 41:17

It would be interesting.

It would be interesting though, because I think I think there's that.

It feels that there has been a lot of smoke and mirrors in a sense, and so somebody coming to it fresh and just trying to sort of work out what's going on, you know, it's it's confusing when you've been immersed in it for such a long time, so.

A fresh eye would be really appreciated.



[Redacted] 41:41

And it's a real shame that somebody from NHS Lothian hasn't been at any of the lia's.



[Redacted] 41:48

Yeah. As I said, I'm not going to comment.

I don't think that's fair.

I don't know any of your services in detail and I don't know the process, but I believe my point of being here is to come with a data height on. Look at some of the data and I do have some comments for kind of the improvement I think.

The IA is under sail. Some of the impacts, and I don't think the impacts come out quite strongly in relation to mental health at a population level.

So that's kind of what I would be liking to come to this meeting.

So from a data point of view and inequalities point of view, again, I don't think that comes through and I'm thinking if I'm in, you know, a board member making a decision about these and this is a document, AMC now somebody of recommendations and the summary of the.

lia's, I don't think collectively we've maybe pulled that information together to show the the scale and size of mental health as a whole in terms of the impact on the Edinburgh population and then.



[Redacted] 42:43

I'm here.



[Redacted] 42:45

How that disinvestment?

Or investment, whatever the decisions are then impacts as a population as a whole because and that's quite hard to do because those have been done from individual

services, which is correct but not looked at a population level. The population of Edinburgh and the accumulation of all those Dec.

Together. So I'm hoping I can bring some of that kind of information. But yeah, I don't think I would be able to comment on the other things.

Sorry [REDACTED], to see no to that.

 [REDACTED] 43:11

But no.

But what you've said [REDACTED] is, is is very, very useful in terms of, you know, being told at the start. You know that this is a data-driven process.

And the data's you know, from a fresh eye isn't consistent with really demonstrating the empira population level.

So your your comments are are are really interesting. Thank you.

 [REDACTED] 43:37

[REDACTED], when we get into the, I suppose the the meat of the session, it would be really useful to get some of your input into that.

OK guys.

I am conscious of time and I do want to move us on, but we've got another couple of hands up.

But I do would like to move on to the next session after that if possible. [REDACTED]

 [REDACTED] 43:58

It's good. Yeah. Meeting of the session. That's it.

We're not even.

We've not even got over .1 of the agenda, have we?

I think I think what [REDACTED] was saying there was really, really interesting and useful, and I think having that that I would say that throughout this whole process as well, part of the absence of our NHS colleagues has been a bit of a challenging part of that because.

So much of the impact that we're talking about will land in to me in 2 distinct places.

It will land directly on the NHS and it will land on social work both.

Our organisations and institutions.

In our system, which are massively under strain and yet the the AIGB doesn't really seem to want to take account of that, which I think is troubling to be honest.

And I suppose my point is, you know, it's going all the way back to the process part again and then I'll shut up about it.

I promise.

Which is, you know, one of the things that you said, [REDACTED] was that, oh, we had the IIA's and then at the IAS, some people brought extra evidence and then we changed our opinion.

But that's not what the IIS were set up.

For so, we were told originally, IAE was effectively an equality and impact assessment, not an opportunity to come and bring your evidence and make an argument for your service. And that, I think, is the fundamental problem because then it's unfair because some people then bring evidence. Great for.

 [REDACTED] 45:02
[REDACTED]

 [REDACTED] 45:17

Them that evidence is considered and a different decision is made and just just before you come back on it. The one other thing I would say is that like this actually is.

I think [REDACTED]'s point about the dangers in this process is really important.

Because this is actually a legal process because it's a commissioning process and there's actually quite a lot of laws and regulations about it. And I do think that IJB has left itself open to potential legal challenge and quite significantly so.

 [REDACTED] 45:42

OK.

I can't comment on that part of it, [REDACTED], but what I would say is that when I say that people have submitted evidence that that has been, I suppose in terms of the IIA, about the impact that they think the the change would have. And so I think.

Everyone's had an equal opportunity to do that.

I don't mean that they've submitted evidence about how their particular service operates.

 [REDACTED] 46:07

No, I.



██████████ 46:07

And I think it is part of a robust process to say, look, we've we've held a session with everybody who's affected.

They've all had a chance to have their say.

But in some cases we've listened to what they've said and gone actually, OK for this is this is making us think again about our recommendation.

But I do think that everyone's had an equal opportunity to do that.



██████████ 46:31

But I'm not sure if I would completely agree.

In fact, I don't agree unfortunately, and I think many, many providers feel the same.

And I think that's maybe part of the challenge where we find ourselves at.



██████████ 46:43

OK.

All right, ██████████ I will feed all of this back. Thank you, ██████████



██████████ 46:47

It's.



██████████ 46:52

At the beginning of the session and all the way through, we've heard about the £2.2 million that have to be saved from third sector contracts and SL as in terms of the information that was provided for today's meeting, there was no indication of what the.

Savings are if all of the recommendations are approved, would you be able to share that with us?

Because the reason I'm asking is just to.

To try and work out has will this meet the two point? If all of these services this investments and are approved recommendations are approved, does that equate to £2.2 million?

Or is there going to be further?

Is further work needed then to find the remaining amount?

  47:48

I suppose so. The final amount that we think we can save through this once all the recommendations have been finalised will be in the IDB paper that's published for the 26th.

If it doesn't add up to 2.2, we will need to look at a recovery plan.

It does, which is something that we've looked at in previous years when we have not been able to make the full savings that we've had to make. It is not necessarily that the remainder of that saving would need to come from third sector.

It would be a case of, as we have done with all our other recovery plans, is looking across all the services that we provide as an IGB and seeing if we think there are savings that can be made from any of them, but I can't yet say this.

Is the final amount we think we will save because we're still working our way through some of the recommendations.

But it will be part of the paper, so you will be able to see that when it's published.

  48:37

OK.

OK.

Thank you.

  48:43

OK.

Alright guys.

Thank you so much for your kind of honest and robust feedback here.

I will feedback as much for as I possibly can. 's taking notes for we got the transcription of the session as well.

So thank you guys.

There are two more parts to the session and I'm really conscious of time here, so one of them is to look at the evidence base for the decisions that for for the to go, this is the evidence that will show the impact that we make if we go.

Ahead with these proposals.

As they stand at the moment, s already mentioned that she's got some concerns about the sort of information that we've.

Spent a short time on the evidence base and what would like to invite you guys to do

is to send in any comments, any feedback you've got about it in general.

I know in a lot of the sessions we've gone through the evidence paper kind of line by line.

I just don't think we've got time today because what I would really like to spend the majority of the time remaining on is the equalities impact and make sure we've got that kind of global picture.

But I don't want to not give you guys a chance to feedback on it.

So can't circulated the draft evidence table as part of the papers for this meeting.

Have you got feedback that you like to give straight up about it, [REDACTED]?

Maybe you're somebody to start with on this.

 [REDACTED] 50:06

Yeah, I won't go through it line by line, but a lot of the evidence is the reports and one of the columns and then it gives a summary of what it says. But the actual column says, what does evidence tell us with regards to who might be impact?

 [REDACTED] 50:12

Mm hmm.

 [REDACTED] 50:18

And we're not pulling that out of the report.

 [REDACTED] 50:31

Yeah.

 [REDACTED] 50:31

Proportions the the impact of mental health across the different age groups and any of the protected characteristics in terms of it's more common or there's more acute mental health issues and associated with them to experience or disabilities or anything like that.

So I think we're making quite a big assumptions that the people read in the paper will know that. And I don't think we should make those assumptions.

So at the beginning of the evidence, when it talks about the population, I think we need to pull some information out of those evidence. And this is the population. This is the impact of mental health on our Edinburgh population and these are what we're

seeing in terms of.

The key characteristics and then further down it goes into the impact of removing or keeping that service. But without that kind of overall picture.

You're missing that.

So for example, we've got our Lothian Public Health survey.

So although it's Lothian, I can pull data specifically from Edinburgh, but it shows specifically about the pattern of mental health conditions across the age, sex split and some other characteristics as well.

And self reported.

Mental health.

Low mental health and high mental health using the waynew webs scale, again across different deprivation.

Levels and different age levels.

So I think pool and a couple of sentences together.

In the very beginning of the evidence section would be really useful to pull that together so that people can get an idea of the scale of the problem, because £2.2 million is a lot of money, but the scale and impact and people being affected by.

Poor mental health, whether it's poor mental health or whether it's a mental health illness, is a big is a big, large proportion of population.

We've also got information.

It's in one of the other reports.

So for the prevention paper about the burden of disease, and again, I don't think the readers will have a good maybe understanding of the financial burden of these certain conditions.

So I think what I can do is I can send that over rather than going through all the different reports, but I think that would be useful if if that would be helpful.



52:42

After that would be amazing.

That would be really, really helpful.

Thank you.

And I think those are all really fair comments and anything you've got that will make it clearer for folk would be brilliant.



52:49

OK.

Yeah, and it's all published data.

So I can send it across and if you put it in here, I'm assuming you could then copy it into the individual IES as well, because I think it would be relevant for all of them to set the scene.

  52:56

Hmm.

Yeah, yeah.

Yeah. No, it sounds great.

Thank you, .

  53:11

Apologies if it is in there as well because I've not had time to read everything in real detail, which is I think one thing that would be helpful when we're pulling our summary together. The accumulative summary is if it is put into areas of which groups, it's all.

  53:27

Mm hmm.

  53:29

Together. So everything on schedule to older people, everything, the advocacy, you know, lot 5 to whatever would be good as well.

But it was just to note as well we did.

Do we did do a report for the?

Hard because we have a lot of people that don't want to give the information, but I'm not sure if others did as well about the where people were. The groups that were using the crisis centre left and the SIMD.

So it was the specific groups and the different things.

So that was actual data on people that had given us the information and I don't see that there in the kind of summary, but.

  54:07

OK.

54:09

Yeah, just as I note as well, because [REDACTED] did say that.

I feel like that when we look at the evidence table, when you are looking at right, what does, what does this mean and what does this tell us as all the reports? And it's not really like what I would expect if I'm reading it as an IGB member.

To see if I'm looking at the accumulative 1.

What does that tell me altogether? After you've done all these impact assessments and bringing it together then, so how many of the iia's brought up that there was going to be this impact, a 40% impact on older people?

And having it and not column that tells us all the reports together have told us there's going to be a 40% impact or do you know what I'm I'm saying it was just 'cause. [REDACTED] touched on that because that's what I was looking for when I was.

Going into this summary and and I know that this will be helping bring that somebody together as well, but there is bits in the individual reports that are not in there that should be in there.

54:54

Mm hmm.

OK, OK.

Absolutely. We can include that, [REDACTED]. And if if you've sent through something for the crisis centre and it's not made its way in, then we can check that and make sure that it goes in properly.

55:15

I think it might be on the individual one, but I suppose it's the combined evidence table, but also just to note that there's a couple of things missing from the unscheduled one and I will be sending that in, which obviously people won't see here today, but I can.

55:17

Yeah, it probably is.

OK.



55:28

Also share that with others as well.



55:30

OK.

Thanks, [REDACTED]. That sounds great, [REDACTED].



55:35

Yeah. Thanks.

Just on that and on the evidence base, I think we need to be looking at the wider impact of this disinvestment as well.

I don't feel that.

That's they are strong enough and forgive me, I haven't had time to read through every IIA, but I'm just thinking from an alcohol and drugs partnership point of view when we're looking at people getting better than well, we're looking at a whole multifaceted, dated approach. So we're looking.

At place based and the right service at the right time for these individuals.

As they progress through, so if we're looking at stabilizing somebody on either an opiate replacement therapy or looking at other counselling therapies, we'll be looking at wider than just the alcohol and drugs framework.

But we also look at the impact on the whole family as well. And I'm looking at the people on the call today and constantly through the alcohol and Drugs partnership we are referring to vocal.

We're referring to volunteer Edinburgh.

We're referring to change mental health.

We've already seen a 7% cut from the ijb.

For the ADP, which has reduced our services within the alcohol and Drugs partnership by 7%.

And I'm just so already we've got a reduction in what our core delivery partners within CGL, ELCA crew turning point can deliver the impact on on the city is much stronger than it's ever been in terms of the change in demographics, the change in people's complex mental.

Health and the changing substances that they're using.

So more now than ever, we're needing.

To containions for people. Then we are opiate replacement treatments and I think this just to me. What we can't work in silo. We need to stop the silo working because everything's interconnected and interdependent.

We don't have enough hospital beds, so we're looking at alternatives to people going into hospital and therapeutic approaches in this intensive service support that we get from the mental health is crucial to people's recovery and vocals crucial to our unpaid carers who support people as they're going.

Through treatment.

I'm just looking at us on the call here and advocacy support when we're trying to take a rights based approach to people's recovery is really crucial and we need to have these care standards and everything else that we're being told to act on and the care and.

Justice bill everything that's coming in that we're meant to be reporting on requires wider services than just what can be delivered statutory.

So I just feel like this is fresh eyes on it today and I'm sorry I'm not.

I've not had time to read all the ease and I know that.

Potentially our services are not directly impacted by it.

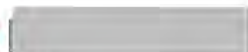
But we are indirectly impacted on it and my biggest concern of all of this is that we're going backwards and what was seen in 2015 when we had a 25% cut to services, when I feel the economy and the city was in a much strong.

Position 10 years on, we're worse than we've ever been and we need to stop blaming it on other things.

And we need to actually get all our ducks in a row and just be.

Looking at what what we need because it's it's really frightening what's out there just so.

Sorry, it's more of a point that I've thought. Where can we come in?



58:34

OK.



58:37

But just listening to use all in .1 and know, I think it's it's really crucial.

So forgive me for not reading everything, but we need that evidence base on that wider picture.

  58:44

No, there was.

There was a lot.

We were asking you to read for this. Thanks .

I think you're right.

A lot of what you've said is, is I suppose, a point of right. What is the impact will make sure it's captured as part of the impact session, not just kind of referred to as the evidence table.

OK, .

  59:06

Thanks to  for sending those papers over.

That is just the first that I've seen this, so I'm kind of the back foot here, but I think one thing that is really crucially important that has to be included is Section 28, the Carer Scotland Act.

It places a legal duty on health board regarding the involvement of carers and hospital discharge planning for the person they care for, so that includes the Royal Edinburgh Hospital and a big part of the work that our practitioner who.

Is funded through Thrive delivers is about hospital discharge and managing that and trying to prevent admission as well.

Well, so I think it needs to be clear that there is a legal duty to provide that support to carers.

So I'll pop that in the chat.

  59:44

OK.

Thanks .

Yeah. And anybody, if there's something that you think we need to include, pop it in the chat.

So we've definitely got it down in the right words.

Thank you, .

  59:58

Hi, thanks. I think  highlighted the. It's like a complex ecosystem of

interconnectedness in terms of voluntary organisations and working really closely together. And I think if there, if there could be a health economist to to make sense of the figure and the data's and the return.

On investment and so on. I know that they would demonstrate a really big return on the 2.2 million because of that.

Interconnectedness and the ability of the sector to draw funds and from elsewhere. So I don't I think the impact of the loss of all of that and we just we don't know. The other thing which is a really clear omission from all of the iia's having gone through them is the impact on adult support and protection and I think.

If we had colleagues here from, they would be very concerned.

They will pick up the the absence of many of these services and also other I don't know if you would call them statutory colleagues, but folk and job centres I I think some of us here were at a conference last week where DWP were presenting and job cent.

Advisors are doing the work of social workers now and and that's not what their skill set is.

But the individuals behind the desk are actually dealing with people at point of crisis and intervene to help that.

So I think the, I know that it's been raised at the Adults Protection Committee.

It's been highlighted that the impact will be really significant in terms of protection issues to NHS Lothian Health and Social Care Partnership and Police Scotland, along with others and I think it's really important that's looked at in a bit more detail.

Thanks.



1:01:48

Thanks [REDACTED].

And you did e-mail me and [REDACTED] about that earlier in the week. So we'll make sure that gets included not just in this, but in all the iia's for its relevant.

At [REDACTED].



1:01:58

Thanks. Yeah. Just on what [REDACTED] was saying. I think that's one of the things that's definitely missing for me as being emphasized a little bit in terms of structure is the the impact on other statutory services that maybe aren't directly related. And I just don't think that's pulled.

Out anywhere in the structure.

So for example, this may result in an increased load for social worker.

This may result in more people going to GPS surgeries, and when you're talking about the IGB of course, like you've got counsellors there and one of the you know the the.

Partner, mother and organisations is the Council that funds that. So I think it's really important that those kind of impacts are also called out quite explicitly if they can be worked out and then just on [REDACTED]'s point there about things like adult protection and legal duties. I.

Think there?

There is a risk that with the disinvestment from all of the cumulatively from all of the different mental health services that the IGB might actually be failing to meet, some of its legal duties.

That, and I think it might be worth.

Having a look over and thinking about what those might be so that could be for example like. I think there's a legal duty to promote integration. There's legal duties around meeting the National Health and well-being outcomes, which are about many are about mental health and support.

People the earliest opportunity and then of course, you know the mental care and Treatment Act 2003 where there is a legal duty to provide community based mental health provision.

So I think that there is a distinct risk, if not a likelihood, that.

The IGB will fail in that legal duty and I think that's probably worth being put on that because that is a cumulative impact that not just what the removal of one service wouldn't do that, but the removal of all of these services may very well do that.



[REDACTED] 1:03:41

OK, that's that's a Fairpoint, [REDACTED], [REDACTED] and I think that would be one that would probably be good for us to check out in advance of the meeting as well.

So thank you for raising that.

[REDACTED].



[REDACTED] 1:03:54

Yeah, hello.

So I think there are few things I want like observations and thoughts. I wanted to

share.

So the one thing or a few things that all the services have in common that are at the moment identified for this investment is the way people access them and that they have an Open Access, open door, self referral type of route which is free from any kind.

Of diagnostic threshold and I think that's.

Where prevention and all the kind of early intervention license.

So I think removing a layer of services that are accessed by people in that way has an impact. And I think today is about that is about like kind of cumulative impact of removing a layer of a service within mental health. And what would that be.

On overall system on on people, on populations.

Now I've also tried to calculate from all the different contracts at least that CEC site and cat I think helped a bit with CL as.

Terms of a number of people.

So it's about 4200 people who access the service in a given year.

Out of which 3000 let me have a look.

3470 so 303,500 are people who remain issue would be mental health.

Obviously that doesn't mean they don't have any other issues. As we've discussed in an individual I as, but I thought it's just important to bring it in here just to understand the size, the number of people affected.

It's quite difficult to comment a bit more about that group because we're it's impossible to know.

If some people may be accessed two or three or like more than one service within that are identified for this investment. But it's not really fully relevant, you know, like, I mean, people do access that at the time when they need it. So.

That's one of the things to comment and in terms of protected characteristics, it's quite hard again to gather data across the contracts because they are being collected differently, not consistently, not in the same way.

So I think it's quite hard to know exactly and precisely what that group of people is. You know.

In very precise terms, what are the percentages of each characteristic?

But I think from all the individual discussions, we know where the majority of people have been affected in what way.

So I think it's just to kind of bring it in here and I think we haven't spent a lot of time of the individual IIS. I've been part of on mitigation aspect and I think that's really

important.

I think we do need to spend some time discussing it because and there are almost two different aspects of mitigation.

One would be a long term impact and the mitigation of that and another would be in a short term impact should there be a disinvestment.

What actually should happen in terms of disinvesting itself?

So I think the two things need to kind of be discussed somewhere and I think that's maybe the best place to do it.

So yeah, I just wanted to to bring those few things in.



██████████ 1:06:56

Thanks ██████████.

That's really helpful, particularly the numbers you've shared. So make sure that gets into the right up into the individual ones as well.

██████████.



██████████ ██████████ 1:07:06

Yeah, thanks, ██████████, that that is useful.

So I suppose in terms of the cumulative impact, we know that 4th, I would imagine at least 4200 people are going to be impacted 3 1/2 thousand of them have mental health issues. I would I know from our IIA when we went.

Through we were able to identify that around 70% of the people we saw had fitted take lots of boxes in terms of protected characteristics, I suppose.

Looking at it through ourselves, intersectionality.

Lens, where we're taking all of all of those things significant impact coming back to another legal duty for the health and Social Care partnership.

I've been looking into the the public sector equality duty and you know, it appears that.

The public sector equ quality duty.

Sorry I have to read this off because I just printed out this morning.

And is tiffan S equal opportunities between people who have unprotected characteristic and those who do not? So all about is all fitting with their qualities act of 2010. And my understanding is that the Edinburgh Ijb has inequalities framework because we've seen reference to that in some of.

The papers that have come, but I've spent a big chunk of this morning trying to find

that Edinburgh IJB equalities framework and it's referenced on various Web.

The pages but none of the links work, so I don't know what the story is there, but I would imagine that that's quite a serious illegal duty that the health and Social Care partnership and the IJB have.



1:08:49

I don't know about that one, [REDACTED].

I will try and find out, particularly if we've got links that aren't working.

I'll try and work out what's going on and let you know.

[REDACTED] would you mind taking a note? So we make sure we do that.



1:08:57

Yeah, I think it is.

I suppose that the the yeah, the important impact of it is you know, we're looking at a number of legal and duties as as [REDACTED] highlighted and the one about particular we're looking at the IIA about people with protected characteristics. If we're if the city is failing and.

Its public equality duty, then. That's obviously important that the IJB members know about that.



1:09:24

Okey doke. No, I will look into that [REDACTED].

Thanks for raising it.

OK. Are there any other comments about the evidence table or are you guys content to send anything else in by e-mail or by providing feedback once we send you a first draft of this?

OK then.

So the final part of the session is to start looking at the IIA checklist, which is also in the e-mail that [REDACTED] sent with all the papers.

So while I'm aware that the purpose of the session is centred a lot around mental health, there's also I want to go through the checklist in general to make sure that we capture all impacts that we possibly can.

So again, guys, a plea to remember to talk about the cumulative impact rather than the impact on just one.

Service if at all possible.

So let's get started.

So the first characteristic to look at is older people and people in their middle years.

Someone want to kick us off with a impact that these proposals will have on that group of people, [REDACTED].

 [REDACTED] 1:10:30

I was actually going to say something else.

I'm just really, I'm really concerned that we've only got 45 minutes left and that there's two iia's next week and rather than trying to fly through this because I don't want to fly through it, well I do. But I don't.

 [REDACTED] 1:10:32

Ari, OK, go for it.

 [REDACTED] 1:10:49

I think we should all make a decision here that we're going to do as much as we can in this time and give everything the time that it needs and then meet again when the other two IAS have been done and when more of this document has been. Populated.

 [REDACTED] 1:11:05

[REDACTED] I'm happy to organise that.

I'm conscious that I've got a fortnight leave in the middle of July, so I might not be there myself, but I'm happy to facilitate setting up and making sure we can add more time in.

 [REDACTED] 1:11:18

[REDACTED] Hall could do it then [REDACTED].

 [REDACTED] 1:11:22

Thanks [REDACTED].

OK, if that's all right with everyone, we'll go through the checklist as far as possible.

But I think [REDACTED]'s right that we probably won't get through the whole thing.

And as [REDACTED] says, we don't want to rush it.

At [REDACTED].

 [REDACTED] 1:11:38

This is where it's quite difficult because I can't actually speak for all of the impacted services and the IIS because I don't have enough information about them, but certainly for.

Those that are funded through the Thrive Collective, there's no upper age limit for the people that we support.

 [REDACTED] 1:11:56

OK.

 [REDACTED] 1:11:58

So where a lot of services other services do have an upper age limit and therefore. Removing services that don't have the upper limit would have a negative impact on older people, and then those that are currently in their middle years as they fall into that 65 plus category would then be forced to have some kind of transition into an older person.

 [REDACTED] 1:12:13

OK.

 [REDACTED] 1:12:26

'S service, should that not be available to them?

 [REDACTED] 1:12:30

OK.

Thanks, [REDACTED].

Is there anything that we could say in mitigation of that?

Are there services? Sorry. Go, [REDACTED].

 [REDACTED] 1:12:39

That's it.

I.

I suppose the mitigation is the ultimately they can transition into geriatric or older people's services, but I think we know that often older people and there's there's some evidence, I think or a study was done by Volunteer Health Scotland that showed that actually in that transition from.

Sort of.

I don't know main age population into older services that there's a significant drop off in deterioration in people's outcomes.

That it's a bit like the transition from like secondary school into adult services.

That actually a lot of people do fall off that Cliff edge and don't get the support that they need.

So whilst I don't have that evidence to hand, I think there is quite robust evidence that those transitions can be very damaging for people. And actually when you have services like thrive and other services that don't have that Cliff edge, it means that people can continue to get.

The therapeutic support they need, rather than just being oh, you're a 65 getaway.

  1:13:34

All right.

Thanks . .

  1:13:40

Yeah, this is the bit where I was really struggling with iia's because  can fall into all of these categories and umpire kiddings not a protected characteristic. But given that well over 40% of the carers we support are of older age or caring for someone of.

Older age. I think it is important that we we note that there will be an impact on our older population who are caring or caring for someone of an older age as well.

  1:14:06

Thanks, . Fairpoint.



  1:14:10

Yeah, I was just gonna say it's a bit of a conflict because if we've got the thrive welcome teams looking at opening up to over 60 fives, why would we be kind of

reducing what we can offer people within thrive Collective?

With no upper age limit.

 [REDACTED] 1:14:24

Yes.

Thanks [REDACTED]

 [REDACTED] 1:14:31

Yeah, I know.

I just really was gonna kind of second what [REDACTED] said.

We are looking at opening up to those over the age of 65, so it's really important with all the work that we do, particularly with that population who already has such a limited service available to cut that even more.

You know, we're then going to look at building weightless within welcome teams and our team is not going to be functioning and the way it's meant to be either.

So I think closing those services certainly will have a huge impact just again across the board.

 [REDACTED] 1:15:03

Thanks, [REDACTED]

 [REDACTED] 1:15:06

There's something particularly about placed based services there as well for that older people.

And [REDACTED] and [REDACTED] may be able to comment more fully on that, but it seems to me there's something very accessibility of a place based.

Service that's particularly important to older people.

 [REDACTED] 1:15:28

Absolutely, [REDACTED] absolutely.

Yeah, you can see that on the people that come in to use, say, like the cafe area and stuff like that.

The age range is higher than people who, and they tend to be the ones who have had long stays in hospital as well.

  1:15:45

 thanks, .

Any other thoughts on older people?

OK. The next category in that case to consider is young people and children, and I suppose this is one where we're not. We're technically an adult service rather than a children's service, but in some of the other IAS, the impact on families has been brought out at.

This stage.

So is there a cumulative impact on young people?

  1:16:14

Again, I think the transition the piece about transition applies here as well.

  1:16:20

1.

  1:16:20

Young people who are transitioning into older peoples services will be impacted as well.

Yes, in terms of the way that.

Parents and carers are able to support younger, younger people or children in their lives.

  1:16:38

Thanks, . .

  1:16:42

It is young people, but I think it's across all the groups, to be honest.

The impact.

I want to talk about which is those people who don't fall easily into the categories that are applied in other services. So people who have, you know, a number of diagnosis and then none of this particularly dominant, you know, so you talk about people with mental health and.

Substance issues.

Substance use issues, you know, or people who are older and have mental health issues. You know, who might kind of not be able to access other services that other services for that reason.

And I think that the layer of services that are open to all and have provide safe spaces, safe places and see when they were referring to as well that are easily accessible will be impacted more than others I believe because that's where the gaps are and that's where.

The gaps, I think tend to be kind of buffered by those services all across the city.

  1:17:34

Thanks  and .

  1:17:38

I was just going to clarify.

Are we talking about young people under the age of 18 or 16?

Because I am going to end up being service specific here, but there is a bit about the crisis centre where we have people that are classed as children or young people.

If they're still at school, but then if they're not still at school, their class is an adult.

But there will be an impact there, specifically at the crisis centre wasn't accessible and we know that accessibility in the way that young people use services.

Years it might be through digital technology.

It's all those options aren't there anymore. But for me as well.

This is where it would be good as well to have data on how many people that we're supporting at the moment across the services.

Are parents and experiencing mental health or different different physical health?

And what's the impact going to be if their services are not there on the people that they are meant to be looking after?

Children that they're meant to be looking after as well, so because that could be quite significant. I don't know what the numbers are, but that may be something we need to get.

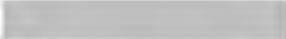
  1:18:48

OK. And that may be something if people have detail on that for their specific services. If people could send it in as part of the evidence,  I think the definition of young people in this, there's not a clear line on it in some of the what

we.

Been doing is essentially talking about people up to about the age of 25 and saying, look, there's a difference.

As an adult service, we're looking at the younger adults that we support as well as children because we don't support directly a number of children.

  1:19:07

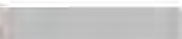
OK.

Yeah. OK.

  1:19:18

OK, 

Oh, you're unmute 

  1:19:25

So a number of these SL as like Strange Town theatre company Scran Academy, the Serenians, they are all dealing with young people, but also young people, families around about employment, education.

So it's got to have a much wider impact across the system, not just within mental health pathways, but within the wider kind of, although specifically it would for CAMS because there's a lot of looked after children who attend.

Gran Academy.

So that's a specific that we had.

  1:19:55

OK. And as you say, there's a cumulative impact there because it's a number of services, not just not just the Scran Academy, but there's a number there.

Thanks .

   1:20:06

And I was aware when I looked through the the iia's that there was a real in terms of the attendees, there was quite an absence of senior clinicians who be the people who will be having to cope with the the changes we had lead occupational therapist from. Cairns, the the volunteering IIA and it's included in ours and I don't think it's unique to that service. I would say it goes right across the board, she said. Young people.

Will fall off a Cliff edge.

At the point of transition, with nowhere to progress to the land up back at their GP, who will refer them back to camps, and then they will add on to our waiting list, or if they're at the age to transition to adults and mental health services and they.

There. So she identified a loop where people will remit. Young people will remain patients in the system and become adults in the system.



██████████ 1:21:02

Thanks ██████████.

No, I'm glad you brought that up because it's a very important thing to add in. OK.

Any other thoughts about the impact, the cumulative impact on young people and children?

Anything you want to articulate that you think would maybe not quite said explicitly yet, ██████████.



██████████ ██████████ 1:21:20

Sorry, I've just remembered the other thing that the lead from Cams mentioned was that the impact of services that CAMS patients go to doesn't just impact the mental health of the young person who's technically the patient or client, but their families and just sort of made reference to.

The number of parents who really struggle with their mental health, and they get indirect support through the CAMS interventions referring on to.



██████████ 1:21:47

Oh.



██████████ ██████████ 1:21:49

These services.



██████████ 1:21:50

OK. And probably a question for everyone and not just directly to ██████████, but are there services that we've not mentioned already that you think actually really support young people and reducing all of them will have an effect?

I know we've already touched on some of them, but are there any?

We haven't said so far.

Sorry, I know there's a couple of hands up and to think that was maybe for a different question.



[REDACTED] 1:22:12

No, I was going to come and see you. Young caterers, I think, as I was saying earlier, that this goes beyond just vocal as a Commission service impact on carers widely across the city.

And I think it we must think about young caterers in that as well.



[REDACTED] 1:22:27

Thanks, [REDACTED], [REDACTED].



[REDACTED] 1:22:30

Yeah, and mine was slightly on that point as well. I know that a lot of these services in the room do a lot of awareness raising.

It was just that university point with the universities and the schools, which leads to a signposting for young people that may need support for themselves and or for their parents if they are a carer as well.

I think an accumulated impact is going to be Edinburgh health and Social care partnership are going to lose a lot of that. And who's going to do that?

And take up that role with the same post into the services that are left for people to use.



[REDACTED] 1:23:05

OK.

Thanks [REDACTED].

[REDACTED].



[REDACTED] 1:23:11

Yeah, [REDACTED].

[REDACTED] mentioned it there, but the experience led.

Education sessions.

That many of the groups at caps do you know, are delivered to the student

population, to the people who will go on to become the the clinicians and the mental health service workers of the future.

  1:23:24
Yeah.

  1:23:35
They rate that really highly and they say it's it's usually the best out of all of the other kinds of lectures and sessions.
They've had.
They would lose access to that.
They would lose a chance to hear directly from people what it's like to live with a particular mental health condition.
Another just in response to your question,  about other groups of people that will be affected.
There are some of the collective advocacy groups where.
The predominant people are younger people like eating disorders, personality disorder, those particular two groups.

  1:24:07
OK.

  1:24:13
Offer something for young people where there is often nothing else.
There are no other personality disorder services or supports really for for people in Edinburgh so that that would be a particular loss to young people of that of that condition.

  1:24:19
Yep.
Thanks .
Anything else anyone want to say on young people before we move on?
OK. The next group to consider then is the impact on people depending on their sex or their trans status.
So men, including trans men, women including trans women and non binary people,

whether we have a cumulative impact with a number of the services closing or reducing would impact people differently depending on their sex.

██████.

 ██████ 1:25:13

Yep, again.

Women are predominantly more unpaid, caring role and more unpaid care roles than men.

 ██████ ██████ 1:25:16

Violence on that.

 ██████ 1:25:20

So that will significantly affect more women as an impact.

 ██████████ 1:25:25

Thanks ██████.

Are there services you'd point to particularly where you see if that service was one of the ones that went? That would be a particular impact?

 ██████ ██████ 1:25:31

I switched to a robot.

I have a number of.

 ██████ 1:25:34

Oh yeah, our service.

Have been impacted over 90% of the caterers we support are women.

 ██████████ 1:25:45

Thanks ██████.

██████.

 ██████████ 1:25:48

Yeah. █████ cups work with people from the LGBT community that we know that they can.

They're often not treated well by statutory services, and they can often be very mistrusting about how they'll be received there, so they would prefer to use community services with then they feel they're not going to be judged in the same way.

So the loss of a lot of mental health community services for them means really there's less places for them to go.

Where they can feel safe and trusted. And of course the project that we specifically run for the LGBTQIA Plus community was was commissioned as part of the Thrive Tender in order that Edinburgh Health and Social Care Partnership could better understand the needs of that community. So you know.

It's only because of that that I'm able to tell you what I what I just did because now at least we have some knowledge about what the difficulties are for people.

From that community, and if these cuts proceed, then, then that group would no longer be there.



1:26:56

OK.

Thanks [REDACTED]. [REDACTED].



1:27:01

Sorry, I'm going to bring us back to the process.

Here, it's extremely difficult for us to be able to comment on services that aren't represented here today that are being identified for disinvestment for some of those, we only have the information that's contained within the iia's that were shared with us. And it feels like we're doing.

Somewhat of a disservice to those.

The people accessing those services because we're not able to speak.

To them as knowledgeably as we can about our own services. And there's just, I've sorry I couldn't sit with that any longer and.

Yeah. So I feel like for all of our responses, we can't see for those that aren't, we can't see confidently for those that aren't present today.

Or weren't included within this this part of the process.



1:28:05

OK.

All right.

I think if we if we're looking at setting up second session, we'll look at the attendance list as well [REDACTED], and make sure we've got.

A broader list, and I think also will circulate the draft report to everyone who's attended any of the IIA, so they have a chance to feed in, even if they can't make the session.

And [REDACTED]?

 [REDACTED] [REDACTED] 1:28:28

Yeah, I would.

I would agree with [REDACTED]'s point and what what next? Put in the chat. I think the the point that could be taken going back to what [REDACTED] said earlier is 4200 people access.

Or meet approach, Open Access services and we know that for a number of them that will come in by issues to do with trans status or whatever it's it's often the sort of the first door into other things.

Because it's it feels safer.

It feels more accepting and and it can lead to other things.

So I that's a very broad assumption on the 4200 people who access our services, so.

 [REDACTED] [REDACTED] 1:29:14

OK.

Thanks [REDACTED].

I'm really sorry guys, but I can't see the chat.

This hasn't happened to me before, [REDACTED].

Can you see it?

As long as cat can see it will make sure it gets captured.

 [REDACTED] [REDACTED] 1:29:24

OK.

 [REDACTED] [REDACTED] 1:29:25

And [REDACTED], did you want to come in?

 [REDACTED] [REDACTED] 1:29:28

Yeah, it was just.

It was on the specific question, but I do agree that I think again this is a good example of how it feels. A process is unfair because like the IIA is meant to be doing one thing, but it ends up feeling like it's doing something else. People Don.

Have their voices heard.

And again, that doesn't feel like equitable treatment for all partners.

Which again I think is really problematic.

But that point to be made. The point I was going to make was about trans people.

In particular, so we know that for trans people, they've got a much, much, much higher risk of suicidal ideation than the general population and the 8 to 8% of trans people.

I think it is most recent that have had or experienced suicidal thoughts, and 40% of trans people had actually attempted suicide. And I think that really, really shows that, you know, cumulatively if you take away that sort of walk up Open Access approach, there's going to be.

A direct effect.

On that community, which is already significantly disadvantaged when it comes to mental health and I think also when you talk about the LGBT community in particular, there's something really important about the ability to self identify and to self select the appropriate support that works for you and when.

You meet that connection and if you take away that choice and that ability to self select into the right support and care, I think we're going to see a significant, sadly a very significant uptake for many people.

In attempting to take their lives from that community, and I really hope we don't, but I think that's a that's a risk.



1:31:05

Thanks [redacted].

Thanks for sharing that, [redacted]



1:31:10

Sorry, I think I'm gonna say again. You know, it's not specific to to this particular group of people, but in general obviously by removing that that layer of service or the type of service that looks at people without thinking about diagnosis or you know people will develop a.

Crisis because they will not potentially have anything in between, and the only way they can access another level of help will be them being in crisis, them being at risk. Them being potentially risk to others.

So I think that needs to be captured somewhere. I'm not saying in this section, but somewhere in IIA evidence table because that's I know that I may be stating the obvious, but I think we need to kind of say it, you know the obvious things that come from.

It and in terms of like individual kind of.

Impacts, you know, because it's cumulative and we've evidenced I think enough in every single individual IIA, what is the impact on a specific characteristic when you bring them together.

Just logically it will be bigger.

Across the city, when you take them all, I think it needs to be somehow explained like that as well that you know, obviously we we can say here the cumulative impact but also take into account everything else in previous iia's and individual ones when you're when you.

Thinking about it without necessarily repeating everything again.

  1:32:30

Yeah. No, I think that's right, . Thank you.

OK, so people have talked about the impact on trans people and the impact on women.

I know some of the iia's pulled out the impact on men for men's mental health.

Does anyone want to say anything about that?

  1:32:48

Yeah, I can't like I think so.

  1:32:48



  1:32:52

This is me trying to speak for an organization that I'm not part of, but I know for example, I've been doing a lot of work.

Redhall walled garden.

I know a lot of people that they support particular men and older men of a generation and the type of support that they offer is very much around doing, being physically active and getting them doing that kind of constructive work again.

  1:33:02
OK.

  1:33:12
And I actually I think that the cumulative effect of the cuts will be that a lot of that kind of.

Support.

That people can access and do will be taken away. Another good example is with the Stafford Centre. For example, if the proposed cut to Lot 3 was to take place, then a lot of those supports that we offered to men there, particularly of an older age, would also.

Disappear. So that would be things like we have a tool workshop where they can come and do the tools. We have a music group that a lot of men access and we know for the fact that men's mental health again is something which is often.

Not talked about very often or talked about less than it probably should be.

And that men definitely tend to.

Sort of suffer in silence a bit more, which is not right and not good.

So I think there's something about the cumulative effect of those kind of services being cut that will have a have a significant detrimental effect upon men.

  1:34:00
OK.

Thanks,  and thanks for pulling out the older men element as well, because we've already touched on older people and all links, 

  1:34:10

Hi so kinda just wanna add on that a little bit as well so I know what we're starting to see more and more now even with thrive.

Welcome teams to referrals, Open Access and certainly I think we're gonna start seeing it more once we open up to the 65 and over. Population is particularly a lot of men either kinda age 40 and onward who have maybe lost their job, they're headed

into retirement and.

A lot of the work that we do.

Is to help re establish a sense of purpose and the ways that we do that is through things like volunteer Edinburgh through grass market project giving something and some purpose back.

And I just don't know how we instil.

That's not something that we can just, you know, do some cycle add on and there it is.

We have to have places for people to find that meaning and find that purpose and get some structure back into their lives, and we rely heavily on some of the services to do that. So I'm not sure where to capture that or kind of the statistics that Al. With it, but I think it's imperative that those services are there to do that. If not, I think we're gonna find our older adult.

To be, you know, just an even higher disadvantage, cause again as I mentioned earlier, services are already quite limited.

But we also know that also carries a higher risk profile in terms of suicidality. So just want to make sure that's captured somewhere.

'Cause, I think that's a large area of risk that we just need to be aware of.



[REDACTED] 1:35:35

Can def.

Definitely we can capture that one, [REDACTED]

Thank you, [REDACTED]



[REDACTED] 1:35:45

Yeah, an agreement with with all of that.

I think basically the the link between a sense of purpose and a sense of belonging to good mental health has been really evidenced over the years and I think.

The the cumulative impact of services that give these impacts and will be people remaining in their role as patients and and being at the door of their of medical services.



[REDACTED] 1:36:10

OK.



1:36:14

Interestingly, our Community Task Force volunteering program, which is obviously completely separate from this but an awful lot of the requests we the referrals we get for people needing help are older men who and it might be that they need their shopping delivered.

That will be the will get the the referral see and Mr. so and so needs a shopping delivered when the volunteer goes along, they end up spending an hour.

Chatting as they drop off the shopping for this. This man who's got a physical. Health problem. Turns out the volunteer unearths a whole load of mental health stuff.

Because men of that age are less likely to approach mental health services or to say to their GP that they need mental health support.

So it's the physical illness that means that they can't go together, shopping that highlights it.

So yeah, in agreement with everything about the cumulative impact on older men, men full stop and older men.



1:37:11

Thanks

And what you're seeing there about the impact on where they will turn up, the lender will stay as patients will go to their GP.

They'll attend A&E and so on, and also some of your other services that are not.

They're not something that we're looking at here, but is there anything else you want to say about the impact on the wider system where you go out if you take these away, it will, you'll end up with an impact healthcare.



1:37:26

No.

Can I just mention on the the impact on our colleagues and then in health and Social Care Partnership and Lothian, because I've been really struck and just talking to people who work at the Royal Edinburgh, work elsewhere in the system over the city and they they Don.

  1:37:44

Mm hmm.

   1:37:55

Know that this is coming around the corner and when they think what all of these services are being considered to go and you can see.

The colour drain from their faces.

So I think we've got a real workforce issue for our statutory colleagues and that the pressure on them is going to be quite significant and on their health and well-being.

  1:38:19

OK.



  1:38:23

It was just to talk about a little bit about the evidence around can amend and slightly different to what I'm here on the screen, so I don't want to confuse things or just my perspective. But a lot of the evidence around health inequalities, it's not the older men.

It's the 15 to 44 year old that's the biggest concern and it's around the deaths of despair.

So I don't know if you've got any data in your services that would kind of link to that group because there's quite a lot of evidence I can pull.

To kind of support that, but that's up to the age of 40.

So I'm not saying that.

I'm not saying one's right or wrong, I'm just saying if there's evidence that I can support you with that, that's the evidence that I'm aware of.

  1:39:03

That sounds really useful, 

And if there's anybody that wants to take up that offer, then that we will make sure it gets included.



  1:39:13

Yeah, we're just going to touch on the, I suppose the last report on the the rates of suicide and it was for Scotland and it doesn't necessarily mention Edinburgh specifically, but there has been an increase in the suicide rates in men and I do think there is act.

's starts on the age group of men that we know as well, that they find that they find it hard to access services because of stigma and or even wanted to admit that they're having issues and things like that. So.

Any services I know that my services one of them that offers the option for anonymous anonymity, if you can say that to access and not identify yourself and talk about things any that are in the scope for decreased or a field cut is going to impact on that.

  1:40:03
Thanks 

  1:40:03

Including services that it's not because I know that there is men that access other services like, you know, Stafford, Centre, redhall all the rest of it. Who will come in and talk about feeling suicidal.

Etc. So they're not there. Then who's who's who? Are they talking to?

  1:40:18
OK.

Thanks 

OK.

Any other thoughts on the impact on men, women, trans people?

OK, the next group to consider then is disabled people.

Now this category includes physical disability, learning disabilities, sensory loss, long term medical conditions and mental health problems, so I expect this one is maybe going to take us up to the end of the session.

So does anyone want to kick us off?



  1:40:52

Not with sight in any specific evidence, but yeah, I think there's a significant one on the mental health. But given that all these services are for that, yeah, I'm sorry.

  1:41:00

Yes, yes.

So I think we can.

What we can say is that all services in this category.

  1:41:03

We can.

But what is going to happen?

And I think that is mentioned in some of them as well about the impact of those services not being there or significantly reduced specifically for mental health, though they probably cover lots of other things is the impact will be.

That when are they going to go is going to be primary care and social work.

And how are we meeting that?

Because we're struggling to meet it just now with all these providers supporting mental health in Edinburgh.

  1:41:36

Yeah. No, I think that's absolutely right to highlight all of that.

And I think there's probably services that haven't been mentioned so far, so the Scottish Ambulance Service brings to mind the police. There'll be others that you guys can mention as well, 

  1:41:52

I was going to say that an awful lot of mental health services in Edinburgh, the people that are sitting around this table, are supporting people with mental health issues, but they have many other issues as well, whether it be physical disabilities, autism, learning disabilities, you know, addiction issues.

You know, just everything.

So it's an individual might not just have one issue, an individual might have many and many other projects, many other services that aren't mental health wouldn't

touch them with a barge probe.

So if you've got addiction issues.

Issues you might find it difficult to get a service somewhere else other than from the people that are sitting on this table, or if you've got autism and and the diagnosis of schizophrenia, you might find it very difficult to get a service other than from the people around.

This table.



[Redacted]

1:42:37

OK.

Thanks [Redacted].

Hi, [Redacted].



[Redacted]

1:42:41

Yeah, I think that's exactly [Redacted]

Why, you know, like the Open Access is helping those categories of people like it's a good way to refer to people in categories, but that's what happens in some of the statutory services is that there is a category or a criteria and people need to meet them so.

If they don't meetly fit the criteria, they might not necessarily access them until you know the crisis is so big that any service would hopefully help you know.

But that might be quite late in a in a process, but.

I think in that particular savings program.

Like I think from the numbers that I gave is that the majority of people have a mental health, you know, a population of people with mental health problems is affected by it. But there is something about the Open Access and the reason why the Open Access is off.

To that group of people is because they might not be able to come to the schedule appointment.

You know that is like less likelihood of of doing so.

So that's the reason why the Open Access is here.

You know, and I think any mitigation should really take that into account.

That accessibility, the flexibility of the services to meet people's needs at that very early stage of engagement. And I think that's where the big impact is going to be

felt. And and I think mitigation needs to be very, very much like clarified and planned for because you.

  1:43:58
Oh.

  1:43:59
Know people will not go to the appointment, you know, like they will probably not go to mhas if they've been to the hospital once, they might not ever want to go there again, even if they need to, you know.
So I think those services will help people access and help and.
Manage their mental health distress differently, you know, so I was just something to point out that I think that's the reason why a lot of those services are structured within the drop in type of way is because of the people are not structured in their lives and how.

  1:44:17
Yeah.

  1:44:25
They respond to to the life events they have in their lives.

  1:44:29
And that was definitely flagged at the individual once as well.

  1:44:29
It's a very it's.
A very good point, , because most people who take medication for schizophrenia are not particularly morning people.
So we had a lady that turned up the afternoon, who's been trying to get here for about 6 weeks, and today she finally made it.
Because she just we were open in the afternoon and everywhere else she's been going has been appointment based.
So that's a very good point.



██████████ 1:44:59

Guys, ██████.



██████████ 1:45:01

Yeah, just building on those two points. I think there's something about both the Open Access element, which is really, really important for people who have got mental illness. But there's also something about the combination of types of service as well, which is why I like some of the.

Proposals so, for example, to like, keep welcome workers in lots one and two, but not think about the other parts in LOT 3 and four in other places. I think it's a bit challenging because the combination of outreach support to go to people and then to bring them.

To a place.

To show them that place, you know, isn't scary and to help.

Through that process is really, really powerful. And actually if you get rid of a lot of these community services, that type of like cup making up words now, but combination approach combined approach I think gets lost and I think you'll find a lot of people becoming a lot.

More isolated from that, the other point was, which I think was actually made overdevelop again.

Just make sure it gets made to, which is about like people, people are able to access support without formal diagnosis.

I think that's particularly important when we think about people who are.

Adults and who are engaging in the adult system who didn't get a diagnosis when they were younger.

So if you look at what is happening, a lot of local authorities and health boards, for example, at the moment you can't get diagnosis of autism or you can't get a diagnosis of ADHD on the NHS. And actually if you have integrated community based health, community based mental.

Health services. You know, we actually don't necessarily go from a diagnosis first approach.

We go from a person first approach of going what do you need? Diagnosis that can help inform that they can help us get you the right place.

But that's not the first thing we're interested in.

What we're interested in is the need, and if you get rid of that community support, you go back to a more clinical model and what that means is that you will lose a lot of that interaction.

  1:46:42
Thanks .

  1:46:43
And and will and will cost more money.

  1:46:44
.

  1:46:47
And will cost more money.

  1:46:48
It'll cost more money. Yes. Thanks,  Thanks,  

  1:46:55
Yeah, of course.
Come back to support carers and the impact and very weight of the impact on our wider public services. But when those services can't cope, then it falls on more on to unpaid carers and we already know through our research that carers health is suffering as a result of the.
Load that.
They're already carrying you.
Then add on further pressures and I think what is so important about the social work with mental health substance use is well.
Carers are are least likely to be identified.
And they caring for someone in these condition groups, but they're also.
They're least likely to have other statutory supports around them, so package of care SDS, that type of thing.
So carers, are they carrying out not just the emotional support, but practical care tasks, washing, dressing, feeding.

And then it's the impact on Carer's health and then if our carers start to become more and well, then you've got a real population crisis, health crisis on your hands. Because then it's the double impact there.

So you cannot underestimate the impact on carers health because of the cuts in services for cared for people.

  1:48:06

Thanks .

  1:48:10

You just to come back on  and 's point. I think it's really important that we'll see this as the first point of access for so many people as well. And that relationship and connection that we all talk about and it's in every policy just now as. It's really, really vital that people have that safe environment when they're first coming to something and then that helps on their stages to engagement with services and trust with professionals and then that allows for that trusted professional to open doors for them and facilitate that next step for. People in a really solid warm handover way and then and then they can access all the other services that are around that aren't funded in this field but are so vital to people.

Recovery and continuing on that journey.

Where then they have long lasting impact, where they're less likely to go back into clinical support. And I think that's what we need.

We're always up against.

And it would be really lovely if we had time to do not only a social impact assessment, but a real financial impact assessment. And all of this because I think that's came out loud and clear today is that the cost saving that if you take away these Serv.

In two years time.

You be in a worse deficit than if you continue to fund these services just because of the the complex nature of it all. And these services are the lifeline.

So I think that you're talking about there could be a public pandemic here and a health pandemic coming out if we don't get this right at this stage.

Sorry, I went waffling on at the end here.

I was quite structured to begin with, but I just think it's so.

It's so ingrained and it's so interwoven, but.
People don't come to services. People don't always know what services are about.
And these organizations are at the frontline of widening people's meaningful engagement and interaction and meaningful routine structure.



██████████ 1:50:03

Thanks ██████████.

I don't worry about saying too much.

I'd rather people said things so we get it down rather than saying, oh, that's obvious.

I'm not going to say it.

██████████.



██████████ 1:50:14

Thanks. I was just going to touch on your point, ██████████, about like a kind of public health kind of tsunami coming down the road.

It called me cynical and a lot of people do, some of whom are on this call.

See ██████████ laughing.

That's not the ijb's problem.

The Ijb don't care about that.

It's not their budget.

It's not their budget. That's NHS Lothian's budget or its city of Edinburgh Council's budget.

The Ijb have their own budget and they want to balance it now. I obviously disagree.

That obviously I think that we should be worried about a tsunami. I was speaking to a social worker friend of mine who's closing the social work department in the sick kids.

Can you believe it?



██████████ 1:50:54

Yeah.



██████████ 1:50:54

They're closing the social work department and the sick kids.

But I think that's part of the problem that we've got ██████████

I think we could.

We could do a cost analysis and show how much we're saving them, but we're not saving the jib and that's part of the problem.

I mean it will all come back to bite everybody on the bottom. I would have said a different word, but some of you, I don't know.



1:51:13

Yeah.

But I think [REDACTED], sorry, just to come in and that I think you're absolutely right. But we're meant to be working in partnership and that's what I was seeing at the beginning.



1:51:21

Exactly. Yeah, yeah.



1:51:23

We've got to stop this silo working and look at that cross resource and cross investment because otherwise if we don't pull together and we don't look at the wider picture, I mean I put something in the stats earlier around Skills Development Scotland. I've got some stats out just.

Now on young people's positive destinations, on leaving school and their grim, they're really grim.

And it's all to do with the mental health Celsius data. The young folks that are involved in substance use in school, aged, young people, young people, in school with mental health issues, the amount of young people that are, you know, 5-6 years on cams waiting list. What?

Happens to them when they're 18.

They just instantly transfer to adult services.

There's there's a huge.

I don't know.

I don't want to say Misrealisation here, but there is and [REDACTED] talked about smoking mirrors earlier.

There's massive issues going on that people can as much as they want, feel to listen to.

But if we don't listen to it and we don't get it correct here, we're really going to be in a legal battle, as [REDACTED] said earlier, because we've failed a population of Edinburgh,

we've failed to meet what the policy standards are asking us to do and that's a. Real risk.

So we need to be by doing nothing and deinvesting we're actually.

We've completely failed.

We've completely failed and I think we need to be very careful on that because the number of young people coming through that are very unwell, that require all these services, that will never be there for them if we go down this pathway, we can't think about that because.

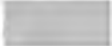
We need it.

We actually need more of an investment rather than a disinvestment.

  1:53:05
Thanks 

  1:53:10

I don't know how I follow that,  I think.

I think what is important is the points that  and  have put in the in the chat about the all of the evidence out there is about the key role of preventative measures and about the building blocks of health. You know,  from NHS Lothian was SPE.

At that.

About that last week, in terms of the key building blocks of health.

Or the social determinants of health.

And at Edinburgh Health and Social Care partnership are disregarding that in terms of the kind of medical model of going going ahead.

So the cumulative impact for people who have long term health conditions or disabilities is that they'll continue to be viewed as disabled people.

Were were consigning.

People in our people in our city who have actually got a lot to offer all of us take an assets. We've been using an assets.

Based approach before the term was ever used and the the loss of people contributing to the city and helping each other and not being.

Constantly in receipt of being helped and paid for just pays into the whole red top newspaper thing about welfare strangers. I just think it's a very, very sad cumulative

impact on on our city's population.

But [REDACTED] said it much better than me.

 [REDACTED] 1:54:42

I don't know.

I think everyone here is saying really brilliant things.

Thank you guys.

OK.

We've got a couple of minutes left.

Is there anything people want to round off about the impact on people with mental health issues, people with other types of disability which we haven't touched on very much? We will put another session on that.

You don't have to get everything in right now, but if there's anything you want to kind of say in the last couple of minutes, [REDACTED]

 [REDACTED] 1:55:08

In response to next comment, I would I would say that so much of this does breach human rights because it's about access to to services. It's about access to contribute. And yeah, just an answer to what [REDACTED] had said there.

 [REDACTED] 1:55:27

Thanks [REDACTED]

 [REDACTED] 1:55:31

Sorry, I put this in the chat. [REDACTED] and I just remembered. You can't see the chat.

 [REDACTED] 1:55:35

And I'm sorry.

 [REDACTED] 1:55:36

No, I'm sorry.

I was just wondering before the next meeting, could the IIA for the ending of the grants be shared again?

Because all of the impacts that were identified through that will now be happening and it feels like that also has.

An impact on the some of its the same client.

Group that would also relevant here and if we know, we know that that's actually happening now since the grants finished, that would be really helpful if that could be re shared with us.

  1:56:08

Yeah.

We can recirculate that it's on our website.

  1:56:15

Oh, is it right?

  1:56:16

Yeah.

  1:56:17

Even just the link would be helpful.

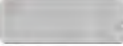
  1:56:19

I know it's not always the easiest thing to find on the website, but it is up there. I'll say I'll put the link in and circulate it.

  1:56:24

Yeah. Thank you very much.

  1:56:26

 .
Oh, you're on mute, .

  1:56:33

I took myself off and then put myself back on what I'm like.

I know that everybody that's invited to the meeting can see the chat and that's that's great.

But we started this meeting by saying there was some people that had been invited that we really, really liked to being here.

Some of the big decision makers who aren't, and [REDACTED] has just like something that Ian has said.

And I just personally find that a bit off.

I just want.

I want that noted if that's OK. If they can look at the chat then they should be here to take part in the chat.

 [REDACTED] 1:57:09

OK. I'll feed that back, [REDACTED].

 [REDACTED] 1:57:11

Thank you.

 [REDACTED] 1:57:12

[REDACTED]

 [REDACTED] 1:57:14

Yeah, forgive me if I'm being ignorant here because it might have already been agreed, and I just don't know about it, but I'm wondering if there is a planned group meeting for service users.

We're seeing your decision makers are going to sit with them and hear their views and their values from the services that they're part of.

 [REDACTED] 1:57:36

I.

I don't know is the answer to that one.

I will.

I will feedback.

That's something that you think is that you would would like to see and I'll find out.

 [REDACTED] 1:57:45

I think it has to be critical, [REDACTED], because everything that we talk about services designed by by users for users and I think if we're if we're forgetting about our people and we're all sitting here as paid employers, employees, sorry, making decisions on behalf of the people of.

The city? I don't think we're doing them justice.

So I think that the least we can do is listen to our people that are receiving the support from the services.

  1:58:10
Alright.

  1:58:10
I think I think I think also , there is a there is actually a legal requirement for the IGB to do so, and I think there's case law on it as well, where igbs have been challenged.
So I think.
You guys need to.
I think I would suggest.

  1:58:28
OK.

  1:58:28
And I want. Yeah, sorry. Just like again. Just make sure that there is people who lived and living experience on the panel as well.
Or there's some way that they can feed in as well, because this is public funded money.
So there should be somewhere where you've got a panel of lived and living experience been at least.
Have views on recommendations as well.

  1:58:50
I'll I'll check these things out, guys.

  1:58:51
To make it equitable.

  1:58:55




1:58:57

Yeah. Can I ask if the transcript of this meeting will be shared in full with the IGB members and with the senior officials?

Because I think we spent the best part of an hour actually talking about the process and just basically talking about how the process has been a bit shambolic.

Perhaps I can't.

I can't think of another word. The time scales have changed. The goal posts have changed.

There's been inaccuracies. Law, you know, so we spent the best part of an hour talking about it.

And I think it's really important that the IJB members know about that and also just to pick up on [REDACTED]'s point, you know, I think the fact that the that [REDACTED]

[REDACTED] has liked one of the comments. I'm just, I'm gobsmacked at that. I just.

Think if you're if you're going to comment and you know someone who has such an important role.

In the decisions and the legacy of whatever is decided on the 26th.

Of August will lie on the shoulders of those ijb members who have acted on the recommendations of officers like [REDACTED] and I can't believe that been invited to the meeting.

She's like to comment, but hasn't hasn't been here, and it would have been really useful to have had her here to actually comment on a lot because, you know, we we've got the opportunity here.

To ask questions and and [REDACTED] you've not been in the position to answer very many of them.

So I I think if there was a fool, all of the questions that we've asked if that could all that full transcript could go to the senior officers into the IJB members and we get a clear answer to every single one of those unanswered questions because there have.

Been an awful lot of them, and I know that we have all said, you know, things that have been really useful and informative, but there's lots of still unknowns for us.



2:00:55

OK, [REDACTED] and I can absolutely pick out the questions, especially the ones we weren't able to answer. And you're right, it was a lot of them.

And make sure that that gets to the right people.

 [redacted] 2:01:05

Yeah, but I think the the full transcript as well.

And Noig bank members have an awful lot of information to absorb, but we have shared an awful lot of experience and observations of being immersed in this process over the last few months. And I I don't really know if the IG met IGB members. Get the full picture.

Of that.

 [redacted] 2:01:29

I can certainly check that out.

I'm hedging because I need to check that we can definitely make it available, but I can definitely check it out.

 [redacted] 2:01:37

Can can people who are present here give permission?

I certainly give my permission for the transcript in full to be to be shared, so I don't see any dissents around the around the the table.

 [redacted] 2:01:52

Thanks [redacted]

I [redacted]

 [redacted] 2:01:54

Yeah. Sorry. I'll have to check with information.

Governance. It's not that I wouldn't share it, but I will have to ask our information governance at NHS Lothian and in terms of [redacted] I just wanted to come back.

We're due to have [redacted] whose patient Rep on the Ijb attends the meeting, but he hasn't, sadly.

But yeah, you make good points as well.

 [redacted] 2:02:17

Thanks [redacted]

 [redacted] 2:02:18

Thanks [REDACTED]

That [REDACTED].

 [REDACTED] 2:02:21

Thanks [REDACTED] but just on that point.

So I'm conscious that the patchwork will be shared with all Members in this chat, and it will also be shared with [REDACTED], who's an IGB board member, and I think absolutely you, [REDACTED], will be sharing it on this side too.

 [REDACTED] 2:02:30

Yeah.

 [REDACTED] 2:02:38

So he'll get it for reference as well.

So just on that point, but I think it is a fair, fair point that needs to be made.

 [REDACTED] 2:02:44

Yeah, I know.

That's very helpful, [REDACTED]

Thank you, [REDACTED]

 [REDACTED] 2:02:49

But we can't see it because if you go back and look at the chat from previous IAS and you see where the better transcript is at the bottom when you click on it. I was told I didn't have permission to see it because I wasn't from the organ.

That instigated it, so I don't think it's true to say that all of those attending an IIA and being part of the conversation and what's in the transcript, we can't see it.

 [REDACTED] 2:03:13

OK.

 [REDACTED] 2:03:15

I'm sure we would be happy to summarise what we've said regarding the process to share with no, we have the opportunity to do that through deputations, but it feels

like deputations aren't the most appropriate way to to share it and so we could, I'm sure come together and.

  2:03:16
Captain, I will.

  2:03:36
Write a summary of the transcript. Can't be.
Shared in full.

  2:03:40
So in this there's differences between if the transcript script is recorded from the Council, from a council staff member or NHS staff member.
But what we can do is talk to our the NHS it team about whether there's a way of making it available and if it turns out that they've got that there's a problem, then we'll come back to you and maybe take you up on that.  Thank you.
But we will try and get it organised so that you can see it, because  I wasn't aware that you weren't able.
To access after he came out the meeting.
Just wonder if there's something it can do to fix it.
Even if they can download it in a different format or something.
But I don't know enough about it to say for definite.

  2:04:24
I could see things that were put in the chat.
They were there.
I could see them all these individual comments, but at the bottom there was a part which said like, here's the transcript of the chat or transcript of the meeting, and I couldn't access that.

  2:04:36
Mm hmm.

  2:04:38
It wouldn't let me.



2:04:38

OK.

We will absolutely see if we can work that one out because that's something we are attempting to share with you and it's just essentially it's an IT issue that we can't.

We try and sort of.

OK guys, we're over the time.

So I want to round up by thanking everybody that's come today and given us their time so generously throughout this whole process.

Thank you so much.

Thank you for every comment that everybody has made. Every piece of evidence.

Every everything that you've had to say is really, really appreciated and we are going to we'll put in as much fitting as much detail as we can manage and we will, as [REDACTED] said earlier on, we will circulate the draft report.

We will give you guys time to feedback on it and we will set up a second session as quickly as we can and I'll be in touch about when that could go in the diary with a list of attendees.

OK.

Is there anything anyone else wants to say before we finish?



2:05:39

No thanks for facilitating that today.



2:05:42

Oh, you're welcome anytime, guys.



2:05:44

Yeah. Thank you very much.

I know that this was not an easy job or pleasant job.

And so yeah, thank you.



2:05:51

Oh, thank you guys. Appreciate that.

All right.

Thank you so much. And we'll be in touch for the next steps.



[REDACTED] 2:05:59

OK.



[REDACTED] 2:05:59

Thanks. Thank you. Bye, bye. Thanks all.



[REDACTED] 2:05:59

Bye everyone.



[REDACTED] 2:05:59

Thanks bye everyone. Bye bye.



[REDACTED] 2:06:00

Bye bye bye.