



Live Well South Tees Health and Wellbeing Board

3 September 2020

Predictions for increase in demand for mental health services across system partners as a result of Covid-19

ns of session:

Session-led: considering mental health post-covid in depth and the response of the system
e significant challenges outlined

Place-based: focus on place, not organisations – the session has been designed around
Population Intervention Triangle:

Civic-level, specifically considering the impact of debt on mental wellbeing

Community level, specifically considering community “protective factors” and the
establishment of a Wellbeing Network

Service level, considering the roles of Tees, Esk & Wear Valley NHS FT, Primary
Care, Social Care and the VCS as a broad system of services and also where as
providers, employers and part of local communities they contribute at community
and civic-levels

Outline

- Setting the challenge in context-predictions for increased demand
- The importance of considering social determinants of mental health and the **civic response** to this – a focus on debt, poverty and mental health
- Protecting Mental Health and Wellbeing- action at a **community level**
- Our local **service level** response and future plans
- Consideration of the role of the health and wellbeing board – “the ask”

Predictions for increase in demand for mental health services across system partners as a result of Covid-19

Teesside
Summer 2020

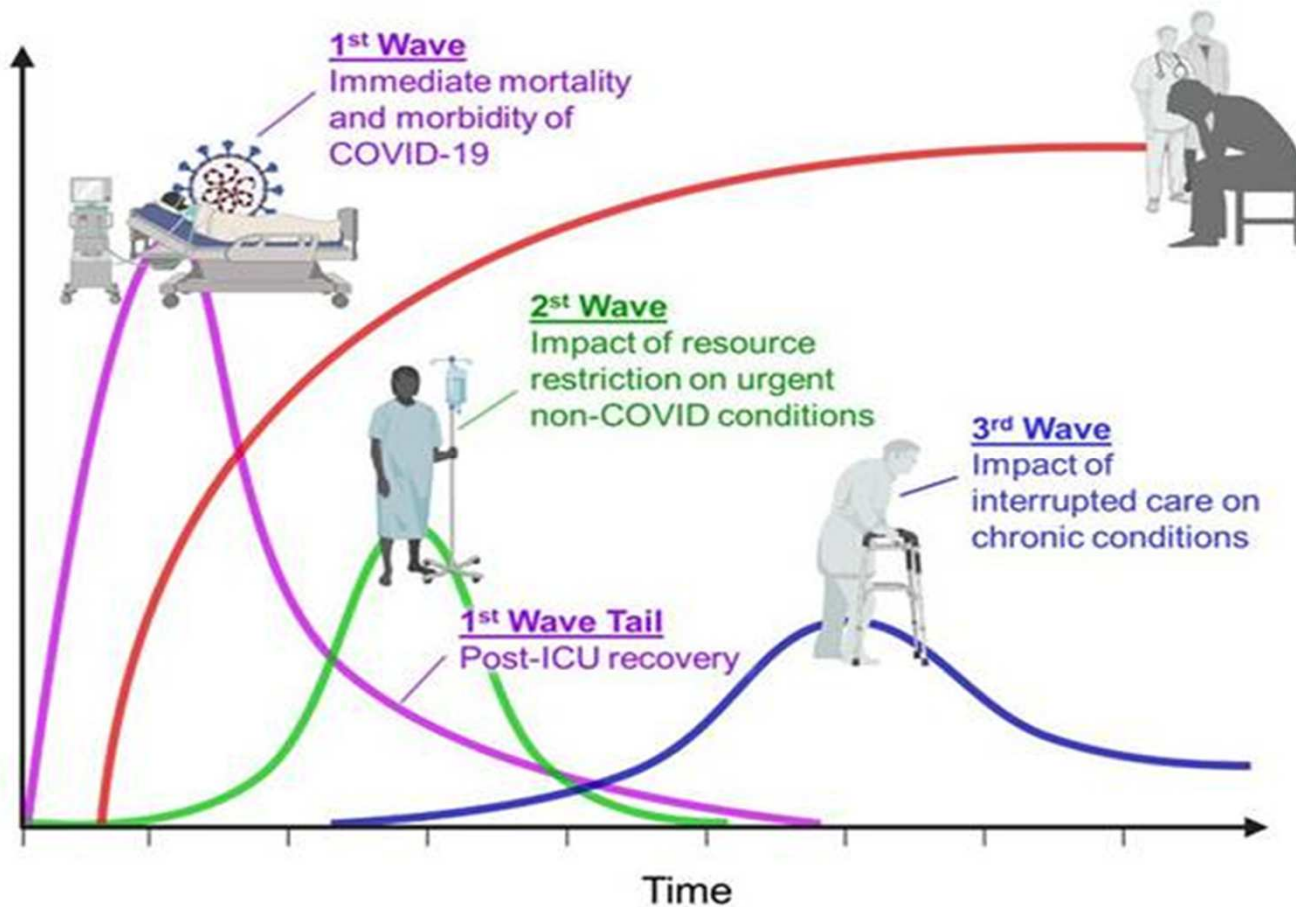
County Durham, Darlington and Tees Valley Mental Health and Learning Disability Partnership

Working Together to Improve lives



The Partnership will work together as one responsive system to plan, buy and deliver high quality, best value health services for those living with learning disability, autism or mental health needs

This Presentation



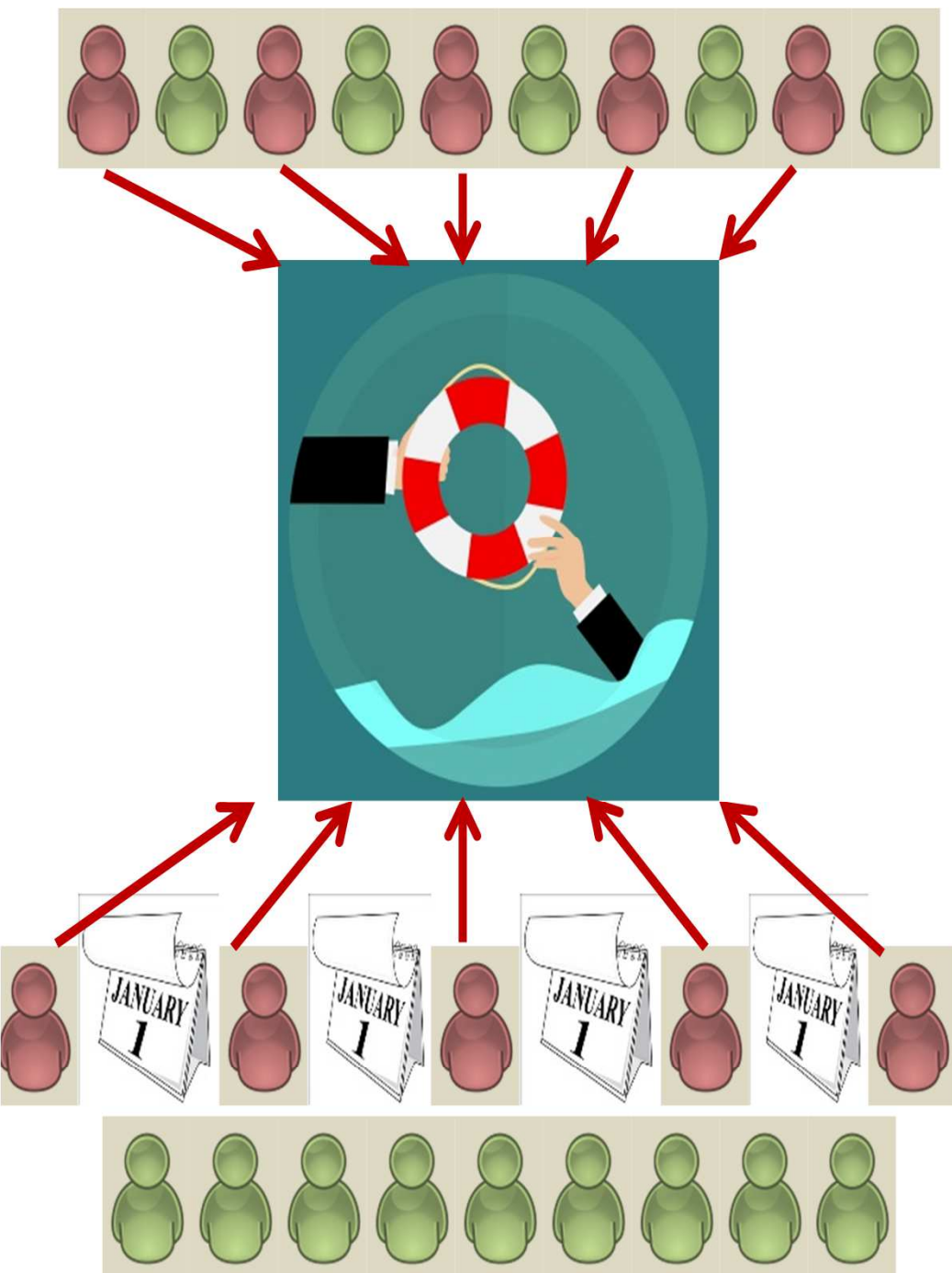
- Estimates how large the surge of extra “Covid-19 generated” demand for primary / secondary mental health services is going to be
- Supports a discussion on how the whole system can best work together to meet this additional demand over the next 5 years

The Model

- Developed by public health, research, clinical, data, planning experts, including CCG MH commissioning leads
- Based on life course age bands
- Identifies segments in the population with similar C-19 experience / risk factors
- Uses research to estimate increased prevalence of mental illnesses for each segment
- Can give potential increased demand for any geographically defined population

What are we forecasting?

- Once suppressed existing demand has bounced back in the next few weeks we will then see a...
- Significant volume of additional needs presenting which will challenge systems over the next 5 years
- At system level, over 5 years the number of additional people who will develop a mental illness which requires help / support from any part of “the system” are:
 - the equivalent of 52% of CYP (some of this is made up of individuals with multiple episodes so this does not mean half of all CYP will need a system intervention)
 - Working age adults – 23% (as above)



For example, for CAMHS, the additional level of need is the equivalent of every second child needing one “episode” of support over 5 years, or 1 in 10 children needing an episode of support each year for 5 years. This is on top of existing pre-Covid 19 levels of need.

Where is the additional demand coming from? CYP

- School-age CYP across the board due to disruption to schools and social networks
- CYP subject to recent or past trauma;
- CYP with Special Educational Needs / Learning Disabilities
 - some of this demand will not be evident until late 2020
- There will be illness caused by vicarious experience (e.g. children of ICU workers)
- We expect to see multi-generational lockdown impacts on families subject to multiple risk factors (e.g. poverty)

Where is the additional demand coming from 18+?

- Frontline workers (supermarket workers and bus drivers as well as ICU / care homes)
- Long Term Physical Conditions
- One person / shielded households
- Households with significant lost income (redundancy / reduced hours on zero hours contracts)
- People with pre-existing mental illness (but many fewer additional needs than the categories above)
- There will be a low volume, high needs group of ICU survivors with significant neurological / psychological / physical symptoms (inc vascular dementia)

Risks to accuracy

1. Research gaps (e.g. Adult BAME impact) / research quality / applicability of other “similar-ish” past events
2. Sensitivity of overall demand to two large population segments – all school age CYP and adults who still had to go to work during Lockdown
3. People in multiple segments (although we think this reflects the reality that some people will have multiple unique referrals over 5 years)
4. Time-profile – we have assumed a one off jump to a new normal and divided 5 years’ demand into 60 equal months

We will refine the forecast each month as new research, data and intelligence become available.

The importance of a civic level response

- Social determinants of mental health

- Social determinants of health - The “conditions in which people are born, grow, live, work and age”
- Such as- socioeconomic status, education, the physical environment, employment, and social support networks, as well as access to healthcare
- There are clear social gradients across health outcomes which have been mirrored during COVID-19
- Financial security as a key determinant of mental health



Money and resources

1^{IN} 5 of the UK population live in poverty. Over half of these people live in working households. Poverty damages health and poor health increases the risk of poverty.

An inadequate income can cause poor health because it is more difficult to:

Avoid stress and feel in control



Living with the day-to-day stresses of poverty in early childhood can have damaging consequences for long-term health

Access experiences and material resources



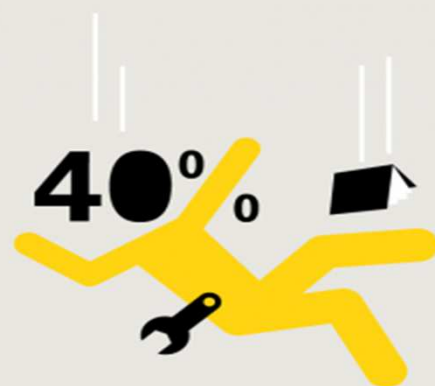
Money can allow people to access the basics they need to fully participate in society. Yet, 48% of 21-24 year-olds earn less than the living wage

Adopt and maintain healthy behaviours



Healthy behaviours can feel unattainable. It is 3 times more expensive to get the energy we need from healthy foods than unhealthy foods

Feel supported by a financial safety net



A safety net enables people to invest in their future. In a recent study, 40% of people with unmanageable debt said they were less likely to study or retrain

LOCAL DATA (all in the Red)

(PHE Fingertips 2020)

	England	Middlesbrough	Redcar & Cleveland
Children in low income families (dependents 0-20)	17.0%	31.4%	245.5%
Long term claimants of jobseekers allowance (2019)	3.5 (per 1000)	11.9	10.3
Fuel Poverty	11.1%	17.0%	14.3%
Percentage of people aged 16-64 in employment	75.6%	64.6%	68.9%

Contributing Factors to Poverty

- The factors contributing to poverty are complex and overlapping and include;
 - Poor physical and mental health (both a cause and consequence)
 - Debt and access to credit
 - Tax and rent arrears
 - Worklessness
 - Local economy and nature of local opportunities
 - Poor educational attainment
 - Benefit structures
- People can become *trapped* in cycles of poverty
- Whilst much is controlled at a national level there is effective local action can be taken (financial inclusion group activity)

Impact of COVID on financial insecurity locally

- CAB have seen increases in the following enquiries since lockdown:
 - welfare benefit enquiries (up from 30% to 55%)
 - employment related enquiries (up from 3% to 12%)
- Increase in unemployment, reduced hours and pay cuts
- CAB have seen a REDUCTION in debt enquiries (from 30%-12%) mainly due to lenders & landlords giving repayment 'holidays'. However – debt issues expected to raise rapidly once this period is over due to the above issues.
- Increased mental health/anxiety over impacts of COVID on finances

What are we doing in South Tees ?

- **Financial Inclusion Groups** – key to leading plans to address poverty and debt
- Food Poverty – Middlesbrough Food Partnership and Food Power Alliance (in partnership with MEC) has wide-ranging Action Plan addressing all elements of food poverty; Food Banks (funded in R&C)
- Fuel Poverty (South Tees Affordable Warmth Partnership & Action Plan)
- Welfare Rights Advice service across S Tees – to ensure all benefits are being claimed and signpost those in debt to CAB for further support
- Citizens Advice Bureau – main resource for debt management support
- Loan Shark Awareness campaigns
- Promotion of community banks/approved loans
- Programme developed to 'Stop the Knock' (MBC)
- Poverty proofing the School Day & enhanced needs pathway in Healthy Child Programme
- Community Support and signposting across both LAs (eg to welfare support / employment support / mental health etc)

Reflections and questions

5 minutes

A Community Level response- Protecting Mental Health and Wellbeing

There are three broad categories of factors which protect mental well-being:

- Individual control and community ownership
- Individual resilience and community assets
- Participation and inclusion

Mental well-being is fundamental to achieving a healthy, resilient and thriving population.

Protective Factors for Mental Health and Wellbeing

Each of the below will have been impacted or changed as a result of our C-19 response lockdown

ENHANCING CONTROL	✓	INCREASING RESILIENCE AND COMMUNITY ASSETS	✓	FACILITATING PARTICIPATION AND INCLUSION	✓
Individual level		Individual level		Individual level	
sense of control e.g. setting and pursuit of goals, ability to shape own circumstances		Emotional well-being e.g. self esteem, self worth, confidence, hopefulness, optimism, life satisfaction, enjoyment and having fun		Having a valued role e.g. volunteer, governor, carer	
Belief in own capabilities and self determination e.g. sense of purpose and meaning		Ability to understand, think clearly and function socially e.g. problem solving, decision making, relationships with others, communication skills		Sense of belonging e.g. connectedness to community, neighbourhood, family group, work team	
Knowledge skills and resources to make healthy choices e.g. understanding what makes us healthy and being able to make choices		Have beliefs and values e.g. spirituality, religious beliefs, cultural identity		Feeling involved e.g. in the family, community, at work	
Maintaining independence e.g. support to live at home, care for self and family		Learning and development e.g. formal and informal education and hobbies		Community / organisation level	
Community / organisation level		Healthy lifestyle e.g. taking steps towards this by healthy eating, regular physical activity and sensible drinking		Activities that bring people together e.g. connecting with others through groups, clubs, events, shared interests	
Self-help provision e.g. information advocacy, groups, advice, support		Community / organisation level		Practical support e.g. childcare, employment, on discharge from services	
Opportunities to influence decisions e.g. at home, at work or in the community		Trust and safety e.g. belief in reliability of others and services, feeling safe where you live or work		Ways to get involved e.g. volunteering, Time Banks, advocacy	
Opportunities for expressing views and being heard e.g. tenants groups, public meetings		Social networks and relationships e.g. contact with others through family, groups, friendships, neighbours, shared interests, work		Accessible and acceptable services or goods e.g. easily understood, affordable, user friendly, non-stigmatising, non-humiliating	
Workplace job control e.g. participation in decision making, work-life balance		Emotional support e.g. confiding relationships, provision of counselling support		Cost of participating e.g. affordable, accessible	
Collective organisation and action e.g. social enterprise, community-led action, local involvement, trades unions		Shared public spaces e.g. community centre, library, faith settings, café, parks, playgrounds, places to stop and chat		Conflict resolution e.g. mediation, restorative justice	
Resources for financial control and capability e.g. adequate income, access to credit unions, welfare rights, debt management		Sustainable local economy e.g. local skills and businesses being used to benefit local people, buying locally, using Time Banks		Cohesive communities e.g. mutual respect, bringing communities together	
Other?		Arts and creativity e.g. expression, fun, laughter and play		Other?	
		Other?			

Responding to mental health impacts: what can we do at a community level?

Local Authority (Rapid Review) – helping to build the regional picture

- Provider capacity to address the anticipated increased prevalence
- Capacity for early intervention
- Community Assets
- Self-Help
- Collaboration e.g. wellbeing network
- Insights and intelligence e.g. provider survey

Q. Bringing local knowledge to the process – what else has been happening?

Q. Has attention been paid to particular groups? Not leaving anyone behind !

Local System Leadership for Prevention

Vision : that everyone irrespective of where they live has good mental health and wellbeing, especially communities facing the greatest adversity and barriers

How?

- Leadership – senior leaders understand value of good mental health as an asset
...
- Partnership – shared vision and actively involved in shaping and delivering
- Defining success – shared understanding of mental health outcomes and how to measure
- Needs and Assets – Data and intelligence of shared picture of local need and assets
- Deliverable commitments – translated into actions

(Prevention Concordat for Better Mental Health and PHE Guide: What good looks like for Public Mental Health)

Wellbeing as the Goal:

Using the evidence base for the process and the preventative tool of choice in communities

Summary of presentation:

- A Medium/Long Term approach, fully connected and embedded as the key outcome from stakeholders, multiple approaches
- Utilising evidence bases from the 'What Works Centre for Wellbeing, Positive Psychology Practice and New Economics Foundation amongst others
- A South Tees Wellbeing Network
- 'Asks' for the Health and Wellbeing Board

Wellbeing and Happiness – even more important now?

Richard Layard (founder of Action for Happiness) in conversation with Martin Seligman (leading academic Positive Psychology)

The pandemic has:

- 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

<https://www.youtube.com/watch?v=Po8ZP8FU7Pc>

LINKS:

[Action for Happiness Website](#)

[Authentic Happiness – Martin Seligman Website](#)

[What works Centre for Wellbeing website](#)

Wellbeing as the Goal: Wellbeing Evidence at the Heart of Policy 1/2

“ Wellbeing is the idea that we can judge a society by how much the people are thriving. It’s the ultimate goal of policy.

It brings together the social, economic and environmental. Pursuing wellbeing is an end in itself: not because it will improve GDP or productivity, but how economic and other policies work together to improve people’s lives.”

Wellbeing as the Goal: Wellbeing Evidence at the Heart of Policy 2/2

The editor of the World Happiness Report, Professor John Helliwell, is leading the rallying call for a wellbeing inequality lens in policymaking.

<https://whatworkswellbeing.org/blog/the-hidden-happiness-gap-in-our-communities/>

What difference does it make if wellbeing is the Goal?

In the UK, a wellbeing focus in policy so far has meant shifting priorities towards:

- Employment – Good work, well managed with supports and designed to play to individuals strengths
- Mental health – Emotional health drives wellbeing
- Loneliness – Most significant international comparison factor

Measures and understanding success

Includes summaries of concepts and measures that go beyond GDP, simply to show that there is more to thriving populations with good wellbeing than economic activity.

- Standard of Living
- Quality of Life
- Prosperity
- Social Value
- Public Value



What wellbeing factors that matter the most?

Figure 1

Summary
of wellbeing
factors that
matter

Education and skills



If we are engaged in
formal or informal
learning

Personal finance



Whether we feel
satisfied that we have
sufficient income

If we have difficulty
financially

Governance



How much we trust
government and
institutions

If we participate in
democratic processes

Environment



What the air and
water quality is like
in our area

What we do



If we're employed

If we're satisfied with
our jobs

Whether we have, and
enjoy, our leisure time

If we volunteer

If we participate in
arts, sport, or cultural
activities

Our spiritual life,
or belief system

Personal wellbeing



How satisfied we
are with our lives

How worthwhile
we feel our lives are

How happy or anxious
we rate ourselves

How we rate our
mental wellbeing

Where we live



If there is high
crime in our area

If we feel safe in our area

How easy it is to access
green spaces or the
natural environment

Our sense of belonging
to our neighbourhood

Whether we can access
key services

Are we satisfied with
our housing

Health



What our healthy
life expectancy is

How our physical and
mental health is faring

If we are satisfied with
our health

Our relationships



Whether we are in
happy relationships

If we have people
to rely on

If we feel lonely often
or always

Wellbeing and Happiness: The 4 core ONS questions

The Office for National Statistics asks 4 questions to measure individual wellbeing:

Measure		Question
Life Satisfaction		Overall, how satisfied are you with your life nowadays?
Worthwhile	Overall, to what extent do you feel that the things you do in your life are worthwhile?	
Happiness		Overall, how happy did you feel yesterday?
Anxiety	On a scale where 0 is "not at all anxious" and 10 is "completely anxious", overall, how anxious did you feel yesterday?	

A South Tees Wellbeing Network 1/2

What is it?

- A network of local services, organisations and groups that bring 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

A South Tees Wellbeing Network 2/2

The proposed functions:

The STWN has 3 proposed functions:

- **Promoting wellbeing activities across South Tees** – to raise awareness of what wellbeing is and how it can practically help each individual, group and organisations.
- **Planning, capacity building and evaluation of wellbeing activities and campaigns** across South Tees – to help anyone use evidenced wellbeing community approaches, and build up a local picture of wellbeing
- **Identifying and meeting the gaps in wellbeing across South Tees**, particularly for those who are least likely to have access to ensure everyone has the means take part in activities to improve their wellbeing

Examples of what has been done to help?

(Service level – Population Intervention Triangle)

- Embedded roles within Tees IAPT model (IMPACT) to support transitions between IAPT and secondary care service (April 2020)
- Formed links with LA Shielding Hubs (April 2020)
- Provided Psychological Support services for Acute Trust colleagues (April 2020)
- Launched a single number Crisis Service for Teesside (May 2020)
- Enhanced pathways to VCS partners (May 2020)

Examples of what has been done to help?

- Development of a telephone listening service (May 2020)
- Developed an Outreach Service for Adults with Learning Disabilities (whilst Day and Respite Services have been stood down due to COVID)
- Supported Developments in Enhancing Care within Care Homes (May 2020)
- Provided dedicated advice and input for BAME Communities in conjunction with Public Health and VCS Partner (June 2020)
- There are many other examples that can be highlighted

What else are we planning?

- Contributing to the development of a Tees 'Resilience Hub' (tbc)
- Introduction of peer support workers within our urgent care services (September 2020)
- Enhancement of liaison psychiatry in line with CORE24 standards (September 2020)
- Pilot of practice based mental health workers within Primary Care Networks across Teesside (October 2020)

What else are we planning?

- AMH / MHSOP Community Services review and development of a new model (Model defined Sep' 20)
- Develop pathways and interfaces with Local Authority Vulnerable People Programmes (tbc)
- School Support - Tees Valley CCG, Public Health South Tees, TEWV and VCSE providers collaborative offer to schools (Sep' 20)
- Work with Public Health to identify ways of providing support to communities who traditionally do not access our services
- There are many other things that as a system we need to do to improve access to mental health provision

Questions and reflections

5 minutes

Implications and ‘The Ask’- ways of working

- Give the mental health impacts of the pandemic / lockdown the same level of priority as physical health
- Plan long term - this is a 5 year surge in demand, not a wave that will come and go in a few weeks. Commit long term to a wellbeing-led planning approach, that develops all policies through a ‘lens’ of wellbeing inequalities, Understand the potential to work together to enhance the support available to reduce negative impact e.g financial insecurity
- Recognise we have to tackle this as a system issue, in partnership with each other (and give our population a coordinated, joined-up response)
- Design joint solutions to prevent any part of the system being overwhelmed

Implications and 'The Ask'- practical considerations

- To embrace and actively pursue wellbeing as a goal and outcome and look to consistent measurement 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... systems must also consider 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 your service and policy planning and what support you might need