

# HAMPSHIRE COUNTY COUNCIL

## Report

<b>Committee:</b>	Hampshire Health and Wellbeing Board
<b>Date:</b>	10 <sup>th</sup> December 2020
<b>Title:</b>	<b>STARTING, LIVING AND AGEING WELL: MENTAL HEALTH AND WELLBEING RECOVERY UPDATE</b>
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### Purpose of this Report

1. The purpose of this report is to provide an update on the work currently taking place to support the mental health and wellbeing of Hampshire residents, including work linked to COVID-19 Recovery.

### Recommendation(s)

2. To note the ongoing work to improve the mental health and wellbeing of Hampshire residents alongside partners through the Mental Health and Wellbeing Plan. This delivers on Hampshire County Council's pledge of commitment made through the Mental Health Prevention Concordat.

### Executive Summary

3. This report seeks to:
  - Provide an overview of the effect of Covid-19 on the mental health and wellbeing across the life course.

- Provide details of the work currently being undertaken across Hampshire County Council and the wider system to improve mental health and wellbeing through universal and targeted workstreams.
- Update the board on the associated governance arrangements.

## **Contextual Information**

4. The effects of COVID-19 on mental health will be significant and far reaching, both in terms of time and impact, across all sections of society and all ages. There is evidence that self-reported mental health and wellbeing has worsened during the pandemic, with the main psychological impact being elevated rates of stress, anxiety, depression, loneliness and worsening levels of common mental disorders. Longer term impacts in terms of trauma, grief and distress may exacerbate the burden of mental ill-health in the community long after recovery.
5. Hampshire's Mental Health and Wellbeing plan recognises the significant impact COVID-19 has had on our population's mental health and wellbeing. It takes an evidence-based approach, developing interventions that target the whole population, populations at higher risk and people who need additional support. It follows key principles including a whole system, population wide and life-course approach; building on existing partnership arrangements and ensuring good communication both to professionals and to the public. The plan is aligned to a number of strategies and workstreams, both across the council and the wider system. Actions are delivered alongside key partners including health partners, districts, the community and voluntary sector.
6. This integrates and builds upon the existing suicide prevention and mental health plans and is in line with the Mental Health Prevention Concordat, which was signed in October 2019 outlining Hampshire County Council's pledge to work across the system to deliver a comprehensive and coordinated plan to improving mental health and wellbeing. This work will be overseen by the multi-agency Hampshire Mental Health Partnership Board, which aims to work strategically to develop a holistic, prevention focused approach to mental health and wellbeing across Hampshire.
7. The Mental Health and Wellbeing plan is supported by a comprehensive communications plan to support recovery through weekly universal and targeted messaging, signposting to appropriate guidance and support. Resources have been developed with partners across the system to support the general public, workforce and volunteers. A multi-agency mental health

and suicide prevention communications group is in place to ensure consistency in messaging and engagement with a range of partners from districts, the voluntary and statutory sectors.

## **8. Children and young people**

COVID-19 has disproportionately impacted on vulnerable children, including those with existing mental health conditions, special educational needs and from minority ethnic groups. Evidence suggests that many children and young people have experienced changes within their home environment, with both positive and negative impacts on their mental health. For some children and young people, they have enjoyed more time with family or caregivers. However, where safeguarding concerns exist, professionals have reported increased complexity of cases. Indications of strains in family relationships has been linked to an increase in reporting of loneliness and domestic abuse, and evidence has emerged of increasing presentations to services for young people in crisis, including those seeking support for suicidal thoughts.

As part of the Mental Health Plan, clear guidance and communications has been made available for parents and carers around how to look after their mental health, with signposting to local and online support to enable early intervention and strengthen family resilience. The 0-19 Public Health Nursing Service provides a universal offer of professional advice and support through Hampshire Healthy Families and the ChatHealth messaging service, with additional targeted support where unmet health need has been identified.

The Mental Health Plan is aligned to the Emotional Health and Wellbeing Strategy, with multi-agency workstreams delivered across 6 priority areas:

- Children and young people's emotional wellbeing and mental health is everybody's business
- Support for good mental health of parents
- Whole school/education settings approach to mental health
- Supporting mental health of vulnerable children and young people
- Reducing rates of self-harm
- Improvement of service provision

Work has taken place with a range of partners to develop the Managing Self-Harm Toolkit, providing professionals with access to evidence-based resources, advice and support. In addition, the Council's "Health in Educational Settings" workstream has included the development of a robust schools' resource and the launch of the Hampshire Health in Education website, providing information,

advice, teaching resources and training for education partners. Public Health has also contributed to the Anna Freud Centre School Link Programme, Wellbeing for Education Return and Rockpool Trauma Informed practice.

## 9. Adults

Data from the UK Household Longitudinal Study suggests that mental distress in adults was 8.1% higher in April 2020 than it was between 2017 and 2019. The proportion of people experiencing sleep problems increased from 16% before the pandemic to 25% in April. In addition, evidence suggests that the pandemic has increased inequalities relating to mental health and wellbeing amongst particular population groups, including young adults (aged between 18 and 34), women, people from specific ethnic groups, people on a low income or unemployed, people with existing health conditions, key workers and those living alone. These groups have been identified as experiencing higher levels of anxiety, depression, loneliness and self-harm when compared to other age groups.

Work has taken place across HCC to ensure clear communications, signposting and support for working age adults. This has included delivery of key mental health messages through the 'Its Ok to Not be 'Ok' campaign and developing a signposting resource for adults that includes links to existing pathways of support and online self-help resources.

A comprehensive Mental Health and Wellbeing training offer has been developed to support the development of skills and competence of the wider workforce. This brings together available opportunities to support improved skills and confidence in talking about and supporting each other's mental health and wellbeing through an accessible, tiered approach that includes short online training and face to face opportunities. It incorporates mental health awareness and suicide prevention training and aims to improve the knowledge and skills of frontline workers and volunteers to supporting emotional and mental health wellbeing. This training will be promoted across organisations, with plans for targeted promotion for frontline workers across wider housing, health and care sectors.

Partnership work between Public Health and HCC Workforce Development has also enabled the development of a corporate workforce offer for HCC staff. This has included the development of specific guidance for HCC staff and managers, actively promoting key mental health and wellbeing messages, signposting to available pathways of support and training opportunities. Mental Health and Wellbeing resources available to staff and managers have been expanded on a dedicated intranet site which is regularly promoted. Specific pdf guides have also been developed that provide staff with information of both the internal and external support available.

Partnership work between Public Health and wider partners such as the LRF voluntary sector forum and HCC welfare group has also resulted in the production

and dissemination of mental health and wellbeing resource guides aimed at volunteers and their managers and a suicide prevention guide has been circulated to partners. Work is currently underway to review and refresh these along with a specific guide to support the mental health and wellbeing of the wider population.

Targeted approaches have been developed for those at most risk of ill health, including working through existing workstreams to integrate mental health and wellbeing into response and recovery efforts. This has been supported by coordinated work at an STP level which includes promoting access to crisis support pathways, access to age-appropriate, specialist bereavement support and developing specific support for people experiencing financial anxiety, unemployment and social isolation. An innovation fund has also been set up to provide small grants for grassroots, community led initiatives and enabling specific initiatives for key target groups.

The SBS Men's Health programme aims to improve the health, wellbeing and employment prospects of men through community connections, access to training and resources to support good physical and mental health. Work has taken place alongside our district and wider system health partners to develop the focus of this programme to target groups and areas most affected by COVID-19. This includes the recruitment and training of Community Champions within communities at increased risk such as BAME groups and is linking to wider efforts across the Integrated Care System to ensure appropriate services and support.

#### **10. Older adults and clinically extremely vulnerable**

COVID-19 has had a disproportionate effect on older adults, with evidence showing heightened levels of loneliness, depression and physical deconditioning. Communication campaigns have tailored messages specifically to older people, including signposting to available services, promoting the importance of staying active, and encouraging digital inclusion. A dedicated [webpage](#) on staying well at home was published, with messages targeting physical and mental health, as well as enhancing the home environment.

During the period when the clinically extremely vulnerable were advised to stay at home, the Public Health England Active at Home booklet and the Connect to Support care guide was emailed to those on the shielding list. Partner organisations supported with delivering hard copies to some of those who were not digitally connected. Targeted communications were also published under the 'It's OK to' banner, to build confidence in those who were clinically extremely vulnerable to come out of official 'shielding'.

A direct referral route to a mental health support service was set up from the Hampshire Coronavirus Support and Helpline to ensure those who expressed mental health concerns on calls were able to access appropriate support. In addition, mental health guides to equip staff and volunteers with knowledge in

having conversations about mental health have been developed, including the wide range of signposting options in Hampshire. A further guide to support the mental health of the wider population is in the final stages of development.

## **Performance**

11. The Mental Health and Wellbeing workstream is aligned to the delivery of a number of multi-agency strategies including the Public Health Strategy, Children and Young People's Emotional Wellbeing Strategy and the Suicide Prevention Strategy. A Public Health Mental Health Working Group has been established to progress key areas of work within the plan, with a separate Mental Health and Suicide Prevention Communications Group set up to ensure a cohesive approach to communication and engagement across sectors and organisations.
  
12. A strategic level, Mental Health Partnership Board has been set up to provide further oversight and prevention-focused leadership across the wider public and voluntary sector system. The initial focus of the Partnership will be on ensuring a system-wide response to prevention of mental health problems and suicide, early intervention for those most at risk and access to services for crisis care. The Partnership will report and celebrate on progress via bi-annual partnership events chaired by the Hampshire County Council Elected Member for Public Health. It will also report to a number of linked, strategic LRF and STP level boards and appropriate groups within Hampshire County Council (including the CYP Starting Well Group, Suicide Prevention Forum and Public Service Board).

## **Consultation and Equalities**

13. COVID-19 has increased inequalities relating to mental health and wellbeing amongst particular population groups, including:
  - women, young people, people from specific ethnic groups
  - people on a low income/low socio-economic position or unemployed
  - key workers
  - people in urban areas
  - people with children, carers, people living alone
  - people with mental health conditions and/or long-term physical health conditions

The Mental Health plan includes details of targeted work to support these population groups, including communications campaigns, targeted training offers and integration of mental health and wellbeing across existing workstreams. This bridges to wider work happening across the ICS to understand and tackle social disparities linked to the recovery agenda, including work with BAME groups.

## **Co-Production**

14. The Mental Health and Wellbeing plans have been developed and delivered alongside a range of partners, both within Hampshire County Council and across the wider health and social care system. It feeds in to work on mental health, wellbeing and suicide prevention that takes place across the LRF, ICS and STP footprints, ensuring collaboration, coordination and consistency across programmes of work
15. People with Lived Experience (PLE) form a key part of the delivery of Mental Health and Suicide Prevention workstreams. A separate PLE group exists which feeds directly into plans and provide advice where appropriate. Members of this group sit on the panel for the small grant innovation fund and advise on specific aspects of the communications plan.
16. Insight into the thoughts and feelings of Hampshire children and young people have been gained through delivery and analysis of the Hampshire School Survey which was recently completed. This has been shared extensively amongst partners to provide the “voice of the child” and inform current and future service delivery.
17. A strategic level, Mental Health Partnership Board has been set up to provide further oversight and provide prevention-focused leadership across the wider public and voluntary sector system.
18. A councillor-led conversation on mental health and wellbeing is planned for the New Year to enable further collaboration and engagement across partners. This will provide a stocktake of work undertaken so far and encourage partners to further commit to working in partnership to promote coordinated action, improving mental health and wellbeing across the county.

## **Conclusions**

19. The Hampshire Mental Health and Wellbeing Plan outlines the comprehensive and collaborative approach to improving mental health and

wellbeing through universal and targeted action aimed at supporting COVID-19 recovery efforts. This work builds on existing efforts and delivers on Hampshire's pledge of commitment through the Prevention Concordat.

20. System-wide improvements will be made through bringing together work across levels, including encouraging grassroots work alongside our communities; at strategic level through the Mental Health Partnership Board and alongside our system partners in the LRF and STP. This work will remain responsive to the changing needs of the population as the pandemic progresses.



**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

Hampshire maintains strong and sustainable economic growth and prosperity:	yes
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	yes
People in Hampshire enjoy being part of strong, inclusive communities:	yes
<b>OR</b>	
<p><b>This proposal does not link to the Strategic Plan but, nevertheless, requires a decision because:</b></p> <p><i>NB: Only complete this section if you have not completed any of the Strategic Plan tick boxes above. Whichever section is not applicable, please delete.</i></p>	

*NB: If the 'Other significant links' section below is not applicable, please delete it.*

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u>	<u>Date</u>
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>

<p><b>Section 100 D - Local Government Act 1972 - background documents</b></p> <p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p>
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<u>Document</u>	<u>Location</u>
None	

## **EQUALITIES IMPACT ASSESSMENT:**

### **1. Equality Duty**

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

### **2. Equalities Impact Assessment:**

2.1 COVID-19 has increased inequalities relating to mental health and wellbeing amongst particular population groups, including those with protected characteristics:

- young people
- older people
- women, including those who are pregnant
- people from specific ethnic groups

- people with mental health conditions and/or long-term physical health conditions

and other factors such as:

- people on a low income/low socio-economic position or unemployed
- key workers
- people in urban areas
- people with children, carers, people living alone

2.2 The Mental Health plan includes details of targeted work to support these population groups, including communications campaigns, targeted training offers and integration of mental health and wellbeing within existing workstream. This bridges to wider work happening across the ICS to understand and tackle social disparities linked to the recovery agenda, including work with BAME groups.

2.3 A full equalities impact statement was not completed at this stage as the purpose of this report is to provide details of the work currently being undertaken across Hampshire County Council and the wider system to improve mental health and wellbeing.