

Item No. 8.	Classification: Open	Date: 11 November 2020	Meeting Name: Health and Wellbeing Board
Report title:		Mental Health Wellbeing Overview of COVID-19 impacts on Mental Health and Southwark response	
Ward(s) or groups affected:		All wards	
From:		Jin Lim, Acting Director of Public Health Nancy Kuchemann, GP and NHS South East London CCG Clinical Lead	

RECOMMENDATIONS:

1. That the Health and Wellbeing Board note the report and its contents being that the report provides an update on the mental health impacts of the coronavirus pandemic, as well as the local response across Southwark.
2. That the Health and Wellbeing Board request a report back on the Partnership's actions to implement the local priorities identified in paragraphs 15 – 26.
3. That the Health and Wellbeing Board request that the issues identified by communities as set out in paragraph 11 are considered in the implementation plans for the NHS and Council recovery plans

BACKGROUND INFORMATION

4. A national survey conducted before the coronavirus pandemic revealed that one in six adults in England experienced symptoms of a common mental health problem every week, such as anxiety or depression, and one in five adults had considered taking their own life at some point. Nearly half of adults believed that, in their lifetime, they had had a diagnosable mental health problem, yet only a third had received a diagnosis¹.
5. Within Southwark, mental ill health represents a significant burden on our local population and healthcare system. Mental ill health is not equally distributed across the population, but focused in certain groups, including young women, BAME communities, and those in poor health or with long-

¹ 2014 Adult Psychiatric Morbidity Survey (APMS).

term conditions.

6. A number of local strategies and actions plans aimed at protecting and improving the mental health and wellbeing of Southwark residents were already underway before the COVID-19 pandemic. These included the Joint Mental Health and Wellbeing Strategy, the Suicide Prevention Strategy, and the Loneliness Strategy; however, most of these now require a refresh, in light of the current situation.
7. The COVID-19 pandemic represents a sudden and traumatic event that has lasted for a significant amount of time. The UK has endured a first, strict, national lockdown in the spring of 2020, and has just entered a second national period of stricter restrictions. The impacts of these restrictions are wide-ranging, but include multiple negative social and economic influences, which have strengthened risk factors for poor mental health and eroded protective ones.
8. The Council's Public Health Team responded to the first phase of the pandemic by setting up an Acute Mental Health Response Working Group. This focused on coordination, communications and signposting to new and existing sources of support, working in partnership with the CCG and GP Federations to ensure that services had capacity, as well as the Communications Team and Southwark Community Hub to disseminate messages out to Southwark residents.
9. As we move into the second phase of the pandemic, Partnership Southwark has developed a Borough Recovery Plan. The plan sets out how Partnership Southwark will lead a whole system approach to Southwark's recovery from the lockdown measures related to COVID-19, by learning to work in a 'COVID-19 world' as well as working together to prevent or manage outbreaks over the next 18 months. Critically, it seeks to set out how partners will seek to address the exacerbated health and social care inequalities that have arisen because of the pandemic.
10. Other recovery initiatives being led with other partners include the new 'South London COVID-19 Preventing Mental-ill Health Taskforce'. This taskforce consists of representatives from South London and Maudsley NHS Foundation Trust, South West London and St George's Mental Health NHS Trust, Oxleas NHS Foundation Trust, as well as our CCG, partners, local authorities, Healthwatch, Public Health England, Citizens UK and experts by experience.

KEY ISSUES FOR CONSIDERATION

11. Inequalities in mental health were widespread across the borough already; there is evidence that coronavirus has exacerbated these, as detailed in the presentation attached to this report (COVID-19: Mental Health Rapid Impact Assessment). Local services have continued to deliver support to local residents, against a backdrop of rising need and

acute budget pressures.

12. Southwark Council carried out an online survey from mid-June to mid-July to understand the impacts of COVID-19 on residents. 72% of respondents reported a negative impact on their mental health. Residents who were negatively impacted were more likely to be women, BAME and disabled. Loneliness also increased, particularly for those aged 45-64.
13. Thrive LDN is a mental health initiative that is supported by the Mayor of London and collaborating London boroughs. In response to the coronavirus crisis, Thrive LDN undertook extensive community engagement, working with 200 different community groups and organisations, and over 10,000 Londoners, to understand more about the experiences of 20 disproportionately at-risk groups, including BAME, LGBT+, disabled people, older people, women, victims of domestic abuse, and migrants, refugees and asylum seekers.
14. Communities came up with a number of recommendations for local action, which are summarised below:

Theme	Actions
Strengthen Communities	<ul style="list-style-type: none">• Mainstream recent innovations that were introduced to support communities during the pandemic• Adopt trauma-informed practice• Widen access to resilience and bereavement support• Improve social connection, interaction and community cohesion
Address discrimination	<ul style="list-style-type: none">• Invite communities with lived experience of inequality and discrimination to influence decisions• Amplify the voices of those who experience discrimination• Reduce barriers to mental health service access
Balance uncertainty for the future	<ul style="list-style-type: none">• Target communities with support for emotional resilience• Deliver free training to community leaders and volunteers• Work to tackle stigma around mental health issues
Financial security	<ul style="list-style-type: none">• Support vulnerable people and young people into employment and apprenticeships• Provide mental health support to those unemployed, in debt, or facing eviction• Take action to end fuel poverty

- Value family and support structures
 - Increase parenting skills and affordable childcare; Understand the issues and assets of multigenerational families
 - Support LGBT+ young people

- Digital inclusion
 - Provide free/cheap WiFi and digital skills training
 - Expand social prescribing
 - Provide online workshops and forums for young people, staffed by health and care partners

- Improve access to information, advice and support
 - Conduct clear, consistent and culturally competent communications and campaigns that build resilience and signpost to support
 - Develop integrated place-based models for mental health support across neighbourhoods or PCNs

- Commit to delivering change for BAME communities
 - Co-design mental health policy and services with BAME communities
 - Build trust and capacity with BAME communities

15. Southwark HWB partners are already working on a number of these actions, through Southwark Stands Together; commitments in the new Council Plan; and through existing initiatives, such as social prescribing.

16. It is recommended that members consider what additional measures could be taken from the list at paragraph 11, and note that it will require a multiagency, system-wide approach, as well as proper financial investment, to tackle these issues holistically.

17. A number of local priorities for action have been identified. These are:

18. **Mental Health First Aid:** The Council’s Mental Health First Aid Training programme ran in 2019-2020, and was reserved for Council Staff. The new Council Plan includes a commitment to train a further 100 MHFAs, targeting staff in customer-facing roles working directly with residents.

19. There are plans to offer further MHFA training to the wider community, targeting specific at-risk groups. This would be done in partnership with other key stakeholders such as SLaM and the SEL CCG.

20. **Suicide prevention:** the Southwark Suicide Prevention Strategy and Action Plan are led and coordinated by the Public Health Team. The COVID-19 pandemic will have economic and social implications that may make the risk factors for suicide more prominent. Suicide prevention plans need to be reviewed and additional mitigating actions may be needed. The South East London CCG is about to be awarded ~£400K for NHS England and NHS Improvement (NHSE/I)’s Suicide Prevention Programme, and the Public Health Team is working with them to agree

local priorities for this funding.

21. **Loneliness strategy:** Recommendations on use of places and spaces will need to be reviewed in light of coronavirus risks, and the level of need and prevalence of loneliness has changed since the strategy was written. A new community engagement exercise is about to be launched to sense-check the action plan, and ask local residents and stakeholders for their ideas on how we should take this strategy forward.
22. **Supporting CYP:** the Council has continued to offer support to children and young people via school nursing, and through a new wellbeing clinic. The Nest, a new open access mental health for children and young people, opened in May 2020.
23. **Update the Joint Mental Health and Wellbeing Strategy:** this item is dealt with separately on the agenda.
24. **Preventing Mental-ill Health Taskforce:** Following the success of the virtual summits held earlier this year, the 'South London COVID-19 Preventing Mental-ill Health Taskforce' has been created. The Taskforce is made up of representatives from South London and Maudsley NHS Foundation Trust, South West London and St George's Mental Health NHS Trust, Oxleas NHS Foundation Trust, as well as our CCG partners, local authorities, Healthwatch, Public Health England, Citizens UK and experts by experience.
25. A representative from the Taskforce has been asked to update the HWB on the work to date, including the 10th November summit, where attendees were asked for input to help shape the plans to meet the needs of people who may be at risk of becoming mentally unwell due to the impact of COVID-19.
26. It is recommended that we align our borough work and collaborate in next steps.
27. **Local plans and proposals for Community Mental Health Transformation:** The Long Term Plan includes ambitious targets for community mental health, particularly regarding access to services for people with eating disorder and personality disorder plus rehabilitation and better outcomes for the physical health of people with serious mental illness.
28. New funding for community mental health will flow to local systems, to invest in recruiting new members of the community mental health workforce and commissioning new VCSE services. The aim will be to provide better care to people already receiving mental health support in

the community, and increase access to these services.

29. Partnership Southwark will lead the local planning for this, and colleagues from SLaM will share details at the HWB with a view to providing feedback to the SELCCG submission and confirm ownership and involvement from partners.
30. The actions above (paragraphs 11-26) should be integrated within the Borough Recovery Plan and achieved in partnership with key stakeholders such as Partnership Southwark, South East London CCG, SLaM HNS Trust and the Voluntary and Community Sector.

Community Impact Statement

31. The protection and promotion of the Borough's Mental Health is a priority. Any action taken towards improving the mental health and wellbeing of the population, increase its resilience and mitigate the negative impacts of the COVID-19 pandemic will have a positive impact on Southwark's communities.

Resource implications

32. There are no specific resource implications arising from this paper. Any new projects/initiatives that arise which require additional or reallocation of council funding would need to be considered through the normal budget, monitoring and governance processes.

Legal implications

33. There are no specific legal implications arising from this paper.

Financial implications

34. There are no immediate finance implications arising from this paper.

BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
Thrive Together: a summary of recent experiences and ideas to support the wellbeing a resilience of all Londoners	Public health First Floor, Hub 1 160 Tooley Street, London, SE1 2QH	publichealth@southwark.gov.uk
https://www.london.gov.uk/moderngovmb/documents/s68188/06a%20Appendix%201%20THRIVE%20TOGETHER%20a%20summary%20of%20recent%20experiences%20and%20ideas%20to%20support%20the%20wellbeing%20.pdf		

APPENDICES

No.	Title
Appendix 1	COVID-19: Mental Health Rapid Impact Assessment

AUDIT TRAIL

Lead Officer	Caroline Bruce, Strategic Director of Environment and Leisure	
Report Author	Clizia Deidda, Public Health Policy Officer	
Version	Final	
Dated	4 November 2020	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Law and Democracy	No	No
Strategic Director of Finance and Governance	No	No
Cabinet Member	No	No
Date final report sent to Constitutional Team		6 November 2020

COVID-19: Mental Health Rapid Impact Assessment

Southwark's Joint Strategic Needs Assessment

Southwark Public Health Division
Environment, Leisure and Public Health

11 November 2020

GATEWAY INFORMATION

Report title:	Impact assessment of COVID-19 on mental health
Status:	Public
Prepared by:	F Tracey and C Deidda
Approved by:	Farrah Hart
Suggested citation:	Impact assessment of COVID-19 on mental health. Southwark Council: London. 2020.
Contact details:	publichealth@southwark.gov.uk
Date of publication:	11 November 2020

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Mental ill-health represents a significant burden on our local population and the health and care system

BACKGROUND: LOCAL PICTURE

Poor mental health touches all aspects of life, and places a significant burden on our local population and healthcare system.

- It is estimated that almost 47,000 adults in Southwark (16+) are experiencing a common mental disorder (CMD)
- Depression is the second most prevalent condition in Southwark. In 2018/19, over 23,000 Southwark residents had a diagnosis of depression (8.6% of the population). Whilst lower than the England average, Southwark prevalence is significantly higher than the London average, and has been increasing steadily since 2011/12
- In Southwark, 1,016 (3.6%) people over the age of 65 have a diagnosis of dementia. Whilst this is significantly lower than the London and England average, it still has important healthcare implications.
- In Southwark, 1.4% of the adult population has Serious Mental Illness (approx. 3,800 residents)

References

1. Mental Health in diagnosis and service provision. Southwark's JSNA. Southwark Council: London. 2017.
2. PHE, Common Mental Health Disorders, Fingertips tool: <https://fingertips.phe.org.uk/profile/common-mental-disorders>
3. Assessing the burden of and prioritisation of single long term conditions locally. Southwark's JSNA, Southwark Council: London, 2018
4. Dementia Prevention in Southwark. Southwark's JSNA. Southwark Council: London. 2019

Mental ill-health is not equally distributed across the population, but focused in certain groups

BACKGROUND: DISPARITIES

The results of the latest Adult Psychiatric Morbidity Survey (APMS 2014) identified a number of factors associated with higher rates of mental disorder:

- **Young women:** CMDs are more prevalent in women than men, and they are also more likely to experience more severe symptoms. Young women are thought to be at higher risk, with an estimated 5,600 cases in Southwark
- **Those living alone**
- **Employment Support Allowance (ESA) claimants:** In February 2016, almost half of the Southwark claimants (6,000) were receiving ESA for mental and behavioural disorders
- **Those in poor health or with a long-term condition:** 30% of people with a long-term condition have a mental health problem, and 46% of those with a mental health condition also have a long-term condition. This equates to approx. 22,000 people in Southwark
- **Black ethnicity:** SMI disproportionately affects people of Black ethnicity; Black and Black British groups had the highest proportion of people who had spent time in hospital in the year, with levels more than twice the average for White groups

References

1. Mental Health in Southwark: an overview of needs and service provision. Southwark's JSNA. Southwark Council: London. 2017.
2. PHE, Common Mental Health Disorders, Fingertips tool: <https://fingertips.phe.org.uk/profile/common-mental-disorders>
3. Assessing the burden of and prioritisation of single long terms conditions locally. Southwark's JSNA, Southwark Council: London, 2018

Pre-COVID, levels of suicide were statistically similar to London, and 1 in 11 people felt often lonely in Southwark

PRE-COVID19 BACKGROUND: SUICIDES AND LONELINESS

From 2016–18, the average suicide rate in Southwark was 6.8 per 100,000 residents, with 50 deaths over the three years. Over the last 10 years, Southwark suicide levels have remained stable.

Among adults, specific high risk groups for suicide include:

- Young and middle-aged men
- Mental health service users
- Misuse of drugs, prescription medication or alcohol
- Long-term physical health conditions
- Learning difficulties
- Mothers in the first year after childbirth
- Criminal justice system contact
- Unemployment, debt or job insecurity
- Specific professions
- LGBT+
- BAME
- Bereavement / family history of suicide

The 2019 Survey of Londoners found that 8.8% of Southwark residents felt lonely often. Loneliness and social isolation are linked to early death and various physical and mental health condition. Risk factors include

- Age: 13% of those aged 16-24 reported feeling lonely often
- Ethnicity: non-white ethnic groups, and in particular black ethnicities, feel lonely more often
- Having a long-term condition or disability
- Deprivation
- Being in social housing
- Being food insecure

References

1. Public Health England, 2020. Suicide Prevention data tool
2. HM Government, 2019. Preventing suicide in England: Fourth progress report of the cross-government outcomes strategy to save lives. <https://www.nspa.org.uk/resources/annual-progress-reports/>

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The COVID-19 pandemic has exacerbated the risk factors for poor mental health and weakened the protective ones

BACKGROUND: LONELINESS

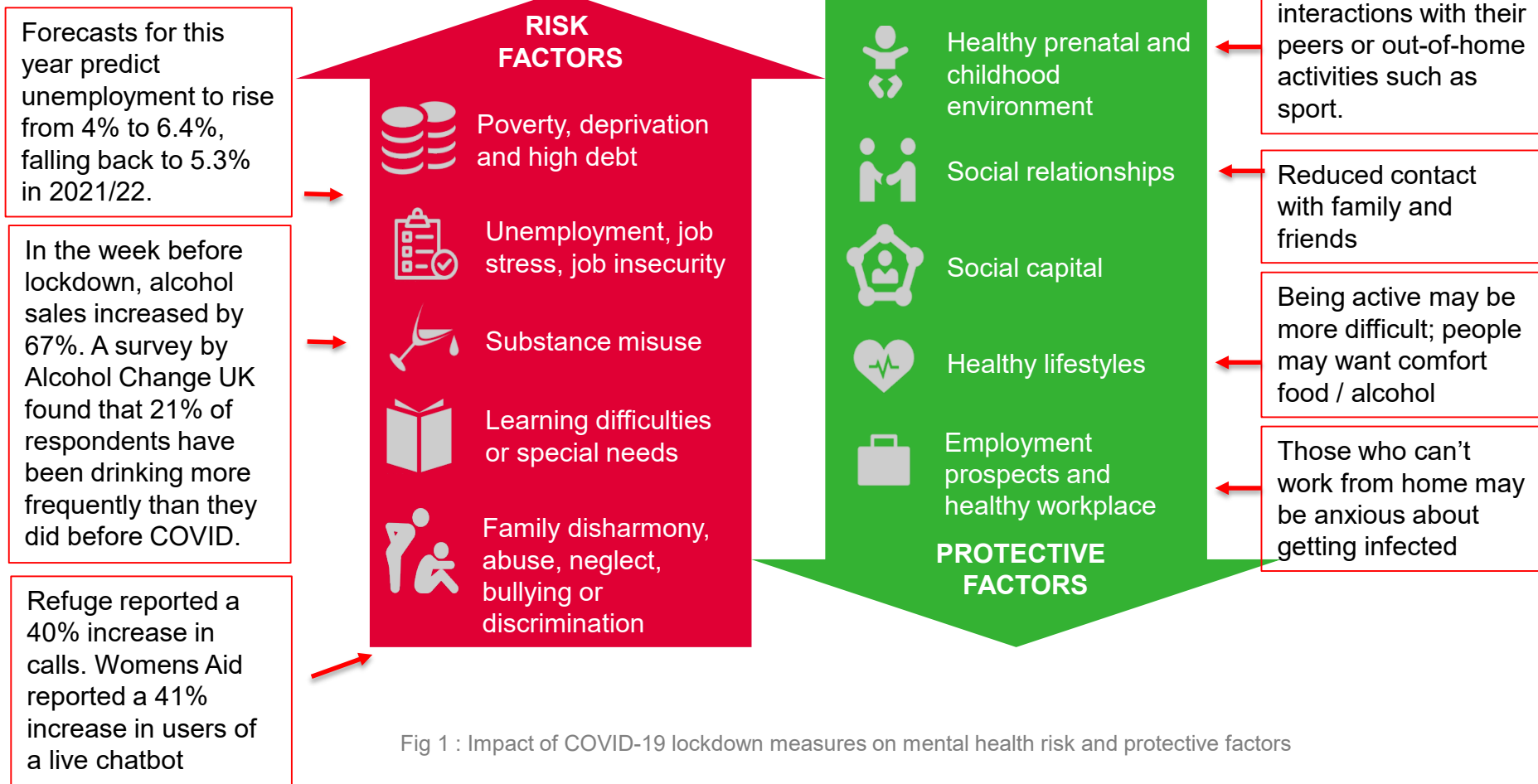


Fig 1 : Impact of COVID-19 lockdown measures on mental health risk and protective factors

References

1. Department for communities, London:2020 <https://www.communities-ni.gov.uk/news/minister-publishes-information-impact-covid-19-universal-credit-claims>
2. Drinking during lockdown- headline findings, Alcohol Change UK: London, July 2020: <https://alcoholchange.org.uk/blog/2020/drinking-in-the-uk-during-lockdown-and-beyond>
3. Press release: Refuge reports further increase in demand for its National Domestic Abuse Helpline services during lockdown. Refuge: London, May 2020

The COVID-19 pandemic impacts on mental health and wellbeing across the life-course: summary of concerns

COVID-19 MH&WB IMPACTS

	Pre-term	0-5 years	School years	Working age adults	Old age
Key concerns	<p>Anxiety over impact on baby</p> <p>Financial worries</p> <p>Anxiety over delivery and access to care</p> <p>Isolation</p>	<p>Significant changes to routine</p> <p>Isolation</p> <p>Impact of parental stress and coping</p>	<p>School progress, exams</p> <p>Boredom</p> <p>Anxiety, depression, other MH conditions</p> <p>Isolation</p> <p>Impact of parental stress and coping</p>	<p>Balancing work and home</p> <p>Being out of work</p> <p>Caring stress</p> <p>Anxiety over families or dependents</p> <p>Financial worry</p> <p>Isolation</p>	<p>Isolation</p> <p>Disruption of routine</p> <p>Anxiety over dependence on services</p> <p>Financial worry</p> <p>Fear over COVID infection</p>
Loss	Loss of loved ones, which may be exacerbated and grieving disrupted by inability to do normal grieving rites (e.g. physically close to dying person, funerals, etc.)				
Specific issues	<ul style="list-style-type: none"> ▪ Impact of delayed diagnoses and treatment (e.g. chronic conditions) ▪ Suicide and self-harm risk for most at-risk ▪ Feelings of disconnect amongst communities (incl. faith) ▪ Substance misuse ▪ Domestic abuse ▪ Additional stresses due to reliance on foodbanks, low-income, digital exclusion or self-employment ▪ Anxiety and sleep issues 				



The pandemic has had a negative impact on mental health for the majority of residents, although there are disparities

IMPACTS: RESIDENT SURVEYS

Southwark Council carried out an online survey from mid June to mid July to understand the impacts of COVID-19 on residents

- 72% of respondents reported a negative impact on their mental health
- Residents who were negatively impacted were more likely to be:
 - Women
 - BAME
 - Disabled
- There was an increase in number of people who reported loneliness sometimes and often, compared to before COVID-19
 - Those aged 45-64 were most likely to experience loneliness often.
 - The age group 65+ were most likely to report never feeling lonely



Key populations known to experience poor mental health have experienced a greater mental health burden

IMPACTS: VULNERABLE GROUPS

Key population	Reported impacts on mental health during the pandemic
BAME	<ul style="list-style-type: none">• Fear, stress and anxiety related to disproportionate morbidity and mortality• Increased risk of bereavement• BAME groups may suffer disproportionately from economic recession
LGBT+	<ul style="list-style-type: none">• Isolation from social support• Forced proximity to hostile household members
Drug and alcohol users	<ul style="list-style-type: none">• Limited access to both mental health and substance misuse treatment• Risk of relapse for abstinent or recovering patients• Increased drug and alcohol consumption in moderate/ increasing risk groups
Expectant/ new mothers	<ul style="list-style-type: none">• Fear and anxiety about visiting hospital for prenatal/ postnatal appointments• Lack of support from friends and family immediately after birth
Survivors of domestic violence	<ul style="list-style-type: none">• Refuge reported a 40% increase in calls after COVID-19 restrictions• Womens Aid reported a 41% increase in users of a live chatbot after COVID-19 restrictions

References

1. Potential impacts of COVID-19 on population mental health in England. PHE, 2020
2. Health Foundation - <https://www.health.org.uk/news-and-comment/blogs/emerging-evidence-on-covid-19s-impact-on-mental-health-and-health>
3. Womens Aid – <https://www.independent.co.uk/life-style/women/womens-aid-domestic-violence-coronavirus-lockdown-campaign-risk>



The pandemic has worsened mental health for people with existing chronic mental and physical conditions

IMPACTS: EXISTING CONDITIONS

Vulnerable group	Reported impacts on mental health during the pandemic
People with an existing mental health condition, including SMI	<ul style="list-style-type: none">• Loneliness, social isolation and a lack of access to normal support• Small numbers report improved mental health with reductions of stressors and increase in social support
People with chronic physical conditions	<ul style="list-style-type: none">• Fear, stress and anxiety related to higher risk of severe COVID-19 if infected• Delays in care and operations, anxiety and fear to attend hospital appointments, hard to manage health without their usual support network.
People with learning disabilities and autism	<ul style="list-style-type: none">• Increase in anxiety, distress and challenging behaviour due to changes in routine and daily activities, communication challenges and reduced social interaction
People who have been shielding	<ul style="list-style-type: none">• 45% of those shielding reported a worsening of mental health since receiving shielding guidance. Younger people and women were more likely to report this (ONS shielding survey)• Most intense social distancing during the pandemic, which is associated with reduced mental health

References

1. Potential impacts of COVID-19 on population mental health in England. PHE, 2020



New vulnerable groups have been identified based on direct impacts of the pandemic

IMPACTS: DIRECT

Vulnerable group	Reported impacts on mental health during the pandemic
People with direct experience of COVID-19 infection	<ul style="list-style-type: none"> • Ongoing health issues as a result of COVID • Stigma and discrimination against those infected • PTSD in those who were admitted to ICU, or as a result of self-isolation • Experience of long COVID disease
People who are bereaved	<ul style="list-style-type: none"> • Rates of complex grief will likely increase, as risk factors include: not being able to say goodbye, death whilst intubated and bereaved living alone
Health and social care staff	<ul style="list-style-type: none"> • Anxieties around becoming infected, and infecting family members • Exposure to highly stressful and traumatic situations • 1 in 5 healthcare workers are showing signs of common mental health disorders, with nurses and women more affected
Unemployed/ financially insecure	<ul style="list-style-type: none"> • People whose household finances reduced due to COVID-19 reported 16% higher anxiety • Parental unemployment is associated with poor mental health outcomes for children and young people • Those who think they won't be able to save money reported 33% higher anxiety, compared to adults who think they will • Those from BAME backgrounds and more deprived areas are likely to be disproportionately impacted by unemployment and recession: the same groups who are also at greater risk of mental ill-health

References

1. Potential impacts of COVID-19 on population mental health in England. PHE, 2020

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Access to mental health services has been preserved, with most services being moved online

MENTAL HEALTH SERVICES RESPONSE 1

SLaM and other mental health services providers have move most of their services online and reserved face-to-face intervention for the most serious cases.

Talking Therapies Southwark (IAPT) are still seeing patients predominately online or on the phone/email, with waiting time between referral and initial assessment typically within 3-4 days. After the assessment, waiting times vary depending on the treatment required, up to a maximum of 4 months. Since August 2020, Talking Therapies have started to fast-track NHS and other health/social care staff.

There are a range of wellbeing workshops that are immediately available including:

- Online COVID-19 adjustment groups, for patients and their families.
- Online COVID-19 bereavement groups
- Ethnic Minority Empowerment group
- LGBTQ+ Wellbeing group
- Changes for Health weight management and physical activity group for people with anxiety and/or depression who are struggling with their eating/activity levels.

The service has also increased its community engagement activities, for example by offering additional support to Southwark faith groups, where congregations have been severely impacted by COVID-19 and BLM.

The Southwark Wellbeing Hub has seen an increase in the severity of need. The Nest was launched in May 2020

MENTAL HEALTH SERVICES RESPONSE 2

Southwark Wellbeing Hub has seen an increase in service usage overall, with particular increases in:

- Social isolation, feeling lonely and anxiety about accessing the community.
- Increase in severity of Mental Health symptoms and suicidal ideation
- Housing issues, following the reinstatement of evictions
- Domestic abuse/ violence.

The Wellbeing Hub has increased volunteer and peer support, are increasing online support, especially for carers who have not had respite, and will be supporting people leaving hospital.

The Nest is Southwark Council's new open access mental health service. It provides free and confidential mental wellbeing advice and support for young people.

Kooth is an online mental wellbeing community for young people. A new contract is now in place, and the service has been extended to include people up to 25 years of age

TogetherAll (Formerly "Big White Wall"): South East London CCG increased the number of access tokens for this service, with 88 Southwark residents supported between Feb - Apr 2020

Admissions: Mental health emergency admissions declined at the start of lockdown, in line with the decrease in A&E admissions. This was a temporary effect, with admissions rising again from April.

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Thrive LDN is a London wide initiative to improve the mental health and wellbeing of all Londoners

KEY PUBLIC MENTAL HEALTH PRIORITIES

Thrive LDN has undertaken extensive community engagement, working with 200 different community groups and organisations, and over 10,000 Londoners. The report identifies a number of priorities:

Theme	Actions
Strengthen Communities	Mainstream recent innovations and trauma-informed practice; widen access to resilience and bereavement support; improve social connections
Address discrimination	Co-produce services and amplify lesser heard voices; reduce barriers to mental health service access
Balance uncertainty for the future	Target communities with support for emotional resilience, MHFA and tackling stigma
Financial security	Increase provision for vulnerable and young people, and those in fuel poverty or financial trouble
Value family and support structures	Increase parenting skills and affordable childcare; support multigenerational families and LGBT+ young people
Digital inclusion	Provide free/cheap WiFi and digital skills training; expand social prescribing; provide online resources for mental health
Improve access to information, advice and support	Conduct clear, consistent and culturally competent communications and campaigns; develop integrated place-based models
Commit to delivering change for BAME communities	Co-produce service design with BAME communities; build trust and capacity

References

1. Thrive together, A summary of recent experiences and ideas to support the wellbeing and resilience of all Londoners, Thrive LND, October 2020

As we move into the recovery phase, a number of priorities are emerging

RECOVERY PHASE PRIORITIES

Some programmes of work were paused during the acute phase. Many of these will need to be re-assessed in light of the current situation and the long-lasting impacts of COVID-19.

- **Joint Mental Health and Wellbeing Strategy:** The strategy's work streams need to be reviewed in light of the current situation
- **Mental Health First Aid:** The council plans to train a further 100 MHFAs, targeting staff in customer-facing roles working directly with residents
- **Suicide prevention:** Suicide prevention plans need to be reviewed and additional mitigating actions may be needed. The South East London CCG is about to be awarded ~£400K for NHS England and NHS Improvement (NHSE/I)'s Suicide prevention programme
- **Loneliness strategy:** Recommendations on use of places and spaces will need to be reviewed, and the level of need and prevalence of loneliness has changed since the strategy was written. A new community engagement exercise is about to be launched
- **Supporting CYP:** continue to offer support via school nursing and through a new wellbeing clinic

Find out more at
southwark.gov.uk/publichealth

Southwark Public Health Division

 [@lb_southwark](https://twitter.com/lb_southwark)  facebook.com/southwarkcouncil

Item No. 8	Classification: Open	Date: 11 November 2020	Meeting Name: Southwark Health and Wellbeing Board
Report title:		Joint Mental Health and Wellbeing Strategy Update	
Ward(s) or groups affected:		All	
From:		Sam Hepplewhite, Place Based Director (Southwark), NHS South East London CCG and Genette Laws, Director of Commissioning, Children and Adult Services, Southwark Council.	
Author:		Sam Hepplewhite, Place Based Director (Southwark), NHS South East London CCG and Genette Laws, Director of Commissioning, Children and Adult Services, Southwark Council.	
Recommendations:		<p>It is recommended that the Southwark Health and Wellbeing Board:</p> <ol style="list-style-type: none"> 1. Agree that a refresh of the strategy is timely 2. Agree that an update on progress would be appropriate in the Spring of 2021 	
Key risks & mitigations:		There is a risk that unless the strategy is refreshed in light of the experiences, identified inequalities and outcomes of local residents during Covid it will not reflect the current situation. The mitigation for this is to refresh the strategy.	
Equality impact:		<p>The strategy is based on local intelligence and the Joint Strategic Needs Assessments undertaken by Southwark Public Health.</p> <p>Any further Equality Impact Assessment will be undertaken as part of the refresh of the strategy.</p>	
Financial impact:		This has been considered and planned for as part of the original strategy development.	
Public Engagement:		There was extensive public engagement during the development of the Mental health and wellbeing strategy.	
Appendices:		Joint Mental Health and Wellbeing Strategy presentation	

NHS SEL CCG and Southwark Council Joint Mental Health & Wellbeing Strategy

2018 – 2021



The Southwark Joint Mental Health and Wellbeing Strategy 2018-2021

- The Joint Mental Health and Wellbeing Strategy was approved by the Health and Wellbeing Board in 2018.
- The Strategy was co-produced with input from the diverse communities that make Southwark special and set out a framework for the transformation of mental health services to ensure that no one was left behind.
- A key component of the strategy was to ensure individuals who experience mental health problems were not stigmatised or marginalised and experience health and social care services that treat the mind and body in the same way.
- The strategy can be found here:
<http://modern.gov.southwark.gov.uk/documents/s73442/Appendix%20%20Southwark%20Joint%20Mental%20Health%20and%20Wellbeing%20Strategy%202018-2021.pdf>

Mental Health in Southwark

It has an impact on people's physical health, wellbeing and outcomes



The Numbers

of people with mental health problems in Southwark is higher than the London or England average - this is because the borough has relatively more high-need groups



47,600

adults in the borough experiencing a CMD. Population projections suggest this could increase to around 52,000 adults over the next decade¹



Mental ill health

is associated with a wide range of poorer physical and mental health outcomes, including significantly increased risk of earlier death, social exclusion and economic hardship

2020/21 commissioning intentions and priorities

- To progress service transformation at a borough level that supports the development of a collaborative approach (health, social care, VCS and housing) to community based mental health provision to enhance our service offer.
- A holistic population health management approach that will enable us to shape our systems and pathways in order to:
 - Reduce inequalities
 - Improve access, experience and outcomes for all
 - Prioritise prevention, early intervention and recovery
- Through Partnership Southwark, we will enhance our service offer to ensure that individuals with Mental Health and long term conditions have integrated care plans.

Our vision

to improve the mental health and wellbeing outcomes of our residents in Southwark. We will improve the physical health of people living with serious mental illness and increase life expectancy for this population group. We will focus on prevention and early intervention, whilst delivering a sustainable mental health system in Southwark.

...guided by legislation and national strategies



- The Care Act 2014
- The NHS five-year forward view for Mental Health (2016-2020)
- Supporting people experiencing mental health crisis
- Improving responses to mental and physical health needs
- Transforming perinatal care for children and young people
- Access standards and care pathways
- Acute and secure care
- Tackling inequalities in access and outcomes
- Supporting employment
- Transparency in data
- Workforce

...strategy is fully aligned to the main ambitions and priorities of:



Sustainability and Transformation Partnerships (STPs)

The Joint Report on Mental Health Provision in Southwark (2016)

The Southwark Five Year Forward View of Health and Social Care (2016/21)

Southwark's Suicide Prevention Strategy and Action Plan (2017-2022)

Southwark's Voluntary and Community Sector Strategy (2017-2022)

COVID-19 Government Guidance 2020

...we will continue to align with identified local need and agreed priorities:



1. Implement new integrated community mental health models of care wrapped around neighbourhoods
2. Implement increased capacity to support more people in IAPT services including people with physical health long term conditions
3. Embed annual physical health checks, EIP and IPS services for people with SMI within core community mental health service offer
4. Implement alternative crisis support working jointly with police, London Ambulance Service and voluntary sector, and improve the quality of psychiatric liaison services
5. Implement pathways with specific focus for people diagnosed with personality disorder, older adults and people eating disorders
6. Implement increased provision for suicide bereavement, problem gambling and rough sleeping
7. Implement a consistent core offer of specialist community perinatal services across SEL with links to maternity community clinics
8. Commitment by Health and Wellbeing Board for 100% access to emotional wellbeing and mental health services for children and young people

The key areas of the strategy

Wellbeing/Info/ Advice & Community Support	Older People and Dementia
Averting Crisis and Preventing Suicide	Housing and Complex Care & Support
Children & Young People	Recovery, Volunteering and Employment
Primary Care and IAPT	Population Health and Prevention



Strategy Approach and Priorities

Approach:

Promote population mental health and wellbeing

Improve the range of and access to mental health and wellbeing services

Achieve national and local policy imperatives

Deliver good outcomes and improved value for money

The five **strategic priorities** were:

- Prevention of mental ill health and promotion of wellbeing
- Increasing community-based care and supporting communities
- Improving clinical and care services
- Supporting recovery
- Improving quality and outcomes

Considerations for the Board

- Would the Health and Wellbeing Board members support refresh of the strategy? Considering:
 - Strategy was of its time and is coming to an end
 - Do same priorities apply now that we're living with Covid
 - We need and want to embed learning from experiences during covid-19
 - The implementation of recommendations from health inequalities framework and Southwark Stands Together.
- Would you invite us back in spring 2021 with an update on progress?

