



AGENDA ITEM NO. 4"&

**ASHLEY, EASTON & LAWRENCE HILL NEIGHBOURHOOD
PARTNERSHIP
5th March 2014**

Report of: Penny Germon, Area Coordinator

Title: NP Priorities

Contact Telephone Number: 9039879 (or for internal EXTN 39879)

RECOMMENDATION

1. Determine whether to add the proposed health priorities and actions to the Neighbourhood Partnership work plan for 2014/15.

Two papers are attached:

- a) A paper from Ian Lawry, Wellspring Healthy Living Centre about health and wellbeing in Ashley, Easton and Lawrence Hill for the NP's consideration.
- b) The priorities agreed at the last NP meeting for information.

MEMO

From Ian Lawry, Wellspring Healthy Living Centre Chief Exec and NP Member

This is an attempt to capture the growing interest in the potential benefits of developing a “very local” place based approach to (mental) health and wellbeing.

The proposal is to

- Establish a NP (mental) health and wellbeing coordinating group under the sovereignty of the Neighbourhood Partnership. The groups would be tasked with:
- Agreeing a mental health and wellbeing action plan for the Ashley, Easton and Lawrence Hill Neighbourhood Partnership (AELHNP) area leveraging the full range of resource and influence across the wider determinants of neighbourhood health.
- Advising, briefing, reporting to the NP on neighbourhood determinants of (mental health) including the coordinating new lines of health work planned for the area.
- Advising, briefing the NP on how it speaks to the rest of the city to ensure our neighbourhoods are places where people will more likely be well, stay well and has access to the services and support they need to recover if they become unwell.

Background

Prompted by an awareness of a growing number of health projects, programmes and activities targeting the AELHNP area, Mohammed Elsharif (Public Health), Mhemooda Malek (Development Consultant) and Marvin Rees (AWP) met with Penny Germon (Area Coordinator) to talk about the challenge of mental health in inner city Bristol.

Among the issues we discussed:

- the stark and persistent realities of health inequalities across Bristol and within the AELHNP area and the toll this takes on today's and tomorrow's communities;
- unemployment and cuts to services are likely to have adverse impacts on individuals and communities;
- the need for a coordination – horizontal (between agencies and organisations) & vertical (residents to agencies and organisations to political leadership);
- the importance of inclusive communities and the part they play in building collective and individual resilience into the lives of their members.

We addressed the opportunity and challenge of agreeing an overarching (mental) health vision and strategy for a “place” in which the roles and responsibilities and relationships between key agencies of influence (health services, housing, police, transport, business etc) were clearly defined. We talked about the opportunity to avoid the strategy chaos and duplication that has historically created situations where individual services have been good or even excellent but the collective offer poor.

Naming the Challenge

Through a series of group and individual meetings, Mohammed, Mhemooda and Marvin met representatives of the CCG, police, SHINE (Supporting Healthy Neighbourhood Environments), Wellspring, Off The Record and AWP among others. All are either active or about to become active in the inner city. Through those conversations there seemed to be agreement on the following:

- Mental health and wellbeing is a priority for the inner city (for the large population in general and the high concentration of BME communities, families and individuals in particular). Mental Health stands as a good indicator of the success or failure of other aspects (individual and collective) of life in a neighbourhood, in particular how successful we have been at building positive physical and social environments. (See ward Mental Health Risk).
- Poor mental health across the wards shows itself as diagnosable mental health need but also impacts on (and shows itself as) the wider social and economic problems the NP is tasked with tackling from community safety to crime to educational attainment.
- The most effective interventions on mental health will often be non-medical e.g. housing, debt management, employment, family. These are the "wider determinants" that a more holistic approach to mental health and wellbeing take into account.
- (Mental) Health services don't necessarily have the infrastructure they need to reach out into these wider determinants to support their individual patients (once unwell) or populations (before they are

unwell). This leaves them trapped within the medical model when a more holistic approach (taking a whole life into account) would be more effective.

- Building this neighbourhood infrastructure and brokering the connections needs to happen but needs coordinating.
- Uncoordinated service delivery is financially inefficient and can have a negative impact on the lives service users and communities. It is worth asking if there are in fact, many hundreds of thousands of pounds being directed into the inner city with tens (or hundreds) of thousands of pounds of potential impact going unrealised because of the lack of coordination? That would suggest there were gains to be had, some without cost.
- It is also important to recognise that the services are interdependent in terms of their performance and financial success.
- The Neighbourhood Partnership (as a structure of neighbourhood governance) presents an opportunity to provide space to bring together these wider determinants and sew mental health and wellbeing into the priorities for the area. NP also presents an opportunity to ensure we get a local interpretation overarching city plans and strategies (Modernising Mental Health, No Health Without Mental Health, Health and Wellbeing Strategy).
- We should work with existing governance structures rather than creating new ones. Investing in the existing NPs is desirable. You might say it's a version of "use it or lose it".

The Importance of Working Through the AELHNP

Developing this approach in coordination with the AELHNP offers a number of overlapping opportunities.

1. This is a health priority area and the focus presents an opportunity to tackle the city's health inequalities head on.

The health inequalities between its wards and other NP wards and between LSOAs across its own wards stand as a symbol of Bristol's race and class diversity and fracture. Eight of 17 of the Lower Super Output Areas register in the 10% most deprived in England (multiple deprivation).¹ Other features include:

- It's the largest NP with 48,600 usual residents (over 10% of Bristol)
- Lawrence Hill is the only ward in the city where the majority of the population belong to a BME group 55% in 2011 (approx. 26000)
12% households do not have enough bedrooms for the number of people living in the household (Bristol average 5%)
- Children with special educational needs is above average in Lawrence Hill
- Perception of good health and happiness is below average in Lawrence Hill
- Disability Living Allowance claimants are almost twice the city average in Lawrence Hill.

The Bristol Mental Health Needs Assessment (Bristol Public Health, 2011) identified residents of Lawrence Hill ward as most at risk of poor mental health (second most deprived ward). Easton was 10th (10th most deprived ward) Meanwhile there is something in Ashley that gives it a low risk (22nd) in the light of its level of deprivation (seventh most deprived ward).

Across Easton and Ashley the picture will vary with areas of high health and SOAs of deprivation and poor health.

¹ Neighbourhood Partnership Statistical Profile 2013, Bristol City Council.

http://www.bristol.gov.uk/sites/default/files/documents/community_and_safety/neighbourhood_partnerships/Ashley%20Easton%20Lawrence%20Hill%20NP%20profile.pdf

Ward Mental Health Risk

- Wards ranked by MH risk score (low score = high risk)
- Ashley, Windmill Hill & Southville have a lower risk compared to level of deprivation
- Stockwood may have a higher than level of deprivation suggests

Ward	IMD rank	MH Risk Score (sum of ranks, low score = high risk)	MH Risk Rank (low rank = high risk for poor MH)
Data period:	2007	Score	rank
Lawrence Hill	2	119	1
Filwood	1	191	2
Southmead	4	218	3
Lockleaze	6	220	4
Avonmouth	12	252	5
Hillfields	15	254	6
Kingsweston	8	264	7
Hartcliffe	3	278	8
Whitchurch Park	5	288	9
Easton	10	301	10
St George West	14	312	11
Eastville	21	318	12
Frome Vale	19	321	13
Stockwood	25	322	14
Henbury	9	329	15
Brislington East	23	341	16
Knowle	17	354	17
Bishopsworth	11	357	18
Brislington West	27	363	19
St George East	26	372	20
Cabot	18	374	21
Ashley	7	376	22
Hengrove	20	395	23
Windmill Hill	13	408	24
Bedminster	22	433	25
Horfield	24	434	26
Southville	16	463	27
Clifton	30	497	28
Clifton East	28	520	29
Cotham	29	548	30
Bishopston	31	569	31
Stoke Bishop	34	570	32
Redland	32	617	33
Henleaze	35	623	34
Westbury-on-Trym	33	629	35



There is a need to be met. There is an opportunity to learn. There is an opportunity to develop an approach that might be taken to other NPs.

2. Race Inequality in mental health is a city priority and the AELHNP has the highest number, concentration of BME residents in the city.

Marmot's 2010² paper suggests:

Health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health.

A neighbourhood level approach to (mental) health with an emphasis on inequalities offers us an opportunity to build the common vision and infrastructure we would need to join up the social determinants with the health agenda in a way city level structures currently seem unable to do.

Marmot suggests:

Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism., these run along a social gradient with race, class, residential status and disability among the key determining factors.

² Fair Society, Healthy Lives, 2010

We have the opportunity approach these inequalities at a local system level, building beyond the project based approaches we have relied on in the past. That is not to say targeted projects do not have their place. But we do need to start modelling ways of aligning wider decision making around common goals, in this case (mental) health, to get the system right.

3. Political Context

NPs were born under current cabinet member and former council leaders Cllr Barbara Janke, they featured highly in the campaign of Green Mayoral Candidate Daniella Ridice and Mayor George Ferguson has mentioned them often. Barbara Janke is now Cabinet Lead for Health and Social Care and Chair of the Health and Wellbeing Board and is looking into the question of how NPs could play a part in supporting health goals for the city. Nicola Yates (City Director) has brought someone into the city with the remit of looking at health inequalities.

In developing a neighbourhood approach to health inequalities, tackling the local systems (as well as projects) and investing in local governance, we have the opportunity to model a way of working for other NPs.

Framework for Our Thinking

We can draw on a number of sources to help up shape our neighbourhood level thinking around this.

1. Some of the work/actors currently working on inner city mental health:

- Bristol Architecture Centre
- Supporting Healthy Inclusive Neighbourhood Environments (SHINE)
- Inner City Health Trainers
- AWP Inner City Mental Health Workers
- The ongoing role of GP surgeries across Charlotte Keele, Wellspring, Lawrence Hill and Montpellier practices.

2. Policy/national Context – e.g. Marmot, No Health Without Mental Health, Health and Well-being Strategy, Every Child Matters, Prevention, etc.

It is worth paying particular attention to Marmott 2010: Reducing health inequalities will require action on six policy objectives:

- *Give every child the best start in life*
- *Enable all children young people and adults to maximise their capabilities and have control over their lives*
- *Create fair employment and good work for all*
- *Ensure healthy standard of living for all*
- *Create and develop healthy and sustainable places and communities*
- *Strengthen the role and impact of ill health prevention*

3. Strategic Context – e.g. Public Health England, Health and Well-Being Boards, Healthwatch, CCG's, etc.

4. Operational Context – e.g. services and initiatives such as IAPT, healthy schools, housing, social services, police, etc

5. Community Context – e.g. faith groups, community organisations, social capital, businesses, etc.

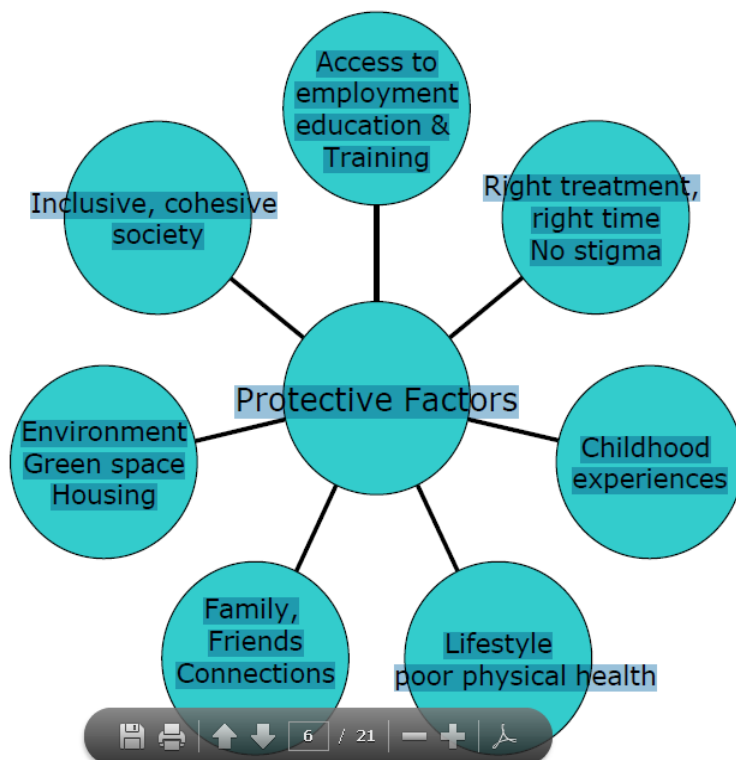
These should be looked at in terms of housing, police to education and employment. Mental health is likely to be an issue for all agencies dealing with wider determinants, whether formally acknowledged or not.

Can we devise a framework that is aligned with the priorities of each agency/sector? How would a future model help address existing priorities/aims of agencies across sectors? This is not all about doing extra work.

4. Bristol Mental Health Needs Assessment 2010:

What factors make for a mentally healthy and well environment?

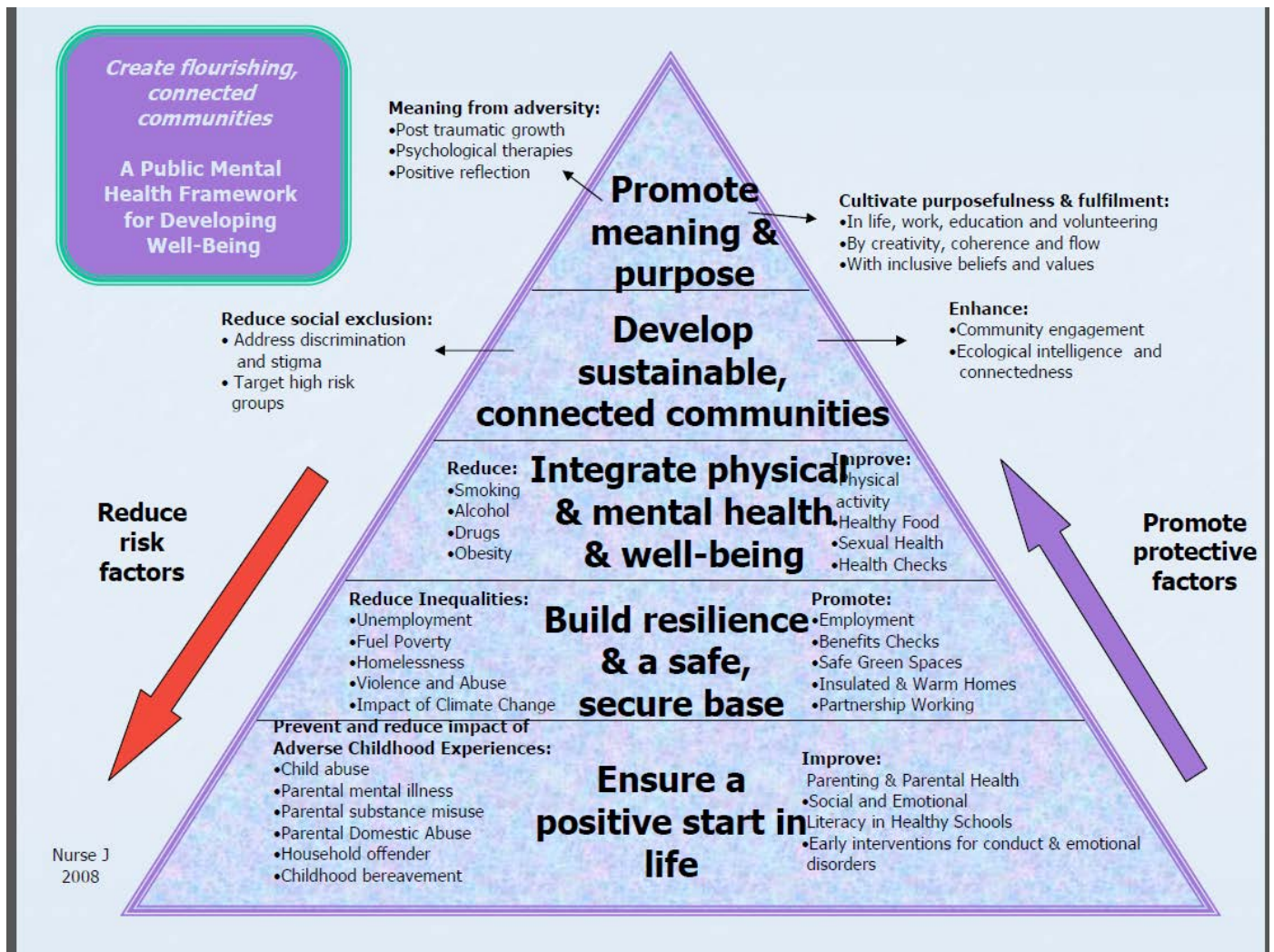
Mental health protective factors



5. New Horizons: A shared vision for mental health 2009

How do we make mentally wellbeing more rather than less likely? What undermines mental wellbeing?

The following pyramid show how we might go about intentionally shaping life in our neighbourhoods.



Conclusion

We would welcome the opportunity to work under the sovereignty of the NP to build this vision and take an intentional approach to better (mental) health and wellbeing.

We cannot expect people to flourish assuming trickle down from other factors. Intentionality is required.

Ashley, Easton & Lawrence Hill Neighbourhood Partnership – PRIORITIES 2014-15

Agreed 11th December 2013 *(it was also agreed the NP will consider its role with other agencies in promoting positive mental health, this may form one of the NP priorities)*

What's important to us?

- a) Equality – we want to involve and work with everyone living and working in our area. We want everyone to feel valued, to live and work together harmoniously, have the option of being involved in decisions about where they live and have access to decent services.
- b) We will challenge discrimination and take positive steps to tackle discrimination and disadvantage.
- c) We recognise there is a significant gap between 'the haves' and 'have not's'. We want to 'narrow the gap'.
- d) We want future generations to feel they have real stake in the place where they live so will make every effort to encourage and involve young people and foster positive relationships between young people and adults.
- e) We want residents to feel empowered to take action to improve their lives and communities with a helping hand from the authorities where necessary.
- f) We want to have a real say in the decisions that affect our area and the life of the city.

	Priority	ACTIONS 2014/15	Progress
1.	Increasing pressure on space, public services and resources - population and demographic change. Particular challenges are large numbers of people living 'cheek by jowl', access to quality green/open space and noise.	NEED TO AGREE NEXT STEPS <ol style="list-style-type: none"> 1. Work with the Council and other agencies to understand the changes to make sure there are the services and facilities to meet the needs of the community (housing, GP's, dentists, schools, places of worship) and careful decisions are made about the future. 2. We will consider the need for a 'strategic plan'. 	

	Priority	ACTIONS 2014/15	Progress
2	<p>Economic development - Maximise good use of employment land in particular the connection with the Local Enterprise Zone. Champion the needs of young people in our NP area who are not in employment of training. Support the 'high streets' to be thriving retail destinations for their local area and the city – Stokes Croft, Church Rd, Stapleton Road, Mina Road.</p>	<ol style="list-style-type: none"> 1. Secure a greater connection with and involvement in the development of the Enterprise Zone with the aim of securing real and lasting benefits for inner city communities but Lawrence Hill in particular. 2. Understand the position of young people and how young people not in employment or training are being supported. 3. Ensure businesses are represented at the NP. 4. Progress the request for a review of the outbound bus lane on Church Road to allow traders to load. 5. Continue to support the residents, traders and organisations to improve Stapleton Road 6. Support the Old Market Association to realise its plans for the area as appropriate. 7. Support the work of the Stokes Croft Traders Group as appropriate. 8. Promote 'Bristol Independents' campaign <ol style="list-style-type: none"> a) Support local people and businesses to influence the development of the Enterprise Zone so that it has positive local benefits for the long term. 	
3	<p>Poor quality environment</p> <p>Tackle persistent problems of litter, graffiti tagging, fly-posting, dog fouling, run down/disused buildings, pavements, public places and green space.</p>	<ol style="list-style-type: none"> 1. Neighbourhood Working will tackle known sites/hot spots and persistent problems and report to the NP at each meeting on progress. 2. NP members/members of the public to report problems direct to BCC when they are noticed and raise persistent problems at forums or with NP. 3. Use the devolved budget to fund environmental improvements, in particular improved planting, throughout the NP area. Secure funding to progress the parks and green space priorities for the area. 	

	Priority	ACTIONS 2014/15	Progress
		<ul style="list-style-type: none"> 4. Champion and deliver projects to improve the area including planting. 5. Support initiatives to provide more public benches (with backs and arms). 6. Ensure disused/derelict buildings are safe and secure. 	
4	<p>Crime and community safety Drug dealing and drug use (including alcohol) and related anti social behaviour.</p>	<ul style="list-style-type: none"> 1. Neighbourhood Working priority. 2. NP/members of the public to report problem sites/hotspots direct to police and BCC or persistent problems that are not being resolved to the forum/direct to NP. 3. Neighbourhood Working Report 4. Continue to support the Stapleton Road Working Group 	.
5	<p>Traffic and Transport</p>	<ul style="list-style-type: none"> 1. Agree the criteria and process for prioritising local traffic schemes and make recommendations to the NP. 2. Develop 'community-led' ways of tackling some of the persistent problems such as slowing traffic, anti social parking and 'DIY' traffic calming measures. 3. Influence city-wide decisions that affect our area. 4. Neighbourhood Working to tackle persistent problems of parking on pavements, anti social parking and cyclists on pavements (residents to report problem sites). 	
6.	<p>Young people Young people are having a hard time. Unemployment is high and there have been massive changes to their support services.</p>	<ul style="list-style-type: none"> 1. Support communities and organisations to deal with the impact of the youth service review in what ever way we can. 2. Give a voice to young people and communities through the NP and Forums. 3. Support the emerging network of young people focused organisations in Ashley, Easton and Lawrence Hill. 	

	Priority	ACTIONS 2014/15	Progress
7.	Community development work	<ol style="list-style-type: none"> 1. Delivering Neighbourhood Forums 2. Making sure people have access to up to date accurate information (websites and notice boards). 3. Residents are supported to take action on the things that matter. 4. Take positive steps so that the NP and Forum attendance reflects the diversity of the local population. 5. Effective communication and positive working relationship between local people and the authorities. 	
8.	NP Development – improving the way we work as a group.	<ol style="list-style-type: none"> 1. Schedule two additional meetings a year for training. 2. Prioritise training on ‘equality’ issues. 3. Ensure the NP is well represented in the BCC review of NP’s. 	

There are a number of issues which we would like to be able to tackle but we do not currently have the resources or powers of influence. However we would be pleased to work with anyone who would like to work with us or invest in these areas.

- a) Reducing pollution in particular air pollution
- b) Employment for young people
- c) Helping young people who grow up in very difficult circumstances to find their gifts and have a positive future.