OFFICER DECISION RECORD 2 FORM

This form should be used to record Officer Decisions which have a financial impact (income/expenditure) between £25k - £100k.

Decision Reference No: 2022/30/PH/Wellbeingtherapies

BOX 1.

DIRECTORATE: Public Health DATE: 14th July 2022

Contact Name: Vanessa Powell-Hoyland Tel. No.: 01302 734020

Subject Matter: Wellbeing Therapies

BOX 2 DECISION TAKEN:

To award Helping Hands to deliver Wellbeing Therapies with the cost of £40,000 to be funded from the Clinical Extremely Vulnerable funds within the reserves.

Areas where the sessions will be held throughout Doncaster.

BOX 3

REASON FOR DECISION AND ALTERNATIVE OPTIONS CONSIDERED AND REJECTED:

Post 2019 floods and Covid 19, communities have been faces a number of low level mental health issues, the wellbeing therapies will promote good mental health and prevent the escalation of poorer mental health through early support. The project was originally funded in 2020 from the Public health budget, the work today has been extremely welcomed within communities and the mental health area. Therefore, we are looking to support the offer for another year. The use of stress reducing therapies this will include talking therapy to aid deep relaxation and the opening of the subconscious mind to positive scripts and suggestion, counteracting the pattern of negativity, anxiety or trauma presented by the client.

The options around this are whether to invest or not and the level of investment. Not investing was ruled out on the basis this is an excellent opportunity to increase the low level mental health support within a community setting delivered by our third sector organisations outweighs the investment, due to the match funding associated with the project.

There is a risk that without taking this decision the local authority will not be able to support our communities who are currently in need post flood trauma. There is a financial risk as this fund will be a grant and therefore there is a risk that the organisation will not meet the requirements and financial claw back would be difficult. To mitigate this the organisation will only receive moneys every 3 months.

The development of the project was in conjunction with the Well Doncaster Communities group, the project will be across all partners and the group have spoken a range of clients to ensure the program meets local needs.

BOX 4 BACKGROUND PAPERS

NO (If YES please list and submit copies with this form)

BOX 5 INFORMATION NOT FOR PUBLICATION:			
Name: Claire Hewitt Signature: Date 27/07/2022			
Signature of FOI Lead Officer for service area where ODR originates			

Signature of FOI Lead Off	icer for service area wh	ere ODR originates
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BOX 6		
AUTHORISATION:		
Name:Rupert Suckling	g Signature: Date: 27	th July 2022
Director of Public Health		
Does this decision require a Officer?	authorisation by the Chi	ef Financial Officer or other
NO		
If yes please authorise belo	ow:	
Name:	Signature:	Date:
Chief Executive/Director/As	ssistant Director of	
Consultation with Releva	nt Member(s)	

Name:	Signature:	Date:
Designation		
(e.g. Mayor, Cabinet Mer	nber or Committee Chair	/Vice-Chair)
Declaration of Interest	YES/NO	
If YES please give detail	ils below:	

PLEASE NOTE THIS FORM WILL BE PUBLISHED ON THE COUNCIL'S WEBSITE IN FULL UNLESS IT CONTAINS EXEMPT OR CONFIDENTIAL INFORMATION

Once completed a PDF copy of this form along with any relevant background papers should be forwarded to Governance Services at Ladem@doncaster.gov.uk who will arrange publication.

It is the responsibility of the decision taker to clearly identify any information that is confidential or exempt and should be redacted before publication.