

Grants Determination Sub Committee 5 th December 2017	
Report of: Denise Radley – Corporate Director Health, Adults & Communities.	Classification: Unrestricted
Mental Health User Led Grants Programme 2018 - 2020	

Originating Officer(s)	Carrie Kilpatrick
Wards affected	All wards
Key Decision?	Yes
Community Plan Theme	A safe and cohesive community

Executive Summary

User led groups are at the heart of the Council’s strategy to develop services that give more choice and control to service users. In particular the Health and Wellbeing Board Strategy places a significant emphasis on the fact that service users have told us that they want more choice and control over services.

The Tower Hamlets Mental Health user led grants programme enables user led groups to provide a wide range of social and therapeutic activities to promote social inclusion, well-being, and independence for people with mental health problems aged over 18.

The mental health user led grants programme is aligned with the Mental Health Council Wide Strategy and facilitates the delivery of a number of core commitments within the strategy action plan. User Led groups deliver preventive services which increase wellbeing and keep people out hospital.¹ They are effective value-for-money ways of keeping people well in the community.² Local JSNA data supports the success of the Tower Hamlets preventative approach in keeping people with mental health problems well in the community, thus preventing more acute and costly care and support needs.

The grant scheme has been running for 10 years and has steadily increased the level of peer support available in Tower Hamlets. The scheme invites small user-led groups for people with mental health problems to apply for a maximum grant of £5,000 per year to develop peer support networks.

¹ Repper, J and Carter T.(2011). ‘A review of the literature on peer support in mental health Services.’ Journal of Mental Health, August 2011; 20(4): 392–411

² http://www.centreformentalhealth.org.uk/news/2013_peer_support_workers.aspx

At a cost of £ £90,838 the programme presents good value for money in terms of the quality and the volume of services delivered; enabling us to meet key priorities stated within the Tower Hamlets Mental Health strategy to:

- Reduce stigma and discrimination by offering alternatives to traditional segregated services;
- Support people to take control of their lives;
- Ensure that people are able to access support easily; and
- Promote service user involvement in developing and improving services.
- Developing user led recovery culture in mental health services
- More people with mental health problems will have good physical health

The current grants come to an end in March 2018; meaning there is a priority need to determine the future of this grants programme and commence the process for 2018-19 and beyond.

This paper recommends the continuation of the Tower Hamlets Mental Health User Led Grants Programme, recognising their role in facilitating the delivery of a number of core commitments within the following:

- The Mental Health Council wide Strategy
- The Five Year Forward View for Mental Health
- The Care Act 2014

Recommendations:

The Grants Committee is recommended to:

1. Agree the commencement of the Mental Health User Led grants programme for 2018- 2020 at the current level.
2. Agree the criteria under which the grants will be awarded
3. Delegate authority for grant awards to the Corporate Director for Health, Adults and Communities

1. REASONS FOR THE GRANT PROGRAMME

- 1.1 Annual funding of the user led groups has proved immensely beneficial to the large majority of service users who use user led groups; with service users reporting that they feel very positive about their involvement in either facilitating groups or being an active member. Mental Health user led groups are becoming increasingly popular year on year, as they enable service users to take active control of meeting their own needs, to be innovative and creative in doing so, and to develop new skills and knowledge in the process.

- 1.2 User Led groups deliver preventive services which increase wellbeing and keep people out hospital.³ They are effective value-for-money ways of keeping people well in the community.⁴ Local JSNA data supports the success of the Tower Hamlets preventative approach in keeping people with mental health problems well in the community thus preventing more acute and costly care and support needs.
- 1.3 The programme presents good value for money in terms of the quality and the volume of services delivered. This is demonstrated in relation to the:
- Number of workshops delivered by the programme;
 - Number of people who attended these workshops;
 - Choice and variety of different workshops and activities available;
 - Ability of the groups to offer services for hard to reach communities;
 - Capacity to include people with multiple and complex needs; and,
 - Geographical distribution of groups in relation to need in the borough.
 - The ability to access peer support during out of hours as highlighted by groups facilitators during a consultation

2. ALTERNATIVE OPTIONS

- 2.1 The user led group grant schemes continue to be an innovative approach to enabling peer groups to support recovery and improve well-being for participants.
- 2.2 Taking into consideration the continued success and impact of the scheme no other viable options have currently been identified to create similar or better outcomes with the funding available.

DETAILS OF REPORT

3. BACKGROUND

- 3.1 Mental Health is a national priority. One in four people will experience a mental health problem at some point in their lifetime and one in six adults has a mental health problem at any one time. Among people under 65, nearly half of all ill health is mental illness. In other words, nearly as much ill health is mental illness as all physical illnesses put together. Tower Hamlets has a high prevalence of mental health problems. We have the fourth highest proportion of people with depression in London, the fourth highest incidence of first episode psychosis, and the highest incidence of psychosis in east London according to GP registers. In total there are approximately 30,000 adults estimated to have symptoms of a common mental health problem in the borough, with around 15,900 people known to their GP to have depression,

³ Repper, J and Carter T.(2011). 'A review of the literature on peer support in mental health Services.' Journal of Mental Health, August 2011; 20(4): 392–411

⁴ http://www.centreformentalhealth.org.uk/news/2013_peer_support_workers.aspx

and 3,300 known to have a serious mental illness, with a prevalence of c. 1150 people with dementia.⁵

- 3.2 Mental health is also a local priority. Residents of Tower Hamlets experience some of the highest levels of Mental Health need in England; over 45% of people claiming incapacity benefit in Tower Hamlets are doing so due to a mental health problem.
- 3.3 The Mental Health Strategy includes a number of commitments to build resilience in the population through supporting people to live well with a mental health problem. The model which enables people to live well with their mental health problems is the recovery model. There is a fundamental commitment within the strategy to develop recovery based services to:
- Reduce stigma and discrimination by offering alternatives to traditional segregated services
 - Support people to take control of their lives
 - Ensure that people are able to access support easily
 - Promote service user involvement in developing and improving services.

4. The Tower Hamlets Mental Health User Led Grants Programme

- 4.1 The Tower Hamlets Mental Health user led grants programme funds user led groups to provide a wide range of social and therapeutic activities to promote social inclusion, well-being, and independence for people with mental health problems aged over 18. A significant proportion meet out of usual office hours, including evenings and weekends and so provide social support when other services are not available. They provide targeted support to a wide range of communities across the borough including some of our most vulnerable and hard-to-reach communities.
- 4.2 User led groups are at the heart of the Council's strategy to develop services that give more choice and control to service users. In particular the Health and Wellbeing Board Mental Health Strategy places a significant emphasis on the fact that service users have told us that they want more choice and control over services.
- 4.3 The grant scheme has been running for 10 years and has steadily increased the level of peer support available in Tower Hamlets. For 2016/17 and 2017/18, the Council allocated £90,838 per year for a small grants programme to support user-led groups for people with mental health problems; currently the programme funds 24 user led groups (see Appendix A and B). Grant applications were requested for a maximum of up to £5,000 per year for a 2 year period. The current grants come to an end in March 2018.

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<https://democracy.towerhamlets.gov.uk/documents/s53391/5%201%202014%201%2022%20Tower%20Hamlets%20Mental%20Health%20Strategy%20FINAL.pdf>

- 4.4 To qualify for a grant, groups have to be led by a person or people with a mental health problem. When a group of service users have ideas on how their social care needs could be better or more creatively met, through the user-led grant process, they therefore have the opportunity to apply for funding to realise their ideas in practice. Groups are offered support with the administrative and organisational aspects of running a group, along with help solving problems as they arise, through a separately commissioned Support User Network (SUN Network) coordinated by Community Options, a local third sector organisation specialising in mental health.
- 4.5 A high proportion of the funded user-led groups have been established over many years, with the firm foundation that they actively encourage and promote healthy lifestyles, focus on health promotion and endorse a positive outlook on the lives of service users through physical exercise and alternative therapies. The original purpose of the grants scheme was to:
- Increase numbers of people with mental health problems involved in delivering services and/or activities
 - Increase number of people in user group leader/involvement roles achieve personal goals and aspirations
 - Increase levels of peer support available in community settings
- 4.6 Service user engagement and coproduction is vital to the delivery of this agenda. User-led services provide many benefits which have an impact on our strategic priorities such as:
- Intrinsic value for the individual involved, for example, increased confidence in social situations and reduced social isolation;
 - Increased capacity of services, for example, by using service users' lived experience, time, skills, resources and networks we are providing a higher amount of higher quality services; and
 - Monetary value, for example, preventing more acute needs arising and so reducing the use of expensive crisis services.⁶

5. Mental Health User Led Grant Programme 2017- 18 : Outcomes and Value

- 5.1 At a cost of £90,838 the provision presents good value for money in terms of the quality and the volume of services delivered. This is demonstrated through an analysis of monitoring data in relation to:
- Number of workshops delivered by the programme;
 - Number of people who attended these workshops;
 - Choice and variety of different workshops and activities available;
 - Ability of the groups to offer services for hard to reach communities;
 - Capacity to include people with multiple and complex needs; and,
 - Geographical distribution of groups in relation to need in the borough.

⁶ http://www.neweconomics.org/page/-/publications/Co-Production_web.pdf

- 5.2 In order to receive funding from the Council user led groups are required to submit quarterly monitoring returns (qualitative and financial) as well as receive a minimum of one quarterly support meeting from the Development Worker based in the Coproduction Project. Support meetings actively monitor groups to ensure that they are delivering and working towards their agreed outcomes within the means available, ensuring that new members are taken aboard and the maximum number of members benefit from the funding allocated.

The performance of all groups was reviewed at the end of year one of the two year grant as a condition of receipt of the grant in year two.

5.3 Number of workshops delivered by the programme

The 24 mental health service user led groups all provide at least one session every two weeks as a minimum requirement. These usually last between 2 hours and half a day. 15 groups deliver sessions on a weekly basis, for example, BYM deliver exercise classes to Bangladeshi women every week. In addition most of the groups organise seasonal activities and specific social events which present added value. In the last two quarters of 2017/18, the current grant programme has delivered 494 sessions. This equates to 1,976 sessions over the 2 years of the programme. The cost of these session is extremely good value for money at only £69 per session.

5.4 Number of people who attended these workshops

The sessions delivered by the user-led groups reach a wide number of people. The groups range from 9 attendees to 30 attendees. The smaller groups, such as the group which offers support to people who self-harm, are purposefully kept smaller to better manage the specific needs of people within the group. In the first two quarters of 17/18 the current grant programme has delivered a service to 427 individuals with mental health problems. It is likely that this number will increase by the end of the final quarter as per previous years. Again this is demonstrable value for money. 427 people have been supported for 6 months at a cost of only £80 per person. It is important to note, 182 (43%) live in their own homes, 180 (42%) have Learning and or physical disability.

5.5 Choice and variety of different workshops and activities available

The model of this programme enables a variety of options and develops the social care market. The 24 groups each have a different offer. There are a range of activities including gardening; alternative therapies, healthy cooking and arts based groups. It also means that niche groups which can be difficult to incorporate in statutory services can have their needs met. The programme model encourages service users who have identified a need to form a user led group with the support of the local support service. For example, the Hidden Universe of Self-Harm is the only specific service for people who self-

harm in the borough. This has resulted in a more personalised level of support for people with specific needs.

5.6 Ability of the groups to offer services for hard to reach communities

An original driver of the programme was to target individuals with mental health support needs from vulnerable and hard to reach communities. Some communities have high levels of mental health problems but because of stigma and a lack of culturally appropriate services often only access services at point of crisis.

The aim of this programme is to provide accessible, preventative services which harness the resources of the communities and to prevent mental health problems from escalating. The success of this programme can be seen in the captured equalities data in table 1 below.

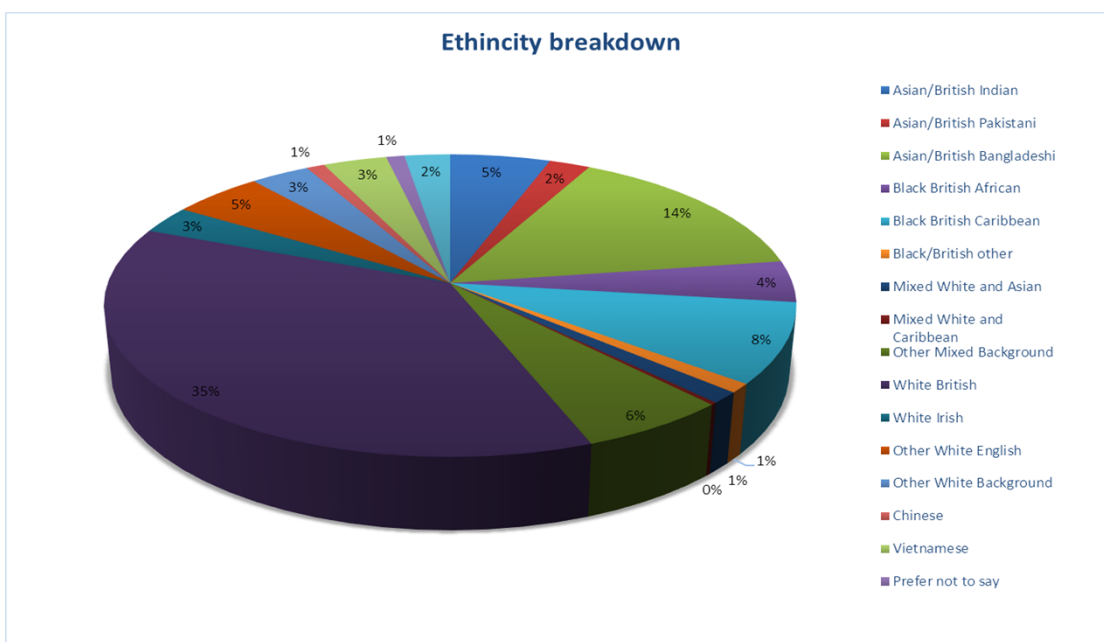


Chart and table 1: Equalities Data of People Attending User Led groups from Q2 2017

The chart shows the diversity of attendance at the user led groups from a variety of different group's representative of Tower Hamlets ethnic makeup. This is a result of the policy to encourage service users from these communities to lead their own groups that both meet culturally specific needs and are accessible to their community networks. The grants process specifically targets communities who are currently underrepresented to apply for grants and is able therefore to be flexible in response to any identified gaps or changing demographic needs.

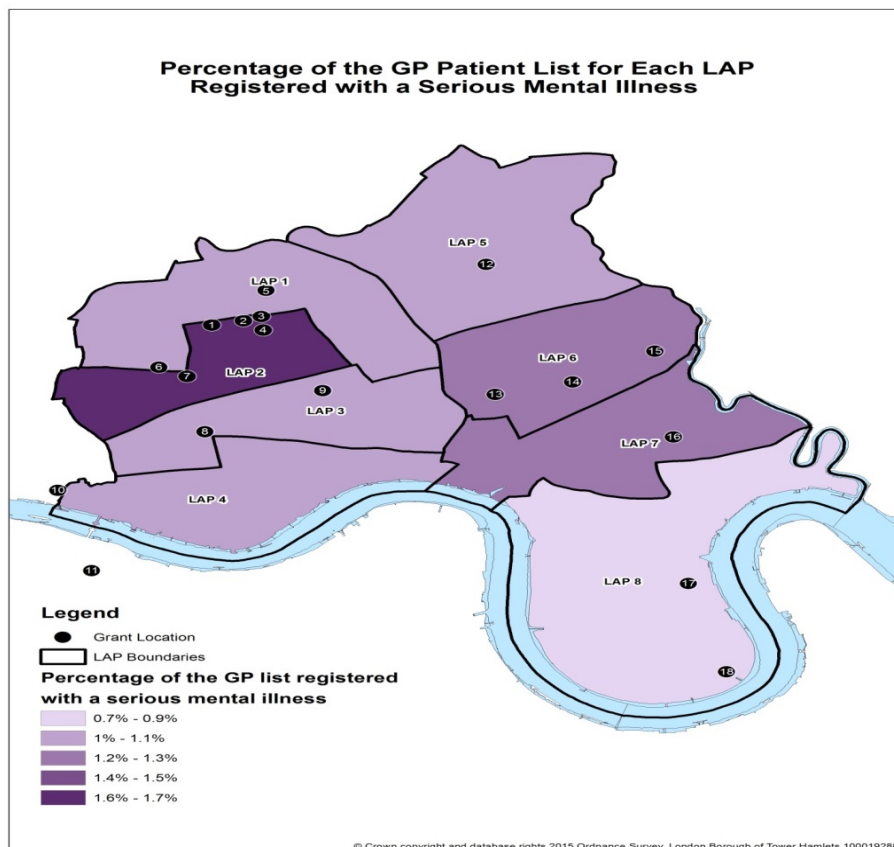
5.7 Capacity to include people with multiple and complex needs

An important health agenda is the drive to address the needs of people with co-morbidities. A high proportion of people with a mental health need also have physical health problem. It is important to provide services which can meet the needs of people with multiple and complex needs. Monitoring data

demonstrates that the groups are inclusive of this cohort and offer a service to people often designated as complex. In the last quarter 180 (42%) people attended the groups who in addition to mental health problem also had a physical or learning disability. It is important to have inclusive provision for these people then they don't fall through the gaps.

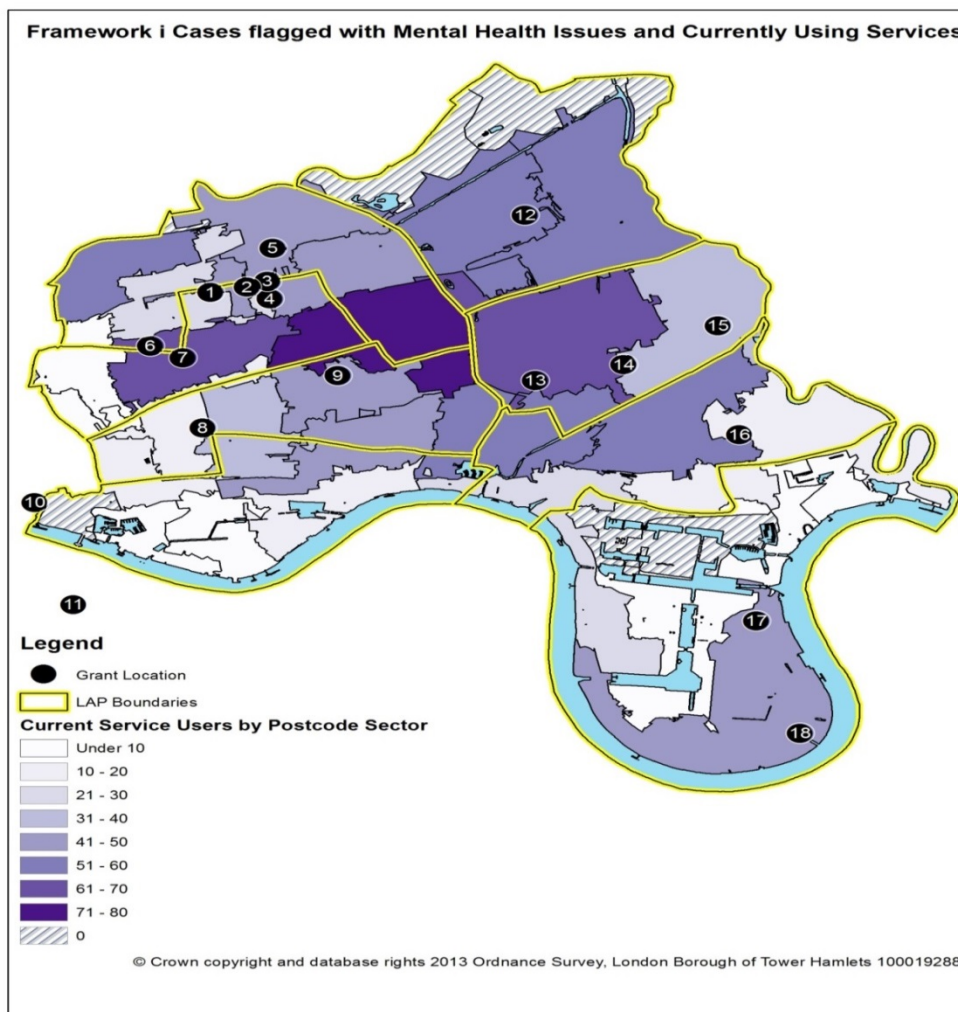
5.8 Geographical distribution of groups in relation to need in the borough

The geographical distribution is broadly in line with the distribution of mental health need across the borough. This is demonstrated by the maps below.



GP Practice SMI Register

The distribution of mental health need in the borough is relatively fixed as it is connected to a number of demographic factors including deprivation, housing condition, age and ethnicity of the various communities in Tower Hamlets. It should also be noted that the supply of supported accommodation for people with mental health problems and hostels are focussed in the North West and centre of the borough, resulting in an increased prevalence of SMI in the North West and centre of the borough. The data detailed above relates to practice registration of service users, not their home address, though practice registration is a reasonable proxy for the locus in which the service users' address is located, as service users tend to register with a GP practice close to home.



Mental health service users who receive commissioned social care

5.10 Broader delivery of preventative outcomes

The user led grants programme supports the delivery of a number of other key Council programmes and objectives, for example, physical health and healthy living. A high proportion of the user led groups were established with the firm foundation that they actively encourage and promote healthy lifestyles, focus on health promotion and endorse a positive outlook on the lives of service users through physical exercise and alternative therapies. For example, the Maury Thai Boxing group not only develops skills to manage emotions and develop focus it also provides all the physical health benefits of a boxing club and an accredited qualification.

In addition the user led groups deliver preventive services which increase wellbeing and keep people out hospital.⁷ Community-based peer support groups have been proven nationally to be effective, value-for-money ways of

⁷ Repper, J and Carter T.(2011). 'A review of the literature on peer support in mental health Services.' Journal of Mental Health, August 2011; 20(4): 392-411

keeping people well in the community.⁸ Evaluations of preventative programs are notoriously difficult to evaluate, however, data from the JSNA indicates the local success of peer support groups. Tower Hamlets has extremely high levels of mental health need in the borough. Despite this we have comparatively low numbers of people in hospital and an extremely high number of people living well within the community.⁹ Although a variety of factors influence this, positive conclusions can be drawn as to the effectiveness of our user-led community provision.

The user led groups are also instrumental in strengthening emotional resilience among service users, a key objective in the council's plan to address mental health need.

The promotion of social networks is an essential outcome to recovery in mental health. The groups provide friendship and support to people who can be socially isolated without friends or family. The Sunday Lunch club runs when the majority of services are closed and provides a lifeline at a time when people are particularly at risk. This is an example of how the grant programme enables service users to feel supported when statutory services are closed. Not only is decreasing social isolation an important outcome the social networks also deliver added value such as community cohesion, social capital and practical support.

The benefit of the user led groups also extends to the facilitators who as a result of the responsibility of providing a community service, have an increased sense of self-worth in addition to being equipped with skills which increase their employability. 2017/18 KPI data indicates that 33 individuals have secured employment opportunities following engagement with the User Led Programme.

5.11 Impact of User Led Groups

One of the original outcomes of the programme is to tackle the stigma of mental health. This is particularly difficult in Tower Hamlets as mental health has different meanings within different cultures. The groups offer people a place to tackle their problems and feel supported by people from their own community who have a culturally appropriate understanding of mental health. The programme includes groups who specifically work with, for example, the Bangladeshi Community amongst others. This also has the wider impact of challenging stigma within the communities by building the capacity of the communities to better understand mental health and making it less of a hidden issue. In terms of the preventative agenda the groups are gateways into information and advice from other partners to better manage mental health and signpost to alternative methods to deal with crisis as opposed to hospitalisation.

⁸ http://www.centreformentalhealth.org.uk/news/2013_peer_support_workers.aspx

⁹ JSNA

The small sample size of the Tower Hamlets Mental Health User Led Groups and the current monitoring practices lack statistical power to incontrovertibly demonstrate their impact.

Despite our current lack of outcomes-focused information, national studies of similar user led programmes allow for an evidence based discussion around the benefits of this type of programme.

In 2015 Nesta reviewed over 1000 studies to analyse the impact of peer support. The study concluded that groups that use peer support such as our user led groups have been found to:

- Have the potential to improve experience, psycho-social outcomes, behaviour, health outcomes and service user among people with long-term physical and mental health conditions;
- Be effective for improving health outcomes when facilitated by trained peers such as in our programme
- Be effective for improving health outcomes when it is based around specific activities (such as our groups) and focus on education, social support and physical support¹⁰

In addition to the case study review there is a range of academic literature around services provided by people with mental health problems (peer support) that also informs the case for User Led Groups.

- People who support their peers and the people who are supported by their peers have greater confidence and self-esteem and a more positive sense of identity, they feel less self-stigmatisation, have more skills and feel more valued;¹¹
- The mutuality and reciprocity that occurs through people with mental health problems supporting each other builds social capital which in turn is associated with well-being and resilience;¹²
- Being supported by one's peers can promote hope and belief in the possibility of recovery, empowerment and increased self-esteem, self-efficacy, and self-management of difficulties, social inclusion, engagement and increased social networks;¹³
- Peer support reduces inpatient bed use;¹⁴¹⁵

¹⁰ Nesta (2015) Peer Support: What is it and does it work?

https://www.nesta.org.uk/sites/default/files/peer_support_-_what_is_it_and_does_it_work.pdf

¹¹ Repper, J. (2013). Peer Support Workers: theory and practice. London: Centre for Mental Health. centreformentalhealth.org.uk/pdfs/ImROC_peer_support_workers_theory_practice.pdf

¹² McKenzie, K. (2006). Social risk, mental health and social capital. In: McKenzie, K. & Harpham, T. (Eds) Social Capital and Mental Health. London: Jessica Kingsley Publishers.

¹³ Repper, J. & Carter, T. (2010). Using personal experience to support others with similar difficulties: A review of the literature on peer support in mental health services. London: Together/University of Nottingham/NSUN. together-uk.org/wp-content/uploads/downloads/2011/11/usingpersexperience.pdf

¹⁴ Lawn, S., Smith, A. & Hunter, K. (2008). Mental health peer support for hospital avoidance and early discharge: an Australian example of consumer driven and operated service. *Journal of Mental Health*, 17, 498–508.

¹⁵ Forchuk, C., Reynolds, W., Sharkey, S., Martin, M.-L. & Jensen, E. (2007). Transitional discharge based on therapeutic relationships: state of the art. *Archives of Psychiatric Nursing*, 21, 80–86.

- Peer support improves the physical health of people with mental health problems;¹⁶
- Peer support is particularly effective in minority communities.¹⁷

6. Commencing the Grants Programme for 2018-20

6.1 In aligning the grant programme for 2018/20 with the delivery of the Mental Health Strategy we are recommending a number of key changes to the programme in the areas listed below:

- **Increased focus on outcomes:** The groups are designed to deliver a series of co-produced outcomes. To enable us to measure the real impact of the programme, we have co-produced a list of key outcomes listed below which will be a mandatory part of the 2018-20 MH grants programme. These will be reported on a six monthly basis.
 - I. I feel more supported because of the group.
 - II. I feel more positive about the future because of the group
 - III. I feel less socially isolated because of the group
 - IV. I feel I have developed because of the group.
 - V. I can better manage my mental health problems because of the group.
- **Alignment to strategic priorities:** We will invite grant applications from Organisations able to demonstrate they will deliver our core priorities of providing support out of hours for example weekends and evenings as well as meeting both mental and physical health needs and challenging social isolation.
- **Provision of a tiered level of support:** we will ensure there is a tiered level of support available through our Co-production project to which enables established groups to support the establishment of new groups whilst enabling those more established groups to develop as social enterprises or independent groups in the future. Part of this will need to focus on the infrastructure support to develop business skills.
- **Formal pathways to increased skills and employability for group leaders.** We wish to provide support to increase the skills of group leaders as part of a pathway to employment as peer support worker or other transferable roles.
- **The introduction of co-facilitator/s:** during our consultation with group facilitators, one of the key challenges they raised was the need for additional support from their groups, they discussed the need for a

¹⁶ Bates, A., Kemp, V. & Isaac, M. (2008). Peer support shows promise in helping persons living with mental illness address their physical health needs. *Canadian Journal of Community Mental Health*, 27, 21–36.

¹⁷ Faulkner, A. and Kalathil, J. (2012) *The freedom to be, the chance to dream*. London: Together.together-uk.org/wp-content/uploads/2012/09/The-Freedom-to-be-The-Chance-to-dream-Full-Report1.pdf

co-facilitator who will share the responsibilities, and assist in leading the groups when the lead facilitator becomes unwell. For the 2018-20 MH Grant programme, applicants will be asked to have two facilitators. This will increase the sustainability of groups, as well as the number of individuals who will develop facilitation and leadership skills. Community Options will provide tailored trainings that would equip the co-facilitators to develop relevant skills.

- 6.2 In order to develop this retargeted programme there is a need for us to work closely with the existing groups, the wider mental health service user community, the current support provider and any internal stakeholders.
- 6.3 Based on the process used in previous years, the grant scheme advert will be published on the Service User Network (SUN) and East End Life on 19th December 2017 with closing date of 19th January 2018.
- 6.4 The advert will highlight the 'eligibility' criteria which is fundamental to the evaluation process:
 - a. Support residents of Tower Hamlets with identified mental health needs aged over 18
 - b. Led by mental health service users
 - c. Provide peer support, therapeutic or social activities
 - d. Provide a quality service to an active membership
 - e. Priority will be given to groups that provide activities that take place out of hours
 - f. Priority will be given to groups that target users who are currently under represented in the overall funding scheme
 - g. Priority will be given to groups who demonstrate a commitment to the agreed outcomes
 - h. Priority will be given to groups who demonstrate a commitment to sustainable development
- 6.5 Interested parties will be sent an application pack containing the following:
 - Application Timetable
 - Funding Application Process Flowchart
 - Guidance notes and eligibility criteria for applicants
 - Application Form for the 2018-20 Small Grants User-Led Groups
 - Draft Terms and Conditions of Grant
 - Copy of the Mental Health User-Led Group 'Quarterly Activities Return' and 'Quarterly Financial Return' forms
- 6.6 The process will also be promoted during, and prior to the advert going to print, via the *Community Options* User Involvement Project, to ensure that all service users expressing an interest in applying for funding are aware of the forthcoming application process. In addition, the process will be promoted within the SUN Network meetings organised by Community Options, as well as at the Voluntary Sector Network (VSN) meetings, where leads for all the Voluntary Sector. We will circulate the advert via email to all the stakeholders

who work with individuals with mental health difficulties as well as announce on our Tower Hamlets CCG website.

- 6.7 Applicants will be asked to submit a i) completed application form, ii) a 12 month activity plan and iii) a 12 month budget. Support from *Community Options* will be available throughout the application process including guidance on how to complete the application form, activity plan and budget.

Timeline for User Led Grants process	
Dates	Task
5 th December 2017	Grants Determination Committee to consider Mental Health User Led Grants Programme
19 th December 2017	Advertise
31 st January 2018	Deadline for return all funding Applications
1 st , 2 nd and 5 th February 2018	Assessment of applications
6 th , 7 th and 8 th February 2018	Telephone / meetings with new and/or existing applicants where necessary
16 th February 2018	Recommendations Report to DMT
26 th February 2018	Call over period
5 th March 2018	Award confirmation letters to successful applicants
April 2018	Payments processed

7. COMMENTS OF THE CHIEF FINANCE OFFICER

- 7.1 This report is a request to continue the funding of the Mental Health User Led Grants Programme (MHULG), agree the criteria by which it is awarded and also to delegate the authority to award the grant for the period 2018-2020 to the Corporate Director for Health Adults and Communities.
- 7.2 The MHULG has an annual cost of circa £90k. Revenue budget is available for 2017/18 to fully cover the forecast cost of the programme for the period requested. This revenue budget allocation (£90k) is available to the programme for the duration of the current medium term financial strategy (2017-2020), pending any future changes to the MHULG Programme.

8. LEGAL COMMENTS

- 8.1 This report concerns a proposal to continue the grant funding of the Mental Health User Led Grants Programme (MHULG Scheme) for 2017- 2018 and agree the criterion for the 2018-2020 MHULG Scheme.

Duties

- 8.2 The Health and Social Care Act 2012 (“the 2012 Act”) requires the Council to establish a Health and Wellbeing Board. Section 193 of the 2012 Act inserts a new s116A into the Local Government and Public Involvement in Health Act 2007, which places a duty on the Health and Wellbeing Board to prepare a joint strategic health and wellbeing strategy in respect of the locals needs identified in the Joint Strategic Needs Assessment, so that future commissioning/policy decisions are evidence-based. The duty to prepare this plan falls on local authorities and the Clinical Commissioning Group, but must be discharged by the Health and Wellbeing Board.
- 8.3 Under Sections 1-7 of the Care Act 2014 the Council has a number of general duties, including to promote an individual’s well-being relating to their physical and mental health, emotional well-being and personal dignity. It places a duty on the Council to co-operate generally with those it considers appropriate who are engaged in the Council’s area relating to adults with needs for care and support, and there is a general duty to prevent needs for care and support from developing. Section 8 provides that those needs may be met in a number of ways, including providing advice and information, and that the Council may arrange for those services to be met by another person.
- 8.4 The MHULG Scheme may be deemed to assist the Council in its attempts to comply with the various duties referred to in paragraphs 8.2 and 8.3 of this report.

Grants

- 8.5 There is no strict legal definition of grant. However, a grant is in the nature of a gift and is based in trust law. Many grants are awarded by the Council for the purpose of discharging one of its statutory duties. However, as a grant is in the nature of a gift, there must be elements of discretion on the Council’s part as grantor as to whom a grant is made to and within appropriate conditions. If the Council is under a legal duty to provide a payment to a specific individual or organisation, and cannot lawfully elect not to make such a payment, that scenario may be one of a number of indicators that the arrangement should not amount to a grant.
- 8.6 The Council must operate a fair and open application procedure to process a request to obtain funding. Requests for grant funding for the MHULG Scheme should ordinarily be measured against a predetermined set of criteria which must be fair and transparent and documented within an appropriate grant agreement.
- 8.7 The grant agreement in relation to the MHULG Scheme should include a clear monitoring process against defined parameters for the purposes of the Council demonstrating either: that delivery is in line with the application and the grant achieved its purpose; or provide clear delineation where outcomes were not achieved and the reasons for such failure are apparent. Monitoring

should therefore include measuring performance against the expected outcomes.

- 8.8 When implementing the MHULG Scheme, the Council must ensure that no portion of the funds awarded represents a profit element to the recipients. The inclusion of or the opportunity to profit from the grant or third parties indicates that the grant is procurement activity which would otherwise be subject to the Council's Procurement Procedures and other appropriate domestic and European law. These circumstances would entail the Council failing to abide by the appropriate internal procedures and external law applicable to such purchases.

Power to Award Grants

- 8.9 The Council has the power under section 1 of the Localism Act 2011 to "do anything that individuals generally may do" and that extends to doing things "for, or otherwise than for, the benefit of the authority, its area or persons resident or present in its area". This power is referred to as the 'general power of competence' and includes the award of grants. The MHULG Scheme and the award of grants proposed under it appear to be consistent with the Council's statutory powers under the general power of competence.

Best Value Duty

- 8.10 The Council has a duty under the Local Government Act 1999 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness which is referred to as the 'Best Value' duty. Best Value considerations have been articulated in section 10 of this report and the Council should be satisfied that the provision of grants for the MHULG Scheme would represent Best Value.

State Aid

- 8.11 All the proposed grants under the MHULG Scheme appear to fall under the *de minimis* threshold for the purposes of European restrictions on State aid.

Equality

- 8.12 When making grants decisions in relation to the MHULG Scheme, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010, the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who do not (the public sector equality duty - PSED). A proportionate level of equality analysis is required to discharge the PSED and information relevant to this is contained in section 9 of this report.

9. ONE TOWER HAMLETS CONSIDERATIONS

- 9.1 An original driver of the programme was to target individuals with mental health support needs from vulnerable and hard to reach communities. Some communities have high levels of mental health problems but because of stigma and a lack of culturally appropriate services often only access services at point of crisis.
- 9.2 The aim of this programme is to provide accessible, preventative services which harness the resources of the communities and to prevent mental health problems from escalating.
- 9.3 The previous paper showed the diversity of attendance at the user led groups from a variety of different group's representative of Tower Hamlets ethnic makeup. This is a result of the policy to encourage service users from these communities to lead their own groups that both meet culturally specific needs and are accessible to their community networks. The grants process specifically targets communities who are currently underrepresented to apply for grants and is able therefore to be flexible in response to any identified gaps or changing demographic needs.
- 9.4 A number of areas outlined within 'A healthy community' are endorsed and promoted through the funding of the user-led groups. A high proportion of the existing funded groups promote healthy eating, alternative therapies and physical exercise which clearly evidences positive effects on group members. This in turn has enabled members to look at their lifestyles holistically and improve, enhance and develop other areas of their lives which have a direct impact on their mental wellbeing.
- 9.5 There have also been a number of members who have felt confident enough to cease attending the groups and who have progressed onto volunteering and training opportunities. This not only gives confidence to the member/s who have moved-on and progressed, but also to existing members who may see this as direct encouragement and an insight into opportunities which they may not have necessarily have known about prior to being a group member.

10. BEST VALUE (BV) IMPLICATIONS

- 10.1 The best value duty is a duty to "make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness." The Mental Health User Led Grants Programme demonstrates economy and efficiency in that it will significantly improve and increase the range and quality of services.
- 10.2 The Mental Health User Led Grants programme delivers a high volume of support within a limited envelope. This is demonstrated in relation to:
- the number of workshops delivered by the service;
 - the number of people who attend these workshops;

- the choice and variety of different workshops and activities;
- the ability of the groups to offer services to hard to reach communities;
- the capacity to include people with multiple and complex needs; and,
- the equal geographical distribution of groups in relation to need in the borough.

10.3 The User Led Grants Programme is effective in that it enables us to meet priorities stated within the Tower Hamlets Mental Health strategy to:

- Reduce stigma and discrimination by offering alternatives to traditional segregated services
- Support people to take control of their lives
- Ensure that people are able to access support easily
- Promote service user involvement in developing and improving Services.

10.4 User Led groups deliver preventive services which increase wellbeing and keep people out hospital. They are effective value-for-money ways of keeping people well in the community. Local JSNA data supports the success of the Tower Hamlets preventative approach in keeping people with mental health problems well in the community thus preventing more acute and costly care and support needs.

11. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

The proposals within the report do not specifically contribute to a sustainable environment nor identify any environmental implications. Authors should explain how the proposals in the report will contribute to a sustainable environment and/or identify any environmental implications of the proposals and the action proposed to address these.

12. RISK MANAGEMENT IMPLICATIONS

12.1 The increased focus on outcome, independence and sustainability will be a challenge for some of the service user groups with its accompanying increased responsibility. We will mitigate this risk by:

- Coproducing the mandatory outcomes and measurements with the groups to agree reasonable requirements
- Providing a tiered level of support from the Recovery and Wellbeing service that will develop sustainability within the groups and capacity to access alternative funding
- Supporting the introduction of any new monitoring mechanism and the attainment of the quality assurance standard
- Providing training and skills development courses at the Recovery to support the pathway for group leaders

13 CRIME AND DISORDER REDUCTION IMPLICATIONS

By promoting and supporting recovery focused activities, the proposals seek to enable people to achieve their full potential encouraging participation in meaningful activities and reducing risk of contact with the justice system and anti-social behaviour.

14. SAFEGUARDING IMPLICATIONS

- 14.1 Through the safeguarding training and ongoing support this programme is building understanding and capacity within the mental health service user community. This will enable them to better manage safeguarding issues amongst peers who otherwise may not have engaged with mainstream services. All support and training will be driven by Tower Hamlets Safeguarding strategies and procedures.
-

Linked Reports, Appendices and Background Documents

Linked Report

- NONE

Appendices

- NONE

Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012

- NONE

Officer contact details for documents:

N/A

Appendix A

GROUPS NAME	2017/18 FUNDING
AKENATUM- B (MIND)	£2,500
ASPIRE2	AFFILIATE
ASUMJWE	£3,900
BOYAAN ST HILDAS	£3,969
BURCHAM STREET GARDENS	£2,500
CAFÉ NIA	£4,351
COOL TO BELIEVE	£5,000
EXPRESSIONS WITH ART	£4,800
FEEL GOOD FRIDAY	£4,321
HANDY CRAFTS	£2,971
KUSHI	£1,971
MELODY MAKERS	£3,169
HUSH – Hidden Universe of Self Harm	AFFILIATE
MINDFULLNESS PHOTOGRAPHY	£3,169
NEW START PAMPER GROUP	£3,111
PEACE OF MIND	£5,000
PERFORMING ARTS AND CINMA GROUP	£5,000
PHONENIX	£3,000
SOHBA THAIBA	£2,750
TIME TO TALK PEER SUPPORT	£2,810
THAI BOXING FIGHTERS ACADEMY	£5,000
THE SONGBIRDS	£3,995
UPBEAT	£5,000
URBAN RAMBLING	£1,424
VIETNAMESE MENTAL HEALTH SERVICE	£3,596
VOICES WITHIN	£2,020
TOTAL	£85,327

Appendix B

Group name	Description	Place from where activities are run from
AKENATUM- B	Akenutum B is a men's and women mixed Caribbean music group for people who have limited to no experience playing an instrument.	13 Whitethorn Street, Bow, E3 4DA.
ASUMJWE	Asumjwe is an African Caribbean women's group that meets the needs of women of these cultural backgrounds and encourages them to be social, inclusive and network. The group provides a variety of women's focused African and Caribbean culture, creativity, health and development activities.	13 Whitethorn Street, Bow, E3 4DA.
BOYAAN ST HILDAS	Boyaan and Go are an Asian women's support group that meet weekly to go to the gym and exercise and stay fit in order to help their physical and mental well-being.	The group offers a door to door mini bus service for its members and runs in the community.
BURCHAM STREET GARDENS	Burcham Street Gardens are a weekly gardening group that helps members improve their gardening, arts and crafts knowledge. The group inspire creativity and helps reduce social isolation.	96 Burcham St, E1 0S
CAFÉ NIA	Café NiA are an African Caribbean mixed support group that takes place fortnightly	13 Whitethorn Street, Bow, E3 4DA.
COOL TO BELIEVE	Cool to believe is a peer support/ therapy group for sharing experiences of living with paranoia, distressing beliefs and related issues such as	1 William Place, London, E3 5ED.

Group name	Description	Place from where activities are run from
	anxiety, isolation and depression.	
EXPRESSIONS WITH ART	Expressions with art are a mixed men's and women's art based group that meet once a week every Wednesday and also go on visits to the museum, art gallery and exhibitions.	437 Saints David square, Westferry road, E14 3WH.
FEEL GOOD FRIDAY	Feel Good Friday are a lively social drop in group that meet every Friday week at Bowhaven day centre, members socialise with one another, make cakes, watch movies and cook a meal together every week.	1 William Place, London, E3 5ED
HANDY CRAFTS	Handy crafts is a mixed group with mostly women the group is an ethnically and culturally diverse group that meet every Thursday once a week to do knitting, cake baking, basket weaving, jewellery making and candle making	Bowhaven day centre, 1 William Place, London, E3 5ED
KUSHI	Kushi group is an Asian women's that meet every Tuesday to socialise, go to gym and spa and once a month outings and activities	Bowhaven day centre, 1 William Place, London, E3 5ED
MELODY MAKERS	Melody makers are a mixed men's and women's music group that support people through musical activities such as; singing, song writing, playing instruments, performing and learning.	Bowhaven day centre, 1 William Place, London, E3 5ED
MINDFULLNESS PHOTOGRAPHY	Mindfulness photography is a mixed men's and women's photography group for social interaction offering the opportunity to learn how to use creative skill to improve overall well-being and reduce social isolation.	The group currently run in the community every Friday.

Group name	Description	Place from where activities are run from
NEW START PAMPER GROUP	New Start Pamper are a women's self-image pampering group that gives members a positive self-image using beauty therapy, manicures, pedicures, massages and alternative therapies by a professional.	1 William Place, London, E3 5ED
PEACE OF MIND	Peace of Mind is a Bangladeshi Men's social/therapy group that help engage with the wider community. The group meet at Open House, 13 Whitethorn Street, Bow, E3 4DA to discuss current affairs, discuss each other's mental health problems and social activities. Members have benefited immensely from social interaction and peer support.	Open House, 13 Whitethorn Street, Bow, E3 4DA
PERFORMING ARTS AND CINEMA GROUP	Performing arts and cinema group are a community based mixed men's and women's social group that meet fortnightly to go to the cinema and theatre the group has helped members stay out of hospital and decreases social isolation.	Community based.
PHONENIX	Phoenix is a mixed men's and women's peer support group for all forms of self-harm. The group meet once a week.	Bowhaven day centre, 1 William Place, London, E3 5ED
SOHBA THAIBA	Sohba Thaiba is an Arabic women's support group that runs in the community, members socialise over activities such as meeting in the idea store, charity events, and cinema and lunch once a month. Members of the group see life more positively.	Idea store and community based locations.

Group name	Description	Place from where activities are run from
TIME TO TALK PEER SUPPORT	Time to talk is a mixed men's and women's therapy group that discusses individual mental health issues and experiences within a comfortable and familiar environment.	Bowhaven day centre, 1 William Place, London, E3 5ED.
THAI BOXING ACADEMY	Thai Boxing fighter's academy is a mixed men's and women's Muay Thai boxing group that helps members keep fit.	Derbyshire St, Bethnal Green, London E2 6HG.
THE SONG BIRDS	The songbirds are mixed men's and women's singing group who chose and write their own songs.	Toynbee Hall, Community Centre, 52 Old Castle Street, London E1 7AJ
UPBEAT	Upbeat are a mixed men's and women's Pilates group that runs every Saturday at to help improve physical and mental wellbeing	10 Minerva Street, Bethnal Green E2 9EH
URBAN RAMBLING	Urban rambling are a community based mixed men's and women's exercise group that meet to do bi-monthly exercise through walking, photography and socialising	Community based
VIETNAMESE MENTAL HEALTH SERVICE	VMHS are a mixed men's and women's Vietnamese healthy eating, cooking and outings group that meet every.	Thursday at 25 Fairstreet, London, SE1 2XF
VOICES WITHIN	Voices within are a mixed men's and women's support group for people who hear voices, who may have other unusual perceptions as well as additional mental health needs.	Bowhaven day centre, 1 William Place, London, E3 5ED

2016-17: Small Grants for Mental Health User-Led Groups Grant Application for 2018/20

APPLICATIONS ARE REQUESTED FOR MENTAL HEALTH USER-LED GROUP FUNDING.

To be eligible for a grant, your group must:

- a. Support residents of Tower Hamlets with identified mental health needs aged over 18
- b. Be led by mental health service users
 - i) Existing funded groups:- to demonstrate performance (track record) of being a user-led group.
 - ii) New groups:- to demonstrate experience or aspiration for being a user-led group
 - iii) All groups should have a co-facilitator
- c. Provide peer support, therapeutic or social activities
- d. Provide a quality service to an active membership
- e. Priority will be given to groups that provide activities that take place out of hours
- f. Priority will be given to groups that target users who are currently under represented in the overall funding scheme
- g. Priority will be given to groups who demonstrate a commitment to the agreed outcomes and outputs
- h. Priority will be given to groups who demonstrate a commitment to sustainable development

The maximum grant award to any user-led group is £5,000. Please note due to a finite budget for the small grants, the level of grant awards to successful groups will depend on the number of total applications.

Deadline for returning all small grants application is Wednesday 31st January 2018

For an application pack please contact:

**Charlotte Spigel-Sinclair (Co Production and Involvement Manager –
Community Options)**

Telephone: t: 03300 538 122, m: 07703472588

E-mail: Charlotte.S-Sinclair@community-options.org.uk



Appendix 3: Application Timetable

Small Grants for Mental Health User-Led Groups Application Timetable 2018-20 Funding

19 th December 2016	Advert goes out
Wednesday 31 st January 2018 at 5pm	Deadline for return of all funding Applications to be emailed to: Charlotte.S-Sinclair@community-options.org.uk or posted to: Charlotte Spirgel-Sinclair Community Options 86 Old Montague Street London E1 5NN
1st, 2nd and 5th February 2018	Assessment of applications
6 th , 7 th and 8 th February 2018	Telephone / meetings with new and/or existing applicants where necessary
16 th February 2018	Recommendation Report to DMT
5 th March 2018	Award confirmation letters to successful applicants
15 th February 2018	Successful applicants to return Signed Terms and Conditions and to confirm bank details
Week beginning 9 th April 2018	Authorise payment to successful groups subject to the receipt of signed Terms and Conditions and confirmation of bank details
<p>For further information about the applications' process, you can contact:</p> <p>Charlotte Spirgel-Sinclair- Co-Production and Involvement Manager at Community Options 86 Old Montague Street, London, E1 5NN t: 03300 538 122, m: 07703472588 Charlotte.S-Sinclair@community-options.org.uk</p>	