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| **Midlothian Communities Mental Health & Wellbeing Fund for Adults 16+**  **Fairer Funding Pilot – Midlothian**  **Year 5 & 6 (2025/26 and 2026/27)** | | | | |
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| **LOCAL PARTNERSHIP PLAN**  **August 2025** | | | | |

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# 1.0 Purpose of this plan

This plan is a working document which sets out the overarching aims for use of the Communities Mental Health and Wellbeing Fund for Adults (16+) in Midlothian.

It aims to:

* Ensure coherence of approach locally guided by national aims.
* Tie into existing planning for mental health and community wellbeing.
* Provide a strategic view on addressing identified priorities locally.
* Take account of current provision and address evidence around gaps and highlight emerging trends in support.
* Agree a set of outcomes for community mental health and wellbeing support locally and in line with the Mental Health and Wellbeing Strategy outcomes, identify the contribution the Fund will make to these

The TSI and local partnership (where possible) should draw on local data and statistics relating to mental health and wellbeing held by General Practitioner practices and NHS services - such as numbers of referrals for mental health difficulties, numbers of people rejected for therapeutic support

There are good examples of partnership working in certain areas to share learning and ensure coherence between the adult community mental health funding and the children and young people's community funding. The Fund evaluation recommends ongoing work to ensure coherence is achieved in all local areas. Therefore, TSIs are encouraged to work closely with local partners involved in the children and young people’s community funding, which will also be reflected in the guidance provided to local authorities for the children and young people funding.

“TSIs must engage closely with HSCP Chief Officers or representatives on the plan to ensure fit with strategic plans of IJBs.”

The partnership plan should consider coherence with other funding streams including the children and young people community mental health funding and should consider the wider funding landscape, taking account of any intelligence shared through partnership groups and networks about financial challenges elsewhere that could impact on projects directly or indirectly.

TSIs must engage closely with HSCP Chief Officers or representatives on the plan to ensure fit with strategic plans of IJBs. The plan may be shared with integrated joint boards which, where possible, should be involved in agreeing plans. The plans must consider coherence with other funding streams including the children and young people community mental health funding, as highlighted earlier in this document.

However ,“the Fund must not be seen as a way to replace other funding streams. Granting funds to projects previously funded through statutory bodies is at TSI discretion, however projects must demonstrate value added relative to statutory provision. This will allow projects that meet the Fund’s objectives to be considered but only granted funding if they can demonstrate clear additionality. “ - \*source – National Guidance year 5&6

# 2.0 Background to the funding

As part of the [Mental Health Transition and Recovery Plan](https://www.gov.scot/publications/mental-health-scotlands-transition-recovery/), the Minister for Mental Wellbeing and Social Care announced a new Communities Mental Health and Wellbeing Fund. This was a response to evidence of mental health issues arising from the pandemic and lockdowns.

**Whole Population Level Outcomes**

The overall mental health and wellbeing of the population is increased and mental health inequalities are reduced.

People with mental health conditions, including those with co-existing health conditions experience improved quality and length of life, free from stigma and discrimination.

People have an increased knowledge and understanding of mental health and wellbeing and how to access appropriate support.

Communities are better equipped to act as a source of support for people's mental health and wellbeing, championing the eradication of stigma and discrimination and providing a range of opportunities to connect with others.

We adopt a 'mental health and wellbeing in all policies' approach to facilitate cross-policy actions that more effectively address the wide-ranging social, economic and environmental factors that impact people's mental health and wellbeing, including poverty, stigma, discrimination, and injustice.

**Our VISION is for a Scotland, free from stigma and inequality, where every person experiences and has the right to achieve the best mental health and wellbeing possible.**

The Scottish Action for Mental Health Strategic plan 2025 – 2029, stated that “mental health wasn’t great before the pandemic, but it’s certainly much worse since.” Also, according to the most recent census, more than one in 10 Scottish citizen’s report having a mental health condition – up from fewer than one in 20 in 2011.

Below is an extract from the SAMH strategic plan indicating areas where marginalised groups as well as those living in poverty are the priority groups.

A screenshot of a website

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*Table1: Scottish Action for Mental Health*

According to the SAMH Chief Executive it is time to introduce new services or increase capacity of existing ones. SAMH introduce a network of walk-in community-based mental health support hubs (NOOKs), that require no appointment and no referral.” The aim of this is for people with mental health problems across the country to be able to “ask once and get help fast”.

Midlothian Partnership Plan is intended to benefit the full agenda for mental health and wellbeing in line with the **four** areas of key needs:

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

The commitments in this Plan span these different types of need from the importance of reducing stigma, to the provision of specialist services where necessary. The fund focuses on community provision as opposed to the clinical and one to one treatment.

It reflects the importance we place on community support as part of our overall mental health infrastructure and the commitments given by Scottish Ministers to increase direct mental health investment in both the NHS Recovery Plan.

### 2.1 Peer support as impactful intervention

Midlothian TSI has arranged a peer support training in early September 2025 to support building capacity of local groups and for those groups to incorporate peer support where relevant. Peer support is a powerful approach that can help people with their mental health. It’s a mutual relationship where people with shared experiences support each other, especially as they move through challenging times.

“Through peer support, people living with mental health challenges are seen as part of the solution. They have a significant and active role to play in supporting their own and others’ recovery. Walking alongside someone who understands, who ‘gets it’ helps people to feel less alone. It offers them the opportunity to explore their feelings and what will help them live the life they choose.”

Peer support information was set for those involved in or who were planning community-based projects to either introduce or enhance existing work.

This approach was to be put in practice via **community-based** initiatives that promote and develop good mental health and wellbeing and/or mitigate and protect against the impact of distress and mental ill health within the adult population.

The Fund in Midlothian will continue to be delivered through a locally focused and co-ordinated approach via local partnership groups, building upon existing partnerships with Midlothian TSIs as lead partner.

This involves working together to ensure that support to community-based organisations is directed appropriately and in a coherent way. This collaborative, instead of competitive, approach is more important than ever, giving increasing budget and capacity constraints within individual sectors.

# 3.0 Mental health provision in Midlothian

In Midlothian, the Community Planning Partnership set 3 main outcomes for the years 2023-27.

These are:

* Individuals and communities have improved health and skills for learning, life and work**.**
* No child or household living in poverty**.**
* Significant progress is made towards net zero carbon emissions by 2030**.**

The Vision for Midlothian is to, by working together as a Community Planning Partnership, individuals and communities, be able to lead healthier, safer and greener lives by 2030.

All the above are closely related to the good condition of mental health of the local communities and individuals within them. It is important to recognise the interdependency of the desired outcomes and the enablers such as good mental and health and wellbeing, confidence, security, safety, sense of belonging, resilience and local capacity in a form of lasting legacy for community support and partnership working.

The above outcomes are integrated within the individual action plans of the thematic groups listed below. The Midlothian CMHW Fund Partners, are amongst them. The ones directly involved in decision making about distribution of the fund are committed by the CMHWF Terms of Reference (Appendix B). These are: Midlothian Council, Health and Social Care Partnership, Health in Mind, Health in Mind Lived Experience Action Group and Midlothian TSI.

### 3.1 The Midlothian area

A diagram of community training leadership

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*Table 2: Single Midlothian Plan and Midlothian CMHWF 16+ Partner ageinces*

* Midlothian is the second smallest local authority in mainland Scotland but also the fastest growing.
* There are 90,600 people in Midlothian this is an increase of 16.1% from census 2011.
* Midlothian’s current population can be characterised by 19% being over 65 years of age, 63% between 15-64 years of age, and 17.8% under 14 years of age.
* The largest percentage population increase will be in those aged 75+.
* Less than 2% of Midlothian’s population is black or minority ethnic (Census).
* There is a mix of towns and rural areas.
* SIMD deprivation rating varies -the largest group is in SIMD Quintile 2.

The Single Midlothian Plan - Midlothian Will Be Healthier

The Single Midlothian Plan quotes: “General health remains good, while the incidence of limiting long-term illness appears to have increased. Cancer; coronary heart disease; respiratory disease, and diabetes all show large variations across Midlothian that correlate to areas of deprivation.”

It's natural to feel low, worried or stressed when we're unwell, and someone with a long-term condition is more likely to experience mental health issues.”

Physical health often affects mental health of an individual – and vice-versa. Age, life experiences and the support around the individual might shape how they feel or respond to illness. Particularly long-term physical illness or a life-long or chronic condition, like diabetes, which are connected to the socio-economic inequalities are more likely to lead to:

* Stress, worry or anxiety.
* Low self-esteem, or feelings around discrimination or stigma.
* Social isolation or loneliness, possibly due to long stays in hospital or having to stay home more.
* Anger, frustration, or grief, especially if being ill stops us from socialising or doing things we enjoy.
* Sleep problems, which might be caused by pain, sickness, or from the side effects of some medicines.
* Some less common mental illnesses, such as eating disorders, or psychosis make a big difference to an overall wellbeing.

This is particularly important for this Partnership in the context of projects that aim to set up provision and services in the areas of SMID and it relates to health inequalities. Source: [Physical and Mental Health](https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/physical-health-and-mental-health#:~:text=Physical%20health%20problems%20significantly%20increase,most%20often%20depression%20or%20anxiety.)

### 3.2 Key challenges for mental health in Midlothian

* A growing and ageing population.
* Higher rates of prescribing for mental health needs.
* Financial pressures (cost of living and in work poverty).
* Workforce pressures (e.g. staff shortages within social care services, volunteer burn out.
* Socioeconomic inequalities, particularly in the three priority areas of Mayfield and Easthouses, Woodburn and Gorebridge).
* Ongoing impact of mitigating the effects of Covid infections and with less or no specifically dedicated resources.

The virus has had a tangible detrimental impact on those who were already dealing with mental health problems before the pandemic, with the amount of people coping very or quite badly doubling from almost a quarter (23%) in the months before the pandemic to almost half (45%) by August. This, Scotland-wide data can be reflected on Midlothian level. Amongst those who already were dealing with mental health problem, those experiencing thoughts of suicide rose to 59%, up by 3% on pre-lockdown figures and, worryingly, 10% of people had not sought treatment even though they felt they needed it. [(SAMH)](https://www.samh.org.uk/about-us/news-and-blogs/coronavirus-research) (Scottish Action for Mental Health)

### 3.3 Impact of Covid-19

#### Impact on social isolation and loneliness

UK wide research into loneliness during the pandemic has highlighted three main findings, which we know are mirrored in Midlothian based on anecdotal feedback from staff working in local mental health and other services.

* People who felt most lonely prior to Covid now have even higher levels of loneliness. This increase began as lockdown measures were introduced, in March 2020.
* Adults most at risk of increasing loneliness tend to have one or more of the following characteristics: they are young, living alone, on low incomes, out of work, or with a mental health condition.
* The impact on wellbeing is likely to be compounded by other economic and social impacts experienced by the same people, such as job losses and health anxieties.

(What Works Well in partnership with UCL, 2020)

|  |  |
| --- | --- |
| Loneliness | Social isolation |
| Loneliness is a subjective feeling about the gap between a person’s desired levels of social contact and their actual level of social contact. It refers to the perceived quality of the person’s relationships. | Social isolation is an objective measure of the number of contacts that people have. It is about the quantity and not quality of relationships. People may choose to have a small number of contacts. |
| Loneliness is never desired and lessening these feelings can take a long time. | When they feel socially isolated, this can be overcome relatively quickly by increasing the number of people they are in contact with. |
| This subject of how to address both: loneliness and social isolation is often discussed as part of the initial enquiries. At this stage, Midlothian TSI supports the potential applicants in understanding the desired environment, where people are, and feel connected, valued, supported and have a sense of purpose being part of a community. Through answering the question: what does the ‘good looks like’ the applicants direct their project planning from mitigating the poor mental health towards the maintaining a good mental health and preventing deterioration of wellbeing. | |

Source: [www.ageuk.org.uk](http://www.ageuk.org.uk)

#### General impact on mental health and wellbeing

Disadvantaged groups were hit harder than others by Covid, including impacts on mental health - this in turn was worsened by pre-existing health inequalities in Midlothian’s poorest communities. As described in literature “perfect storm” where health inequalities such as deprivation, low income and poor housing have always in the past meant poorer health. Understood as reduced quality of life and early death for many people, reduced individual’s ability to prevent sickness, or to take action and to access treatment when ill health occurs.

A diagram of different groups of people

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Table 3:Source: [Health Equity Assessment Tool (HEAT): what it is and how to use it - GOV.UK](https://www.gov.uk/government/publications/health-equity-assessment-tool-heat/health-equity-assessment-tool-heat-executive-summary)

### 3.4 Local gaps in mental health provision

Anecdotal feedback from local professionals in Midlothian, service users and information from recent consultations been collated to identify current gaps in community based mental health provision across Midlothian. The available evidence gathered indicates that the following gaps exist and may have worsened because of the pandemic:

* 1:1 support for older people to access community resources that promote mental health and wellbeing
* Community transport to enable attendance at groups and other social activities that promote mental health and wellbeing
* Independent advocacy for people
* under 18 with a mental health condition (in the context of this fund, the priority will be a narrow group between 16 and 18 years old). A lack of accessible community supports and spaces for people with disabilities
* Specific women-only support, particularly those experiencing mental ill health
* Specific support for men, especially older men experiencing mental ill health
* Bereavement support for those with mental ill health
* Support for parents with young children affected by mental ill health
* Help for carers including peer support and emotional/psychological input
* Early onset diagnosis of dementia for under 65s specifically support/peer groups
* For parents who support children addicted to substances
* Projects that would help reduce stigma and promote equitable support for those with mental ill health and/or who misuse substances
* Recommended methods are: All staff supporting projects funded by CMHWF to receive free Trauma Informed Training including receptionists, front office staff and core group of volunteers

In addition to the priority areas outlined within the Scottish Government’s Transition and Recovery Plan, allocation of the Fund in Midlothian will be geared towards meeting local priorities and addressing the gaps noted above. As this is a flexible Fund with a working partnership agreement, it is possible that further gaps in provision may be added to this list.

(not required for local community-based context)

A as result the Fund Guidance lists priority areas that are nation wide and those specific to Midlothian area in a form of a FAQ as in below copied table:

|  |
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| ***What kind of activity will be funded?***  *The focus of the CMHW Fund is on prevention and early intervention, MCA would expect all funded projects to focus on one, or both, of these themes. The fund supports the adult population, aged 16 and over.*  *Applications must include activity in one or more of the following nationally agreed priority areas:*   1. *Tackling issues of social isolation and loneliness, suicide.* 2. *Work related to bereavement/loss, trauma.* 3. *Addressing mental health inequalities exacerbated by the recovery from pandemic and lockdowns, the cost-of-living crisis, and supporting those facing socio-economic disadvantage.* 4. *Meeting the needs of a range of at-risk groups in Midlothian.* 5. *Supporting small grassroots community groups to deliver activities, thereby strengthening the local third sector in Midlothian.* 6. *Providing opportunities for people to connect with each other, build trusted relationships and revitalise their communities, including active and green prescribing.* 7. *Supporting recovery, resilience and wellbeing through investing in creative solutions to current challenges.*   ***In Midlothian****,* ***our CMHW Fund Partners*** *(Midlothian Council, Health and Social Care Partnership, Midlothian and East Lothian Drug and Alcohol Partnership, Midlothian Women’s Aid, NHS Lothian and Midlothian TSI, (Police Scotland - tbc and Scottish Fire and Rescue Service - tbc)* ***agreed to encourage applications for projects that will address the following priorities, target groups and services:***  ***Groups:***   * *Younger people (56 years old and younger) with early diagnosis of dementia or those awaiting dementia assessment.* * *Older women addicted to substances, or parents who support adult children addicted to substances.* * *Individuals affected by cultural stigma of addiction and substance misuse.* * *Individuals affected by loneliness or isolation due to stigma associated with being a family member of those who are addicted to substances – parents of adult children* * *Young people (16- 24) living in poverty, deprivation affected by lack of choice and social isolation.* * *Parents affected by poor mental ill health who have young children’* * *Men between 25-45 years old living in deprivation who are single, separated or divorced especially those reporting suicidal thoughts.* * *Group support to 1:1 care for older people to access community resources that promote mental health and wellbeing* * *Adults with mental ill health affected by bereavement* * *Older men experiencing mental ill health - specific support for men* * *Women-only support, particularly those experiencing mental ill health* * *Carers including peer support and emotional/psychological input*   ***Services:***   * *Community transport to enable attendance at groups and other social activities that promote mental health and wellbeing* * *Independent advocacy for people* * *Accessible community supports and spaces for people with disabilities* * *Projects that would help reduce stigma and promote equitable support for those with mental ill health and/or who misuse substances*   *Recommendations:*   * *All staff supporting projects funded by CMHW Fund to receive* ***free Trauma Informed Training*** *including receptionists, front office staff, and core group of volunteers.*   *To arrange free training for staff please contact Ciara Burke* [*ciara.burke@midlothian.gov.uk*](mailto:ciara.burke@midlothian.gov.uk) *.*  *Recommended approach Peer support\*, a powerful method that can help people with their mental health.* |

### 3.5 Key strategic drivers

Midlothian IJB Strategic Plan and medium-Term Financial Plan Strategy forms a foundations for a new sustainable model for health and social care focusing on prevention and early intervention, and integrated, personal led care. In the light of that ambition the Transformation Programme Board is planning, develop and oversee the model and will shift the focus away from specialist services toward a broader range of community y- based services across health and social care and primary care. This will mean for example: invest in early intervention, self-management, education and primary and community care services.

In early Summer 2025, Scottish Government and the Convention for Scottish

Local Authorities (COSLA) have jointly published the [Population Health Framework](https://www.gov.scot/publications/scotlands-population-health-framework/) (PHF)

alongside the [Health and Social Care Service Renewal Framework](https://www.gov.scot/publications/health-social-care-service-renewal-framework/pages/2/) (SRF).

Both Frameworks represent a significant milestone in a collective aim to improve the

health of the population. They focus on key activities that will help tackle the root causes

of poor health, reduce inequalities and build a more sustainable, person-led and community focused health and social care system for Scotland. This Fund through preventative projects and capacity building should lay foundation to addressing the root causes of poor health.

Effective implementation of the PHF and SRF are key to our commitment to tackling poverty. The Fund recognises the importance of dignified way of living and access to food and resources and supports projects that mitigate cost-of-living crisis –particularly child poverty;

Target group specified in the Fund is to address needs of *People facing socio-economic disadvantage*

We know that some groups of people experience poorer mental health and wellbeing because of social or economic factors that they cannot control, such as low income or poverty, poor housing, limited employment opportunities, or because they experience prejudice and discrimination. Poverty is a key driver of poor mental health, and there is a structural relationship between wider socio-economic inequality and mental ill health. This is why in the Mental Health Strategy we have committed to strengthening alignment of mental health policy with work to tackle poverty and reduce inequality.

The CMHW Fund 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.

Public Service Reform requires a decisive shift to preventative interventions. Most importantly, too many lives are cut short by preventable disease.

Overarching Commitment within the Single Midlothian Plan by the Community Planning Partnership is for communities and individuals to lead healthier safer and greener lives by 2030.

* The key strategic drivers of mental health provision in Midlothian are: Prevention and early intervention
* Equitable access to treatment and joined up wider accessible services
* Physical wellbeing and financial security of people with mental health issues
* Human rights, information use and sustainable planning

Locally in Midlothian the IJB has produced Workforce Strategy in the autumn of 2023.The IJB stressed that recruiting and retaining enough high-quality staff across mental health services and supports in both public and third sectors is vital. There has been an increased demand reported by GPs due to fast-growing housing developments. In the context of this Fund, it is important to recognise the vital role of the third sector organisations and specialist services, and a required expansion of the workforce to respond to the growing demand.

The Midlothian Citizens Panel and feedback from the Community Planning Conference in November 2022 found that people were most interested in seeing support:

* for a growing and aging population.
* for vulnerable people.
* to improve mental wellness and wellbeing.

(‘Communities want more support services for mental health and substance use’)

### 3.6 Mental health data for Midlothian

* Up to 40% of consultations in Midlothian’s GP practices are related to mental health. In 2021/22, 20% of the Midlothian population (19,000 people) were prescribed drugs for anxiety/depression/psychosis - slightly lower than Scottish average (ScotPho).
* In most deprived 20% of Midlothian, prescriptions for anxiety and depression are around 30% higher than the Midlothian average (ScotPho 2018/19).
* There has been a sustained national trend, including Midlothian, for increasing demand on all mental health related services and supports

### 3.7 Underpinning values of mental health support in Midlothian

In Midlothian we adopt a person-centred, holistic view of how mental health services should be provided. In practice this means support and treatment is based around what matters most to people and should take account of their wider life circumstances, as well as supporting them to manage their condition as independently as possible.

The fund focuses on community-based provisions rather than clinical or individual treatment. However, the provisions funded by the Fund can complement the individual plans for recovery.

In 2024 Midlothian in preparation for distribution of Year 4 funding TSI created [website l](https://mca.scot/funding/communities-mental-health-well-being-fund/)anding page for the CMHWF to support potential applicants with their new applications, and existing ones with reporting and reflecting on delivery of projects.

Midlothian TSI facilitated creation of the “Sunflower Group” this is a group for Year 1 to Year 4 fund recipients. They are connected via open mailing list and e-mails updates, to celebrate successes and share experience as well as meet the funder for discussion.

The Third Sector Human Rights and Equalities project created a TSI Wellbeing Equality Guide to support both the assessors and fund applicants understanding or interpreting the equalities-focused questions and criteria set out for the Fund.

The guide lists areas of interest, one of which is an [Engagement](https://inrenequality.org/item/engagement/) or [Health and Wellbeing](https://inrenequality.org/item/health-and-wellbeing/) (Local support for Health and Wellbeing, How is Ethnicity relevant to Health and Wellbeing).

Engagement is then explained in detail is sections such as white privilege, micro aggressors, unconscious bias, health and employment barriers, engagement with ethnically diverse communities.

There are higher rates of poverty amongst ethnic minorities levels following the economic and health impact of the pandemic. In addition, communication breakdowns and cultural differences create barriers to accessing the mental health services.

In the context of reducing health inequality in Midlothian particularly in the areas of SIMD. The Guide suggests the applicants should go beyond their overarching project aims when explaining the project, providing specific examples that demonstrate awareness of barriers some groups may face to meaningful participation. This may include:

* Co-designing aspects of the activity with the intended community
* Adaptations to the physical space to make it more accessible
* Translating materials into different languages
* Solutions to specific challenges their community faces
* Creating elements of choice for those accessing the project

The Guide suggests “applicants may refer to the principles of participation, accountability, non-discrimination, empowerment and legality when addressing equality.”

Midlothian mental health services look to embed safe approaches to practice, with ease of access to a range of different provisions which support and promote mental wellbeing. This includes services in the community provided by third sector and grassroots organisations. Peer support and the involvement of people with lived experience are also important elements of mental health service provision in Midlothian.

Partners are supported by the members of the Lived Experience Action Group from Health in Mind. This group had been established in 2021 for the year 1 funding applications and had been heavily involved in decision making ever since. This includes discussions regarding local need, local gaps, ways to advertise, appropriate context for the local micro projects and challenging mental health stigma.

In 2024 the group has taken a leading role on raising awareness of the fund amongst local grass root organisations by suggesting approachable ways of communication, wording, location of the advertising and ensuring different accessible formats are available.

The Lived Experience Action Group makes funding decisions on Micro Funds and a few members contribute towards decisions on Small and Large funding distribution.

The Fund principles of **prevention and early intervention** aim to address the needs of the the youngest group this Fund 16-24 years old.

The report (presented at Midlothian IJB June 2024) of the Annual Report 2023 – Improving the Health of our population - emphasises the importance of prevention and early intervention in the context of adolescents entering the adulthood.



*Table 4: IJB Annual Report 2023*

The CMHWF is set to address needs of adults 16+. It is important to consider the needs of the young people in the period of transition and ensure there is an adequate provision.

The Year 5 and 6 specifically put an emphasis on needs of young women age 16 – 25. When young people do not receive timely support for their mental health needs, this can lead to spikes of demand for more specialist support later. Intervening early to support mental wellbeing helps young people develop the skills they need to live healthy and happy lives as adults.

The cost-of-living crisis has worsened the impact of the pandemic on families with around one fifth of children and young people in Lothian now living in families affected by poverty. There is a strong relationship between poverty and mental health and wellbeing. Supporting prevention and early intervention and timely access to support is key to reducing waiting lists and improving outcomes for all ages.

NHS Lothian work with partners to ensure professionals are appropriately trained and equipped to deliver services in a trauma-informed way and continue to focus on prevention.

The Annual Report 2023 – Improving the Health of our population also stated: evidence is overwhelming that investment in the lives of young people reduces future inequalities, improves future health outcomes and reduces future demand on the health and care system.

It is therefore important to take this ‘call for commitment’ of all public, community and voluntary sector organisations to work together on actions that will make the biggest difference.

The expansion of the eligibility criteria in Year 4 to include parent councils to the list of organisations had been welcomed by the Midlothian HSCP partners. Since this is a new group of potential applicants there are certain conditions in place to ensure “the funded activities must meet the aims of the Fund and specifically must focus on supporting young people aged 16 or over or supporting adults rather than their children”. High School Parent’s Councils might be well placed to propose projects that support young people’s transition into adulthood.

In this context the partnership goes beyond the CMHW Fund core group with an invitation from Midlothian Council, Children and Young People’s Mental Health and Wellbeing Fund administrators to share information on funded target group. Both tranches of funding overlap from age 16 and over to 24 (26). The Children and Young People Mental Health and Wellbeing Fund (CYMHWF) services and supports, should initially focus on the 5**-**24 (26 for care experienced young people) age range.

For example, recently funded projects support:

* Connection and engagement with young people at risk of isolation from school and community (Age 13- 24).
* Build capacity in settings to support children and young people with emotional distress/change or loss (Age 8-16).
* Creative therapy interventions to children and young people presenting with emotional distress/withdrawal (Age 12-18).
* Therapeutic interventions to adults within a family - presenting with emotional distress/withdrawal.
* Therapeutic interventions to children and young people presenting with emotional distress/withdrawal (Age 10/12-18).

### 3.10 Access to information about mental health

[Midspace](https://midspace.co.uk/) is an online space for mental health and wellbeing information in Midlothian. The main area of focus are mental ill health including, information, self-help and sigh posting for services and supports.

A screenshot of a website

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The aims are:

A picture containing graphical user interface

Description automatically generatedProvide information about local mental health and wellbeing services and support

Provide a platform to promote positive mental health and wellbeing through connecting people to local activities and places

Provide resources to support self-help and self-management

[Midspace](https://midspace.co.uk/) is managed by [Health in Mind](http://www.health-in-mind.org.uk/) a partner to this plan, a Scottish mental health and wellbeing charity that supports people and communities across Midlothian.

# 4.0 Fund aims and approaches

The Scottish Government guidance for the funding outlines a number of key aims and approaches that need to be incorporated into the local plan. The table below summarises how we will address them.

|  |  |
| --- | --- |
| Key Scottish Government Aim/Approach | How we will address this in Midlothian |
| Tackling priority issues within the Transition and Recovery Plan such as suicide prevention, social isolation and loneliness, prevention and early intervention | We will promote the fund to organisations in Midlothian that are active in these areas. We will review applications to ensure that a spread of activity is undertaken. We will include examples of what the “good looks like” in the guidance and fund promotional materials. |
| Addressing the mental health inequalities exacerbated by the pandemic and the needs of a range of ‘at risk’ groups | We will promote the fund to organisations in Midlothian that are active in these areas, working in partnership with those that support people who are ‘at risk’. We will review applications to ensure there is a spread of activity with different client groups |
| Supporting small ‘grass roots’ community groups and organisations to deliver such activities | We will work in partnership with local anchor organisations such as Community Development Trusts, to reach small community groups who may be meeting in their premises. We will work with existing fund recipients of the small and large grants to empower service user groups who identify a niche or a gap in existing provision to apply for micro fund.  We will provide capacity building support to organisations who are less experienced at managing grant funding |
| Providing opportunities for people to connect with each other, build trusted relationships and revitalise communities | We will bring the organisations receiving funding together on a regular basis  Identify organisations who have a potential to hold funds for smaller un-constituted groups. Discuss opportunities with local communities and those involving volunteers, support potential grass root movement into creating groups to support gap in service provision. |
| Supporting recovery and creativity locally by building on what is already there, what was achieved through the pandemic, and by investing in creative solutions. Utilise an asset-based approach to working with communities to plan and co-design learning and capacity building opportunities | Our steering group is made up of statutory and third sector organisations active in promoting positive mental health, who will each assist in identifying areas of strength that we can build on. |
| Strengthen the role and capacity of those working to support community mental health and wellbeing, including for example local third sector organisations and small community groups | We will have a dedicated member of staff who will pro-actively offer support to smaller organisations |
| Strengthen the learning, development and capacity building across those in receipt of this funding  Build wider capacity and ensure sustainability over time | In addition to capacity building, we will work to identify the training needs of third sector organisations and address them through the Midlothian TSI annual training programme |
| Minimise bureaucracy and ensure application and monitoring processes are fit for purpose, accessible and prevent delays in money reaching the communities that would benefit most | We will ensure that our application forms and processes are accessible to everyone and will provide support to smaller organisations to access them  We will work in partnership with community anchor organisations and faith organisations to ensure that our promotional material reaches smaller groups |
| Promote a co-production approach to developing local solutions for communities and individuals, encouraging recognised participants to work alongside new providers and partners from other sectors and ensuring that the voice of lived and living experience is at the forefront in all stages of the process | We will work to ensure that people with lived experience help to shape the programme and we will do this in a way that is meaningful, not tokenistic |
| Demonstrate the value of partnership working | We will review our partnership working and evaluate it |

*Table 5. Addressing the aims and approaches*

# 5.0 Midlothian Fund Partnership Group

The Year 5 & 6 Fund will be delivered through a locally focused and co-ordinated approach, with an emphasis on collaboration. The Partnership Group works together to establish local need and follows established process to distribute the money locally in line with Fund aims, priorities and criteria, in keeping with local strategies and priorities. The year 5and 6 with it’s multiyear aspect and fairer Funding we will update application process and decision making protocol, as well as score cards.

The Midlothian local partnership group will include:

* Key staff at Midlothian Third Sector Interface.
* Individuals with direct and lived experience.
* Midlothian Health and Social Care Partnership.
* Midlothian Council: Senior Communities and Lifelong Learning Worker.
* Key third sector organisations: Health in Mind.

The table on the next page outlines the roles and responsibilities of the different members of the Partnership Group.

| Task / Role | TSI | Midlothian HSCP | Other partners | Scot Gov |
| --- | --- | --- | --- | --- |
| Planning  Assess local priorities within the scope of Fund criteria | Coordinate local plan and sharing of this with Scottish Government | Contribute with specific input in terms of strategic planning and local mental health plans | Advisory - particularly equalities groups and those with lived experience | Support, advise and share with National Oversight Group |
| Seek fund applications | Lead - action to promote the Fund | Contribute | Advisory | Promote Fund through existing networks |
| Devise fund administration processes | Lead | Contribute | Advisory - particularly equalities groups and those with lived experience | Advise and support where needed |
| Assess local funding applications | Lead | Contribute | Advisory | No role - guidance provided sets out broad parameters of the Fund |
| Capacity building  with potential applicants | Lead | Contribute | Advisory - particularly equalities groups and those with lived experience | Support through Communities Mental Health and Wellbeing Network and National Oversight Group |
| Evaluation and Monitoring | Lead - devise local monitoring and report to Scottish Government | Contribute in line with existing reporting | Advisory - particularly equalities groups and those with lived experience | Collate local partnership plans; coordinate national evaluation; devise reporting templates in line with this |
| National Oversight Group | Contribute | Contribute | Contribute | Establish and support |
| Wider networking | Contribute | Contribute | Contribute | Establish Community Mental Health and Wellbeing Network and support this |

*Table 5: Partner roles*

# 6.0 Funding arrangements

Midlothian’s allocation of funding for the 2025/26 financial year is £249,914.16 and in 2026/27 also £249,914.16 Year 6 funding is indicative and not guaranteed and will be subject to approval in the Scottish Government Budget Bill. The Grant Offer Letters will reflect this.

Midlothian TSI will be responsible for the following:

* Setting in place a ‘light touch’ application process
* Promotion and awareness raising of the Fund
* Simplifying the National Guide
* Inviting bids from individual community groups and organisations and responding to enquiries as necessary
* Providing capacity building support to ensure access for less well-developed organisations
* Considering potential for collaborative bids and partnerships where possible
* Assessing bids, undertaking due diligence, and making funding decisions in line with the local partnership plan and fund criteria as set out in this guide using score cards
* Issuing grant letters and managing payments appropriately to individual community groups and organisations
* Contacting unsuccessful applicants
* Taking a lead on monitoring progress in Midlothian for one-year projects with an end of the year reporting (EOY) and the EOY reporting for two-year projects in a form of an interim report
* Reporting on distribution of the fund and providing case studies to evidence impact locally the National Oversight Group and Scottish Government

# 7.0 Application Process

### 7.1 Application guidance

A copy of the local guidance for applicants is contained in Midlothian Multiyear Pilot CMHWF Year 5&6 – [LINK](https://mca.scot/funding/communities-mental-health-well-being-fund/)

### 7.2 Assessing applications

Applications will be assessed by a steering group that represents the values, interests and outcomes of this Partnership Plan – set in Terms of Reference.

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| **Terms Of Reference**  **Midlothian Community Mental Health and Wellbeing Fund for Adults**  **Funding Panel & Steering Group**  (June 2025)  Background  The Fund was set up to respond to the effects of the Covid-19 pandemic. The year 2 of the Fund sought to also respond to the cost-of-living crisis. Year 3 continued an important emphasis on supporting mental health and wellbeing of communities through ongoing cost of living crisis. In Year 4 the grant was to support community-based initiatives that promote and develop good mental health and wellbeing and mitigate and protect against the impact of distress and mental ill health within the adult population. Years 5&6 build on the successes of the previous years and contribute to all of the above mentioned with an emphasis on evidence of impact of Fairer Funding - a multiyear support for local communities where early intervention with a person centered approach.  Remit  Distribute Year 5&6 CMHWF for Adults to Midlothian organisations.  Aims and purpose   * Ensure a fair distribution of funding for one-year projects by the 31st of March 2026 at the latest. * Ensure fair distribution of funding for two-year projects by the 31st March 2027. * Ensure the Fund has a strong focus on prevention and early intervention and aims to support grass roots community groups in tackling mental health inequalities and address priority issues of social isolation and loneliness, suicide prevention and tackling poverty inequality, cost-of-living crisis and supports those facing socio-economic disadvantage. * Ensure the Fund continues to be “delivered through a locally focused and coordinated approach via local partnership groups (building upon existing partnerships and with TSIs as lead partner), working together to ensure that support to community-based organisations is directed appropriately and in a coherent way.” * Ensure due diligence processes are proportionate, taking account of how much funding is being sought. For larger grants, due diligence processes will include an assessment of applicants’ funding arrangements, particularly in the case of 2 year awards. MCA/ TSIs will seek assurance regarding a project’s viability for the duration of the Communities Fund grant and sustainability in the longer term.   In order to do this, MCA/TSIs will consider:  ▪ Whether an applicant’s income streams are sufficiently diverse so as to be sustainable in the medium-to-long term  ▪ Whether an applicant has contingency plans for the possibility of part (or all) of its funding coming to an end  ▪ Whether, based on information provided by the applicant, there can be reasonable certainty that their funding arrangements safeguard it from potential funding shortages.  All applications should be considered against the Four-Limbed Subsidy Test to determine if funding constitutes a subsidy. This will be in a form of a brief check, to ensure four limbs are considered and determine whether the funding being provided is a subsidy or not.  Agreement  Steering Group partners agree to:   * adhere to the Midlothian and National Guidance * ensure funded projects have volunteer expenses written into their budget where applicable (i.e. travel expenses) and sign up and adhere to principles of Volunteer Charter * ensure staff (including front office / reception) delivering project and core volunteers supporting it take up trauma informed training * awarded organisations register on [ALISS](https://mca.scot/2024/03/aliss-a-local-information-system-for-scotland-training/) - A local information System for Scotland * use the established concept in Years 1 – 4 scoring process but use updated scoring cards to reflect the Fund Guidance * allocate appropriate amount of time for the Scoring Panel to give justice to each project particularly in the light of multiyear funding * welcome and support any new members of the scoring panel.   Conflict of interest  Refrain from scoring projects which are evidently and directly supported by the judging panelist. Remain impartial and rational. However, recognise and accept the fact that Midlothian, being a small authority, it is inevitable to see frequent connections.  Members  Candice Higgins, Health in Mind; Jacqueline Kirkland - Midlothian HSCP; Geraldine Bathe – Midlothian Council CLLE; Lesley Kelly and Magdalena Clark - Midlothian TSI- Midlothian Community Action, 2 representatives from Lived Experience Action Group, Karen Ormiston – NHS Lothian, Sue Newton - Children and Young People’s Mental Health and Wellbeing Fund, Midlothian Council Lead  Frequency  Magdalena Clark and Lesley Kelly (TSI) communicate updates and consult about the Fund with the Panel on a regular basis. Magdalena Clark – lead on coproduction of the Partnership Agreement. Panel meets once a year for two consecutive days. There is an increased level of communication with the Panel, pre and post – scoring process.  Chair & Notes  Chair- TSI Chief Officer, notes facilitation, scoring tracking Volunteering Development Manager.  Review  Terms of reference reviewed annually |

# 8.0 Communications

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| Who do we want to reach? | What do we want to tell them? | How are we going to reach them? |
| Local third sector organisations that have identified a mental health need | Funding and networking opportunities are available | * Midlothian TSI briefings * Midlothian TSI social media * Partner/member networks |
| Grassroots organisations that we do not have contact with already | Funding is available along with support to access the funding  Training and networking opportunities are available | * Midlothian TSI briefings * Midlothian TSI social media * Word of mouth * Partner networks * Targeting of specific organisations (see list) * Community Councils * Faith organisations * Advertise in local media * Facebook pages of other organisations * Attend local community group meetings |
| People with lived experience | There is an opportunity to shape the provision of support around positive mental health  There is an opportunity to build capacity with steering group members and to potentially develop collaborative commissioning approaches in year 2 | * Referrals from key partner agencies * Word of mouth * Midlothian TSI briefings * Midlothian TSI social media * Partner networks * Community Councils * Faith organisations * Advertise in local media * Facebook pages of other organisations * Attend local community group meetings |
| Local and national stakeholders e.g. politicians, policymakers | There is a substantial investment in adult mental health taking place | * Reports through local Community Planning Partnership structures * Press releases to national press, specialist media, and new media - TSI comms pack and TSI network * Input to relevant conferences and consultations |

*Table 6: Promotion and key messages*

# 9.0 Accountability and monitoring

As the grant holder, the TSI will have overall accountability for spend at a local level and will lead on reporting to national monitoring processes as well as to local evaluation. The TSI will work with grant holders and local partners to:

* Ensure due diligence
* Provide an interim update with an end of year report for one-year project
* Provide and interim update with an end of year report on impact for the two-year project allowing the second-year transfer of funds
* Request approval from the panel to proceed with proposed release fund for the two- year project
* Provide and update on release of Micro funds for year 6
* Provide evidence of achievement against fund criteria and outcomes
* Share best practice and feedback on what has worked

Applicants will be expected to participate in reporting activities and as part of the terms and conditions of the grant. Assistance with reporting will be provided by nominated supporting organisations (in the case of micro grants) or by the TSI.

For one year smaller grants and micro grants, reporting will be ‘light touch’, with the expectation of more detailed feedback from recipients of larger grants.

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| **Decision Making protocol for Fairer Fund – Multiyear Pilot**  The Year 5 and Year 6 Midlothian Guidance had been updated to reflect the multiyear aspect of the fund. The below extract from the Guidance explains the way the decisions are going to be made providing the conditional and not guaranteed offer from Scottish Government for Year 6.  “1. If you are applying for one year project and you are successful, the panel will release the full requested sum or will discuss with you an acceptable offer.  2. If you are unsuccessful in applying for one year project in 2025, you can still apply for one in September 2026.  3. If your project application for two years is successful, we will release the full requested sum or consult with you an acceptable offer for both of the years although this is not guaranteed and will be subject to approval in the Scottish Government Budget Bill. Only after the Scottish Government budget approval we will release the funds for the second year.  4. Projects must be considered against the Four-Limbed Subsidy Test  In order to do this, MCA/TSIs will consider:  ▪ Whether an applicant’s income streams are sufficiently diverse so as to be sustainable in the medium-to-long term  ▪ Whether an applicant has contingency plans for the possibility of part (or all) of its funding coming to an end  ▪ Whether, based on information provided by the applicant, there can be reasonable certainty that their funding arrangements safeguard it from potential funding shortages.  All applications should be considered against the Four-Limbed Subsidy Test to determine if funding constitutes a subsidy. This will be in a form of a brief check, to ensure four limbs are considered and determine whether the funding being provided is a subsidy or not.  Questions regarding subsidy test are included in the funding application and are part of the score cards.  The score cards, application form notes and spreadsheets for decision making will reflect the conditional offer for Year 6. |

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