

People Scrutiny Commission

22 October 2020



Report of: Executive Director of People

Title: Mental Health and Wellbeing Strategy – Bristol (and BNSSG)

Ward: ALL

Officer Presenting Report:

Bristol City Council: Sally Hogg/Lynn Stanley/Mark Allen/Geraldine Smyth – Public Health
BNSSG Clinical Commissioning Group: Mental Health and Wellbeing Programme: Victoria Bleazard -
Mental Health and Learning Disabilities (Transformation)

Recommendation:

- For People Scrutiny to review and feedback on the mental health plans for Thrive Bristol, our citywide programme to improve mental health and wellbeing.
- Also to feedback on the system wide plans developed across the BNSSG Healthier Together partnership.
- To ensure continued leaderships and support for the mental health plans in Bristol and across the system wide partnership.

The significant issues in the report are:

- There is mounting evidence that the COVID-19 pandemic is having significant effects on the mental health and wellbeing of populations worldwide. We must address the substantial unmet mental health needs of whole societies, with a focus on the most vulnerable (WHO 2020).
- Leadership and support for the mental health plans in Bristol the wider system must remain a priority.
- Plans have been developed and are being implanted at a Bristol and BNSSG wide level to address priority mental health needs.



1. Summary

There is mounting evidence that the COVID-19 pandemic is having significant effects on the mental health and wellbeing of populations worldwide. Even before COVID-19, mental health conditions were prevalent, accounting for about 13% of the global burden of disease. Years of underinvestment in mental health have left us vulnerable. We must address the substantial unmet mental health needs of whole societies, with a focus on the most vulnerable (WHO, 2020)¹.

In Bristol, we remain committed to supporting the mental health and wellbeing of our population through our Thrive Bristol programme, led by Cllr Asher Craig. We are also working with system wide partners on the Healthier Together mental health and wellbeing programme and with WECA on the Thriving at Work West of England programme.

This paper provides a summary of the mental health plans across Bristol and our wider region.

2. Context

Mental Health impact of COVID-19 – Bristol, North Somerset and South Gloucestershire’s whole system response

It was understood that the COVID-19 crisis would have a significant impact on the mental health and wellbeing of our population, possibly for years to come. To respond as effectively as possible to this, a BNSSG wide Mental Health and Wellbeing Cell was established. This involves:

- Over 60 partners from across communities, the NHS, local authorities, voluntary sector, user-led organisations and academia.
- The development of a new approach for system partners to have oversight of levels of mental health need, or key population groups (including children and young people), to escalate and act upon risks.
- A focus on gathering real-time data on mental health and wellbeing needs across the population (from Emergency Departments, primary care and mental health services, as well as the voluntary and community sector).
- A focus on health inequalities lens throughout.
- Support from academic, equality and lived experience advisors, and national mental health partners (including Centre for Mental Health, NHS Confederation and Mind).

Impact of COVID-19 on mental health

Through data gathering and modelling it was estimated that across BNSSG:

- 17,034 children will be affected by the pandemic and 5,110 will require support
- 32,459 additional people suffering with depression
- Anxiety affecting 24,344 more people
- An estimated 1,400 increase in people affected by domestic abuse.

¹ World Health Organisation (October, 2020). Available at: [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(20\)30797-0/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30797-0/fulltext)

System Response

Partners (including clinicians, front-line workers and people with lived experience) developed a business case of proposals to mitigate the risks to mental health arising from COVID-19. This has taken a whole population approach, reflecting the need for early intervention and prevention, as well as proposals to protect services to ensure that capacity is in place to respond to increased demand. The interventions include the following which are now being implemented.

- **Communities** – mental health and trauma informed support training for volunteers and faith groups, capacity building grants
- **Children & Young People’s mental health** – increased access to Primary Mental Health Specialists (schools), CAMHS and targeted support for BAME children and young people
- **Suicide and self-harm reduction** – provision of welfare workers, expansion of HOPE service and provision of new targeted self-harm support
- **Increased access to IAPT care**
- **Strengthened support through primary and secondary mental health care** – increased support for primary mental health support; for secondary care support (including strengthened Assertive Outreach; support for refugees and asylum seekers; people with Dementia and personality disorders) increased support for people with learning disabilities and autism and new models for people with complex needs – bringing together health and housing partners.
- **Support for groups greatly affected by COVID-19** – Black led mental health support (adults); counselling for people affected by abuse and trauma; bereavement counselling support
- **Mental health crisis specialists to support 111 and South West Ambulance**
- **Increased support for people affected by alcohol.**
- **Improved access to support BNSSG 24/7 mental health helpline established**
- **Workplace mental health** – Thrive at Work West of England programme launched (funded by WECA for businesses and the workforce in BSSNG and B&NES) to provide mental health resources including funded mental health line manager training (targeted at SMEs and BAME led organisations).

The BNSSG Mental Health and Wellbeing Cell has become the BNSSG Mental Health and Wellbeing Programme Board. It reports to the Healthier Together Mental Health, Learning Disabilities and Autism Steering Group, which includes Bristol’s Director for Public Health and Director of Adult Services.

Bristol response to Mental Health and Wellbeing

The Bristol response to the wider BNSSG one outlined above will be delivered through the Thrive Bristol programme. Whilst also working with system wide partners to achieve greater efficiencies and economies of scale and ensure the best possible mental health outcomes for our population.

Priority Outcomes

- Reduce suicide rate in Bristol.
- Reduce self-harm rate in Bristol.
- Trend data for population 'life satisfaction' to be better than the national trend.

Outputs

- Roll out mental health and suicide prevention training (focusing on those at greatest risk): 75 mental health courses reaching 1,500 people across Bristol by June 2021 (1,000 by end of March 2021), with 75% attendees reporting increased knowledge and confidence.
- Roll out community mental wellbeing capacity building grant programme, supporting 15 projects to reach 1,500 residents in communities experiencing inequalities in mental health by August 2021 (750 residents by end of March 2021), with 75% residents reporting sustained or improved scores for anxiety, happiness and loneliness
- Number of schools working on the 'Essential Award' for Healthy Schools
- Increase provision of mental health through schools (including securing at least one 'Mental Health Support Team' in Bristol and additional Primary Mental Health Specialists.
- Provide mental health support through mental health e-learning and resources for at least 5,000 employees (across WECA footprint) and evaluate impact of Thriving at Work West of England.
- Support 400 local employers (across WECA footprint) to sign up to the Mental Health at Work commitment.
- Support the establishment of BAME-led mental health and wellbeing programme to address inequalities in mental health outcomes.

3. Policy

The plans outlined in this paper work towards the wellbeing ambitions outlined in:

Bristol City Council Corporate Strategy (2018-2023):

- Embed health in all our policies to improve physical & mental health and wellbeing, reducing inequalities and the demand for acute services.

One City Plan:

- Bristol is on the way to becoming an Adverse Childhood Experience (ACE) Aware city with 20% of the public sector workforce trained in trauma informed practice
- 50 organisations will have committed to adopting and implementing the Mental Health at Work core standards
- Work with Economy Board to ensure mental health is a priority in workplaces
- Work with Learning Board to ensure we are an AGE Aware City
- Wider context: Demand on social care, reforms to NHS, rising awareness of mental health needs

4. Consultation

a) Internal

The programmes detailed in this report have had involvement from several BCC teams including Public Health, Social Care, Communities and Neighbourhoods via the Thrive Steering Group and Healthier Together.

b) External

The programmes detailed in this report have had involvement from across the mental health system and all sectors via the Thrive Steering Group and Healthier Together.

5. Public Sector Equality Duties

- 5a) Before making a decision, section 149 Equality Act 2010 requires that each decision-maker considers the need to promote equality for persons with the following “protected characteristics”: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Each decision-maker must, therefore, have due regard to the need to:
- i) Eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act 2010.
 - ii) Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in particular, to the need to --
 - remove or minimise disadvantage suffered by persons who share a relevant protected characteristic;
 - take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of people who do not share it (in relation to disabled people, this includes, in particular, steps to take account of disabled persons' disabilities);
 - encourage persons who share a protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
 - iii) Foster good relations between persons who share a relevant protected characteristic and those who do not share it. This involves having due regard, in

particular, to the need to –
- tackle prejudice; and
- promote understanding.

- 5b) All plans outlined in this document have been developed with a focus on equalities and using a health inequalities lens throughout, with Equality. Equalities Impact Assessments have been carried out for previous papers going through the Decision Making process, and for initiatives funded by BNSSG CCG.

Appendices:

none

LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985

Background Papers: *n/a*