

REPORT TITLE: MENTAL HEALTH MATTERS: TASK AND FINISH GROUP
FEEDBACK

7 SEPTEMBER 2022

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WARD(S): ALL

PURPOSE

The 'Mental Health Matters' Task and Finish Group met 3 times in February, March and April 2022. The purpose of the 'Mental Health Matters' task and finish group was to provide an opportunity for selected members from the scrutiny committee to consider mental health matters and provide recommendations to the Executive Leaders Board (ELB). The task and finish group covered 3 areas - Mental Health support for staff within Winchester City Council (WCC), support within our Housing Services teams and finally support from WCC that exists within the community. The Chairperson of the Scrutiny Committee chaired all the sessions and has already updated members verbally after each session.

Appendix 1 sets out the terms of reference that were agreed upon by the group at their first meeting.

Appendix 2,3 and 4 are the officers' notes from each of the sessions.

There was one recommendation made to ELB from these sessions after the community session held in April. This related to ensuring that all customer-facing staff were given the opportunity to have some training to identify those in our community who may need some extra support in terms of their mental health. This would enable them to be pointed in the right direction for help but also continue to be supported in their conversations with the council. For example, this could be training that all our customer service advisors undertake.

ELB has asked that this is part of the corporate training provision and is currently being looked at in terms of how best it can be delivered.

RECOMMENDATION:

1. The work, notes and recommendations of the task and finish group be noted by the scrutiny committee.

Appendix 1

Terms of Reference for 'Mental Health Matters' task and finish group.

1. Purpose of group

The purpose of the 'Mental Health Matters' task and finish group is to provide an opportunity for selected Members from the Scrutiny Committee to consider Mental Health Matters and provide recommendations to ELB. The task and finish group will cover 3 areas. Mental Health support for staff within WCC, support within Housing Services and finally support within the community.

2. Membership of the group

The membership of the group has already been decided by the Scrutiny Committee to be 2 members from each party and these can be non-Scrutiny members where the interest is wider. The chair will be Cllr Caroline Brook.

3. Quorum

The quorum shall be two members.

4. Notes

Notes of the meeting will be provided including recommendations to ELB. The notes of all three meetings will be provided to Scrutiny Committee for information only.

5. Frequency of meetings

There will be three meetings before the task and finish group is dissolved. The meetings will take place to best accommodate the availability of members.

6. Duration of meetings

The duration of each meeting will be 1 and a half hours.

7. Legacy of the group

ELB will respond to the Scrutiny Committee to explain which recommendations of the group were accepted together with an implementation plan; and which recommendations were not accepted with the reason why.

Appendix 2

Jamie Cann - Overview and Scrutiny - Notes

16 February 2022

Introduction

- The role of HR in the organisation in supporting mental health at work
- Recognise that individually and corporately we are still learning about MH and best to engage with people

Context

- 1 in 4 will experience poor mental health in any year
- Dame Carol Black conference – positive to hear that WCC is taking all the appropriate steps highlighted by leading professional in supporting MH.
- NHS England – 60% of adults with no previous history of poor MH have reported feeling anxious for 2 weeks or more during the pandemic
- HSE – 50% of sickness absence attributed to poor mental health
- 45% of sickness at WCC is attributed to MH issues (personal and workplace triggers)
- Most recent staff survey (April 2021) 95% of staff said they knew how to seek help internally for their mental health
- 80% of staff feel that their line manager is always/ mostly genuinely interested in their mental health and wellbeing.

Support during the pandemic

The pandemic led to the most serious challenges the country has faced across many dimensions and throughout that time public servants continued to provide services and additional essential services to support the national effort.

- Identified early on MH matters relating to pandemic and lockdown – sought to encourage staff to find their own release in highlighting a high range of things that can be done to work on mental health.
- In work support: publications "Not in the toilet times" – providing quizzes, riddles, fitness, walks, breathing, mindfulness – links to lots of apps – not just all fitness related.
- Encouraging Healthy eating, providing recipes
- Virtual all staff briefings, clear management instruction to hold team meetings and 'coffee catchups', regular CX briefings to staff
- Staff survey results indicate senior management communications was appreciated and effective.
- Recognition of all staff efforts through pin badge and certificate

General strategic response to support work/life balance

- Benchmarking of terms and conditions to ensure comparable with near neighbours
- Fitty Council and health check opportunity
- Fruit days

- In-house counselling service
- Introduction of Mental Health First Aiders
- Moving to a hybrid model of work maintaining service delivery and work/life balance

Training for staff

- General awareness about mental health
- Personal resilience
- workshops for managers to equip them to have conversations about MH (including effective listening, RTWI & Wellbeing Action Plans) 70% of managers attended to date
- Specific workshops on managing own mental health in the pandemic, supporting others, understanding anxiety, and managing suicidal conversations – 65 delegates so far

Supporting individuals

Staff can reach support internally or through our external provider for themselves or when affected by issues at work, key themes raised include

- anxiety, bereavement, suicidal thoughts, self-harm, supporting family/friends with poor MH, living with a significant diagnosis, supporting a child who is self-harming, financial concerns,
- Suicide prevention – including safety plans and post-suicide support
- Post-incident support following violent/traumatic experiences
- Wellbeing Action Plans

Appendix 3

Workshop 2 - Housing Support

31 March 2022

Introduction - Housing Service Overview - Gilly Knight

Research shows that housing and mental health is often linked. And those with longer-term mental health conditions are more likely to be on a low income, rely on social welfare support and are more vulnerable to homelessness. *'Compared with the general population, people with mental health conditions are one and half times more likely to live in rented accommodation, twice as likely to be unhappy with their home and four times as likely to say that it makes their health worse'* (Shelter Report 2021 – The impact of housing on mental health.)

We know that housing and mental health is closely linked and that a stable home is key to supporting someone with a mental health condition. A suitable home in a supportive community can give someone a safe and secure environment, and is important for recovery and maintaining good mental health. The quality of accommodation, its location, and security of tenure are all important aspects that contribute to managing mental health difficulties and to accessing other recovery services such as public health services, education and employment opportunities. The council has proactive services in place to support its own council tenants experiencing mental health difficulties through its social landlord role and supports wider community residents through its strategic housing role.

Council Landlord Role: Amber Russell, Service Lead - Housing Operations & Community Safety, Sarah Wallis, Housing and Social Inclusion Manager. 5174 council tenants and 400 Leaseholders. Involved tenant association 'Tenants And Council Together' (TACT).

COVID 19 Experience - Landlord service

- Changing systems, welfare calls to all sheltered tenants, personalised income recovery processes, and maintaining a more supportive holistic approach post COVID.
- Effect on the mental health of staff and tenants, isolation, working from home, lack of connection, fear of COVID. More staff facing more challenging and complex mental health presentations, reduced opportunities for team meetings and peer support during and post COVID.
- Welfare calls to tenants, regular contact, keeping in touch, accessing services – an average of 135 calls and 70 social isolation visits per month.
- Picking up prescriptions and delivering food parcels, building trust, and checking in with tenants. Acknowledge the increase in tenants presenting with multiple, diverse needs.

Tenancy Sustainment Team

- 27% of referrals in 2021/22 stated mental health as the main presenting issue and 24% of all clients said that their mental health had improved because of receiving support from the Tenancy Sustainment Team.
- Moving from crisis to early intervention and prevention work. Identifying tenants with a range of presenting issues who would benefit from mental health support services and assisting them to access these.
- New pre-tenancy screening for support needs and vulnerabilities so that tailored support can be provided at the beginning of a tenancy.
- Davina Emery's Mental Health specialism.
- Working closely with mental health teams and PCNs to provide consistent support for tenants.
- Improving the support pathway out of hospital.
- Coaching and supporting staff in working positively with tenants with a mental health diagnosis
- Mapping services, looking for gaps and procuring specialist services such as dual diagnosis support.
- New Financial Inclusion post – money and mental health advice and training
- New Wellbeing and Inclusion post – five ways to wellbeing, physical health, mental health, keeping connected, engaging, and learning, financial wellbeing.

Strategic Housing Role (Homelessness/Private Sector Housing/Temporary Accommodation/Housing Register function) Karen Thorburn, Service Lead - Strategic Housing.

The Strategic Housing Service is a tenure blind service for district residents including owner occupiers. Unlike our own council tenants when members of the public approach for housing advice and support little is known about their background, needs or characteristics. Households often present as a result of trauma such as homelessness, Domestic Abuse, MAPAA cases, prison leavers, care leavers and those with drug and alcohol issues, and mental health diagnoses. Homelessness itself is a very emotive subject and is often the end of someone's journey rather than the beginning with many missed support opportunities along the way. (Making every contact count (MECC)).

From April 21 to March 22, the service received 8 legislative 'Duty To Refer' from psychiatric hospitals. In the same period, the service completed 288 full housing assessments, 42% of these households (123 presentations) reported suffering with mental health difficulties.

COVID-19 experience – Strategic Housing.

- In March 2019, the government announced the 'every-one in' initiative and gave local authorities 24-hour notice to place everyone sleeping rough into accommodation (many went to hotels). There were restrictions imposed on sharing accommodation and this changed the landscape of homelessness services. Many support organisations had to change their model, which reduced the number of accessible beds. The council also had to change the

way it managed its temporary accommodation provision and adjust to looking after more entrenched rough sleepers many with a dual diagnosis or complex needs.

- Working against a backdrop of hotels closing, guidance changing on a daily basis, systems changing and with officers also dealing with their own COVID-related issues managers needed to adapt to support staff to manage their own mental health.
- COVID changes in eviction law and people furloughed saw the homelessness customer base go from predominately families to single persons.
- Those more entrenched rough sleepers brought in off the streets were housed in cohorts most with very complex needs, mental health issues and drug and substance misuse, It was a challenging time for managers and staff trying to keep everyone safe including themselves and their families. Particularly those staff working in the council's temporary accommodation sites.

Temporary Accommodation/emergency Housing - COVID Implications:

60 residents supported in council temporary accommodation. 43 residents sharing (bathroom/kitchen/laundry) resulted in creating COVID secure living measures.

- Daily calls to most vulnerable clients and twice weekly welfare calls to all.
- Ensuring all residents had access to food, medication and support to stay home during lockdown.
- Designating and timetabling bathroom use.
- Outbreak planning with local and HCC commissioned homelessness services.
- Supporting managers/staff working extra hours and with the anxiety of catching COVID themselves.

Temporary Accommodation/emergency Housing – post-COVID.

- 48 residents living in temporary accommodation.
- 18 residents with low-level mental health managed by local GP.
- 16 residents with high-level mental health under secondary mental health services with recent admissions to psychiatric hospitals, recent suicidal ideations resulting including paramedic callouts and safeguarding referrals.
- 15 safeguarding referrals over the past 4 months.
- Staff morale stretched and tested having witnessed upsetting events.

Supporting Staff with their mental health

The senior management team recognise their duty of care and of the importance of staff wellbeing. We are working with Jamie Cann about the specific training that can be offered to housing services to support and to explore the option to rollout supervision across housing teams. Other staff mental health support areas include:

- Sourcing staff wellbeing sessions.
- Developing a new training/staff support structure.
- Regular case reviews – reflective practice.
- Supervision structure and sessions.
- Safeguarding support and supervision including access to external trauma counselling.

- Learning from case reviews and formulating shared action plans.
- Review of lone working guidance and practice for housing Staff.
- Accessing relevant sector training which supports staff not only to work effectively with tenants/residents but to build resilience in themselves such as Trauma Informed approach training, hoarding training, support following child protection and MAPPA case meetings (not an exhaustive list).

Appendix 4

Mental Health Matters Task & Finish Group – Community (Steve Lincoln) Notes for meeting on Tuesday 26 April 2022

Introduction

- Refer back to Jamie (staff) and Gilly (tenants) – I'm here to talk about the council's role in wider mental health support
- me and role

Context

- **1 in 4** will experience poor mental health in any year
- **NHS England – 60% of adults** with no previous history of poor MH have reported feeling anxious for 2 weeks or more during the pandemic
- **PHE England identifies mental health vulnerabilities and inequalities** already present in our communities and includes those:
 - with pre-existing mental or physical health conditions
 - experiencing loss of income or employment
 - from deprived neighbourhoods
 - from ethnic minority communities
 - from lesbian, gay, bisexual, and transgender communities
- **High priority in Hampshire** - [Annual Report of the Director of Public Health for 20/21 titled “COVID-19: addressing inequalities in mental health and wellbeing across Hampshire”](#)
 - COVID-19 has had a huge impact on mental health and wellbeing
 - COVID-19 has had a disproportionate impact on the mental and emotional health of specific population groups
 - COVID-19 restrictions impact on vulnerable mental health shown in appendix 1 – highest impact in parts of the city centre

Crisis situations and targeted support

- Not our role
- Hampshire Adult Social Care team
- Hampshire Child and Adolescent Mental Health Services (CAMHS)

Prevention and early intervention

- Grants to organisations that provide early intervention and support
 - Winchester Youth Counselling £7,920
 - Trinity £55,000
 - The Beacon (Nightshelter) £13,000
 - Home-Start Winchester £8,000
 - Home-Start Hampshire £7,300
 - Winchester Street Reach £7,300
 - Winchester Young Carers £6,700
 - Footprints £1,800
 - Citizens Advice £195,000
 - MHA Winchester £7,400
 - Winchester GoLD £6,630

- The Carroll Centre £4,590
- See Cabinet report December 2021 ([CAB3323 Core funding grants programme 2022-2025.pdf \(winchester.gov.uk\)](#)) and extract in appendix 2
 - Increased services to meet a growing demand in mental health support for young people, providing a total of 160 counselling sessions.
 - 1,901 sessions offered to young people to support their mental health including counselling, walk & talk and de-stress, relax and chill sessions.
 - 141 people benefitted from access to the youth life skills café and community mental health information point.
- [5 steps to mental wellbeing - NHS \(www.nhs.uk\)](#)
 1. Connect with other people
 2. Be physically active
 3. Learn new skills
 4. Give to others
 5. Pay attention to the present moment (mindfulness)
- The council's role is generally as an enabler, not a direct service provider
- Sports and leisure facilities
- Playgrounds
- Parks and open spaces
- Support and encouragement to local communities in running and providing:
 - Community buildings
 - Grants and support to local interest groups, sports clubs etc.
 - Lunch clubs and social events
 - Opportunities to volunteer
- Core grant funding for Theatre Royal £147,000
- Provision of housing and benefits (mentioned by Gilly)

Networking and collaboration

- Step change during COVID
- New connections made and have been sustained
- Social prescribers, churches, CCG and HCC!
- Befriending was key

Appendix 1

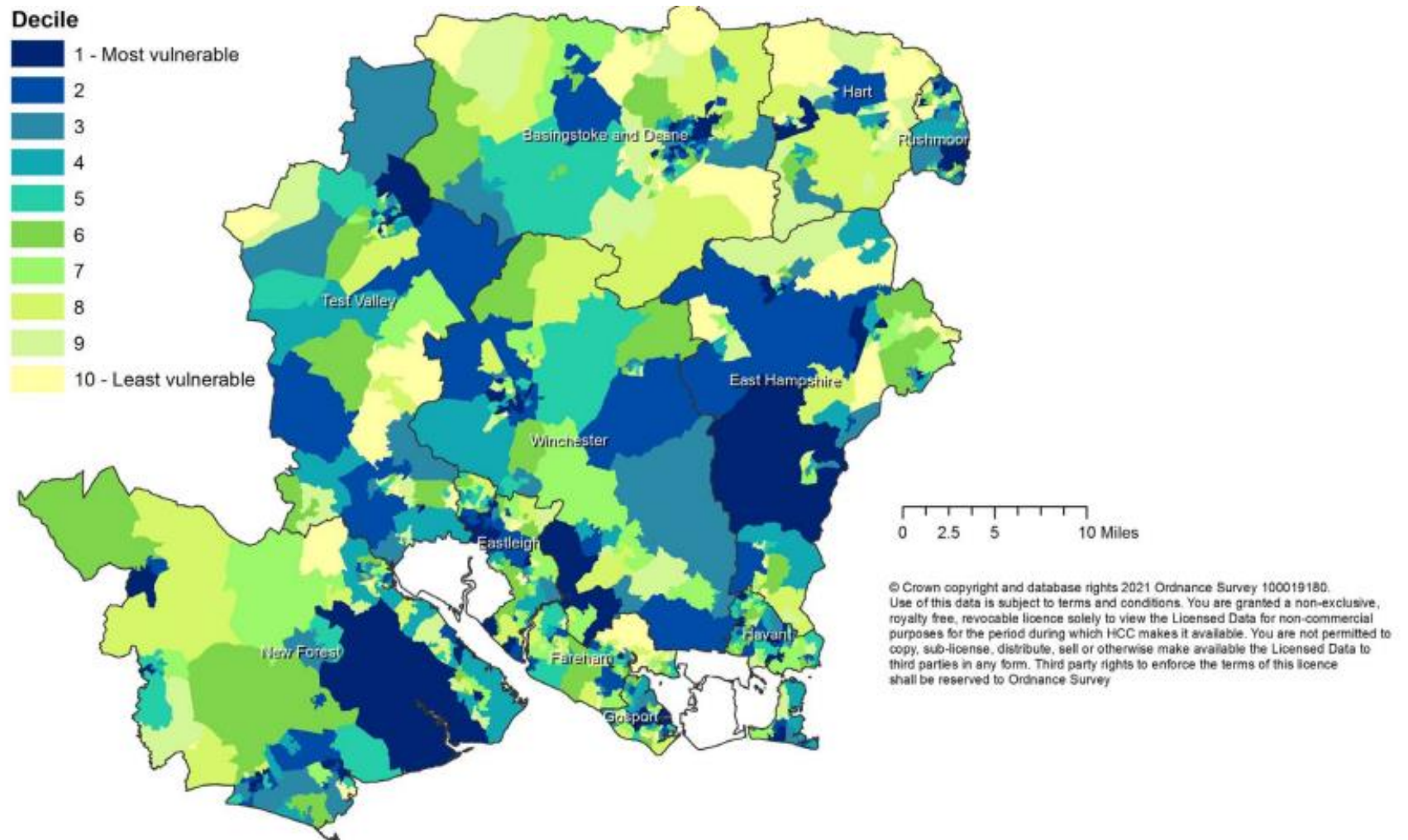


Figure two: Mental wellbeing vulnerability index for Hampshire

Appendix 2

