South Gloucestershire

Adult Mental Health and Emotional Wellbeing Strategy

2017 - 2021

South Gloucestershire
Council

Contents

Foreword

Improving our local population's mental health is a key priority in South Gloucestershire. Like physical health everyone has mental health and good mental health is vital if people are to lead fulfilled and productive lives.

Mental health and wellbeing are affected by the communities in which people live, their work and educational opportunities, their family and social life and personal experiences. Most people are able to manage life experiences and overcome the challenges that are part of all of our lives but we know that for some people this is not the case. We are committed to addressing the underlying causes of distress but also to maintaining high quality and accessible local services to support residents when they need it. Adults experiencing mental ill health should be able to access local, effective and safe mental and physical health services regardless of who they are and where they live.

We should not forget that South Gloucestershire has strong, vibrant communities with the skills and capacity to support their own mental health and this should be both nurtured and celebrated.

We have completed the first [South Gloucestershire adult mental health needs assessment](#) and [Children and young people's mental health needs assessment](#). These documents contain comprehensive local data along with stakeholder perspectives on mental health and mental health services in South Gloucestershire.

This five year South Gloucestershire Adults Mental Health Strategy outlines the local vision for mental health and our approach to delivering improvement, which will inform our action plan.

The commitment of everyone involved in the needs assessments, this strategy and the action plan has produced a joint local approach to improving mental health which is owned by all partners. We know there is lots to do but we now have a much better idea of our key priorities and where the resources and responsibilities to deliver against them sit.

This strategy is deliberately short because it outlines our values and approach to improving mental health and emotional wellbeing. The strategy is focused on adult (16+) mental health but it closely links to our work to support the improved mental health of children and young people.

The action plan details the things we are going to do. Our plans and targets are ambitious but we know we can deliver improvements and make a real change in people's lives. The action plan will be reviewed regularly at public meetings and have clear targets, timescales and named individuals linked to each action.

We are confident this comprehensive approach will deliver measurable improvements in our population's mental health over the next five years.

1. Our vision for mental health in South Gloucestershire

We will support an environment which empowers people and communities to promote and sustain their own mental health and to enable those who experience mental health problems to obtain the right help and support at the right time and in the right place for them.

2. The national context for mental health

Mental Health and Emotional Wellbeing (MHEWB) has received a lot of attention in recent years both locally and nationally. National strategies and reviews have outlined both a preferred approach to improving MHEWB but also a number of clear areas in need of improvement.

Recent national documents are [The five year forward view for mental health](#) (2016) [No health without mental health](#) (2011) and [Closing the gap](#) (2014). Our local strategy draws from each of these documents as well as the data and stakeholder views relating specifically to South Gloucestershire.

[No health without mental health](#) was published in 2011 but its recommendations are still very relevant to mental health in 2017. The strategy set out six shared objectives for improving mental health in England:

1. More people will have good mental health
2. More people with mental health problem will recover
3. More people with mental health problems will have good physical health
4. More people will have a positive experience of care and support
5. Fewer people will suffer avoidable harm
6. Fewer people will experience stigma and discrimination

No health without mental health, talks at length about the wider social context of mental health linked to factors such as housing, employment, transport and community cohesion. The role of communities and the individual in promoting positive mental health is made clear. This acknowledges the fact that although health and mental health services are very important, most people's level of mental health is an outcome relating to the context in which they live. To really improve mental health we have to help people improve the whole context in which they live and their individual ability to thrive.

However, whilst making this point about the wider context of mental health the strategy does also talk about the need for high quality mental health services for those that need them. Again this is something we agree with and is reflected in our South Gloucestershire strategy.

Another clear message from No health without mental health, was that there is a strong link between mental health and physical health. This message was confirmed by our local stakeholder engagement and it is clear that health needs must be looked at in a holistic way for long term improvements to be achieved for any individual. To that end parity of esteem between mental health and physical health is another principle we have adopted locally from the national strategy. This highlights the importance of mental health services working alongside services addressing key risk factors such as smoking, drugs and alcohol and sexual health as well as protective factors such as physical activity and healthy diet.

No health without mental health, identifies stigma as a big issue relating to mental health and again this was backed up by our local findings. One key local finding was that whilst stigma experienced from individuals was a problem, stigma experienced from institutions was seen as a bigger issue.

Many employers were reported as not having a positive attitude towards mental ill health as were a number of public sector, voluntary sector and private organisations. Addressing this locally is part of our mental health action plan.

The national mental health task force published [Mental health: Moving forwards – The five year plan](#) in 2016. This plan sets out clear strategic themes centred on prevention, access, quality and integration. These themes will drive system transformation and help to establish a framework with measureable objectives. The [five year forward view mental health taskforce](#) recognises that the NHS alone cannot transform mental health services – it is 'everyone's business.'

3. Key facts

Key messages from the 2015 needs assessment (please note positive progress has been made on some of these indicators, notably the Improving Access to Psychological Therapies (IAPT) programme performance)

Population level indicators

- In general terms mental health outcomes in South Gloucestershire are better than the England average, largely due to good performance on wider determinants of health such as employment, housing and crime.

- Demand for services will increase at least in keeping with population growth and with the significant projected increases in South Gloucestershire population this will lead to an increase in pressure on services. In 2016 there was a 10% increase in demand for support from mental health services.
- South Gloucestershire CCG receives one of the lowest funding allocations from NHS England in the country. This determines funding levels across all health services including mental health. The CCG has since 2015 invested additional resources into both community and inpatient mental health services. National benchmarking data and performance data demonstrate that services achieve good outcomes for patients compared to similar CCG areas.

Mental health services and provision

The needs assessment highlighted that residents would like:

- easier access to talking therapies services (Improving Access to Psychological Therapies (IAPT) programme)
- longer term support for mental health issues in the community including after an acute episode of mental illness
- shorter waiting times to access an autism diagnostic assessment
- Service users and other groups including the Care Quality Commission have expressed concerns about engagement, access and quality of care.

There have been some improvements since the needs assessment was undertaken. The Talking therapies service is meeting the national access and patient outcome targets. Avon and Wiltshire Mental Health Partnership NHS Trust is part of the consortium delivering the Wellbeing College which focuses on wider social, practical and vocational support for people with mental ill health. South Gloucestershire CCG has invested additional resources to support the reduction in the autism waiting list. Waiting times remain but they have been reduced.

Vulnerable groups

- Groups at higher risk of mental ill-health in South Gloucestershire include the unemployed, people with disabilities, prisoners, gypsies and travellers, substance misusers (including

alcohol misusers), smokers, people with long term conditions, people in the Lesbian, Gay, Bisexual or Trans (LGBT) community, those in contact with the criminal justice system and victims of domestic abuse.

- There are more people experiencing such risk factors in Priority Neighbourhoods (Kingswood, Patchway, Staple Hill, Yate and Dodington and Cadbury Heath).
- Young women are at particular risk of non-fatal self-harm; poisoning is the most common method used.
- Males have a twofold to threefold increased risk of suicide compared with women. Men over 40 have the highest suicide rates.

Our 26 local priorities for action are captured in the needs assessment and fall into the three strategy areas of mental health promotion, mental illness prevention and treatment and rehabilitation.

4. Making change happen

To ensure our local system covered the full spectrum of mental health from wider determinants, self-management through to primary, secondary and emergency care we adopted the World Health Organisation's (WHO) model of mental health. Using this model we group recommendations and actions into three areas each of which has a working group driving and recording progress against the local action plan.

This strategy highlights the key elements of the three areas, but cannot give specific detail on all local services or illustrate every person's mental health journey. There is crossover between the three areas, and a range of factors including wider determinants and lifestyle will impact on them. Accessing key settings, including workplaces and educational establishments, is also a key part of our approach across all three areas.

No two people are the same, and everyone's mental health needs are different at different times of their lives. The system must be flexible and responsive to enable and support people to access the type(s) of service they need, when they need it. For some people, this might mean accessing all three areas at the same time.

The three areas are as follows:

4.1 Mental health promotion

Mental health promotion has an emphasis on the positive aspects and determinants of mental health and how to help our local population live happy and resilient lives without the need to have ongoing support from mental health services.

Mental health promotion works to ensure key agendas such as employment, housing, planning and transport consider mental health when making decisions. It also works to link into other health agendas such as physical activity, substance misuse, smoking and sexual health.

In developing our adult strategy we had many comments on the importance of families and children's mental health as a key determinant of adult outcomes. As such we acknowledge the vital link to our developing children's mental health strategy. Our view is that the adult and children's strategy and actions plans are very much linked documents.

Mental health promotion also looks to work to support individuals, families and our local community organisations to support positive mental health. There is increasing recognition that protective factors and personal resilience can help large numbers of people to thrive. We support the Five Ways to Wellbeing, which captures this approach, via services such as the Wellbeing College, social prescribing and supporting a vibrant voluntary and community sector.

This also includes providing information and skills but also funding to build community capacity. We strongly believe that our local community is our greatest resource and our role is to enable this human asset to find the right local solutions to improving mental health in South Gloucestershire. As such we advocate both an asset based approach looking at developing the positive attributes of both individuals but also the communities in which they live as a whole.

National targets linked to **mental health promotion** as outlined in The five year forward view for mental health include:

- A national Prevention Concordat programme that will support all Health and Wellbeing Boards (along with CCGs) to put in place updated Joint Strategic Needs Assessments (JSNAs) and joint prevention plans that include mental health and co-morbid alcohol and drug misuse, parenting programmes, and housing, by no later than 2017.
- All local areas to have multi-agency suicide prevention plans in place by 2017, reviewed annually thereafter and supported by new investment. To reduce the incidence of suicide by 10% based on the 2016/17 baseline.
- Proven behaviour change interventions, such as Time to Change, and to establish Mental Health Champions in each community and workplace to contribute towards improving attitudes to mental health by at least a further 5 per cent by 2020/21.

Our vision for mental health promotion

South Gloucestershire is a place where good mental health is important to everyone and where communities and individuals feel able to manage their own mental health.

Priorities for mental health promotion

• Raise whole population awareness and challenge stigma.
• Ensure user and carer voice is central to local developments and decisions.
• Simplify information about local services.
• Increase opportunities for individuals to self-manage their own mental health.
• Ensure mental health is linked to other policy areas.

What is working well

• An established awareness campaign that is engaging with larger numbers year on year.
• A committed group of mental health champions who feedback on services and support decision making.
• Improved local information about services in a simplified local offer.
• Significant take up of self-management courses.
• Linked service areas have shown a willingness to embed mental health promotion in their plans.

Measures of success for mental health promotion

1. Improved levels of whole population wellbeing.
2. Reduced levels of whole population social isolation.
3. Majority of service users and carers report they feel valued and involved in local decisions.
4. Majority of people report that they understand what local services are available.
5. Increased numbers of people accessing programmes to help them self-manage their mental health and to promote mental wellbeing.

4.2 Mental illness prevention

Our approach to mental illness prevention focuses on proactively working with the communities most likely to have higher levels of mental ill health. Our local priority groups have been identified via a mix of national profiling, local data and local stakeholder consultation.

This approach will be achieved by working with GP practice cluster areas to bring together mental health, primary care, community services and social care to meet the needs of the local populations.

We work to support improved mental health in these groups by targeting existing service provision and by providing mental health training for the workforce that supports them. So for example we have worked with local job centres and social housing providers to train staff and offer targeted services to customers.

There has also been work undertaken to link up with the police and ensure the mental health needs of those coming into contact with the criminal justice system are supported. This has included a new service giving specialist mental health input to the control room for the emergency services and mental health support is available in courts and police custody suites.

We also work in partnership with key local organisations and forums relating to these agendas, and integrate our work with other strategies and plans: for example the Older People's Strategy Group, Drug and Alcohol Service and Carers Advisory Panel.

Links with CYP mental health

We acknowledge the artificial distinction between adult and children & young person's (CYPs) mental health for those young people aged 16-25. We need to ensure both systems are linked in a way that supports positive transition. Whilst this work is overseen in the context of the CYP plan its importance is acknowledged in this adult strategy. Similarly, maternal and infant mental health is a common element in both strategies, with the main targets and outcomes sitting in the CYP strategy. No Health Without Mental Health highlights the fact that around 75% of adults who experience mental ill health first had issues before the age of 18. This fact further demonstrates the close links that are needed and do indeed exist between our local approaches for adults and CYP to improve mental health in South Gloucestershire.

Where possible we link health promotion, training and commissioning across service areas. Our aim is to work in a multi-disciplinary context to support individuals with a wide range of issues instead of supporting each risk factor individually. This acknowledges the interdependence of risk factors including the link between poor physical health and poor mental health.

National targets linked to **mental illness prevention** as outlined in [The five year forward view for mental health](#) include:

- New Life Chances Fund of up to £30 million for outcome-based interventions to tackle alcoholism and drug addiction through proven approaches. This requires local areas to

demonstrate how they will integrate assessment, care and support for people with co-morbid substance misuse and mental health problems.

- By 2020/21, NHS England and the Joint Unit for Work and Health should ensure that up to 29,000 more people per year living with mental health problems are supported to find or stay in work through increasing access to psychological therapies for common mental health problems. The Department of Work and Pensions should also invest to ensure that qualified employment advisers are fully integrated into expanded psychological therapies services.
- The Department of Work and Pensions should, based on the outcome of the "Supported Housing" review in relation to the proposed Housing Benefit cap to Local Housing Allowance levels, use the evidence to ensure the right levels of protection are in place for people with mental health problems who require specialist supported housing.
- Public Health England should prioritise ensuring that people with mental health problems who are at greater risk of poor physical health get access to prevention and screening programmes. This includes primary and secondary prevention through screening and NHS Health Checks, as well as interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.

A core priority is the reduction in the level of premature mortality for people with mental ill health. This needs a system response to support equality of access to physical health services and appropriate physical health checks for people with serious mental illness.

Our vision for mental illness prevention

South Gloucestershire is a place where there is equality in mental health outcomes between different communities and all communities have confidence in the local mental health system.

Priorities for mental illness prevention
- To reduce inequalities in mental health outcomes between the different communities in South Gloucestershire.
- Support service users and the voluntary sector to shape provision using their local knowledge and expertise.
- Ensure mental health is integrated into in key linked agendas for example housing, employment and education. This should include joint service provision and commissioning.
- To promote positive mental health with employers and employees, and work to reduce stigma in the workplace.
- Ensure strong links between mental health services and other parts of the health system.
- Develop a suicide prevention plan.

What is working well?
- We are engaging better the different communities of South Gloucestershire in partnership with HealthWatch.
- We have commissioned new capacity in the Voluntary sector after a co-production process including service users and carers.
- We have recruited mental health champions from a range of local communities.
- We have held joint meetings with agendas including substance misuse, hate crime, food poverty and housing.
- We have jointly commissioned mental health provision with partners including the drug and alcohol team, anti-social behaviour team, Merlin Housing and the University of the West of England.
- We have been working with employers to become Time to Change accredited and supported a range of partners to deliver sessions for improved staff wellbeing.

Measures of success for mental illness prevention:
1. Improved self-reported wellbeing for all communities in South Gloucestershire.
2. Reduced social isolation for all communities in South Gloucestershire.
3. Increased capacity in the voluntary sector to support people in the community.
4. High levels of mental health service satisfaction reported by our priority communities of interest.
5. Reduced suicide rate in South Gloucestershire.
6. Reduction in number of claimants of Employment Support Allowance linked primarily to mental health.
7. Reduction in employee sickness absence linked primarily to mental health.

4.3 Treatment, recovery and rehabilitation

Treatment, recovery and rehabilitation refers to the mental health care system ranging from primary care, talking therapies and secondary community and inpatient services. South Gloucestershire services provide a stepped approach to treatment and interventions.

There are a range of services that residents can access directly or through the Primary Care system (their GP), including the Community Connectors programme (social prescribing), the Wellbeing College (a programme of wellbeing activities) and South Gloucestershire Talking Therapy services.

The Primary Care Liaison Service delivered by the Avon and Wiltshire Mental Health Partnership NHS Trust works alongside family doctors to provide full assessment of mental health needs and support with short term interventions. If a resident has acute needs this service works with the wider community mental health services to ensure timely access to specialist services. All these services are building an offer of a Primary Mental Health system with more capacity for the public and practitioners alike to use. Ensuring consistency of our signposting to these services is an aim of ongoing work.

For people in crisis or with more acute, longer term or severe and enduring mental health needs, there is a range of specialist secondary and community provision provided by Avon and Wiltshire Mental Health Partnership NHS Trust and voluntary sector organisations. All teams work to support people to stay safely at home whenever possible.

North Bristol NHS Trust and University Hospitals Bristol NHS Foundation Trust provide liaison psychiatry services for people with mental health needs in the acute hospitals.

All of the mental health services work to support people to sustain their mental health recovery. A key issue is the poor physical health that is experienced by people with a mental illness. Integration of mental and physical health is a key element of the Sustainability and Transformation Partnership (STP). We are working across health and social care to give equal value to mental and physical health and so that those who experience mental health problems are able to access evidence based services and support at the right time and in the right place for them.

As such rehabilitation can be defined as a whole systems approach to recovery from mental illness that maximises an individual's quality of life and social inclusion by encouraging their skills, promoting independence and autonomy in order to give them hope for the future. This leads to successful community living through appropriate support.

The five year forward view for mental health recommendations form the framework for government, statutory and voluntary sector services to deliver better services and improve outcomes for people with mental health needs by 2020/21. Locally this underpins our operational and strategic priorities. Organisations across the area of Bristol, North Somerset and South Gloucestershire (BNSSG) are working closely together to deliver transformational change in health and social care within a challenging economic climate. The approach to this work is set out in a Sustainability and Transformation Partnership (STP), which will require a system wide response to ensure that access

to and quality of services is maintained and improvements delivered. The outcomes of this system response will be:

- People with serious mental illness will have access to evidence based physical health checks and interventions.
- Inappropriate out of area placements (OAPs) will have been eliminated for adult acute mental health care. All placements will be reviewed at least six monthly to ensure individuals are supported closer to home and in the least restrictive setting possible.
- New models for tertiary mental health care (predominantly people being cared for in low secure settings) will deliver quality care close to home, reducing inpatient spend and increasing community provision.

The targets set out in [The five year forward view for mental health](#) represent a significant challenge to local health and social care partners, who are working together to secure better services without additional investment being available at the present time. Some progress is already being made:

- **Increased access to evidence-based psychological therapies to reach 25% of need by 2020/21.** IAPT services will be re-commissioned in the next year taking account of local need projections, and aiming to increase access rates.
- **Access to employment support and work based support for people with serious mental illness.**
- **Intensive home treatment will be available in every part of England as an alternative to hospital.** The South Gloucestershire Intensive Support Team is now operational 24/7 from 1 October 2017.

No acute hospital is without all-age mental health liaison services, and at least 50% are meeting the 'core 24' service standard.

Links to housing and employment

Safe and secure housing has a profound impact on mental health, and a lack of appropriate housing can make mental ill health more difficult to manage. South Gloucestershire Council ensures that a high proportion of people with Serious Mental Illness have access to stable housing. There are challenges within the housing market for everyone and this ongoing work is key to ensuring that people have a home. Access to housing for people from secure hospitals is a focus of the mental health national strategy.

Mental ill health can be a barrier to, or make it difficult to remain in, employment or training. However, evidence shows that having 'meaningful work' like employment, training or volunteering in supportive environments has positive impacts on mental health and can help people with serious mental illness to sustain recovery. A number of initiatives exist or are due to be introduced, which will support people with mental ill health to begin or return to meaningful work. Partners across South Gloucestershire are working together to deliver and support programmes such as Building Better Opportunities and the Work and Health Programme.

Our vision for mental health treatment, recovery and rehabilitation

South Gloucestershire provides mental health services that consistently provide high quality and timely care appropriate to an individual's needs. The services will work with the individual to support independence and personal support whenever possible.

Priorities for treatment, recovery and rehabilitation:
• Consistent and high quality support GPs for those experiencing mental ill health.
• A high quality IAPT programme achieving national standards for service targets.
• High quality and timely services for people with ADHD or on the autistic spectrum.
• Holistic and timely mental health inpatient care that includes physical healthcare needs and timely support to get people back home when they are ready.
• Support to help people with mental ill health to access training and employment.
• Reduced delays in assessments for section 136 referrals.
• Reduced hospital admissions for self-harm.

What is working well?
• Talking therapies (IAPT) programme achieving national 50% recovery rate, access rates have increased and waiting times have decreased.
• Voluntary sector initiatives will help GPs to offer alternative ways of support.
• CCG investment in ADHD and Autism services increased in 2016/17 and have been maintained.
• South Gloucestershire is part of a system wide review of crisis support with police, mental health, social care, acute hospitals and ambulance services.

Measures of success for treatment, recovery and rehabilitation
1. Additional psychological therapies so that at least 25% of people with anxiety and depression access treatment, with the majority of the increase to be integrated with primary care.
2. Expand capacity so that more than 53% of people experiencing a first episode of psychosis begin treatment with a NICE recommended package of care within two weeks of referral.
3. Increase access to individual employment placement support for people with severe mental illness in secondary care services by 25% by April 2019 against 2017/18 baseline.
4. Ensure delivery of the mental health access and quality standards including 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals.
5. Eliminate out of area placements for non-specialist acute care by 20/21.
6. Increased number of people being treated at home or within their own community.
7. Reduction in level of premature mortality for people with mental ill health.
8. Ensure that high quality transition pathways are in place, and reflect the needs of services users and their families.
9. Meeting requirements of the Police and Crime Act 2017.
10. Increase the number of people with moderate to serious mental ill health who access training and employment support, leading to an increase in the number of people in meaningful work.

5. One mental health system for South Gloucestershire

In addition to the three areas listed in [section 4](#) we also identified a number of themes that work across the whole care pathway and needed to be addressed separately.

Communications

Challenging stigma and raising awareness were important to many of the people we consulted with during the development of the needs assessment. It also became clear that there was not a set approach to mental health campaigns.

This has now been improved and partners are working together more closely around an annual programme. There is still more work to do on co-ordinating local content and branding but significant progress has been made and a group is in place to take this further.

It was also felt that more work needs to take place to simplify signposting and local information both online but also used by front line staff likely to work with people experiencing mental ill health. To this end, new content has been developed to make the mental health system and service offer easier to understand for the public and professionals alike.

Workforce development

An extensive survey was undertaken to get feedback from individuals and organisations about their training needs for mental health and any barriers to them accessing training. This has resulted in more targeted training with a particular focus on training for non (mental health) specialist workforces.

We have also had specific requests for specialist training with suicide prevention a regular request. There is an established mental health workforce development group that oversees and promotes the whole programme along with measuring the impact of the training that is delivered.

6. Governance and monitoring

We believe we are creating a simple but effective approach to improving mental health across South Gloucestershire.

To ensure everything works as one co-ordinated and jointly owned system, it was agreed that one local indicator set was needed, reporting to an established and publically reported performance cycle. This is owned and co-ordinated by the Mental Health Partnership, which is made up of key stakeholders including service users, carers and public and voluntary agencies and providers. The Partnership reports to the South Gloucestershire Health and Wellbeing Board and will also provide an annual update report that will be provided for the public.

This indicator set consists of high level nationally used indicators as well as a range of local operational indicators that capture shorter term progress in our local action plan. Our local indicator score card can be found in Appendix A. An annual performance report will be produced to measure progress for the whole mental health system in South Gloucestershire.

We will continue to welcome comments and involvement from any member of the South Gloucestershire community, be they service user, carer or professional.

7. Strategy into action

There is a recognition that the mental health system remains under-resourced, and there is still work to do to achieve parity of esteem with physical health services. Partners across the public and voluntary sectors continue to advocate for a more joined up approach to people's health, rather than addressing single issues in isolation. This strategy provides a vision for linking physical and mental health, and the wider context of people's lives. To turn the vision of the Strategy into action, partners across South Gloucestershire work through a range of networks and structures to deliver improvements.

Action plan: In order to coordinate the range of work needed to deliver on our local vision for adult mental health, the MHP oversees the local action plan. This plan contains SMART actions (specific, measureable, achievable, realistic, timely) that are jointly owned and delivered by a range of local stakeholders, and is updated quarterly. The action plan contains the detail on work that is being undertaken or is planned to: address specific issues and wider lifestyle factors, work with particular communities and linked agendas and promote population mental wellbeing. See Appendix B for the current action plan (November 2017).

Continued engagement: We will continue to work proactively and develop links with our communities in a way that meets their needs and supports genuine co-production of our local systems. This includes working with the Mental Health Service User and Carer Forum and supporting local Mental Health Champions.

8. Useful links

[No health without mental health](#)

[Closing the Gap](#)

[The five year forward view for mental health](#)

[South Gloucestershire Mental Health Spend](#)

[South Gloucestershire Mental Health Needs assessment](#)

South Gloucestershire Mental Health table of accountability

[Precious Time](#)

[Crisis concordat](#)

Suicide Prevention Strategy

[Children & Young People's Mental Health Needs Assessment](#)

[Children & Young People's Mental Health Strategy](#)

Children & Young People's Mental Health Action Plan

[South Gloucestershire Joint Strategic Needs Assessment (JSNA)](#)

[South Gloucestershire Dementia Strategy 2017 – 2020](#)

[South Gloucestershire Aging Better Plan (public consultation between 11 October 2017 and 12 January 2018](#))

Work and Health Programme 2017

[National Tobacco Control Plan](#)

Appendix A – Local indicator scorecard

10 national indicators and 18 local indicators

Ref	Indicator	Indicator score 2016/7	Data source	Comments
N1	Self-reported wellbeing Happiness Anxiety Life worthwhile Life satisfaction		Public Health Outcome Framework	
N2	Rate of access to NHS mental health services by 100,000 population		(Mental Health Minimum Data Set)	
N3	IAPT: Access rate		(IAPT Programme)	
N4	Improving Access to Psychological Therapies Recovery Rate		(IAPT Programme)	
N5	Employment of people with mental illness		(NHS Outcomes Framework)	
N6	People with mental illness or disability in settled accommodation		Public Health Outcome Framework	
N7	Excess under 75 mortality rate in adults with severe mental illness		NHS OF & PHOF	
N8	Patient experience of community mental health services		(NHS OF)	
N9	Hospital admissions as a result of self harm Suicide		Public Health Outcome Framework	
N10	Suicide rate		Public Health Outcome Framework	

Ref	Indicator	Indicator score 2016/7	Data source	Comments
L1	Number of hits on SGC mental health pages		SGC digital team	
L2	Number of hits on Wellaware MH pages		Care Forum David Harwood	
L3	Number of public engagement sessions		SGC Public Health Team	
L4	Number of contacts at public engagement sessions		SGC Public Health Team	
L5	Number of local organisations signing up to a mental health kite mark.		SGC Public Health Team/Time to Change & Mindful Employer	
L6	Number of local employers supported to improve staff wellbeing		SGC Public Health Team	Number of employers adopting KIteMark, having onsite sessions or events or sending staff on training
L7	Number of educational settings supported to improve staff wellbeing			Number of educational settings adopting KIteMark, having onsite sessions or events or sending staff on training

Ref	Indicator	Indicator score 2016/7	Data source	Comments
L8	Number of Mental Health Champions recruited Number of mental health champions from our priority communities		SGC Public Health Team & Partnership and Commissioning Team, Healthwatch and Southern Brooks	
L9	Number of people attending self-management course (including PPMH, ER and WBC)		SGC Public Health Team	
L10	Number of people taking part in Wellbeing College sessions % of people reporting improved wellbeing after sessions		WBC contract management	
L11	Number of meetings promoting mental health to linked agendas		SGC Public Health Team	
L12	Number of people supported by Community Connectors % of those people reporting improved well being after support		Community Connectors Contract management	
L13	GPs Number of GPs who are aware of local mental health community offer Number of GPs who feel they have the skills, local information and capacity to support patients presenting with poor mental health		Local GP snapshot survey	

Ref	Indicator	Indicator score 2016/7	Data source	Comments
L14	Targeted mental health promotion to priority groups		Audit number of priority groups involved in local work	
L15	Support VCSE to bid for external grant funding		Develop measure with CVS and Care Forum	
L16	Number of people with lived experience involved in developing local services		Healthwatch, WBC and User involvement group	
L17	Number of carers involved in developing local services		CAP,WBC	
L18	Number of people attending Mental Health Training		MH Workforce development sub group	

Appendix B – Mental health action plan

Action	Performance and progress update	Lead Responsibility
1. Raise whole population mental health awareness and reduce stigma. Run an annual programme around set dates. Currently suggested World Mental Health day, Movember, & Mental Health Awareness Week. Ongoing series of events in settings including particular employers and schools but also particular communities at higher risk of mental ill health.	**Number of page views across all partner web sites (SGC, CCG, AWP & Wellaware)** Only SGC figures but in the 6 month period 7484 views up 324% compared to the previous year **Number of contacts at events and number of people signposted** 589 contacts across 20 different events	Public Health MH Programme area/Partnerships and Commissioning
2. Increase involvement of local people with lived experience of mental ill health in awareness campaigns. Involve people with lived experience in both planning and delivery of events. Include people who are able to talk about the positive aspects of how they manage their mental health. Develop some talking heads with people talking about their experiences Encourage people with lived experience to contribute via social media and linking message to Twitter, Facebook accounts etc.	**Number of people with lived experience (including carers) involved in awareness campaigns.** 6 mental health champions and 12 members of the service user and carer forum involved in planning and delivering event. These included the 1 in 1 festival and World Mental Health day event. **Number of you tube views for films** 0 as no films currently on the SGC website they are currently in editing. **Number of people sharing mental health messages** Targeted Facebook and Twitter Campaign in May 2017 produced 363 shares and 844 likes with 2520 pages years in just one week.	Public Health MH Programme area/Partnerships and Commissioning And Health Watch

Action	Performance and progress update	Lead Responsibility
3. Reduce institutional stigma in local organisations and GP practices, via workforce training, mental health campaigns and workplaces signing up to a mental health charter. (TTC or Mindful Employer) Identify key institutions in which to address institutional stigma. (Merlin, JCP, Police, Workplaces via Business West). GP surgeries identified as an issue in terms of parity of esteem but also staff wellbeing.	**Number of institutions signing up to a pledge and undertaking an audit** Ministry of Defence and SGC both achieved Time to Change Accreditation. Rolls Royce, GKN, Merlin and Paragon have all undertaken staff wellbeing sessions but not full TTC. The CCG has signed up to undergo the process. We may make mental health in the workplace a priority for 2018. **Number of GP surgeries signing up to a pledge and undertaking an audit** 0 work with GP surgeries is a challenge and needs to be taken back to the Mental Health Partnership for discussion	Public Health MH Programme area
4. Develop high quality local information about services and how they can be accessed Improve information that's available at GPs, Libraries, Pharmacies, shopping centres, community groups etc. Improve access to IAPT and information on self-referral Mapping what's available in our communities and identify the gaps	**Hard copy versions (MH offer) available for selected settings and client groups** New local offer leaflet, mental health postcard and Wellbeing College Programmes produced in hard copy and available in public spaces IAPT and other core services clearly communicated in simplified MH offer Offer leaflet produced and displayed in public spaces The production of a programme of wellbeing activities covering the whole geography of South Gloucestershire Wellbeing College and Community Connectors are working to map local provision and then to address any gaps	Public Health MH Programme area And Community Connectors

Action	Performance and progress update	Lead Responsibility
5. Promote individual resilience, self-management and positive mental health including the 5 ways to wellbeing. Promote awareness with public and specialist staff abut the 5 ways and their benefits. Linking with key partners who promote the 5 Ways such as community learning, sports development, volunteer centres Investigate the viability of a recovery college with community learning, AWP and VCSE partners. Look into models of adult resilience courses that could be rolled out in South Gloucestershire	**Number of people attending PPMH course that includes a section on the 5 ways & number of people attending events promoting the 5 ways.** Number of joint initiative with other key partners (community learning, sports development etc.) promoting the 5 ways. **Work with Sports Dev to recruit more people with mental ill health to sports pound sessions.** Next target it to better co-ordinate the community learning and WBC programmes Pilot adult resilience sessions Adult Resilience Course Piloted by June 2016 and Take 5 course now an established part of the Wellbeing College Programme	Initial work to assess the viability of Recovery/Well Being College from late 2015.
6. Provide a broad range of training to develop Mental health skills and confidence for both specialist (MH) and non-specialist workforces Develop and market a local training offer Evaluate the offers effectiveness Involve people with lived experience in development and delivery of the offer	**Number of people accessing the offer** Offer in place and overseen by MH Workforce development group. Last year 1,647 people took part in 121 courses **Number of people reporting increased skills and confidence after receiving training** We do not have an entirely consistent approach to measuring outcome but it is on the agenda for 2018 sub group meetings **Number of people with lived experience involved in developing or delivering training** Only one person so far and this is something we want to develop over the next 12 months including some WBC sessions and linking with Health Champions	Mental Health Workforce development group

Action	Performance and progress update	Lead Responsibility
7. Develop a cohort of local mental health champions in senior public roles. • Recruit elected members and senior officers and leaders to become Mental Health Champions Recruit a local celebrity to become a MH Champion (Marcus Tresthcothik, Lee Haskins, Nathan Filer, Geoff Twentyman)	**Number of mental health champions recruited/Clear job description in place** 20 SGC mental health champions recruited including two elected councillors but no mapping of other public sector bodies such as police and ambulance service etc. No local celebrity recruited and no obvious route to do this at present. **Annual infographic capturing impact** Not entirely clear how we show the impact of the Champions	Public Health MH Programme area/Partnerships and Commissioning And Health Watch
8. Work in partnership to influence wider determinants of mental health and wellbeing e.g. housing, transport, schools and colleges. Proactively work to get mental health onto the agenda for key linked areas Recruit a mental health champion from each key linked area	**Number of meetings attended** Meetings with UWE, SGSCOL, Schools forum, CASCADE, Debt and Welfare advice group, Learning Difficulties Forum, LGBTQ+, Carers Advisory Panel, Hate Crime Partnership, West of England Works and JCP, **Number of MH Champions recruited** None formally recruited.	Public Health MH Programme area Public Health Inequalities Partnership Officer

Action	Performance and progress update	Lead Responsibility
9. Increase feedback opportunities for service users, carers and parents on local services and ensure that feedback is acted on. • Support the User and Carer involvement group to give a voice to people with lived experience • Work with Healthwatch to consult with communities more likely to experience mental ill health • Work with BIMHN to assess the viability of a South Gloucestershire Group • Hold focus groups with key service providers such as SBCP, DHI and Second Step, CAP, Housing providers etc.	**Number of carers and service users giving feedback and involved in the development of local services.** Group up and running but how do we monitor impact **Number of service users and carers feeling their views are valued and acted on.** How do we know this? **Decision on local IMHN** Current discussion but not involved SGC to my knowledge **Work via Healthwatch and other existing network and partnerships to gather feedback from a broad range of our local community.** Not happened to my knowledge	Public Health MH Programme area/Partnerships and Commissioning And Health Watch
10. Promote joined up working so that mental health is included in strategies and action plans for the previously listed vulnerable groups. • Ensure MH is included in key related strategies Work with vulnerable group leads to make sure that MH is included in action plans.	**Complete audit of key forums and strategies and ensure MH is considered** Not happened **Explore possible partnership working with each agency identify key contact or forum for each linked agenda and ensure link to MH partnership**. Not in a formal plan	Public Health MH Programme area Public Health Inequalities Partnership Officer

Action	Performance and progress update	Lead Responsibility
11. Work with employers and workplaces to support current and potential employees who are experiencing mental ill health via an MH workplace offer. Target big employers Specific training for middle managers and HR professionals Target professions more likely to be stressful (Doctors, social workers, teachers, police, hospital staff)	**Number of workplaces taking up part of the mental health offer/Number of individual staff supported** Ministry of Defence and SGC both achieved Time to Change Accreditation. Rolls Royce, GKN, Merlin and Paragon have all undertaken staff wellbeing sessions but not full TTC. The CCG has signed up to undergo the process. We may make mental health in the workplace a priority for 2018. **Number of managers and HR staff receiving MH training.** Not recorded	Public Health MH Programme area
12. Work with schools and colleges to raise awareness of mental health issues. Support schools to sign up to Time to Change pledge Develop a MH training offer for school staff to better support CYP Produce high quality information to enable young people and parents to promote positive mental health Develop a programme of supports for school staff	**Number of schools signed up to pledge** None to our knowledge but now developing an approach jointly with Healthy schools programme which will aim to support 6 schools a year to write whole school plans for mental health **Number of staff receiving MH training** 849 **Web views and qualitative feedback for CYP mental health information** 1002 but Mind You to be launched in Feb 2018 **Number of staff receiving advice to better manage their own mental health** 156	Public Health MH Programme area Public Health Partnership officer Healthy Schools

Action	Performance and progress update	Lead Responsibility
13. Proactively work with communities likely to be at higher risk of mental ill health in South Gloucestershire Ensure each PN group has a MH target on their themed meetings Run targeted workshops and recruit MH Champions for specific groups. Number of partner meetings including MH on the agenda Run targeted sessions to specific groups	**Ensure MH is an annual agenda item at PN meetings** No PN meetings attended yet **Number of Champions attending training** No targeted MH Champions recruited yet **Ensure MH is an annual agenda item at key themed meeting to include GPs, DAAT, Hate Crime** Meetings only attended ad hoc **Number of sessions provided to targeted groups.** Sessions delivered to BASS, Over 50s Forum, JCP, Age UK plus planned with MS Centre and Parent Carers Forum	Public Health MH Programme area Public Health Inequalities Partnership Officer
14. Focus on co-production of services with service users, carers and the VCSE sector. Facilitate bringing the VSCE groups together to jointly bid for resources. Support organisations to bid for money from other sources	**Co-production session held and evaluated for effectiveness (11th Dec)** The Wellbeing College and Community Connector programmes along with CVS are the main focal point for this and this includes grant writing resources and a small grants programme. **Number of organisations who have been supported and successful in gaining grants.** Approach successfully piloted with Bluebell and will be further developed via the Wellbeing College	Public Health MH Programme area/Partnerships and Commissioning CCG CVS and Care Forum

Action	Performance and progress update	Lead Responsibility
15. Support VSCE organisations to build and sustain capacity in mental health and wellbeing services building on an asset based approach. Fund projects for a longer timeframe to enable providers to set up services that meet people's needs. Review community work before funding ceases	**Work to a standard approach of funding for a minimum of 2 years** This has been our aspiration but very difficult in the current climate. We are working to sustain funding and give VCSE partners as much notice as possible on decisions. **Have a process for all funded projects to be audited for sustainability 6 months before funding ends.** Probably most applicable to WBC and Community Connectors. WBC partners given regular updates re the funding position. Need to find out the same for Community Connectors.	Public Health MH Programme area/Partnerships and Commissioning CCG CVS and Care Forum
16. Develop a more co-ordinated approach to commissioning services which impact on mental health and wellbeing at all tiers and levels of the care pathway. Develop a common measuring and assessment tool to ensure that all services are being evaluated the same. Fund projects together	**Agree key MH indicator set and then ensure all partners know about it.** An overall system scorecard has been developed, the next step is to see how easy it is to populate. Funded VCSE partners are all using the same indicators **Ensure all key commissioners coordinate funding and where possible joint fund (JCG)** Primary mental health offer of IAPT, Community Connectors and WBC is somewhat co-ordinated and although the joint commissioning is limited the overall primary mental health offer is jointly funded.	Public Health MH Programme area/Partnerships & Commissioning CCG CVS and Care Forum

Action	Performance and progress update	Lead Responsibility
17. Support mental health service users to access preventative services such as exercise on prescription, smoking cessation and substance misuse services. Produce advice literature detailing what preventative services exist and how to access them. Have a professional and public version Improve partnership working between MH services and Public Health and Wellbeing section	**Have a guide to physical health preventative services and then promote to MH service users. Health checks may have something that can be built upon.** No such guide exists but the new integrated healthy lifestyle service planned for April 2019 will address this. **Audit current joint working between MH and other PHWB programme areas.** No audit has taken place	Public Health Sirona/AWP/GPs
18. Support the development of more peer support groups within the community. Increase the number of community led, peer support groups Work with community connectors & WBC to sustain/train peer support groups.	**Number of peer support groups (generic or communities of interest specific) plus numbers of people those groups support.** We now have peer support groups in Kingswood, Yate and Patchway plus the Wellbeing Café at Emerson's Green Library. Additional peer support groups may set up in Staple Hill and Filton **Number of people with lived experience co facilitating peer support groups** Health Champions have an involvement in groups but numbers of people with lived experience involved is not yet recorded.	Public Health MH Programme area/Partnerships and Commissioning And Health Watch WBC/Community Connectors

Action	Performance and progress update	Lead Responsibility
19. Develop a suicide prevention strategy. Strategy to be shared with MH strategy group Share CCG crisis concordat report and ensure it's reflected in prevention strategy. Asist suicide prevention training rolled out across SG via public health	**Suicide Prevention strategy an annual agenda item at MH partnership** The suicide prevention group is now linked to the MH Partnership meetings **Crisis Concordat annual agenda item at MH partnership** Not yet established **Numbers attending Asist suicide prevention training across SG via public health** 100 staff have attended across six, 2 day courses. Another three courses booked for 2018 with a target of another 50 attendees.	Public Health/CCG