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Please Note: Applications should be submitted to PHE in Word format only (Excel for budget workings) to publicmentalhealth@phe.gov.uk no later than 11.59pm, 28 May 2021.

Section 1 – Contact details

Local authority contact details	
Name of local authority submitting the bid	Tameside Council
Name of project lead	Debbie Watson
Job title / position in local authority	Assistant Director of Population Health
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Are you submitting the EoI on behalf of a consortium? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Section 2 – The project (s)

2.1 Project details – Please see guidance on ‘Interventions & approaches’
<p>2.1.1 Summary of each mental health prevention and promotion project (s) (250 words maximum).</p> <p>Our programme, <i>Living Life Well - Unlocking Wellbeing</i>, will be formed of 5 strands that expand existing provision to target inequalities highlighted by Covid-19 and the direct impacts on people's lives that jeopardise their mental wellbeing:</p> <ul style="list-style-type: none"> A. Engagement, Prevention and early intervention for under-served groups focussing on communities hardest hit by the pandemic (e.g. BAME, LGBTQ+, Older people) B. Enhanced Financial wellbeing support addressing debts, benefits, housing and employment & training to stabilise insecure financial and housing situations and support more people back into employment and economic activity C. Enhancing the Bereavement and Loss support to meet the needs of those who have lost a loved one during the pandemic. D. Men's Physical activity and emotional support aimed at men (30-55) living alone or in shared accommodation and/or unemployed/furloughed, who have been struggling with their mental health. E. Peer support network development providing dedicated resource to train peer facilitators, nurturing new peer support groups drawn from the areas of work with under-served groups. This will also help to reduce loneliness among some of the most at risk groups and secure the legacy of this programme.
<p>2.1.2 Please state how each project will meet the mental health needs of your local population and the rationale for intervention selection (500 words)</p> <p>We have established a number of key needs in Tameside highlighted by the pandemic:</p>

2.1 Project details – Please see guidance on ‘Interventions & approaches’

Suicide Risk

We have established through our regional mental wellbeing survey and suicide prevention strategy that men aged between 30 and 55 are at highest risk of suicide, consistent with national research by Samaritans¹. Rates of Suicide and self-harm in Tameside have consistently been above the national average². We have also established that the charities supporting men need more resources to provide support to this group, especially in physical activity for which there is good engagement (which has dropped during the pandemic)³.

Employment, financial and housing instability

Over the past year Tameside has had a higher claimant rate of unemployment benefits than both the regional and national average and there is a higher rate of families out of work in our area.



The local view of
Health and Wellbeing

In addition, Tameside’s most common employment types are those more likely to have been more affected by the lockdown. Unemployment has a negative impact on Mental Health⁴ as does the financial instability which accompanies unemployment⁵. It is expected that when the national moratorium on evictions is lifted on the 31st of May, there will be a significant number of eviction procedures started and with the reduction in the statutory notice period from 6 months to 4, the number of households at risk of imminent homelessness/housing instability will increase significantly. This will impact Tameside significantly as the pre-covid numbers on the housing waiting list increased steadily (3423 in 2019).

Bereavement and Loss

Tameside’s communities have lost 726 people through Covid related deaths (the 12th highest rate in the country). Consistent with this, our VCSE partners and providers have indicated a significant increase in the need for bereavement support among those accessing their services. During lockdown our VCSE partners have indicated that other forms of loss have increased in number and/or impact including loss of pets, loss of jobs, roles or status.

Under-served groups

Demographics information from our services and the demographics of the recent Greater Manchester survey response indicate that, as a proportion of the population, certain groups are underrepresented in the mental health system (replicated nationally to varying degrees). Those from Black and minority ethnic backgrounds, those who identify as LGBTQ+ and older people appear to be under-served by mental health services. BAME groups have been disproportionately affected by Covid-19 in terms of both health and wider determinants and LGBTQ+ individuals are more at risk of isolation through the pandemic due to a higher rate of living alone or in shared accommodation, this is in addition to an already elevated risk of suicide (<https://www.stonewall.org.uk/lgbt-britain-health>, <https://nspa.org.uk/wp-content/uploads/2021/04/Suicidal-Distress-and-Survival-full.pdf>). Isolation has increased during the pandemic among older adults due to lockdown and shielding which has a negative impact on mental health.

Loneliness

15.1% of Tameside residents indicated they felt lonely often/always, more than twice the national rate with a further 20% feeling lonely some of the time⁶. Loneliness and isolation can significantly and negatively affect mental health.

¹ Out of sight, out of mind: Why less well-off middle-aged men don't get the support they need (April 2020)

² <https://fingertips.phe.org.uk/suicide>

³ https://sportengland-production-files.s3.eu-west-2.amazonaws.com/s3fs-public/2020-10/Active%20Lives%20Adult%20May%2019-20%20Coronavirus%20Report.pdf?VersionId=2L6TBVV5UvCGXb_VxZcWHcfFX0_wRaI7

⁴ <http://www.instituteofhealthequity.org/resources-reports/local-action-on-health-inequalities-promoting-good-quality-jobs-to-reduce-health-inequalities>

⁵ WORK GOOD FOR YOUR HEALTH AND WELL-BEING? Gordon Waddell, A Kim Burton 2006

⁶ ONS - <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing>

2.1 Project details – Please see guidance on ‘Interventions & approaches’

Support in and of the community

Our VCSE Lived Experience partner, Anthony Seddon, has been meeting with those with lived experience of a range of mental health challenges throughout the Covid-19 pandemic and has reported that key messages from the committee include the request to have more peer support groups available so people can come together and share their experience in a safe and supportive environment.

Our 5 strand approach will tackle these needs with evidence-based approaches:

A) Dedicated assertive and innovative engagement of BAME and LGBTQ+ will raise the profile of mental health provision within the groups established above as having increased need, upskill the local mental health system and ensure the other strands of support are targeted to under-served groups. This will also tackle isolation by providing signposting to services and positive social activities^{7 8}.

B) Qualitative data from the work of our Neighbourhood Mental Health Team and our VCSE partners indicates that providing advice, support and guidance to support financial and housing stability allows people to secure their mental health and wellbeing. Across our VCSE partners this work will include debt, benefits and housing advice as well as connecting with food banks to provide food security. This is consistent with research which confirms the impact of financial and housing support.^{9, 10, 11}

C) Physical exercise lowers stress hormones such as cortisol and raises endorphins, improving mood.¹² It is also anticipated that group physical activity will tackle loneliness and isolation by bringing people together, as per the guidance.

D) The Supporting All In Loss and Separation (SAILS) programme will be expanded to provide capacity to meet the increased need. The expanded element of the programme will be targeted to those groups most affected by Covid-19 and those affected by suicide, in line with the evidence^{13, 14} which suggests a targeted approach is most successful.

E) As the guidance indicates, community-centred approaches such as peer support groups have a proven impact on securing wellbeing¹⁵. They can also improve social connection and provide lasting support beyond the scope of commissioned services, securing resilience and recovery. Bringing people together to support each other will also impact loneliness and social connection.

2.1.3 Please state the value of each project and the overall value of the programme

For the entire Unlocking Wellbeing programme, 315,000 funding is being applied for.

- A. £60,000 for engagement, prevention and early intervention for under-served groups
- B. £75,000 for financial wellbeing
- C. £40,000 for Bereavement and Loss
- D. £75,000 for Men’s physical and emotional wellbeing
- E. £50,000 for Peer Support Network Development

⁷ McDaid, D., Bauer, A. and Park, A.L., 2017. Making the economic case for investing in actions to prevent and/or tackle loneliness: a systematic review. London: London School of Economics and Political Science.

⁸ Cattan M, White M, Bond J, Learmouth A. Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions. *Ageing & society*. 2005 Jan;25(1):41-67.

⁹ McGrath M, Duncan F, Dotsikas K, Baskin C., Crosby, Dykxhoorn J, Gnani S., Hunter, Kaner, Kirkbride J.B, Lafortune Lee C., Oliver E.J., Walters K., Osborn D., 2021, Community interventions for the mental health of working-age adults experiencing financial uncertainty: a state-of-the-art review. In press, *Journal of Epidemiology and Community Medicine*

¹⁰ Dotsikas, K, 2020 A roof is not enough: early interventions for homelessness prevention (unpublished systematic review of the evidence). Draft available by emailing: publicmentalhealth@phe.gov.uk

¹¹ Caroline Lee, Michael McGrath, Olivia Remes, Fiona Duncan, Cleo Baskin, David Osborn, Jennifer Dykxhoorn, Eileen Kaner, Kate Walters, James Kirkbride, Shamini Gnani, Louise Lafortune., 2021, A systematic scoping review of community-based interventions for the prevention of mental ill-health and the promotion of mental health in older adults in the UK, in press. *Health and Social Care in the Community*

¹² <https://fingertips.phe.org.uk/profile/physical-activity>

¹³ Bereavement services: do they work and are they cost-effective? An umbrella review of effectiveness and systematic review of cost-effectiveness, Gingell M, Pearce C, Penny A, Grant C, Kuhn I, Barclay S, Mavrodaris A. 2021. (currently being prepared for peer review publication and submission to the BMJ Supportive and Palliative Care- for more information please email Megan.Gingell@phe.gov.uk)

¹⁴ Pitman AL, Rantell K, Moran P, et al. Support received after bereavement by suicide and other sudden deaths: a cross-sectional UK study of 3,432 young bereaved adults. *BMJ Open* 2017;7 e014487. doi:10.1136/bmjopen-2016-014487

¹⁵ Public Health England, Health and Wellbeing: a guide to community-centred approaches (2015)

<https://www.gov.uk/government/publications/health-and-wellbeing-a-guide-to-community-centred-approaches>

2.1 Project details – Please see guidance on ‘Interventions & approaches’
Evaluation budget: £20,000

2.2 Supporting criteria – Please see programme guidance

2.2.1 Please describe how you will work with wider system partners including local communities and people with lived experience to design and deliver this project/programme

Each role will be based within and managed by a VCSE partner with an organisation working within their local community. Tameside’s mental health system is a highly connected system with NHS provision sitting alongside commissioned and non-commissioned VCSE sector provision.

A great deal of work has been done during our Living Life Well Transformation work to bring providers together to share key outcomes and increase partnership working. The programme will utilise established relationships across Local Authority, VCSE and NHS services.

Key to the long-term impact of our programme is the mutually beneficial relationship between different strands of the programme and between the programme and established provision. The sharing of best practice and embedding within the system will be closely managed by our PHMH Lead.

Over the past months we have been working to deepen and broaden the involvement and impact of Lived Experience on the mental health system. As part of this we have commissioned Anthony Seddon, a local VCSE organisation offering peer support in Ashton, to facilitate a Lived Experience Committee. The committee has representation from a range of different groups with mental health experience and is connected in with local and regional groups. The LE Committee will form a central part in the implementation and continued development. The programme will be discussed at the regular committee meetings and the committee and those employed in the programme will be asked to work together to ensure the strongest voice for Lived Experience throughout the programme. The Lived Experience committee will also be involved in the development and dissemination of the final report on the work of the programme.

2.2.2 Please describe how you will target activities to at risk and socioeconomically deprived groups, including minority ethnic communities

Each strand of the programme will have a primary base in one of Tameside’s most deprived wards. Our Engagement workers’ primary focus will be on targeting engagement with the most at risk groups and priority for the activities of each strand (in terms of location and referral) will be given to the most deprived wards. Engagement will work closely with established organisations already working with specific groups (Infinity Initiatives working with asylum seekers, Diversity Matters NW working with BAME communities, LGBT Foundation working with those who identify as LGBTQ+). Engagement work will be innovative and assertive, and will focus on raising the profile of available support, giving advice and signposting to increase the capacity within groups to seek the appropriate support for them. Locations for community work will be appropriate to those facing multiple deprivation (including job centres, food banks, VCSE organisations and community locations).

The Peer Support Network coordinator and engagement roles will work closely to ensure representation of under-served groups in all Lived Experience work.

2.2.3 Please outline the project/programme’s measures of success
Within the project plan.

2.2.4 Please outline relevant leadership and governance structures that will provide local accountability (250 words maximum)

Posts will sit within third sector organisations already providing support to the target groups. They will submit reports every two months on how the programme is going. The reports will include the number of activities organised, number of organisations that have been engaged, number of people in the target groups attending the activities, evidence of impact. This will also be an opportunity to track spending against the project plan and programme budget.

Roles and activity for each strand of the programme will sit with the host VCSE organisation. Overall leadership will be held by the lead for public mental health in the local authority who will oversee

2.2 Supporting criteria – Please see programme guidance
progress and outcomes, but the activity of the project will be supported by the local authority, the CCG and the VCSE sector.
2.2.5 Please describe how the project will be evaluated locally and confirm your commitment to working with PHE to disseminate findings more widely (500 words maximum).
The progress of all projects will be managed by our Public Mental Health Lead (PMHL) (currently in recruitment). The PHMH Lead role has been funded by the CCG to ensure that the mental health and wellbeing of Tameside and Glossop is fully understood. The PMHL will draw together the reporting of each strand of the programme and draw together a report on the progress and impact of Unlocking Wellbeing. An Unlocking Wellbeing report will be written with PHE and local resident target audiences to clearly lay out what the challenges were, what actions have been taken to mitigate the impact of Covid-19 and ensure the mental wellbeing of Tameside residents, and what the impact of those actions has been.
2.2.6 Please describe and provide evidence of how the project will be sustained (500 words maximum).
Over and above the positive, long lasting impact these activities will have on the mental health system, the community support, the best practice, the privileged access to under-served communities and the knowledge of the mental health system across Tameside, we plan for this work to be continued into Tameside's ambitious transformation programme. The CCG has had a business case agreed for substantial transformation funding within the mental health provision for Tameside. This GM Metal Health transformation funding is released in cumulative waves and we would anticipate that the activity of Living Life Well: Unlocking Wellbeing will inform and form part of the transformation work in years 2 and 3. For information on the planned funding, please see the papers found at: https://www.tamesideandglossopccg.org/getmedia/bc9c4d47-58cb-4b2a-b853-84a7e74cae9e/SCB-Agenda-pack
2.2.7 Are you currently a signatory of the Prevention Concordat for Better Mental Health?
Yes <input type="checkbox"/> Yes (as part of a wider system or partnership) <input type="checkbox"/> No <input checked="" type="checkbox"/>
2.2.8 Does your local authority intend to become a Prevention Concordat for Better Mental Health signatory?
You can find out more about the Concordat here Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2.2.9 Please describe how the project will provide value for money (250 words maximum).
Each element of our programme fits within the existing system of support. Management of roles, implementation of the programme strands and monitoring of data and performance will all sit within existing teams. While this is new dedicated resource, the roles are an expansion of pre-existing ways of working. The key differences are in where the work is focussed and which groups are targeted for support. Due to this, a much higher proportion of the funding will be spent on direct client work/activity than would be possible if we were creating a standalone service. Each strand has an impact on its own, for example, our physical activity and mental wellbeing programme men: for every £1 invested in physical activity in England (financial and non-financial), £3.28 worth of social impact was created for individuals and society in 2017/18. The largest impact (58.32%) was in mental wellbeing. Considerable social value was also created by social and

2.2 Supporting criteria – Please see programme guidance
community development outcomes, in particular enhanced social capital, which was valued at £19.97bn. Approximately £9.59bn was generated through improved physical and mental health. ¹⁶
Each of the strands of Unlocking Wellbeing has been developed to both provide an acceleration out of lockdown into resilient mental health and wellbeing, but also the improvement of the system in reducing mental health inequalities by increasing the knowledge and resilience among groups within the community (through assertive engagement, advice and signposting), improving support from and for the community (peer support groups) and upskilling existing teams in representing and working with those of under-served populations. Each pound spent on this programme should not only have a financial benefit in the short-term mitigation of harm, but in lasting improvement of the system.
2.2.10 Please confirm that this funding will be used for activities over and above those already planned and funded as part of existing funding streams such as the public health grant.
<p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p>

2.3 Risks and monitoring
2.3.1 Please outline the key milestones and deliverables
Within the project plan.
2.3.2 Please provide details of any possible risks to delivery (overall and specifically in relation to milestones identified) and actions to mitigate these risks
<ol style="list-style-type: none"> 1. Recruitment might pose a challenge given the timescales for this project. We will work to ensure that the roles match the salary and will utilise the full network of providers and community organisations to highlight available roles. Where appropriate we will also highlight roles to volunteers with training and experience in current services. 2. Further lockdowns or restrictions due to developments in the pandemic. We will apply the learning from the lockdowns to date and continue the focus on mitigating inequalities digital access. We will support our staff to work flexibly and will continue our digital equalities and inclusivity programme connecting those who don't have access to digital resources with devices and internet connectivity along with training to ensure people are able to access elements of this programme digitally. 3. The simultaneous implementation of 5 streams may put pressure upon the implementing manager. As a system we have implemented many significant transformations and implementations. While the programme will be managed by the PMH Lead, they will be supported by the population health team and the CCGs Mental Health commissioning team. The strong existing relationships between commissioners and the involved organisations will help to ensure a smooth process of implementation.
2.3.3 Please confirm that you are able to comply with PHE's monitoring requirements and briefly outline how you will collect this data
<p>Required quarterly monitoring data:</p> <ul style="list-style-type: none"> • Prevention and promotion projects funded • Number of staff employed • Number of referrals • Number of people who are direct beneficiaries (including by target group, protected characteristic and number living in the most deprived local areas*) • Number and range of partners engaged • A short summary of key learning, innovation and wider system change • Measures of mental wellbeing of participants (eg: one of the following: Personal well-being ONS4 measures or WEMWBS scale or PHQ9 or GAD7 etc) are required at baseline and on project completion.

¹⁶ <https://www.sportengland.org/news/why-investing-physical-activity-great-our-health-and-our-nation>

Staff will be recruited into and managed within existing provision in VCSE providers' teams. Each of these teams is used to providing data sets to the CCG or LA and will be supported by our data and performance teams with the benefit of experience working with third sector organisations to ensure the delivery of high quality demographics and outcome data.

The collection and reporting of data will be regularly reviewed and constantly monitored by the PHMH Lead. As with other considerable funding and transformation projects, we commit to regular, high quality reporting covering the full required data-set.

Recording practices will be developed from the data-set – i.e. ensuring geographic data for each participant is recorded to ensure we can report on the number accessing the programme from the most deprived areas.

**The minimum dataset is number of beneficiaries by age, gender, ethnicity, disability, pregnancy/maternity and beneficiaries living in the most deprived areas eg: Lower Super Output Areas as measured by the Indices of Multiple Deprivation.*

Section 3 – Additional information

Additional information (200 words maximum)

Please contact us with any questions you may have about the programme of activities we have outlined as part of Living Life Well: Unlocking Wellbeing. We believe the activities outlined could have a significant positive impact on the lives and wellbeing of the communities of Tameside and look forward to beginning work on this ambitious scheme.