

Bristol Health and Wellbeing Board

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| Title of Paper: | Bristol North Somerset & South Gloucestershire (BNSSG) All Age Mental Health and Wellbeing Strategy |
| Author (including organisation): | Julia Chappell Senior Business development and Planning Manager Avon & Wiltshire Partnership NHS Trust |
| Date of Board meeting: | 28th February 2024 |
| Purpose: | Decision |

1. Executive Summary

1.1. The Bristol Health and Wellbeing Board are asked to endorse the final draft of the Bristol North Somerset & South Gloucestershire (BNSSG) All Age Mental Health and Wellbeing Strategy and plan on a page which are appendixes 1a and 1b to this cover paper. The cover paper summarises the process of, and feedback from, engagement between the first and final draft as well as the edits which have been made as a result.

2. Purpose of the Paper

2.1. The Bristol Health and Wellbeing Board are asked to make a decision to endorse the All Age Mental Health and Wellbeing Strategy which is also being submitted for endorsement to the Integrated Care Partnership Board and the North Somerset & South Gloucestershire Health and Wellbeing Boards.

3. Background, evidence base, and what needs to happen

- 3.1. All Integrated Care Systems are required by NHS England to have a mental health strategy describing their vision and ambitions for mental health within their system. A system wide mental health strategy brings all partners together to work towards a set of collective priorities. The strategy aligns to the overarching Integrated Care System strategy which identifies mental health as a key priority area. The mental health strategy provides the next level of detail on specific areas of work within the mental health system.
- 3.2. In late 2022, AWP were asked to lead on the development of a new All Age Mental Health & Wellbeing Strategy on behalf of the system. This would be based on previous co-production completed for a draft strategy developed, but not finalised, between 2018-20.
- 3.3. A steering group was established to guide the development of the draft. The group included representatives from across the three Local Authorities, the mental health Voluntary and Community Sector alliance, AWP and acute trusts.
- 3.4. As the draft document was developed, it was shared widely in partnership meetings across the system. A full engagement log detailing the meetings attended and feedback received was kept and reviewed by the steering group.
- 3.5. In addition to formal partnership meetings, some of which also included people with lived experience, specific meetings were held to share the draft strategy with people with lived experience. These included the Barnardo's Helping Young People Engage (HYPE) Group which has representatives from a number of young people's sub groups, the Independent Futures (IF) group representing people who have experience of multiple disadvantage and the Independent Mental Health Network (IMHN).
- 3.6. Through this initial engagement process over 300 people had the opportunity to input into the draft.

3.7. This process led to a strategy which;

- Provides a high level overview of the policy context and needs within BNSSG
- Sets out our system vision as ‘People having the best mental health and wellbeing in supportive, inclusive, thriving communities’
- Identifies 6 ambitions to help deliver the vision;
 - Holistic care: People of all ages will experience support and care which considers everything that might help them stay well
 - Prevention and early help: People of all ages, their families and carers will get the support they need in the right place and in a timely way, as early as possible.
 - Quality treatment: High quality treatment is available to people of all ages as needed closer to home, so they can stay well in their local communities.
 - Sustainable services: We will have an economically and environmentally sustainable mental health system where maximum benefit is delivered to the Community.
 - Health Inequalities: We will reduce health inequalities by improving equity of access, experience and outcomes throughout people’s lives.
 - Great place to work: We will have a happy, diverse, inclusive, trauma-informed and stable workforce across our system.
- Sets out key areas of work required to deliver each of the ambitions above and identifies which metrics will help us know if we have been successful
- Notes that Joint Forward Plans for mental health will be developed annually to progress the priorities identified within the strategy
- Concludes by explaining our system governance and noting that “When all organisations in our system work together to deliver change, the impact can be transformational”

3.8. The draft strategy was endorsed by the Integrated Care Partnership Board on the 28th September and published for an 8 week engagement period on World Mental Health Day, the 10th October.

4. Community/stakeholder engagement

- 4.1. Alongside the draft strategy being published on the ICB website, a survey monkey was published to give people in BNSSG a chance to further shape the strategy. The survey asked if the strategy was clear and accessible, what was missing from the strategy and what was the key thing people would like to change within the mental health system.
- 4.2. There were 53 responses were received to the survey monkey. 20 of these were from groups/Organisations (reflecting at least 124 individuals with 7 group responses not confirming how many people took part) and 33 from individuals.
- 4.3. People who answered as individuals were asked to share their demographic information. An analysis of demographics indicated those who took part were broadly reflective of the BNSSG population in terms of age, ethnicity, sexuality and religion. However, in terms of gender 23 responses were female and only 8 were male. This may reflect the higher number of female staff within the health and social care workforce.
- 4.4. The themes and changes which have been made as a result are summarised below;

| Theme | Edits as a result |
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| The strategy reflects the correct aspirations, but how will it be delivered? | Including graphic on the final page explaining JFP will have detail on projects to deliver the strategy. As described below there will also be a strategy action plan led by the ICB. |

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| Are there enough resources to deliver the strategy and how will this be managed? | An opportunity costs graphic was developed to demonstrate the benefits of investing in prevention. However, it is recognised resources will continue to be a challenge requiring HCIG to prioritise and phase investments over the lifetime of the strategy. |
| How will you measure impact? | A table with all the detailed metrics we will use has been added as appendix 2 of the strategy. |
| You need to emphasise social support more | Case studies have been added to show impact of social support and text added to strengthen to highlight the impact of social support. |
| You need to emphasise multiple disadvantage/dual diagnosis more. | A paragraph to be added to specifically address this and it has been addressed through case studies. |
| The strategy should recognise the change from the Care Programme Approach to Support Conversations. | Text has been added to explain the move to Support Conversations under our holistic care ambition. |
| The Strategy talks a lot about children, young people and adults but not enough about older people. | We have added text under holistic care to describe the programme of work being led by our older people's mental health clinical lead across both functional mental ill health and dementia. |

4.5. A communications plan has been developed for the roll out of the final strategy and is available upon request.

5. Next Steps

- 5.1. A strategy action plan is being developed to pick up on the specific, immediate term, commitments within the strategy and ensure that these are being delivered. Once populated, this plan will be shared with the Mental Health Learning Disability and Autism Health and Care Improvement Group (MH LD & A HCIG) for approval and onward monitoring. The HCIG consists of mental health leaders from across the health and care system in BNSSG with Bristol City Council represented by the Director of Public Health
- 5.2. In the medium to long term, the strategy will be implemented through the NHS Joint Forward Plan (JFP) and its annual refreshes. The 2024/25 JFP has therefore been structured so that all projects are aligned against the six strategy ambitions.
- 5.3. Finally, a brief cover sheet will be developed for MH LD&A HCIG so that every paper coming for discussion or decision is aligned to the ambitions within the strategy. This will allow the MH LD&A HCIG all work against the ambitions and consider where there may be gaps.

6. Recommendations

- 6.1. It is recommended that the Bristol Health and Wellbeing Board;
 - Endorse the final version of the strategy following the engagement
 - Note that the strategy is also being submitted to the North Somerset & South Gloucestershire Health & Wellbeing Boards and the Integrated Care Partnership Board for endorsement.
 - Note that the MH LD&A HCIG will implement and monitor the strategy through a combination of an action plan and the annual refreshes of the Joint Forward Plan with an annual report on progress also being share with the Integrated Care Partnership Board.

7. City Benefits

- 7.1. Having an Integrated Care System wide strategy will improved partnership working and a focus on prevention which is expected to improve mental health outcomes in Bristol and the wider BNSSG area.
- 7.2. The strategy also contains a specific priority and initial plan to address health inequalities in mental health. This will support groups in the Bristol community who do not currently have equity of access, experience or outcomes from mental health support.

8. Financial and Legal Implications

- 8.1. Implementing the strategy will have financial implications as it will be the guide through which both new NHS investments and proposals for transformation are viewed. This will be governed by the Mental Health, Learning Disability and Autism Health and Care Improvement Group where the Council are represented by the Director of Public Health.

9. Appendices

1. A. BNSSG All Age Mental Health and Wellbeing Strategy – final version
B. BNSSG All Age Mental Health and Wellbeing Strategy Plan on a Page – final version