### **Terms of Reference:**

### Covid-19 Greater Essex Mental Health and Emotional Wellbeing Sub-Group

### 1. Purpose

The Sub-Group will fulfil an oversight and coordination role in response to the consequences of the Covid-19 emergency on mental health and emotional wellbeing in Greater Essex. This will ensure a comprehensive approach is offered, vulnerable groups and cohorts are identified, capacity is built, duplication is avoided, links are made, and learning is generated and shared widely.

The Sub-Group is mindful of the need for local systems to design responses to meet local need. The operating approach will therefore be 'light touch'; offering input to existing forums as well as support in any escalation as may be required. Where overlaps are identified with other groups being established to coordinate efforts in response to Covid-19 (for example, in mitigating the social and economic consequences of the emergency or improving emotional wellbeing in the community), the Sub-Group will ensure that clarity is achieved on respective remits and purpose.

### 2. Scope

The primary focus of the Sub-Group will be in agreeing a framework and principles for how the mental health consequences of Covid-19 are mitigated as well as identifying opportunities for enhancement of emotional wellbeing. This role is part of longer-term reset following the peak in virus transmission (for clarity, the initial crisis response is not being overseen via this group). It is anticipated the main function of the Sub-Group is to provide an assurance and guidance role, informed initially by a Humanitarian Impact Assessment (HIA), and over time, the collection of additional intelligence and research.

The Sub-Group will aim to ensure that activity across local systems which may influence the groups or issues created as a consequence of Covid-19 (see appendix 1 for initial list) is coordinated, fully sighted on 'best practice' evidence and is able to exploit the levers and resources at its disposal.

The Sub-Group will have an all-age remit and this will be reflected in its membership and workplan. Regular review points on the scope and function of the Sub-Group will be scheduled in acknowledgement that delivery of responses will take place on different footprints (using existing forums and mechanisms), involving many partners and transfer of function may occur at a future time to support this.

### 3. Deliverables

The Sub-Group will agree further deliverables as part of a workplan but it will initially include;

- Creation of a Humanitarian Impact Assessment to inform future work; this may look at working practices, communication, barriers to support, system gaps and vulnerable cohorts.
- Development of a framework and recommendations against which existing forums can gauge the strength of their response to the mental health consequences of Covid-19, and any capacity or capability requirements.
- Identification of the levers and mechanisms through which holistic responses can be driven along with a plan for making use of these (for instance, in creation of standard templates for use in commissioning)
- Feed recommendations from the Sub-Group into existing governance for considering funds and resources
- Creation of a central repository for relevant research, literature, evidence and monitoring information on the mental health demand created by the Covid-19 emergency, best practice in working with this, as well as the effectiveness of response.
- Co-production of output with both communities as well as people who are directly experiencing mental ill-health as a consequence of Covid-19.
- Constriction of a system-wide overview/gap analysis of activity being undertaken, ensuring the potential links and overlaps can be flagged to local forums, and resource requirements identified.<sup>1</sup>

### 4. Membership, roles and structure

The following membership is proposed for the core group. In addition, Task and Finish groups may be initiated to support specific areas of work (for instance, in analysis of need and research).

### **Roles**

In summary, roles within the group are:

Chair – Chair meetings and lead the group; report to SCG/RHAG/ as needed Vice-Chair – Cover for chair as required

Secretariat - Arrange meetings, manage Microsoft Teams area; keep an email distribution group for stakeholders, prepare agenda, manage action tracker Core group members:

- Contribute to setting objectives, recommendations and actions
- Represent their theme/area in terms of:
  - Share knowledge to encourage the needs of those affected are understood and addressed
  - Share knowledge about capability/capacity of service provision; outreach; response
  - Share knowledge and expertise for horizon scanning/insight
  - o Contribute to and Consider the Humanitarian Impact Assessment
- Feedback, engage and consult to their respective organisations and stakeholders including communities
- Help promote and publicise the Group outcomes
- Encourage effective mechanisms for the sharing of information
- Consider potential innovative approaches encouraging ideas for thinking outside of the box

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<sup>&</sup>lt;sup>1</sup> Page 49 of the Humanitarian Assistance Plan suggests some potential stakeholders

### Core membership

(Noted alongside is the forum/themes they're representing. Members are expected to link with organisations within those forums/themes)

Dr Mike Gogarty (chair)<sup>2</sup>, Director of Public Health, ECC – Population wellbeing Moira McGrath, Director of Commissioning, ASC, ECC – Vulnerable Groups Chris Martin, Director of Commissioning, Children & Families, ECC – Vulnerable Groups

Clare Kershaw, Director of Education – Vulnerable Groups

Andy Brogan, Deputy Chief Executive, EPUT - crisis

NELFT representative - crisis

STP Leads for Mental Health (Toni Coles – Herts and West Essex, Richard Watson

North Essex and Suffolk, Jacqui Lansley – Mid and South Essex)

Steve Evison - Communities and Economic Growth, Housing

Bishop Roger Morris - Bereavement

Dr Sabrina Robinson, ECC wellbeing lead - Workforce

Alistair Gordon – Insight and Intelligence

Thurrock Borough Council – Mental Health lead director

Southend Borough Council – Mental Health lead director

# Further key stakeholders (virtual consultations and close contact with core membership via existing forums or any task and finish groups formed)<sup>3</sup>.

HPFT representative

Ben Hughes, Public Health and lead on substance misuse and health & justice Kirsty O'Callaghan, Head of Communities

Vol orgs e.g. Mind and/or rep from the Essex Voluntary Network (EVN) under ERF. District councils

Police

### Officer support:

Secretariat support

**Emily Oliver** 

Maggie Pacini

**Matthew Barnett** 

Sarah Garner, Associate Director and lead commissioner for children's mental health

Emma Dodgson + team (Emergency Planning)

Nominated officers from TBC, SBC and STPs

#### 5. Mechanics

### a. Accountability

The Sub-Group will be accountable to Health and Wellbeing Boards, ensuring elected member oversight. Via the Sub-Group chair, the SCG will be informed of

 <sup>&</sup>lt;sup>2</sup> Information about the Local Authority Humanitarian Assistance Lead Officer who would chair the Sub-Group, their responsibilities and initial actions are in the Humanitarian Assistance Plan, page 32
<sup>3</sup> Note, part of the Humanitarian Impact Assessment is to identify appropriate stakeholders (present and future) so this can be considered in through the HIA as well).

the work of the Sub-Group, ensuring coordination, links and escalation can be achieved when needed.

### b. Frequency

The Sub-Group will initially meet fortnightly but frequency will be kept under review

### c. Review

Terms of Reference will be reviewed every three months, with the first review in July.

At these review points, the Sub-Group will consider whether accountability and coordination responsibility needs to transfer to other forums and organisations, acknowledging that the delivery of solutions is often taking place within local systems and managed by sovereign organisations.

## **Appendices**

## 1. Initial list of potential consequence areas

The following list contains the areas which may be in-scope for the Sub-Group to consider. Others may be identified in the HIA process.

Area / Theme / Group / Issue	Theme	Existing Delivery Forum
Population self-management including messaging and dissemination of materials from Public Health England and other nationally recognised bodies	Population wellbeing	
Ensuring supported self-management and early intervention responses appropriate to the impact of the Covid-19 emergency	Population wellbeing	
Staff and volunteer resilience and trauma	Workforce	
Workforce development including support and training for non-specialist staff and volunteers (psychological first aid)	Workforce	
Support to those people with pre-existing mental health needs (both adults and young people)	Vulnerable groups	
Support to vulnerable cohorts whose mental health may have deteriorated as a result of the Covid-19 emergency (e.g. autism, sensory impaired)	Vulnerable groups	
Crisis management solutions for mental health	Crisis	
Suicide prevention	Crisis	
Co-morbid drugs and alcohol issues	Vulnerable groups	
Health and Justice Pathways – prisoners, ex- offenders	Vulnerable Groups	
Response for parents and families where the mental wellbeing of a household member(s) has deteriorated, including action relating to rising domestic abuse	Families	
The impact of loss – bereavement, employment and education opportunity, financial certainty, social networks; the required action to mitigate these social determinants.	Loss and social determinants	

Appropriate housing – dealing with the effects of people being placed quickly during the height of crisis or who might have lost accommodation	Housing	
Recovery planning – analysis of the scale and duration of required action	Insight and evidence	
Responses to national consultations and enquiries on behalf of partners	Insight and evidence	
Intelligence (local and national), research and insight repository for the various planning footprints across Greater Essex; Information Sharing to facilitate this activity	Insight and evidence	