



Title of meeting:	Health and Wellbeing Board
Date of meeting:	25 th November 2020
Subject:	Briefing on Portsmouth Mental Health Alliance
Report by:	Dr Fiona Wright, Consultant in Public Health, Portsmouth City Council Gordon Muvuti, Director of Partnerships, Solent NHS Trust
Wards affected:	All
Key decision:	Yes/ No
Full Council decision:	Yes/ No

1. Purpose of report

- To introduce the Health and Wellbeing Board (HWB) to the Portsmouth Mental Health Alliance (PMHA).
- To update and raise awareness within the board on the purpose of the alliance. membership, current work streams, examples of work to date and future plans.
- To agree the accountability of the PMHA to the Health and Wellbeing Board and the terms of reference of the alliance.

2. Recommendations

- The Health and Wellbeing Board notes the establishment of the PMHA, membership organisations, work streams, the work to date and future plans.
- The HWB board is asked to agree the terms of reference and accountability of the alliance.
- Individual HWB board members and organisations - consider how they get involved in and support the work of the alliance (including training, communications and embedding a trauma informed approach).

3. Background

3.1 The COVID-19 pandemic and the impact on mental health and wellbeing.

Evidence from previous pandemics and outbreaks (such as SARS and Ebola) has shown a negative impact on the community's mental health and wellbeing. We might expect this to be even greater for COVID-19 as it continues and given the impact on the economy. The pandemic can be viewed as a "collective trauma". The impact of non-pharmaceutical interventions, for example the "lockdown" of March 20, have far reaching impacts on mental health directly through loss of social contact and through impacting on the wider determinants of health such as unemployment. There is widespread evidence of the unequal impact of the pandemic, especially for Black and Minority Ethnic (BAME) and low-



income groups. It is also likely that we will see a widening impact on mental health inequalities. The impact on mental health is seen across the life course. Figure 1 is a visual representation of some of the expected impact of the pandemic on mental health across the life course.

Mental Health Impact of COVID-19 Across Life Course				
Key issues to consider	Pre-Term	0-5 Years	School Years	Working Age Adults
	<ul style="list-style-type: none">Anxiety about impact of COVID on babyFinancial worriesAnxiety about delivery and access to careIsolation	<ul style="list-style-type: none">Coping with significant changes to routineIsolation from friendsImpact of parental stress and coping on child	<ul style="list-style-type: none">School progress and examsBoredomAnxiety or depression or other MH problemsIsolation from friendsImpact of parental stress	<ul style="list-style-type: none">Balancing work and homeBeing out of workCarer StressAnxiety about measures and family or dependents or childrenFinancial WorryIsolation
Staff/ Vols	Cumulative load of stress from significant changes. Traumatic incidents. Isolation from work colleagues. Having to manage working from home. Potential bullying from or to others as part of not coping			
Loss	Loss of loved ones dying may be particularly severe and grieving disrupted because of inability to do normal grieving rites eg as be physically close to dying person, have usual funeral rites, attend funeral etc			
Specific Issues	Impact of delayed diagnoses and treatment (eg chronic conditions,surgery, people living in pain). Suicide and self harm risk for most at risk populations. Members of faith communities may feel disconnected during closure of premises. Domestic abuse may be issues across lifecourse. Drug and Alcohol issues .People reliant on foodbanks or on low incomes or self employed may have additional stress.			

Figure 1. Adapted with permission from Hertfordshire County Council.

Research evidence is emerging of the impact of the pandemic on mental health, for example through a number of longitudinal studies. Much is still to be understood and there is a paucity of robust national or local data though tools are in development (e.g. the recent Wider Health Impacts of COVID-19 tool developed by Public Health England). Population level indicators also mask underlying differences within population groups. The impact of the pandemic and associated interventions on mental health such as anxiety and depression are also varying over time.

Some key messages from the research evidence to date are.

- 49.6% adults in UK expressed increased anxiety in April but this then reduced in May.
- Loneliness was higher amongst those not in employment or on low incomes
- Young adults and women were more likely to report worse mental health and wellbeing (due to family and caring responsibilities and social factors).
- Some evidence that mental health and wellbeing outcomes were worse in adults with long term illness, urban residents and key workers.
- Population estimates are difficult but 7 - 53.8% of BAME population groups experience psychological impact of COVID-19.
- The prevalence of mental health issues on children increases with age, affecting the older age groups more than younger age groups.



- 7% increase in complex bereavement expected due to the impact on normal grieving rituals.
- 20% of people treated in critical care are expected to have a post-traumatic reaction.
- BAME patients account for 24.9 per cent of the patients admitted to UK intensive care units due to COVID-19, it is reasonable to expect they will experience a significant negative psychological reaction.
- People with existing mental health problems and/or drug and alcohol dependency are at greater risk of adverse mental health consequences.
- Mental health impacts are being seen amongst those with no previous history of mental health disorders.
- Alcohol consumption in the general population has increased.
- 20% of people unemployed say they are not coping and have experienced suicidal thoughts. Employment is a strong indicator of mental health.
- People in a lower socioeconomic bracket are likely to be more affected.
- 50% of health workers feel their mental health declined and over 20% are more likely to leave the sector as a result of COVID-19.
- Given the impacts on mental health and determinants of health an increase in suicide rates is expected.

3.2. The Portsmouth Mental Health Alliance

This alliance was set up in May 2020 in response to the COVID-19 pandemic. The aim of the alliance is to bring people and organisations together from across the City to improve the mental health and wellbeing of all who live, work or study in Portsmouth. Given the context of the pandemic a key part of its vision is to develop and embed a trauma informed approach. Figure 2 states the meaning of a trauma informed approach. Taking this on board, from the outset the alliance has taken a collaborative, “bottom up” and system wide approach. This approach also allows us to maximise capacity and work with communities - seen as essential given the scale and complexity of the challenge responding to mental health needs across the city at this time.

“Being trauma-informed is much more than just a ‘simple’ word or term. It is multi-layered and a whole system approach. It should apply to every sphere of an organisation and be fully embedded into the different levels of a system. This includes integrating trauma-related aspects, knowledge and concept into things such as training, recruitment, induction, policies, procedures, mission statements, language used, having experts of experience, the environment, team meetings, supervision, reflective practice, leadership style, and so much more!”

Figure 2. Trauma informed approach.

The alliance is co-chaired by Gordon Muvuti, Director of Partnerships, Solent NHS Trust and Dr Fiona Wright, Consultant in Public Health, Portsmouth City Council. Hollie Morris, Solent NHS Trust, acts as project manager across the alliance. Following an initial presentation of the likely impact on mental health, suggested interventions and an



introduction to the trauma informed approaches, the subsequent meetings took the format of thematic virtual workshops. Leads have volunteered, with active engagement of members inside and outside of the meetings brought their knowledge, expertise and influence to develop several work streams. Figure 4 below lists the resulting work streams of the alliance developed by this collaborative process above. For each we state, the importance of the work stream, the focus/approach in Portsmouth and examples of work being undertaken. A detailed action plan is in development.

The focus of the alliance is across all ages, although most of the work of the alliance has related to adults with a firm link to the children's Social Emotional Mental Health strategy that is already well established. There is also work under way on the longstanding challenge of co-occurring conditions (people with substance misuse and mental health issues) which remains a service issue, although Portsmouth has strong examples of good practice. For some areas of work that are enabling and cross cutting, the wide membership of the alliance provides an important opportunity. These include embedding the trauma informed approach, collaboration on training offers, community engagement (including engaging People with Lived Experience (PLE) and the coordination and strengthening of communications across agencies). The breadth of the multi-agency approach is visible in the leads of the work streams and the involvement of a wide range of organisations. A strap line and public statement developed for the alliance by the communications group is shown in Figure 3. The full draft terms of reference (including list of member organisations) is in Appendix 1.

"Portsmouth Mental Health Alliance - Bringing our City together to improve mental health & wellbeing for all"

The Portsmouth Mental Health Alliance is a collaboration of partners working together to improve the mental health and wellbeing of everyone living and working across the city. The partnership involves representatives from local communities including voluntary organisations, healthcare providers and businesses. The Alliance is supported by Portsmouth City Council, Portsmouth Clinical Commissioning Group and Solent NHS Trust.

Figure 3: Portsmouth Mental Health Alliance strap line and public statement



Figure 4 - Work streams of the alliance with lead, focus and examples of current work.

Work streams of the PMHA (lead)		Why is this important?	Focus	Examples of work underway
1	Embedding the Trauma Informed Approach Madhi Ghomi, Clinical Director and Consultant Counselling Psychologist, Solent NHS Trust	The pandemic is an experience of collective and individual trauma. Working together we can understand signs and impact of trauma and poor mental health and respond and lead in an effective and compassionate way.	Embedding a trauma informed approach across the work of the alliance and the city.	Bringing organisations together to coordinate workplace training offer on mental health across the city; including trauma informed training.
2	Community Engagement and Upskilling Communities Carolyn Barber, Good Mental Health Cooperative	Community engagement important to ensure link with assets as well as deficits, empower diverse communities to support their own mental health and engage with and improve the quality of services. Working with people with lived experience is an important tenet of a trauma informed approach and of addressing the needs of marginalised groups.	Initial focus on a BAME community event. Will broaden out with series of community workshops on topical issues. Also developing an approach to involving people with lived experience in the alliance.	Online event raising awareness of mental health and COVID-19 in the BAME community. Online workshop on 'Managing Money Worries' Produced list of online emotional first aid courses for circulation to voluntary/community sector.
3	Communications and Coordination of Information Catherine Morrow, Press and Communications Manager, Solent NHS Trust	Use the network of partners of the alliance to get messages out e.g. businesses, community groups and statutory organisations. Economise on efforts. Wide range of themes e.g. self-care, signposting for support, debt, social isolation	Building on work already going on across organisations. Developing a communication plan with themes, partners and channels.	Publicising BAME event (above). Increasing public messaging in the light of second national lockdown. Series of articles on mental health in the Portsmouth news.
4	Debt and Financial Issues Mark Sage (PCC Tackling Poverty Coordinator) and Dan Warren-Holland (Solent	Well established that there is a two way vicious circle between debt and mental ill health. Rising debts and loss of employment and housing issues. There is concern that when reactive schemes (e.g. furlough)	Improve early identification of debt and mental health issues by up-skilling the workforce and strengthening pathways. Increase access to money	Pilot Citizens Advice Portsmouth (CAP) advisers training to ask all clients about their mental health. Proto-type training for further roll out in 2021 if effective.



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Work streams of the PMHA (lead)		Why is this important?	Focus	Examples of work underway
	Mind Head of Support and Recovery Service)	come to an end there will be a greater need. Evidence that certain groups are not seeking advice.	advice by promoting hope and reducing shame and stigma.	Work stream members will deliver an online workshop in December on Managing Money Worries, in partnership with the Community Engagement work stream. Linking PCC income maximisation campaign with PMHA communications strategy.
5	Bereavement Dr Paul Beadon, Consultant Clinical Psychologist	Increase in deaths from COVID-19. Also increase in complex bereavements (e.g. due to not saying goodbye to loved ones), including suicide.	Develop an education resource for upskilling professionals in providing bereavement support in the light of the pandemic. Set out clear and accessible signposting for professionals making referrals for bereavement support – with reference to level of complexity of presentation. Monitoring for changing demand upon bereavement services.	Mapping of bereavement resources in the city – using this to provide clear signposting to professionals. Develop a video resource tailored to local professionals in health and social care, as well as voluntary services. Liaise between multiple work streams and facilitate local bereavement service's forum. Liaison over commissioning services for those bereaved by suicide.
6	Children and Young People Stuart McDowell, Senior Project Manager, Children and Families Commissioning, Portsmouth CCG and Portsmouth City Council	Deterioration in children and young people's mental health. Including due to time out of school, loss of social contact, parental anxiety. Longstanding challenge with the age group in transition between services.	Link the Social and Emotional Mental Health (SEMH) Strategy for the city with the work of the alliance. Particular focus on the age group in transition between adults and children.	Explore extending the digital mental health service offer for 18 - 25 year olds. Support the development of an SEMH Scorecard that includes mental health related service data for 18 - 25 year olds. Liaise with university to support mental health and wellbeing of students.
7	Raising Awareness in Workplaces and supporting staff and volunteers	Economic impact on businesses in the city.	Working with businesses in the city to raise awareness	Supporting Shaping Portsmouth to convene engagement events with employers in the city to raise



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Work streams of the PMHA (lead)		Why is this important?	Focus	Examples of work underway
	Gordon Muvuti, Director of Partnerships, Solent NHS Trust	Opportunity to access people (particularly those on low income) in their workplace settings and work with large employers	and support mental health of staff	awareness of mental health in the city. Training and messaging re good mental health and sign posting to support through business networks.
8	Suicide Prevention Dr Fiona Wright, Consultant in Public Health, Portsmouth City Council	Increase in suicide rates expected. Opportunity with the funded STP suicide prevention programme and local suicide prevention plan informed by the evidence from the last suicide audit.	Embed suicide prevention across the work of the alliance and ensure needs of Portsmouth attended to in the STP suicide prevention programme and funding.	Developing real time surveillance and post-prevention support. Resources and training developed for Portsmouth schools community to support children and young people who have been bereaved by suicide.



3.3. Way forward

The alliance has been in development for six months and it evolves flexibly and responsively. It will continue to provide a forum for specialist mental health services and wider health and wellbeing stakeholders in Portsmouth to work in partnership to improve wellbeing and resilience in our communities into the future.

All work streams are strengthening and planning future work and this is being embedded in the action plan. We will enhance our use of data and evidence of the impact of the COVID-19 pandemic on mental health and wellbeing as it emerges. Across the whole alliance we will strengthen our approach to community engagement (including working with PLE), public facing communications, training offers and acting as a strong advocate for trauma informed approach in the city.

4. Reasons for recommendations

The PMHA established earlier in the year. It has now gained momentum, developed the work streams and an action plan and is strengthening its public facing communications. It is now important to agree formal accountability of the alliance. At this point in the alliance's development it is helpful to take stock with the Health and Wellbeing board and consider future work of the alliance and the engagement of board members.

5. Integrated impact assessment

An integrated impact assessment is not required as the recommendations do not directly impact on service or policy delivery. Any changes made arising from this report would be subject to investigation in their own right.

6. Legal implications

Legal considerations have been taken into account in the preparation of this report and where appropriate embodied within it.

7. Director of Finance's comments

There are no financial implications arising from the recommendations in this report.

Signed by:



Appendix 1 - Terms of Reference

Portsmouth Mental Health Alliance

Terms of Reference

1. Constitution

- The Portsmouth Mental Health Alliance (PMHA) brings together communities and organisations across the city of Portsmouth to improve everyone's mental health and wellbeing.
- The Alliance aims to work with organisations and communities to promote an effective response to the mental health impact of the COVID-19 pandemic, taking a trauma informed approach.
- The organisations of the PMHA will engage with the whole community to promote mental health and wellbeing and publicise and improve equitable access to support, creating clear pathways for individuals.
- The PMHA will establish several workstreams lead by and with engagement of stakeholders.
- The PMHA will develop and oversee the delivery of an action plan.

2. Purpose

- To develop a mental health and wellbeing action plan in Portsmouth with partners including those from the commercial and business sector; emergency services; health and social care; voluntary sector organisations and police and criminal justice services.
- Part of this plan is to help the wider workforce to be better trained and aware of detecting signs of trauma and emotional distress in order to address these as early as possible to prevent a distress turning into a crisis.

3. Duties

The PMHA will:

- Create a co-ordinated trauma informed approach across the city, working with organisations and systems to manage the mental health impact of COVID-19 and work to improve emotional wellbeing of all our residents.
- Develop a set of priority actions to achieve through agreed workstreams.
- Monitor the progress of project completion within each workstream.
- Identify quick wins and longer-term actions in line with strategic priorities and the trauma informed approach to improving mental health for all in the city.
- Consider and share information which identifies gaps in provision for mental health support and key research outcomes.
- Embed early intervention and addressing wider social and economic determinants of mental ill health within all workstreams
- Develop methods of educating the public and key workers about signs and symptoms which raise concerns, promote tools and methods to improve mental health and wellbeing.
- Work to ensure access to emotional support through community-based support services, dedicated helplines and, developing a joint pathway to universal mental health services for those that need further support.



Strategic Priorities:

- Take a trauma informed approach to improving mental health and wellbeing for all residents of Portsmouth during COVID-19 and beyond.
- Ensure effective prevention, early help and targeted outreach to build resilience and minimise poor mental health in response to COVID-19 and during recovery.
- Target mental health support to those at high risk of poor mental health such as victims and witnesses of domestic abuse, substance misuse, homelessness, people with SMI, disabilities etc.
- Improve and protect mental health and wellbeing through addressing the wider “determinants” of good/poor mental health. For example, embed mental health outcomes within various COVID-19 recovery approaches such as economic and financial recovery.
- Ensuring the workforce is supported, particularly front-line key workers, and those facing other COVID-19 related pressures i.e. social isolation, bereavement, household financial anxiety.
- Ensuring robust and timely support and services are in place to respond to a “surge” or number of surges (including a good primary care, VCS, alternative models, and digital offer) of mental health needs.
- Improving the pathway and care for people in crisis (mental health, trauma, bereavement). Including but not limited to services i.e. access to online/telephone resources and support groups also important.
- Coordinate data, intelligence and evidence to support planning and action (including real time surveillance of suicides and population health management).

4. Membership

- The Membership of this group is by invitation only from the Chair and Co-Chairs of this group. Existing Members can recommend other organisations to the Chair and Co-Chairs who will make the final decision to issue an invitation.
- The Membership can consist of any organisation within Portsmouth in the below sectors who wish to be part of developing the Wellbeing and Recovery Strategy as they represent a key population group or are a stakeholder in mental health. A full list of current membership is shown in Addendum 1.
- Members are expected to have devolved accountability for their lead areas and be aware of the key issues to raise at the meeting and to endorse/support PMHA decision making.
- Members may send a representative from their organisation if they cannot attend a meeting. This is in relation to the main meeting and to any established working groups.



Membership Organisations can be from:

- Commercial and Business Sector
- Emergency Services
- Health, Social Care and other public bodies
- Voluntary Sector Organisations
- Police and Criminal Justice Services

5. Attendees

- The PHMA may call upon any external expertise in relation to their work in developing the strategy to attend the meeting.
- The PHMA may call upon Alliance workstream leads to co-ordinate any new or follow-on requirements, within their specialist areas.

6. Chair

- The Director of Partnerships from the Solent NHS Trust will co-chair the PMHA with the Consultant in Public Health at Portsmouth City Council.

7. Secretary

- The administration of the meeting shall be supported by the PA to the Director of Partnerships who will arrange to take minutes of the meeting and provide appropriate support to the Chairman and committee members.
- The agenda and any working papers shall be circulated to members 3 working days before the date of the meeting.

8. Quorum

No business shall be transacted at the meeting unless the following are present:

- A Co-Chair
- A representative from Portsmouth City Council

9. Frequency

- The PMHA will meet more frequently initially and then monthly.
- Meetings of workstreams, and of leads of workstreams, will take place as required to ensure actions are developed and progressed.

10. Notice of meetings

- Meetings shall be summoned by the secretary of the committee at the request of the Co-Chairs.

11. Minutes of meetings

- Minutes of the meeting will be shared with the members following agreement by the Co-Chair.



12. Authority

- The PMHA has no powers, other than those specifically delegated in these Terms of Reference.
- The PMHA is authorised:
 - To seek any information, it requires from any employee of the organisation in order to perform its duties.
 - To call any employee to be questioned at a meeting of the PMHA as and when required.
 - To liaise with Alliance workstream leads for the development of any new or follow-on requirements, within their specialist areas

13. Reporting

- A Co-Chair will report by exception to the Health and Wellbeing Board (or designated subgroup) on a six monthly basis via a formal written report.
- A Co-Chair will report be exception to the Health and Wellbeing Board (or designated subgroup) on any significant risk matters that could impact on the work of the PMHA.
- The PMHA shall make relevant recommendations to the Health and Wellbeing Board (or designated subgroup) it deems appropriate, via the report from a Co-Chair.
- All reporting groups to the PMHA are required to report to the Health and Wellbeing Board or designated subgroup (via exception reporting).

Version	5
Agreed at PMHA	Date: 13/11/2020
Agreed at Health and Wellbeing Board	Date:
Date of Next Review	Date: 13/05/2021

Addendum 1 of Terms of Reference

List or current member organisations

The Alliance membership is open to representatives from business, voluntary and community sector and statutory organisations from across Portsmouth who seek to work in collaboration to improve the mental health and wellbeing of our city. The current members of the alliance include:

AGE UK
Clinical Commissioning Group Portsmouth
Good Mental Health Cooperative
Hampshire Hypnotherapy
Hampshire Police
HealthWatch Portsmouth
HIVE
Portsmouth City Council
Shaping Portsmouth
Solent Mind
Solent NHS Trust
Southsea Mindfulness
The Society of St James'
The YOU Trust
Together All
RNRMC
University of Portsmouth
Veterans Outreach Support



Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

The recommendation(s) set out above were approved/ approved as amended/ deferred/ rejected by on

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Signed by: