

## **Divisions Affected – all**

### **Health and Wellbeing Board**

**07 October 2021**

### **Report on the Mental Wellbeing Needs Assessment**

#### **Report by Corporate Director of Public Health, Oxfordshire County Council**

### **Recommendation**

1. The Health and Wellbeing Board is RECOMMENDED to;
  - (a) Note the findings and recommendations of the mental wellbeing needs assessment
  - (b) Consider how recommendations can be taken forward within the respective organisations of Board members

### **Executive Summary**

2. Mental wellbeing is a priority for the Health and Wellbeing Board as a cross cutting theme for each part of the life course of the Board's Health and Wellbeing Strategy and as outlined in the [Oxfordshire Prevention Framework](#). It can be understood as how people feel and how they function, both on a personal and a social level, and how they evaluate their lives as a whole - it allows us to make healthy choices and get the most from life.
3. This paper presents the Mental Wellbeing Needs Assessment, which aims to broadly understand the mental wellbeing needs of people living in Oxfordshire. It also specifically examines the needs relating to the wider factors in our communities that make it easier or harder to stay mentally well, the ongoing impacts of the COVID-19 pandemic and areas of inequality.
4. Given the broad range of enablers and environments that affect mental wellbeing across the life course, the over-arching recommendation from the report is the need for a whole systems-based approach to mental wellbeing. Under this approach, further recommendations are made under 5 different themes:  
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  - Data, surveillance, evaluation, and community insights: recommendations to address gaps in knowledge and understand wellbeing through a variety of data gathering approaches

- Wellbeing in all policies and partnership working: working with a range of partners to improve mental wellbeing through different pathways; make wellbeing “everyone’s business”
- Inclusive services and reducing inequalities: developing inclusive language and services
- Focusing on areas of identified need
- Building back fairer from COVID-19: making wellbeing a priority in the recovery from COVID-19 and learning from the lessons and opportunities identified in this needs assessment.

## Findings and recommendations of the mental wellbeing needs assessment

### Background and Context

5. Our social circumstances, environment where we live, learn and work, economic factors, physical and mental health, can all support mental wellbeing. They enable us to feel connected, be healthy and to get the most from life. However poor mental health can affect the quality of lives lived and lead to preventable early deaths.
6. Nationally and across Oxfordshire, diagnoses of depression and anxiety have risen year on year since 2012. In 2019/2020, there were 73,648 patients (aged 18 or over) with a diagnosis of depression registered by Oxfordshire’s GP practices.
7. The COVID-19 pandemic has highlighted the importance of the promotion of good mental health and wellbeing across the whole system. It has shone a light on health inequalities and the need to build back fairer.
8. This mental wellbeing needs assessment aims to:
  - (a) Provide a broad picture of mental wellbeing and the wider factors in our communities and everyday lives that make it easier or harder to stay mentally well; and identify where in Oxfordshire people don’t have the same opportunity to be as healthy as others.
  - (b) Focus on promotion and prevention: keeping people well. The needs assessment does not cover mental illness and specific treatment pathways or clinical mental health services.

### Summary of Findings from the Needs Assessment

9. For adults, Oxfordshire scores similarly or well compared to the South East and England for measures of life satisfaction, worthwhile and happiness using Office for National Statistics ([ONS](#)) [measures of wellbeing](#). However even before the COVID-19 pandemic, around **1 in 5 Oxfordshire residents reported a high (>6/10) score for anxiety, using ONS measures.**

10. Research, such as [Healthwatch Oxfordshire's 2021 report](#) into Oxford's new and emerging communities has highlighted the issues that affect these communities wellbeing including pressures of life - money, jobs and family concerns, cost of housing and food in Oxford, racism and discrimination, immigration worries and the impact of COVID-19.
11. **The impact of COVID-19 has been different for individuals and different communities but has exacerbated existing inequalities.** Levels of anxiety, depression and loneliness have [increased during lockdowns](#). For example, [analysis](#) of Oxwell 2020 data across the South East, showed that those pupils in school years 8-13 who were most likely to report deteriorations in their wellbeing were female, those who reported socio-economic deprivation/use of food banks and those with previous mental health support or upcoming examinations.
12. In **children and young people**, data from the local [2019 OxWell](#) survey tell us that in pupils attending Oxfordshire school and FE colleges, **that overall mental wellbeing is worse with increasing age. Girls reported lower happiness levels.** The [2020 survey](#) across the South-East, found that during the pandemic **40% of pupils taking part in year 13 reported being too worried to sleep often.**
13. Both national research and insight from local communities highlight the relationship between **financial stress** and mental wellbeing. Oxfordshire is a relatively wealthy county, but there remain areas of [inequality](#). **COVID-19 has contributed to financial hardship:** across Oxfordshire, the **number of people claiming unemployment benefit rose to 16,420 in December 2020**, compared to 6,230 in December 2019. Amongst those aged 16-24 years the number of people claiming benefits more than tripled.
14. **Feeling connected is fundamental to our mental wellbeing.** Social relationships affect our mental and physical health, health behaviours and also our risk of mortality. For example, [evidence](#) indicates that the influence of social relationships on our mortality risk is comparable to smoking up to 15 cigarettes a day. This report demonstrates the **need to view loneliness as a life course and equality issue:** [Nationally](#) over 1 in 10 of 10-15 year olds report feeling lonely often and loneliness is increased at life transition points. Analysis of national [ONS data](#) found three profiles of people more likely to be lonely: widowed older homeowners living alone with long-term health conditions; un-married, middle-agers with long-term health conditions; and younger renters with little trust and sense of belonging to their area are more likely to be lonely. There are many other factors associated with being lonely, such as being unemployed, having a low income and identifying as female. The pandemic has also highlighted the issue of digital exclusion in our ability to stay connected and access services.
15. **During the pandemic, loneliness has increased.** In April-May 2020, [5.0% of adults](#) in England said that they felt lonely "often" or "always" rising to just over 7% of adults between October 2020-February 2021. Amongst some, for example older adults who have been shielding, there has been a loss of social

and physical confidence after periods of isolation. During the pandemic, loneliness statistics for [Oxfordshire](#) and for district and city levels varied: increased understanding of loneliness within our communities and who is most at risk of being lonely is needed.

16. Being physically active improves our mental and physical health – for example through improving sleep, self-esteem, helping us manage stress and improving connections with others. **Oxfordshire adults have higher levels of physical activity compared to England. However, activity levels vary across districts and there are inequalities.** Those over the age of 75 years are much less active. Data from the [Active lives survey](#), suggests that although children and young people across Oxfordshire are more active than children across England as a whole, around **4 in 10 children and young people across Oxfordshire are not achieving an average of 60 minutes physical activity a day.** During the pandemic, less affluent families have seen larger drops in activity levels compared to wealthier families.
17. Children and young people who spend more time in green and natural spaces have increased emotional wellbeing, reduced stress and improved resilience. In adults, greener environments are linked to higher life satisfaction and reduced mental distress. Even before the pandemic, **94% of the [English population](#) agreed having open green space close to home is important.** However, there are inequities in access to quality and quantity of greenspace. In **Oxfordshire, national survey data indicates most visits to natural environments are made by wealthier families, and those that identify as white.** Barriers to visiting the natural environment in Oxfordshire include poor health, living with a disability, older age and being too busy.
18. Across the life course, there are different challenges of wellbeing and different impacts of the COVID-19 pandemic. For example, we know that
  - (a) **Amongst children and young people** mental wellbeing reduces with increasing age and is worse in girls. Teenagers are more likely to struggle with sleep and feel more lonely, whereas higher numbers of pupils report bullying in school years 4-6 compared to older years
  - (b) **Younger adults** have been disproportionately affected by unemployment during the COVID-19 pandemic, and that highest levels of self-reported loneliness according to [national ONS data](#) amongst adults are in 16-24 year olds
  - (c) **Amongst working age adults**, wellbeing across Oxfordshire is generally good or similar to the South East/ England, but there are areas of inequality at a national and local level for many of the community enablers of wellbeing
  - (d) **Amongst older adults**, access to and use of the wider community determinants of wellbeing decreases with age. For some, isolation during the pandemic may have resulted not only in a loss of social confidence but also in a loss of physical confidence and with potential cognitive effects. Older adults are also at higher risk of digital exclusion.

## What is already in place locally to improve mental wellbeing

19. **There are many examples of innovative and diverse partnership working and programmes to improve mental wellbeing across Oxfordshire and making use of the multiple community-based enablers.** Some examples include:
  - (a) **Multi-agency partners in Oxfordshire have signed up to the Prevention Concordat for Better Mental Health**; a programme developed by Public Health England to support the promotion of good mental health across the whole system. The [Mental Health Prevention Framework - 2020-2023](#), outlines how organizations within the Prevention Concordat will work together to improve mental health and wellbeing across Oxfordshire.
  - (b) **Oxfordshire has a wide-ranging, well-established multi-agency group (MAG) dedicated to preventing suicide and self-harm.** The Oxfordshire self-harm and suicide prevention strategy – 2020-2024 can be found on OCC's webpages [here](#).
  - (c) **Sleep Campaign delivered by Oxfordshire Communications Group** delivered in June 2020, responding to COVID-19s impacts on our physical and mental health; affecting our sleep.
  - (d) **Cherwell District Council in partnership with Oxfordshire Mind and Resilient Young Minds** working with primary school children to help them understand more about stress, anxiety and self-esteem. More information [here](#).
  - (e) **Move Together** - a county-wide pathway into physical activity to support people who have been shielding as a result of COVID-19, as well as people with long term health conditions to help reduce isolation and loneliness. Read more [here](#)
  - (f) **Mental Wellbeing Grant Scheme** launched May 2021 by Oxfordshire County Council. One of the successful projects included: **Ways to Wellbeing project, [Style Acre](#)** supporting adults with learning disabilities through promoting wildlife & nature activities, working with Element 6 and the Wildlife Trust & Sustainable Wantage.
  - (g) **Active Reach** - Residents from Blackbird Leys and Greater Leys were supported throughout COVID-19 to keep physically active by a wide range of partners. Report from phase 1 [here](#)
  - (h) **Health Education England's** funding for suicide prevention training for Oxfordshire frontline professionals and volunteers in roles that involve supporting people with financial difficulties. For example, people working across community larders, asylum seekers and many more.
20. **There are opportunities to better understand mental wellbeing** within our communities, and the **lived experience of residents**. The needs assessment has highlighted gaps in current understanding that could inform future action.
21. **There are opportunities to improve mental wellbeing early - before people access formal healthcare - and to make our services more inclusive.** Findings from local research such as the [Healthwatch Oxfordshire's](#)

[2021](#) report on Oxford's new and diverse communities and the [2020 OxWell](#) school survey show opportunities to provide early and diverse support for mental wellbeing in our communities.

## **Recommendations from the needs assessment**

22. Overall, a life course and whole systems approach to mental wellbeing is recommended – taking a wellbeing in all policies approach. Specific recommendations are grouped under five different themes:
- Data and monitoring
  - Wellbeing in all policies and partnership working
  - Inclusive services and reducing inequalities
  - Prioritising areas of need
  - Building back from COVID-19
23. **Data and Monitoring.** Recommendations include:
- (a) identifying and linking to planned local research, to incorporate community insights on wellbeing into planned projects and intervention evaluations and ensure key wellbeing data is included in public health insight reports where possible
  - (b) to work to address key gaps in knowledge, for example improved understanding of specific issues such as loneliness in our communities, what support communities would like for wellbeing and insight around the lived experience of residents - especially those with higher risk of poor mental wellbeing
  - (c) Given the ongoing effects of and emerging needs from the pandemic, it is recommended to repeat this needs assessment in 2-3 years time
  - (d) To share widely the findings from this needs assessment report and other relevant current reviews – for example of social prescribing – amongst stakeholders and groups for further action.
24. **Wellbeing in all policies and partnership working.** Partnership working is fundamental due to the importance of the wider and community determinants of mental wellbeing. Recommendations under this theme include:
- (a) Strengthen existing links between statutory and third sector providers in Oxfordshire and recognise the key role of third sector in strategy development. For example, build on the success of the first year of the Mental Health Prevention Concordat: consider broadening membership to include areas currently not represented, such as organisations working on green and natural spaces and the continued sharing of best practice across the system
  - (b) Within commissioning structures, consider primary prevention and mental wellbeing at all levels of the patient journey and across the life course of residents
  - (c) Consider undertaking mental wellbeing impact assessments when new local policy is being developed and this is relevant
25. **Inclusive services and reducing inequalities.** There are several areas we can build upon to improve wellbeing across Oxfordshire and to make

communications and services more inclusive to reduce inequalities.

Recommendations include:

- (a) developing and promoting non-stigmatising and culturally sensitive language around mental wellbeing
- (b) working with the Oxfordshire Communications Group (a multi-agency group established in June 2020) to increase the impact of our mental wellbeing campaigns
- (c) maximising opportunities to promote mental wellbeing across diverse settings and outside of formal healthcare (to capture wellbeing needs of those not in contact with and/or before people access primary or secondary care), for example consider increased support and links with partners across settings such as community centres, faith settings, community ladders and in schools and workplaces
- (d) to identify opportunities for training in wellbeing support, for example amongst those who people turn to for initial help with mental wellbeing such as community leaders, and develop support with the input and the experience from our communities.

26. **Prioritising areas of need.** The report has identified specific challenges faced within broad age groups or across the whole life course (such as loneliness). There are recommendations to work with partners across sectors and geographies, to identify opportunities and potential actions to address these challenges.

27. **Building back from COVID-19.** COVID-19 and its associated control measures have negatively impacted on the mental wellbeing and health of so many. However, there are several very positive examples of local action in response to this – for example the bringing together community hubs offering holistic support to residents and the rapid transformation of many services to support people digitally, when face to face interactions have been limited. Moving forward, there are recommendations based on learning from this experience, such as:

- (a) Building on those aspects of local action that have been positively received.
- (b) Use the opportunity to promote mental wellbeing in policy changes following COVID-19 and consider new equity dimensions, such as the importance of digital exclusion if services are offered online.

## Financial Implications

28. Findings are intended to influence and shape mental wellbeing promotion and services going forward. There is no new funding currently allocated to implement the recommendations of the report. However, some parts of the system do have funding available which can be used to implement their own initiatives on wellbeing

## Legal Implications

29. There are no legal implications associated with this report

## Equality & Inclusion Implications

30. One of the aims of this needs assessment was to identify inequalities in mental wellbeing and the enablers and drivers that can promote mental wellbeing in the community; positive mental wellbeing and health are not equally available to all. COVID-19 has exacerbated many of these existing inequalities, which are present across many protected characteristics. Wherever possible, this needs assessment examines inequalities in mental wellbeing and its wider community enablers to inform recommendations to reduce these.

## Sustainability Implications

31. There are no significant sustainability implications arising from this paper. However, access to and use of natural green and blue spaces is known to be beneficial for mental wellbeing and physical activity is also known to promote wellbeing. Oxfordshire [Climate Action Framework](#) specifically includes healthy place shaping as a guiding principle to inform action.

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Background papers: The findings and recommendations for this report are based on the mental wellbeing needs assessment which will be made available for reading through OCC's Joint Strategic Needs Assessment (JSNA) webpages. The Oxfordshire Mental Health Prevention Framework 2020-2023 is available through OCC's webpages [here](#). The Oxfordshire Suicide and self-harm prevention strategy is available through OCC's webpages [here](#).

Annex: Annex 1: Health and Wellbeing Board Presentation Slides

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