


<b>Commissioner Decision Report</b>	 <b>TOWER HAMLETS</b>
<b>Report of:</b> Luke Addams, Director	<b>Classification:</b> Unrestricted
<b>Mental Health User Led Grants Programme</b>	

<b>Originating Officer(s)</b>	Carrie Kilpatrick/Caroline Billington
<b>Wards affected</b>	All wards
<b>Key Decision?</b>	Yes
<b>Community Plan Theme</b>	A safe and cohesive community A healthy and supportive community.

## Executive Summary

The Tower Hamlets Mental Health user led grants programme currently funds 27 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 grant scheme has been running for 8 years and has steadily increased the level of peer support available in Tower Hamlets. For 2014/15 and 2015/16, the Council allocated a potential £109,500 per year for this small grants programme to facilitate the development and delivery of these mental health user-led groups. The total spend for 2015/16 is £85,494.50.

The current grants come to an end in March 2016; meaning there is a priority need to determine the future of this grants programme and commence the process for 2016-17 and beyond.

This paper recommends the continuation of the Tower Hamlets Mental Health User Led Grants Programme, recognising their alignment with the delivery of the Mental Health Council Wide Strategy and value in facilitating 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.<sup>1</sup> They are effective value-for-money ways of keeping people well in the community.<sup>2</sup> 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.

<sup>1</sup> 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

<sup>2</sup> [http://www.centreformentalhealth.org.uk/news/2013\\_peer\\_support\\_workers.aspx](http://www.centreformentalhealth.org.uk/news/2013_peer_support_workers.aspx)

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.

**Recommendations:**

The Commissioners are recommended to:

1. Agree the commencement of the Mental Health User Led grants programme at the current level of spend of £85,500 for 12 months renewable dependent on outcomes performance for a further year.
2. Agree the criteria under which the grants will be awarded

## **1. REASONS FOR THE DECISIONS**

- 1.1 At a cost of £85,500 the programme presents good value for money in terms of the quality and the volume of services delivered. This is demonstrated in the paper 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.
- 1.2 The Mental Health User Led Grants Programme enables 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.
- 1.3 User Led groups deliver preventive services which increase wellbeing and keep people out hospital.<sup>3</sup> They are effective value-for-money ways of keeping people well in the community.<sup>4</sup> 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.

## **2. ALTERNATIVE OPTIONS**

- 2.1 Cease programme funding. See 3.7 for further discussion.

### **DETAILS OF REPORT**

## **3. Context and Introduction**

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.

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<sup>3</sup> 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

<sup>4</sup> [http://www.centreformentalhealth.org.uk/news/2013\\_peer\\_support\\_workers.aspx](http://www.centreformentalhealth.org.uk/news/2013_peer_support_workers.aspx)

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.

Mental Health is one of the four key priorities of the Health and Well Being Board (HWBB), which approved the Tower Hamlets Mental Health Strategy in February 2014. 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. Principles and background to the Tower Hamlets Mental Health User Led Grants Programme**

For 2014/15 and 2015/16, the Council allocated up to £109,500 per year for a small grants programme to support user-led groups for people with mental health problems. The current grants come to an end in March 2016. The total spend for 2015/16 is £85,494.50.

Grant applications were requested for a maximum of up to £5,000 per year for a 2 year period. The small grants budget is held by the Adult Services Directorate within its Mental Health Commissioning budget.

The Tower Hamlets Mental Health user led grants programme funds 27 user led groups (see Appendix A) 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.

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.

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

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.<sup>5</sup>

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.

The grant scheme has been running for 8 years and has steadily increased the level of peer support available in Tower Hamlets. Funding is currently set by the council at £109,500 per year of which £85,500 was awarded this year.

## **5. Outcomes and Demonstrated Value of the Mental health User led Programme**

- 5.1 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 from the Service User Involvement Project. Support meetings actively monitor groups to ensure that they are delivering and working towards their

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<sup>5</sup> [http://www.neweconomics.org/page/-/publications/Co-Production\\_web.pdf](http://www.neweconomics.org/page/-/publications/Co-Production_web.pdf)

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.

5.2 At a cost of £85,500 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.

5.3 Number of workshops delivered by the programme

The 27 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. Some of the groups deliver sessions on a more regular 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, for example, the agoraphobic group regularly test their anxieties by organising to go together to a community event. In the first two quarters of 15/16 the current grant programme has delivered 724 sessions. The cost of these session is extremely good value for money at only £60 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 50 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 15/16 the current grant programme has delivered a service to 763 individuals with mental health problems. It is likely that this number will reach 1000 by the end of the final quarter as per previous years. Again this is demonstrable value for money. 763 people have been supported for 6 months at a cost of only £57 per person.

5.5 Choice and variety of different workshops and activities available

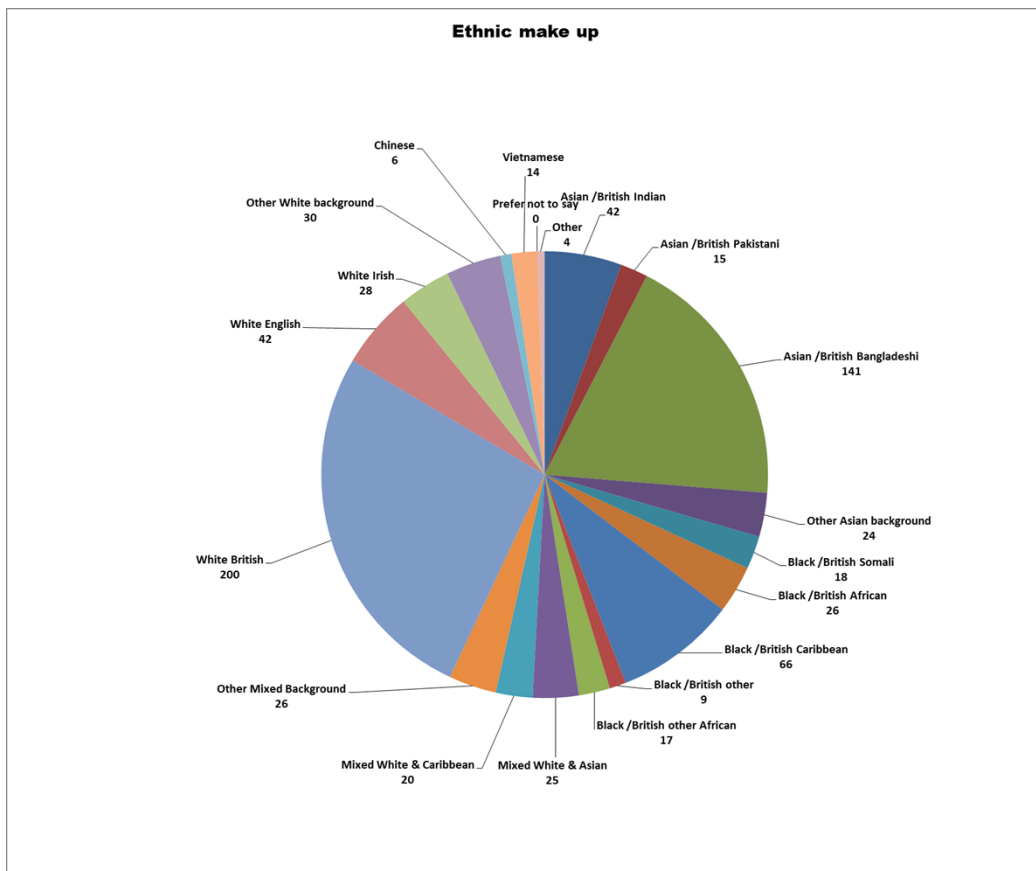
The model of this programme enables a variety of options and develops the social care market. The 27 groups each have a different offer. There are a

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.



**Table 1: Equalities Data of People Attending User Led groups from Q2 2015**

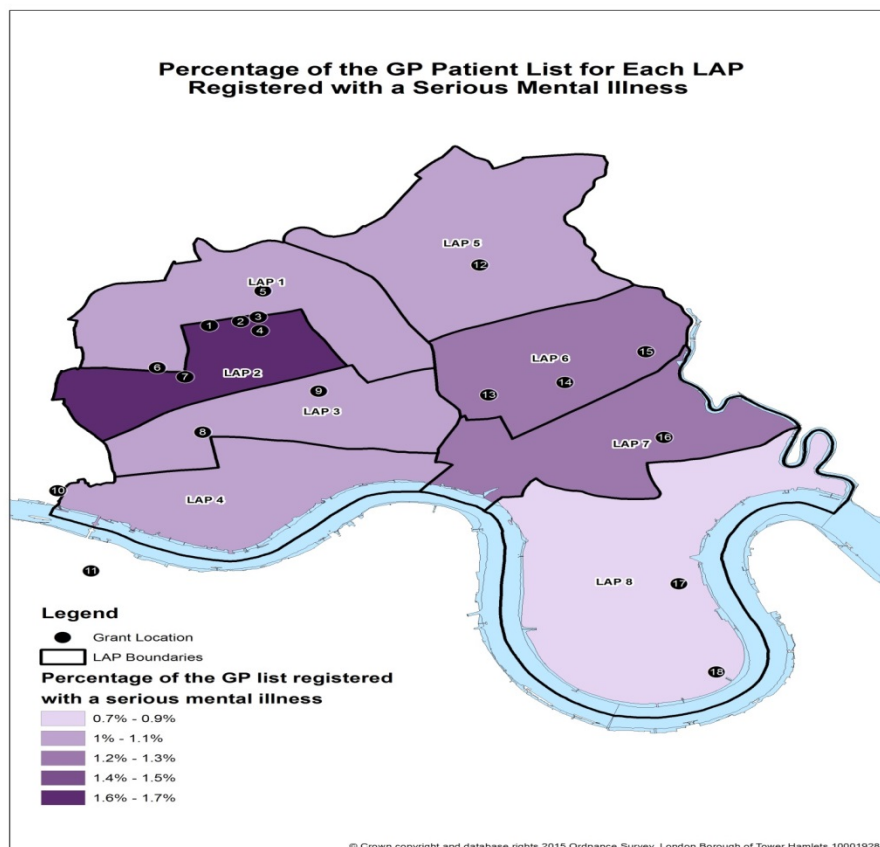
The chart shows the diversity of attendance at the user led groups from a variety of different group's representative of Tower Hamlets ethnic makeup. This is a result of the policy to encourage service users from these communities to lead their own groups that both meet culturally specific needs and 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 296 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 as not fitting one category or another.

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.

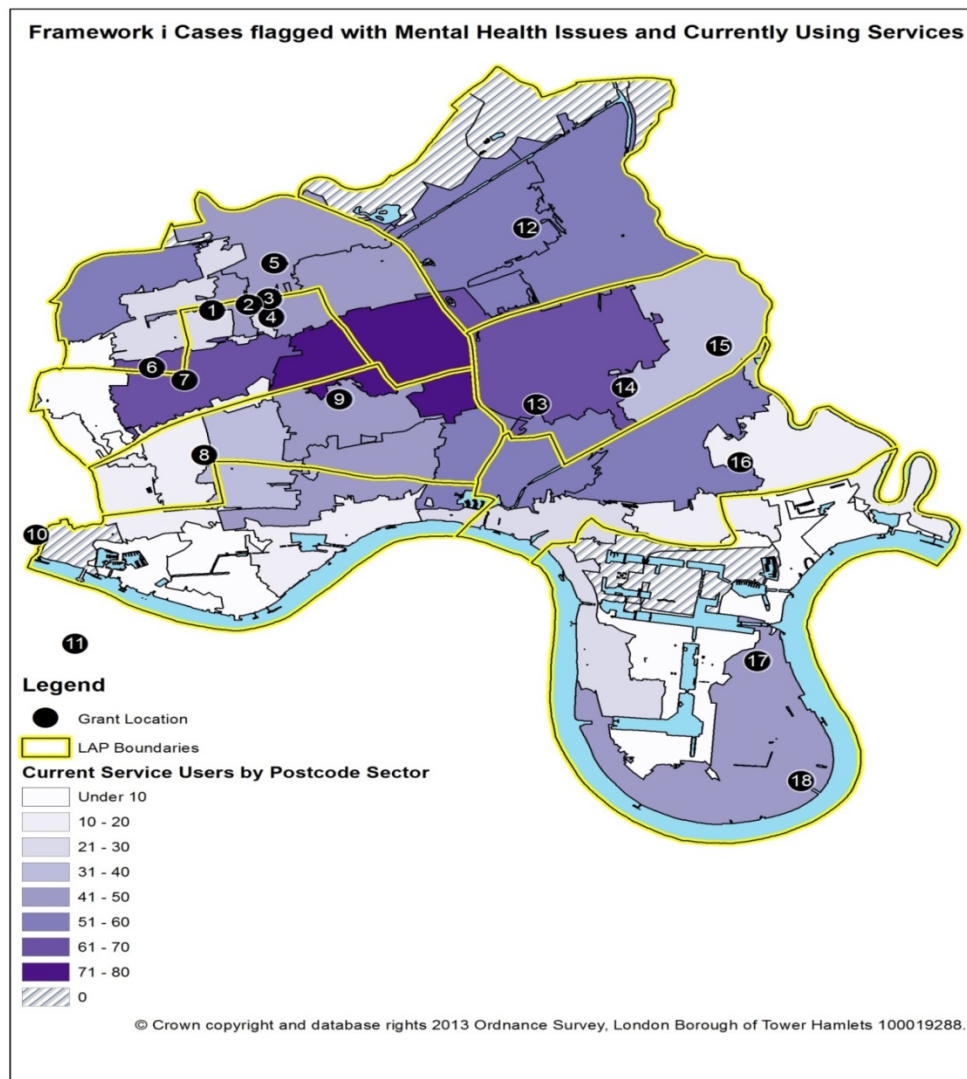


GP Practice SMI Register



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.

In addition the user led groups deliver preventive services which increase wellbeing and keep people out hospital.<sup>6</sup> Community-based peer support groups have been proven nationally to be effective, value-for-money ways of keeping people well in the community.<sup>7</sup> 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.<sup>8</sup> 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. This is reinforced by feedback from service users. An attendee at the self-harm group solely attributes her living well in the community to the support from the user led group. She has a multiple serious mental illnesses and in the past has been hospitalised on several occasions for up to several years. Since being referred to the self-harm group she has managed to live well in the community. She still constantly hears voices in her head advocating suicide but with the help of people with similar experiences she can ignore these voices and remain well. The added value of the peer support groups is the sense of self-esteem and empowerment that people who attend these groups get from supporting each other. This service user is respected by the others in the groups and enjoys supporting others with the benefit of her long experience. The grants programme promotes people with mental health problems to see themselves as assets to the community with something valuable to offer as opposed to passive recipients of care. This increase in self-esteem has a positive impact on mental health and wellbeing.

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

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<sup>6</sup> 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

<sup>7</sup> [http://www.centreformentalhealth.org.uk/news/2013\\_peer\\_support\\_workers.aspx](http://www.centreformentalhealth.org.uk/news/2013_peer_support_workers.aspx)

<sup>8</sup> JSNA

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 groups' offer of friendship and peer support translates into an offer which goes beyond that of professional services. It is common practice for other member of the peer group or the lead facilitator to support someone when they are unwell through visits or phone calls. This ensures they maintain community integration and do not relapse into social isolation. The lived expertise within the groups translates into effective offers of support, for example, it is common in some groups to escort an anxious member to and from the session.

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.

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.

#### 5.11 Impact of User Led Groups

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 support<sup>9</sup>

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;<sup>10</sup>
- 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;<sup>11</sup>
- 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;<sup>12</sup>
- Peer support reduces inpatient bed use;<sup>13,14</sup>
- Peer support improves the physical health of people with mental health problems;<sup>15</sup>
- Peer support is particularly effective in minority communities.<sup>16</sup>

In order to ensure that the impact of User Led Groups is more robustly captured in the future, we are amending the reporting requirements for 2016/17. We have researched a range of methodologies to inform our small scale capture of outcomes. For example, the Southwark Peer Support service

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<sup>9</sup> 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](https://www.nesta.org.uk/sites/default/files/peer_support_-_what_is_it_and_does_it_work.pdf)

<sup>10</sup> 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](http://centreformentalhealth.org.uk/pdfs/ImROC_peer_support_workers_theory_practice.pdf)

<sup>11</sup> 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.

<sup>12</sup> 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](http://together-uk.org/wp-content/uploads/downloads/2011/11/usingpersexperience.pdf)

<sup>13</sup> 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.

<sup>14</sup> 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.

<sup>15</sup> 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.

<sup>16</sup> 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](http://together-uk.org/wp-content/uploads/2012/09/The-Freedom-to-be-The-Chance-to-dream-Full-Report1.pdf)

is evaluated using levels of relapse to capture the impact of the service. The requirement for our monitoring processes is that this new methodology is both meaningful and manageable for the user led groups. We have sessions planned for January with service users and other stakeholders to coproduce this new reporting requirement.

## **6. The Grants Programme 2016-18**

The proposal is that the grant programme for 2016/18 has a key focus or alignment on supporting the delivery of the Mental Health Coproduction Strategy and Recovery and Wellbeing Strategy for people with Serious Mental Illness providing day opportunity type services. In so doing we can expect there to be instrumental changes to the programme in a number of key areas as listed below:

### Increased focus on outcomes, quality and robust monitoring

- Coproduction of service outcomes and measures;
- Alignment with the new Third Sector Team monitoring procedures;
- Attainment of the new Tower Hamlets Ensuring Quality scheme;
- Partnership working with the statutory and voluntary sector to maximise impact and outcomes, for example, through alignment with the Recovery and Wellbeing Model.

### Increased independence and sustainability

- Provision of a tiered level of support which enables established groups (tier 2) to
  - improve infrastructure, financial management and governance particularly established groups;
  - develop as social enterprises or alternate organisational structures;
  - capacity build to access mixed funding streams such as personal budgets or alternative grants.

### Formal pathways to increased skills and employability for group leaders

- Professional/clinical support to increase skills of group leaders as part of a pathway to employment as peer support worker or other transferable roles;
- Infrastructure support to develop business skills and enable management role within the independent enterprises.

### Increase variety and diversity of peer support available in community settings

- Targeted support to encourage growth of nascent groups (tier 1) by offering appropriately tiered level of support such as incubation;
- Encouragement of new groups to represent any emergent demographics within the borough.

## **7. Delivery of the Grants Programme for 2016-18: Process**

- 7.1 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.
- 7.2 Based on the process used in previous years, the grant scheme advert will be published in East End Life on 25<sup>th</sup> January 2016 with closing date of 22<sup>nd</sup> February 2016.
- 7.3 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 and outputs
  - h. Priority will be given to groups who demonstrate a commitment to sustainable development
- 7.4 The eligibility criteria will also take account of the requirement for any council owned building that will be used for these services to have an up-to-date lease and rent payments.
- 7.5 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 2016-18 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

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.

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.

An evaluation panel consisting of a member of the Council and Tower Hamlets CCG Mental Health and Joint Commissioning Team, the Community Options SUIP (service user involvement project) development worker and a service user representative from Newham (to manage potential conflict of interest) will be convened to carry out interviews and agree recommendations at the end of the evaluation process.

<b>Timeline for User Led Grants process</b>	
<b>Dates</b>	<b>Task</b>
13 <sup>th</sup> January	Commissioners Decision Making In Public to consider Mental Health User Led Grants Programme
25 <sup>th</sup> January	Advert goes into East End Life and via SUN network
22 <sup>nd</sup> February	Deadline for return all funding Applications
23 <sup>rd</sup> February	Assessment of applications
24 <sup>th</sup> 25 <sup>th</sup> 26 <sup>th</sup> February	Telephone / meetings with new and/or existing applicants where necessary
29 <sup>th</sup> February	Recommendations Report to DMT
5 <sup>th</sup> April	Commissioners Decision Making in Public to consider 2016/18 User-led grants recommendations.
21 <sup>st</sup> April	Call over period
22 <sup>nd</sup> April	Award confirmation letters to successful applicants

## **8. Risks and Mitigation - Supporting the process**

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

## **Risks and Mitigation - Services ceasing**

Any change to the model will have an impact on the existing groups. They have been dependent on council grant funding for 8 years. This will be

managed by taking a partnership approach with the groups and outlining the benefits of a mixed funding stream.

Should the grants to the mental health user led groups cease there would be an immediate and profound effect on mental health service users, for example:

- As noted the groups support a high number of service users (763 individuals across 724 sessions in Q1 and Q2).
- The personalised peer support offered by the groups is highly valued as a central and critical part of their support by individual service users; it is likely that should the groups and the personalised support cease, some service users would deteriorate in their mental health, some of whom would be likely to require admission to hospital, reversing their recovery to date
- Should the groups cease, these service users would likely require more costly voluntary sector or commissioned social care support. The Council would need to work with East London NHS Foundation Trust to plan for potential additional assessment and support planning as a consequence
- The groups provide some of the only services available in the borough for niche groups, and were these groups to cease, there would be a significant impact on some communities as a consequence, for example the Hidden Universe of Self-Harm is the only specific service for people who self-harm in the borough

## **9. COMMENTS OF THE CHIEF FINANCE OFFICER**

- 9.1 The Mental Health (MH) User Led Grants programme has been funded through the MH User Support budget. The proposed programme for 2016/17 at an estimated cost of £85,500 will continue to be funded through this budget. The potential saving of £24,000 compared to previous allocations will be used to offset demand led pressures within the wider MH User Support budget.

## **10. LEGAL COMMENTS**

- 10.1 There is no strict legal definition of grant. However, a grant is in the nature of a gift and is based in trust law. There will be many grants which are made by the Council for the purpose of discharging one of its statutory duties. However, as a grant is in the nature of a gift, it is considered there must be some element of discretion on the part of the Council as grantor as to whom a grant is made to and whether this is made. 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, then that should not amount to a grant.
- 10.2 The power of the Commissioners to make decisions in relation to grants arises from directions made by the Secretary of State on 17 December 2014 pursuant to powers under sections 15(5) and 15(6) of the Local Government Act 1999 (the Directions). Paragraph 4(ii) and Annex B of the Directions



together provide that, until 31 March 2017, the Council's functions in relation to grants will be exercised by appointed Commissioners, acting jointly or severally. This is subject to an exception in relation to grants made under section 24 of the Housing Grants, Construction and Regeneration Act 1996, for the purposes of section 23 of that Act (disabled facilities grant).

- 10.3 The wording used by the Directions is that the Commissioners will exercise the power "relating to the making of grants under any statutory power or duty". There is no definition of grant given under the directions and therefore, the assumption must be that a grant is that which would be deemed to be a grant under the law.
- 10.4 The proposed grants may be supported by the Council's general power of competence. Section 1 of the Localism Act 2011 gives the Council a general power of competence to do anything that individuals generally may do, subject to specified restrictions and limitations imposed by other statutes.
- 10.5 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. This is referred to as the Council's best value duty. For the short term pending new arrangements for the provision of services it is considered that the continuation of the present arrangements provides value for money for the reasons specified in the report. Best Value considerations have also been addressed in paragraph 7 of the report.
- 10.6 The Council must operate a fair and open application procedure to process a request to obtain funding. Requests for grant funding should ordinarily be measured against a predetermined set of criteria and the criteria themselves must be fair and transparent.
- 10.7 The grant agreement should include a clear monitoring process against defined parameters in order for the Council to demonstrate either: that delivery is in line with the application and, therefore, 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.
- 10.8 When implementing the scheme, the Council must ensure that no part of the funds issued represents a profit element to any of the recipients. The inclusion of profit or the opportunity of making a profit from the grant or third parties indicates that the grant is really procurement activity and would otherwise be subject to the Council's Procurement Procedures and other appropriate domestic and European law. This would mean therefore, that the Council would have failed to abide by the appropriate internal procedures and external law applicable to such purchases.
- 10.9 All the proposed grants appear to fall under the *de minimis* threshold for the purposes of European restrictions on State aid.

- 10.10 When making grants decisions, 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). A proportionate level of equality analysis is required to discharge the duty and information relevant to this is contained in the One Tower Hamlets section of the report.

## **11. ONE TOWER HAMLETS CONSIDERATIONS**

- 11.1 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.
- 11.2 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.
- 11.3 The paper 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.
- 11.4 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.
- 11.5 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

## **12. BEST VALUE (BV) IMPLICATIONS**

- 12.1 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.”

- 12.2 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.
- 12.3 The Mental Health User Led Grants programme currently funds 27 services which have delivered 724 user led sessions in the past 6 months. The 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.
- 12.4 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.
- 12.5 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.

### **13. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT**

- 13.1 The proposals within the report do not specifically contribute to a sustainable environment nor identify any environmental implications.

### **14. RISK MANAGEMENT IMPLICATIONS**

#### **14.1 Supporting the new process**

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

#### 14.2 Services Ceasing

Any change to the model will have an impact on the existing groups. They have been dependent on council grant funding for 8 years. This will be managed by taking a partnership approach with the groups and outlining the benefits of a mixed funding stream.

Should the grants to the mental health user led groups cease there would be an immediate and profound effect on mental health service users, for example:

- As noted the groups support a high number of service users (763 individuals across 724 sessions in Q1 and Q2).
- The personalised peer support offered by the groups is highly valued as a central and critical part of their support by individual service users; it is likely that should the groups and the personalised support cease, some service users would deteriorate in their mental health, some of whom would be likely to require admission to hospital, reversing their recovery to date
- Should the groups cease, these service users would likely require more costly voluntary sector or commissioned social care support. The Council would need to work with East London NHS Foundation Trust to plan for potential additional assessment and support planning as a consequence
- The groups provide some of the only services available in the borough for niche groups, and were these groups to cease, there would be a significant impact on some communities as a consequence, for example the Hidden Universe of Self-Harm is the only specific service for people who self-harm in the borough

### 15 CRIME AND DISORDER REDUCTION IMPLICATIONS

- 15.1 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 criminal activity and anti-social behaviour.

### 16. SAFEGUARDING IMPLICATIONS

- 16.1 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.

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## **Linked Reports, Appendices and Background Documents**

### **Linked Report**

- NONE

### **Appendices**

- Appendix A: user led group activity details

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

- NONE

### **Officer contact details for documents:**

N/A

## Appendix A: user led group activity details

	Name of Group	Community focus of group	ACTIVITIES			Meeting Location	Meeting Time	Funding 2014-15
			Primary Base [post code]	Activities at Primary Base	External Activities if any			
1	<b>Aspire2</b>	All TH citizens	E5 5EU	Support people diagnosed with agoraphobia, depression and anxiety-based disorders	Meals; motivational trips;	Bow haven; William Place; Roman Road; London E3 5EU	Mondays; 1.30pm-3.30pm	£2,772
2	<b>Asumjwe</b>	Female - African Caribbean TH Citizens	E3 4DA	Afro-Caribbean Women. Discuss Women's issues Health and Craft work activities.	MH awareness events; events stall on healthy eating; cinema; partnership working with Women Environmental Network and Mosaada for single homeless women	Open House 13 Whitethorn St., E3 4DA	Monday - Usually 2pm; Some outings.	£3,582
3	<b>Bangladeshi South Asian Men's Group [BSAMG ]</b>	Bangladeshi - All TH citizens	E3 3PX	Explore coping with Mental Health, Self harm, substance abuse, depression, anxiety, housing, matrimonial matters	Faith festivities/cultural events; go-karting; pin-bowling/snooker; outings/trips	All Hallows Church, Blackthorn Street, London E3 3PX	Sunday 1300-1700 hrs	£3,601
4	<b>Café Nia</b>	African-Caribbean - TH citizens	E3 4DA	Afro-Caribbean support group. Various activities, including cooking	Cinema/Theatre/museums; day trips; cultural themed events; African markets	Open House 13 Whitethorn Street E3 4DA	Tuesday, 1500-1900hrs	£3,625
5	<b>Expression with Art</b>	All TH citizens	E14 3BN	Art based activities for people with mental health needs	Visits to museums and galleries	Christ Church Manchester Road London E14 3BN	Wednesday 6.30pm occasional weekends	£3,592

6	<b>Feel Good Friday</b>	All TH citizens	E3 5ED	Discussion & Express feelings to enable decision making	None	Bow Haven, William Place Centre, Roman Rd, E3 5EU	Friday 0900-1600hrs	£2,576
7	<b>H.U.S.H [Hidden Universe of Self-Harm]</b>	All TH citizens	E14 8JT	24/7 Telephone advise/support; Group support for individuals who self-harm; 0900-1700hrs Library on self-help; Provide training on self-harm to other organisations; hospital visits; outings/social events; awareness raising	Social outing; community events	Barkingtine Café, Barkingtine Health Centre, West ferry Road, E14	Friday - 1600-1700hrs & up to 1900hrs	£3,280
8	<b>Handy Crafts</b>	All TH citizens	E3 5ED	explore and use Creative talents i.e. jewellery making, art paint, craft making	visit exhibition/craft fairs; social meals	Bow Haven, William Place Centre, Roman Rd, E3 5EU	Thursdays 1030-1430hrs and occasional activities on weekends	£2,484
9	<b>Harmless</b>	All TH Citizens	E3 5EU	Support for self-Harmers, talking therapy support from other members.	None	Bow Haven, William Place Centre, Roman Rd, E3 5EU	Mondays 4pm - 6pm and occasional out of hours	£2,826
10	<b>Health &amp; Fitness (Out of Hours) Group</b>	All TH citizens	E2 9PJ	Physical exercises and team working	Outdoor cycling, healthy eating eateries; sports events; trips	Meet at York Hall, 5-15 Old Ford Road, Bethnal Green E2 9PJ	Monday 10:30am-12:30pm Plus various other	£2,900

							activities	
11	<b>KUSHI</b>	Female - Bangladeshi / Indian - All TH citizens	E3 5ED	Asian Women support Group, message, baking, outings and; Art & Craft; zumba; discuss health matters/eating well	Beano trips; faith festivities; spa/massage; outings;	Bow Haven, William Place Centre, Roman Rd, E3 5EU	Mondays - 10:30 – 1pm	£2,959
12	<b>Muay Thai Boxing</b>	All TH citizens	E3 4DA	Keep-fit & Self- defence; socialise; fundraising	Demonstrations and activities at various events around the borough	Oxford House, Derbyshire Street, Bethnal Green London E2 6HG	Monday - 3.00 – 5.00	£3,625
13	<b>New start Pamper Group</b>	Female - All TH citizens	E3 5ED	Use recovery model to prevent isolation and depression	Spa trips; meals; beauty shows; day trips	Bow Haven, William Place Centre, Roman Rd, E3 5EU	Tuesday; 1015-1300hrs	£3,318
14	<b>Outward</b>	All TH citizens	E3 5ED	Activities in centre:- cooking, keep fit, training, massage; legal advise.	outings/trips; theatre/cinema	Bow Haven, William Place Centre, Roman Rd, E3 5EU	Tuesday 1330-1845hrs	£3,625
15	<b>Performance Arts &amp; Cinema Club</b>	All TH citizens	<b>E2 6JY</b>	Planning meetings	Peer support; break isolation talks; outdoor activities; watch films, plays, theatre and socialise.	Beside, 3 Birbeck Street, London E2 6JY	Depending on film days and times	£3,480
16	<b>SUNDAY Lunch Club</b>	All TH citizens	E3 5EU	Cooking and socialising. Roasts with seasonal vegetables and all the trimmings	Outings; lunch out;	Bow haven; William Place; Roman Road; London E3 5EU	Sundays 1200-1600hrs	£3,436



17	<b>Sunrise Drop-In</b>	All TH citizens	E3 5ED	Massage, meal preparation, Hairdressing, Outing, Group meeting, board games, pool. Art, Pilates, fitness, cinema, theatre, restaurants, cultural and birthday celebrations, in-house movies, promotional events	Theatre; meals out; gallery visit; seaside trips; MH events	Bow Haven, William Place Centre, Roman Rd, E3 5EU	Wednesday ; 1.30 – 6.30pm	£3,543
18	<b>Thursday Group</b>	All TH citizens	E2 0EL	Multi-cultural; combat loneliness, make friends, improve confidence,	lunch, day trips; walks; ice-skating/bowling/go-karting; picnics; galleries/exhibitions/museums	Nico's Café, 299 Cambridge Heath Road, London E2 0EL	Thursday; 1pm – 7pm	£3,584
19	<b>UPBEAT</b>	All TH citizens	E2 0EA	support service users with experience of criminal justice system. Support with mental health and involve members in social activities	Visits to exhibitions, events and places of interest	PRHA, 458 Bethnal Green Road, E2 0EA	Weekday afternoons	£3,204
20	<b>Urban Rambling</b>	All TH citizens	Various depending on walk route	Various depending on walk route	To support members to get fit and active through walking and learn about local history.	Various locations	Thursday 5.30pm and Sunday 3pm	£1,667
21	<b>Vietnamese Mental Health Society</b>	Vietnamese TH citizens	SE1 2XF	Health eating and cooking,	Various outings	25 Fair Street; London SE1 2XF	Thursday afternoon and occasional weekends	£3,625
22	<b>Burcham Street Gardeners</b>	All TH Citizens	E14 0SH	Weekly gardening group. Support to improve members wellbeing and to develop skills.	None	Burcham Street Centre, 96 Burcham Street E14 0SH	Saturday 10am - 12pm	£1,558

23	<b>STIFFORD MH User led group</b>	All TH Citizens	E1	Increase social and peer contact, provide range of educational and other activities to boost mental wellbeing. Facilitate greater self-sufficiency and inclusion	Trips, visits and educational activities	2-6 Cressy Place, Stepney, E1	Thursdays 6pm, Saturdays 5-6pm	£3,596
24	<b>Ocean Somali Women Group</b>	Somali women	E3 4AA	Support for Somali Women who are isolated and are risk. Support for those with depression and anxiety. Healthy living exercises and traditional folk dances.	None	420-421 Rail Archways, Burdett Road E3 4AA	Friday 10am to 12pm and Thursday 6pm to 10pm	£3,604
25	<b>Osmani Mental Health User-Led Group</b>	All TH citizens	E1 5AW	Encourage individuals to become independent. Help build confidence, self-esteem, reduce isolation. Gym sessions quarterly day trips, community gardening.	Activities, trips and outings in the borough	Osmani Centre, 58 Underwood Road, London E1 5AW	Thursdays 2-5	£3,615
26	<b>BYM Womens Centre</b>	Women	E1 1HL	Program to alleviate isolation, degradation and to become a self-help group	None	The Whitechapel Centre, Unit 3, Myrdle Street, London E1 1HL	Mondays and Tuesdays 10-1	£1,005
27	<b>Spitalfields Community Garden</b>	All TH citizens	E1 5AR	Improved physical and general wellbeing, reduce isolation and social support.	None	Spitalfields Community Centre, Buxton Street, E1 5AR	Tuesday 10-1	£3,000