



Title of meeting: Health and Wellbeing Board

Date of meeting: 27th September 2023

Subject: Health and Wellbeing Strategy Update - Positive relationships

Report by: Helen Atkinson, Director of Public Health, Portsmouth City Council

Wards affected: All

Key decision: NO

Full Council decision: NO

1. Purpose of report

1.1 The purpose of the report is to highlight work that is taking place to support positive relationships in the city as a key part of the Health and Wellbeing Strategy 2022-30.

2. Recommendations

2.1 The Board is recommended to:

- i. Note the activity underway across partners in the city to support positive relationships and developing relational capital
- ii. Consider whether there are other case studies that could usefully be shared across partners to build knowledge and effectiveness of interventions
- iii. Consider if there are areas where further development or acceleration of work could be beneficial

3. Background

3.1 In developing the Health and Wellbeing Strategy for 2022-2030, the Health and Wellbeing Board identified positive relationships as one of the five "causes of the causes" in Portsmouth, and as a critical factor to tackle if health and wellbeing outcomes in the city are to improve.

3.2 In the strategy, the Board noted:

"Connectedness with each other, family and community underpins many positive outcomes. We call this social capital. Evidence shows that communities with high levels of social connectedness have longer and happier lives and are less dependent on public services."

3.3 The Board identified that relational capital – the positive relationships we have with those around us – underpins social capital, and so the Strategy identified as

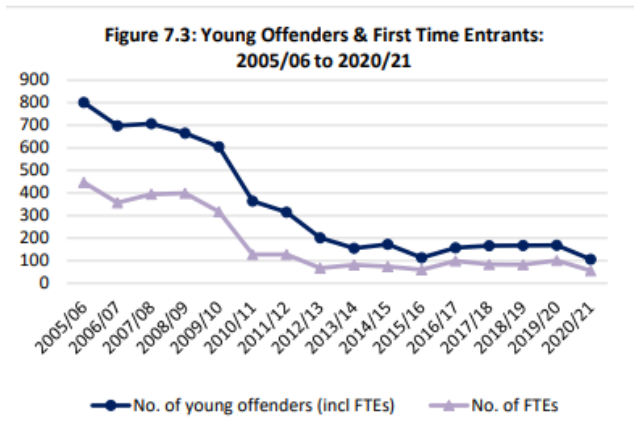
a priority the need to enable people to develop their own relational capital to help address many of the biggest challenges we face. For example, we know that people who experience trauma – in childhood and adulthood – struggle to develop and maintain positive relationships and connectedness due to what is known as ‘blocked trust’. Restorative approaches including listening to people’s stories about how the way services are run affect them, are a key part of addressing this, and the Board agreed that restorative skills need to be embedded across the board, in our services and our communities.

- 3.4 Particular groups identified as potentially lacking relational capital, and where work would therefore be targeted included:
- an estimated 400 adults experiencing multiple disadvantage (insecure housing, mental ill health, violence and substance misuse), and likely to be among the 'high intensity' users of acute hospital services
 - the city's over 300 care leavers, many of whom experience long-term impacts from family separation, including isolation.
 - The approximately 100 children and young people who are criminally exploited and/or involved in serious violence and repeat offending.
 - Those experiencing or known to be at risk of domestic abuse
 - Very isolated older people.
- 3.5 A range of actions was identified in relation to these groups, and progress on these actions is identified later in the report.
- 3.6 The Board also noted that as well as specific responses with particular target groups, there was a need to look at the particular approaches that are taken to commission and deliver services, to ensure that these also support relational capital. These included empowering front-line staff and equipping them with the skills to meet clients’ needs in ways that respect their needs, responsibilities and relationships.
- 3.7 Finally, the Board agreed on the need to engage residents in community-based work to build social and relational capital in all areas of the city.
- 3.8 Significant work has happened in all of the areas originally identified, and this report highlights some of the work undertaken, and acknowledges the outcomes being achieved. It also highlights that a range of different approaches are being used which will vary to suit the nature of the activity and the individuals that are being supported. However, there are also areas highlighted where some reflection could be helpful around whether we are channelling the commitment to positive relationships in the city as effectively as we could to support outcomes.

4. What does the data tell us?

- 4.1 At the point of developing the strategy, it was identified that Portsmouth was an outlier relative to expectation in a number of areas related to the theme of positive relationships. This priority covers a wide range of cohorts so there is not one single measure. The points below provide a snapshot of where Portsmouth currently sits in relation to some of the issues that informed the development of this priority.
- 4.2 The latest data for the ONS Health Index is for 2021, so predates the activity in the HWS. However, it continues to support the need for this priority. For example, Portsmouth's score has continued to worsen from the 2015 baseline for children's social, emotional and mental health and for adult mental health conditions. While the position for self-harm has improved, Portsmouth remains well below the national score.
- 4.3 Domestic abuse incidents and offences reported to police seem to be stabilising after a decade of increases. There is still work to be done to challenge, support and hold perpetrators to account, with only a small proportion of people who are using abusive or unhealthy behaviours are accessing and completing interventions. As reported previously to the HWB, the National Violence Against Women and Girls (VAWG) Strategy published in 2021 recognises that VAWG is a complex societal issue which requires a whole-system approach. Locally, a VAWG strategy is being produced which includes a focus on early intervention & messaging (raising awareness, communications, healthy conversations, and education) and organisational/cultural change. Further work is needed to analyse the data to support this, but the H&IOW Police Strategic Assessment found a 5% increase in reported VAWG compared with the previous year.
- 4.4 The rate of first time entrants (FTEs) in Portsmouth has been consistently higher than the national average and our YOT comparator areas. However, fewer young people have been in the youth justice system in the last decade compared to pre-2011/12 levels. This is due to the focus on trying to keep young people out of the system and the increased use of community resolutions (and previously youth restorative disposals) since December 2010) and is consistent with reductions in young offenders and first time entrants (FTEs) nationally over the last 12 years. National data indicates that over 60% of young people in justice settings have speech, language and communication needs.¹

¹[Speech and language therapy in the justice system | RCSLT](#)



4.5 The 2021 ONS Census showed that there are 10,660 one-person households in Portsmouth where that person was aged 66 or older. This highlights the likely increase in demand for support, with the numbers of these residents who have multiple long-term conditions forecast to grow over the next twenty years.

4.6 While anti-social behaviour is notoriously difficult to measure, in part because of its subjective nature, the fact that it encompasses a wide range of behaviours that cause harm and nuisance to other others makes it a useful barometer for relationships within communities. In Portsmouth there has been a substantial and sustained reduction in ASB reported to the police, but survey data suggests that levels of ASB have remained fairly stable overall.

5. Progress report

5.1 In terms of work with targeted groups, a number of pieces of work have taken place:

i. Changing Futures

In July 2021, the Health and Wellbeing Board approved a piece of development work to improve the way systems and services work to support individuals experiencing multiple disadvantage - including a combination of homelessness, substance misuse, poor mental health, domestic abuse, and contact with the criminal justice system. This followed an unsuccessful bid to a national funding programme looking at similar issues, where it was felt that a number of areas could be taken forward outside of the programme, particularly around the holistic design of services.

Work has been undertaken to look at the experiences of service users in navigating the system for care and support, and areas for improvement have been identified. Unfortunately, there is a temporary pause on the work due to resource challenges but the expectation is that when these are resolved, the work will resume again and return to the HWB for consideration.

ii. Care Leaver offer

The numbers of Care Leavers (now referred to as Care Experienced young people) has increased in Portsmouth year on year due mainly to the legacy of high numbers of children in care as a result of Portsmouth taking on a significant number of Unaccompanied Asylum Seeking Children.

Under the Corporate Parenting Strategy (part of the wider Children's Trust Plan), there has been continuous improvement work to ensure the council and its partners are able to offer the right accommodation, education, employment opportunities, health services, leisure activities and financial support to care experienced young people.

The current offer is reasonably strong, but there continues to be work to do, especially by the council and all public sector partners with regard to apprenticeship and employment opportunities. A key message from our care experienced young people over the years has been around relationships, loneliness and isolation. The more we can do together to give young people education and employment pathways, the more opportunities young people will have to form relationships beyond the care system.

iii. Domestic abuse

In June, the board approved the development of an overarching, city-wide Violence Against Women and Girls Strategy. Everyday normalised behaviours including gender inequality, sexism, objectification, micro aggressions, promotion of unhealthy relationships and victim blaming, both online and in the real world, when left unchecked, create a platform for more serious violence to occur. A city-wide strategy to address VAWG will seek to support the development of positive relationships and address negative behaviours wherever they occur within educational settings, workplaces, business, public spaces, and on-line.

The national VAWG strategy and associated statement of expectations make it clear that VAWG cannot be addressed by any single agency. Statutory services, voluntary organisations and communities need to work collaboratively to increase opportunities for victims, survivors, and perpetrators to seek and access support, and that effort needs to be sustained. Whilst the national domestic abuse plan focuses on pursuing perpetrators to enforce the law, the local strategy will continue to develop work to support those who acknowledge their behaviour and want to change alongside the enforcement approach. This will require a step change in many aspects of organisational and societal culture and additional data analysis to understand the long-term effectiveness of interventions to reduce the risk of domestic violence and abuse.

A new domestic abuse strategy will be developed in the coming months, building on the outcomes of the previous strategy, on the findings from the quarterly domestic abuse monitoring framework, and based on wide ranging

consultation. Domestic abuse will be one of five 'pillars' alongside organisational change, early intervention, messaging, designing out crime and sexual crime. Meanwhile, the monitoring framework continues to track progress locally and shows that while numbers of perpetrators receiving supportive interventions are still fairly low, there has been a slight increase since 2020/21.

iv Isolated older people

Social connectedness is a HIOW Integrated Care Partnership priority which aims to improve social connectedness and decrease social isolation by working with communities to understand their needs and to support the sustainability of community assets. This priority recognises the contribution of social connectedness in improving mental and physical health for all ages as well as increasing independence in older adults, reducing the need for health and care services as well as reducing unemployment and increasing productivity.

Over the coming months a Portsmouth approach will be developed to build social connectedness among our communities, recognising we have vibrant and thriving communities but with the intention of growing what is working well and considering how we can better support residents be connected. As this work progresses, it is hoped there will be opportunities to consider the contribution of anchor institutions.

The local authority delivers, through the Adult Social Care independence and wellbeing team, a community connectors project. The aim of the project is to reduce loneliness and social isolation amongst vulnerable adults by connecting individual to existing community-based resources appropriate to their needs and interests, and by identifying and addressing access issues. This in turn will reduce or delay the need for health and social care services. People who engage with the service are asked to rate their feelings of loneliness and confidence before and after the community connector intervention, and in the last quarter, 82% of clients reported they felt less lonely, and 91% felt more confident to go out and about.

5.2 The city is also exploring a range of approaches that consider how we can empower teams to work with people in such a way that we build relational capital:

i. Strengths-based approaches in adult social care

Strengths Based Practice work was kicked off by an all ASC staff live event with Alder Advice on 19th April to explain to colleagues that we wanted to explore how strengths-based our approaches were, identify our good practice and areas where we could improve. We explained that this needed to be co-produced with ASC colleagues in the same way as we want to model co-production with our residents. We will see a final report in October from the strengths-based work but an update was shared across the service

in September to outline how the exploratory work was going and explain next steps.

So far, we have:

- Initiated a peer review of professional practice. This is based on a peer review of case files by staff trained by Alder Advice. This work is progressing well and is due to complete at the end of August. This involved volunteer peer reviewers in the service.
- Arranged a series of five 'discovery' and three 'dream' workshops with staff, experts by experience, and other stakeholders. These have 'discovered' how strength-based we feel our current approaches are, and 'dreamed' how things could be if they were fully strengths-based. These had good participation and involved openness and honesty from all involved, which was helpful.

We have produced summary outputs from the workshops below:

- Keys to success
- Current strengths
- Opportunities to improve

Alder Advice will provide a written report towards the end of September with their findings and recommendations. We will share this with colleagues at an ASC staff live event.

ii. Relational practice in schools

In 2016, the wider children's system adopted restorative practice as its underpinning philosophy and approach - described as 'how we work with children and families in Portsmouth'. This created a lot of work over the subsequent years to make changes to how services are delivered, the offer to children and families and some of our practice models.

Whilst there is a tendency for the language and ethos of restorative practice to be on 'harm repair' (e.g. in the criminal justice system), what we have seen over time in children's services is a focus on building 'relational capital' as a preventative approach to tackling poor outcomes. It is based on the premise that it is far easier for social workers, teachers, health workers, volunteers to engender change in children and families if that support is built from a strong relational foundation.

We now increasingly use the language of '*relational and restorative practice*'. One aspect of this is the work we have been doing in schools as part of the wider strategies to reduce exclusion, raise attendance, raise attainment and improve child wellbeing in schools. In a partnership between the council and Salterns Academy Trust, we have been building on the innovative and inspiring work in Trafalgar Secondary school to build a school culture that is based on building close relationships between children and between children and adults in the school. So, for example, in Trafalgar school - every child

and every staff member is part of a weekly 'circle-time' process to share their learning, life experiences and welfare.

The results in terms of exclusion from school are outstanding. For example, in 21/22, Trafalgar had 2 children receiving fixed term exclusion compared to a city average of over 100 per school.

We now have a £500,000 project to spread the learning to more schools and as of September 2023, 24 of our 61 schools are part of the programme. Results will take time - it's a 3-5-year journey to change an organisational culture - but early signs continue to be promising.

iii. Relational and Restorative Practice in children's safeguarding

The work within the council on *relational and restorative practice* since 2016 has led to a number of changes in the approaches to both early help and statutory safeguarding process and practice. In partnership with other agencies, the council has outlined the 'Portsmouth Model of Family Practice'. This model includes a set of Principles of Practice, outlined below.

1. Working whole family. Strong families are the bedrock of good outcomes for children. Being child-centred means understanding the whole family dynamics, in terms of risk and protective factors. We are there for all members of the family and need to address adult's issues to help them care for children.
2. Restorative: Working with the family - and with each other - to co-produce solutions for that family.
3. Relational: Developing and sustaining strong intra-familial relationships through strong relational practice with families, supporting families to stay together as a bonded unit.
4. Trauma-informed: Understanding the impact of past and current trauma on the capacity of families to make and sustain relationships, make changes and on child and adult behaviours
5. Strengths-based and compassionate: We seek to understanding the need behind the behaviour. '*Flipping the Narrative*' ... parents aren't 'lying' - they may be fearful; parents aren't 'angry', they may be frightened.
6. Holistic: Understanding all aspects of a family lives using the Assessment Framework
7. Hopeful: We expect and enable change to keep children safely living at home wherever possible and remain ever confident of the capacity of the family to make changes, while continually testing all possible narratives against the evidence to ensure we are sufficiently protecting children.

The council's Children's Services have embedded a number of pieces of work in line with the commitment to relational and restorative practice:

- a) Regular use of the 'Five Questions' to better understand safeguarding concerns, ensuring the focus is on 'what is happening' rather than who is to blame.
- b) Use of Family Circles [not the biscuits] to address relationship challenges impacting on child welfare
- c) Employing dedicated 'restorative Practitioners' - especially in our adolescents and Youth Justice teams
- d) A shift away from 'escalation' where there are concerns about multi-agency working in connection with a particular child - to a model of 'rethink' - a no-blame relational approach to unsticking complex safeguarding cases
- e) Leadership training and coaching on relational practice

iv. Homelessness healthcare team

Progress has been made in the provision and future development of homeless healthcare. A small specialist primary care team as been providing an ongoing service, however has recently had a business case approved by the ICB for a further 18 months funding and to expand their service with additional staff.

The Rough sleeping drug and alcohol team continues to provide holistic support to homeless people with complex needs and accessing them into drug and alcohol treatment. They also provide access to limited but very valuable psychological interventions, provided within the team by a part time clinical psychologist and two assistant psychologists.

A business case is currently under development to provide a Mental Health Outreach Team, supporting homeless people with specialist mental health support and also people with co-occurring substance misuse. An important next step will be to co-locate and integrate these services, alongside housing and other support services, in line with NICE guidance.

5.3 Finally, there is interesting community-based work underway to encourage relational capital:

i. Community of Enquiry

The Relational and Restorative Practice Community of Inquiry (RRP CoI), a group of practitioners and academics, are being supported by the University of Portsmouth (UoP), Portsmouth Mediation Service (PMS) and Portsmouth City Council (PCC). The group have a vision to support understanding and growth in Restorative Practice in the city. To this end the group have been running well-attended seminar workshops at the Oasis Centre during 2023, involving people from across the city. These include a talk and then the opportunity to discuss the themes in groups with a plenary discussion at the end. Talks have included:

1. Discovering forgiveness: co-creation of a definition of forgiveness with people addicted to alcohol and drugs - Dr Aaron Pycroft / Pushing Change.

2. A Relational and Restorative Practice approach in Portsmouth Schools (Bec Mason, from PCC's Children, Families and Education, Clare Copeland, Executive Head at Trafalgar school and pupils)
3. Restorative Leadership and Teams: An introduction to leadership skills and team working that benefits from a culture of social compliance, and adoption of restorative skills and values rather than formal control systems (presented by John Swindell).
4. Co-production practices and examples (forthcoming in October 2023)

The RRP Col operate on relational principles, are self-managing and are growing their community of inquiry, inviting in people who already work in this area to share skills and resources, and seeking out opportunities to work with others. Key development projects/opportunities include working with NHS colleagues at Portsmouth Hospitals Trust, working with courses at UoP, and generating/sharing research activity. There is potential for the work of this group to be the basis for collaborative applications for research funding to examine the value of working in this way, and to examine by what means and mechanisms is this work is effective.

ii. Portsmouth Mediation Service

In April 2022, Portsmouth City Council commissioned the Portsmouth Mediation Service to develop a long-term restorative plan for the Old Portsmouth area. Despite the ongoing frustration with anti-social behaviour by large groups of children and young adults in the area, there is a lot of goodwill towards the young people themselves and concern for their safety.

The 'Hotwalls and Camber Dock Restorative Support Group' (HCDRSG) has developed over the past 18 months. Members include at least 10 regular residents, the International Port, Portsmouth Cathedral, Hotwalls Artist Studios, Fish Market, BAR building management, and Local councillors. Terms of Reference include engagement and positive relationship building with the local community, businesses; foster new partnerships that facilitate communication and understanding between the various opinions and agendas; identifying the institutions that some of the young people attend and working directly with schools, colleges and youth services to help build understanding and trust. In addition:

- Funding was secured from the OPCC's ASB Task Force to extend youth outreach work over the summer, with local youth organisations providing a co-ordinated and flexible response to need. I
- Information about the summer programme was delivered to all households in Old Portsmouth and several positive solutions are being taken forward by the group.
- A face-to-face survey with young people and residents carried out on mobile phones, and a baseline data set has been developed to support an evaluation.
- Youth organisations have agreed to facilitate restorative conversations between the young jumpers and residents towards the end of September.

The group will continue to meet monthly through the winter to assess the impact of the work, agree new signage with the Port, and explore the top 5-10 positive solutions that have been put forward in the past few weeks. This will include the following:

- Links to coastal works
- Sustainability - community interest organisation
- Community fundraising
- Water Safety Programme in schools and colleges
- Information leaflet for residents
- End of year event - using photos that show how the area and the seafront as a whole has changed since the 1950s and continues change..

iii. Portsmouth Deal with Parents

The Portsmouth Deal with Parents was co-produced between the parent and carer Board (made up of parents from across the city) and the Children's Trust. The document is attached as Appendix 2.

The communication and engagement around the 'Deal' has slightly subsided in the past year or so and is something we will be picking up again in 2023/24.

iv. Community campaigns

Key campaigns in the city have been based on the principles of promoting positive healthy relationships and relational approaches. The Is This Love? yearly campaigns have been delivered since 2014 to raise awareness of the signs of domestic abuse, signpost to a single point of contact (Stop Domestic Abuse) and educate people around healthy and unhealthy relationships, in line with priorities identified in the Community Safety Plan and Domestic Abuse Strategy 2020-23.

In summer 2022, the Health and Care Portsmouth marketing, communications and engagement team co-produced a mental health campaign for and with 16-to-25-year-olds called 'You Are Not Alone'. The campaign aims to educate young people and their families about what mental health support is available locally - specifically in response to the impact of COVID-19 pandemic on people's mental health - and was first delivered for 12 weeks from September to December 2022.

Both campaigns have been hugely successful and there is significant learning. A more detailed report on the campaign aims, outputs, learning and plans is attached at Appendix 1.

v. **Implementing the PACE model of relational practice with traumatised children**

The Children's Trust (Partnership) has been developing its thinking around the causal factors behind poor child outcomes. In partnership with other LAs and the Anna Freud centre, there is an emerging model that places three key factors at the heart of what we need to do to get to the 'causes of the causes' or child ill-health and poor wellbeing. Those factors are:

1. Speech and Language Delay
2. Unidentified neurodiversity
3. Trauma and related disrupted attachment to caregivers.

In the city, a significant amount of work has been underway to address trauma - defined broadly but including safeguarding, bereavement, exposure to domestic abuse, exposure to verbal and physical threat.

The OPCC has done some really strong work around Trauma-Informed organisations including the Hampshire Concordat and training around the impact of trauma.

In Portsmouth, we have rolled out training on PACE (Playfulness, Acceptance, Curiosity and Empathy) to over 500 professionals, giving them a framework and language to speak with traumatised children and adolescents - based on developing strong positive and safe relationships from which children can recover and grow.

vi. **Making Every Contact Count**

Since 2020 Public Health have consistently offered and delivered Healthy Conversation Skills training for PCC staff and partners to help them 'Make Every Contact Count'(MECC) in the many interactions they have with our residents and each other. Building on the response to Covid-19 where people were given 'permission' to help or support other more vulnerable members of society, the team continued the roll out of these important skills to increasing numbers of individuals who were asked to help during the ongoing cost of living crisis. The training in its most simple form encourages and empowers people to be more curious and proactive when someone shares a concern or problem with them - including how to be a more effective 'helper' across a wide range of subjects.

In the last year over 100 staff have been trained in Royal Society of Public Health (RSPH) accredited MECC lite, as well as 200 more PCC staff and partners in a one hour cost of living crisis focused session designed to support participants in getting the best out of the conversations they have with the people they meet in their roles or lives. This training was featured at the 2023 Southeast Public Health Conference in Eastbourne and adopted by multiple local authorities across the region. Public Health also deliver the evidenced based, behavioural science training and skills to medical professionals working across Hampshire, including: 60 Foundation Year

Doctors, 100 Trainee Pharmacists and 60 Medical Students to ensure that the person-centred approach taught by MECC is embedded across the health and care system as well as PCC.

6. Next steps

- 6.1 The activities highlighted above do not necessarily represent all the practice that is taking place around the promotion and development of positive relationships in the city, but do highlight the breadth of activity and the different ways in which the issue is being approached. As a system, we are developing services to support positive relationships, but also thinking about how we work in ways that foster those too.

- 6.2 As next steps, it would be useful for all members of the Board to identify whether there are other case studies that could usefully be shared across partners to build knowledge and effectiveness of interventions. It would also be useful to consider if there are areas where further development or acceleration of work could be beneficial.

7. Reasons for recommendations

- 7.1 The Health and Wellbeing Board is working through each of the themes in the Health and Wellbeing Strategy to ensure progress is being made and to identify opportunities. The recommendations support this process.

8. Integrated impact assessment

- 8.1 No integrated impact assessment has been undertaken because the individual projects and key activities that might arise from an audit of activity will be subject to their own assessments.

9. Legal implications

There are no legal implications specifically associated with this report. Any projects undertaken will be subject to their own assessments.

10. Director of Finance's comments

There are no direct financial implications associated with approval of this report. Any projects that flow from this will be subject to their own individual financial assessments.

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Signed by:

Helen Atkinson

Director of Public Health, Portsmouth City Council

Appendices:

Appendix 1 - Community Campaigns

Appendix 2 - Portsmouth Deal with parents

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

None

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

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Signed by:

Appendix 1 - Community campaigns

- 1. Is This Love?:** Since 2014, the Safer Portsmouth Partnership has delivered a yearly campaign called 'Is This Love?' to raise awareness of the signs of domestic abuse, signpost to a single point of contact (Stop Domestic Abuse) and educate people around healthy and unhealthy relationships, in line with priorities identified in the Community Safety Plan and Domestic Abuse Strategy 2020-23.
2. Campaign outputs include billboard advertising, posters, radio and Spotify advertising, social media content, including Snapchat ads for younger audiences, back of bus advertising, promotion on the Guildhall Square Big Screen, internal and external newsletters and magazines, and merchandise for phase 2, specifically scratch cards and pens.
3. The results for the campaign are as follows:

Measure	Result
Number of adults (18+) reached on social media (phase 1)	101,687
Number of young people (13-24) reached on social media (phase 2)	69,751
Total number of visits to Is This Love campaign page on Safer Portsmouth Partnership website (over both phases)	5,124
Number of adults taking part in the 'Is your relationships healthy?' online quiz (phase 1)	1,455
Number of young people taking part in the 'Is your relationships healthy?' online quiz (phase 2)	317
Number of secondary schools engaged to deliver lessons or assemblies to year groups 9, 10 and 11 (out of 11)	11
Number of further education colleges engaged (out of 2)	1

4. What worked well?

- Campaign advertised across the city - including large billboards and posters in a variety of locations, back of bus advertising, social media, Snapchat and Spotify for younger audiences
- Messaging shared throughout World Cup and Christmas/New Year - reminding people where to get support in a time where domestic abuse typically rises
- Good working relationship between Portsmouth City Council and partners including Stop Domestic Abuse, Hampshire Constabulary and schools - including engagement at campaign planning stage, support with case studies, sharing messages on social media, displaying posters, giving feedback and generating new ideas
- Case study videos created and promoted on social media and to partners as part of phase 2

- The number of sessions completed in all secondary schools – 62 sessions delivered in total with an updated presentation to ensure it is current and engaging for young people
- Focus on healthy relationships messaging, not just domestic abuse

5. What could be improved?

- More real-life stories, case studies and video content across the campaign, especially during phase 1 targeted at adults
- More diversity in campaign assets
- Delivery of sessions in Portsmouth colleges, as well as distributing scratch-cards and materials (like this year)
- Development of website to include more images and interaction
- Consider a refresh of the campaign branding, a different call to action and/or refresh the online quiz questions - this is the third year we've used this look and feel now
- Further engagement with public figures, influencers and media to share campaign and to act as champions for the campaign
- Explore opportunities to deliver campaign materials face-to-face at events during campaign periods
- Continue using channels that worked i.e. Snapchat for young people (80% of website visits were from Snapchat in phase 2) and consider Google Ads which have been successful for other marketing campaigns

6. The campaign will run again in 2023/24, in December 2023/January 2024 targeted at adults and February/March 2024 targeted at young people.

7. **You Are Not Alone:** In summer 2022, the Health and Care Portsmouth marketing, communications and engagement team co-produced a mental health campaign for and with 16-to-25-year-olds called 'You Are Not Alone'. The campaign aims to educate young people and their families about what mental health support is available locally - specifically in response to the impact of COVID-19 pandemic on people's mental health - and was first delivered for 12 weeks from September to December 2022.

8. Campaign outputs include targeted social media content, digital website, Spotify, radio and podcast advertising, billboard advertising, A1 poster campaign, Google Adwords, email marketing, printed materials including A4 posters, leaflets and business cards, including in newsletters and magazines, and engagement at events.

9. The results from the initial campaign are as follows:

Objective	Result
Generate 5,000 visits to the campaign landing page	3,781
Engage with 250 people face-to-face	300+
Reach 50,000 people on social media	163,933

10. Overall, the campaign performed well - it was successfully co-produced with our target audience, collaboratively delivered through Health and Care Portsmouth, and achieved two out of three SMART objectives.
11. While we didn't reach the target for landing page views during the campaign, part of the aim was to ensure people knew where to get support if and when they needed it - and webpage visits have increased, with 6,201 visits to the website as of 11 May 2023.
12. Google Ads accounted for the highest percentage of visits to the website (40.5%). Additional digital channels also contributed to this such as email marketing, digital ads and local press coverage.
13. People locally said they heard or saw the campaign through their devices on radio stations such as Heart and Capital, or when they were out in the city. The out of home advertising, printed materials, and attendance at events helped to strengthen awareness of the campaign as people were beginning to see the campaign both on and offline. The team attended 12 events and engaged with more than 300 young people, families, adults and professionals - including Freshers' fairs, council events, and parents and carers events.
14. 13 paid social media posts and Snapchat advertising enabled us to share the campaign with 83,948 people, specifically including young people, residents living in areas of high socio-economic deprivation, and young parents/carers. Organic content had a similar reach (79,985); however, we know the majority of these audiences are outside of the primary target age range.
15. This phase of the campaign has been shortlisted for a Chartered Institute of Public Relations Pride Award in the Healthcare and/or Wellbeing Campaign category.
16. Following on from the success of You Are Not Alone in autumn 2022, we further developed the campaign to reach a wider target audience and to promote the newly established Portsmouth Mental Health Hub - a phonenumber to support anyone aged 16+ in getting support for their mental health.
17. The campaign aimed to increase phone calls to the Hub phonenumber and encourage people to visit the campaign landing page to learn more about mental health and



the support available. The campaign ran for 6-weeks from Monday 15 May to Friday 30 June 2023.

18. Campaign outputs focused on successful channels from phase 1 such as Google Adwords, social media advertising, printed materials including posters, leaflets and business cards, digital screen and billboard advertising, Spotify and radio ads.

19. Results from the campaign were as follows:

Objective	Result
Reach 100,000 people on social media	205,286
Generate 2,000 visits to campaign landing page	1,564
Generate 150 calls to Hub phonenumber	349
Reach 500,000 people total	1,136,219

20. Similarly to phase 1, the campaign performed exceptionally well. Our social media result was double our target with almost 7,000 engagements across all posts. We achieved a large Twitter reach thanks to a retweet from a former professional footballer Paul Merton and received excellent engagement with a photograph of the Hub team on Facebook.

21. 36.1% of website traffic came from Google Ads and 21% was direct traffic, which including people typing in the URL (www.mentalhealthinportsmouth.co.uk), scanning a QR code from the printed materials and clicking an online link through digital advertising such as Spotify. The most clicked QR code was on the business cards.

22. Facebook was the most popular social media channel for directing traffic to the website and a new 'Mental Health in Portsmouth' Facebook page has now been established as a result.

23. Anecdotally, people are now recognising You Are Not Alone a campaign associated with mental health, with people asking to take home posters and recognising the materials from school, in supermarkets etc.

24. Future plans

- To work with the University of Portsmouth and run a 6-week student-focused You Are Not Alone campaign in October/November to promote the Portsmouth Mental Health Hub - this is likely to include distributed materials along Guildhall Walk as well as in student-focused locations such as the gym, halls of residence, library, students' union etc.



- Encourage more people to talk more openly about mental health generally through a social media campaign in October called #MyMentalHealth. This will be predominantly shared through our new Mental Health in Portsmouth Facebook page and will encourage individuals across the city to share their own mental health journeys, utilising the You Are Not Alone branding
- To develop a new Portsmouth Mental Health Hub website (currently hosted on Health and Care Portsmouth website) in partnership with HIVE Portsmouth's Lived Experience Network
- To work with partners to increase access to mental health services for ethnic minority communities e.g. translated assets, video case studies featuring individuals from different backgrounds, social media posts in different languages.