

**JOINT HEALTH AND WELLBEING BOARD**

A meeting of the Joint Health and Wellbeing Board was held on 3 September 2020.

**PRESENT:** Councillors R Andrews, A Barnes, C Blair, D Davison, A Downey, D Gardner, S Kay, K King, J Lowe, M Milen, M Ovens, C Parker, P Rice, E Scollay, L Spaven and L Westbury

**OFFICERS:** C Breheney  
S Lightwing  
C Lunn  
A Pearson

**APOLOGIES FOR ABSENCE** K Boulton, S Butcher, Mr M Davis, D Gallagher, B Kilmurray, S Johnson, Councillor M Lanigan, T Parkinson, J Sampson, Councillor M Smiles, Mr A Tahmassebi, J Walker, K Warnock.

**DECLARATIONS OF INTERESTS**

<b>Name of Member</b>	<b>Type of Interest</b>	<b>Item/Nature of Interest</b>
Councillor M Ovens	Non pecuniary	Agenda Item 5 -Relative works at Roseberry Park

20/3 **MINUTES OF THE LIVE WELL SOUTH TEES BOARD HELD ON 4 JUNE 2020**

The minutes of the Live Well South Tees Board held on 4 June 2020 were agreed as a true and accurate record.

20/4 **PREDICTIONS FOR POST LOCKDOWN INCREASE IN DEMAND FOR MENTAL HEALTH SERVICES ACROSS SYSTEM PARTNERS**

The Board received a presentation from the Director of Operations- Teesside, Tees, Esk and Wear Valleys NHS FT (TWEV), the Joint Director of Public Health, Advanced Public Health Practitioner, and Health Improvement Specialist, on predictions for the increase in demand for mental health services across system partners in response to the Covid-19 pandemic.

The aims of the session were for the Board to:

- Understand and mitigate the impact of poverty and debt on mental wellbeing.
- Understand and amplify the community protective factors which protect mental wellbeing.
- Work together to meet additional demand for mental health services over the next five years.

The session had been planned according to the whole system approach previously agreed:

- Mission-led: considering mental health post-Covid in depth and the response of the system to the challenges outlined.
- Place-based: focus on place, not organisations - the session was designed around the Population Intervention Triangle:

- Civic level, considering the impact of debt on mental wellbeing.
- Community, considering community protective factors and the establishment of a Wellbeing Network.
- Service, considering the role of Tees, Esk and Wear Valley NHS FT within the broader system of services, community and civic-level.

It was vital to estimate how large the surge of extra Covid-19 generated demand for primary and secondary mental health services was going to be. Modelling had been developed by

public health, research, clinical data and planning experts, including Clinical Commissioning Groups (CCG) Mental Health (MH) commissioning leads across Durham and Tees. It was based on life course age bands: children and young people under the age of 18, working class adults under the age of 64, and older people 64+ onwards. The model looked at segments of the population who might have had a similar experience in terms Covid-19 and risk factors and used the research to estimate increased prevalence of mental illnesses for each segment. The model could be used to give a sense of the potential increased demand for any geographically defined population.

Initially there had been had been reduction in those accessing routine and urgent care services across adults, older people and children and young people (CYP). In May 2020 there was an increase in urgent care presentations and a return to pre-Covid levels of referrals into crisis teams and more acute services, and demand was now higher. Demand for routine care had also bounced back to pre-Covid levels.

The forecast looked at the volume of additional demand over the next five years and those people who required some support for their mental health and emotional wellbeing, which would be provided by a range of services. In terms of numbers, the modelling suggested that:

- The equivalent of 52% of CYP (made up of individuals with multiple episodes - so not half of all CYP would need a system intervention).
- Working age adults - 23%.
- Older people - 22%.

The increase in demand was driven by:

- School-age CYP - due to disruption to schools and social network.
- CYP subject to recent or past trauma.
- CYP with Special Educational Needs/Learning Disabilities.
- Illness caused by vicarious experience (for example children of ICU workers),
- Multi-generational lockdown impacts on families subject to multiple risk factors such as poverty.
- Keyworkers.
- Long-term physical conditions.
- One person/shielded households.
- Households with significant lost income (redundancy or reduced hours).
- People with pre-existing mental illness.
- Low volume, high needs group of ICU survivors with significant neurological, psychological or physical symptoms.

It was acknowledged that there were some risks in the accuracy of the forecasting and therefore the forecast was refined monthly as new research, data and intelligence became available. Modelling results appeared broadly in line with other models being used nationally.

Consideration was given to the importance of a civic level response in relation to the social determinants of mental health. Civic interventions had real potential to reach high numbers of people. Social determinants of mental health were the conditions in which people were born, grew, lived, worked and aged, including socio-economic status, education, the physical environment, employment, social support networks and access to healthcare. There were clear social gradients across health outcomes that had been mirrored during the pandemic.

Financial security was a key determinant of mental health. According to the Health Foundation, one in five of the UK population lived in poverty and over half lived in working households. Poverty damaged health and poor health increased the risk of poverty

Pre-Covid, across South Tees, there were high numbers of CYP living in households with low income, a high level of long-term claimants of jobseekers allowance and those living in fuel poverty and lower overall employment. There were complex and varied factors contributing to poverty and whilst much was controlled at national level, it was acknowledged that significant

and effective local action had been taken during the pandemic, including Financial Inclusion Group activity.

Locally, the Citizens Advice Bureau (CAB) had recorded that welfare benefit enquiries had increased from 30% to 55% since lockdown, and employment related enquiries had increased from 3% to 12%. Unemployment had increased and reduced hours and pay cuts had been implemented. There had been a reduction in debt enquiries - from 30% to 12% - mainly due to lenders and landlords giving repayment holidays. It was expected that debt issues would rise rapidly once this period was finished. Increased mental health/anxiety in relation to the impacts of Covid on finances had also been noted.

Initiatives implemented in South Tees included:

- Financial Inclusion Groups -key to leading plans to address poverty and debt.
- Food Poverty - Middlesbrough Food Partnership and Food Power Alliance.
- Fuel Poverty (South Tees Affordable Warmth Partnership and Action Plan).
- Welfare Rights Advice service across South Tees.
- Citizen Advice Bureau.
- Loan Shark Awareness campaigns.
- Promotion of community banks/approved loans.
- Programme developed to 'Stop the Knock' (Middlesbrough Borough Council).
- Poverty proofing the school day and enhanced needs pathway in Healthy Child Programme.
- Community Support and signposting across both Local Authorities.

Responding to questions raised, it was acknowledged there was always a significant gap between the prevalence of mental health issues in a population and how much of that converted into demand for mental health services. This situation was influenced by several factors including people's ability to talk about their mental health, education and the availability of services. As part of a whole system approach formal treatment and therapy was not always required and often practical advice support and guidance for some of the social determinants was sufficient.

The impact on CYP of not attending school, for some, at the outset would have been positive. However, the longer-term impact in relation to attainment, life chances and the ability to socialise in terms of development and creating identity was really important. It was noted that there had already been an increase in mental health issues for CYP prior to the pandemic.

**Declaration of Non-Pecuniary Interest from Councillor Ovens- family member works at Roseberry Park.**

A mental health toolkit had been developed with the aim of maximising the positive and reducing the negative impacts on mental health and wellbeing.

There were three broad categories of factors which protected mental health and wellbeing:

- Enhancing individual control and community ownership.
- Increasing individual resilience and community assets.
- Facilitating participation and promoting inclusion.

Mental wellbeing was fundamental to achieving a healthy, resilient and thriving population.

In order to respond to mental health impacts at a community level, north east public health teams were currently undertaking a rapid review to assess the impact on the mental health of the local population as a result of the pandemic. This would contribute to a wider exercise across the region, which was being undertaken by the Mental Health Integrated Care System (MICS) and provide a picture of the local level of need and provision to inform capacity and planning and development. This work would be completed by the end of September. A short survey had been issued to mental health and well-being organisations and agencies to gather

information on the work that they did, the current impact, and challenges they faced. The exercise would be repeated in three and six months' time as a check to see how things were changing.

The rapid review would consider the following areas:

- Provider capacity to address the anticipated increased prevalence.
- Capacity for early intervention.
- Community Assets.
- Self-Help.
- Collaboration.
- Insights and intelligence.

Reference was made to the Prevention Concordat for Better Mental Health and PHE Guide which had been adopted by Middlesbrough and Redcar and Cleveland Councils in 2018. This set out the local system leadership approach for prevention and ensuring this was adopted throughout all interventions.

The Wellbeing Network had been in development for two years and the purpose was to develop a community asset based approach for the five ways to wellbeing. This was a medium/long term approach to wellbeing and the aim of the Network was ultimately give people meaning to their lives, with an emphasis on prevention. Reports on lockdown suggested that many people had been re-evaluating their lives.

According to Richard Layard (founder of Action for Happiness) in conversation with Martin Seligman (leading academic Positive Psychology) the pandemic had:

- Given us an improved sense of solidarity.
- Raised awareness of the importance of our own agency for mental wellbeing.
- Proved that things have been achieved rapidly that were not believed possible.
- Brought us closer to what we most humanly value, and are pre wired for.

Wellbeing was an essential complement to purely economic measures of success, particularly Gross Domestic Product (GDP) and it was recognised that economic measures were inadequate to account for so much of what was important in people's lives. In the UK a wellbeing focus in policy over the last ten years had produced shifting priorities towards Employment, Mental Health and Loneliness.

According to evidence gathered, factors that mattered most to individuals included: education and skills, personal finance, governance, environment, what we do, personal wellbeing, where we live, health and relationships. The Office for National Statistics (ONS) measured wellbeing by asking four questions in relation to: life satisfaction, worthwhile, happiness and anxiety. From April 2019 to March 2020 there had been significant drops in life satisfaction, worthwhile and happiness and an increase in anxiety, although generally the drops were not as low and anxiety was not as high as was recorded in 2011 following the economic recession.

A consultation had been launched this week with a proposal for the establishment of a South Tees Wellbeing Network (STWN). The idea was to better connect people and prevent silo working on activities that were trying to achieve the same outcomes.

The South Tees Wellbeing Network would be:

- A network of local services, organisations and groups that brought together people working on the front line of wellbeing.
- Not a strategic or decision-making body but aims to influence those who are – through community asset evidence.
- To improve development/access to services/wellbeing activities, promote innovation and increase cross referral between partners.

- To create a fully connected community asset based approach to wellbeing for integrated planning, measuring and evaluation.

The proposed functions of the STWN were to: promote wellbeing activities, plan, build capacity and evaluate wellbeing activities and campaigns, and identify and meet any gaps in wellbeing across South Tees.

In conclusion, examples of interventions to date to support people's mental health and wellbeing in South Tees from a TEWV perspective were listed in the presentation and included:

- Embedded roles within Tees IAPT model (IMPACT) to support transitions between IAPT and secondary care service.
- Formed links with LA Shielding Hubs.
- Provided Psychological Support services for Acute Trust colleagues.
- Launched a single number Crisis Service for Teesside.
- Enhanced pathways to VCS partners.
- Developed a telephone listening service.
- Developed an outreach service for adults with learning disabilities.
- Supported developments in enhanced care within care homes.
- Provided dedicated advice and input for BAME communities in conjunction with Public Health and VCS Partner.

Future plans included:

- Contributing to the development of a Tees Resilience Hub.
- Introduction of peer support workers within urgent care services.
- Enhancement of liaison psychiatry in line with CORE24 standards.
- Pilot of practice based mental health workers within Primary Care Networks across Teesside.
- AMH/MHSOP Community Services review and development of a new model.
- Develop pathways and interfaces with Local Authority Vulnerable People Programmes.
- School Support - Tees Valley CCG, Public Health South Tees, TEWV and VCSE providers collaborative offer to schools.
- Work with Public Health to identify ways of providing support to communities who traditionally do not access our services.

Finally, the Board was asked to consider supporting the proposed future ways of working and practical considerations as follows:

- To give the mental health impacts of the pandemic and lockdown the same level of priority as physical health.
- To plan for the long term, committing to a wellbeing-led planning approach that develops policies through a lens of wellbeing inequalities and understand the potential to work together to enhance the support available to reduce negative impact.
- Recognise this had to be tackled as a system issue, in partnership with each other and provide a co-ordinated, joined-up response.
- Design joint solutions to prevent any part of the system being overwhelmed.
- Embrace and actively pursue wellbeing as a goal and outcome and look to consistent measures of wellbeing outcomes.
- Support goals and implementation of the wellbeing network, starting with active consultation engagement.
- Additional national investment into mental health above the Mental Health Investment Standard will be essential but consideration should also be given to reprioritising existing resource.
- Think differently about workforce composition based on labour market supply and the role of community assets.

- Consider how mental wellbeing impact assessment can be embedded in service and policy planning and what support might be needed.

Board members were given the opportunity to comment on the presentation and ask questions.

It was clarified that in relation to CYP funding was provided through a national mental health standard which required that funding for CYP increased year on year at a higher proportion than other groups. The Chair requested that the findings of the survey issued as part of Public Health's rapid review were shared with the Board once available.

**AGREED** that the report and recommendations, as presented, were approved.

20/5

#### **HEALTH AND WELLBEING EXECUTIVE CHAIR'S REPORT (ASSURANCE REPORT)**

The Health and Wellbeing Executive Chair's Report was presented and the following points were highlighted:

- Better Care Fund 2020/2021- the BCF Policy Framework and Planning Requirements had not been issued due to the pandemic and national advice was to continue with current schemes and planned spending.
- Pharmaceutical Needs Assessment (PNA) - due to current pressures in response to the pandemic, the requirement to published renewed PNA had been suspended until April 2022.
- Healthwatch South Tees (HWST) - a comprehensive update was provided in relation to work undertaken to date and priorities for 2020/2021 were outlined.
- Flu Vaccination- an outline of the regional approach across the north east and Cumbria and local response across the Tees Valley to deliver the flu vaccination was provided.
- Details of progress against the South Tees Health and Wellbeing Board Priorities.

It was clarified that regional and national campaigns would be used to promote the uptake of flu vaccinations this year.

20/6

#### **DATE AND TIME OF NEXT MEETING**

The Chair advised that the next meeting would take place on Thursday 17 December 2020 at 2.00pm-4.00 pm.

Post meeting the next meeting was re-arranged to Monday 14 December 2020 at 10.00 am.