

Edinburgh Community Mental Health and Wellbeing Fund: Summary of discussions 29th November 2021

Between 16th and 25th November 2021, four two-hour discussion events (and a one-hour workshop at EVOC's AGM and conference) were held by EVOC to discuss key elements relating to how Edinburgh would implement the Community Wellbeing and Mental Health Funding. 154 people attended in total. Thank you to everyone who was able to contribute, your time was appreciated.

The key areas of discussion are outlined below:

1: Building capacity in communities

We invited input about how the capacity building element of the funding could best be used, with the following points used as prompts.

- Short term: Getting involvement in the planning and decision making process, evidencing need
- Medium term: Supporting communities on different elements of delivery and reporting
- Long term: To be better equipped for future community commissioning

There was some feedback that it would be helpful to have support with implementing peer support approaches, and with recruiting and supporting volunteers. Further feedback will be collected during the expression of interest process.

2: Understanding need

The Partnership Plan sets out evidence that we are aware of. We asked participants to send any other relevant evidence to supplement these sources. The expression of interest process will also build on this by providing a useful insight into need on a smaller scale.

3: Outcomes

In order to focus the fund, we asked participants about proposed outcomes for the fund, using the overarching context of the Thrive outcomes for people using mental health services and support as these sit centrally within the context of Edinburgh's planning process for mental health and wellbeing. We also shared the Fund's intended outcomes, both in terms of early intervention and prevention and its planned contribution towards the National Performance Framework's outcomes. It is important to note that all outcomes apply to some degree but the intention was to gain more focus through this exercise. We have identified below the main outcomes selected by participants and some additional points that were raised during discussions about these.

The following outcomes were most frequently selected as priorities:

From Thrive Outcomes

People have choice and control – this came out strongly as a desired outcome, in terms of having a choice in how funding is allocated, the delivery model for support in their area and the kind of support they receive

People feel connected and have positive relationships – this was seen as central to improving wellbeing.

People are recovering, staying well and can live the life they want to lead – it was noted that this seems ambitious in the current climate but nonetheless is an important outcome to work towards.

People have opportunities to learn, work and volunteer – volunteering/reaching out to others can often help people who have been struggling with mental health.

From National Performance Framework Outcome

We live in communities that are inclusive, empowered, resilient and safe

Other points raised

- Degree of flexibility needed around outcomes, it is important to have outcomes that are meaningful and not too onerous for smaller organisations to capture.
- How do we measure outcomes? Groups are often working with people with complex needs and no two people have the same outcomes.
- Outcomes depend on having Conversation 1 – how do people come forward if they don't recognise their mental health issues?
- Longevity of fund outcomes - how does this tie in with existing provision beyond this piece of funding and supporting transition once funding is finished.
- Accessibility - for individuals and organisations. It is important that any support is easily accessible for individuals within their communities (ties into 20-minute neighbourhood discussions).

4: Which kinds of support are in scope?

The following prompts were provided for discussion:

- Counselling is stated to be outside the scope of this funding
- What type of support do you want to prioritise? E.g. Groups, peer support, befriending etc.
- This should be led by a consideration of the evidence of demand, need, and what has worked to date.

Key points raised:

- In general, most contributors were not keen to limit the supports deemed to be in scope but instead to provide support which is a direct response to need.
- There was strong support for physical/outdoor activities, music and art based approaches.
- There was consistent feedback that 1-1 support was needed, because confidence is at a low. People are struggling to access services which are available and there needs to be help to encourage people back into communities. There was much discussion about how to reach the hardest to reach people and ideas and proposals around this were welcomed.
- There was support for peer support approaches being central – 1:1 as well as other forms. Training/support needed, and to recognise that longevity of the relationship is important.
- It was anticipated that there would need to be a mixture of formats in terms of online, phone, real life – whatever makes it most accessible.
- Providing spaces to bring people together was seen to be of value.
- There was serious concern about the fact that counselling was not in scope, given the high level of demand. It was seen as problematic that it is deemed too clinical for this funding and yet not clinical enough for other streams of funding. There were particular concerns expressed that BAME communities need counselling particularly because some of the other forms of support (peer and befriending) don't play out because of stigma etc., and because of language requirements many counselling programmes are inaccessible.
- There was a request to consider whether we can call it the Edinburgh Community Health and Wellbeing fund, because the term 'mental health' can be offputting for some communities.

5: How to achieve a meaningful impact on inequalities

The following prompts were provided:

- Consider relevant communities of interest disproportionately impacted by the pandemic.
- Are needs best met city wide or within localities?
- Tension between protecting communities of interest and a siloed approach which fails to recognise intersectionality

Key points raised:

- There was broad caution expressed about trying to put people in boxes and failing to recognise intersectionality. Instead it was deemed better to check within locality groups that the needs of key communities are being met, although need to be sure how city wide organisations would fit into this system. Point made that LGBTQI+ support is largely city wide for example.
- Suggestions of additional communities to include are travelling community, men, long term conditions/neurological conditions, parents separated from children by the pandemic (esp where conflict), single parents.
- It was asked that the term carers explicitly include parent carers.
- Include in people experiencing homelessness those living in inadequate housing, overcrowding etc.
- Potentially the only group where some support for ringfencing/separate system is BAME. Not overwhelmingly and more engagement needed to decide. Few suggestions of supporting people with the impacts of racism.

6: Focus on grassroots organisations

It was noted that Scottish Government guidance suggests an income threshold of £1m income:

- Is this the right measure to protect grassroots organisations?
- If so, are there any caveats?

Key points:

- In general there was support for a focus on grassroots organisations. There was also acceptance that there will be organisations exceeding the £1m which are nonetheless grassroots (e.g. childcare and language support puts cost up; organisations can have a very small Edinburgh spend but exceed threshold across Scotland).
- It was agreed that it would be logical to agree not to apply this measure rigidly where doing so would threaten a relevant community being properly supported – clear evidence of need should drive decision making.
- There was support for finding ways of supporting small organisations to access the fund, particularly for the idea that larger organisations not accessing the fund might help support smaller organisations to do so.

7: A proportionate and accessible application process

Proposal for discussion:

- A stream of funding for grants of up to £2.5k with minimal requirements in terms of written application.
- A stream of funding for grants between £2.5k and £10k with slightly more information required. For collaborative initiatives £10k would apply per organisation rather than to the whole proposal.
- Streams of funding (amounts tbc) for specific communities of interest for which the above structure was deemed not to be likely to achieve the best outcomes.

For all streams, brief expressions of interest would first be requested, and then developed in discussion.

Key points:

- Consistent concern that £10k isn't enough. Implication that staff costs couldn't be funded, or that work wouldn't be viable for each full year of the grant.
- Agreement that some of the smaller amounts could be great at facilitating small groups especially those with the support of volunteers etc. but that there needed to be a range.
- Concern that the timescales available will not be long enough to facilitate partnerships.
- Consistent support for a short and simple written expression of interest. Suggestion that the expressions of interest being publicly available as they are submitted could help facilitate partnerships and identify need early on.
- It was often suggested that we do not necessarily need three streams – just under £2.5k and over.
- Need to consider communication channels to reach small, unincorporated organisations etc. which might access the smaller stream.
- In general there was welcome expressed for a light-touch needs-led process.

8: Collaborative decision making and appropriate local governance

Proposal for discussion:

- Establishing collaboratives by communities of interest or locality
- Phased approach:
 - Collaboratives make prioritisations based on need
 - Collaboratives carry out discussions with those putting in expression of interest
 - Facilitated session to achieve consensus
 - Community collaborative panel to make decisions where consensus not reached
 - City wide panel to make any remaining decisions

Key points raised:

- There was general support for the proposal but we did not receive many practical suggestions about who should be on the collaboratives. The suggestions made for discussion in the events included the following potential members: Link workers, Public Health Practitioners, organisations with relevant knowledge but not expressing an interest in the fund, community wealth building staff, Health and Social Care officers with locality roles, TSI staff. While questions were asked about how to get broader community representation this was not resolved.
- Some were concerned that while the process intends to be light touch, it feels daunting.
- There were significant questions around how to engage people in decision making who aren't online/aren't confident to contribute in an online meeting.
- There were similar concerns about how to involve people with lived experience meaningfully, especially given tight timescales. Separate facilitated conversations feeding into decision making were suggested as being more realistic, or the inclusion of advocacy organisations in the collaboratives.
- It was requested that as much notice as possible was given for the collaborative sessions, and also guidance provided in advance about how they will work.