

Edinburgh's Partnership Plan: Community Mental Health and Wellbeing Funding

30th November 2021

Background:

This Partnership Plan sets out Edinburgh's approach to implementing the Community Mental Health and Wellbeing Funding announced by Scottish Government on 15th October 2021. Some elements of the fund are set out by Scottish Government:

- £1.255 million has been allocated to Edinburgh to support community mental health and wellbeing, for those aged 16 and above.
- The fund is to support mental health and wellbeing at a small scale, grassroots, community level. It can be used to increase capacity for existing groups and projects or for new initiatives.
- Groups do not have to have mental health and wellbeing as their main focus, but there needs to be a clear benefit to the mental wellbeing of people in their community.
- Initiatives with a focus on addressing mental health inequalities by supporting those who have been disproportionately impacted by the pandemic will be prioritised, particularly those supporting communities experiencing multiple forms of marginalisation.
- It is expected to be a two-year fund but the second year's funding has not yet been confirmed.

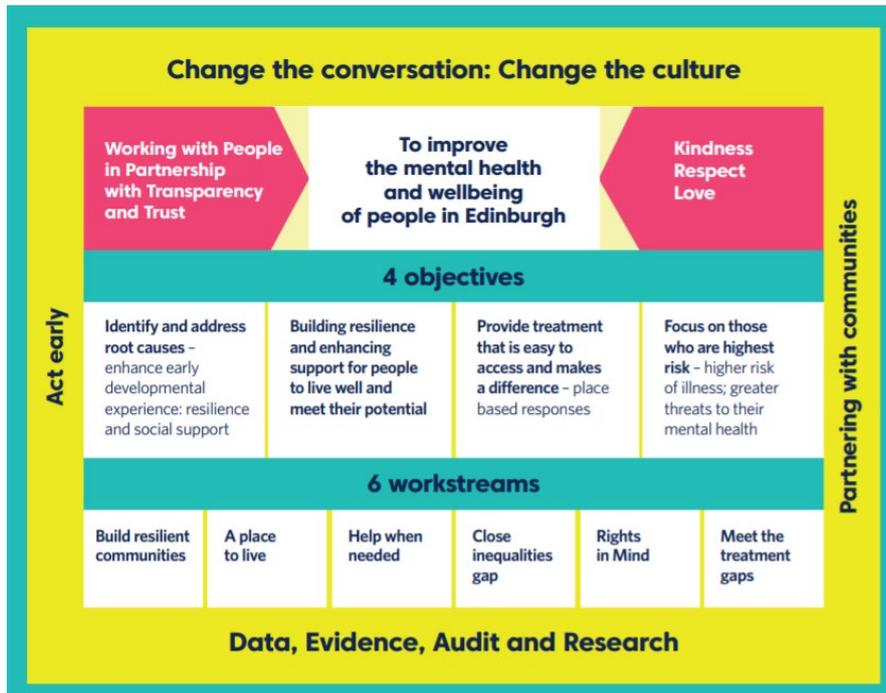
For full Scottish Government Guidance see [here](#).

There is some flexibility to shape the way this fund will be allocated, to fit in within the Edinburgh context. Partnership discussions have been held in November to inform this process, and the development of this Partnership Plan - details of this process can be found [here](#). Separate conversations were also carried out by CAPS Advocacy in collective advocacy sessions and a summary of feedback is included [here](#).

Governance

The fund will be distributed by Third Sector Interfaces (TSIs), which in Edinburgh consists of EVOC, Volunteer Edinburgh and Edinburgh Social Enterprise, in partnership with a broad range of stakeholders. Implementation will take place in the context of Edinburgh's existing planning framework for mental health and community wellbeing, most specifically the Thrive Adult Health and Social Care Commissioning Strategy (linked to the Edinburgh Integration Joint Board Strategy), as well as the four Locality Improvement Plans and the Local Outcomes Improvement Plan.

The Thrive Strategy is summarised in the diagram below and has clear synergies with the aims of this funding.



The role of community commissioning

Communities (in the broadest sense, including people with lived experience, members of community organisations of all sizes, local residents and public sector partners) have an important role to play in all stages of implementing this funding to achieve the best outcomes for people in Edinburgh. People with lived experience should be involved in the process from an early stage, and supported to play a central role in planning and decision making around the fund.

This is in line with a long-term ambition to devolve planning and decision making in Edinburgh. How to achieve this has been the focus of much discussion through the Edinburgh Wellbeing Pact Programme, and this fund offers a valuable opportunity to begin to put theories into practice.

In order to achieve these aims in the implementation of the fund there are 5 key areas which we need to consider:

1. Building capacity in communities.
2. Understanding need – bringing together evidence to create a shared understanding of need.
3. Defining an Edinburgh approach within the criteria set by Scottish Government - setting clear outcomes and priorities for the fund.
4. Establishing an accessible application process and collaborative decision making process with appropriate local governance.
5. Defining how to report outcomes and understand the impact of the fund.

Each section below outlines the approach to be taken in Edinburgh, although it should be noted that certain elements cannot be finalised yet and will continue to evolve.

1: Building capacity in communities

In addition to the £1.255m funding available to community organisations, the TSI will also receive around £90k to support infrastructure and capacity building related to the fund. A share of this will

need to be allocated to fund some of the practicalities of administering the fund but there will also be available funds from this allocation to directly support communities:

- In the short term, helping to make the fund accessible:
 - to support the fund to be more accessible to organisations which are otherwise without the necessary capacity, especially those representing marginalised communities.
 - to support people with lived experience to participate in all parts of the process.
 - to support organisations to develop proposals which help to meet the identified needs of communities.
- In the medium and longer term, support to:
 - develop projects incorporating peer support approaches
 - recruit and support volunteers
 - report relevant outcomes from their projects
 - be better equipped to participate in, and begin to lead, future community commissioning processes.

Organisations expressing an interest in the fund will have the chance to indicate where support would be most constructive for them.

It is acknowledged that while Edinburgh would like to run a process which has people with lived experience meaningfully involved throughout, the timescales available will restrict our ability to do this to a certain extent. We are committed to doing what we can and building on this in the future.

2: Understanding need

a) Review of existing evidence

There is plenty of existing evidence around need, demand, and gaps in support. We have reviewed a range of sources to identify evidence of need and priorities for mental health support across the city and a summary is included below. You can find more detail (and references) in Appendix 1. In addition to this information, we will also be utilising the expression of interest process to further develop a clearer picture of need. See section 4a for more detail.

There is a direct link between poverty and poor mental health, and the COVID-19 pandemic has exacerbated existing health inequalities. Scottish Government data indicates that someone is three times more likely to have below average wellbeing in the most deprived areas compared to the least. The Mental Health Foundation recommends safe spaces for connection, peer support and specific support for asylum seekers and refugees and BAME communities. The Edinburgh Poverty Commission report from 2020 states that the Capital must make a sustained and significant effort to improve mental health, responding both to recent traumas and the underlying causes of mental health inequalities. A key theme in the majority of reports is the evidence for early intervention and prevention approaches to prevent escalating need and more complex interventions in the longer-term. The Edinburgh Locality Improvement Plans and Locality Outcome Improvement Plan (LOIP) support a community engagement approach as being key to combatting inequality, and the LOIP emphasises strengthening community engagement and influence in subsequent planning processes.

The Edinburgh Health and Social Care Partnership Joint Strategic Needs Assessment - Locality Needs Report (May 2021) states that GP mental health workload represents around 30% of primary care

workload. Social isolation and loneliness are recurrent themes. In the Edinburgh Community Link Worker Annual Report 2020-21, mental health (50%) and social isolation and loneliness (23%) were the top two reasons for referral requests. In March 2021 GPs across Edinburgh identified a number of areas which represented the recent increase in mental health presentations, including:

- anxiety and depression
- destabilisation of patients using substances
- distress due to money, employability and housing
- social isolation
- suicidal ideation, particularly in young men

There are a number of key areas of mental health support that have been identified as priorities across the range of evidence we reviewed although it should be noted that not all are necessarily within scope for this funding:

- Befriending services
- Counselling, CBT, anxiety management, particularly for those communities whose first language isn't English
- Peer support
- Perinatal support
- Support for carers
- Trauma support, particularly for those suffering from domestic abuse

There is also a need to consider evidence for specific communities of interest within Edinburgh, particularly those disproportionately affected by the pandemic. How to best support specific communities is discussed in more detail in the section below.

Example: LGBT+ communities

A recent report 'The experiences of UK LGBT+ communities during the COVID-19 pandemic' outlines that *"the COVID-19 pandemic has had a negative impact on the mental health of LGBT+ people living in the UK. This includes evidence of increased anxiety and depression, attributed to feelings of isolation and loneliness through the loss of safe, supportive, and identity-affirming peer-groups, communities and spaces."*

In Edinburgh, groups which had been running pre-Covid have ceased to operate – for example of 9 community groups supported by LGBT Health and Wellbeing, only 4 are still operating, severely reducing the support available.

Please contact us at funding@evoc.org.uk with any additional evidence which you are aware of.

2b) Evidence of need emerging in discussions

- There is particular recognition of the value of funding initiatives involving peer support (recognising that this term can incorporate a range of approaches). Any initiatives funded to deliver peer work in any capacity will be expected to participate in the Peer Community.
- Gaps were identified in terms of support groups for those diagnosed with personality disorder, those going through the menopause, and transgender people going through medical transition.

- There was strong support for physical/outdoor activities, music and art based approaches. Opportunities to learn new skills were seen as important.
- There was an emphasis on the need for fun, and suggestions of activities like informal peer support along with stand-up comedy and live music were made.
- There is a recognition that provision of spaces for groups to meet is valuable, ideally those which do not cost money and where there is not necessarily pressure to take part in an activity. There were also points raised about the potential for a safe online space for people to pop in and chat.
- It is important to have spaces which are understood to be safe for groups who might feel vulnerable, such as those who are gender non binary or transgender. There were suggestions for LGBTQI+ specific activities such as yoga, outdoor activities, employability.
- Befriending programmes need to try to make pairings between people with something in common, rather than matching only by age and gender. In addition to befriending there were suggestions of the potential to facilitate less formal buddying schemes to help people get to appointments etc.
- There was clear support for the focus of the fund on early intervention and prevention, and recognition that, for example, support for people experiencing suicidal thoughts can help prevent escalation of needs.

Further detail can be found in the summary of partnership discussions [here](#), and the summary of collective advocacy discussions [here](#).

3: Defining an Edinburgh approach

a) Outcomes

Outcomes set out in Edinburgh's Thrive Adult Health and Social Care Commissioning Strategy and those suggested as part of the guidance provided by Scottish Government are all relevant. These are set out in full as Appendix 2. The fund will be implemented within this broad context but in discussions we have identified a particular focus on the following within the fund.

- People have choice and control
- People feel connected and have positive relationships
- People are recovering, staying well and can live the life they want to lead
- People have opportunities to learn, work and volunteer
- We live in communities that are inclusive, empowered, resilient and safe

b) Which kinds of support are in scope?

Beyond the needs outlined in section 2, it is important to note the following:

- This fund is to support the adult population, defined as those aged 16 and above. This is in recognition of other funds allocated specifically for children, young people and families.
- The SG guidance for this fund indicates a focus on projects *"which help whole communities and/or community groups, in turn making a difference to the lives of individuals."* In partnership discussions there has been considerable feedback detailing the degree to which confidence to access community services has reduced during the pandemic. In response to this, in implementing this funding in Edinburgh it has been agreed that individual support

will be in scope, particularly where the aim is to build an individual's confidence to engage with group activities and their community more broadly.

- It is anticipated that the format of support will vary according to need, including online, by phone, and in person.
- Counselling is stated in the guidance to be outside the scope of this funding. This is a factor which has disappointed many organisations, due to the huge demand for this kind of support. There has also been feedback that many counselling services are not accessible to people with specific language requirements etc. There has been a commitment from the Thrive Edinburgh Partnership Programme Board to acknowledge this feedback and actively examine other mechanisms to address this need.

c) How to achieve a meaningful impact on inequalities

There is a clear emphasis in the funding guidance on supporting those disproportionately impacted by the pandemic, which are of course the same communities disproportionately impacted by other root causes of health inequalities. In general priority will be given to proposals which support those experiencing multiple marginalisation and this will be one of the most important elements of the selection process.

Key communities to be considered include:

- i) BAME communities
- ii) Carers (including parent carers, single parents, and those separated from children by the pandemic)
- iii) Gypsy and traveller communities
- iv) LGBTQI+ communities
- v) Older people
- vi) People affected by substance use
- vii) People affected by trauma or with a diagnosed mental health condition
- viii) People experiencing bereavement and loss
- ix) People experiencing homelessness, and those in inadequate housing
- x) People experiencing socio-economic disadvantage
- xi) People who were on the shielding list for COVID-19
- xii) People with a long-term health condition or a disability
- xiii) Refugees and those with no recourse to public funds
- xiv) Women (particularly with multiple and complex needs)

This is an indicative list, and does not rule out other communities where disproportionate impacts can be demonstrated.

Discussions have explored whether a locality approach would ensure the best outcomes or whether a city-wide approach might be justified in some cases. There was consistent feedback that a system which attempts to separate out these needs will fail to recognise intersectionality, and will silo support in a way which is not person-centred.

As such, expressions of interest will be invited and will be first grouped by localities where possible, although it is acknowledged that not all organisations fit neatly into this structure. A complementary

process of filtering by communities of interest will be carried out to assess to what degree these key communities are being supported by the range of proposals received. In the case of significant gaps in support, there will be an attempt to encourage additional proposals to meet these needs. Where necessary, flexibility to the fund thresholds may be applied to ensure adequate support.

The only community with some interest in a separate grouping was those supporting BAME communities, which will be further explored, and an appropriate solution defined with relevant organisations and community members.

d) Focus on grassroots organisations

The guidance suggests that the majority of the fund should go to small and medium sized organisations with an income of up to £1m. This is designed to maintain a focus on grassroots organisations, which is appropriate to the aims of the fund.

It has been acknowledged in discussions that while this measure is supported in general it should not be applied rigidly. It has been decided that there is the potential for exceptions to be made specifically where it is clear that a particular community would not be supported if the organisation in question were deemed out of scope. The interests of communities detailed in section 3c) will guide decisions rather than any consideration of organisational interests.

4: Designing an accessible and collaborative application and decision making process with appropriate local governance

a) A proportionate and accessible application process

Grant processes can be very demanding on an organisation's resources, and this can result in smaller organisations finding them inaccessible. We would like to define a proportionate and accessible application process which focuses on providing the most relevant information to meeting need.

It has been decided that there will be two main streams of funding:

- A stream of funding for grants of up to £2.5k with minimal requirements in terms of written application and follow up information
- A stream of funding for grants between £2.5k and £20k with potentially more follow up information required.

It should be noted that Scottish Government expect the majority of allocations to be made in smaller amounts up to £10k. An exception has been made in Edinburgh based on consistent feedback that this threshold would be restrictive in terms of what could be achieved. There does however remain an ambition to allocate significant amounts of the fund in smaller amounts where this can achieve the relevant outcomes. *For any proposals between £10-20k it is expected that the specific justification for the increased amount being requested will be made evident.* For proposed partnership initiatives, the upper threshold would apply per organisation rather than to the whole proposal.

There was a decision made to not create a separate stream for larger city wide proposals for specific communities of interest, but depending on the way in which communities will be supported by the range of expressions of interest received, this question may be revisited.

It is anticipated that we should aim for a roughly equal distribution of funds to support the populations across all four localities. Some adjustments may be made based on differential levels of need, and a recognition that all organisations do not fit neatly into localities.

Expressions of interest will be invited from 30th November 2021. This process will provide further information about need. As alluded to in section 3c), expressions of interest will be filtered and grouped depending on the communities they support and any gaps identified. The key information requested in the expression of interest would be:

- What do you want to do?
- Who will you support? (Reference can be made to communities outlined in section 3c).
- What is your evidence of need/demand?
- What will it cost?

b) Collaborative decision making and appropriate local governance

As described in the community commissioning section of this plan, in Edinburgh we are committed to devolving decision making to communities, and encouraging collaboration in place of competition. There are clear benefits to this approach and it is believed that communities being at the centre of these processes will achieve the best outcomes. It is important that we together decide what is necessary to make this a transparent and accountable process and agree to proceed only when these conditions can be met.

Recognising that this is a new approach, and that there are tight timescales to be adhered to, this phased approach is being taken whereby:

- We first aim for the ideal decision making process – a consensus.
- Where this is not possible, a locality based panel will consider the decisions which remain and attempt to make final decisions around the allocation of the fund.
- As a back-up, a city wide panel will be available to take final decisions in case any decisions could not be taken by this second approach, in order to mitigate the risk of money not being spent (whereby it would be lost).

These phases would need to take place as follows:

Date	Action
30 th November	Initial priorities for the fund established to guide expressions of interest.
30 th November	Process open to receive expressions of interest. These will be publicly available as they are received (excluding information regarding annual accounts etc). They will be filtered and grouped by EVOC in terms of who they are proposing to support.
14 th January	Deadline for expressions of interest.
December to Mid-January	Four collaboratives are established, by locality.
Mid-January	Collaboratives meet to discuss evidence of need, make further prioritisations, recognise any gaps and duplication, and devise strategies to fill gaps.
Late January	Collaborative discussions with organisations expressing interest to further understand the proposals, ask for additional detail, discuss potential adjustments/partnerships in order to better meet identified need/address gaps or duplication. This will apply only to proposals over £2.5k.

Late January	Collaboratives consider the proposals under £2.5k and seek further information only if required.
Early February	Facilitated collaborative sessions to see if consensus can be reached on how best to use funds, with prioritisation being based on meeting needs of communities experiencing disproportionate impacts from the pandemic and multiple marginalisation.
Mid- February	Community panel (sub-group of the collaborative) to consider proposals and recommend allocation on any decisions upon which consensus could not be reached. This panel should consist of key members of the community, but should not involve any organisations which have proposals being considered.
Early March	City wide panel meets to make any final decisions which couldn't be resolved by stages outlined above.
Mid-March	All money has been allocated.

Discussions to date have not resulted in detailed input around who could be on the collaborative membership and how they would work. There is still some work to be done to define this approach in more detail so that we have an Edinburgh agreement on the minimum requirements for a collaborative in terms of necessary membership and governance to make the decision making appropriate for the level of funding in question. The role of the collaborative will potentially in time extend beyond fund allocation (to monitoring and accountability) and its governance will need to evolve accordingly. Much of this detail will be developed through the Edinburgh Wellbeing Pact.

In recognition of the difficulty in achieving genuine consensus, trained facilitators will be funded to ensure a constructive discussion where every member's voice is heard and valued equally. Collaborative members' time will be funded where this is helpful to facilitate their involvement.

5: Defining how to report outcomes and understand the impact of the fund

Partners will be asked to participate in a process to define a proportionate model of reporting, monitoring and evaluation. This element will be developed in coming months and will be completed prior to funding being allocated in March.

6: Document information

This draft is dated 30th November 2021 and has been prepared by EVOC guided by discussions with partners to date. It has been signed off by the Thrive Edinburgh Partnership Programme Board. This board is chaired by the Service Director for Strategic Planning for the Edinburgh Health and Social Care Partnership, and attendees include a range of statutory and third sector partners, including advocacy organisations. The purpose of this document is to guide the next stage of the funding process, specifically the invitations for expressions of interest from 30th November.

The previous draft, dated 15th November is available [here](#).

Contact: Maria Arnold and Roisin Hurst at funding@evoc.org.uk

Appendix 1: Evidence of need in Edinburgh – Community Mental Health and Wellbeing Fund is included as a separate [document](#).

Appendix 2: Outcomes framework from the Thrive Adult Health and Social Care Commissioning Strategy and Scottish Government guidance for the Community Mental Health and Wellbeing Fund.

Thrive Outcomes

Outcomes for citizens and people using mental health services & support:

- People have choice and control
- People are recovering, staying well and can live the life they want to lead
- People feel connected and have positive relationships
- People are living in settled accommodation of their choice where they feel safe and secure
- People have opportunities to learn, work and volunteer
- People receive good quality, person-centred help, care and support.

System and financial outcomes:

- Timely access to high quality person centred help and support when and where it is needed
- Reduced levels of mental and emotional distress
- Reduction in unplanned and crisis health and social care utilisation, including emergency response as well as institutional placements

Fund outcomes

The intended outcome of the Fund is to develop a culture of mental wellbeing and prevention within local communities and across Scotland with improved awareness of how we can all stay well and help ourselves and others.

The Fund seeks to contribute to the four key areas of focus from the Mental Health Transition and Recovery Plan:

- Promoting and supporting the conditions for good mental health and wellbeing at population level.
- Providing accessible signposting to help, advice and support.
- Providing a rapid and easily accessible response to those in distress.
- Ensuring safe, effective treatment and care of people living with mental illness.

The Fund also seeks to contribute to the following national outcomes from the National Performance Framework:

- We are healthy and active
- We will live in communities that are inclusive, empowered, resilient and safe
- We tackle poverty by sharing opportunities, wealth and power more equally.