

# **ADULT AND COMMUNITY BASED SERVICES COMMITTEE AGENDA**



**Thursday 9 November 2023**

**at 10.00 am**

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

MEMBERS: ADULT AND COMMUNITY BASED SERVICES COMMITTEE

Councillors Allen, Buchan, Darby, Hall, Little, Thompson and Young.

**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 7 September 2023

**4. BUDGET AND POLICY FRAMEWORK ITEMS**

None.

**5. KEY DECISIONS**

- 5.1 Adult Social Care Strategy 2024-2027 (*Executive Director of Adult and Community Based Services*)
- 5.2 Assistive Technology Service (*Executive Director of Adult and Community Based Services*)

**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.

**6. OTHER ITEMS REQUIRING DECISION**

- 6.1 Annual Report of Adult Social Care Complaints and Compliments 2022/23  
(*Executive Director of Adult and Community Based Services*)

**7. ITEMS FOR INFORMATION**

- 7.1 Community Mental Health Transformation – Update (*Executive Director of Adult and Community Based Services*)
- 7.2 Response to Council Resolution (*Executive Director of Adult and Community Based Services*)

**8. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT**

**FOR INFORMATION**

Forthcoming meeting dates are set out below. All meetings will be held in the Civic Centre, Hartlepool.

Thursday 7 December, 2023 commencing at 10.00 am.

Thursday 25 January, 2024 commencing at 10.00 am.



# **ADULT AND COMMUNITY BASED SERVICES COMMITTEE**

## **MINUTES AND DECISION RECORD**

7 SEPTEMBER 2023

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

### **Present:**

Councillor: Bob Buchan (In the Chair)

Councillors: Gary Allen, Rob Darby, Ged Hall, Sue Little, Carole Thompson and Mike Young.

Also present: Councillors Creevy and Feeney.  
Frank Harrison and Evelyn Leck.

Officers: Jill Harrison, Executive Director of Adult and Community Based Services  
Gemma Ptak, Assistant Director, Preventative and Community Based Services  
Leigh Keeble, Head of Community Hubs and Wellbeing  
Ian Gardiner, Head of Leisure, Recreation and Participation  
Sarah Scarr, Head of Service - Heritage and Open Spaces  
Jennifer Gant, Parks and Open Spaces Team Leader  
Nicole Whittle, Project Officer (Parks and Open Spaces)  
Sonia Newhouse, Project Officer (Allotments)  
David Cosgrove, Democratic Services Team

### **10. Apologies for Absence**

None.

### **11. Declarations of Interest**

None.

### **12. Minutes of the meeting held on 15 June 2023**

Received.

In relation to Minute No. 6 'Parks and Open Spaces: Place Based Plans' it was questioned as to how long it was until the consultation closed and if

further work could be undertaken for those that did not have access to the internet. The Assistant Director, Preventative and Community Based Services stated that there had been face to face teams consultations with park users during the summer and there had been consultation in the Community Hubs but that further work could be undertaken if some groups felt under represented. The consultation would run until 24 September.

### **13. Carlton Adventure – Future Operation** (*Assistant Director, Preventative and Community Based Services*)

#### **Type of decision**

Key Decision (General Exemption Notice Applies).

#### **Purpose of report**

The purpose of the report is to provide the Adult and Community Based Services Committee with an update on the recent operational and financial performance of Carlton Adventure; to outline future lease options and the implications for the Council; and to seek a decision on whether to continue, modify or end the Council's interest in Carlton Adventure at the expiry of the current lease.

#### **Issue(s) for consideration**

The Assistant Director, Preventative and Community Based Services presented a detailed report to the Committee outlining the background history to Carlton Adventure (formerly Carlton Camp) and its relationship with Hartlepool. The report highlighted the great value outdoor activity provided young people with and gave examples of feedback from past visitors. The report also set out the improvements to the site that had been carried out over recent years to improve the offer at Carlton with details of the numbers that had visited since 2019.

A series of confidential appendices to the report set out the financial performance of Carlton Adventure, material considerations and implications relating to the lease and the potential impacts upon staffing. Those appendices contained exempt information under Schedule 12A Local Government Act 1972 (as amended by the Local Government (Access to Information) (Variation) Order 2006) namely: -  
para 3, information relating to the financial or business affairs of any particular person (including the authority holding that in); and  
(para 4), Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.

The Assistant Director presented three main options to Members, which were set out in detail in the report and appendices;

Option 1: Vacation of the premises at the lease contractual end date of 31 March 2024

Option 2: Hold-over under the existing lease to 31 March 2025

Option 3: Establish a new medium term lease.

Details of the financial and legal risks were also set out in detail in the report.

Several Members spoke of their own memories of attending Carlton and there was wide support for the adoption of Option 3. Carlton Trustees and representatives of the Friends of Carlton Camp were present at the meeting. A representative of the Friends Group addressed the Committee in support of the Council's continued operation of the site.

Members indicated that they wished to discuss some of the issues raised in the confidential appendices to the report and it was, therefore, agreed that the meeting move into closed session.

### **Decision**

That the meeting move into closed session to discuss the details set out in the exempt appendices to the report.

## **14. Local Government (Access to Information) (Variation Order) 2006**

Under Section 100(A)(4) of the Local Government Act 1972, the press and public were excluded from the meeting for the following items of business on the grounds that they involved the likely disclosure of exempt information as defined in the paragraphs referred to below of Part 1 of Schedule 12A of the Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006.

Minute 15 – Carlton Adventure – Future Operation – This item contains exempt information under Schedule 12A Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006 namely para 3, information relating to the financial or business affairs of any particular person (including the authority holding that in); and (para 4), Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.

**15. Carlton Adventure – Future Operation** (*Assistant Director, Preventative and Community Based Services*)

This item contains exempt information under Schedule 12A Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006 namely para 3 and 4.

**Type of decision**

Key Decision (General Exemption Notice Applies).

**Purpose of report**

The purpose of the report is to provide the Adult and Community Based Services Committee with an update on the recent operational and financial performance of Carlton Adventure; to outline future lease options and the implications for the Council; and to seek a decision on whether to continue, modify or end the Council's interest in Carlton Adventure at the expiry of the current lease.

**Issue(s) for consideration**

Members asked questions of the Assistant Director, Preventative and Community Based Services on the matters set out in the exempt appendices to the report and discussed those issues.

**Decision**

That the meeting return to open session.

**15. Carlton Adventure – Future Operation** (*Assistant Director, Preventative and Community Based Services*)

This item contains exempt information under Schedule 12A Local Government Act 1972 as amended by the Local Government (Access to Information) (Variation) Order 2006 namely (para??)

**Type of decision**

Key Decision (General Exemption Notice Applies).

**Purpose of report**

The purpose of the report is to provide the Adult and Community Based Services Committee with an update on the recent operational and financial performance of Carlton Adventure; to outline future lease options and the implications for the Council; and to seek a decision on whether to continue, modify or end the Council's interest in Carlton Adventure at the expiry of the current lease.

**Issue(s) for consideration**

The Chair moved that the recommendation in the report to support Option 3 be approved. This was supported unanimously by the Committee.

**Decision**

That Officers be authorised to progress Option 3, the establishment of a new medium term lease for the Carlton Adventure site with discussions around the long term position of the bungalow on the site being undertaken with the Trustees.

**14. Allotment Strategy** (*Assistant Director, Preventative and Community Based Services*)**Type of decision**

Non-key Decision.

**Purpose of report**

The purpose of the report was to provide an update on the Allotment Strategy and the next steps that were proposed to be taken.

**Issue(s) for consideration**

The Assistant Director, Preventative and Community Based Services reported that the development of an Allotment Strategy focussing on the needs of the current user group and wider community that the allotments serve was agreed by Committee in March 2021. A review of the service had been completed and consultation had included meetings with nine allotment associations, 17 drop in sessions at allotment sites, two drop in sessions at the Central Hub and questionnaires to all allotment tenants and those on the waiting list (both paper and online).

Preparation of the strategy had been hindered due to staffing issues but the service now had officers in place to progress the strategy and re-engage with allotment holders. The Assistant Director also highlighted the decision of Council to cancel the proposed rent rise to be introduced in April 2024 and the resolution to “Instigate a wholesale review covering all aspects of the allotment service, with allotment holders at the heart of this process”. This decision had the potential to impact on the continued delivery of the Strategy and future working arrangements as there would be a need to accommodate the reduced budget and understand further the longer term implications this would have for the service.

The draft strategy and action plan were submitted with the report. The Assistant Director stated that the timescale for implementation of the Strategy is from 2023 – 2026. This is a short delivery period however it

reflects the funding uncertainty around the service, and the request for further review, therefore acknowledges that these could have significant implications for the service in the future. The strategy would be shared with associations and allotment tenants following approval by Committee. Work to implement the strategy would be carried out alongside the wholesale review required by Council and this would involve work with other local authorities on benchmarking.

Members welcomed the strategy document and action plan. A Member noted that some vacant sites were not in a very good condition and rather than wait until the Council had cleared them, suggested they could be let on a reduced rent for a period of time to allow a new tenant to do the clearing work. The proposal was supported by other Members. The Assistant Director stated that Officers would look at the suggestion but did state that the legislation around allotment lettings would have to be reviewed first to see if this was possible.

Members welcomed the appointment of the new Allotment Officer and commented that she was building positive relationships with associations and allotment holders. Members suggested that some of the rules around sites should also be re-examined, such as burning permits and expressed concern that the work on clearing sites for letting was not progressing quickly enough.

There was also concern expressed at the time period for the implementation of the strategy. The Assistant Director stated that there was only one officer in place to implement the strategy and also undertake the review work as requested by Council. The Executive Director added that the time frame had been judged appropriate in light of the additional work load presented by the review and was a pragmatic assessment of the staffing resources available.

The Vice-Chair questioned how many plots were being refused by potential tenants because of their condition. The Head of Service - Heritage and Open Spaces stated that such information wasn't recorded. Officers were working with colleagues in the Probation Service on their potential involvement in clearing some sites in order to make plots more attractive to potential tenants.

The Committee had a lengthy discussion on the issues around letting of allotment sites, the conditions of some vacant plots and general issues around security, vandalism and anti-social behaviour with some allotment holders present speaking. The Assistant Director stated that the Project Officer (Allotments) would look to address those concerns where possible and would speak with the allotment holders after the meeting. There was a suggestion that a public meeting with allotment holders should be undertaken to get their views. The Executive Director restated that meetings had already been held with all allotment associations and that every allotment tenant and person on the waiting list had been sent the



questionnaire during the consultation process. It was considered that a full and detailed consultation had taken place to seek views.

The Chair moved the recommendations in the report. The following decision was agreed unanimously.

### **Decision**

1. That the Allotment Strategy and associated action plan, as submitted, be approved for implementation.
2. It was noted that work to deliver a 'wholesale review' of allotments as required by full Council had commenced.
3. That the proposed programme of capital works as reported, be approved.

## **15. Levelling Up Parks Fund Update** *(Assistant Director, Preventative and Community Based Services)*

### **Type of decision**

For information.

### **Purpose of report**

To provide the Adult and Community Based Services Committee with updated information on the Levelling Up Parks Fund in line with the project proposal previously presented at committee in October 2022 for Burn Valley Gardens.

### **Issue(s) for consideration**

The Assistant Director, Preventative and Community Based Services reported on the background to the funding and the scheme approved by Committee on October 2022. The Assistant Director also outlined the work being undertaken to seek Green Flag status for the park. The Parks and Open Spaces Team Leader gave a presentation to the Committee detailing the works undertaken in Burn Valley Gardens highlighting the interactive trail, oak way marker posts, educational features, illustrated map, tree uplift work, sensory garden area and natural play area.

Members welcomed the report and presentation and congratulated all involved in the work. Members noted that anti-social behaviour was still an issue but hoped that through the extensive consultation work with the local community there would be a greater ownership of the park.

**Decision**

That the report and update be noted and that the Committee supports the pursuing of Green Flag status for Burn Valley Gardens.

**16. Jobs and Skills in the Community Hubs** *(Assistant Director, Preventative and Community Based Services)***Type of decision**

For information.

**Purpose of report**

The purpose of the report was to update the Committee on the progress made in embedding Jobs and Skills into the Community Hubs and Wellbeing Service.

**Issue(s) for consideration**

The Assistant Director, Preventative and Community Based Services reported on the transferring of the Jobs and Skills service into the Community Hubs and Wellbeing Service following a departmental restructure in December 2021. The rebranded team, Jobs & Skills @ the Hub, has relocated from Church Street with the administration function based in the Centre for Independent Living (CIL) and the rest of the team having a community presence in Central Hub, Waverley Allotment Project and South Hub providing information and advice on the opportunities available including career advice, job search and support with enrolment.

The report to the Committee provided details of the following key issues: -

- Adult Education Budget
- Partnership working
- Enrolment numbers
- Ofsted inspection
- The Multiply Programme
- Youth Employment Initiative including the Tees Valley Pathways and Routeways Programmes
- The Department for Works and Pension (DWP) funded Youth Hub

A Member commented that the integration of the service into the Community Hubs had gone very well and the feedback from users of the services was very positive. All staff involved should be congratulated on their work.

**Decision**

That the report and the progress made be noted and that the proposed developments within the Jobs & Skills @ the Hubs service be supported.

**17. Any Other Items which the Chairman Considers are Urgent**

None.

The meeting concluded at 12.15 pm.

**H MARTIN**

**DIRECTOR OF LEGAL, GOVERNANCE AND HUMAN RESOURCES**

**PUBLICATION DATE: 20 SEPTEMBER 2023**

# ADULT AND COMMUNITY BASED SERVICES COMMITTEE

9 November 2023



**Subject:** ADULT SOCIAL CARE STRATEGY 2024 - 2027  
**Report of:** Executive Director of Adult and Community Based Services  
**Decision Type:** Key Decision: test (ii) – General Exception applies

## 1. COUNCIL PLAN PRIORITY

### Hartlepool will be a place:

- where people are enabled to live healthy, independent and prosperous lives.
- where those who are vulnerable will be safe and protected from harm.

## 2. PURPOSE OF REPORT

- 2.1 To seek approval for the Adult Social Care Strategy 2024 – 2027, incorporating the Adult Social Care Commissioning Strategy and Adult Social Care Workforce Strategy.

## 3. BACKGROUND

- 3.1 The government's Adult Social Care White Paper "People at the Heart of Care" sets out a 10-year vision for the transformation of support and care in England. The vision puts people at its heart and has three objectives:
1. People have choice, control, and support to live independent lives.
  2. People can access outstanding quality and tailored care and support.
  3. People find adult social care fair and accessible.

- 3.2 Through the North East Association of Directors of Adult Social Services (NE ADASS) a regional vision for adult social care has been developed:

Our vision for the Adult Social Care in the North East is to create a sustainable social care and health system that provides excellent care and support,

promotes wellbeing and social justice, strengthens local communities and economies and is equipped to face new challenges. We want:

- A valued workforce where staff are recognised, valued and rewarded.
- Effective workforce planning with investment in career pathways and training to develop a highly skilled and proficient workforce.
- Expansion of the workforce roles which are designed in co-production with people who draw on care and support.
- Person-centred, person-led, co-ordinated care and support for people to live as full and fulfilling lives as possible.
- More care and support in our homes and communities.
- Social inclusion and social justice – helping everyone stay connected and active and in their communities.
- To ensure the effective use of technology and digital opportunities to effectively support the increasing demand for services.

#### 4. ADULT SOCIAL CARE STRATEGY

- 4.1 Work has been undertaken with staff over recent months to develop a vision for adult social care and to confirm our key priorities and values. The outcome of this work is summarised in the Adult Social Care: Better Outcomes, Better Lives ‘Plan on a Page’ which is attached as **Appendix 1**.
- 4.2 Our vision is that ‘we all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing things that matter to us’.
- 4.3 Our priorities are based on what people tell us is important to them:
- I want information and advice to help me support myself
  - I want to be part of my community and not feel lonely.
  - I want to be as independent as possible and to choose how I’m supported.
  - If I need them, I want access to good quality services with skilled staff.
- 4.4 Our values centre around being CARING:
- **C**reative
  - **A**spirational
  - **R**espectful
  - **I**nclusive
  - **N**urturing
  - **G**enuine
- 4.5 The foundations that underpin our work are:
- Co-production
  - Commissioning
  - Workforce
  - Safeguarding
  - Partnerships
  - Community Led Support and Strengths Based Practice

- 4.6 Further detail on how the vision and priorities will be implemented, in line with our corporate values, is set out in the Adult Social Care Strategy 2024 – 2029 which is attached as **Appendix 2**. An annual Delivery Plan will be developed to support implementation of the strategy and monitor progress. This will be overseen by the Adult Social Care Continuous Improvement Group and an annual update will be provided to the Adult & Community Based Services Committee.
- 4.7 Two of the key documents that support the Adult Social Care Strategy are the Adult Social Care Commissioning Strategy (attached as **Appendix 3**) and the Adult Social Care Workforce Strategy (attached as **Appendix 4**).
- 4.8 Commissioned services play a critical role in ensuring that we meet the social care needs of the population and deliver our obligations within the Care Act 2014. A broad range of services are commissioned within Adult Social Care to ensure that people's needs are met including early intervention services, home care, assistive technology, residential care and support for unpaid carers. The Adult Social Care Commissioning Strategy sets out commissioning principles and priorities and highlights the areas that we will be focusing on for the next five years based on our understanding of current needs. The focus within Adult Social Care in recent years has been the implementation of a strengths based Community Led Support approach and the commissioning strategy is focused on ensuring that this approach is fully embedded in all that we do. This will be regularly reviewed and priorities will be updated if required to reflect changing needs.
- 4.9 A highly skilled and knowledgeable workforce who are passionate about making a difference for the residents of Hartlepool is essential to delivering better outcomes and better lives, and it is imperative that we continually review our workforce situation to ensure that we have the capacity and skills to support people in the community. This includes an understanding of the makeup of our workforce including skills, age, experience and vacancies, then identifying priorities that ensure our workforce is fit for purpose based on the needs of our residents. The Adult Social Care Workforce Strategy sets out the current situation regarding the adult social care workforce and the challenges associated with ensuring that the Council has a workforce that can meet the social care needs of the population, including preventative work.

The strategy sets out three priorities:

- Inspiring and empowering through effective leadership and management.
- Developing excellent practice informed by our culture and values.
- Recruitment, retention, staff wellbeing and career development.

The strategy sets out specific activities within each of these priorities and the success measures that will be used to understand whether they have been achieved.

**5. OTHER CONSIDERATIONS/IMPLICATIONS**

<b>RISK IMPLICATIONS</b>	None
<b>FINANCIAL CONSIDERATIONS</b>	None – the Adult Social Care Strategy will be delivered within existing resources.
<b>LEGAL CONSIDERATIONS</b>	None
<b>CHILD AND FAMILY POVERTY</b>	None
<b>EQUALITY AND DIVERSITY CONSIDERATIONS</b>	None
<b>STAFF CONSIDERATIONS</b>	The Adult Social Care Workforce Strategy aims to ensure that staff are supported in terms of wellbeing, career development and effective leadership and management.
<b>ASSET MANAGEMENT CONSIDERATIONS</b>	None
<b>ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS</b>	None
<b>CONSULTATION</b>	Consultation has been undertaken with the workforce to develop the vision, priorities and values for Adult Social Care.

**6. RECOMMENDATION**

- 6.1 It is recommended that members of the Adult and Community Based Services Committee approve the Adult Social Care Strategy 2024 – 2027, incorporating the Adult Social Care Commissioning Strategy and Adult Social Care Workforce Strategy.

**7. REASON FOR RECOMMENDATION**

- 7.1 To ensure that there is a clear strategy in place to deliver the adult social care vision in Hartlepool, supported by clear commissioning priorities and a strategy for the workforce.

## 8. CONTACT OFFICERS

Jill Harrison, Executive Director of Adult & Community Based Services  
[jill.harrison@hartlepool.gov.uk](mailto:jill.harrison@hartlepool.gov.uk)  
01429 523911

Danielle Swainston, Assistant Director – Joint Commissioning  
[danielle.swainston@hartlepool.gov.uk](mailto:danielle.swainston@hartlepool.gov.uk)  
01429 523732

Sign Off:-

Managing Director	Date: 19 October 2023
Director of Finance, IT and Digital	Date: 26 October 2023
Director of Legal, Governance and HR	Date: 18 October 2023



# ADULT SOCIAL CARE: BETTER OUTCOMES, BETTER LIVES



# **Hartlepool Borough Council**

## **Adult Social Care Strategy 2024 – 2029**

### **Better Outcomes, Better Lives**

## Introduction

This strategy sets out how Adult Social Care in Hartlepool enables people to have better outcomes and better lives.

Our focus is on supporting people to be part of communities and to be as independent as possible for as long as possible. When people need support we make it as easy to access as possible, having a good conversation with people and using a community led approach. We work closely with the voluntary and community sector, carers and families as well as statutory partners to provide support that is joined up and person centred. We work with health partners to reduce avoidable admissions to hospital and to permanent residential care and, when people do need support, we give them choice and control over how this is provided and access to good quality, caring services.

## Our Vision

We all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing things that matter to us.

We want to make this a reality for people living in Hartlepool so that they have better outcomes and better lives.

## Our Values

The Council's values centre around being CARING – **C**reative, **A**spirational, **R**espectful, **I**nclusive, **N**urturing and **G**enuine, and inform how we behave.

HARTLEPOOL BOROUGH COUNCIL'S VALUES & BEHAVIOURS	
<b>CREATIVE</b>	<ul style="list-style-type: none"> <li>• We are curious and look for ways to improve our services</li> <li>• We are flexible in our approach</li> <li>• We look for innovative solutions</li> </ul>
<b>ASPIRATIONAL</b>	<ul style="list-style-type: none"> <li>• We work towards our vision for Hartlepool</li> <li>• We are driven to achieve good outcomes</li> <li>• We go the extra mile to deliver the best services we can</li> </ul>
<b>RESPECTFUL</b>	<ul style="list-style-type: none"> <li>• We are kind and courteous to all</li> <li>• We listen and value others</li> <li>• We involve and communicate with others</li> </ul>
<b>INCLUSIVE</b>	<ul style="list-style-type: none"> <li>• We promote fairness and equality</li> <li>• We value and include everyone</li> <li>• We celebrate difference and value diversity</li> </ul>
<b>NURTURING</b>	<ul style="list-style-type: none"> <li>• We are caring and people centred</li> <li>• We grow talent and develop our workforce</li> <li>• We are supportive of each other and the services we provide</li> </ul>
<b>GENUINE</b>	<ul style="list-style-type: none"> <li>• We are honest and act with integrity</li> <li>• We are transparent and communicate openly to build trust</li> <li>• We care about our people, our community and our borough</li> </ul>

## Our Priorities

Our priorities are based on what people tell us is important to them:

1. I want information and advice to help me support myself.
2. I want to be part of my community and not feel lonely.
3. I want to be as independent as possible and to choose how I'm supported.
4. If I need them, I want access to good quality services with skilled staff.

### PRIORITY 1: I want information and advice to help me support myself

People need access to information and advice that helps them to support themselves before they need formal social care support, and on an ongoing basis to help them make well informed decisions. We provide a universal information and advice offer including online resources such as Hartlepool Now, telephone advice through the Support Hub and face to face support in our Community Hubs and make this as easy to access as possible. Our information and advice offer focuses on promoting wellbeing and making people aware of what's already available and is delivered mainly through our Community Hubs.

Community Hubs are accessible and trusted places where people can find information and connections in a friendly and welcoming environment – they are a gateway to other services and:

- Provide a safe, welcoming space where people can have a person-centred, strength-based good conversation.
- Involve partners in shaping and delivering support to people.
- Provide opportunities for people to socialise, create and learn together, connect - physically and virtually - and take part in events and activities to improve their health and mental wellbeing and reduce social isolation.
- Promote healthy lifestyles.
- Provide a financial support and guidance service to promote financial wellbeing.

### PRIORITY 2: I want to be part of my community and not feel lonely

Belonging to a community, whether it's a street or neighbourhood, or a community of people with a similar interest is really important to people and their wellbeing. We will continue working with our partners, including the Voluntary and Community Sector, to be aspirational for people and to nurture opportunities through access to ideas, imagination and connection, to support people to live the best lives they can. We use a strengths based approach to understand how people live their lives, what is important to them, what they like doing and what networks of support are already available to them. Finding out what support is already available, or signposting someone to existing resources in the community can help them to remain independent and reduce social isolation.

We have developed Community Hubs as safe, trusted and comfortable community spaces used to inspire, broaden horizons and celebrate diversity that:

- Provide space and support to develop activities and events reflecting community needs.
- Attract diverse groups and raise awareness amongst the wider community of cultural difference to foster greater understanding and community cohesion.
- Promote, provide and develop volunteering opportunities to give people purpose.

PRIORITY 3: I want to be as independent as possible and to choose how I'm supported

When people need to access formal social care support, we still want to support them to be as independent as possible for as long as possible. We also think it's really important that people are able to choose how they are supported wherever possible.

When people first come into contact with adult social care it can be because they are in a crisis situation, due to a sudden change in their lives such as a new health condition or a fall, a hospital admission or the loss of a partner or carer. When a person is in a crisis situation we help them through the time of crisis then work with them and their families when things are more stable to consider any longer term support needs.

We ensure people are informed about the options available that might help them regain their independence and live at home. Sometimes people only need a one-off intervention such as equipment or an adaptation to their property that enables them to remain independent, or some support for a few weeks to regain their confidence. We will always consider one off and short term interventions, along with existing support networks, before we look at longer term options that may reduce a person's independence.

Although we focus on wellbeing, community support and short term interventions where possible, some people have needs that require a longer-term solution. When this is the case any support that we provide will still aim to restore, maintain or enhance independence, helping people to live the best life possible. We will have conversations with people, carers and families about their aims for the future and expectations about social care support. We will work with people to develop support plans that promote independence and wellbeing and use personal budgets to give people choice and control over how their needs are met.

We will ensure support is appropriate to peoples' needs and for those people who contribute towards the cost of their care we will ensure they are only paying for what is required. We will also work with people so they are informed about any benefits they are entitled to.

PRIORITY 4: If I need them, I want access to good quality services with skilled staff

When people need support from adult social care services it's important they are confident that services are safe, timely, responsive and person-centred, as well as being confident about the quality of services and being supported by well trained and appropriately skilled staff. We have strong and effective relationships with local providers and work with them to share and promote best practice and to improve the quality of services. We want services to be responsive to local needs and will involve people and their families or carers in the design, delivery and review of adult social care support.

We are committed to inspiring, empowering and developing our own workforce and encouraging local providers to do the same. We want to raise the profile of adult social care as a valued career choice so that we can recruit the best possible people, and offer them the support and opportunities that make them want to stay with us.

## **Our Foundations**

The foundations that underpin our work are:

### Co-production

Co-production describes working in partnership by sharing power between people who draw on care and support, carers, families and citizens. Co-production is a key concept in the development of public services and it has the potential to make an important contribution to all the big challenges that face social care provision.

We will use the principles of co-production developed by the Social Care Institute for Excellence to inform how we further develop our approach to co-production.

- Equality – recognising that everyone has assets
- Diversity – being as inclusive as possible
- Accessibility – ensuring that everyone can be involved
- Reciprocity – getting something back for putting something in.

We will look at how we use co-production across all aspects of adult social care, considering culture, structures, practice and review to ensure that the approach is embedded.

### Commissioning

Our Commissioning Strategy sets out how we will work collaboratively with people who receive support, our providers, other partners and the wider community to understand our population, commission services that meet need and help people to achieve their goals and develop our local market in Hartlepool.

The Commissioning Strategy sets out the following key principles we will work within:

- Co-Production;
- Promoting equality & inclusion;
- Choice and outcome focused services;
- Early intervention;
- Improving quality; and
- Working in partnership.

### Workforce

Our Workforce Strategy recognises that our workforce is a key asset, and fundamental to achieving our vision for adult social care.

The three key aims of the Workforce Strategy are that:

- Adult Social Care is led by competent, visible, collaborative and innovative managers, who take a systems approach to improve the quality of support and care, and develop and deliver strengths based services fit for the future.
- People receive the care and support they need when they need it within their community through a community led model that focuses on strengths based approaches and better conversations. People will be naturally collaborative in how they work.
- We have a confident, capable and qualified workforce with the right values and behaviours who deliver high quality, strengths based support and want to stay with us.

### Safeguarding

Safeguarding adults is a core statutory duty that runs throughout everything we do within adult social care. We are committed to working with partners through the Teeswide Safeguarding Adults Board to ensure that 'our safeguarding arrangements effectively prevent and respond to abuse'. The Board has a Strategic Business Plan focused on four key priorities:

- Joint Working - We will develop a whole system approach to safeguarding adults which is responsive to individual's needs, views and wishes
- People - We will ensure the workforce is well trained, supported and equipped to safeguard the most vulnerable people within our communities
- Communication - We will provide accessible and clear information, advice and support that helps people to understand what abuse is, how to prevent abuse from happening, how to seek help and how to engage with the work of the Board
- Services - Services are commissioned and provided by partners to meet the individual needs of adults who are most at risk of abuse or neglect

An Annual Report is produced that summarises safeguarding data, achievements and progress against the strategic priorities.

### Partnerships

We recognise that achieving our vision requires collaboration and have established effective partnerships with a wide range of organisations that contribute to this. Examples of successful partnerships include:

- Delivery of Better Care Fund objectives through an Integrated Single Point of Access, Integrated Discharge Team and Home First Pathways, reducing length of stay and delayed discharges and supporting more people to return home following a hospital stay.
- Working with NHS and Voluntary Sector organisations to deliver Community Mental Health Transformation, which has reduced waiting times, allowed people to be seen in an accessible community environment and enabled people to access more support in the community.
- Partnership working with Hartlepool Carers to change our approach to carers assessments, resulting in reduced waiting times, increased access to peer support and more creative support options being explored.

We don't see partnership working as a goal in itself; we collaborate and work in partnership to deliver better outcomes and better lives for people.

### Community Led Support and Strengths Based Practice

We use the Community Led Support model to inform how we work with people, starting with a good conversation, focusing on the strengths and existing support networks that a person has and looking for community solutions that promote independence and a better life before considering formal social care support.

The following aims and outcomes for this work were co-produced with voluntary sector partners, frontline staff and community groups:

- People know when and where to go to have a good conversation about support options.
- People know what is available and are more engaged in their community, taking up a range of opportunities and stabilising demand for statutory services.

- Wherever people are in their journeys, conversations will be strengths based, solution focused, concentrating on maximising people's opportunities to live the life they want to lead.
- People are supported to shape, inform and develop activities, events and solutions to meet their own needs.
- Partners feel that they are actively collaborating in shaping and delivering support to people; they are trusted and engaged to provide opportunities that help people live well.
- Staff are confident in their decision making; they are trusted and able to empower people. With less paperwork and processes, staff have more time to have conversations with people.
- A digitally enabled environment will exist, accessible for the community, partners and staff to develop creative solutions for people.

### **How we will monitor progress**

We will use an Annual Delivery Plan to set clear actions and monitor progress against the Adult Social Care Strategy and will also produce a Quality Assurance Annual Report setting out how we are performing and what people tell us about their experiences of adult social care.



# **Hartlepool Borough Council**

## **Adult Social Care Commissioning Strategy 2024 – 2029**

## 1. PURPOSE OF COMMISSIONING STRATEGY

This document outlines the five year Adult Social Care Commissioning Strategy for Hartlepool Borough Council.

To deliver the strategy we need to work collaboratively with people who receive support, providers, other partners and the wider community to understand our population and to commission services that meet need and help people to achieve their goals. This will help us develop the local provider market in Hartlepool.

## 2. LOCAL NEEDS

Hartlepool Market Position Statement sets out information about the local population and the current market and can be found at

<https://northeastmarketpositionstatement.co.uk/intro/#panel-hartlepool>

The Market Position Statement is used to understand the current market for adult social care services and to identify future demand. It is our intention that this acts as a starting point for meaningful discussions between the council and providers as well as potential providers of services to ensure that we can collectively meet need.

## 3. COMMISSIONING CYCLE

Commissioning is the process for deciding how to use the total resource available in order to improve outcomes in the most efficient, effective, equitable and sustainable way.

We follow the cycle below to ensure that the services we “buy” meet the needs of our residents. This includes understanding the need, looking at what options there are to meet these needs, working with the market for them to understand our needs, a tendering process to procure services and a review process to understand if the provider is meeting the needs.



## 4. OUR COMMISSIONING PRINCIPLES

### Co-production

- We will work to build co-productive approaches into all elements of commissioning and quality.
- We will ensure that people who use services, carers and families are involved in the review, design and delivery of our work.
- We will ensure that the language we use and how we communicate with people is inclusive and accessible.
- We will make sure we have the right skills and access to resources within our team to properly embed co-production.
- We will listen and learn, improving the way we work and ensuring we tell people about the difference their contribution has made.

### Promoting Equality and Inclusion

- We will design, commission and deliver services that are accessible, inclusive and responsive to the needs of people and communities within Hartlepool.
- We will work to improve the scope and quality of equalities data across all protected characteristics, and use it to inform how we identify need.
- We will complete meaningful Equality Impact Assessments that inform the way we work.

### Choice and Outcome Focused Services

- We will commission services that take strength-based approaches.
- We will work with people who use services, carers and families to design services that focus on outcomes, rather than outputs – ensuring that people get the right amount of care and support to meet need and achieve their ambitions.
- We will commission services that are flexible, and work when and where people need and want them.
- We will work with the adult social care workforce to ensure the range of services on offer are understood, accessible and respond to the needs and outcomes identified in assessments and reviews.
- We will review how we use outcome-based reporting so we better understand performance.

### Prevention and Promoting Independence

- We will commission services that offer support at the right time to help people build confidence and live as independently as possible.
- We will actively consider ways to prevent or delay the need for further care and support across all service areas.

### Improving Quality

- We will continuously review our quality monitoring systems, processes and intelligence to support a proactive approach to improving quality and identifying early warning signs of concerns
- We will provide on-going support to providers to build effective relationships and support sustainability of provision.
- When concerns are identified we will respond quickly and work with providers to make improvements.

### Working in partnership

- We will continue to foster open and positive relationships and communication with our providers.
- We will actively engage with the market throughout the commissioning process and encourage the development of new and innovative services
- We recognise our role in the wider Health and Social Care system and are committed to working in partnership with our colleagues in health services.
- We will continue to develop opportunities for genuinely integrated commissioning, lead provider arrangements and pooled budgets.
- We will work collaboratively to improve quality and performance in services.

## 5. COMMISSIONING PRIORITIES

Our priorities over the next five years support the delivery of the adult social care vision:

### Working with the people of Hartlepool, community organisations and providers to support people to get the right support at the right time.

- Understanding the needs of our community now and in the future through development of a corporate intelligence hub that will use information from across the Council to predict need.
- Commissioning online offers that develop help-seeking behaviour, empowering people to engage online if this is their need or preference.
- Enabling people to make connections in their communities so they are not lonely through looking for opportunities to further develop the Community Led Support offer in our commissioning activity.

### Enabling people to have more choice in how they live independently.

- Effective use of supported living and extra care housing.
- Broadening our community offer for people living dementia and family carers.
- Exploring how we develop alternatives to residential care, such as Shared Lives.
- Considering different ways of supporting people with learning or physical disabilities or mental health needs, such as specialist home care support.
- Developing technology enabled care that builds on our preventative assistive technology offer and has a focus on the management of long term conditions.
- Exploring opportunities for further collaborative working to support unpaid carers, including improved collaboration and communication with primary care.

### Ensuring people are supported by excellent providers when they need care and support:

- Working with providers and the new Health and Social Care Academy to promote adult social care careers and tackle recruitment and retention challenges.
- Working alongside providers to improve and sustain quality of services.
- Maximising opportunities to support provider sustainability through the Market Sustainability Plan and effective use of available resources.
- Working with NHS partners to ensure there is sufficient capacity to support safe and timely discharges from hospital.

Collaborative working to ensure that needs are met:

- Exploring opportunities for the council to provide support (including residential care) when the market is not responding to need.
- Explore opportunities to jointly commission with partners when it's in the best interests of Hartlepool residents.
- Working with partners to deliver a new mental health community-based offer which allows for collaborative pathways across the system.

# **Hartlepool Borough Council**

## **Adult Social Care Workforce Strategy 2024 – 2029**

## 1. INTRODUCTION

The workforce is critical in ensuring that we can deliver our vision for adult social care and the Adult Social Care Workforce Strategy sets out our intentions.

This strategy sits within the framework of the Hartlepool Borough Council Workforce Strategy: “Building an Inspired Workforce for Hartlepool” which sets out a vision to enable and innovate a workforce that has the community at its heart delivering the best of services. This will be driven by strong and effective leaders who demonstrate and promote the Council values to nurture and develop the workforce, making it a great place to work.

The vision sets out aspirations for Hartlepool Borough Council to be a place where:

- We feel valued, respected and included.
- We strive for excellence and celebrate achievement.
- Our wellbeing is taken seriously and positively promoted.
- We continually look for new and better ways of working, including collaborating with partners and our communities.
- We work safely, protect the health and safety of others and care for the environment.

## 2. ADULT SOCIAL CARE WORKFORCE

For the purposes of this strategy the workforce is defined as front line workers and support services from early intervention to specialist services. This includes community navigators, social care officers, social workers, best interest assessors, approved mental health professionals, occupational therapists, direct care and support staff, user property and finance workers, community workers, commissioning, performance and administration support.

The adult social care workforce across the system in Hartlepool is described as follows (based on Skills for Care data from 2022):

- 3,500 adult social care jobs in Hartlepool with 2,900 in Local Authority and independent sector.
- The largest proportion of jobs is within homecare (1,700 jobs) with 1,400 jobs in residential care settings.
- 600 jobs were working with direct payment recipients.
- 87% of the workforce are female.
- 99% of workers are British
- The average age of workers is 44 however 27% are 55 or over.
- The turnover rate in 2020/21 was 18.5% which equates to 500 leavers, with 72% of leavers remaining in the sector
- Vacancy rates are increasing from 3.8% in 2019/20 to 4.3% in 2020/21.
- On average the workforce has 5 years’ experience in their current role with 10 years in the sector.

### 3. CHALLENGES

There are a range of challenges impacting the adult social care workforce, many of which are national or regional challenges. These include:

- Ensuring that workers have the right skills for the right job, recognising that social care reform and new models of care will require new skills.
- Recruitment of skilled and committed people into adult social care roles (in the independent sector as well as the council), recognising that adult social care is not always viewed as a valued profession, or a career pathway.
- Retention rates and the provision of progression opportunities.
- Understanding the implications of an ageing workforce and ensuring that succession planning is actively considered.
- Development of integrated training opportunities and career pathways across health and social care to meet future needs.
- Ensuring that the workforce remains motivated and committed to delivering high quality services when resources are limited.

There are also challenges that are specific to local areas. To better understand whether there are local factors that influence the workforce in Hartlepool, further work is needed to understand current skill levels and the impact of Hartlepool being a small borough where a high proportion of people are non-transient.

### 4. PRIORITIES, OBJECTIVES & SUCCESS MEASURES

#### PRIORITY 1: INSPIRING AND EMPOWERING THROUGH EFFECTIVE LEADERSHIP AND MANAGEMENT

##### AIM:

Adult social care is led by competent, visible, collaborative and innovative managers, who take a systems approach to improve the quality of support and care and develop and deliver strengths based services fit for the future.

##### OBJECTIVES:

- Invest in coaching skills across the adult social care workforce.
- Support the workforce to identify and manage risk.
- Continue to build on our learning culture offering high support and high challenge to the workforce.
- Continue to strengthen quality assurance across the workforce.
- Develop pathways for succession planning.
- Develop a mentoring programme.

##### MEASURES OF SUCCESS:

- Evaluation of the impact of leadership development opportunities.
- Numbers of complaints / compliments.
- Analysis of quality assurance activities.
- Vacancy rates for leadership posts.



## PRIORITY TWO: DEVELOPING EXCELLENT PRACTICE INFORMED BY OUR CULTURE AND VALUES

### AIM:

People receive the care and support they need when they need it within their community through a community led model that focuses on strengths based approaches and better conversations. People will be naturally collaborative in how they work.

### OBJECTIVES:

- Further embed Community Led Support through developing a 'train the trainer' model.
- Identify further development needs of the workforce based on feedback from Quality Assurance activities.
- Further upskill the workforce in collaborative approaches to co-production.
- Create an annual workforce development plan based on training needs analysis across all teams.
- Implement learning from national and regional national best practice.
- Investment in training opportunities for the workforce.
- Ensure that communication within adult social care is effective and responsive to need, including staff briefings, team sessions, newsletters etc.

### MEASURES OF SUCCESS:

- Analysis of quality assurance activities.
- Feedback from people who use services.
- Feedback from staff, including the annual Health Check.
- Evaluation of training.
- Analysis of workload across individuals and teams.
- Annual reviews.
- Number of complaints and compliments.
- CQC rating.

## PRIORITY THREE: RECRUITMENT, RETENTION, STAFF WELLBEING AND CAREER DEVELOPMENT

### AIM:

We have a confident, capable and qualified workforce with the right values and behaviours who deliver high quality, strengths based support and want to stay with us.

### OBJECTIVES:

- Work with communities to raise awareness of social care jobs.
- Work with communities to understand the barriers to employment and work with them to develop pathways in to adult social care, including work with schools.
- Work with health and education providers to develop and implement the Health and Social Care Academy.
- Work with the local teaching partnership to attract and develop social care workforce.

- Develop a continuing professional development programme for Occupational Therapy.
- Develop work experience placements to promote adult social care as a career.
- Ensure the workforce is aware of the staff benefits available.
- Continue to engage with and promote staff wellbeing advocates.
- Develop systems to understand the makeup of the social work workforce.
- Regularly review staff feedback on terms and conditions and respond as appropriate.
- Explore opportunities for collaborative secondments.

MEASURES OF SUCCESS:

- Staff vacancy rates.
- Number of staff who leave due to progression opportunities in other areas.
- Feedback from staff, including the annual Health Check.
- Number of qualifications gained.
- Review feedback from exit interviews.

# ADULT AND COMMUNITY BASED SERVICES COMMITTEE

9 November 2023



**Subject:** ASSISTIVE TECHNOLOGY SERVICE

**Report of:** Executive Director of Adult and Community Based Services

**Decision Type:** Key – Forward Plan Entry Test i & ii - ACBS 141/23

## 1. COUNCIL PLAN PRIORITY

### Hartlepool will be a place:

- where people are enabled to live healthy, independent and prosperous lives.
- where those who are vulnerable will be safe and protected from harm.

## 2. PURPOSE OF REPORT

- 2.1 To provide the Adult and Community Based Services Committee with an update on how assistive technology services have developed, and to seek approval for a new charging arrangement to be introduced from 1 April 2024.

## 3. BACKGROUND

- 3.1 Assistive technology supports people to remain independent in their own homes and when accessing the community. People using the service are able to access support when needed 24 hours a day, seven days a week historically through some form of pull cord or pendant, but more recently through smart technology as well. The service gives peace of mind to family, friends and carers, knowing that when they are unable to watch over their loved ones, support can be accessed when required.
- 3.2 The type of technology provided to the person is tailored to meet their needs. It can include sensors and triggers such as motion or fall detectors and fire and gas alarms that trigger a warning to a response centre staffed around the clock, 365 days a year. It can also include location devices that can be used to enable an individual to have security outside of their home.

- 3.3 As well as responding to an immediate need, assistive technology can work in a preventative way with services programmed to monitor an individual's health or well-being. Often known as lifestyle monitoring, this can provide early warning of deterioration, prompting a response from family or professionals.
- 3.4 Assistive technology can be used alone or in combination with other services such as home care to best meet the needs of the person. Services need to balance technology with other forms of care and support and make sure that the support provided is appropriate to the person.
- 3.5 An assistive technology service (sometimes referred to as telecare) has been provided in Hartlepool for a number of years. This was originally provided through a partnership arrangement with Housing Hartlepool which then became thirteen group, with thirteen group providing the call handling response, and a physical response provided by the Council's Direct Care and Support Team. The Direct Care and Support Team is a regulated service registered with the Care Quality Commission to provide personal care and is currently rated as 'good'.
- 3.6 The call handling element of the service has recently been tendered and the new Hartlepool Technology for Care service was launched in April 2023 following the appointment of Taking Care as the new provider.
- 3.7 The principles that informed the procurement were as follows:
- People should be able to access up to 6 weeks of telecare support free of charge in line with the intermediate care model, which will allow for an assessment to be undertaken as to whether the individual has eligible ongoing needs under the Care Act 2014;
  - An expert in technology is needed to provide the service;
  - A flexible approach is needed to future proof the service and take advantage of new technological solutions;
  - The service will be call handling only with the physical response continuing to be provided by the Council;
  - The service will be linked to Community Led Support and support the principle of people being resilient within their community;
  - A menu of services will be developed based on basic and enhanced levels of service. This will be the same offer if the service is contracted directly by individuals and families rather than via a personal budget;
  - The service also needs to provide advice and guidance to individuals and families.
- 3.8 Assistive technology is recognised as a least restrictive and cost effective option for many people who want to remain in their own homes and retain their independence. It forms a key element of the Council's approach to supporting people within their communities, promoting independence and giving people choice and control over how they are supported.

- 3.9 The appointment of a new provider is enabling new technologies to be explored and potential benefits maximised learning from best practice elsewhere in the country.

#### 4. PROPOSALS

- 4.1 The assistive technology service in Hartlepool is currently used by almost 3,000 people and is provided free of charge. Approximately 750 people using the service have access to assistive technology alongside other types of care and support while the remaining 2,200 have assistive technology in place as a standalone service.
- 4.2 In most local authorities across the country, people pay a weekly charge to access this type of support, with charges based on a basic service (monitoring without a physical response) and an enhanced service (including a physical response). This is already the case in 10 of the 12 authorities in the North East with charges ranging from £5.04 to £7.27 for the basic service and £11.45 to £17.51 for an enhanced service.
- 4.3 It is proposed that charges are introduced for the service in Hartlepool from 1 April 2024, with the basic service charged at £6.00 per week and the enhanced service (including a physical response) charged at £10.00 per week. These charges compare favourably with those in operation elsewhere in the north east, which will be subject to inflationary increases for 2024/25. Charges will be reviewed on an annual basis and would be expected to increase in line with inflation.
- 4.4 The basic service costing £6.00 per week covers:
- Loan and ongoing maintenance of standard equipment (plug in base unit and personal alarm); and
  - 24 / 7 call handling from the designated monitoring service which will alert a designated contact such as a son, daughter or family friend who is able to respond.
- 4.5 The enhanced service costing £10.00 per week will provide a 24 / 7 response service from the Council's Direct Care and Support Team in addition to the basic service.
- 4.6 In addition to the weekly charge, to be paid by direct debit, there will be a one off charge of £46.00 to cover provision and installation of a key safe which complies with British safety standards. Installation of a key safe will be a standard requirement to access assistive technology support as it allows the service to operate in the safest, most effective way and ensures that people requiring a physical response can be supported as quickly as possible. In exceptional circumstances where this is not possible, alternative arrangements will be made.

- 4.7 Charges will not apply to people who are receiving a period of intermediate care or reablement, usually following a hospital stay. All intermediate care services are exempt from charging for a period of up to 6 weeks.
- 4.8 Anyone accessing the service who already receives social care support and has had a financial assessment will be able to pay for the service then have the cost disregarded during the financial assessment process as an allowed Disability Related Expense, meaning that they will not be detrimentally impacted financially by continuing to access the service.
- 4.9 Anyone who makes a choice to have the enhanced service, without having any other form of social care support, will not be subject to a means test and will be required to fund the £10 weekly cost. People in these circumstances will be provided with information and advice to maximise their benefits (such as Attendance Allowance and Pension Credits) where appropriate.
- 4.10 People receiving assistive technology support will be contacted by the service at least once a year to ensure that the service continues to meet their needs.
- 4.11 It is anticipated that some people currently benefitting from the service at no charge will opt out when the charges are introduced. The number of people making this choice will be monitored, and anyone opting out of the service will be signposted to Hartlepool Now or the Community Hubs should they require any further information and advice about support options available to them.
- 4.12 The service will continue to be the subject of annual reviews by the Commissioned Service Team which will focus on activity levels, response times and quality of provision

## 5. OTHER CONSIDERATIONS/IMPLICATIONS

<b>RISK IMPLICATIONS</b>	<p>The risk of people opting out of the service who have an assessed need for assistive technology support is minimal, as anyone currently receiving the service alongside other elements of care and support will be encouraged to continue to do so via their personal budget.</p> <p>There is a risk that people choose not to access the service once charges are introduced. This risk is being mitigated by ensuring that charges are relatively low in comparison to other areas and by providing people with information and advice to maximise their benefits (such as Attendance Allowance and Pension Credits) thereby increasing their income and ability to pay. Any additional income generated will have benefits that extend far beyond the proposed charging structure.</p>
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<b>FINANCIAL CONSIDERATIONS</b>	<p>The introduction of charges for this service will generate income to contribute to delivery of the Council's Medium Term Financial Strategy. Until a charging framework is introduced it is not known how many current users will continue to access the service, or how many new people may opt in. Based on an assumption that 1,000 people opt for the basic service and 1,000 people opt for the enhanced service, the income generated would be £832,000.</p> <p>It is anticipated that income generated in 2024/25 will be in the region of £400,000 with the full year effect of up to £832,000 achieved by the end of 2025/26. This will be monitored on a regular basis following the charges being introduced to test whether uptake is line with assumptions. If uptake does not reach these levels or exceeds estimates, the anticipated income generation target will be adjusted accordingly.</p>
<b>LEGAL CONSIDERATIONS</b>	The Care Act 2014 gives local authorities the power to charge for care and support provided to adults, with the exception of the provision of community equipment (aids and minor adaptations) and the first six weeks of intermediate care support.
<b>CHILD AND FAMILY POVERTY</b>	<p>Not applicable.</p> <p>It is proposed that the service is not means tested. However those users who already have some form of social care support will have the cost of telecare incorporated into that wider care package, and their contribution towards it will be determined on the basis of their ability to pay.</p>
<b>EQUALITY AND DIVERSITY CONSIDERATIONS</b>	Not applicable as the proposed changes will apply equally to all residents regardless of any protected characteristics.
<b>STAFF CONSIDERATIONS</b>	There are no staffing considerations.
<b>ASSET MANAGEMENT CONSIDERATIONS</b>	There are no asset management considerations.
<b>ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS</b>	Not applicable.

<b>CONSULTATION</b>	<p>Consultation has been undertaken with other local authorities within the North East region to ensure that the proposed charges for the service in Hartlepool are comparative.</p> <p>If a decision is made to introduce charges from 1 April 2024 all current users of the service will be contacted to explain the changes and the options available to them. Anyone requiring further support will be given details on how this can be accessed.</p>
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## 6. RECOMMENDATION

- 6.1 It is recommended that the Adult and Community Based Services Committee support the proposed introduction of charging for the assistive technology service.

## 7. REASONS FOR RECOMMENDATION

- 7.1 Introducing charging for the service brings the approach in Hartlepool in line with the majority of other areas locally and nationally and contributes to delivery of the Medium Term Financial Strategy by generating additional income from April 2024 onwards.

## 8. CONTACT OFFICER

Jill Harrison  
 Executive Director of Adult and Community Based Services  
[jill.harrison@hartlepool.gov.uk](mailto:jill.harrison@hartlepool.gov.uk)  
 01429 523911

Sign Off:-

Managing Director	Date: 12/10/2023
Director of Finance, IT and Digital	Date: 12/10/2023
Director of Legal, Governance and HR	Date: 12/10/2023



# ADULT AND COMMUNITY BASED SERVICES COMMITTEE

9 November 2023



**Subject:** ANNUAL REPORT OF ADULT SOCIAL CARE COMPLAINTS AND COMPLIMENTS 2022/23

**Report of:** Executive Director of Adult and Community Based Services

**Decision Type:** For information

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## 1. COUNCIL PLAN PRIORITY

<b>Hartlepool will be a place:</b>
- where people are enabled to live healthy, independent and prosperous lives.
- where those who are vulnerable will be safe and protected from harm.

## 2. PURPOSE OF REPORT

- 2.1 To present to members the Annual Report of Adult Social Care Complaints and Compliments 2022/23.

## 3. BACKGROUND

- 3.1 The Annual Complaints and Compliments Report provides information on the complaints for adult social care. It summarises information in relation to complaints that have been received and responded to, as well as compliments received during the reporting period.

## 4. PROPOSALS/OPTIONS FOR CONSIDERATION

- 4.1 The report is attached as **Appendix A** and provides an analysis of complaints and compliments and demonstrates learning that has occurred from complaints and actions implemented as a result.

## 4.2 The report includes:

- Complaints and compliments received in 2022/23
- Outcomes of complaints;
- Learning lessons and service improvement; and
- Complaints considered by the Local Government and Social Care Ombudsman in 2022/23.

**5. ADULTS SOCIAL CARE COMPLIMENTS / COMPLAINTS**

5.1 During 2022/23, 74 compliments were received relating to adult social care. This is an increase of 17 from 2021/22.

5.2 A total of 24 complaints were received during 2022/23. This a decrease of one compared to the previous year. Of the 24 complaints received, 2 were resolved within 24 hours and 6 were not considered further leaving 16 complaints that were investigated. This is a decrease of 3 complaints being investigated compared to the previous year.

5.3 Of the 16 complaints investigated in 2022/23, 15 have concluded local statutory complaints processes and 1 complaint remains ongoing which will be carried forward to 2023/24.

**6. OTHER CONSIDERATIONS/IMPLICATIONS**

<b>RISK IMPLICATIONS</b>	None
<b>FINANCIAL CONSIDERATIONS</b>	None
<b>LEGAL CONSIDERATIONS</b>	None
<b>CHILD AND FAMILY POVERTY</b>	None
<b>EQUALITY AND DIVERSITY CONSIDERATIONS</b>	None
<b>STAFF CONSIDERATIONS</b>	None
<b>ASSET MANAGEMENT CONSIDERATIONS</b>	None
<b>ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS</b>	None
<b>CONSULTATION</b>	This report is just for information

**7. RECOMMENDATION**

- 7.1 That members of the Adult and Community Based Services Committee note the contents of the Annual Report of Complaints and Compliments 2022/23 and note that the report will be published online.

**8. REASONS FOR RECOMMENDATIONS**

- 8.1 It is a requirement that an Annual Report regarding complaints is prepared, presented to the relevant Policy Committee and published on the Council's website.

**9. BACKGROUND PAPERS**

- 9.1 None

**10. CONTACT OFFICER**

Danielle Swainston, Children's and Joint Commissioning,  
[danielle.swainston@hartlepool.gov.uk](mailto:danielle.swainston@hartlepool.gov.uk) 01429 523732

Sign Off:-

Managing Director	Date: 28/09/2023
Director of Finance, IT and Digital	Date: 28/09/2023
Director of Legal, Governance and HR	Date: 28/09/2023



# Annual Report of Adult Social Care Complaints and Compliments 2022/23



## Contents

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1. Introduction	3
2. Background	4
3. Adult social care complaint framework	5
4. Principles and outcomes	7
5. Public information	7
6. Summary of representations	7
7. Actions taken following complaints	11
8. Conclusions and way forward	11

## Appendices

**A:** Examples of compliments received across Adult Social Care

**B:** Examples of complaints and actions taken in Adult Social Care

## 1. Introduction

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Welcome to Hartlepool Borough Council's Annual Report of Adult Social Care Complaints and Compliments. The report covers statutory complaints and compliments received for adult social care services for the period 1 April 2022 to 31 March 2023.

The report outlines:

- Details of the complaints and compliments received over the reporting period;
- Actions implemented and resulting improvements following enquiries into complaints;
- Performance in relation to handling of complaints.

## 2. Background

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Complaints and compliments are valued as an important source of feedback on the quality of services. Each complaint is investigated and, where appropriate, redress is made. Equally important is the work to improve services to prevent a repeat of failure in service quality and continually improve services.

### 2.1. What is a complaint?

A complaint is any expression of dissatisfaction about a service that is being delivered, or the failure to deliver a service. The Local Government and Social Care Ombudsman define a complaint as “*an expression of dissatisfaction about a council service (whether that service is provided directly by the council or on its behalf by a contractor or partner) that requires a response.*”

A complaint can be made in person, in writing, by telephone or email or through the council's website. It can be made at any office. Every effort is made to assist people in making their complaint and any member of staff can take a complaint.

### 2.2. Who can complain?

A complaint can be made by:

- A person who uses services;
- A carer on their own behalf;
- Someone who has been refused a service for which they think they are eligible;
- The representative of someone who uses services or a carer acting on their behalf. This could be with the consent of the service user or carer or in the case of someone who does not have the capacity to give consent (within the meaning of the Mental Capacity Act 2005), where they are seen to be acting in the best interests of that person; or
- Anyone who is or is likely to be affected by the actions, decisions or omissions of the service that is subject to a complaint.

### 3. Adult Social Care Complaint Framework

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#### 3.1. Complaint management arrangements

The statutory complaint function for adult social care sits within the Quality and Review Team under the management of the Head of Service (Quality and Review). The remit of the Complaints Manager's function is:

- Managing, developing and administering the complaint procedure;
- Providing assistance and advice to those who wish to complain;
- Overseeing the investigation of complaints that cannot be managed at source;
- Supporting and training staff; and
- Monitoring and reporting on complaints activity.

#### 3.2. The complaint regulations and procedure

A single level integrated complaints process was introduced on 1 April 2009 with the implementation of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.

These regulations place a duty on NHS bodies and adult social care organisations to coordinate handling of complaints and to advise and support complainants through the procedure.

The complaints procedure aims to be as accessible as possible. The policy is flexible to ensure that the needs of the complainant are paramount and allows the Department and the complainant to agree on the best way to reach a satisfactory outcome. On receipt of a complaint the level of impact is determined and complaints are screened according to their content as being red (high impact), amber (moderate impact) or green (low impact). The process for handling the complaint is dependent on the impact.

### **3.3. Timescales for the resolution of complaints**

Staff will always try to resolve problems or concerns before they escalate into complaints and this ensures that, wherever possible, complaints are kept to a minimum.

Since the introduction of the 2009 regulations the only mandatory timescale is that the complainant receives an acknowledgement within 3 working days. The legislation allows for a maximum 6 month timescale to investigate and respond to a complaint. This offers a more flexible approach to the amount of time in which complaints should be dealt with. The Council's policy aims for even the most complex of complaints to be resolved within 65 working days. If timescales cannot be met, a new timescale should be discussed with the complainant. Locally, timescales have been introduced for amber and green complaints of 40 and 20 working days respectively.

There is a time limit of 12 months from when the matter being complained about occurred to when a complaint may be made. After this time, a complaint will not normally be considered. However, there is discretion to accept a complaint after the 12 month time limit where the local authority is satisfied that the complainant had good reason(s) for not making the complaint within that time and where it is still possible to investigate the complaint effectively and fairly.

### **3.4. Referral to the Local Government and Social Care Ombudsman**

If, at the end of the complaints procedure, the complainant remains dissatisfied with the outcome or the way in which their complaint has been handled, they may ask the Local Government and Social Care Ombudsman (LGSCO) to investigate their complaint. Complainants may also approach the LGSCO directly without accessing the complaints process. In these cases it is usual for the LGSCO to refer them back to the Council for the complaint to be examined through the relevant complaints process before they intervene.



#### 4. Principles and outcomes

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Good handling of complaints and representations involves:

- Keeping the complainant at the centre of the complaints process;
- Being open and accountable;
- Responding to complainants in a way that is fair;
- Being committed to try to get things right when they go wrong; and ▪ Seeking to continually improve services.

Statutory complaints are underpinned by the following:

- A procedure that aims to be fair, clear, robust and accessible;
- Support being available to those wishing to make a complaint;
- Timely resolution following enquiry into complaints/representations;
- Action taken following complaints and the quality of services improved as a result; and
- Monitoring being used as a means of improving performance.

#### 5. Public information

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Information about the complaints and representations framework is accessible via the Council's public access points and also the Council's website at:

[https://www.hartlepool.gov.uk/info/20076/adults\\_and\\_older\\_people/93/get\\_in\\_touch](https://www.hartlepool.gov.uk/info/20076/adults_and_older_people/93/get_in_touch)

Individuals and carers are provided with factsheets explaining the procedure when they take up a new service and when support plans are agreed and reviewed.

Information in other formats such as large print, Braille or translation in languages other than English are made available upon request.

#### 6. Summary of representations

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## 6.1. Compliments

Compliments are generally recognised to be an indicator of good outcomes for individuals and carers. They also serve to provide wider lessons regarding the quality of services.

During 2022/23, 74 compliments were received relating to adult social care. This is an increase of 17 compliments from 2021/22. These range from an expression of thanks and appreciation in the form of a thank-you card to written communication. In particular, they broadly reflect the work being delivered across adult social care, individuals expressing thanks for pieces of equipment which improve their daily living and a general appreciation of the social work teams who have made a difference to the lives of individuals and their carers. Appendix A provides some examples of compliments received during the period.

## 6.2. Complaints received in 2022/23

A total of 24 complaints were received during 2022/23. The number of complaints received has decreased by 1 from last year. Of the 24 complaints received, 2 complaints were resolved within 24 hours and 6 were not considered further leaving 16 complaints investigated. This is a decrease of 3 complaints being investigated from the previous year.

Of the 6 complaints not considered further, this was because:

- 3 complaints were not accepted for investigation because the service user had not provided their signed consent for someone else to act on their behalf in the matter of the complaint;
- 2 complaints were withdrawn by the complainant and were therefore not considered any further; and
- 1 complaint was withdrawn by the Council when the complainant did not communicate further despite repeated efforts by the Council to engage with the complainant.

Of the 16 complaints investigated in 2022/23, 15 complaints have concluded local statutory complaints processes and 1 complaint remains ongoing which will be carried forward to 2023/24.

### 6.3. Client groups and general data

Adult Social Care			
Client group	2022/23	2021/22	2020/21
Older Persons	10	9	10
Learning Disabilities	1	2	3
Physical Disabilities and Sensory Loss	5	1	3
Adult Mental Health, AMHP and DoLS functions	4	4	5
Contracted Services	4	9	4
Carers	0	0	0
<b>Total number of complaints received</b>	<b>24</b>	<b>25</b>	<b>25</b>

In 2022/23:

- Complaints were received from 7 males and 17 females.
- Complaints which were considered either complex or have a number of elements to them are usually investigated by someone independent of the Council. Independent Investigators were appointed to 3 of the 16 complaints investigated. The remaining complaints were investigated and responded to internally.
- Of the 24 complaints received, 10 complaints were received within the older person's service followed by 5 complaints about physical disability and sensory loss, 4 complaints were received in adult mental health services and 4 complaints were received about contracted service providers leaving 1 complaint within the learning disability service. There was an increase in the number of complaints received in 2022/23 about physical disabilities and sensory loss but a decrease in the number of complaints received about contracted service providers. Whilst complaints about older person's

services have generally remained the same over the past 3 years, complaints about the learning disability service have decreased year on year.

- Of the 16 complaints investigated, 3 complaints were received directly from the person concerned. There were 6 complainants who signed their consent for someone else to represent them and act on their behalf in the matter of the complaint, 3 complainants represented a deceased relative in bringing their complaint and 4 complainants represented someone who lacked capacity within the meaning of the Mental Capacity Act 2005.
- Of the 16 complaints investigated, 2 complaints spanned both health and adult social care. In these cases, a joint response to the complainants from the relevant health body and adult social care were sent to the complainants in accordance with statutory complaint regulations.
- Of the 16 complaints investigated, 1 complainant chose to have an advocate to assist them with their complaint.

#### **6.4. Timescales and the Grading of Complaints**

There is a maximum 6 month statutory timescale for investigating and responding to a complaint relating to adult social care. However, the overall aim is to respond to complaints in a timely manner. The likely timescales for investigation are discussed with the complainant at the outset of a complaint investigation and updates on progress of the investigation are provided by the Investigating Officer at regular intervals. There are a range of factors that can impact upon timescales such as:

- Whether the complaint has been considered low, moderate or high impact;
- The number of points of complaint for investigation;
- The availability of the complainant and other key people the Investigating Officer needs to interview;
- The time taken to conduct interviews with key people;
- Seeking appropriate consent for obtaining information from partner agencies and awaiting the necessary information to inform the complaint investigation;

- Reading case files and records and obtaining copies of local policies and procedures;
- Consideration of all available information and the drafting of a complaint investigation report; and
- Carrying out factual accuracy checks on the draft report and providing feedback to the complainant before finalising and submitting the final report.

#### **6.5. Complaints carried forward to 2023/24**

Of the 16 complaints investigated, 1 complaint has been carried forward to 2023/24.

#### **6.6. Complaints considered by the Local Government and Social Care Ombudsman (LGSCO) in 2022/23**

There was 1 complainant who approached the LGSCO about their adult social care complaint in 2022/23. The LGSCO decided not to investigate because there was no sign of fault with the Council's actions.

### **7. Actions taken following complaints**

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Actions implemented are an important aspect of the complaints framework. Appendix B outlines some improvements that have been put in place as a direct result of complaints and representations received in adult social care during 2022/23.

#### **1. Conclusions and way forward**

#### **8.2. Action plan**

Actions for 2023/24 are as follows:

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##### **<sup>1</sup> .1. Going forward**

- Review the adult social care complaints procedure.
- Continue to raise awareness of and promote appropriate use of the complaints procedure for adult social care.
- Continue to raise awareness of lessons learnt from complaints and ensure that they are fed into policies, procedures and practice.
- Continue to remind and encourage the workforce to inform the Quality and Review Team when expressions of thanks have been received. These provide an indication of satisfaction with services and should be recorded and reported.

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There is an ongoing commitment to ensure that a person-centred approach is adopted for the handling and investigation of each complaint. The Council is focused on ensuring that: complainants receive appropriate and timely feedback on complaints; appropriate apologies are offered; any redress is made and any service improvement recommendations are delivered.

## Appendix A: Examples of compliments received across Adult Social Care

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*“Throughout her time as mam’s social worker L has been a constant support to the family, working tirelessly to achieve the best outcomes for mam’s care. She has signposted us to various agencies enabling us to support mam the best way we can and her dedication and commitment has been outstanding.”*

### **Carer about a Locality Assessment Team**

*“Thank you so much to you all for all your support, you have no idea how greatly appreciated it has been. I would have given up without you all over the last 6 months. I only wish we could keep you permanently. Thank you so much again, you are truly angels and certainly don’t get the credit you deserve.”*

### **Service User about the Preventative Mental Health Team**

*“I would like to express my thanks and appreciation to all involved with installing handrails at my mum’s house. This additional support has made a big difference and also provided her family with assurance that our mum is safer within her home environment. All staff were so helpful and personable, a real credit to the service.”*

### **Carer about the OT service**

*“A big thank you for all your support and professionalism throughout mam’s assessment period from the very beginning. Decisions have to be made that are very hard. You have made those decisions so much easier with the support you have provided, for that I will be forever grateful. I have nothing but praise for the staff and all involved in mams care, including yourself in this process to get mam to the right place. I wish you all the very best in the future D, you are a credit to your team.”*

### **Carer about a Locality Assessment Team**

*“G explained everything really clearly, G always put my Mam’s needs at the heart of every conversation. She was extremely attentive and empathetic to our concerns. She spoke to my Mam on a level that she understood and gained her trust straight away, G has been excellent throughout and continues to be. At a time when social workers often get a bad rap, G has been a credit to the Council and has gone above and beyond her role in order to get the best support for my Mam. I am truly grateful.”*

**Carer about the Hospital Discharge service**

*“Wanted to pass on her thanks and for their manager to know how extremely pleased she is for their help, they are lovely men, polite and hard working. SU is moving south to live with her daughter and she plans to take the handyperson leaflet with her to show the folk there what a brilliant service Hartlepool run and how this should be taken up by all councils.”*

**Carer about the Handyperson service**

*“I’d just like to say a special thank you to you and all your department for allowing me to stay in my home for more years hopefully.”*

**Service User about the OT service**

*“Thanks to all the team who have provided her and her husband with support over the past 4 years. She said the service has been life changing for her and that the staff have all been wonderful. L said the Council should be proud of the team and the service it provides.”*

**Service user about a Locality Assessment Team**



## Appendix B: Examples of complaints and actions taken in Adult Social Care

Details of complaint/Outcome	Actions following findings
<p>The complainant (a service user) was unhappy about some adaptations works carried out under a Disabled Facilities Grant.</p> <p>The complaint was responded to by an Assistant Director.</p>	<p>The complaint investigation found areas where some improvements could be made before the actual works started on site. These were:</p> <ul style="list-style-type: none"> <li>• Where the works included a specialist trade(s), they should be routinely included at the pre-start meeting; and</li> <li>• Matters discussed and agreed upon at the pre-start meeting should to be confirmed in writing to all parties before site works commence.</li> </ul> <p>An apology was provided to the complainant for the disruption caused.</p>

<p>The complainant (a representative of the service user) expressed her dissatisfaction about a number of missed visits made by the commissioned service provider to the service user as part of her care and support plan.</p> <p>The complaint was responded to by an Assistant Director.</p>	<p>As an interim measure, whilst a new electronic scheduling system was being fully implemented, the care provider developed a manual coordination process with a daily call-checking procedure. This action was monitored by the Council's link officer.</p> <p>An apology was provided to the service user for the missed visits and the action taken by the care provider to prevent a reoccurrence was explained. The Council also reimbursed the service user her financial contribution for the missed visits.</p>
<p>The complainant (a representative of the service user) was unhappy about some aspects of an assessment carried out by an Approved Mental Health Practitioner (AMHP).</p> <p>The complaint was independently investigated.</p>	<p>Although the Independent Investigator did not uphold the complaint made, the Council implemented a recommendation made which will enhance the AMHP practice guidance.</p> <p>The Council welcomes the external scrutiny of Independent Investigators in this regard. Their independent scrutiny adds value to learning from complaints and enables wider service improvements to be implemented as a result of a single complaint made.</p>

<p>The complainant (a representative of a deceased service user) expressed her dissatisfaction about the care her late relative had received in a residential care home commissioned by the Council. The complainant was particularly dissatisfied with the quality of care and a lack of dignity shown towards her late relative.</p> <p>The complaint was independently investigated.</p>	<p>The Independent Investigator made some recommendations for service improvement for the care home which included improved record keeping and reviewing empathy training. This was shared with the care home and will be monitored by the Council's link officer.</p> <p>The Council agreed to include a statement within the general information section of each care home's Quality Standards Framework report to confirm whether or not the care home has en-suite facilities and remind Social Workers to encourage individuals and their relatives to view a care home including a bedroom where possible.</p> <p>An apology was provided to the complainant as well as some financial redress in recognition of the faults identified in the independent investigation report.</p>
<p>The complainant (a representative of a deceased service user) was unhappy about a timescale given to him to respond to correspondence. The complainant asserted the timescale was insufficient because of a number of factors including the need to seek independent advice before responding.</p> <p>The complaint was responded to by an Assistant Director.</p>	<p>The Council accepted that the timescale to respond was insufficient and provided an apology to the complainant.</p> <p>Staff were reminded to provide a realistic timescale for a reply to correspondence, ensuring all relevant factors and any external influences are taken into account which may impact upon the time to respond.</p>

<p>The complainant (a representative of a services user who lacked capacity within the meaning of the Mental Capacity Act) expressed her dissatisfaction with a delay in the implementation of her relative's care and support package.</p> <p>The complaint was responded to by a Team Manager.</p>	<p>Although the care and support package had been agreed, the complainant's preferred care provider could not start the care package immediately. There had been some miscommunication about this and an apology was made. An alternative interim option was offered to the complainant which was accepted until their preferred care provider could commence the package.</p>
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# ADULT AND COMMUNITY BASED SERVICES COMMITTEE

9 November 2023



**Subject:** COMMUNITY MENTAL HEALTH  
TRANSFORMATION - UPDATE

**Report of:** Executive Director of Adult and Community Based  
Services

**Decision Type:** For information.

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## 1. COUNCIL PLAN PRIORITY

<b>Hartlepool will be a place:</b>
- Where people are enabled to live healthy, independent and prosperous lives.
- Where those who are vulnerable will be safe and protected from harm.
- Of resilient and resourceful communities with opportunities for all.

## 2. PURPOSE OF REPORT

- 2.1 To provide the Adult and Community Based Services Committee with an update on the community mental health transformation framework and collaborative partnership for Hartlepool, and to share a report outlining the impact of the Better Mental Health Grant, commissioned by the Office for Health Improvement and Disparities

## 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 goal is to ensure 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.
- 3.4 Principles of the framework include:
- Co-production: active participants lead and own the design for future services.
  - Inclusivity: a no wrong door approach for mental health support.
  - Collaboration: working as a system and building the infrastructure with new and existing partners.
  - Person centred care: centred around individual needs.
  - Care is proactive not reactive.
  - Assessment is collaborative and not repeated.
  - Community design that addresses health inequalities and social determinants.

#### 4. PROPOSALS FOR CONSIDERATION

- 4.1 A short presentation has been prepared providing an overview of the work to date to embed the mental health community based offer in Hartlepool.
- 4.2 The Better Mental Health Fund was established in 2021 to address mental health challenges arising from the Covid-19 pandemic, with growing evidence that the pandemic and associated mitigations were affecting public mental health and exacerbating inequalities. The grant was administered by the Office for Health Improvement and Disparities (OHID).
- 4.3 Made in Communities; a national evaluation of the Better Mental Health Fund outlines the impact of the grant, including nine projects that were funded in Hartlepool. The report is attached as **Appendix 1**.

#### 5. OTHER CONSIDERATIONS/IMPLICATIONS

<b>RISK IMPLICATIONS</b>	There are no risks associated with this report.
<b>FINANCIAL CONSIDERATIONS</b>	Financial support has been made to a number of local voluntary and community services through Mental Health Resilience Funding and the Better Mental Health Grant.

<b>LEGAL CONSIDERATIONS</b>	There are no legal considerations associated with this report
<b>CHILD AND FAMILY POVERTY</b>	There are no child and family poverty implications associated with this report.
<b>EQUALITY AND DIVERSITY CONSIDERATIONS</b>	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, regardless of any protected characteristics.
<b>STAFF CONSIDERATIONS</b>	Considering the wellbeing of the workforce is essential to ensuring that organisations are fit for the future.
<b>ASSET MANAGEMENT CONSIDERATIONS</b>	There are no asset management considerations associated with this report.
<b>ENVIRONMENT, SUSTAINABILITY AND CLIMATE CHANGE CONSIDERATIONS</b>	There are no environment, sustainability and climate change considerations associated with this report.
<b>CONSULTATION</b>	<p>Consultation and engagement is ongoing with local commissioners, providers, people with lived experience and the local voluntary and community sector.</p> <p>The Tees Valley Healthwatch organisations completed a consultation exercise seeking views on a revised mental health system which had input from approximately 900 people and has informed the work to date.</p>

## 6. RECOMMENDATION

- 6.1 It is recommended that the Adult and Community Based Services Committee note the update in respect of the implementation of the Hartlepool Community Mental Health Transformation plan and the successful outcomes achieved.

## 7. REASON FOR RECOMMENDATION

- 7.1 The Adult and Community Based Services Committee has responsibility for adult social care provision and should seek assurance about progress against the transformation plan.

**8. BACKGROUND PAPERS**

- 8.1 17/03/2022 - [Community Mental Health Framework Transformation for Hartlepool – Director of Adult and Community Based Services](#)

**9. CONTACT OFFICER**

Neil Harrison  
Head of Safeguarding and Specialist Services  
Adult and Community Based Services Department  
[Neil.Harrison\\_1@hartlepool.gov.uk](mailto:Neil.Harrison_1@hartlepool.gov.uk)  
Tel: 01429 284371

Sign Off:-

Managing Director	Date: 06/10/2023
Director of Finance, IT and Digital	Date: 06/10/2023
Director of Legal, Governance and HR	Date: 06/10/2023





# **MADE IN COMMUNITIES**

The national evaluation of the  
Better Mental Health Fund

**David Woodhead, Zoë McHayle  
and Karen Newbigging**

# CONTENTS

Foreword	3
Key findings	4
The Better Mental Health Fund	6
Evaluation process and methodology	8
Opportunities created by the Better Mental Health Fund	11
The early phase of implementation	14
Systems change	17
Programme reach	18
Wellbeing measures	19
Impacts on local communities	22
Measuring impact	24
Sustainability	26
Key learning points	28
Conclusions	31
Recommendations	32
References	33

# FOREWORD

Mental health is made in communities. It's forged in the connections we make, the lives we lead, the people who are around us, and the environments we live in.

The Better Mental Health Fund was a government-backed grant scheme that put communities at the heart of improving the public's mental health at a time of extraordinary stress and strain for millions of us.

By putting funding for public mental health into local authorities in 40 of the most disadvantaged areas of England, and giving them the freedom to spend it according to the needs of their area, the Fund showed just what can be achieved by working arm-in-arm with people and communities.

Each of the 40 areas that participated in this unique programme did something different with the funds available. They took a wide range of approaches to improving mental health in the communities they serve, often focusing on communities with the poorest mental health and least access to effective support. This often meant partnering with community organisations, for whom even small amounts of money can go a long way. And they showed that it is possible to get great results that make a real difference in people's lives.

Imagine if this was the norm across the country. If local authorities were able to build and nurture community-led mental health projects longer term with sustained funding and commitment. If our mental health was always taken as seriously as our physical health. If communities were properly supported to lead the way in promoting better mental health for all.

This report shows what is possible with wise investment in the public's mental health. We mustn't let it be a one-off event in the aftermath of the pandemic. There's so much more that councils and communities could do together, with the right support, to boost people's mental health.

We hope that this report spurs action nationally and locally to build a lasting legacy from the Better Mental Health Fund for everyone's benefit.



**ANDY BELL, CHIEF EXECUTIVE**



# KEY FINDINGS

The Better Mental Health Fund has benefitted people at risk of poor mental health and others with experience of mental ill health in 40 of the most disadvantaged areas of England. The evaluation highlights a number of learning points which are useful to consider when planning future initiatives:

- 1. Funding for public mental health activity can make a marked difference by building social and community capital.** This is especially the case for smaller organisations, more so if the funding is disbursed flexibly, enabling a rapid response to identified need and reducing administrative burden.
- 2. It's possible to foster innovation in a short timescale,** for example by adapting evidence-based targeted or universal interventions for specific populations.
- 3. The existence of goodwill and strong relationships** between local councils and voluntary and community sector (VCSE) organisations is essential to get funding out quickly.
- 4. The experience of responding to Covid quickly provided a foundation for engagement** and adapting programmes to deliver mental health interventions.
- 5. Capacity building was a feature of many of the programmes,** which provided relevant training for non-specialists in mental health. This potentially leaves a positive legacy but raises the issue of the ongoing development of this workforce.
- 6. Short-term funding brings significant risks.** At the outset, it takes time to establish projects and coproduce ways of working. And at the end, providers are left with extra demand they cannot handle, and people lose valued support.
- 7. Small, unconstituted groups are a vital part of the public mental health ecosystem:** both as potential providers of support but also as sources of intelligence about needs and means of coproducing solutions. Such groups can benefit from small grants as well as links with, and support from, bigger VCSE organisations.
- 8. Up to date joint strategic needs assessments (JSNAs) and other robust needs assessments are a vital foundation** – providing insight about where needs are greatest and gaps are most pronounced.
- 9. Areas with an existing strategic focus on addressing inequalities** were more readily able to implement a coherent and coordinated programme of activities. This strategic focus meant that the Better Mental Health Fund added to or complemented other pre-existing programmes of work with this aim.
- 10. Some areas had challenges reaching the most disadvantaged groups in the population,** sometimes as a result of short timescales and a lack of prior engagement. Where there was a history of engagement and dialogue, projects were likely to get going more quickly.



11. **It can be valuable for local authorities to share resources they've produced** to get greater benefits across wider areas – learning from each other and maximising the use of staff time and resources. Care needs to be taken to adapt these to the local context.
12. **Timing is important.** It needs to be right for the community and the setting where it is being delivered: for example, work within schools or with young people in education needs to fit into the academic year. Projects with internally-driven timescales might not cohere with those of the place they are being offered.
13. **Political leadership is important to help get projects started and sustained**, including when national funding ends. Elected members in local authorities play a vital role in promoting and continuing initiatives.
14. **Public mental health activity needs to be culturally appropriate.** The mental health workforce as a whole is not representative of the communities it serves, and this can hold projects back, for example when offering culturally appropriate therapy.
15. **Projects that seek to change systems or build capacity** – for example, by building on the opportunities brought by integrated care boards and partnerships (ICBs and ICPs) – may leave a stronger legacy than those that seek to provide a time-limited service.



# THE BETTER MENTAL HEALTH FUND

The Government set up the Better Mental Health Fund in 2021 to address mental health challenges arising from the Covid-19 pandemic. The Office for Health Improvement and Disparities (OHID) was responsible for its administration. The £15 million fund aimed to reduce mental health inequalities by targeting at-risk and vulnerable groups. It was developed in response to growing evidence that the pandemic and its associated mitigations were affecting public mental health and exacerbating inequalities, alongside other measures to improve access to mental health crisis care and support.

Funding was offered to 40 local authorities in England to commission evidence-based interventions to improve mental health and mental wellbeing in local communities. These local authorities have some of the highest levels of deprivation, where mental health is at its poorest. The 40 councils that received funding covered almost all regions of England, and were allocated according to population size. They implemented 314 individual projects over the 12 months of the programme, reaching well over half a million people either directly or indirectly in many of the most deprived areas of England and in communities or population groups that have traditionally been poorly served by both public mental health and mental health services.

The Fund was designed to enable local councils to support a wide range of activities to promote mental health, covering a spectrum of preventative and support-based interventions and projects for the general population, for people at risk of experiencing poor mental health, and for people who are already experiencing mental health challenges. Local councils did this by tailoring their use of the Fund to the needs of their communities, building on evidence of need and their understanding of where inequalities in mental health were most pressing.

The Better Mental Health Fund encouraged local authorities to invest in interventions that already have a strong evidence base, adapting them where necessary to the needs and preferences of groups within the population. This includes people facing the highest risks to their mental health and the poorest access to support. This maximised the chances of making a positive impact to wellbeing among the most disadvantaged and marginalised communities.

Local councils used the Better Mental Health Fund to support a wide range of activities to promote mental health, covering a spectrum of preventative and support-based interventions and projects, for people at risk of experiencing poor mental health and for people who are already experiencing mental health challenges.

A hallmark of many projects was their use of social approaches to mental distress, with interventions aimed at addressing some of the risk factors – such as isolation or exclusion – that are known to play a role in poor mental health.

### **The types of project supported by the Fund included:**

- ⊙ Pre- and post-natal support
- ⊙ Parenting programmes
- ⊙ Social and emotional learning programmes
- ⊙ Bullying prevention in educational settings
- ⊙ Whole school approaches
- ⊙ Mental health promotion for young people
- ⊙ Promoting mental wellbeing in the workplace
- ⊙ Supporting people facing financial insecurity and debt
- ⊙ Improving housing quality/security and preventing homelessness
- ⊙ Befriending and projects addressing loneliness
- ⊙ Bereavement support
- ⊙ Community wellbeing
- ⊙ Peer support
- ⊙ Physical activity for mental health.

Projects supported by the Better Mental Health Fund made a significant difference to the people who participated in them. Many local areas are now exploring ways to sustain them longer term. This is challenging in the current fiscal environment, but effective local leadership and relationships between agencies help to make this more possible.



# EVALUATION PROCESS & METHODOLOGY

Centre for Mental Health was appointed to evaluate the Better Mental Health Fund nationally. We worked with local areas to understand how they used the Fund to improve mental health and wellbeing in their communities, and what they learned in the process. The evaluation was commissioned by OHID to capture as much learning from the Fund as possible about how the funding was used, what it achieved, and what can be learned for policy and practice longer term from this unique programme. It complements local evaluations conducted at many of the sites, which provided deeper assessments of each area's approaches and results.

We took an appreciative enquiry approach, a model based on promoting sustainable change. We focused on understanding operational successes and learning points, and on identifying community assets. We sought to deepen our knowledge about what works in improving mental health and wellbeing for marginalised communities.

Mixed method evaluation – where quantitative and qualitative techniques are used complementarily – is helpful when seeking to understand complex systems. As such, we took three approaches to collecting data to help us create a rich picture of outcomes and outputs, as well as a narrative about what worked, what was challenging, and how barriers were overcome.

## **MONITORING DATA**

The data, collected by each local area and sent to OHID as part of their quarterly monitoring of the projects, included cost, number of beneficiaries, uptake rates across demographic groups, and changes in mental health and wellbeing, across the 40 sites and for the 314 projects. Data quality was not always strong, notably in relation to protected characteristics and, on occasion, deprivation, which limited analysis. There was a vast amount of missing or unknown data, and in some cases, wellbeing scores were inaccurately reported.

One key contextual issue for the analysis of the wellbeing scores came to light. While normally we would be looking for positive changes in beneficiaries' scores, in the midst of the Covid-19 pandemic, with its widely anticipated and reported negative impacts on communities' wellbeing (O'Shea, 2021), we noted that no increase, and even a slight decrease, could still be seen as positive. To support individuals to maintain scores during the pandemic was considered to be a positive outcome.



## WORKSHOPS AND GROUP INTERVIEWS

In March 2022, we hosted five interactive evaluation workshops. They were attended by 37 public health leads and colleagues, and eight service providers. At least one representative from each of the 40 implementation sites attended a workshop.

The following areas were discussed:

- ⦿ What opportunities has the Better Mental Health Fund brought?
- ⦿ What have been the key challenges in implementation? What has gone well?
- ⦿ What difference has the Fund made to local people?
- ⦿ What have you learned?

Participants noted how they had benefitted from meeting colleagues working in a variety of sites and with diverse communities. There had been value in making connections and reflecting on their experiences together.

A facilitated meeting with regional and national staff members from OHID was undertaken in August to hear their reflections on the process.

Workshop participants worked in small groups, reflected on their experiences, and shared information about their projects. Workshops were useful to generate ideas, share views and explore common experiences in significant depth.

## CASE STUDIES

To supplement and illustrate the themes that emerged from the monitoring data and workshops, we purposively selected 13 case study sites to bring depth to our understanding of the successes and challenges of implementation and impacts of the local projects. We devised the following criteria for selecting the sites:

- ⦿ A spread across the four quartiles of disadvantage as measured by the 2019 Index of Multiple Deprivation
- ⦿ Diversity of population and intended beneficiaries, for example people of colour
- ⦿ Project focus: primary, secondary and tertiary prevention
- ⦿ Whole system approaches and systems change
- ⦿ Size of budget
- ⦿ Regional representation
- ⦿ Mix of seaside and inland places – none of them were rural.



The 13 places we chose were:

1. Barnsley
2. Birmingham
3. Blackpool
4. Bradford
5. Haringey
6. Hartlepool
7. Lambeth
8. Leicester
9. Luton
10. Oldham
11. Sandwell
12. South Tyneside
13. Torbay.

The case studies were completed by bringing together data and information from project documentation, monitoring data, and interviews (39 people were interviewed in total).

## **VIDEOS AND PODCASTS**

Interviews with beneficiaries and with public health leads across the country, shared in **videos and podcasts**, brought depth and additional insight.

Before taking part in the research – either in workshops or in videos – we secured the consent of research participants, reassuring them that their data would be used respectfully and confidentially, and that they were in control of the process and could withdraw at any time.

# OPPORTUNITIES CREATED BY THE BETTER MENTAL HEALTH FUND

Workshop participants felt that the Better Mental Health Fund had had a positive impact on the mental health of residents, including those with complex needs, despite numerous external pressures.

The immediate and longer-term impacts of the pandemic included unemployment and deepening financial insecurity, loneliness and isolation, worries about loved ones, frustration at changes in the ways clinical and support services had been delivered, disrupted schooling, greater risks for people living in abusive households, bereavement and grief, and the psychological effects of long-term sickness.

The positive impact of the Better Mental Health Fund working where need was the greatest was widely acknowledged.

The Better Mental Health Fund brought welcome opportunities to promote population-based and preventative approaches in deprived areas, and to resource innovative projects where challenges were many and resources were likely to have been constrained.

As one participant noted, the Better Mental Health Fund meant that *'we've been given the chance to do work we simply couldn't do before'*

Workshop participants described how, as the mental health impacts of Covid-19 deepened, the Better Mental Health Fund had created opportunities to bring support and relief in the most affected communities, to change local systems, and to build local knowledge. They spoke warmly about national and regional OHID teams and welcomed the time they spent, and the care they took, to build relationships with local programme leads and to support them throughout the process.

Workshop participants were, in the main, optimistic about the possibility of improving the mental health and wellbeing of local people, especially those who carried a disproportionate burden. They were also pragmatic. For them, making progress meant that their plans had to be ambitious, yet realistic. As one participant noted: *'You must accept that you're never going to be able to help everybody. Even if you can just help a few people then you've achieved something. Especially here, it's such a deprived borough. You're never going to be able to engage everybody. Some people just aren't interested. But if you engage a handful of people and help them improve their lives, that's a good thing'*



# SOUTH TYNESIDE

South Tyneside has a population of approximately 150,000. The population is recorded as being mainly, though not exclusively, white.

It is one of the 20% most deprived local authorities in England.

Most of the organisations funded through the Better Mental Health Fund in South Tyneside are run by the VCSE.

The Better Mental Health Fund is supporting a range of projects across the life course that are targeted at populations facing greater inequalities, both in terms of the circumstances in which they live and the challenges they face in accessing support.

The projects are varied, and include **Women's Health in South Tyneside (WHiST)**, a voluntary organisation that connects access to counselling services for women with practical support in relation to budgeting, debt management and bill-paying. The project also offers advice on housing issues and social security benefits.

An advocate, resourced by the Better Mental Health Fund, hosts a drop-in session on a Tuesday. There is group work as well as one-to-one support on offer. Attendees talk about the challenges they face, offer each other support, and identify solutions. They can also eat together (which might be the only meal they will have that day), as well as socialise and interact – creating positive experiences for women who struggle with depression and low mood, as well as isolation and loneliness.

One participant wrote:

" Since coming to WHiST and the Tuesday morning drop in, I still feel anxious about my finances, but I feel like it is getting sorted out now.

I now have more a month to live on and feel I make good choices with money. I'm starting to get more of my confidence back. I have now told my children about my problems with money and how much I have been struggling, they couldn't believe that I had kept it to myself for so long.

It has made our relationship stronger, and I feel the weight has been lifted."

For a full description of local needs and assets, see South Tyneside Council's **Joint Strategic Needs and Assets Assessment**

# HARINGEY

Haringey has a population of 268,647; people of colour make up 64.4% of the population and over 180 languages are spoken.

Haringey residents experience high levels of poverty, unemployment, single parents, drug abuse, domestic violence and serious youth violence.

The deprived wards are mainly located in the east of the borough. People living in these deprived areas are more likely to be affected by depression.

The identification of local mental health needs was informed by the 2019 Mental Health JSNA, Haringey's resident Covid-19 survey, and engagement with local mental health service providers.

The Better Mental Health Fund in Haringey aimed to provide a comprehensive approach to promoting better mental health for Haringey's residents, reducing inequalities by targeting areas in Haringey where risk factors for poor mental health are greatest. Badged as Haringey's Great Mental Health Programme, the seven programmes aimed to:

- ☉ Reduce barriers to accessing mental health information and support, by providing information in different languages
- ☉ Strengthen communities by increasing social connectedness and reducing isolation, investing in and establishing grassroot organisations
- ☉ Design interventions to address the mental health consequences of Covid, particularly bereavement and loss.

Mind in Haringey was already delivering prevention services and through the Fund they introduced a model of stepped bereavement support. This included information and signposting, counselling and group support, grief workshops, and online peer support including Latin-American groups, reflective of Haringey's population.

Staff are recruited from the borough to reduce high local levels of unemployment, with lived experience valued. The recruitment of a Portuguese worker was identified as enabling the service to be more accessible.

The service routinely collected wellbeing, demographic and qualitative data to understand access, uptake and performance. A recent evaluation showed positive changes in wellbeing to be statistically significant, unlikely a result of chance.

Haringey also partnered with other local authorities in the Good Thinking consortium and across London for the Great Mental Health Day to maximise its impact beyond the borough. This highlights the value of a well-developed communication strategy to promote existing services, and to make mental health a 'good news story'.

**For a full description of local needs and assets, see Haringey Council's Joint Strategic Needs Assessment**

# THE EARLY PHASE OF IMPLEMENTATION

According to some people in the workshops, the rapid timescales for programme set up and implementation limited the ambition of projects in some areas and drew focus away from working with people facing multiple challenges, for example people of colour. As a participant noted: *'If there had a been a longer run up, it would have been easier to bring people together [in a] partnership approach.'*

Those sites that had project ideas ready for implementation felt that they were at an advantage.

The information sheet included in the initial tendering documents that detailed ideas for evidence-based projects was found by workshop participants to have been very helpful. It saved time and gave a clear indication of the types of initiative that OHID would fund. Participants were reassured that their proposals were likely to have positive impacts, or would at least cause no harm, because they were based on established evidence.

Working in deprived areas and with people with complex needs takes time, participants commented, especially for projects addressing issues that are sensitive and stigmatised, such as suicide and self-harm, or when potentially detailed processes such as coproduction are required. As one participant noted: *'Fundamental change can take time. It takes time to work with people and get to grips with what's going on for them.'*

There were challenges in aligning the timing of local and national decision-making cycles, procurement and contracting processes, as well as in staff recruitment. Where strong relationships existed within local authorities, and across different departments, such as procurement, HR and public health, progress was more easily made.

A small number of workshop participants initially found the requirements for quarterly performance returns to OHID confusing. They welcomed subsequent efforts to clarify what was expected and to simplify reporting processes.

# LAMBETH

The South London borough of Lambeth, with an estimated population of 330,000, has many diverse, marginalised and excluded communities that carry disproportionate burdens of preventable and avoidable ill health.

The white British and Irish population make up only 40% of the population.

Life expectancy is decreasing in Lambeth.

Grounded in the strategic information they had collected and the priorities they had identified, the Better Mental Health Fund provided opportunities for the strategic health partnership Lambeth Together to resource projects which had not had a clear source in recent times.

The projects were led by VCSE organisations that understood the needs and assets of the communities with which they worked.

Eight projects were funded, including a Carers' Hub. Carers' experiences of isolation, loneliness and exhaustion intensified during the pandemic. This was especially acute for people whose loved ones were shielding or experiencing high levels of anxiety about going out.

Lambeth Carers' Hub has a strategic objective to improve the wellbeing of carers – child and adult – and provides a range of activities. These include mindfulness, tai chi and sessions that focus on carers' wellbeing and self-care – what one service user referred to as 'a space just for me.'

The Covid pandemic brought challenges in keeping carers engaged as they struggled to get out and find time for themselves. The Better Mental Health Fund has resourced a sessional worker to promote the facility, leading to an increase in interest, and new clients are accessing the project. The work is having a positive impact.

Measuring baselines and changes in wellbeing takes time and the carers are sometimes reluctant to engage in this process. The Hub has developed its own measures in recent years which acknowledge the specific kinds of stress that carers experience and how they might react.

**For a full description of local needs and assets, see Lambeth Council's  
Joint Strategic Needs and Assets Assessment**



# BLACKPOOL

Blackpool is a seaside town in the north west of England with an estimated population of 140,000 people. It has a significantly smaller percentage of people of colour compared to the North West as a whole and to England and Wales. It is one of the most deprived places in England.

Men and women in Blackpool have the lowest life expectancy in any local authority in England. Depression is significantly higher in Blackpool than the national average and it has some of the highest rates of prescribing antidepressants in England.

Public health drew on established knowledge such as the Blackpool Joint Strategic Needs Assessment and carefully considered what could be achieved in the timeframe, to balance ambition with realistic expectations.

Projects were developed in partnership with stakeholders from the Blackpool Mental Health Partnership Board, with all projects meeting an identified gap.

Through the Better Mental Health Fund, Blackpool Council resourced the development and set up of a digital health text messaging app called ChatHealth.

Through it, young people can contact a school nurse directly and ask any health questions they want, with a view to improving their knowledge about mental health and wellbeing, increasing their confidence in making changes, and promoting their emotional health.

Heralded as a potential 'game changer', the app has been developed in line with principles set out by National Institute for Health and Care Excellence (NICE).

The development phase of the app brought young people together to design a survey to understand what potential users wanted, how the app should work, and how it should be branded and marketed.

The automated responses provided by the app have been reviewed and refined by young people to make sure that they are appropriate in content and tone.

The ownership and running of the app, including paying for its licence, have now passed from Blackpool Council to the NHS Trust. They have agreed to keep it going as part of their commitment to developing school-based wellbeing services, flagged as a priority in a recent review of school nursing.

**For a full description of local needs and assets, see Blackpool Council's Joint Strategic Needs Assessment**



# SYSTEMS CHANGE

Workshop participants noted that local implementation strengthened foundations for partnership working in the future – working across systems, drawing in the VCSE, as well as social care, police, education, and housing. This increased mutual understanding of different stakeholders led to discussions about the possibilities of joint working on a broader canvas to improve mental health and wellbeing.

Where there was existing mistrust between VCSE providers and the local authority, the demands and speed of implementation threatened to strain relationships further. One workshop participant noted that: *'short term funding can do harm'* in such contexts. Some local provider organisations refused to take funding for just one year: *'this damaged our relationships with them and meant really good organisations weren't able to participate.'*

The need to build skills to work with excluded communities was highlighted. Greater investment could upskill providers and increase their capacity to adopt coproduction: *'not everyone knows how to do coproduction... incorporating it into a service spec was not enough... everyone has a different understanding of what it is.'*

Working at significant speed to ensure the funding was allocated quickly meant that sometimes not enough time was given to systems' development. This led to some public health leads overestimating existing services' capacity to bring about significant change or to engage in the programme overall. For example, as one participant noted, *'adjusting services to be more sensitive to trauma is not as straightforward as providing training: it's about cultural change.'*

Good project management, effective communication, and bringing service providers together were all keys to success, especially where sites were able to mobilise swiftly. Some places had a far greater number of projects, and relationships, to manage. Where the number of projects was fewer, workshop participants often (though not always) felt more confident about delivery.

Where funding was allocated to create new posts, (for project managers, for example), recruitment processes slowed progress. Short-term roles were not always attractive to otherwise suitable candidates and secondments were difficult to secure during a period where staff had often been temporarily redeployed as part of system-wide Covid responses.

Operational issues relating to the pandemic also had an impact on progress. These included staff sickness, bereavement, lack of prioritisation of the work, and limited VCSE sector capacity.

Funding was occasionally used to give a degree of security to smaller VCSE sector organisations that were struggling financially but played an important part in community wellbeing. This provided a lifeline that enabled continuity of delivery in the throes of the pandemic.

# PROGRAMME REACH

The projects that were funded varied from community projects, Mental Health First Aid projects, befriending projects, and digital interventions. A total of 314 projects were funded, reaching 295,611 unique direct beneficiaries and 500,430 unique indirect beneficiaries. A direct beneficiary is someone who benefits from the project as a result of participating in it. Depending on the project, this could be people who received awareness training or who undertook a wellbeing activity. An indirect beneficiary is someone who is not directly connected with the project but will still benefit from it. This could be other members of the community or from the area or family members of the participants. We use the word “reach” to indicate how many people directly and indirectly benefited from the project.

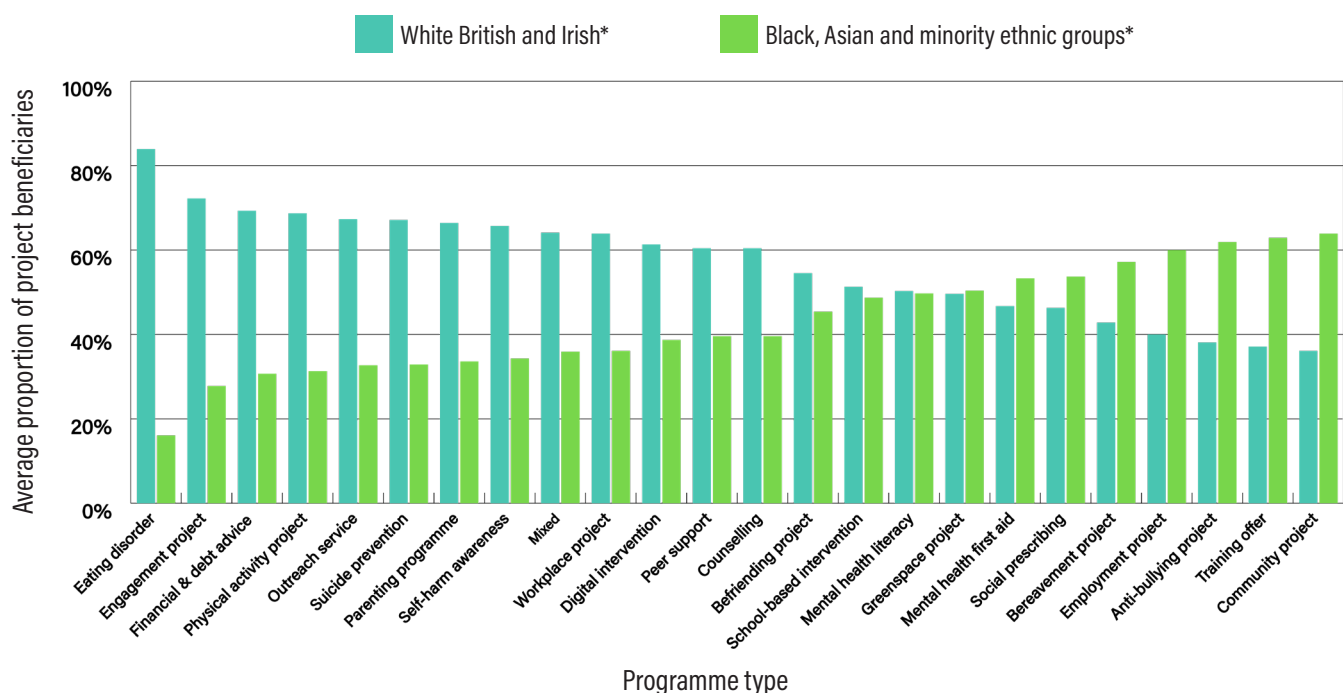
A total of 839 staff were employed, and 3,732 partner organisations were engaged.

People of colour made up, on average, 18% of direct beneficiaries; this is less than the average population figures of people of colour across the selected local authorities, which is 40.8%.

The proportion of people of colour varied widely by the type of project, from 16% for eating disorder projects to 64% for ‘community projects’.

The average proportion of beneficiaries living in the most deprived 30% of Lower Layer Super Output Areas (LSOAs) in England, across all projects of the funded local authorities, was 40.9%.

**Figure 1: A graph presenting average proportions of beneficiaries to date by ethnicity between project types.** \*Ethnicity labels defined by OHID classification.



# WELLBEING MEASURES

Wellbeing, and changes in wellbeing, were assessed using standardised measures for some of the projects. It was for each local authority to decide which measure, if at all, was appropriate for each project. In total, 153 projects used measures to assess wellbeing. These measures included:

- ⦿ **The Good Childhood Index (The Children's Society)**  
A higher score suggests greater wellbeing.
- ⦿ **The Ability to Cope with Grief measure**  
A higher score means better ability to cope.
- ⦿ **The Generalised Anxiety Disorder Assessment (GAD7)**  
A higher score suggests more severe anxiety.
- ⦿ **The Office for National Statistics Personal Wellbeing Domain for Children and Young People (ONS3) for children aged 10-15 years**  
A higher score suggests greater personal wellbeing, life satisfaction, feelings that life is worthwhile, and happiness.
- ⦿ **The Office for National Statistics Personal Wellbeing Domain for Children and Young People (ONS4) for young people aged 16 and over**  
A higher score suggests greater personal wellbeing, life satisfaction, feelings that life is worthwhile, and happiness.
- ⦿ **The Patient Health Questionnaire (PHQ-9)**  
A higher score suggests a greater severity of depression.
- ⦿ **The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)**  
A higher score suggests greater wellbeing.
- ⦿ **The Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)**  
A higher score suggests greater wellbeing.

Of these 153 projects, 123 projects provided average baseline scores, average post-intervention scores, and average change scores. 76 projects (24.2%) reported whether the average change was statistically significant.

The wellbeing scores collected by the projects demonstrated that 32.8% of projects, out of the total 314, were able to bring about improvements, of which 18.8% were statistically significant. These were sometimes specific to the type of project: for example, bereavement projects that measured wellbeing could demonstrate that participants were better able to cope with grief and were happier after the intervention. Bradford's community champions project saw participants score more positively in terms of life satisfaction and feeling that life is worthwhile. Bolton reported a significant increase in life satisfaction, feelings that life is worthwhile and happiness, and a significant decrease in anxiety following the introduction of its financial and debt advice service. Parenting programmes in seven local sites showed improvements in wellbeing, including reductions in anxiety and



depression among participants in two local authorities (Barking & Dagenham and Doncaster). The Being Well project, delivered by Birmingham Mind, similarly showed improvements in wellbeing as a result of its interventions.

Not all projects demonstrated improvements in wellbeing in the short term; 6.4% of projects had either a negative impact on wellbeing or made no change.

## BARNSELEY

Barnsley is an ex-mining town and has an Index of Multiple Deprivation of 30. It has a population of 243,341, of which 3.9% are from ethnic minority communities, including Polish and Romanian people (Barnsley Metropolitan Borough Council, 2019).

Barnsley has one of the highest rates of self-harm for children and young people in England and suspected suicides are identified as a huge issue.

The programme sought to target populations that were at risk of developing mental health conditions through six separate projects. As such, the funding was used to provide non-medical approaches that build individual and system capacity to recognise the signs of distress and intervene early. The investment was intended to provide prevention interventions to strengthen personal wellbeing and resilience in the community.

Barnsley has developed governance relating to mental health. There is a Mental Health Partnership led by the Director of Public Health with an independent chair. This is supported by a Mental Health Delivery Group, on which the Mental Health Forum, a service user group, are equal partners. These arrangements proved very helpful in identifying the priorities and engaging with service users and providers.

One of the six projects was run by Humankind, a local voluntary group, which wanted to increase its current support groups and drop-in sessions, with a focus on delivering these in the community through outreach. The target audience for the project was anyone in Barnsley over 18 experiencing issues with their wellbeing or classed as having a low-level mental health need. Delivering targeted groups around stress management, anxiety management, managing emotions and self-esteem in a local and easy-to-access setting aimed to increase opportunity for access. Progress was monitored through the use of monitoring tools such as PHQ-9 and GAD-7 – short screening instruments used for detection of depression and anxiety symptoms in various settings, including general and mental health care as well as the general population. An early local evaluation suggested that because of its close ties with the community, the approach adopted by Humankind was successful.

**For a full description of local needs and assets, see Barnsley Council's Joint Strategic Needs Assessment**

# TORBAY

Torbay has a population of 136,000. A quarter of all residents are aged over 65. A fifth are children. There is significant variation in health and wellbeing across the bay. In the most affluent areas residents can expect to live on average over six years longer than those living in the more deprived communities.

Inequalities have been widening as relative deprivation worsens; Torbay is ranked as the most deprived local authority in the South West region. Torbay's economy ranks amongst the weakest in England and has declined in recent years.

The Better Mental Health Fund was used for the Torbay Wellbeing and Engagement Project (TWEP), led by the Community Development Trust, with a brief to work with a range of providers, including Paignton Community Larder. Its intended outcomes were:

- ⊙ Prevent and improve mental ill health and promote wellbeing by addressing the needs of residents who access local food support and children's centres
- ⊙ Pilot and evaluate an enhanced model of social prescribing, optimising and adding to pre-existing community and statutory sector assets
- ⊙ Galvanise whole system working, optimising VCSE and statutory assets for the benefit of the wider system, individual organisations, and the public.

One of the key impacts of the project is that it brought together services that already existed but had not collaborated previously. They benefitted from having a common goal to focus efforts and create opportunities to talk to each other.

For a full description of local needs and assets, see Torbay Council's **Joint Strategic Needs Assessment**

# IMPACTS ON LOCAL COMMUNITIES

VCSE providers worked swiftly to carefully tailor their offers to specific communities in greatest need, such as asylum seekers and LGBTQ+ people. As one participant noted: *'we can reach out to groups that don't trust the council'*. This was seen in projects working with people of colour, where attention was given to creating materials in community languages; ensuring translation was accurate and culturally appropriate; and working to remove cultural and linguistic barriers.

Workshop participants were positive about the impact of local programmes and remained confident that good value for money will be achieved. One participant said that the impact on local communities was going to be 'stellar'. Confidence was drawn from the evidence-based footing for the projects: *'We followed the evidence of what works. We know it works. So, it will work.'*

## CELEBRATING SUCCESS

At a special event delivered by OHID on 20 July 2022, almost 100 participants considered the impact of the Better Mental Health Fund on beneficiaries with a range of characteristics – including socio-economic status, age, ethnicity, gender, sexuality and disability. Centre for Mental Health showed a video of testimonies from beneficiaries across the country. Workshop participants worked in small groups and concluded that:

1. Effective action was more likely to follow where the needs and assets of specific vulnerable and isolated communities were known and championed by local public health leaders and others
2. While there are principles of working that could be applied to almost all projects – such as coproduction – there was little that was generalisable for all communities in terms of activities
3. Effective projects were locally determined and culturally appropriate, for example through being delivered in community languages and in community spaces such as places of worship or community centres. These approaches recognised the realities of people's lives and the challenges they faced, for example the mental health impacts of debt and poor housing.

A workshop with attendees of the young men's support group in Hartlepool demonstrated the positive impacts on mental health generated by participating in structured group work. Young men on low incomes, struggling with loneliness and poor mental health, came together to explore their feelings and to build friendships. They reported a new sense of belonging and purpose, and a renewed interest in finding work.

# HARTLEPOOL

Hartlepool is the smallest of the local authorities to receive Better Mental Health Fund resources, with a population of 93,663. One-fifth of households experience deprivation and relatively high numbers of people have long-term conditions. Hartlepool is in the top 15% for food insecurity and was particularly vulnerable to the impacts of the pandemic. This reflected the prevalence of chronic illness and rising health inequalities, and the Covid death rate has been 27% higher than the rest of England (Bhattacharya, 2021).

The projects reflected needs that had previously been identified and were amplified by the pandemic, notably isolation, low emotional wellbeing, fears about coming out of Covid, and the need for support with grief and bereavement. The death by suicide of a young person from a town in the North East of England during the first lockdown led to the recognition of the need for a positive response in schools to manage the impact on the school community.

A 'Working Together' consultation event brought together a wide range of key partner agencies, people with lived experience, and family carers to explore what was working well, and not so well, and to develop a local action plan. Many of the priorities identified informed the development of the Better Mental Health Fund in Hartlepool.

There were nine projects, the majority of which were run by the local authority directly. In one, a Wellbeing Officer works with young men aged 18-35 who have experienced significant personal challenges – including grief, loneliness, and pressures associated with studying – which have left them isolated and, on occasion, struggling to cope.

Dissatisfied with NHS mental health services and the support offered by VCSE projects focused on the needs of older adults, the men come together weekly to share their experiences, build confidence in talking about their emotions, and share ideas about how to get by, day by day.

The men help each other to manage depression and anxiety, which has restored feelings of belonging and purpose. For some participants, having supportive friends and a stable source of support are new experiences and a source of considerable nourishment. One participant described the other attendees as 'friends for life.' Increases in self-worth, confidence and purpose were evident, with some of the men going on to voluntary work or employment.

**For a full description of local needs and assets in Hartlepool, see the Tees Joint Strategic Needs Assessment**



# MEASURING IMPACT

Demonstrating early impact – the workshops were held while the Fund was still in operation – was challenging for local systems. *'It's too soon to know for sure', one participant said, 'but we know there has been a very significant uptake and it is going to make a massive impact.'*

Judgements about the success of projects could be affected by the timing of measurement, which could alter the findings significantly. One participant noted that: *'there are lots of outcomes and impacts that won't be caught by June [2022], which is a real shame.'*

There are challenges in demonstrating improvements in mental health and wellbeing using existing wellbeing metrics: collecting pre- and post-intervention information was sometimes difficult, especially within a limited time scale. One participant told us: *'it's not really the appropriate tool for any of the projects but we must use something. I'll still provide the data but it's not necessarily the right questions to ask.'*

Conversely, some participants observed that using standardised wellbeing scores kept commissioners and service providers focused on the task and helped demonstrate impact: *'using the tools has given us new perspectives.'* At a reflection workshop for regional mental health leads from OHID, the increase in awareness about the importance of performance data among VCSE colleagues was seen as a positive consequence of the programme.

Through the implementation of local projects, public health leads and service providers built a picture of what is happening locally: *'we've got this rich data about what's being communicated to us, from service providers. We created vox pops with delegates and put it together as a video so we could capture that.'* In this context they highlighted the limitations of trying to fit these observations into traditional monitoring formats, where *'the numbers don't reflect what we are doing.'*



# LEICESTER

Leicester has an ethnically diverse and relatively young population. The city's public health team had established their priorities for action, formed by a city-wide mental health needs assessment from 2019. It showed that access to mental health services was poor and that targeted approaches were needed with children and young people, working age adults, carers and older people.

The Better Mental Health Fund resourced eight projects, including supporting victims of domestic abuse; supporting family carers; and working with foodbanks to engage people living in poverty in mental health promotion activities.

The Fund helped build the capacity of ADHD Solutions, a VCSE sector organisation, to develop its offer and support families struggling to understand the behaviour and needs of their children. It provided information and support while they were waiting, which brought relief to worried parents as well as practical help.

Unlike other services, families could self-refer, which created a pathway for vulnerable families that wasn't there before.

The Better Mental Health Fund also resourced the expansion of an anti-bullying initiative – which promotes restorative, relationship-based measures, and aims for a middle ground between punitive and non-punitive responses – in seven schools across the city.

Taking a whole school approach and building on work that came to a halt when Covid restrictions began, the programme developed and supported school leaders to challenge school cultures. Critically, it encouraged students to think about the consequences of their actions and to be more empathic.

Outcomes of restorative approaches include improvements in student and staff wellbeing, reduction in violence, and fewer exclusions.

# SUSTAINABILITY

The Better Mental Health Fund was time-limited from the outset, but the sites we looked at in the case studies had all taken steps to sustain the benefits of this investment.

It was feared that sustaining projects would be a significant challenge for local systems, not least because it was increasingly difficult to fund prevention programmes. As one participant noted, *'we need cash: that's the top and bottom of it'*.

In some places, funding was being sought through local public health routes, especially if mental health was an identified priority in their Health and Wellbeing Strategy.

Public health leads put emphasis on local evaluations to give a steer on what elements of the programme should be taken forward. One noted, *'evaluation with the university will be quite powerful. What is the return on investment? Making the business case, getting further funding. Our local evaluation will flesh out the sustainability'*.

Other commissioners encouraged current service providers to 'mainstream' the new activities (to absorb them into current activity), and they are rewriting existing service specifications to include new activities.

Working with elected leads, notably cabinet members with responsibility for health and social care, was seen as an important tactic for promoting the longevity of projects.

# BIRMINGHAM

With a population of over a million people, Birmingham is the largest local authority in England. It is a highly ethnically diverse city: people of colour make up over half of the population and one in four people are of South Asian heritage.

Many areas in Birmingham are amongst the most deprived in the country. The impact of Covid-19 has not been equal across the population of Birmingham and it has disproportionately affected people living in the more deprived communities, and from Pakistani, Indian, Bangladeshi, Black African and Black Caribbean communities.

Birmingham undertook a detailed Covid-19 Impact Survey in 2021 to understand the local impact of the pandemic and lockdown measures on health and wellbeing, isolation, social cohesion and behaviours.

The key themes highlighted how some communities felt the relationships within their community had deteriorated during lockdown, and this was most marked for people of colour and LGBTQ+ communities. Rates of self-reported anxiety and feeling lonelier were also highest for people of colour. It was also evident that domestic abuse had increased.

The 11 projects that were prioritised built on established work programmes and had the potential to have a legacy beyond the Better Mental Health Fund. The pre-existing Birmingham Mentally Healthy City Forum, which brings together a wide range of providers from across the city, was critical in this process. The existing relationships this had built with providers enabled projects to be established quickly within the timescale of the Fund.

They include the Delicate Mind, a group that was created by a young man in 2018 to support the Muslim population, following the death by suicide of his brother. It aims to address the structural problems faced by the Muslim community, notably poverty and racism.

A small amount of funding enabled the organisation to extend its reach and to create a culturally appropriate bereavement service. **The Delicate Mind** provided two services, a men's group and a women's group, as well as raising awareness of mental health in the Muslim community in Birmingham. The service was collecting feedback data at the time of our evaluation and felt that the services were positively received. The organisation is also involved in national work to develop approaches to mental health grounded in non-Western beliefs.

For a full description of local needs and assets, see Birmingham City Council's **Joint Strategic Needs Assessment**



# KEY LEARNING POINTS

The Better Mental Health Fund has benefitted people at risk of poor mental health and others with experience of mental ill health. The evaluation highlights a number of learning points which are useful to consider when planning future initiatives:

1. **Funding for public mental health activity can make a marked difference by building social and community capital.** This is especially the case for smaller organisations, more so if the funding is disbursed flexibly, enabling a rapid response to identified need and reducing administrative burden.
2. **It's possible to foster innovation in a short timescale,** for example by adapting evidence-based targeted or universal interventions for specific populations.
3. **The existence of goodwill and strong relationships** between local councils and voluntary and community sector (VCSE) organisations is essential to get funding out quickly.
4. **The experience of responding to Covid quickly provided a foundation for engagement** and adapting programmes to deliver mental health interventions.
5. **Capacity building was a feature of many of the programmes,** which provided relevant training for non-specialists in mental health. This potentially leaves a positive legacy but raises the issue of the ongoing development of this workforce.

## SANDWELL

In Sandwell, the Better Mental Health Fund created opportunities to showcase what can be done in the mental health promotion space. As well as major funded projects, they set up a small grants scheme that gave small community groups, which lacked the capacity or expertise to apply for large pots of money, up to five £5,000 grants to undertake small interventions, to pilot ideas, or to give taster sessions. Funded activities included ones which focused on growing, cooking and eating food together. As one interviewee noted, 'the funding created new avenues, new projects, new groups'. The key learning from the small grants scheme was that small amounts of money could have a big impact on local people who otherwise wouldn't access mainstream services. They were useful in building the appetite of small community groups to be ambitious in the future in terms of improving mental health and wellbeing. 'These small organisations have a lot to offer', said one interviewee, 'they have great potential'.

6. **Short-term funding brings significant risks.** At the outset, it takes time to establish projects and coproduce ways of working. And at the end, providers are left with extra demand they cannot handle, and people lose valued support.
7. **Small, unconstituted groups are a vital part of the public mental health ecosystem:** both as potential providers of support but also as sources of intelligence about needs and means of coproducing solutions. Such groups can benefit from small grants as well as links with, and support from, bigger VCSE organisations.
8. **Up to date joint strategic needs assessments (JSNAs) and other robust needs assessments are a vital foundation** – providing insight about where needs are greatest and gaps are most pronounced.

## LUTON

Luton has a population of 213,502 and is more densely populated than some London boroughs (Holmes, 2023). It is one of the most ethnically diverse towns in England with 61.8% of the population being from a racialised community: notably Pakistani, Bangladeshi, Indian, East European, and African Caribbean communities.

Through the town's Fairness Taskforce, the Better Mental Health Fund was used to enhance participatory budgeting to support grassroots projects, community groups and VCSE organisations to deliver projects to address needs identified by residents.

The Participatory Budgeting programme was managed by the council and the funds were allocated to grassroots organisations through a decision-making process involving local citizens. Participatory Budgeting, a model of micro-commissioning, was adopted in Luton ten years ago. The Fund, combined with funding for violence reduction and Covid recovery, has enabled a six times increase in the allocation.

The process involves a Citizens Think Tank, open to anyone in Luton. This is usually followed by Citizens' Days, which had to be adapted because of Covid and, instead, the proposals went to a Community Panel. 68 projects were funded, with organisations receiving up to £3,500. These grants supported a wide range of activities including a Parkinson's Support Group; a local youth football team to play in a youth tournament at Crystal Palace; a new LGBTQ+ group; a 'Big Iftar' to celebrate the end of the daily Ramadan fast with 1,000 residents participating; debt advice; culturally appropriate bereavement support; and a parent and teen wellbeing programme.

**For a full description of local needs and assets, see Luton Council's Joint Strategic Needs and Assets Assessment**



9. **Areas with an existing strategic focus on addressing inequalities** were more readily able to implement a coherent and coordinated programme of activities. This strategic focus meant that the Better Mental Health Fund added to or complemented other pre-existing programmes of work with this aim.
10. **Some areas had challenges reaching the most disadvantaged groups in the population**, sometimes as a result of short timescales and a lack of prior engagement. Where there was a history of engagement and dialogue, projects were likely to get going more quickly.
11. **It can be valuable for local authorities to share resources they've produced** to get greater benefits across wider areas – learning from each other and maximising the use of staff time and resources. Care needs to be taken to adapt these to the local context.
12. **Timing is important.** It needs to be right for the community and the setting where it is being delivered: for example, work within schools or with young people in education needs to fit into the academic year. Projects with internally-driven timescales might not cohere with those of the place they are being offered.
13. **Political leadership is important to help get projects started and sustained**, including when national funding ends. Elected members in local authorities play a vital role in promoting and continuing initiatives.
14. **Public mental health activity needs to be culturally appropriate.** The mental health workforce as a whole is not representative of the communities it serves, and this can hold projects back, for example when offering culturally appropriate therapy.
15. **Projects that seek to change systems or build capacity** – for example, by building on the opportunities brought by integrated care boards and partnerships (ICBs and ICPs) – may leave a stronger legacy than those that seek to provide a time-limited service.

# CONCLUSIONS

The Better Mental Health Fund can be considered as a 'proof of concept' programme for investing in locally-based public mental health activity. As such, it has offered some clear markers for what can be achieved in improving the mental health and wellbeing of disadvantaged, marginalised and deprived communities. It also provides invaluable learning about the keys to success in supporting public mental health activity at scale in England.

The Better Mental Health Fund was widely used to promote better mental health, facilitate early intervention and address identified unmet needs. A hallmark of many projects was their use of social approaches to mental health, with interventions aimed at addressing some of the factors – such as isolation or exclusion – that are known to play a role in poor mental health.

A significant proportion of projects were aimed at children and young people, either directly, or through their parents, or their school or educational setting. Many projects specifically sought to work with people of colour and groups of people that have experienced greater risks to their mental health during the Covid pandemic.

It has demonstrated the value of early intervention and targeted approaches to prevention.

A majority of the projects were delivered by VCSE organisations that varied from small unconstituted groups to large well-established charities. Nonetheless, they shared the characteristics of VCSE organisations in having an advantage in engaging with marginalised communities, being open access rather than bound by statutory referral criteria, a blurring of roles between paid staff and service users, informality, and a relational approach – all of which appear to have facilitated engagement. However, this poses challenges for data collection and for demonstrating the sector's impact.



# RECOMMENDATIONS

In taking a strategic approach to addressing mental health inequalities – one which applies the findings of the evaluation – local authorities should build on their engagement with residents, deepen their understanding of mental health challenges, and identify opportunities to take action.

To deliver sustainable programmes of mental health promotion in disadvantaged neighbourhoods, organisations from the VCSE sector need to be resourced appropriately. Local leaders, including Directors of Public Health, have a role in securing resources for the types of community-based interventions we have found to be effective.

Local authorities and other funders could give small grants to VCSE organisations to meet needs and provide insights from the most disadvantaged communities. This would engender a culture of greater agility in responding to problems as they arise.

The Better Mental Health Fund has more than achieved its intended purpose. It has demonstrated the value of investing in local councils and communities to boost people's mental health and wellbeing. It has shown that working alongside community organisations to deliver evidence-based interventions can make a tangible difference to people's lives. If investment of this kind were to be sustained, its benefits could be greater still. In many of the places that benefited from the Better Mental Health Fund, legacy funding will ensure these investments will live on and make a lasting difference. Each site has also created learning that will be invaluable locally. As a proof of concept programme, the Better Mental Health Fund has shown what can be achieved in a short time, and the potential for longer-term investment to derive even bigger and better results for the public's mental health in the future.



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# **CENTRE FOR MENTAL HEALTH**



## **MADE IN COMMUNITIES**

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# ADULT AND COMMUNITY BASED SERVICES COMMITTEE

9 November 2023



**Subject:** RESPONSE TO COUNCIL RESOLUTION

**Report of:** Executive Director of Adult and Community Based Services

**Decision Type:** For information

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At a meeting of Full Council on 28 September 2023 Members resolved that:

*The Adult and Community Based Services Committee receive a report providing an update on the implementation of the Indoor Facilities and Playing Pitch Strategy and that all sports clubs in the town be engaged in the discussion on the future provision of sporting facilities in the town.*

Response to the resolution:

1. The current Hartlepool Playing Pitch and Indoor Facilities Strategy is a five year strategy adopted in 2019, which was led by independent industry expert Neil Allan Associates. The process applied was robust, with an extensive engagement and consultation period using Sport England guidance and working with National Governing Bodies of Sport.
2. The Playing Pitch and Indoor Facilities Strategy provides an ongoing evidence base for policy development and decision making to support current and future planning for sports facilities across Hartlepool and was developed with full engagement from all local sports clubs that utilise playing pitches and indoor facilities such as sports halls, swimming pools, sports pitches and bowls facilities, to understand existing and projected needs for the future.
3. The strategy is scheduled for review in 2024 and a specification is being developed to commission an independent expert to lead this work.
4. The review of the strategy will take into consideration the approved development of a new strategic leisure centre; access to sports halls, irrespective of ownership (e.g. including schools); the continued impact on participation in some sports post COVID and the recent, unexpected growth in some sports locally. The strategy will engage with all sports clubs across the town to ensure that appropriate consideration is given to every sport.

5. The strategy will be developed with reference to current national, regional and local policy and strategy documents to ensure strategic connectivity and best impact. The strategy will also dovetail with the proposed development of a physical activity strategy. A multi stakeholder governance arrangement will also be proposed, enabling closer working with Public Health, the North East and North Cumbria Integrated Care Board and Education, leading to the development of shared outcomes, recommendations and associated action plans.
6. Active Hartlepool has and will continue to engage with clubs over the coming months, as the scoping work begins, to ensure that clubs are aware of the process involved and can have their perceived facility needs identified. Clubs will also be encouraged to consider what work they can begin to do to inform future opportunities.
7. A full report setting out the wider strategic context, the proposed developments and timelines, engagement and consultation processes and governance proposals will be presented to the Adult & Community Based Services Committee in January 2024.

Contact Officers:

Gemma Ptak  
Assistant Director - Preventative and Community Based Service

Ian Gardiner  
Head of Active and Creative Hartlepool