



## **Bristol Health & Wellbeing Board**

<b>Thrive Bristol – developing a city-wide approach to mental health and wellbeing</b>	
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<b>Report for Information/Discussion/ Decision</b> For discussion and decision	

### **1. Purpose of this Paper**

This paper provides an update on plans to develop a city-wide Mental Health and Wellbeing Programme. Specifically, it offers an overview of the ‘Thrive’ model and proposes developing a ‘Thrive Bristol’ programme, led by city leaders and coproduced with individuals and groups from across the city.

### **2. Executive Summary and context**

Mental health is a top priority, both nationally and here in Bristol (as identified by the Health and Wellbeing Board and the city’s Corporate Strategy). We have particular issues in Bristol that need to be acted upon, such as high rates of illness and suicide and a low self-reported ‘happiness score’. There is a great deal of good work being undertaken in the city, but through this not being coordinated and ‘mainstreamed’ then we are missing opportunities to improve our residents’ mental health and wellbeing.

In February, members of the Health and Wellbeing Board agreed to champion this programme and help to develop a Task and Finish Group to develop a strategy. Since then, two key changes have taken place:

- Nominated councillor ‘champions’ are no longer on the Health and Wellbeing Board.
- We have explored new, innovative approaches to improving mental health and wellbeing (the ‘Thrive’ model). This moves away from creating a single strategy, to creating an agile programme that is owned and led by diverse partners from across a city, and able to ‘test and learn’ to develop effective interventions and approaches.

Based on what we have found, we propose creating a more ambitious programme (using the ‘Thrive’ model) which we believe will enable us to more effectively meet the city’s current and future mental health and wellbeing needs.

### **3. Main body of the report**

#### **- Proposed approach: the ‘Thrive’ model**

Our mental health is influenced by a huge array of factors – the family we are born into; the house we live in; the job we have (or don’t have); our friends and communities; and our access to mental health care when we need it. As such, to improve mental health and wellbeing across the city we need to consider the role different agencies can make – teachers, employers, housing bodies, rather than just focusing on the role of the NHS.

We have sought advice from national leads around the approaches being used elsewhere. One model has been repeatedly cited: ‘Thrive’. This began in New York (led by Mayor Bill de Blasio) which brought city leaders together to set out a roadmap for the city to both reduce the impact of mental illness and promote mental health and protect citizens’ resiliency, self-esteem and family support. Whilst this model had a large budget, many cite its great strength as its ability to mobilise a city – including leaders from across sectors - around mental health and wellbeing.

It has a heavy focus on data collection and evaluation, and initiatives include training large numbers of people in mental health first aid; screening and treating all pregnant mothers with depression; strengthening mental health provision in primary care and substance misuse, as well as in schools; and scaling up community-based parent coaching and social and emotional education.

The West Midlands has since developed its own version of the ‘Thrive’ model, they published their strategy in January. This was led by the West Midlands Combined Authority’s (WMCA’s) Mental Health Commission and created an integrated action plan to improve the mental health of people in the region (adults-only). They undertook an economic assessment which found that mental ill health was costing the region £12.6bn a year. In doing so local businesses, Local Enterprise Partnerships and industry leaders were motivated to join forces with the NHS, local authorities, voluntary sector and

police to develop a shared approach. Their focus was on improving the treatment of those who are already ill, as well as preventing ill health, a deterioration of health, and promoting good mental health and wellbeing.

Similar to New York they have set to train 500,000 citizens in Mental Health First Aid. They have also launched a West Midlands Workplace Wellbeing Commitment and are trialling a 'Wellbeing Premium', which is a tax incentive for employers who show their commitment to staff wellbeing. They also aim to offer a Housing First service to people who are homeless, more widespread use of the Mental Health Treatment Requirement (this provides mental health support to people who have offended); better mental health support for people as they leave prison; ambitious suicide prevention plans and community engagement schemes. It has a citizens' jury which shaped the way the Commission was undertaken and its findings.

The Mayor of London is also developing a London version of 'Thrive' which is launching imminently and a programme is being developed to embed this approach globally.

### - **Proposed scope**

Based on Public Health England's approach and wider strategies in this area, we propose a three tiered approach that would focus on:

- a.) Universal Interventions to improve public mental health and wellbeing, building resilience and promoting wellbeing **at all ages** (using a life course approach).
- b.) Targeted work to prevent mental ill health and early intervention for people at risk of mental health problems (including suicide prevention). This could include a focus on the mental health and wellbeing of looked after and vulnerable children, young offenders or refugees, for example.
- c.) Public mental health support for people with mental health problems. For example, including a focus on tackling health inequalities affecting people with serious mental illness (e.g. NHS / public health joined-up smoking cessation), or supporting recovery and inclusion.

To note, Public Health England's 'Prevention Concordat' guidance will be published imminently, which this work will align with.

As a programme, 'Bristol Thrive' would encompass a range of themes. This may include some of the following:

- Support from birth and early years
- Children and young people
- Further education
- Employment and skills (supporting people into work and whilst in work)
- Housing

- Criminal justice
- Public mental health (including the physical health of people with mental illness / suicide prevention)
- Art, sport and nature

It would be useful to gain feedback on which of the above should be prioritised within the programme. Feedback from local and national partners as so-far prioritised mental health and employment, and young people's mental health.

Principles to be prominent throughout all work:

- Tackling stigma and discrimination
- Tackling health inequalities / equalities
- Capacity and capability
- The role of digital
- Community engagement and coproduction
- Openness and transparency
- Public engagement and voices of experience

National partners are interested in working with us, such as the Centre for Mental Health, which would help to ensure we have the strongest evidence base to inform this work.

## **- Aims of Bristol Thrive**

Based on the political mandate set locally, national guidance and local feedback we propose that this programme aims to:

- Improve mental health and wellbeing across Bristol, gaining clarity around what improvement looks like and how we will achieve it (for example, agree city-wide goals for improvement, with clear metrics to indicate progress).
- Shift our focus from care to prevention, early intervention and resilience.
- Ensure that this work helps to tackle our city's health inequalities.
- Take a universal population-based approach across each stage of the life course.
- Simplify and strengthen leadership and accountability across the whole system.
- Create a shared vision for the city around better mental health and wellbeing, led by a diverse range of partners – for example business leaders, teachers, housing leads.
- Involve people across the city, especially community leaders, in co-producing plans.
- Create an action plan which is owned by agencies across the city – created by them, with a clear mechanism to deliver.
- Is both aspirational in its goals, but pragmatic to the context in which these will be delivered – creating a vision for a mentally health Bristol in 2050, as well as acting on immediate priorities.
- Builds upon the good work already being undertaken in the city.

## - **What does this mean for Bristol?**

Mayor Marvin Rees and Deputy Mayor Asher Craig have indicated an enthusiasm for the 'Thrive' model to be brought to Bristol.

Based on feedback from those who have developed this model elsewhere, we consider the following to be key aspects of a successful programme:

- **A clear case for change**
  - Develop Mental Health and Wellbeing JSNA (Summer 2017)
  - Undertake economic analysis of the economic cost of mental ill health for Bristol (by Autumn 2017)
- **Support from senior leaders**
  - This agenda needs to be 'owned' by leaders from across the city, both within statutory agencies and beyond (e.g. business, education, housing). Whilst public health will support the development and delivery of the programme this would ideally move from being seen as a 'public health strategy' to a city-wide programme.
- **Inclusive 'co-production' approach**
  - This needs to offer multiple ways for individuals, communities and organisations to shape this work to ensure it meets the needs of all of Bristol, particularly those facing the greatest health inequalities.
- **Transparent, specific goals for success**
  - Creation of clear city-wide goals for improved mental health and wellbeing, which are evidence based\* and measurable. Full transparency would enable the city's residents to see the progress being made.

*\*It would draw on evidence that currently exists, and where we identify gaps in our knowledge then we would seek to innovate and evaluate.*

Should the Health and Wellbeing Board agree to this approach, a full programme plan with timeframes would be developed.

## **4. Key risks and Opportunities**

### **Opportunity:**

- To build upon what has been developed in other areas of the world to develop an ambitious and innovative approach to improve mental health and wellbeing.
- To create a single vision to align our resource and identify duplication.
- To galvanise support from different parts of the city who have a great deal to contribute to improving mental health and wellbeing, e.g. employers.
- To create a coordinated approach to improving mental health – for those currently experiencing it, as well as preventing future ill health – which is greatly needed, particularly in an environment of reduced budgets.

- To focus on the wider determinants of mental wellbeing and positive mental health, rather than mental health services alone.

**Risks:**

- A whole-city approach may be more complex, require engagement and support of more stakeholders and potentially require more time and investment.
- This may be ‘too big’ and we will need to prioritise some areas to undertake first.
- We need to ensure that we don’t raise expectations that cannot be met.
- We may lack investment to develop new approaches to improving mental health and wellbeing.
- Mental health stigma does still exist and we may struggle to gain the support from different agencies that is needed. Senior level championing from the Health and Wellbeing Board will help to mitigate this.

## **5. Implications (Financial and Legal if appropriate)**

A full analysis will be developed if we secure agreement for this approach.

## **6. Background information and evidence for ‘Thrive’**

- Overview of ‘Thrive NYC’:  
<https://thrivenyc.cityofnewyork.us/>
- West Midlands’ Thrive Action Plan:  
<https://www.wmca.org.uk/media/1723/wmca-thrive-full-report.pdf>  
(this drew upon data from leading academics, including economists).
- London ‘Thrive’  
[www.london.gov.uk/what-we-do/health/london-health-board/thrive-london-improving-londoners-mental-health-and-wellbeing](http://www.london.gov.uk/what-we-do/health/london-health-board/thrive-london-improving-londoners-mental-health-and-wellbeing)

## **7. Suicide Prevention and Self Harm Strategy**

To be aware, in parallel to this work we are developing a Suicide Prevention and Self Harm JSNA and revised Strategy. Both will be completed by the end of 2017 and will be brought back to the Health and Wellbeing Board for their approval. This will inform, and be informed by, the wider Mental Health and Wellbeing Programme.

## **8. Recommendations**

- It is recommended that the Health and Wellbeing Board adopt and support the delivery of a 'Thrive Bristol' programme, as a way of addressing its key priority to improve mental wellbeing and health across the city.