

ADULT AND COMMUNITY BASED SERVICES COMMITTEE AGENDA



Thursday 17 March 2022

at 10.00 am

**in the Council Chamber,
Civic Centre, Hartlepool**

A limited number of members of the public will be able to attend the meeting with spaces being available on a first come, first served basis. Those wishing to attend the meeting should phone (01429) 523568 or (01429) 523019 by midday on Wednesday 16 March and name and address details will be taken for NHS Test and Trace purposes.

You should not attend the meeting if you are required to self-isolate or are displaying any COVID-19 symptoms such as (a high temperature, new and persistent cough, or a loss of/change in sense of taste or smell), even if these symptoms are mild. If you, or anyone you live with, have one or more of these symptoms you should follow the NHS guidance on testing.

MEMBERS: ADULT AND COMMUNITY BASED SERVICES COMMITTEE

Councillors Cranney, Falconer, Fleming, Little, Price, Prince and Richardson.

- 1. APOLOGIES FOR ABSENCE**
- 2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
- 3. MINUTES**
 - 3.1 To receive the Minutes and Decision Record in respect of the meeting held on 17 February 2022.
- 4. BUDGET AND POLICY FRAMEWORK ITEMS**

None.

CIVIC CENTRE EVACUATION AND ASSEMBLY PROCEDURE

In the event of a fire alarm or a bomb alarm, please leave by the nearest emergency exit as directed by Council Officers. A Fire Alarm is a continuous ringing. A Bomb Alarm is a continuous tone.

The Assembly Point for everyone is Victory Square by the Cenotaph. If the meeting has to be evacuated, please proceed to the Assembly Point so that you can be safely accounted for.

5. KEY DECISIONS

- 5.1 Loan of Freud Painting – *Director of Adults and Community Based Services*

6. OTHER ITEMS REQUIRING DECISION

- 6.1 Community Mental Health Framework Transformation for Hartlepool – *Director of Adults and Community Based Services*
- 6.2 Historic England Grant Funding; Conservation Area Management Plans - *Assistant Director (Preventative and Community Based Services)*

7. ITEMS FOR INFORMATION

- 7.1 Waverley Project Update – *Director of Adults and Community Based Services*

8. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT



ADULT AND COMMUNITY BASED SERVICES COMMITTEE

MINUTES AND DECISION RECORD

17 FEBRUARY 2022

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool.

Present:

Councillor: Tim Fleming (In the Chair)

Councillors: Gordon Cranney, Angela Falconer, Sue Little, Darren Price and Carl Richardson.

Also present: Councillor Rachel Creevy as substitute for Councillor Amy Prince in accordance with Council Procedure Rule 4.2.

Frank Harrison.

Monica Vaughan.

Officers: Jill Harrison, Director of Adult and Community Based Services
Gemma Ptak, Assistant Director, Preventative and Community Based Services
Danielle Swainston, Assistant Director, Joint Commissioning
Ian Gardiner, Head of Leisure, Recreation and Participation
Sarah Scarr, Heritage and Countryside Manager
Julian Heward, Communications and Marketing Team
David Cosgrove, Democratic Services Team

25. Apologies for Absence

Apologies for absence were received from Councillor Amy Prince.

26. Declarations of Interest

Councillor Carl Richardson and Rachel Creevy declared personal interests.

27. Minutes of the meeting held on 21 October 2021

Received.

28. Public Question

Issue(s) for consideration

The Director of Adult and Community Based Services indicated that a public question had been submitted by Ms Monica Vaughan to Council on 16 December 2021. The Managing Director had subsequently determined that the question would be most appropriately dealt with at a meeting of this Committee. The question was –

“The request is to have a full audit of the sports clubs, sports hall and playing fields so that HBC can put together an informed sports strategy taking into account the aspirations of the clubs who use these facilities. I’ve spoken to a few clubs and all thought the new facility was going to have a sports hall and are disappointed that this is not the case. There is also concern that there are no expansion opportunities on the new site.

A number of clubs go out of the area to compete and to set up major competitions as there are no facilities in town. So Hartlepool is not only missing out on revenue for sports hall hire it is missing out on hospitality income for hotels, restaurant and bars.

An audit of the facilities and the sports club is required to fully understand the sporting picture in Hartlepool and the challenges they face when trying to book facilities in town.”

The Assistant Director, Preventative and Community Based Services responded in the following terms.

Hartlepool Borough Council adopted a Playing Pitch and Indoor Facility Strategy 2019 – 2024 which was agreed by the Adult and Community Based Services Committee in July 2019.

The assessment of facilities and strategic context was produced in line with guidance produced by Sport England namely:

- Assessing Needs and Opportunities Guide for Indoor and Outdoor Sports Facilities (produced in 2014); and
- Playing Pitch Guidance, An approach to Developing and Delivering a Playing Pitch Strategy (produced in 2013).

Both documents provided a robust framework for decision making across the borough in terms of its facility stock. A Strategy and Action Plan and detailed Assessment Report were also produced.

The scope of the Indoor Facilities Strategy included assessment of:

- Swimming Pools;
- Sports Halls; and
- Other Indoor Facilities

The scope for the Playing Pitch Strategy covered; Football, Rugby, Cricket, Hockey, Tennis, Bowls and Golf.

Clubs, Governing Bodies, facility providers and other appropriate stakeholders were engaged in the development of the strategy and this ensured that the final document was reflective of the town's aspirations whilst ensuring there was clear evidence to inform recommendations alongside robust assessment of participation trends, sustainability of facilities and condition and age of facilities.

The strategy produced a clear recommendation for the replacement of Mill House Leisure Centre and informed further appraisal of options to progress with a strategic leisure development whilst being proportionate to the facilities it should include. Further stakeholder engagement and consultation has been conducted throughout the feasibility and development of Highlight (the Strategic Leisure Development on the Waterfront). An evidence based approach has been used to inform the development of the facility mix and business case for Highlight, through the rigorous application of Sports England's Strategic Outcomes Planning model and guidance.

Through the Indoor Facilities Strategy, the assessment of demand and supply indicated that Hartlepool has adequate sports hall provision to serve the existing and future needs of the town. The priority action moving forward is to ensure that sports halls are accessible and that community use agreements are progressed with independent operators, especially within education.

In conclusion it is not deemed that a further assessment of facilities is needed at this point in time. The work has already been completed and the strategic evidence base is clear in relation to the priorities for facilities in the town to serve the population. Any further work would require significant investment of time and resource which can be better utilised to progress the implementation of the agreed strategy and the wider work of the development of Highlight.

The Council remains committed to supporting the role, work and development of clubs in the town, ideally in partnership with other local organisations and national governing bodies of sport, given the vital role that clubs play for local residents. Furthermore the Council would always positively consider options in relation to any facility developments.

In a supplementary question Ms Vaughan questioned the aspiration of the Council in terms of its sports provision. Sport England set specific requirements for facilities for regional and national level sport and in relation to sports hall provision, none of the current stock provided that; was the Council simply happy to meet community demand which meant that for all higher levels of sports young people would have to travel outside of Hartlepool to access those facilities and training.

The Assistant Director stated that the Playing Pitch and Indoor Facility Strategy took into account local usage and through a robust assessment process showed that Hartlepool had a good stock of facilities. For

example, it was shown that Hartlepool could not support a new 50 metre swimming pool and hence the new pool at the Highlight would be a leisure pool. Sport England would not support a 50 metre pool as it had invested in the pool at Sunderland which provided the elite facility for this region. The Assistant Director stated that the issue Hartlepool had with its sports provision was accessibility for people of all ages and abilities.

The Chair allowed extensive debate on the question and response. Some Members expressed some concerns around consultation and the Assistant Director stated that she was happy to share the extensive work that supported the production of the Playing Pitch and Indoor Facility Strategy, which showed the involvement of local sports clubs and associations in its preparation. Simply bringing forward new facilities, such as the suggested 4G pitches for Seaton Carew, could be counterproductive. New facilities simply pulled the demand away from existing ones as had been proved at significant cost to the Council at Greyfields.

Following the lengthy debate the Chair thanked Monica Vaughan for her question and all those present for the debate it had engendered. The Council was aspirational in its development of sports facilities for people of all abilities in Hartlepool. Those that proved to be capable of much higher levels of achievement would need to travel to regional and national facilities and Hartlepool was not unique in that. The Council had attracted significant financial support for sports provision in the town, with recent examples of this being the investment in cycling at Summerhill and the development of Highlight.

Decision

That the question, response and discussions be noted.

29. Teeswide Safeguarding Adults Board Annual Report 2020/21 and Strategic Business Plan 2021/22 (Director of Adult and Community Based Services and Independent Chair of Teeswide Safeguarding Adults Board)

Type of decision

Non key decision.

Purpose of report

To present to the Committee the Teeswide Safeguarding Adults Board Annual Report 2020/21 and Strategic Business Plan 2021/22.

Issue(s) for consideration

The Director of Adult and Community Based Services reported that the Independent Chair of the Teeswide Safeguarding Adults Board had apologised for being unable to attend to present the annual report due to a recent family bereavement. The Director presented the report and clarified

that the Care Act requires all Safeguarding Adults Boards to produce an Annual Report setting out;

- what it has done during that year to achieve its objective,
- what it has done during that year to implement its strategy,
- what each member has done during that year to implement the strategy,
- the findings of any safeguarding adults reviews which have concluded in that year,
- any reviews which are ongoing at the end of that year,
- what it has done during that year to implement findings of reviews; and
- where it decides during that year not to implement a finding of a review, the reasons for its decision.

The Board was also required under the Care Act to publish an annual strategic plan setting out its strategy for achieving its objective and what members will do implement the strategy. The two documents were submitted as appendices to the report.

Members welcomed the annual report and the achievements of the Teeswide Board. Member's requested specific statistics for Hartlepool drawn from the Teeswide statistics included in the report and the Director indicated that they could be shared with Members following the meeting.

A Member also suggested that it would be useful for Members to have some specific training in safeguarding. The Director stated that the Board did provide some comprehensive online training and that she would circulate links to the training following the meeting.

Decision

That the Teeswide Safeguarding Adults Board Annual Report 2020/21 and Strategic Business Plan 2021/22 be endorsed.

30. Strategic Outcomes Planning For Leisure *(Assistant Director, Preventative and Community Based Services)*

Type of decision

Non-Key decision.

Purpose of report

To provide the Committee with the final report following the completion of the Strategic Outcomes Planning Model (SOPM) for leisure services.

Issue(s) for consideration

The Assistant Director, Preventative and Community Based Services reported that Max Associates were commissioned in 2020 to apply Sport England's Strategic Outcomes Planning Model (SOPM) in Hartlepool, to:

- Reflect, position and optimise the essential contribution of sport and physical activity in addressing wider wellbeing and social outcomes across the town
- Inform and shape the future delivery of the sport and physical activity – “Leisure, Recreation and Participation” (LRP) - service
- Support and inform the capital investment in “Highlight”, and
- Provide a strong, insight-led platform for a funding application to Sport England’s Strategic Facilities Fund

The SOPM also provided the Council with service and facility interventions for delivering and facilitating community leisure and wellbeing in the Borough, to meet the needs of the local population. It was based on a well evidenced and researched review of existing and future provision and includes clear recommendations, a delivery framework and action plans.

Members commented that one of the main obstacles for many young people participating in many sports was simply the cost; many couldn’t get involved with regular organised sport because they couldn’t afford it. The Assistant Director commented that accessibility was an issue and defining the barriers to that was key. Lots of work was undertaken with sports clubs, and clubs did lots on their own, to help with things like equipment and kit recycling and supporting promising young sportspeople with scholarships.

Some Members did feel that more could be done for those in low income families and the Assistant Director commented that the leisure service did have income targets to meet and was already one of the cheapest services in the country; it was difficult to balance social outcomes and regeneration with achieving sustainable income.

During further discussions Members commented on what engagement was undertaken with those that didn’t use any of our facilities to ascertain why; was cost a major issue. The Assistant Director indicated that the Council did engage with service users and others on a regular basis. The Head of Leisure, Recreation and Participation reported that a new leisure management system was being developed to manage all the Council’s various venues and this would give a greater insight into users and allow much more targeted marketing.

Members pursued the issue of gaining information from those that didn’t use our facilities. Members considered that this insight may help in the direction of future services and suggested that surveying young people in secondary schools would be valuable. It was suggested that schemes such as offering free family swims to those families where their children had just completed their school swimming course could be valuable means of bringing more people into swimming for leisure.

Decision

That the report be noted and the recommendations and actions referenced throughout be approved.

31. Referral from Council – Housing for Disabled People *(Director of Adults and Community Based Services)*

Type of decision

Non-key Decision.

Purpose of report

For Members to consider the motion in relation to suitable accommodation for disabled people that was referred to Committee by Full Council on the 16 December 2021.

Issue(s) for consideration

The Assistant Director, Joint Commissioning reported that Council on 16 December 2021 considered the motion set out below which it subsequently agreed be referred to this Committee: -

“The Equality and Human Rights Commission has reported that around 2% of households in Britain includes a disabled person who does not live in appropriate housing and that disabled people are far less likely to own their own home. (EHRC, May 2018).

The impact of living within unsuitable and un-adapted accommodation is multifaceted. The impact on the mental and physical health of the disabled person and their carers can be significant, and that’s without the additional financial cost on the health service from accidents caused by inadequate housing.

In Hartlepool, we have a significant number of families who are in need of social rented and adapted accommodation to meet the needs of a disabled person in that family. Anecdotally, we have around 20 families waiting for suitable family size accommodation to meet their needs, with no clear timeline for when this will happen.

We have an obligation, both legal and moral, to provide accommodation for someone with an assessed need, or a need for adapted accommodation.

Our own Housing Strategy, strapline states “Developing and maintaining successful communities, where people choose to live, by meeting the housing needs of our residents now and in the future”, but we are failing to meet this for some of our most vulnerable families.

Therefore, Council resolves to:

- Undertake an audit of those people with an assessed need for adapted, family size accommodation to identify the scale of need;
- Bring an action plan to the appropriate committees for how we intend to meet those needs, using any tools at our disposal;

- Consider how we further improve our housing offer to families with a disabled member in future and bed this into our Local Plan and Housing Strategies moving forward.
- Consider compiling an “Accessible Housing Register” to provide a potential solution to future supply problems.”

The Assistant Director reported on the numbers of families on the housing list who needed three or more bedrooms with one of those being on the ground floor. This totalled 22 families at the time the report was written and the report also detailed the family make-up of those on the list.

The Assistant Director stated that an Officer Working Group involving officers from all the appropriate teams in the authority and representatives from partner housing providers was to be established chaired by the Assistant Director, to review the current situation and explore actions to meet the needs of families and respond to the council motion. The aim would be to provide recommendations to Committee later in the year.

Councillor Creevy, who had initiated the original motion to Council, welcomed the report and the working group and stated that if Elected Member involvement was required she would be happy to participate.

Decision

That the establishment of an officer working group which also involves relevant partners to allow further consideration of the motion be welcomed and approved.

32. Strategic Development for Culture and Creative Sector in Hartlepool *(Director of Adults and Community Based Services)*

Type of decision

Non-Key Decision.

Purpose of report

To update the Committee on progress and to present a final draft of a Cultural Strategy for Hartlepool, that would inform the priorities for the creative sector, ensure sustainable recovery from COVID 19 and develop a vision for the town that will be led by a Creative Partnership.

Issue(s) for consideration

The Assistant Director, Preventative and Community Based Services reported that the cultural strategy, submitted as an appendix to the report, had been developed considering the context of evolving agendas within HBC and across the town including destination management, regeneration, investment and funding opportunities and emerging critical mass of projects, events and activities. The aim of the work had been to:

- Set out shared strategic direction and priorities for the cultural and creative sector that can inform individual decisions and work;

- To create a document that provides and evidence base for a needs-led and stakeholder-led strategy;
- To identify the appropriate governance or vehicle for collaborative or coordinated strategic activity in future (e.g. a Cultural/creative Partnership).

The strategy will interact and inform other key strategic developments internally and across the town including Economic Growth Strategy, Heritage Strategy, ISQ development and Capital Programme.

Members welcomed the document and fully supported the proposals within. Members questioned the situation in relation to the Town Hall Theatre as they were aware that many theatres around the country had closed due to the impact of the loss of trade during the Covid-19 pandemic. The Assistant director indicated that at this time the Town Hall Theatre was being used as a Covid-19 vaccination centre. Work would be commencing on the reopening of the theatre once its current role ended. There was a need for some investment in the facility. Significant investment had been obtained to undertake major works at the Borough Hall and the Town Hall Theatre would be needed to fill the gap while that work was undertaken. After that consideration would need to be given to the role of the two venues as it would be counterproductive to have internal competition.

Members asked what sort of promotion was undertaken for events in Hartlepool. The Assistant Director stated that a wide range of promotion work was undertaken from social media through to radio and occasionally TV. Promotion of the cultural sector in the town was also carried out alongside other regional events, such as the Lindisfarne Chronicles returning to the North East, to link our heritage into that wider story.

Decision

That the content of the strategy be noted and the principles, aims and proposed recommendations of this work as outlined in the strategic document be supported and approved.

33. Annual Report of Adult Social Care Complaints and Compliments 1 April 2020 – 31 March 2021 *(Director of Adults and Community Based Services)*

Type of decision

For information.

Purpose of report

To present to members the Annual Report of Adult Social Care Complaints and Compliments 2020/21.

Issue(s) for consideration

The Assistant Director, Joint Commissioning indicated that the report provided an analysis of complaints and compliments and demonstrates learning that had occurred from complaints and actions implemented as a result.

During 2020/21, 66 compliments had been received relating to adult social care. A total of 25 complaints had been received during the same period; a decrease of 10 compared to the previous year. Of the 25 complaints received, 7 were not considered further and 18 complaints were investigated; 5 less than the previous year. Of the 18 complaints investigated in 2020/21, 17 had concluded the local statutory complaints processes and 1 complaint remained ongoing which would be carried forward to 2021/22.

Members welcomed the report, particularly the compliments to the service which reflected the excellent work undertaken by staff. Members also commented that it was pleasing to see that the majority of complaints had been resolved at stage 1.

Members asked if the reduction in the number of complaints reflected the effects of the Covid-19 pandemic. The Assistant Director stated that it was too early to say at the moment. Social care services continued throughout the pandemic, so the level of service in many areas had not diminished. Members commented on the excellent services provided by social care staff and other officers during the pandemic who had gone above and beyond normal service provision to ensure the continued care and safety of vulnerable residents.

Decision

That the contents of the Annual Report of Complaints and Compliments 2020/21 be noted and that the report be published online.

34. Care Home Update *(Director of Adults and Community Based Services)*

Type of decision

For information.

Purpose of report

To provide the Committee with an update in relation to care home provision for older people.

Issue(s) for consideration

The Assistant Director, Joint Commissioning reported that since the last report in July 2021, there had been further developments, many of which relate to the COVID19 pandemic. Care home occupancy has decreased slightly to approximately 87% in older people's care homes across the

town and there were currently 97 vacancies across the 16 older peoples care homes. Officers continued to monitor care home vacancies closely to understand both short and long term impact and to assess whether further support is required by the homes affected.

The number of out of borough placements currently stood at 99, which was reduced from 109 in March 2020 and 127 in March 2019, meaning proportionately more people were now being supported in care homes in Hartlepool.

There had been a significant number of Covid outbreaks in care homes across Hartlepool (particularly since December 2021) and in early January all 16 older peoples care homes were experiencing outbreaks at the same time, meaning new admissions were not possible. A number of homes had now come out of outbreak, and a number of homes were accepting new admissions following a detailed risk assessment.

The report highlighted the announcement of a nursing home closing in Hartlepool by 31 March 2022 which would have a significant impact on residents and their families, as well as the availability of new placements across the town. This would inevitably lead to more use of Out of Borough placements. A new care home that would have capacity to support 90 older people was due to open in May 2022 (estimated date) which would potentially increase capacity significantly.

Members expressed their significant disappointment at the announced closure of Gretton Court. The Assistant Director stated that work was ongoing with families to help in the finding of new homes for the current residents.

Members also expressed concern at the spike in the number of Covid-19 cases in homes across the town. The Assistant Director commented that the spike in cases in homes reflected the wider increase in cases across the town.

Decision

That the report be noted.

35. Allotment Strategy: Update on Consultation and Engagement (*Assistant Director, Preventative and Community Based Services*)

Type of decision

For information.

Purpose of report

The purpose of the report is to provide an update on the consultation and engagement that was completed last year and to outline the next steps that will be taken in order to deliver the Allotment Strategy.

Issue(s) for consideration

The Assistant Director, Preventative and Community Based Services reported that committee on 29 July 2021 supported the proposed approach to the consultation and engagement process. The consultation began in October 2021 and ended in mid-November and comprised:

- meetings with nine Allotment Associations;
- 17 drop in sessions at allotment sites at varying times of day including week days and weekends;
- two drop in sessions at the Central Hub, one on an afternoon and the other on an evening;
- paper questionnaires sent out to all tenants; and
- an online questionnaire which could be completed by tenants, partners, people on the waiting list and anyone else with an interest in allotments.

It was reported that 183 completed questionnaires were subsequently received. The Heritage and Countryside Manager gave a presentation to the Committee outlining the detailed response to the consultation and many of the positive issues that it had brought forward.

Members noted that one of the principal issues raised was site security. The Heritage and Countryside Manager commented that the Burn Valley site was partially covered by external cctv but noted that security was a broader issue raised by many allotment holders and associations. On site cctv would require onsite electricity which could be costly and for which there was no budget. Officers were working with partners wherever they could on this issue.

Members welcomed the consultation exercise and the response reported and thanked the team for their work in positively engaging with allotment holders and allotment associations. There was some concern at the potential for associations to take on the running of allotment sites as this was a significant step which required much greater commitment and skills to undertake properly. The Heritage and Countryside Manager stated that of the associations they had spoken to, none wanted to take on that full management role but did want some greater involvement in how the current budgets were spent, particularly around security. This was welcomed by the team as it would bring their direct knowledge and experience into the management of sites.

Decision

That the outcome of the consultation and the timescale for development of the Allotment Strategy be noted.

36. Leisure, Recreation and Participation Service Re-Branding *(Assistant Director, Preventative and Community Based Services)*

Type of decision

For information.

Purpose of report

To share details of the rebranding of the Leisure, Recreation and Participation Service.

Issue(s) for consideration

The Assistant Director, Preventative and Community Based Services reported that the current brand in place is “Get Hartlepool Active” which is used on social media platforms, the services’ website and on other printed or promotional materials. The new brand name “Active Hartlepool” had been developed with support from branding consultants TA6. The new logo and brand design shown in an appendix to the report. The new brand would be launched in spring 2022, alongside a new website and would also dovetail with a new leisure management system, all of which would raise awareness of services, make it easier to access information and book activities and facilities. These changes were being aligned as part of a service-wide transformation process, to minimise confusion for customers.

Members welcomed the new branding and the proposed launch in the spring.

Decision

That the report be noted and the new branding for the service welcomed.

37. Any Other Items which the Chairman Considers are Urgent

None.

The Committee noted that the next meeting would be held on Thursday 17 March, 2022 commencing at 10.00 am in the Civic Centre.

The meeting concluded at 12.30 pm.

H MARTIN, CHIEF SOLICITOR

PUBLICATION DATE: 1 MARCH 2022

ADULT AND COMMUNITY BASED SERVICES COMMITTEE

17th March 2022



Report of: Director of Adult and Community Based Services
Committee

Subject: LOAN OF FREUD PAINTING

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Key Decision. General Exception Notice applies.

2. PURPOSE OF REPORT

2.1 To request permission to loan the Lucien Freud painting 'Head of a Woman' to the Lightbox Gallery in Woking.

3. BACKGROUND

3.1 We have been approached by The Lightbox, Woking, who have requested to borrow Lucian Freud, *Head of a Woman*, HAPMG : 1971.38, oil on canvas, for their exhibition Lucian Freud: Paint and Place commencing 26 November 2022 to 19 March 2023.

3.2 We are assured that the gallery meets Arts Council GIS levels of security and environment and that the work will be fully insured by them on a nail-to-nail basis, however we will ensure we obtain proof of this before allowing the painting to be collected. The Lightbox will cover all costs associated with this loan.

3.3 We are not planning to display this work during the period requested and due to the condition and medium, we would not be prevented from displaying it ourselves either immediately prior to, or following this loan.

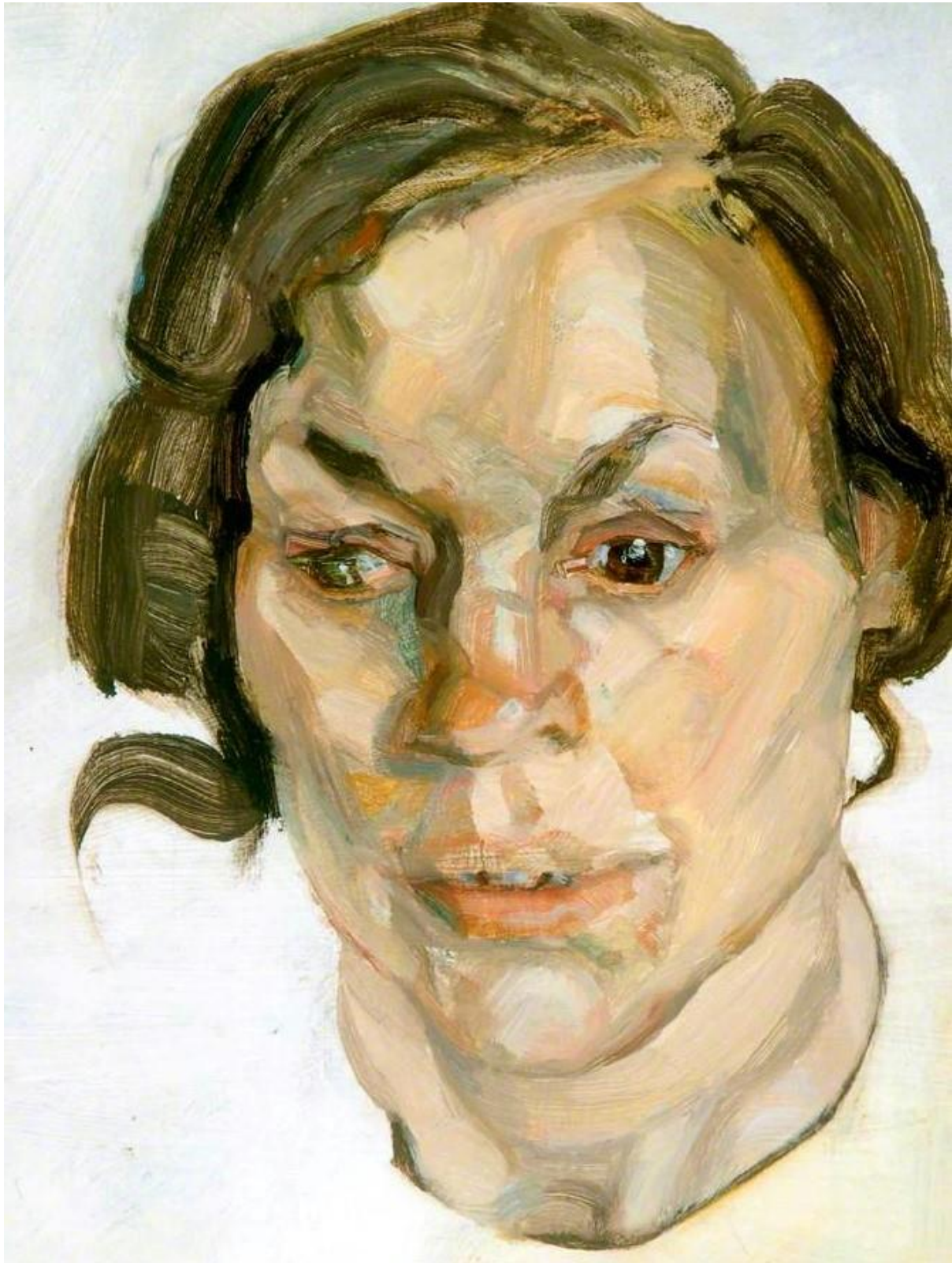
4. PROPOSALS

4.1 To request that the Committee consider approving the loan of the painting 'Head of a Woman' by Lucien Freud to the Lightbox Gallery for the period specified in 3.1.

4.2 Artwork details are:

Lucian Freud (1922–2011)

***Head of a Woman*, 1970, Oil on canvas, H 230mm x 190mm**



5. RISK IMPLICATIONS

- 5.1 No risks are attached to this loan as they are covered by the loaning galleries insurance.

6. FINANCIAL CONSIDERATIONS

- 6.1 No financial considerations are attached to this report.

7. LEGAL CONSIDERATIONS

- 7.1 There are no legal considerations attached to this report.

8. CONSULTATION

- 8.1 There is no consultation required in relation to this report.

9. CHILD AND FAMILY POVERTY (IMPACT ASSESSMENT FORM TO BE COMPLETED AS APPROPRIATE.)

- 9.1 There are no child and family poverty issues relating to this report.

10. EQUALITY AND DIVERSITY CONSIDERATIONS (IMPACT ASSESSMENT FORM TO BE COMPLETED AS APPROPRIATE.)

- 10.1 There are no equality and diversity considerations relating to this report.

11. STAFF CONSIDERATIONS

- 11.1 There are no staff considerations relating to this report.

12. ASSET MANAGEMENT CONSIDERATIONS

- 12.1 There are no asset management considerations relating to this report.

13. ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS

- 13.1 There are no environment, sustainability or climate change issues relating to this report.

14. RECOMMENDATIONS

- 14.1 It is recommended that Elected Members approve the loan of the Freud painting 'Head of a Woman' to the Lightbox Gallery.

15. REASONS FOR RECOMMENDATIONS

- 15.1 By allowing this loan to go ahead, we will be demonstrating our willingness to share our collections with new audiences and any new research and the context the work is placed in may increase our own understanding of the works we hold. In addition, we will be reflecting the spirit of generosity and reciprocity that exists across the museum sector and paving the way for future relationships and collaborations.

16. BACKGROUND PAPERS

None.

17. CONTACT OFFICERS

Gemma Ptak
Assistant Director
Tel: 01429 523441
Email: gemma.ptak@hartlepool.gov.uk

Sign Off:-

Director of Resources and Development	<input checked="" type="checkbox"/>
Chief Solicitor	<input checked="" type="checkbox"/>

ADULT AND COMMUNITY BASED SERVICES COMMITTEE

17 March 2022



Report of: Director of Adult and Community Based Services

Subject: Community Mental Health Framework Transformation
for Hartlepool

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Non Key

2. PURPOSE OF REPORT

2.1 To provide an update to the Adult & Community Based Services Committee on the community mental health transformation framework and development of an operational model and to seek support for the implementation of the model as a collaborative partnership for Hartlepool.

3. BACKGROUND

3.1 The NHS England long term plan includes an ambition to develop new integrated community models for adults with severe mental illness by 2023/24.

3.2 The Community Mental Health framework will ensure adults and older adults have greater choice and control over their care, and are supported to live well in their communities.

3.3 The Community Mental Health Framework aims to:

- Deliver a new mental health community based offer.
- Redesign and reorganise core community mental health teams which are place based.
- Create a core mental health service which is aligned with primary care networks and voluntary sector organisations where dedicated services and functions will plug in.

3.4 Principles of the framework include:

- Co-production: active participants lead and own the design for future services.
- Inclusivity: no wrong door.
- Collaboration: working as a system and building the infrastructure with existing services.
- Person centred care: care is centred around individual needs.
- Care is proactive not reactive.
- Assessment is collaborative with community services and not repeated.
- Community design which addresses health inequalities and social determinants.

4. PROGRESS

- 4.1 Representatives from Tees Esk & Wear Valley NHS Foundation Trust are in attendance and will provide members with a short presentation, an overview of the work to date and the proposed model.

5. RISK IMPLICATIONS

- 5.1 There are no risk implications associated with this report.

6. FINANCIAL CONSIDERATIONS

- 6.1 There are no financial considerations for the Council at this stage. There is scope to provide financial support to local voluntary and community services through funds attributed to the NHS five year forward view.

7. LEGAL CONSIDERATIONS

- 7.1 There are no legal considerations associated with this report

8. CONSULTATION

- 8.1 Consultation and engagement is ongoing with local commissioners, providers, people with lived experience and the local voluntary and community sector.
- 8.2 The Tees Valley Healthwatch organisations have undertaken a consultation exercise seeking views on a revised mental health system and have had input from approximately 900 people. The report is attached as **Appendix 1**.

9. CHILD AND FAMILY POVERTY

- 9.1 There are no child and family poverty implications associated with this report.

10. EQUALITY AND DIVERSITY CONSIDERATIONS

- 10.1 It is intended that delivery of the identified improvements will ensure that people benefit from a more coordinated and efficient response in the event of needing assistance for a mental health need.

11. STAFF CONSIDERATIONS

- 11.1 There are no staff considerations for the Council to consider.
- 11.2 Considering the wellbeing of the workforce however is essential to ensuring that the workforce is fit for the future. This will include looking at options to create better alignment and innovation, and ensure coordination and consistency of approach remains.

12. ASSET MANAGEMENT CONSIDERATIONS

- 12.1 There are no asset management considerations associated with this report.

13. RECOMMENDATIONS

- 13.1 It is recommended that the Adult & Community Based Services Committee note the update and support the proposed model as a collaborative partnership for Hartlepool.

14. REASON FOR RECOMMENDATION

- 14.1 The Hartlepool model aims to provide an improved offer for Hartlepool citizens and is in keeping with the values within the NHS five year forward view for mental health.

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TEWV Community Transformation Report

September 2021

Tees Valley Healthwatch Network:

Darlington, Hartlepool, Middlesbrough, Redcar
& Cleveland, Stockton on Tees

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Executive summary

This report provides insight into what matters most to the people of the Tees Valley in terms of mental health support in the community. The Tees Valley Healthwatch Network engaged over 900 people, including seldom heard groups, who all have a vested interest in an effective mental health offering

Many of the respondents in our engagement exercise had received help or support in the past from a wide range of practitioners, offering a wide array of support mechanisms, and 61% of respondents told us the support they had been offered did help them. The demographics of those sharing their experiences through our survey and attention to those areas of our communities which are often 'seldom heard' through our focus groups, create a well-rounded and diverse foundation for this report.

Throughout this report, you will find common themes, with the following areas cited by members of the public within the Tees Valley region as the most important factors for an enhanced mental health community-based offer:

- Better communication to the public of what is available in terms of wellbeing support.
- Awareness raising in communities to reduce the stigma of mental health.
- Easier access through local community venues or supporting transport needs.
- Greater accessibility for those who face physical and mental health challenges.
- Provision of more creative activity, exercise, and social activity groups.
- Shorter waiting lists.
- Longer therapy pathways - for example more than 6 sessions.
- Greater exploration of therapies rather than medication.
- More empathy, understanding, respect and awareness of mental health conditions.
- Supporting those who have caring responsibilities, to attend wellbeing sessions themselves: care for the carer.

The focus and desire to improve services and create a mental health offering effective for all was very much welcomed by those we engaged with.

The survey upon which this report is built, was co-designed with Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), and this report will be shared and discussed with them to provide an insight into those areas listed above that would benefit from more attention.

As your independent health and care champion, we will continue our offer to work with TEWV and the Tees Valley Mental Health Alliance as they develop their new mental health offering, to ensure the voice of local people is listened to when designing health and care services.

Michelle Thompson BEM

Chief Executive Officer, Healthwatch Darlington

On behalf of Healthwatch Hartlepool, Healthwatch Middlesbrough, Healthwatch Redcar & Cleveland and Healthwatch Stockton on Tees.

Introduction

TEWV Community Transformation Plan

NHS England set out in the Long-Term Plan (LTP) its ambition that by 2023/24:

'New integrated community models for adults with Severe Mental Illness (including care for people with eating disorders, mental health rehabilitation needs and a personality disorder diagnosis) spanning both community care provision and also dedicated services will ensure at least 370,000 adults and older adults per year will have greater choice and control over their care and are supported to live well in their communities.'

The Community Mental Health Framework (2019) set out its expectations for how and why this ambition could be delivered:

- **Co-production:** active participants who lead and own the design for future services.
- **Engagement** with people, and statutory consultation with the public if services are to change.
- **Inclusivity** - No wrong door.
- **Collaboration:** working as a system and building the infrastructure with existing services.
- **Person centred care:** Care is centred around individual needs.
- Care is **proactive** not reactive.
- The **assessment** process for individuals is collaborative with community services and not having to be repeated when accessing support.
- Community design which addresses **health inequalities** and **social determinants**

Co-production is essentially where professionals and people share power to plan and deliver support services together, recognising that both partners have a vital contribution to make. Co-production is integral to the success and overall vision of the Community Mental Health programme.

NHSE clearly state that the programme should be led by stakeholders which includes, staff, service users, carers, families, the general public and key partners such as GP/social care/drug and alcohol (*list not exhaustive*). The future design should be built upon place-based services which are representative of the communities within it.

Aim

The aim of Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) is to deliver a new mental health community-based offer by the:

- Redesign and reorganisation of core community mental health teams which are placed based. (*Sound clinical governance is critical to successful implementation.*)
- Creation of a core mental health service which is aligned with primary care networks, voluntary sector organisations and local community groups whereby dedicated services and functions will plug in.

The aim of the Tees Valley Healthwatch Network encompassing the communities of Darlington, Hartlepool, Middlesbrough, Redcar & Cleveland, and Stockton-on-Tees is to provide insight to TEWV from groups and individuals within their communities to support TEWV's new mental health community-based offer.

Methodology

Five local Healthwatch teams have contributed to this report: Darlington, Hartlepool, Middlesbrough, Redcar & Cleveland, and Stockton on Tees. For ease of reference, the five teams will be referred to collectively throughout this report as the Tees Valley Healthwatch Network (TVHN). Where insight relates to fewer than the five contributors, this will be referenced. Healthwatch Middlesbrough and Healthwatch Redcar & Cleveland produced a joint report under the operating name of Healthwatch South Tees.

The Tees Valley Healthwatch Network worked together to co-design a survey with Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) which enabled us to gain an insight into people's experiences of accessing mental health and well-being services.

The aim of the survey was to help us to identify what matters most to people, what is working well, what isn't, and what the gaps are in the current service provision.

Each local Healthwatch undertook the following research activities to gather the experiences and views of local people across their local authority areas:

- Supported accessibility of the survey through Survey Monkey, provision of hard copy surveys for the digitally excluded, and offered one to one support to those who required assistance to complete the survey.
- Actively promoted the survey through local media including social media (Facebook, Twitter), Healthwatch websites and newsletters, posters within local community settings, made available surveys in community settings (e.g., Pathfinder House, Hilda's House, and many others), and used local community media (such as Hartlepool Now).
- 16 focus groups were held to understand specific needs of groups which are often considered seldom heard. The timing of focus groups was carefully planned to ensure those who worked or attended college were able to attend. Focus groups were a mixture of online and face to face.
- Healthwatch Hartlepool produced a British Sign Language (BSL) video which was shared across the Tees Valley Network.
- Hartlepool Deaf community focus group data was collected under the guidance and support of Hartlepool's Deaf Centre with British Sign Language interpreter support.
- One to one support was given to the Blind and Visually Impaired community participants.
- Healthwatch South Tees produced promotional videos in different languages including Chinese, Urdu and British Sign Language to increase accessibility and understanding for local communities and to encourage them to share their experiences.

Each local Healthwatch targeted specific demographics through their focus groups to ensure diversity of views and experiences and provide richer insight.

The table below provides details of the focus groups held within the communities of respective local Healthwatch.

Darlington	Men (over 18)	Parent Carers and Carers (over 18)	Young people aged 16 to 25 in transition from child to adult mental health services
Hartlepool	Deaf community	Blind and Visually Impaired	Older People
			LGBT

South Tees (Middlesbrough and Redcar & Cleveland)	Parent carers of children with Special Educational Needs and Disabilities	Visually Impaired	Refugees and Asylum Seekers
		Ethnic minority groups (Asian and Pakistani, and Chinese)	Older People
Stockton on Tees	People with a learning difficulty / disability	Substance misuse	Carers

Engagement activity was undertaken throughout August and September 2021.

Demographics

The Tees Valley Healthwatch Network worked with a variety of organisations to reach a diverse range of service users to gather insight which is reflective of the Tees Valley area.

Demographics were collected as part of the survey responses and can be found in **Appendix One** which demonstrates the diversity of participants within local communities across the Tees Valley.

A total of 967 people within the Tees Valley communities took part in this engagement exercise. 876 participated by providing feedback via a survey, 155 took part in a focus group. 64 of the focus group respondents also completed surveys.

Survey participants	Survey respondents	Focus groups	Total participants
Darlington	114	11	125
Hartlepool	185	72	200
South Tees (Middlesbrough and Redcar & Cleveland)	525	65	590
Stockton on Tees	52	7	52
Total	876	155	967

We asked people “on a scale of 1-5 how would you describe your mental health and well-being (1 being extremely poor to 5 being extremely good)” and whilst respondents utilised the full range of responses, the average score was three.

The responses to our survey showed that 22% are carers, 18% have a disability and 27% have a long-term health condition.

The focus groups gave us a rich seam of experiences and views. Many attending the focus groups also completed a survey, and the general themes as described in the ‘Findings’ section later in this report incorporate the views of all participants. Comprehensive narrative from the focus groups held can be found in **Appendix Two**.

This report incorporates information within the four individual reports created by the Tees Valley Healthwatch Network who took part in this engagement. These reports can be found on the websites of the Healthwatch concerned.



Findings

What matters most to people in the Tees Valley

The findings in this section are based on 876 responses to the survey which was co-designed with TEWV NHS Foundation Trust, and 16 focus groups held based around the survey questions.

Focus groups were chosen to ensure we had a diverse range of experiences and views of current and potential mental health support, and to reflect demographic population within the localities. 155 people took part in our focus groups.

Further details of the specific findings for each area can be found in the individual local Healthwatch reports which are available on their websites.

The areas particularly highlighted in the surveys and focus groups led by **Healthwatch Darlington** were awareness of where to go to access services and the lack of signposting to the 'right service at the right time', leading to some patients not seeking the help they need to support them with their mental health.

Patients with more complex mental health conditions (e.g., Post Traumatic Stress Disorder (PTSD) or Bipolar) reported finding it hard to get the right support, understanding and knowledge from mental health services. They reported NHS services are not able to offer prolonged support due to restricted numbers of sessions, and patients feel they are then offered medication 'too readily'.

The social support of family and friends was found to be very important, with more opportunities to socialise and meet new people needed to combat loneliness. Carers wanted to see their loved ones get the right support, especially social care support. A strong theme was the public perception of a lack of communication or 'joined up working' between NHS services and social care services, contributing to patients not being signposted and receiving appropriate support for their mental health.

The focus groups held by **Healthwatch Hartlepool** highlighted concerns around the stigma of having a mental health condition as a barrier to accessing essential services, and the worsening of conditions during the COVID-19 pandemic especially loneliness and isolation during lockdowns.

The Deaf community felt let down by health care services, including providers of mental health care. Many were unaware of how to access mental health support and cited poor communications systems for those with sensory impairment. Dissemination of accessible information was often seen as a barrier to service usage for those with sensory impairments. Many GP practices do not allow their patients to make appointments by text, the preferred communication method of many within the Deaf community. Appointments are too frequently cancelled and rescheduled as no interpreter was booked, which leads to frustration and 'giving up' for those who need support.

There is no clear and accessible gateway to mental health and wellbeing services which is recognisable and accessible to Deaf patients, exacerbating already high levels of health inequality experienced by some. Being unaware services exist leads to frustration and disillusionment by the barriers encountered when attempting to access services. Participants felt local gateways to mental health services in community settings were key to building trust and understanding of the specific needs of Deaf people.

The participants in the Blind and Visually Impaired focus group echoed many of the sentiments raised by the Deaf community. Consideration of audiobooks and braille would help those in the Blind and Visually Impaired communities, and consideration of using patient's homes for appointments to improve accessibility.

Older people value privacy and confidentiality, and transport availability is important to them and in some cases would alleviate anxiety. This group felt that awareness raising of availability of support via public bus stands and through local free papers would reach more people within the community. Anti-social behaviour and extreme isolation rate highly on their list of concerns.

The LGBT community were concerned about long waiting lists, help was often needed urgently and waiting often exacerbated the issue. Feelings of anxiety, being blamed, ignored and rejected were common statements, and it was evident that understanding and acceptance were important to this group in having the confidence and trust to access therapies.

Healthwatch South Tees is comprised of two the local Healthwatch of Middlesbrough and Redcar & Cleveland. The main themes in the focus groups they held were as follow.

Participants let us know that they felt waiting times for appointments was too long including initial GP appointments and referrals. It is crucial for people get the help and support they need when they need it.

Participants frequently wanted appointments and other support needs to be offered in community venues, drop-in centres, and GP surgeries. Having a choice of the venue, somewhere that is easily accessible, on a bus route and not too far to travel was important. Feedback indicated that people would also like to be given the option of having appointments in their own home where they feel comfortable or outside 'walking and talking'. It was important that appointments should be flexible and responsive to individual circumstances such as carer responsibilities, childcare and working hours, with a choice of face-to-face appointment, telephone, and online video appointments. Many people may feel anxious using the telephone and a choice of how the appointment takes place is important.

Longer support timescales and fewer changes in support workers providing consistency also featured highly in our feedback.

Many focus group attendees struggled to access support services as they did not know where to go for help or where to find relevant information as it was not produced in a format that met their needs. There is a huge problem of stigma within the ethnic communities engaged in our focus groups which is a significant barrier for accessing support as they can't acknowledge that they need it. There is a need for education and awareness of mental health with these groups understand the issues these communities face.

Asylum seekers and refugees have complex mental health requirements, often having been exposed to terrifying experiences before coming to our country, and require specialised support and/or understanding of this to be able to get the specific support they need.

If all services are for all local people, then this needs consideration and improvement, and staff need to have the skills to support everyone who comes through their doors and not segregate services for specific communities.

Healthwatch Stockton on Tees found that supportive social connections with family and friends, exercise activities, classes and/or groups were beneficial in supporting mental health and wellbeing. Local community support services such as Age UK, the Dementia Hub, Teesside dementia link services, SNAPS, parent support groups and 'Carers Together' among others had supported the mental health and wellbeing of carers. The social prescribing link worker service was also identified as a valuable source of additional practical support that can help people with their mental health and wellbeing.

Those with additional communication needs reported finding it difficult to access service, and health professionals that work with individuals to understand additional communication needs were praised highly.

Focus group participants were clear that ‘patient focused’ mental health services providing a person centred and holistic approach to mental health diagnosis, assessment, treatment, and support were essential in the effective management of mental health and wellbeing.

Better availability of treatment and therapies including improved access to talking therapies, other psychological therapies, and a wide range of therapeutic, peer and other support groups were also highly rated as important.

Working full time was seen as a barrier to accessing support, as taking time off work is often not an option, in some cases due to financial constraints, and there are limited opportunities or flexibility in the timing of appointments.

Appendix 2 contains full details of focus groups held. This report is a consolidation of four individual Healthwatch reports, which can be found on the appropriate Healthwatch websites.



Detailed survey findings

Below is a summary of the feedback from all five teams in the Tees Valley Healthwatch Network. The questions focus on finding out what matters most to people, the responses provide us with the main themes that were important to those responding to the survey.

Expectations of mental health services

1. *We asked participants to tell us up to 5 things that contributed to their positive mental health and wellbeing*

A variety of external factors were cited as promoting positive mental wellbeing. The data told us the top five themes **(with the highest from the top to the bottom)** are as follows:

- **Family** - Individuals referred to relationships with partners, children and other relatives as a positive influence and went on to say spending time with them also helps.
- **Friends** - Individuals describe socialising with friends and having someone to talk to as helpful.
- **Exercise / nature** - Individual's mention spending time in the gym or running outside as helpful with further individuals describing walking outside to be helpful or spending time in natural spaces.
- **Hobbies** - Individuals referred to different forms of creative activity as diverse as art, jigsaws, music, reading as positive influences on mental wellbeing.
- **Pets** - Respondents quoted their pets as being a positive influence in their lives.

2. *We asked participants to tell us up to 5 things that impacted negatively on their mental health and wellbeing.*

The top five themes **(with the highest from the top to the bottom)** are as follows:

- **Money / debt** - Problems with the benefit system, cost of living, unexpected expenses, unemployment, and debt was the most significant contributory factor having a negative impact on mental wellbeing in this survey.
- **Work / unemployment** - Work related stress and poor work life balance were key factors including home working and the uncertainty COVID-19 has brought.
- **Physical Health** - Many respondents cited existing health conditions as contributing negatively to their poor mental health, such as chronic pain and mobility issues.
- **Family / friends / relationships** - Some individuals felt certain relationship can have a negative impact on mental wellbeing describing marriage breakdowns, coercive behaviours, domestic abuse, worrying about family members, not seeing family during lockdowns as factors affecting their mental wellbeing.
- **Living circumstances** - Uncertainties about their housing situation, or anti-social behaviours in the areas they lived in were causes of stress.

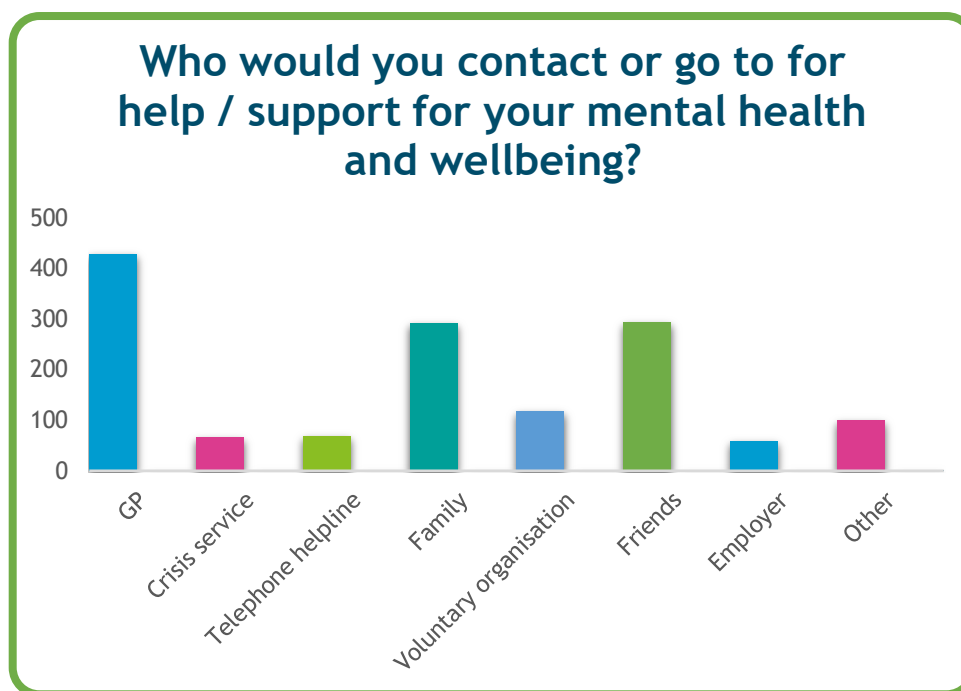
Current awareness and understanding of mental health and services

3. *We asked participants who they would contact or go to for help/support for their mental health and wellbeing.*

Some individuals picked more than one answer. 62% said their GP, with 42% each for friends and family.

The most frequent 'other' suggestions for where to go to for help included church, private counselling, emergency services, and online support.

Some suggested they would use none of the suggestions because *"they are useless"* and had no one to go to for help and support.



4. We asked participants that had received help and / or support for their mental health or wellbeing, to let us know where this was from.

A range of services was mentioned:

- Talking Changes.
- NHS services: GP / Hospital.
- Private services.
- Voluntary organisations (including but not limited to Man Health, MIND, Arcus, Starfish, Hartlepool Carers Alliance, Stewart House, Harbour Services).
- College / work counselling services.
- Child and Adolescent Mental Health Services (CAMHS).
- Friends.
- Crisis team.

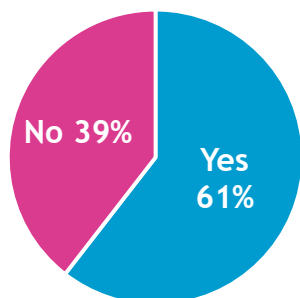
5. We asked participants what help and / or support they were offered.

The most frequent responses covered:

- Counselling/talking therapies
- Medication
- Peer support
- Group activity
- Psychological therapies
- Cognitive Behavioural Therapy (CBT)
- Advocacy services
- Social prescribing link worker

6. We asked participants to let us know if the support they received met their needs.

Did this support meet your needs?



61% of service users felt the support offered did help them and 39% of service users felt the support offered did not help them.

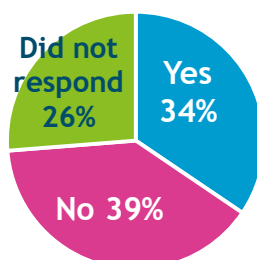
7. We asked the 39% of respondents who said the support did not meet their needs, to tell us why.

A range of factors were mentioned by service users such as waiting times, appointments, medication, and services not being helpful.

- **Waiting times** - Some service users reported waiting for too long to get treatment or support. One service user said *"I say no because I needed help desperately and had to wait many months for my actual counselling. I was assessed and immediately put on waiting list, but when you are that low and struggling daily 9 months wait is not good enough."*
- **Appointments** - Service users reported that not enough appointments or sessions were given to address their needs. One service users said, *"Reached the end of my allotted number of sessions."*
- **Medication** - Service users feel on some occasions that medication is often offered to patients instead of other treatment and care. One service user said, *"Refusal to look beyond medication."*
- **Unhelpful services** - Service users described in some cases the service/healthcare professional being unhelpful, and services not getting in touch and stopping treatments/therapies during the pandemic.

8. We asked participants if there was anything that would prevent or prevents them from seeking help, and if there was, to tell us what it was.

Is there anything that would prevent or prevents you from seeking help?



34% of respondents let us know they encounter barriers to seeking help for their mental health. The following reasons were most often cited.

Waiting lists and communication - Long waiting lists, services not answering the phone or getting back to them, maximum six-week support offer not meeting needs were regular concerns of service users who answered this question.

Stigma and trust - Service users mention lack of understanding from those around them, stigma and awareness prevent them from seeking help. Further to this some service users feel 'let down' by services previously or feel staff attitudes and awareness within service are poor.

Information - Some service users feel they don't know where to go and the lack of information isn't helpful. They often feel they are 'passed around' between different services as the professionals sometimes don't know where they 'fit'.

Previous experience - Service users who feel they are in a 'mental health crisis' have mentioned that in their experience the crisis team do not return calls or answer the phone, and this contributes further to their mental health. Many respondents reported having 'given up' due to previous frustrations with services.

Accessible communication - This related to many factors such as English not being a first language, lack of interpreters, additional needs for the Deaf community, not being 'understood', 'heard', or sometimes feeling 'ignored'.

Caring responsibilities - Including childcare. Those with responsibilities often feel they do not have the time to put themselves first.

"I'm not aware of any support due to not reading/understanding English"

"I would contact the mental health team, but we don't have a number"

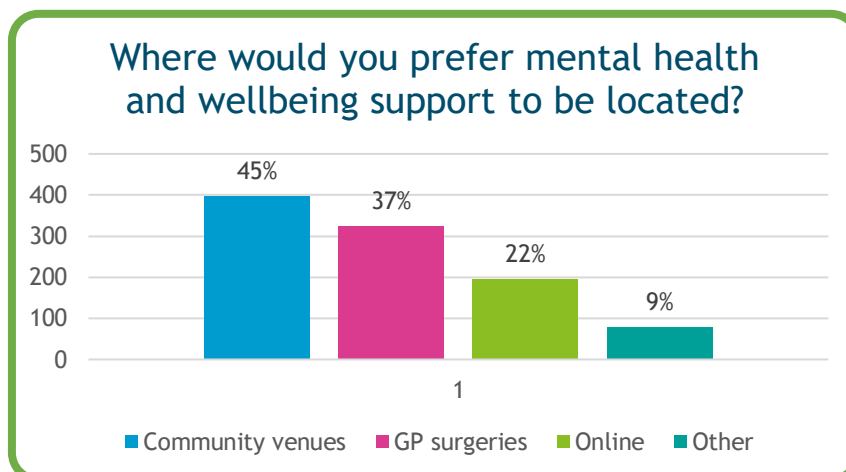
"The important thing is to know where the information is to begin with"

How the public would like to access mental health services

9. We asked participants where they would prefer mental health and wellbeing support to be located.

Participants were able to choose multiple responses, and many chose all of the venues suggested. 45% of service users feel mental health and wellbeing support should be located within community venues. 37% mention GP surgeries 22% would use online. 9% mention other.

Further suggestions included a mental health hub walk-in centre and the home environment. For many the most important aspect was that they were located in easily accessible venues.



10. We asked participants to tell us what would influence their decision to go and get the right help and support they needed.

The following themes were mentioned most frequently as circumstances that would encourage service users to seek support:

- **Accessibility and waiting times** - Service users mention accessibility is a major factor, so whatever support is available it should be easy to access and available at different times of the day (not just during work hours). Shorter waiting times were regularly mentioned.
- **Word of mouth** - Hearing from family and friends' positive experiences would encourage people to use services.
- **Understanding** - Not being judged and experiencing friendly and empathetic staff attitudes, with appreciation and understanding of different conditions was regularly mentioned as something that would encourage service users to use services.
- **Knowledge of what is available** - Knowing what is available, how to sign up / be referred, and where to go are important factors in influencing decisions.
- **Face to face** - Service users mention that they would like the option of face-to-face appointments, and that having this choice would encourage them to seek support.
- **Childcare support** - If there was support for childcare when attending appointments, this would help many who cannot attend as they are not able to arrange childcare
- **Cost of transport** - Some respondents advised they could not afford the transport to get to appointments, and having more support located within communities or 'at home' options would encourage them to seek help.

11. We asked participants if they had any additional needs that required consideration before they could access mental health and wellbeing support.

The responses in this section are consistent with responses to other questions and focus on the following needs which some service users feel are barriers to accessing mental health and wellbeing support:

- Physical health conditions affecting mobility.
- Complex mental health conditions such as PTSD.
- Learning disabilities requiring communication support.
- Those in employment having set working hours
- Hearing and sight sensory impairment requiring equal opportunity to access services.
- Social anxiety and fear of leaving the house.

Information

12. We asked participants where they would like to find information about how they could improve and / or access support for their mental health and wellbeing

Respondents were able to select more than one option, and many selected all. Whilst websites were the most popular option, phone apps, leaflets and social media were all rated similar at over 40%.

Those who selected 'leaflets' or 'other' often highlighted the barriers faced for some who may not find information accessible online. It was also noted that none of the options were appropriate for those with communication difficulties such as dementia, or learning difficulties, and a wider range of communications and awareness raising options needs to be considered.

For those who were comfortable with digital, Facebook was a popular choice for finding out information.

Having more information available in health settings such as GP practices and hospitals was a popular comment. Respondents did however highlight that at the moment, physical attendance

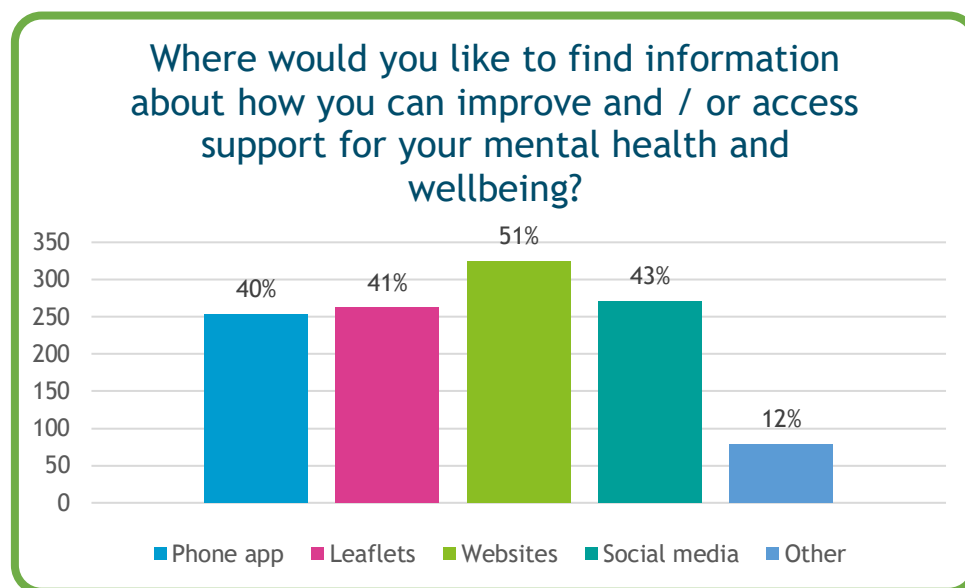
within many GP practices was limited and in the current environment this was not likely to be an effective solution.

Some examples of comments include:

“Nothing here is appropriate for some people with learning disabilities or who are living with early onset dementia.”

“There are lots of websites and information on the Internet but seeing this on poster and leaflet form in any type of venue is important. Also, more staff need to be clearer and more educated when it comes to other support available.”

“More awareness and information on local services, telephone helpline numbers in A&E departments, across all council services, dentists, local cafés - anywhere where people access, community organisations. There needs to be far more awareness and the breaking down of barriers, talks not just leaflets, organisations that reach out in supermarkets, shopping centres.”



What keeps communities well in their local area

13. We asked participants who take part in community activities or groups that help their mental health and wellbeing, to tell us what they are.

The following themes were highlighted by service users:

- **Creative activity** - Art in general, dancing and music were mentioned by services users.
- **Exercise classes** - Walking groups, running groups and swimming groups were regularly mentioned and recognised as great ways to socialise.
- **Social/peer support groups** - Socialising in any format such as coffee and chats, walking and talking groups, or peer support groups were mentioned. Age UK, Dementia and Carers services were given as examples amongst many small local groups.
- **Nature** - different groups were mentioned such as Wild Wanderers, Bee Keeping and Wild Swimming.
- **Volunteering** - Making a difference has been recognised as helpful with many suggesting volunteering as something they currently do or would take part in. Catalyst Stockton was mentioned as a good source of information.

14. We asked those participants who don't take part in community activities or groups, to tell us why.

A variety of reasons were mentioned with regular themes being:

- **Confidence and anxiety** - Many service users mention anxiety or their confidence in general to socialise would stop them from using community groups or activities. Stigma around attending certain groups which are seen as highlighting mental health issues. Communication difficulties in general.
- **Lifestyle** - Other commitments such as work, childcare, college, and caring responsibilities were also regularly mentioned as one of the reason service users would not take part in community activities.
- **Awareness** - Some feel they don't know about community activities so this would stop them from attending.
- **Accessibility** - Times of activities not suitable. Barriers to attendance due to poor physical health.
- **Inappropriate** - Activities available do not meet the needs of those who would benefit from them.

15. *We asked participants to tell us about community activities or groups that would help with their mental health and wellbeing that were not currently provided in their communities.*

A range of suggestion were made, with the following themes most common place:

- **Specific groups for different needs** - For example, more peer groups for people with similar backgrounds (e.g., menopause support groups), looking at root causes, and condition specific groups (e.g., autistic adult peer mentors, dementia groups for deaf people).
- **Exercise groups** - Some service users regularly mentioned increasing access to exercise groups and leisure facilities would be helpful. These facilities should be accessible as one person said, *"I find busy gyms with loud music overwhelming."* Walking groups were seen as a popular activity. Specifically targeted groups were common in responses (e.g., walking groups for teens).
- **Creative workshops** - Arts and crafts, hobby related interests such as gardening, fishing, animal therapy.
- **Social gatherings** - General coffee mornings, where people could attend without the perceived 'stigma' of the group being related to mental health.

Activities should be accessible in time, so evening sessions considered, with more information available to encourage attendance, and transport available for those who would otherwise be excluded.



Conclusion

The survey indicated that supportive family, good friends, exercise, being outdoors, hobbies and pets were all positive factors on wellbeing.

In contrast, money and debt worry, stressful work and unemployment, poor physical health, tension in family and friendship groups, and poor living situations were all negative factors on wellbeing.

GPs were an important factor in wellbeing and usually the first port of call for respondents to our survey contacting someone for help and support with their mental health and wellbeing.

Many of the respondents had received help or support in the past from a wide range of practitioners, offering a wide array of support mechanisms. 61% told us the support they had been offered did help them. Of the 39% who felt they had not been helped by the support offered, long waiting times, lack of appointments, unwanted medication solutions, and unhelpful services were quoted as the most likely cause of dissatisfaction.

A third of respondents said they did not seek help because of long waiting lists, poor communication, stigma, lack of awareness of what was on offer, poor previous experiences of mental health services, and being restricted by caring responsibilities.

45% told us they would prefer services to be available in community venues, 37% GP practices, and 22% online. General comments suggested that in future an established pathway improving links between services and the Voluntary Community Sector / community groups would be the way to go. If more people were aware of what they can take part in, within their communities, this would potentially reduce the need and demand on crisis intervention. It was also mentioned that the development of this type of approach would also support people whilst on waiting lists so they're not left without any support during an often anxious time.

Improved accessibility, shorter waiting times, a friend / family member recommending the service, feeling understood and respected by healthcare professionals, awareness of available services, and removal of barriers such as caring responsibilities and lack of transport would encourage more people to seek the help they need.

Respondents would like to see a full range of accessible material promoting mental health services, supporting those who are digitally excluded and those with particular communication needs.

Creative activity, exercise, social activity, being outdoors and volunteering were popular ways of supporting wellbeing.

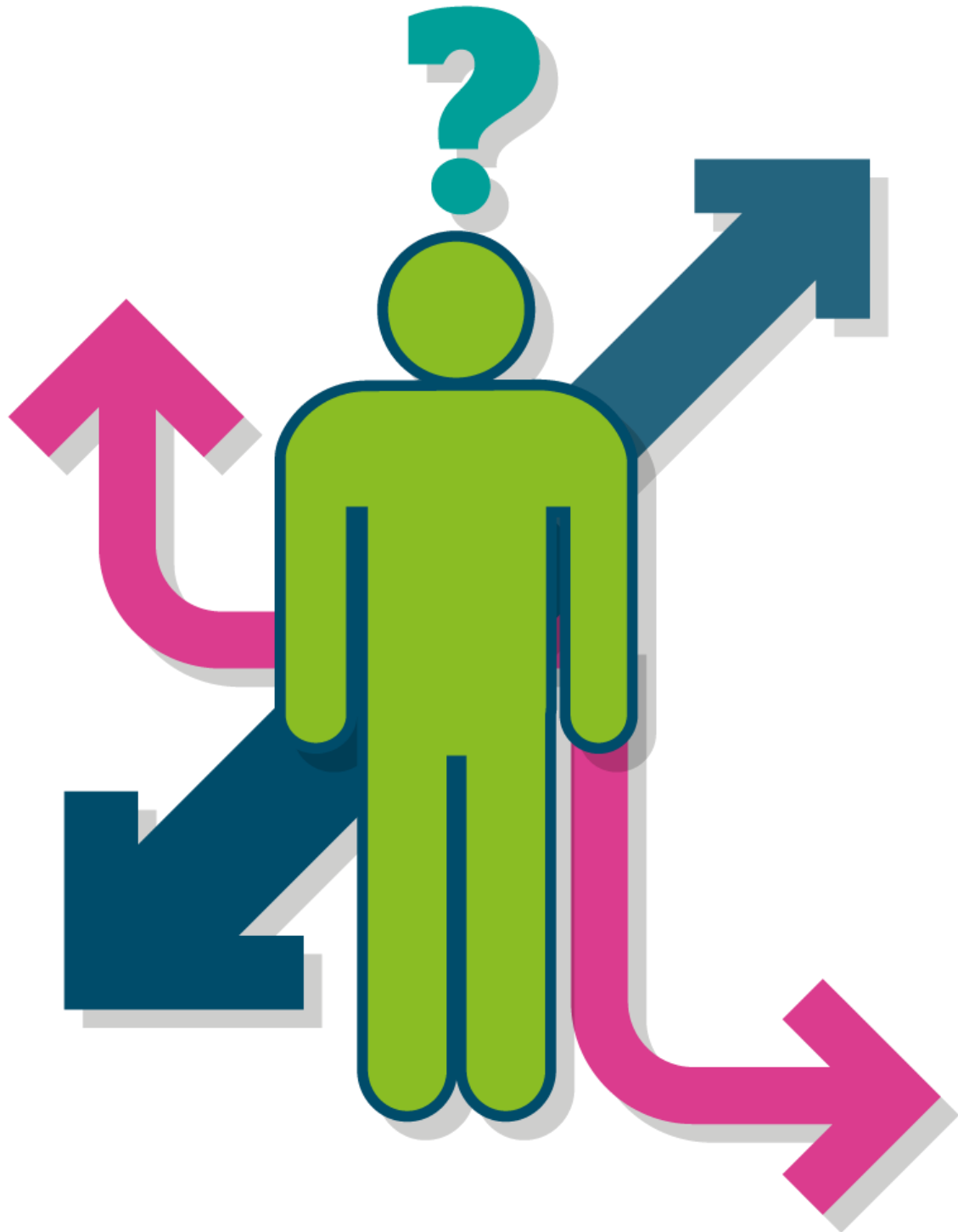
Lack of confidence, general anxiety, busy lifestyle, lack of awareness, poor accessibility and lack of suitable activities were all reasons why some respondents did not currently take part in community activity or groups.

Targeted support groups, exercise, creative workshops, and social gatherings were the most frequently mentioned community activities that respondents felt would support their wellbeing.

Participants in this engagement exercise agreed that information sharing, and established pathways need to be improved in the Tees Valley, within the NHS, local authority, voluntary sector services, and in the community. They wanted to see services working together to understand the needs of patients with multiple complex needs. Interventions should help to address underlying reasons for mental health decline such as low confidence, unemployment, relationship problems and loneliness. If more people were aware of what they can take part in, within their communities

this would potentially reduce the need and demand on crisis intervention, and support those on waiting lists.

There is a lack of accessible information, such as different languages, large print etc. and people don't know what help is out there, or how to access support. Equity of access is important for those presented with barriers due to physical impairment, including but not limited to the Deaf community and the Blind and visually impaired community.



Recommendations

Based on the insight provided by service users, carers and members of the public, the Tees Valley Healthwatch Network propose the following recommendations to inform the Tees Valley mental health community-based offer.

1. Review funding and assess creative and effective ways of reducing **waiting lists**, and the length of the therapy itself (i.e., number of sessions available).
2. A flexible Tees Valley wide mental health **awareness campaign** to raise awareness of the mental health community provision available and help reduce stigma attached to mental health conditions, delivered in a variety of ways to best reflect local demographic groups.
3. Improved **signposting** pathways to make the best use of the resources available which are delivered by the community and voluntary sector so that patients wellbeing needs can be met holistically. Responsive and person centred, confidential, community or in-home as required.
4. Provision of new **accessible community activities** that offer local people the opportunity to meet others who they can relate to, improve their wellbeing, and connect with nature.
5. Ensure **service delivery** is 'joined up' across voluntary and statutory partners to address the needs of local people by working collaboratively and joining together through networks.
6. Creation of **person-centred services** to consider times of support available, transport accessibility, and allowing those who care for others support in their caring responsibilities.
7. A clear **accessible gateway** for those with additional communication requirements including but not limited to those with sensory impairments, learning difficulties, language barriers etc. The Accessible Information Standard should be given greater prominence including access to British Sign Language interpreters and vision support helping deliver services fairly and consistently. Accessible information is essential to inform local people and professionals of what help is out there, how to access it, who to speak to etc.

Tees Valley Mental Health Alliance Response

We acknowledge and warmly welcome the feedback from our local communities across the Tees Valley region in response to the ask of Mental Health services.

Working collectively as partners within the Tees Valley Mental Health Alliance, we are committed to making changes across the mental health system. At the last Alliance meeting held on the 15th October 2021 the partnership discussed the report and have acknowledged the following next steps.

Moving forward, we will work with each individual place-based area to ensure we are acting upon the key themes raised within the report. We endeavour to have place-based responses back to Healthwatch by December 2021 in terms of more detailed localised actions.

Currently, within secondary mental health care services we have recently held a visioning event, taking on board the Healthwatch feedback to ensure our pathways into services are more accessible, flow with ease, reduce waiting times and work alongside partners to deliver patient centred care. We have committed to the below principles moving forward in our redesign:

- There will be no wrong door in accessing help: No referral will be refused.
- We will accept each other's assessments, so the individual does not have to repeat their story.

- There will be no discharge - patients are able to access services in future if needed without having to be re-referred into services.
- We will work with system partners to ensure care is jointly triaged to ensure the right care in the right place at the right time

We look forward to continuing our work with Healthwatch throughout the lifetime of this work to provide updates, receive feedback and engage with local voices in shaping the future direction of all mental health services across the Tees Valley.

Dominic Gardener: Chair of the Tees Valley Mental Health Alliance

Next steps

The Tees Valley Healthwatch Network welcome the commitments made within the response above.

We look forward to working, both collectively and individually (where place-based working is appropriate) with the Tees Valley Mental Health Alliance to support progress within key themes raised within this report.

Place-based responses from the Tees Valley Mental Health Alliance are proposed to be available to Healthwatch by December 2021 in terms of more detailed localised actions, and we will provide updates as appropriate in partnership with the work of the Alliance.

We look forward to continuing this work and providing insight and public voice as needed when the principles outlined above are shaped into tangible service change as part of the redesign.

Acknowledgements

The Tees Valley Healthwatch Network thanks everyone who has helped us with our engagement for the TEWV Transformation Plan including:

Members of the public who took the time to complete our survey and focus group participants who shared their views and experiences with us.

All those who shared and promoted this piece of work to enable access for a wide range of communities in the Tees Valley

Our dedicated staff, volunteers, and Community Champions.

All organisations that contributed to our work and focus groups.



Appendix one: Demographics

1. Age category	Participants	
13 - 17 years	30	3%
18 - 24 years	36	4%
25 - 34 years	143	16%
35 - 44 years	160	18%
45 - 54 years	177	20%
55 - 64 years	125	14%
65 - 74 years	90	10%
75+ years	69	8%
I'd prefer not to say / no response	46	5%

2. Gender	Participants	
Woman	622	71%
Man	177	20%
Non-binary	15	2%
Other	4	<1%
I'd prefer not to say / no response	54	6%

3. Ethnic background:	Participants	
Arab	3	<1%
Asian / Asian British: Bangladeshi	1	<1%
Asian / Asian British: Chinese	2	<1%
Asian / Asian British: Indian	9	1%
Asian / Asian British: Pakistani	51	6%
Asian / Asian British: Any other Asian / Asian British background	2	<1%
Black / Black British: African	5	1%
Black / Black British: Caribbean	3	<1%
Black / Black British: Any other Black / Black British background	0	

Gypsy, Roma, or Traveller	0	
Mixed / Multiple ethnic groups: Asian and White	2	<1%
Mixed / Multiple ethnic groups: Black African and White	1	<1%
Mixed / Multiple ethnic groups: Black Caribbean and White	2	<1%
Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic background	1	<1%
White: British / English / Northern Irish / Scottish / Welsh	717	82%
White: Irish	3	<1%
White: Any other White background	22	3%
Another ethnic background	1	<1%
I'd prefer not to say / no response	51	6%

4. Sexual orientation	Participants	
Asexual	17	2%
Bisexual	30	3%
Gay	15	2%
Heterosexual / Straight	676	77%
Lesbian	16	2%
Pansexual	17	2%
Other	5	1%
I'd prefer not to say / no response	90	11%

5. Religion or beliefs	Participants	
Buddhist	9	1%
Christian	356	41%
Hindu	6	1%
Jewish	1	<1%
Muslim	54	6%
Sikh	3	<1%
No religion	334	38%

Other	29	3%
I'd prefer not to say / no response	69	8%

6. Marital or civil partnership status:	Participants	
Single	225	26%
Married	369	42%
In a civil partnership	22	3%
Cohabiting	67	8%
Separated	27	3%
Divorced / dissolved civil partnership	64	7%
Widowed	12	1%
I'd prefer not to say / no response	90	10%

7. Pregnant or have you been pregnant in the last year?	Participants	
Yes	20	2%
No	798	91%
I'd prefer not to say / no response	58	7%

8. Carer, have a disability or a long-term health condition? (Please select all that apply):	Participants	
Yes, I consider myself to be a carer	195	22%
Yes, I consider myself to have a disability	158	18%
Yes, I consider myself to have a long-term condition	238	27%
None of the above	362	41%
I'd prefer not to say	14	2%

Appendix two: Focus groups

A full breakdown of focus group data can be found within the individual local Healthwatch reports. It can also be obtained within a separate document which is available alongside this main report.

[Healthwatch Darlington](#)

[Healthwatch Hartlepool](#)

[Healthwatch Middlesbrough](#)

[Healthwatch Redcar and Cleveland](#)

[Healthwatch Stockton on Tees](#)



ADULT AND COMMUNITY BASED SERVICES COMMITTEE

17 March 2022



Report of: Assistant Director (Preventative and Community Based Services)

Subject: HISTORIC ENGLAND GRANT FUNDING;
CONSERVATION AREA MANAGEMENT PLANS

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 Non-Key decision.

2. PURPOSE OF REPORT

2.1 The purpose of this report is to provide information on a successful bid to Historic England's Capacity Building Grant Scheme.

3. BACKGROUND

3.1 In October Historic England invited local planning authorities in the North East and Yorkshire to make expressions of interest for funding towards the cost of preparing practical and meaningful conservation area management plans (CAMPs) to help guide placemaking in conservation areas. A bid was submitted and a subsequent invitation to make a full application was requested.

3.2 The application to the Grant Scheme in January was entitled, 'Hartlepool Coastal Conservation Area Management Plans' focusing on the Headland and Seaton Carew Conservation Areas.

3.3 Both Headland and Seaton Carew Conservation Areas are considered to be at risk using the Historic England criteria to assess buildings at risk. Whilst having contrasting characteristics, one being a classic seaside resort with a focus on the commercial centre, and the other a more traditional coastal residential area with a rich heritage, they share similar challenges,

- Traditional details have been eroded over years of minor alterations which has slowly changed the characteristics of buildings and in some instances streetscapes.

- There are key vacant sites and buildings both within and alongside the area impacting on amenities and the wider environment.
- Both are ripe with opportunity which, despite efforts over a number of years, remains untapped.

3.4 The objectives of each CAMP would be to,

- Provide an opportunity to work with partners to help unlock the potential of key sites.
- Create routes of engagement for people to understand better and enjoy the historic environment around them by providing information and guidance.
- Set out clear development principles to provide clarity for those looking to make changes in the area and to ensure that places are developed in a way which will allow them to continue to thrive.
- Create a framework which supports existing heritage assets and will allow them to continue to be viable in the future.
- Develop a realistic plan which can be used to draw down funding to support future enhancements of the areas.

3.5 In order to deliver the objectives the following work will be completed for both areas,

- Review baseline data to understand the existing heritage and those alterations which are considered to be causing harm.
- Develop a design code to manage the loss of traditional detailing.
- Engage representatives from across the community to help develop the CAMP, and monitor its implementation and how it feeds into future projects.

3.4 Additional tasks will also be tailored to each individual area, for instance in the Headland information will be gathered to support part 2 of the Heritage Strategy to create an Action Plan for heritage assets to formulate sustainable proposals for a network of sites. In the case of Seaton Carew there will be an analysis of movement in the area to understand how opportunity sites can link together and integrate with existing places.

4. CONSULTATION

4.1 Throughout the process opportunities to engage the community will be sought in the form of traditional consultation and,

- Survey work to assess the level of detail that remains using the Character Assessment Toolkits.
- Building at risk surveys.
- Opportunities to research the heritage of the area using Local and Family History resources.

4.2 By doing this it is hoped that this will generate a better understanding of the heritage, and provide opportunities for people to learn new skills whilst sharing a common interest which will contribute to improved wellbeing. In

addition in building up such capacity within the community has the potential to create champions who will support conservation and enhancement of their local areas. It is hoped that these individuals would then pass on their knowledge and skills to others within the area and more widely raise awareness of heritage and the role people can play enhancing neighbourhoods.

- 4.3 It is proposed that as part of the programme of work steering groups will be developed to oversee the projects. It is considered these could be representatives drawn from the area including key buildings owners, residents and business owners. This will provide an opportunity for first hand input from those on the ground in each location.

5. LEGAL CONSIDERATIONS

- 5.1 The local authority has a statutory duty under the Planning (Listed Buildings and Conservation Areas) Act 1990 Section 71(1) to 'formulate and publish proposals for the preservation and enhancement of any parts of their area which are conservation areas'. These works are discharging that duty.

7. FINANCIAL CONSIDERATIONS

- 7.1 Historic England have offered grant assistance of £20,000 to support progression of the work however the grant conditions were that there was a match funding contribution from the applicant. The department were able to contribute match funding of £10,000 from one off non-recurring funds to secure this additional investment into the town.

8. RISK IMPLICATIONS

- 8.1 Both the Headland and Seaton Carew Conservation Areas are identified as being 'At Risk' on the annual survey published by Historic England. This work will support other policy initiatives in creating a framework upon which positive enhancements can be made in order to address the issues that exist at the moment.
- 8.2 The Planning Committee have highlighted the need for guidance for those wishing to carry out alterations on buildings in conservation areas, particularly residential properties. This work will support that request.

9. STAFFING

- 9.1 The project will be overseen by the Heritage and Countryside Manager with the grant assistance provided used to bring in consultants to compile the CAMPs.

10. SECTION 17 OF THE CRIME AND DISORDER ACT 1998 CONSIDERATIONS

10.1 There are no issues.

11. ASSET MANAGEMENT CONSIDERATIONS

11.1 Both areas include significant buildings in the council's ownership and more widely the public realm. This work will support the management and enhancement of the environment in both places.

12. CHILD AND FAMILY POVERTY AND EQUALITY AND DIVERSITY CONSIDERATIONS

12.1 There are no issues.

13. RECOMMENDATIONS

13.1 It is recommended that the Committee notes the successful application.

14. REASON FOR RECOMMENDATIONS

14.1 The local authority has a statutory duty under the Planning (Listed Buildings and Conservation Areas) Act 1990 Section 71(1) to 'formulate and publish proposals for the preservation and enhancement of any parts of their area which are conservation areas'. In the case of both of these conservation areas the current management plans are dated, this is an opportunity to ensure that relevant and timely information is available to all those who wish to carry out works in the area or have an interest in the heritage of these places.

15. BACKGROUND PAPERS

None.

16. CONTACT OFFICERS

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Sign Off:-

Director of Resources and Development

Chief Solicitor



ADULT AND COMMUNITY BASED SERVICES COMMITTEE

17 March 2022



Report of: Director of Adult and Community Based Services

Subject: WAVERLEY PROJECT UPDATE

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 No decision required; for information.

2. PURPOSE OF REPORT

2.1 To provide members with an update on the Waverley Project and proposals to further develop the site.

3. BACKGROUND

- 3.1 The Waverley Terrace Allotment Project was set up in 2007 by the Waverley Allotment Group involving adults with a range of needs including learning and physical disabilities, mental health needs and social disadvantage. The project was originally developed by the Council's Adult Services Team and service users with support from a range of local partners across Hartlepool.
- 3.2 The Waverley Terrace Allotment offers 3.5 acres of arable land in the Rift House area of Hartlepool for the cultivation of fruit and vegetables and creation of a range of seasonal items including Christmas wreaths. The produce is sold to the local community with any profit being used to assist in the funding of the project. The site offers a venue for therapeutic and employment support to adults especially those with additional needs such as a disability or a mental health need.
- 3.3 The Council was successful in securing £400,000 from the National Lottery Community Fund which allowed the five year Promoting Change, Transforming Lives Project to be delivered from January 2015. This included the development of additional unused land with the project incorporating three elements:

- Therapeutic Services: providing a safe environment where service users, who are unlikely or unable to engage in work, can be involved in horticulture which supports development of life skills, raising aspirations and prevention of social isolation.
 - Employment and Training Services: providing work experience and placements and high quality training for service users to develop relevant employability skills to assist them to progress into sustained employment.
 - Commercial Services: providing commercial opportunities using the Waverley Site which is non-profit based, with all income generated used to develop and expand the service offer.
- 3.4 The funding incorporated revenue and a small element of capital monies which allowed some infrastructure to be built including an office, training room, car park and welfare facilities on the Waverley Site. The Promoting Change, Transforming Lives Project officially ended on 31 December 2020 and was highly successful with 596 individuals accessing therapeutic support, 297 adults with additional needs supported towards sustained employment, 475 meaningful volunteer opportunities created and 556 learners completing the Introduction to Volunteering training.
- 3.5 In April 2021, the Council was successful in securing an uplift of £40,000 from the National Lottery Community Fund which allowed a one year Engagement & Development Worker post to be created by the Council. The successful post holder commenced in September 2021 and the purpose of the role is to establish partnerships with community groups to increase engagement and support the future sustainability of the Waverley Site.

4. AIMS AND OBJECTIVES OF THE WAVERLEY PROJECT

- 4.1 The Waverley Allotment Site has been significantly enhanced over the last five years through a partnership between internal teams across the Adult & Community Based Services Department alongside external partners such as National Lottery Community Fund.
- 4.2 The key aim of the Waverley Project is to: *‘Support local residents to live healthy, independent and economically prosperous lives whilst enhancing the local community through the Waverley Project’.*
- 4.3 The Waverley Project supports the ambitions of the Council Plan 2021-2024. The activities delivered on the site cover a range of themes including Food Poverty, Health & Wellbeing and Employment & Skills. The project makes a positive contribution to the objectives for Hartlepool to be a place:
- Where people are enabled to live healthy, independent and prosperous lives;
 - That has an inclusive and growing economy;
 - Of resilient and resourceful local communities with opportunities for all, and;
 - That is sustainable, clean, safe and green.

5. FUTURE PLANS FOR THE WAVERLEY SITE

- 4.1 A Waverley Officers Group was established in June 2021 incorporating key staff members from Adult Social Care, Learning & Skills, Community Hubs and Heritage & Countryside who all had an interest in the Waverley Project.
- 4.2 The purpose of the group was to work collaboratively to review, enhance and expand the offer on the Waverley Site. The Waverley Officers Group developed proposals on how the land can be most effectively used to deliver a range of priorities to support the community through a partnership across the Adult & Community Based Services Department.
- 4.3 The site is significant in scale with over 3.5 acres of land across the different plots and the staffing resource means that not all of the current space can be utilised effectively. The proposed plans for the future will address these concerns, provide a range of opportunities for the local community and address some capacity issues within individual Services.
- 4.4 A draft Site Plan is attached as **Appendix One** and incorporates:
- Partnership Plot 1 (728m²) – This area will be used by a charitable organisation through a Service Level Agreement and interest has been expressed by Minds for Men / Wellness for Women. This would enhance the mental wellbeing support currently offered, including group sessions, by providing an outdoor space within Hartlepool. There would also be training facilities created to expand on the current service model.
 - Partnership Plot 2 (1,068m²) – This area will also be leased to an organisation through a Service Level Agreement and there is interest from Tees Esk & Wear Valleys NHS Trust (TEWV). TEWV are already working closely with the Council to deliver the new model of 'Community-Led Support' and this additional space will therefore allow TEWV to expand their activities for those experiencing challenges with their mental health in addition to existing facilities such as the Men's Shed.
 - Allotment Development Plots (500m²) – This will provide beginner allotment plots for the Council's Heritage & Countryside Service. This responds to current challenges such as increased demand and long waiting list within the Allotment Service. It will also allow individuals to gain the skills required to effectively manage an allotment plot as they will be able to access training, guidance and continued support from other groups alongside the staff managing the Waverley Project.
 - Community / Family Space (300m²) – This will be allocated for community and family engagement working closely with organisations such as Hartlepool Food Network and Hartlepool Carers. There is a local need for groups and families to have a dedicated growing space which will support initiatives such as The Bread & Butter Thing. This will also be the location of a summer house which will be a valuable community space to aid with the recovery from the Covid Pandemic.

- Volunteer Space (970m²) – This builds on some of the activities delivered by the Learning & Skills Service over the last five years through the Promoting Change, Transforming Lives Project. Volunteers will utilise the site to improve their confidence and self-esteem alongside gaining the knowledge and skills to move closer to Sustained Employment. It would also facilitate the delivery of accredited and non-accredited training through the existing Adult Education Budget.
 - Community Garden (600m²) – This area was previously managed by the Residents Association but, following discussions earlier this year, is now part of the wider Waverley Project. It will remain a quiet space for residents from the local community whilst contributing toward the other aspects of the Waverley Site. This change has also allowed some of the local residents to become volunteers and they keep this area tidy as an important element of the Waverley Project.
- 4.5 The Waverley Officers Group has identified circa £53k of capital funding to support with the delivery of the above proposed Site Plan. This capital funding will facilitate the completion of essential works such as enhancing the drainage, removing unused structures, creating wheelchair accessible pathways throughout the site, extending utility lines to aid the partnership plots and installing a summer house alongside greenhouses to allow year-round use of the site.
- 4.6 The Council also received confirmation in November 2021 that it had been successful in securing an additional £6k from the Durham Freemasons Charitable Giving Fund. This additional funding will allow the purchase of materials for raised beds and create additional structures to further enhance the Waverley Project.

6. RISK IMPLICATIONS

- 6.1 There are no risk implications identified.

7. FINANCIAL CONSIDERATIONS

- 7.1 There are no financial considerations identified.

8. LEGAL CONSIDERATIONS

- 8.1 There are no legal considerations identified.

9. CONSULTATION

- 9.1 There is no consultation required in relation to this issue.

10. CHILD AND FAMILY POVERTY

- 10.1 The project aims to support the food poverty agenda through providing opportunities for people to grow healthy food.

11. EQUALITY AND DIVERSITY CONSIDERATIONS

- 11.1 There are no equality and diversity considerations identified. The project is open to all, regardless of their circumstances and any protected characteristics.

12. STAFF CONSIDERATIONS

- 12.1 There are no staff considerations identified.

13. ASSET MANAGEMENT CONSIDERATIONS

- 13.1 There are no asset management considerations identified.

14. RECOMMENDATION

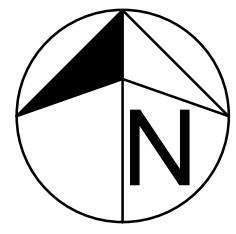
- 14.1 It is recommended that the Adult and Community Based Services Committee note the positive developments on the Waverley Project site, and plans for future development.

15. REASON FOR RECOMMENDATION

- 15.1 The Waverley Project site supports people with a variety of adult social care needs and contributes to a range of departmental and Council wide priorities.

16. CONTACT OFFICER

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Total Area	6538 sq m
Main Site Area	5482 sq m
Community Garden Area	1056 sq m
Area 1 (Hartlepool Carers)	728 sq m
Area 2 (Miles for Men)	1068 sq m
Area 3 (Volunteer planting area)	970 sq m
Area 4 (allotment 'beginner' plots)	500 sq m
Area 5 (HFN growing area)	300 sq m
Area 6 (potential catering area)	120 sq m



WAVERLEY TERRACE



Waverley Terrace Allotments

Scale 1:250 at A1

PRELIMINARY