



Bristol Health & Wellbeing Board

Thrive Bristol	
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1. Purpose of this Paper

This paper provides an update on 'Thrive Bristol', the new ten year programme to improve the mental health and wellbeing of everyone in Bristol, with a focus on those with the greatest needs (to launch in early 2018). The programme's detail will be developed by the Thrive Bristol Steering Board, but the enclosed paper outlines proposed activities for Year One (2018) and the mechanism for developing the longer term programme plan.

2. Executive Summary

In June, the Health and Wellbeing Board agreed to explore how the international 'Thrive' model might be applied in Bristol.

To recap, 'Thrive' is a model that began in New York, led by Mayor Blasio. It has more recently been brought to the West Midlands and London through the Thrive Cities network – which Bristol has now joined. It takes a city-wide population health approach to improve mental health and wellbeing. At its core is a recognition that as little as 10% of the population's health and wellbeing is linked to access to healthcare. As such, rather than beginning with treatment, its focus is on the role schools and universities, employers, housing organisations, businesses and the police can play, and on the importance of our relationships, our surroundings and our access to good food, money and wider resources in achieving good mental health.

'Thrive' works by mobilising public, private and third sector collaboration and leadership (and resources) across a city. It also aims to simplify and strengthen leadership and accountability across the whole system.

3. Context

Bristol has significant mental health need, including:

- Higher prevalence of poor mental health than the national average both for children and young people and for adults (Avon Longitudinal Study of Parents and Children research reveals that almost 1/5 of Bristol's young people are self-harming).
- High numbers of individuals who are at greater risk of mental ill health, such as looked after children; unaccompanied asylum seekers; and first time entrants to the criminal justice system (Bristol has the highest rate in England). In addition, those from BAME or LGBTQ+ communities have higher risk of poor mental health.
- The 6th highest rate of Employment and Support Allowance (ESA) claimants for mental health reasons in England.
- High suicide rates compared to the rest of England (12.8 per 100k compared to national average of 10.1 per 100k). The city also recently experienced a 'suicide cluster' within its student population.
- Huge disparities in need with our most deprived communities having far higher rates of mental ill health. For example, Lawrence Hill has more than twice the number of people claiming ESA because of mental health problems than any other ward.
- People with a severe and enduring mental illness being at high risk of dying prematurely from physical illnesses. For example, whilst smoking rates in Bristol for the wider population have fallen, smoking prevalence in adults with serious mental illness in Bristol is high: 47.3% compared to England average of 40.5% (smoking is the key factor behind people with mental illness being at risk of dying up to 20 years prematurely).
- In BNSSG, mental health service users attend A&E 3x as often as the wider population, and approximately 15 % of all A&E attendances and emergency admissions can be attributed to mental health service users (who make up 5% of the population). BNSSG could potentially save up to £886k in A&E attendances and up to £19.7m in inpatient care by reducing MH service user acute hospital activity to levels of the rest of the population, in subgroups that may be amenable to change

The cost of this to individuals, families and communities is incalculable. However, we have begun to calculate what mental ill health costs Bristol financially. Through working with the Centre for Mental Health we can estimate that mental ill health costs Bristol at least £1.38 billion a year.

4. Main body of the report

The enclosed programme overview paper outlines:

- The 'Thrive model.
- Local need for this programme (including a new analysis of the financial cost of poor mental health for Bristol).
- The programme's proposed focus and approach, including components for success.
- An overview of the first year's work, as well as the approach to develop a longer term approach (considering what makes a mentally healthy Bristol in 2050 and working back).
- Measures of success.
- Funding models.
- Governance model.
- Equality and diversity information.
- Summary of evidence to inform the paper.

5. Key risks and Opportunities

Opportunity:

- To create a single vision for improving mental health and wellbeing across the city to align our resource and identify duplication.
- To create a coordinated approach to improving mental health – for those currently experiencing it, as well as preventing future ill health.
- To galvanise support from different parts of the city who have a great deal to contribute to improving mental health and wellbeing, e.g. business, education and arts sectors.
- To focus on the wider determinants of mental wellbeing and positive mental health, rather than mental health services alone.
- To be supported by the 'Thrives Cities' global network, to enable Bristol to take an informed and ambitious approach to improve mental health and wellbeing.

Risks:

- We do not have any initial investment to support this programme.
- This is being developed in a context of reduced budgets.
- Organisations involved need to ensure that they are doing all they can to improve the mental wellbeing within their own organisations.
- 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.

6. Implications (Financial and Legal if appropriate)

As the enclosed paper notes, there are no financial or legal implications at this stage.

7. Evidence informing this report.

The paper identifies local need, and draws upon wider Thrive models and national guidance, including:

- 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>
- London 'Thrive'
www.london.gov.uk/what-we-do/health/london-health-board/thrive-london-improving-londoners-mental-health-and-wellbeing
- Public Health England's Prevention Concordat
www.gov.uk/government/collections/prevention-concordat-for-better-mental-health
- NHS England's Five Year Forward View for Mental Health
www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

8. Conclusions

Feedback is being sought around the following questions:

- Is this the right approach to help address the city's significant mental health needs?
- If Thrive Bristol is the right approach, what does it need to do to try and ensure it is successful? I.e. key programmes to align with; individuals and organisations to engage?
- Who should be part of the senior Thrive Bristol Steering Board?
- What would you consider to be the key metrics of success?
- What wider role might the Health and Wellbeing Board play in ensuring this whole-city approach is effective?

9. Appendix 1

Thrive Bristol: City wide programme to improve mental health and wellbeing in Bristol - Programme overview.