

<b>DECISION-MAKER:</b>	<b>Health and Wellbeing Board</b>
<b>SUBJECT:</b>	<b>Proposal to adopt the Prevention Concordat for Better Mental Health for Southampton</b>
<b>DATE OF DECISION:</b>	<b>14 December 2022</b>
<b>REPORT OF:</b>	<b>Cabinet Members for Health, Adults and Leisure</b>

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<b>STATEMENT OF CONFIDENTIALITY</b>
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None
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<b>BRIEF SUMMARY</b>
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This report seeks approval to proceed with the adoption of the Office for Health Improvement and Disparities (OHID) Prevention Concordat for Better Mental Health for Southampton, which aims to improve mental health through a prevention-based approach. Improving mental health and wellbeing of residents is identified within the Southampton Health & Wellbeing Strategy and Health and Care Strategy, however there is not currently a city-wide mental health and wellbeing plan for adults.

Adopting the concordat would involve committing to the development of a Southampton mental health and wellbeing plan for adults and creating a multi-agency city partnership as part of OHID's 5-domain framework. We propose the plan would sit under Southampton's Health and Wellbeing Strategy and Board, alongside Southampton's Suicide Prevention Plan.

<b>RECOMMENDATIONS:</b>
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	(i)	<p>To proceed with the preferred option to adopt the OHID Prevention Concordat for Better Mental Health for Southampton, including the following steps:</p> <ul style="list-style-type: none"> <li>• Submit an application to OHID to join the Prevention Concordat</li> <li>• Establish a multi-agency partnership for adult mental health &amp; wellbeing, with links to relevant groups and networks</li> <li>• Identify a leader for adoption of the Concordat in Southampton who ideally sits on the Health &amp; Wellbeing Board</li> <li>• Review the Hampshire and Isle of Wight (HIOW) Mental Health Needs Assessment alongside data and intelligence around need for Southampton</li> <li>• Conduct a Community Asset Mapping exercise</li> </ul>
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		<ul style="list-style-type: none"> <li>• Co-develop a plan for mental health and wellbeing based on local priorities</li> </ul>
	(ii)	To continue with a separate multi-agency Southampton Suicide Prevention Partnership for the city, to support the delivery of the Southampton Suicide Prevention Plan 2020-23.

### REASONS FOR REPORT RECOMMENDATIONS

1.	<p>Mental wellbeing is more than the absence of mental illness, it is linked with an individual's emotional, physical and social wellbeing and the wider social, economic, cultural and environmental conditions in which they live.</p> <p>A recent ICS-level HIOW Mental Health Needs Assessment identified, and reviewed the distribution, of risk factors and protective factors for mental health across HIOW, including vulnerabilities relating to children and young people, poverty and financial insecurity, education, employment, and housing. Certain groups were identified as being at greater risk of poor mental health including people who are homeless or unemployed, on low incomes or financially insecure, using substances or alcohol, who have had a number of Adverse Childhood Experiences, those living in areas of high crime or who have experienced violence and those in contact with the criminal justice system. Carers, those with long term conditions or disability, including autism and ADHD, those who identify as LGBTQ+, people from Black African and Caribbean backgrounds, Pakistani and Bangladeshi men, older people, those who have been bereaved, care leavers and those transitioning from child and adolescent mental health services (CAMHS) services may also all be at increased risk of poor mental health.</p>
2.	<p>The mental health needs assessment highlighted that Southampton has a consistently higher prevalence of risk factors for mental health (such as alcohol misuse and poor housing), in addition to a lower prevalence of protective factors (such as educational attainment and financial security) compared with England average and is often higher than HIOW neighbours<sup>1</sup>.</p> <p>Risk factors relating to children and young people (CYP) were particularly highlighted for Southampton including significantly worse rates for children in care due to abuse or neglect, looked after children, young people in employment, education, or training, and income deprivation affecting children, compared to the England average<sup>1</sup>. The prevalence of these risk factors in CYP will contribute to poor mental health that may be experienced later on in adulthood.</p> <p>Within the city, these risk and protective factors are not equal amongst the population, with worse outcomes strongly and consistently associated with residents living in the most deprived areas of the city<sup>2</sup>.</p>
3.	<p>In Southampton, the estimated prevalence of common mental health disorders (aged 16+ years) such as depression and anxiety, is around 1 in 5 (18.7%). This is significantly worse than the England and South East average,</p>

<sup>1</sup> HIOW Mental Health Needs Assessment: 1. Facts; 2. Voices, 3. Act, 2022

<sup>2</sup> Southampton Data Observatory: Neighbourhood Needs Analysis 2021 [Accessed July 2022]

[https://data.southampton.gov.uk/images/neighbourhood-need-analysis-may-2021\\_tcm71-454135.pdf](https://data.southampton.gov.uk/images/neighbourhood-need-analysis-may-2021_tcm71-454135.pdf)

	<p>and the highest prevalence amongst HIOW neighbours<sup>3</sup>. The projected prevalence of common mental health disorders is also increasing over time<sup>4</sup>. This pattern of poor mental health in the City is also reflected in self-reported wellbeing with Southampton having the highest proportion of individuals reporting a low happiness score in 2020/21 across HIOW.</p> <p>Just over 1% of people in Southampton have a diagnosis of severe mental illness (SMI), which is a little higher than England, South East, and most parts of HIOW. People with SMI are at a greater risk of poor physical health and have a higher premature mortality than the general population. In England they die an average 15 to 20 years earlier than the general population and have 3.7 times higher death rate for ages under 75 than the general population.<sup>1</sup></p> <p>Self-reported wellbeing and prevalence of common mental disorders do not mirror the expected distribution of mental health as predicted by risk and protective factors and at-risk groups. It is likely that there is more undiagnosed and unrecognised poor mental health in Southampton.</p>
4.	<p>COVID-19 is recognised as a public mental health emergency that has exacerbated existing mental health inequalities. The HIOW Mental Health Needs Assessment found through a series of stakeholder interviews, that mental health needs and demand had changed over the course of the pandemic<sup>1</sup>. This included an overall increased in lower-level mental health issues and an exacerbation of existing mental health issues due to isolation and loneliness. Due to the social and economic consequences of the pandemic, OHID states that tackling mental health at a population level has never been more important, and promotion of better mental health and prevention should be included in restoration and recovery plans.</p>
5.	<p>The improvement of residents' mental health and wellbeing is a core priority that runs across multiple Southampton strategies including the Health and Wellbeing Strategy, Health and Care Strategy, Children and Young People's Strategy, and the Suicide Prevention Plan among others. There is also a strong focus on improving mental health service delivery under the HIOW adult community mental health transformation programme (No Wrong Door), of which Southampton City Council is a partner organisation.</p>
6.	<p>The Council will have signed up to the Mental Health Challenge, coordinated by the Centre for Mental Health<sup>5</sup>. This is a network of local authorities started in 2012 who are recognised for their commitment for introducing effective interventions and speaking up for mental health. There are now more than 130 councils in England with Member Champions for mental health. This Challenge sets out a commitment to the belief that as a local authority we have a crucial role to play in improving the mental health of everyone in our community and tackling some of the widest and most entrenched inequalities in health. Southampton City Council will align our local mental health work to that of the network, supported by our SCC mental health champion.</p>

<sup>3</sup> OHID, Fingertips: Mental Health & Wellbeing JSNA Profile [Accessed July 2022] [Mental Health and Wellbeing JSNA - OHID \(phe.org.uk\)](https://phe.org.uk);

<sup>4</sup> Southampton Data Observatory: Mental Health JSNA 2019 – Data Compendium Resource, Tab: MHProject18to64 [accessed July 2022]. [Mental health and wellbeing \(southampton.gov.uk\)](https://southampton.gov.uk)

<sup>5</sup> Mental Health Challenge, Centre for Mental Health [Accessed August 2022] [Mental Health Challenge | Centre for Mental Health](https://www.centreformentalhealth.org.uk)

7.	<p>Work is already taking place across the city to prevent poor mental health and promote wellbeing such as that carried out by the Southampton Suicide Prevention Partnership, CYP Emotional Mental Health Steering Group, and partner organisations. In addition to multiple teams in Southampton City Council (SCC) and organisations in the city working to improve the wider determinants of health.</p> <p>However, currently there is no specific mental health and wellbeing plan or partnership group within Southampton that brings together the wide range of SCC teams and partner organisations across the City to prevent poor mental health and promote wellbeing for adults. This gap means that while action is being taken across the city, this is not being informed by a collective vision, is often conducted in isolation, and is at risk of duplication. There is also a missed opportunity for collaborative working at scale and sharing of capacity and resources.</p>
8.	<p>The Prevention Concordat for Better Health is a nationally recognised commitment created by OHID that aims to take a prevention-based approach to public mental health. Its purpose is to improve the mental health and wellbeing of residents by improving the wider determinants for mental health including both protective and risk factors and reducing health inequalities. It has been adopted by more than 50 local authorities in England (including Hampshire County Council) as well as a wide range of national statutory organisations, professional bodies, and voluntary, community and social enterprise (VCSE) organisations.</p>
9.	<p>The commitment involves the use of an established 5-domain framework for effective local action on better mental health, including:</p> <ol style="list-style-type: none"> <li>1. Needs and asset assessment</li> <li>2. Partnership and alignment (multi-agency group)</li> <li>3. Translating into deliverable commitments (local plan)</li> <li>4. Defining success outcomes and evaluation</li> <li>5. Leadership and accountability</li> </ol> <p>Through adopting the Concordat and taking coordinated local action, the aim is for Southampton to better enable the prevention of poor mental health and promote wellbeing for its residents.</p>
<b>ALTERNATIVE OPTIONS CONSIDERED AND REJECTED</b>	
10.	<p>To produce a local mental health and wellbeing plan independently and not adopt the Concordat. This is not recommended due lost opportunity for support from OHID via an established and nationally supported framework, community of practice, and suite of guidance and resources. In addition to lacking a joined-up approach within HIOW Integrated Care System (ICS).</p>
11.	<p>To not adopt the concordat or produce a local mental health and wellbeing plan, continuing only with the Suicide Prevention Plan. This is not recommended due to the lost opportunity to improve Southampton residents' mental health and wellbeing, as informed by the HIOW Mental Health and Wellbeing Needs Assessment.</p>
<b>DETAIL (Including consultation carried out)</b>	
12.	<p>Southampton City Council previously developed a Public Mental Health Strategy 'Be Well' (2012-2015) in partnership with Southern NHS Trust which</p>

	focused on prevention and addressing mental health stigma, however this is no longer active.
13.	The first HIOW Mental Health Needs Assessment for adults has been commissioned at an ICS level (released in June 2022). This has involved analysis of relevant public health data indicators, qualitative interviews conducted with stakeholders, and development of six high-level recommendations. Adoption of the OHID Prevention Concordat is based on recommendation 3: Embed prevention throughout all care and support with earlier intervention.
14.	The proposed multi-agency partnership group (framework domain 2) would include teams and organisations which can impact on mental health and wellbeing in Southampton, including risk and protective factors for mental health. Related groups and networks within Southampton such as the Suicide Prevention Partnership will be linked in via member representatives.
15.	The Southampton Suicide Prevention Plan <sup>6</sup> aims to reduce the number of suicides in Southampton and ensure provision of support to those who are bereaved by suicide, focusing on but not limited to groups at high risk of taking their own life. It sits under the Southampton Health and Wellbeing Board with direct oversight by the Southampton Suicide Prevention Partnership (led by Public Health). Actions within the plan are delivered by members across the partnership. The 2018-20 Southampton suicide audit is currently being carried out by the Public Health team and due for completion in September 2022 and will inform additional or updated priorities of the plan.
16.	The Hampshire and Isle of Wight ICS Suicide Prevention Programme received £1.2m funding from NHS England over three years ending March 2022. The programme was led by public health across HIOW, including Southampton City Council. There were three areas of focus for the programme, based on evidence provided by National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) about the highest levels of need and included men (particularly those aged 35-54), people who use mental health services and people who have self-harmed. All HIOW workstreams were chosen on this basis and underpinned by local needs. The programme has included suicide specific bereavement support, real time surveillance (RTS), workforce training, self-harm support, workplace postvention and support, primary care awareness and support, co-occurring mental health and substance use, grants awarded to voluntary, community and social enterprise organisations, and development of a People with Lived Experience (PLE) Bureau.
17.	Southampton City Council delivers Mental health awareness campaigns to promote better mental health and wellbeing for residents. Recent campaigns have been delivered jointly between Public Health and SCC Communications teams and cascaded to partners, including World Wellbeing Week (June 27 <sup>th</sup> – July 3 <sup>rd</sup> ) reaching an audience of >11,000 people through social media and >2,500 views of promotional videos, Mental Health Awareness Week (May 9 <sup>th</sup> – 15 <sup>th</sup> ) reaching an audience of >10,000 people on social media, and Loneliness Awareness Week (June 13 <sup>th</sup> – 19 <sup>th</sup> ) reaching >2,000 people on social media. Plans are currently underway for Suicide Prevention Day in

<sup>6</sup> Southampton Suicide Prevention Plan 2020-23. [Enc. 1 for Southampton Suicide Prevention Plan.pdf](#)

	September, with a joint HLOW approach. Delivery of these annual campaigns would be incorporated into the new local mental health and wellbeing plan.
18.	SCC has previously adopted the Time to Change Employer Pledge for workplace mental health and promoted this to Southampton employers. This was complemented by the SCC 'Wellbeing@Work' programme involving advice and events for employers. Both initiatives were led by HR and supported by Public Health, however, Time to Change Employer Pledge has since been decommissioned nationally and the Wellbeing@Work Programme is no longer active. SCC also employs Mental Health First Aid Champions and Wellbeing Champions who are supported by HR. Workplace mental health and wellbeing initiatives would be incorporated into the new mental health and wellbeing plan to improve the mental health of SCC staff and support employers in Southampton.
<b>RESOURCE IMPLICATIONS</b>	
<b><u>Capital/Revenue</u></b>	
19.	There are no resource implications inherent in adopting the concordat. Signing up to the concordat has no cost as it is funded centrally via OHID as part of the Department for Health and Social Care. Any new local plan can be developed within current funding levels and areas for development or additional funding will be flagged.
<b><u>Property/Other</u></b>	
20.	There are no property or other implications.
<b>LEGAL IMPLICATIONS</b>	
<b><u>Statutory power to undertake proposals in the report:</u></b>	
21.	This paper is within the remit of the Health and Wellbeing Board to approve.
<b><u>Other Legal Implications:</u></b>	
22.	The creation of any new local plan for mental health and wellbeing would follow SCC Policy guidance on public consultation.
<b>RISK MANAGEMENT IMPLICATIONS</b>	
23.	Although it is not a statutory requirement to adopt the concordat, Southampton's population has a high level of risk factors for poor mental health and low levels of protective factors <sup>1</sup> , in addition a higher prevalence of mental health disease which justifies coordinated action across the city, led by SCC.
24.	In 2018, Hampshire County Council adopted the concordat and for IOW Council the process is now underway. By Southampton also joining this would create parity with our neighbours and an opportunity for a joined-up approach within the ICS, (and nationally), reducing duplication and encourage collaborative working and pooling of resources locally.
<b>POLICY FRAMEWORK IMPLICATIONS</b>	
25.	The Policy team will review all relevant Southampton strategies relating to mental health and wellbeing to ensure alignment and integration of any new local plan – this has been scheduled to begin in September 2022.

<b>KEY DECISION?</b>	<b>No</b>	
<b>WARDS/COMMUNITIES AFFECTED:</b>		
<u>SUPPORTING DOCUMENTATION</u>		
<b>Appendices</b>		
	None	
<b>Documents In Members' Rooms</b>		
	None	
<b>Equality Impact Assessment</b>		
<b>Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out.</b>	<b>Yes</b>	
<b>Data Protection Impact Assessment</b>		
<b>Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out.</b>	<b>No</b>	
<b>Other Background Documents</b>		
<b>Other Background documents available for inspection at:</b>		
<b>Title of Background Paper(s)</b>	<b>Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)</b>	
1.	<a href="#">OHID Prevention Concordat for Better Mental Health Framework: Prevention Planning Resource for Local Areas</a>	Not exempt or confidential