Healthier Together

Improving health and care in Bristol, North Somerset and South Gloucestershire

Bristol, North Somerset and South Gloucestershire Integrated Care System All Age Mental Health and Wellbeing Strategy 2024-2029

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Introduction

We are delighted to present our All Age Mental Health and Wellbeing Strategy, setting out our partnership approach to improving mental health and wellbeing in the Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care System. This Strategy is for anyone who wants to understand the vision and ambitions for the future mental health services and support in BNSSG, including the work which will deliver this.

This vision and Strategy has been co-produced and are co-owned by people with lived experience and their families, community representatives, voluntary sector organisations, statutory health and social care providers, wider mental health stakeholders and commissioners.

The Strategy takes an **all age** life course approach, recognising that good mental health is a key principle underpinning wellbeing, and is embedded in family and community life.

This Strategy sets out six key ambitions for more effective **joint-working**. In doing so, it will deliver a five-year vision for our mental health system, driving improvements against key outcomes - supported by detailed delivery plans.

The Strategy takes a **thrive approach,** embracing the spectrum of mental health from thriving through to those who need higher levels of support.

Recognising that mental health is everyone's business, we are committed to becoming a community that **works together,** delivering the best mental health outcomes.

Whilst also delivering a service for people of all ages, that is person centered, trauma-informed, recovery focused and is a place where people want to live and work.

Whilst mental health and wellbeing is our focus, we will strive to deliver **wider social, economic and environmental benefits** as part of this work. In particular, we recognise the absolutely vital role of stable housing in supporting good mental health.

A separate Strategy is being developed with and for people with learning disabilities and neurodiversity, although interdependencies and the need for personalised support have been recognised in this Strategy.

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The wider context

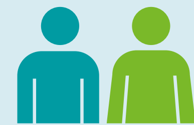
Our system has developed a document which assesses the health needs of the people who live here; Our Future Health This has identified that mental health conditions are among the biggest drivers of population health and care needs. This Mental Health and Wellbeing Strategy supports the overarching BNSSG Integrated Care Partnership Strategy. The ICS Strategy prioritises specific projects to support delivering transformation in health outcomes. We will ensure this work aligns with the ambitions within the Strategy and includes priority projects for mental health.

Mental health and age

Children and young people (CYP): 75% of children and young people who experience mental health problems aren't getting the help they need.

Students: With social and academic pressures, this is a time of major life transition during the developmental transition to adulthood. Adding in financial stresses and potential negative consequences of digital technology and social media, students are a high risk group for developing mental health and wellbeing problems.

Parenting and mental health: All parents face challenges and there may be additional difficulties if you have a mental health problem. Other stressful life experiences such as money problems or a relationship breakdown can negatively affect mental health.

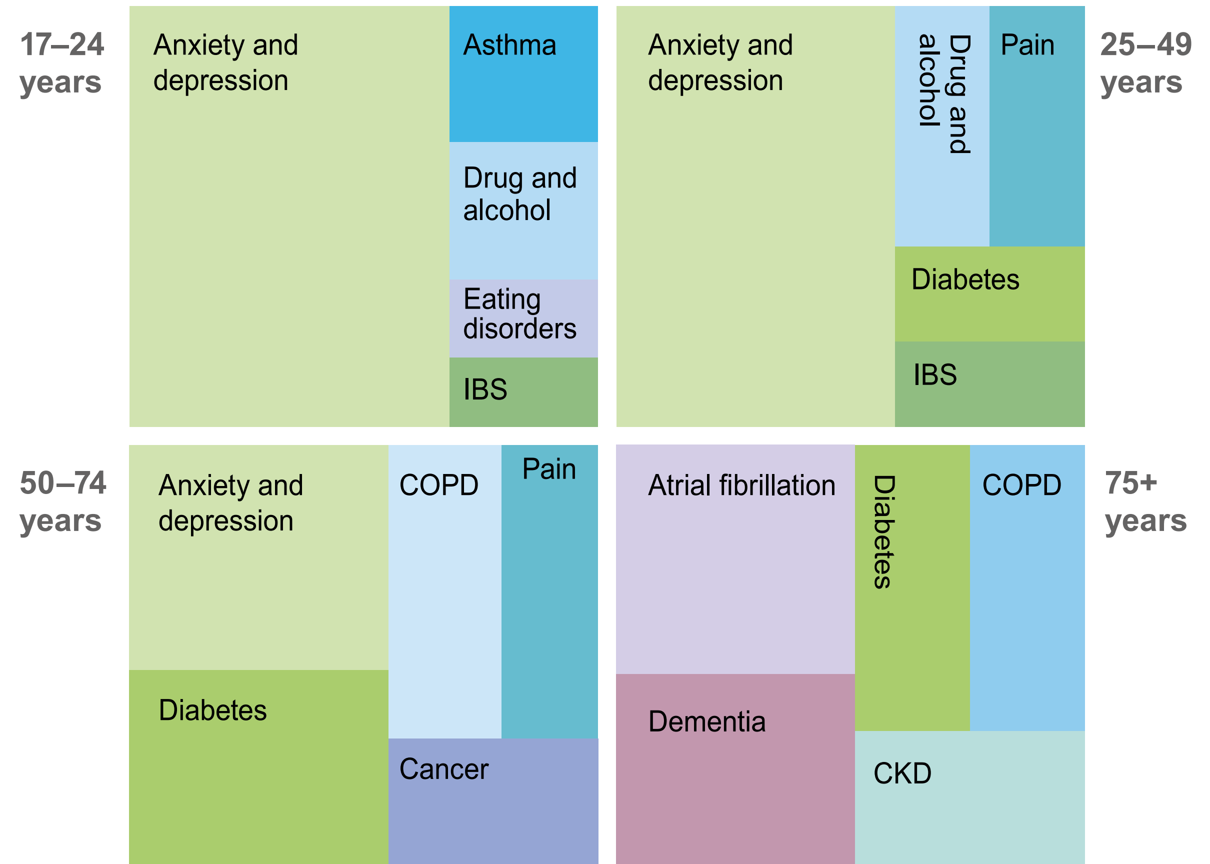


Later in life: Changes in life as we get older such as retirement, bereavement, loneliness, becoming a carer and physical illness can affect mental health and wellbeing.

Source: Mental Health Foundation 2021.

Our population

The impacts on health through the life course in BNSSG



Source: Our Future Health 2022

The graph above shows conditions that have the greatest impact on the population, shown in four different age groups. The bigger the box within each of the four squares, the bigger the impact of that condition. This only includes people over 16 years old as the tool that has been used to create this graph has only been validated in adults.

Painful conditions are within the top 5 most impactful conditions across the life course (particularly among the over 50s population) within BNSSG. There is significant overlap with mental health issues especially anxiety and depression, and this is unlikely to be resolved through more prescribing or faster access to procedures.

Eating disorders rank in the top five most impactful conditions among 17-25 year olds in BNSSG.

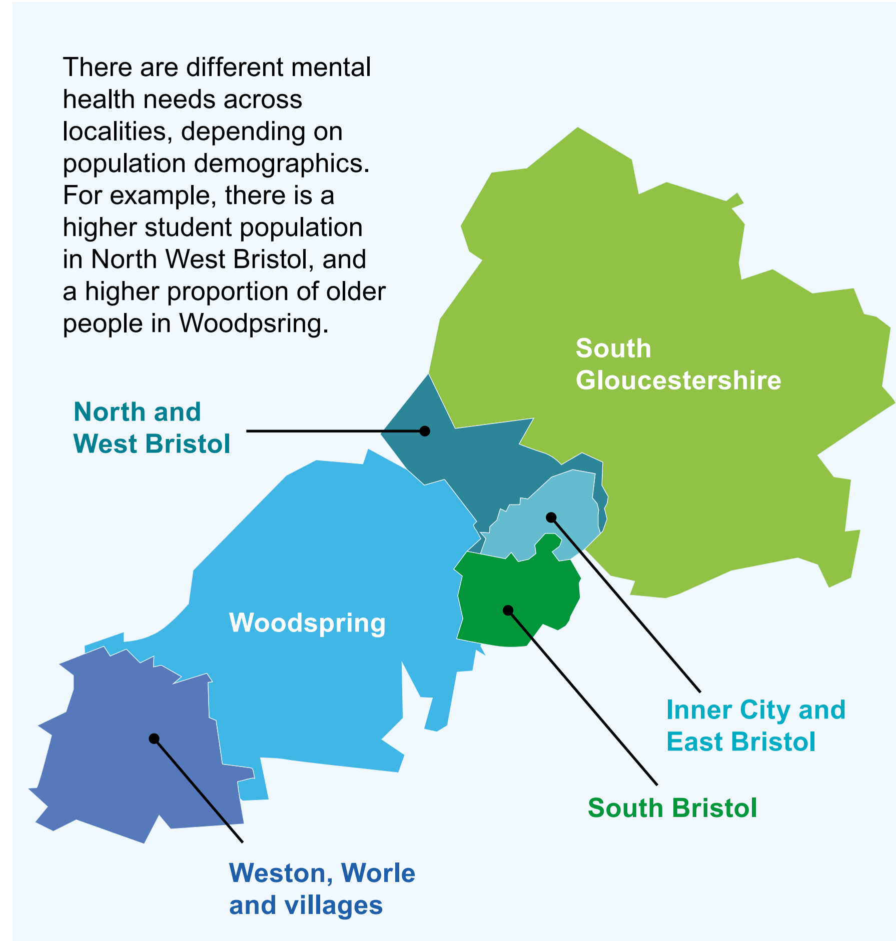
The numbers of children and young people in treatment for eating disorders in BNSSG has increased from 107 in 2017-18 to 367 in 2021-22.

Suicide is uncommon, but a leading cause of years of life lost as it is more common in young people with more years ahead of them.

Suicide is our second biggest cause of years of life lost, after heart disease.

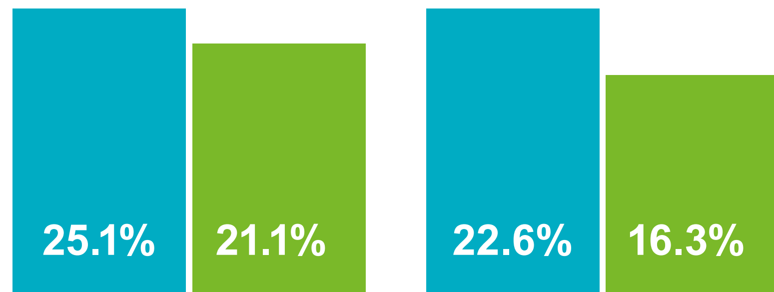
Our population

There are different mental health needs across localities, depending on population demographics. For example, there is a higher student population in North West Bristol, and a higher proportion of older people in Woodpsring.



Mental health in areas of deprivation

People with a mental health need are more likely to be living in the most deprived areas compared to those without.



Children and Young People

Adults

Most deprived areas

Least deprived areas

Source: BNSSG System Wide Dataset Analysis.

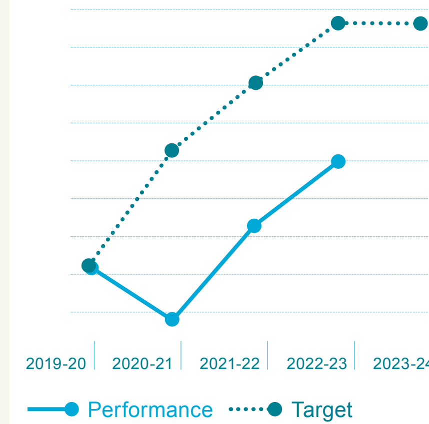
Where are we now?

Long Term Plan for mental health

In 2019, the NHS Long Term Plan (LTP) for mental health was published. This set out ambitious expectations for health systems across the country to deliver significant improvements in all age mental health and wellbeing over the next four to five years.

Significant progress has been made in improving our mental health offer over the past few years. Concentrated work has been completed in line with the NHS LTP, through working with key partners and with increased investment. This progress is demonstrated through our system's improved performance against some of the core national measures highlighted here.

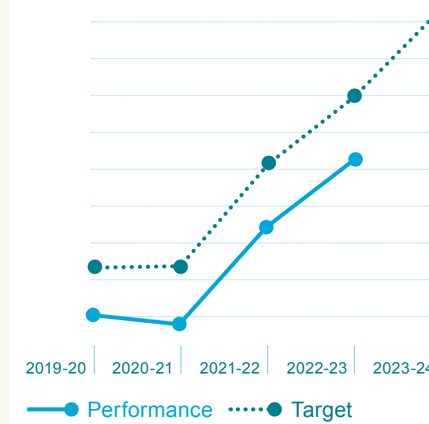
Perinatal Access



Data Source: MHSDS Digital Publication (Indicator MHS91). 2020/21 Performance impacted by Coronovirus Pandemic.

More than £2.7 million has been invested into improving perinatal mental health since 2019, and a brand new Maternal Loss and Trauma service was established in 2023.

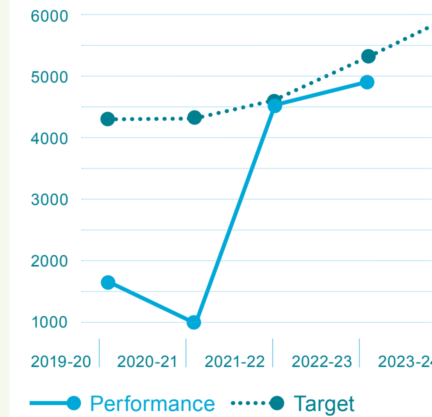
Children and Young People Access



Data Source: MHSDS Digital Publication (Indicator MHS95). 2020/21 Performance impacted by Coronovirus Pandemic.

By 2025 over 50% of school aged pupils in BNSSG will have access to early help delivered by a mental health support team in their school.

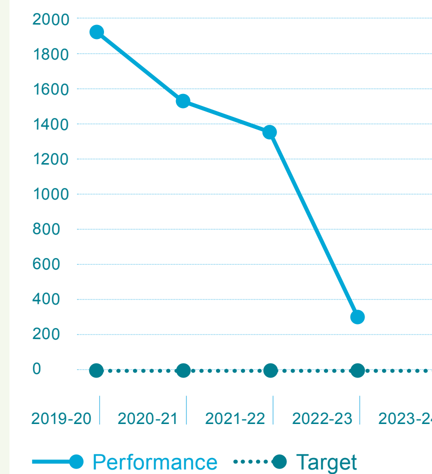
Physical Health Checks for people with Severe Mental Illness (SMI)



Data Source: NHS Stats Physical Health Checks SMI Publication. 2020/21 Performance impacted by Coronovirus Pandemic.

There has been collaborative work across primary and secondary care to help people with SMI access an annual physical health check. We have more work to do to make sure this happens every year.

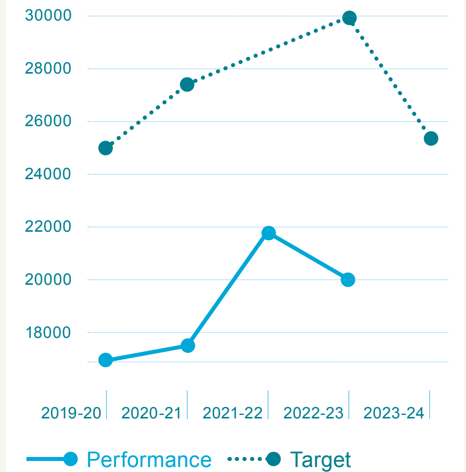
Out of Area Placements



Data Source: Out of Area Placements in Mental Health Services NHS Digital. 2020/21 Performance impacted by Coronovirus Pandemic.

Many staff across organisations in our system have worked intensively to bring people placed in out of area hospitals back to BNSSG to be near their families and communities. Our efforts mean that very few people are now placed out of area unless they have highly specialist needs that cannot be met by local services.

NHS Talking Therapies

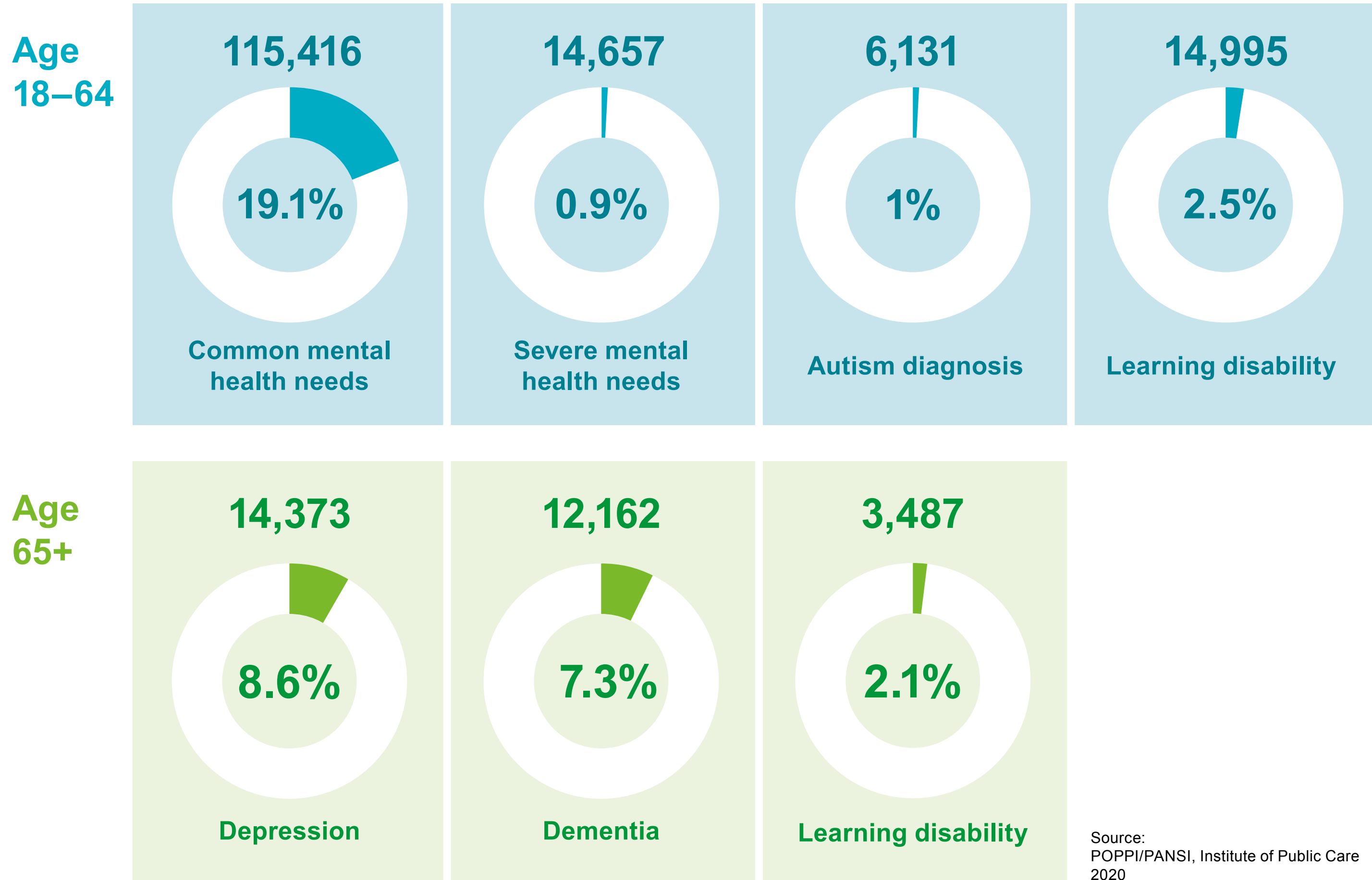


Data Source: Psychologoical Therapies, Reports on the use of IAPT services – NHS Digital (Indicatore MO31). 2020/21 Performance impacted by Coronovirus Pandemic.

As a system we are meeting multiple national NHS Talking Therapies targets, such as those which measure recovery from illness. The NHS Talking Therapies target measures the number of people able to get help from NHS Talking Therapies. Increasing the access to Talking Therapies has been difficult due to a combination of investment and transformation however we are planning to meet the target in 2023/24.

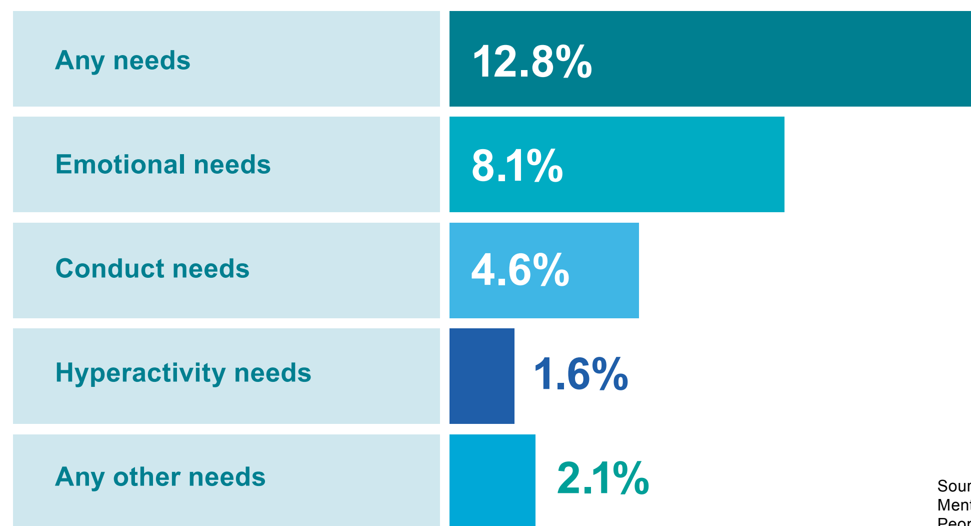
Whilst our system has made significant progress, the performance above also demonstrates that there is much further to go to meet our ambitions and improve care for our population. It is also significant that current national metrics have focused on measuring access to services. A vital part of our next steps as a mental health system will be to embed the measuring of meaningful outcomes and experience measures so that we know what is helping people of all ages the most in their recovery.

Estimated levels of mental health needs, learning disability and autism in adults across BNSSG



Source:
POPPI/PANSI, Institute of Public Care 2020

Estimated levels of metal health need among 5-19 year olds across BNSGG



Source:
Mental Health of Children and Young People. NHS Digital (2017, 2020)

Costs for adults (18+) with a mental health condition in BNSSG

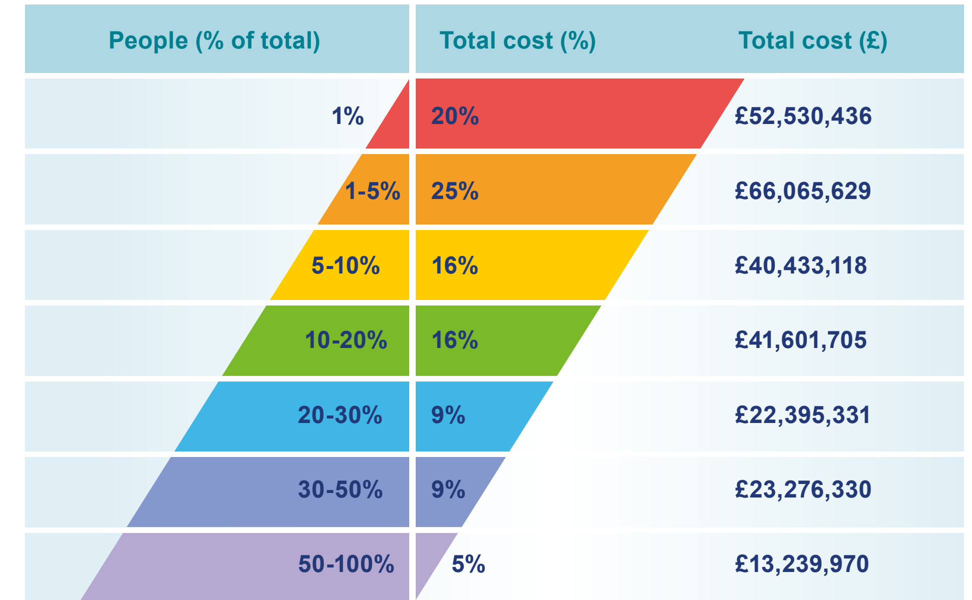
The pyramid diagrams below are designed to show how, currently, very large amounts of funding are spent on a small group of the most unwell people. Our ambition is to create a shift so that more money is invested in prevention to keep people well.

1% of the BNSSG population with a mental health condition flagged in Primary Care or in contact with mental health services account for **20%** of the total costs across the whole system.

For BNSSG this is 1609 people

Annual cost: £52.5m

Average cost per person of £32,648



Costs include admissions and attendances across primary, secondary and community care as well as prescribing (1 year, 2021/22). Some costs are Payment By Results (PBR), some are indicative. Maternity inpatient activity is included because it cannot be separated from outpatients using the system wide dataset

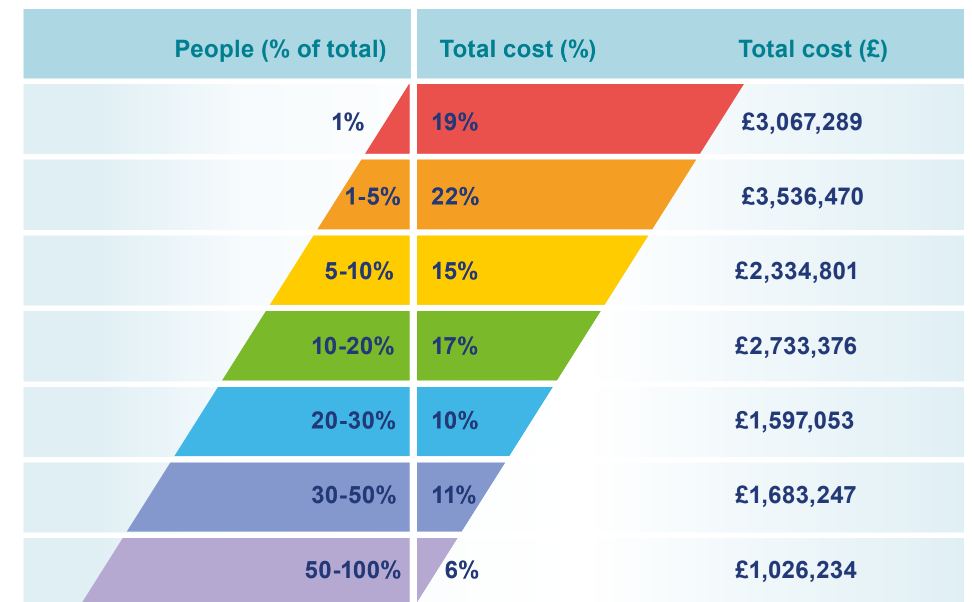
Costs for children and young people aged 0–17 with a mental health condition in BNSSG

1% of the BNSSG population aged between 0 and 17 with a mental health condition flagged in Primary Care or in contact with mental health services account for **19%** of the total costs across the whole system.

For BNSSG this is 116 people

Annual cost: £3m

Average cost per person of £26,442

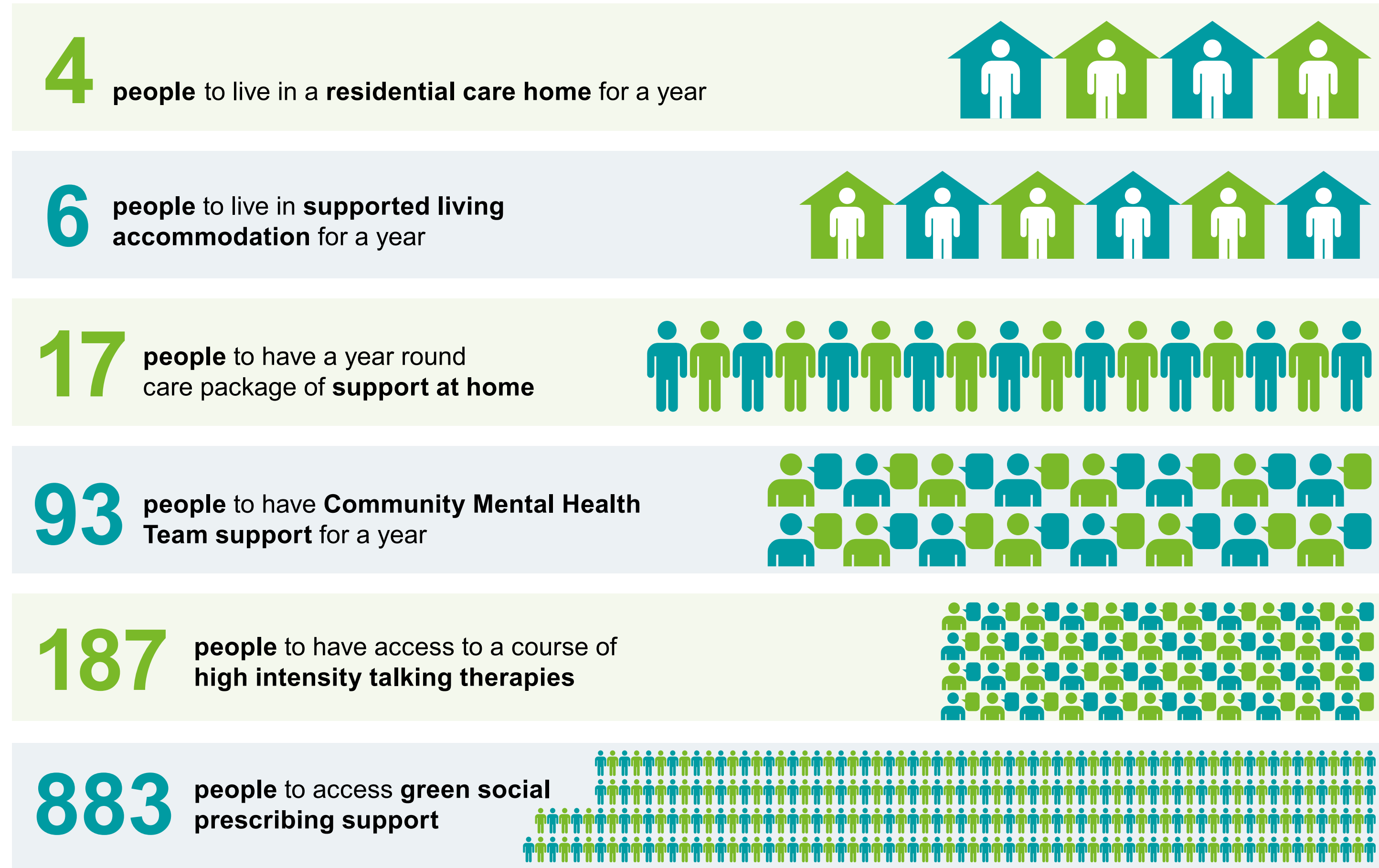


Costs include admissions and attendances across primary, secondary and community care as well as prescribing (1 year, 2021/22). Some costs are Payment By Results (PBR), some are indicative. Maternity inpatient activity is included because it cannot be separated from outpatients using the system wide dataset. Kooth data is not included as no patient details available and OTR (Off The Record) data is limited as not all records have NHS numbers or costs, so some patients are not included.

Mental health cohort derived from primary care mental health flags, secondary care mental health inpatient stays or any referral or outpatient activity in MHSDS – all reasons, all services, including OTR where NHS number is available. learning disability and autism included.

Opportunity costs for our system

We have analysed examples of average costs within our system to understand what we could buy if we were able to stop using one mental health inpatient bed a year. The diagram below demonstrates that we must focus on prevention because we can help far more people with our resources through this approach.



Sources: AWP RiO, Bristol City Council Social Care purchasing system, BNSSG Green Social Prescribing Programme, VITA Health Talking Therapies Service. N.B. talking therapies is based on an average length of 9 sessions not including assessment.

Community Mental Health Framework

Following the Long Term Plan, the national Community Mental Health Framework for adults and older adults was published in 2019. It set out a fundamental change to the delivery of community mental health services for adults, and young people moving into adult services, with a vision for mental health services which are integrated, personalised and delivered close to home. In line with this vision, the framework also removes the requirement for the Care Programme Approach in favour of much more individual and goal focused care planning for everyone.

As an Integrated Care System we have:

Co-produced and implemented a First Episode Rapid Early Intervention for Eating Disorder (FREED) service and introduced a new Voluntary, Community and Social Enterprise (VCSE) partner, called Sweda, who deliver holistic support closer to home. This quickly offers people more holistic support and has reduced waiting lists by over 50%.

Co-designed, and started to deliver, an integrated model of care for people with difficulties associated with personality disorders, inclusive of complex emotional needs, to address the current gap in provision of specialist interventions at primary care level.

Started providing Mental health and wellbeing Integrated Network Teams (MINTs) for adults across BNSSG. These bring health, social care and VCSE partners together to meet people's diverse needs, offering access to the right mental health support at the right time.

Strengthened our community mental health rehabilitation team and introduced a flexible grants scheme, which has reduced the number of people requiring care outside our local area by 45%.

We have co-designed a new personalised, system based, care planning approach that focuses on creating a team around each person, with enhanced involvement of family and carers. We will use co-produced 'Support Conversations' to ensure that all agencies are working together to support people achieve the outcomes that are important to them.

Increased capacity in primary care, Avon and Wiltshire Partnership's Physical Health Teams and peer support roles to enable more people on GP Severe Mental Illness registers to receive an annual physical health check and have their physical health needs met. This increased provision from 12% (2021) to 62% (2023).

Introduced a range of mental health support accessible to people calling 999 or NHS 111 to make it easier for people to get the support they need when they may be becoming more unwell.

We still have more to do with our community mental health model, such as implementing the new community waiting time of four weeks from assessment to intervention. This will build on the positive progress we have already made.

Prevention concordat

The Prevention Concordat for Better Mental Health was published in 2017 and provides resources for local areas to take an evidence based approach to public mental health and prevention. The Concordat was updated in 2022 to reflect the impact of the COVID-19 pandemic on mental wellbeing. BNSSG Integrated Care System is committed to implementing evidence based prevention at every level of need.

Trauma-Informed System Approach

In January 2023, the Integrated Care Board employed a Trauma-Informed Systems Manager to lead on a programme of work looking to promote and embed trauma-informed practice across Bristol, North Somerset and South Gloucestershire. This programme has provided dedicated resource to further develop a shared language and trauma-informed approach to practice. This helps support organisations and different parts of the system to consider how to recognise and effectively respond to trauma and adversity experienced by individuals, families, communities and staff.

Children and Young People's policy context

Transforming Children and Young People's Mental Health Provision – a Green Paper outlined the Department of Health and Department of Education's commitment to improving and embedding new ways of working across our children's mental health services and education settings. The ambition within the Green Paper was to put schools at the heart of efforts to intervene early and placed significant emphasis on the role education could play in early identification and support.

There are synergies between the Green Paper and Public Health England's Best Start in Life and Beyond which outlines the role that school health nurses and health visitors have in supporting children, young people and their families with a particular emphasis on the high impact areas, one of which is supporting maternal and family mental health and early identification.

The Long Term Plan builds on the commitments within the Green Paper. As a result of this, additional funding and support has been utilised to develop mental health support in schools and colleges across BNSSG. Furthermore, the Long Term Plan has driven, and will continue to drive expansion and transformation.

Locally, significant work has already begun to achieve the aims of the Long Term Plan. This includes:

Mental Health Support Teams in Schools (MHSTs): BNSSG has completed three waves of MHSTs, with 10 teams now available across the geography, in locations which have been chosen on a needs-led based approach. At the end of 2022/23, MHSTs had delivered both individual interactions and wider engagement of the whole school approach in 115 schools.

Crisis: Our local Crisis Outreach and Intervention Teams have been expanded to provide additional support to children and young people presenting in crisis to our local hospitals. There is a 24/7 response line in place, enabling young people requiring a mental health assessment to receive one sooner, and ensuring that appropriate care is received. Furthermore the Crisis Teams provide additional support in the community to help prevent hospital admission and keep young people safe and well at home.

Eating disorders: The capacity of our Specialist Child and Adolescent Mental Health Services (CAMHS) and Acute Emergency Department eating disorder teams have been increased. Alongside this, the recruitment of a CAMHS Home Treatment Team to provide intensive support to children and young people in the community, helping keep them safe and well at home. There have been improvements in joint working across Bristol Royal Hospital for Children and CAMHS teams to ensure that young people are well supported regardless of the setting. This has been further developed through a pilot across the two organisations that helps to support young people in the community, who may otherwise require a specialist eating disorder bed.

Transition: Discussions are being held with key organisations across the system to scope transitions pathways for young people aged 16-25. This work is in its infancy but there is dedicated project management in place looking at options to improve the current pathway for children and young people, ensuring that their transitions are planned for and support is available when needed.

Significant transformation has already taken place across BNSSG, with plans to expand and build on this work to ensure that we are meeting the aims of the Long Term Plan and improve access and provision of services to our children and young people.

Changes to the Mental Health Act

The Mental Health Act 1983 is currently being updated to reflect a shift to less restrictive and more personalised care.

The key changes are expected to be:

- People of all ages are detained for shorter periods of time, and only detained when absolutely necessary.
- When someone is detained the care and treatment they get is focused on making them well.
- People of all ages have more choice and autonomy about their treatment.
- Everyone is treated equally and fairly, and disparities experienced by people from minority ethnic backgrounds are tackled.
- People with a learning disability and autistic people are treated better in law, and reliance on specialist inpatient services for this group of people is reduced.

Whilst the legislation is still progressing through Parliament, it is clear there will be important implications for our system to consider, such as fully understanding the demographics of our inpatient population so we can target preventative approaches accordingly, as well as ensuring we have the best quality inpatient care and treatment.

Advancing equalities

In September 2020 the national Advancing Mental Health Equalities Strategy was published. It sets out the need for local systems to use a population health management approach to co-produce local solutions to health inequalities within mental health. As part of the Strategy, a Patient and Carer Race Equality Framework is now being rolled out nationally. The framework is a practical tool to help mental health trusts work with ethnic minority communities, and understand what steps the trusts can take to achieve practical improvements. An Equality and Diversity Workforce Improvement Plan covering all NHS services has also been published, setting the ambition of having a diverse and inclusive workforce at all levels.

Locally, we know we must ensure services are accessible to, and inclusive of, specific communities experiencing inequality of access, experience and outcomes. To do this we must improve data capture, embed training and establish culture changes. This will ensure everyone in our system understands the drivers and the impact of health inequalities. Furthermore, the compounding effects of intersection of different needs or characteristics.

I feel like I am not taken seriously by doctors because I am black. I have to exaggerate for them to take what I am saying seriously and for them not to think it's just because I am black".

Young person, BNSSG young people's Black Minds Matter group

Understanding local need

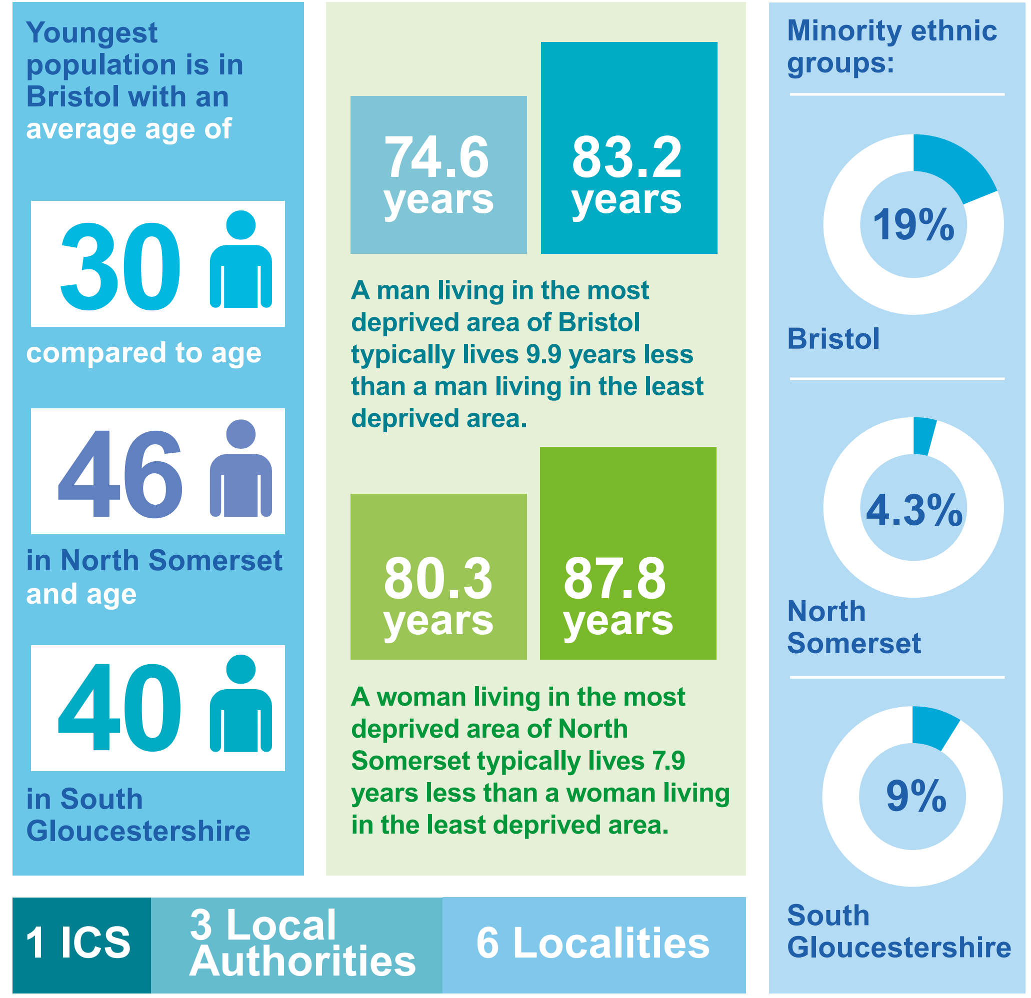
We have provided a snapshot of information about our local population. Further information can be found through our Local Authority Joint Strategic Needs Assessments for Bristol, South Gloucestershire and North Somerset as well as through 'Our Future Health' – the needs assessment supporting our Integrated Care System whole population Strategy.

Complex Multiple Disadvantage

We recognise that data and statistics cannot tell the full story. People who need mental health support will have a wealth of life experiences that impact their mental health. Some of these will be positive and support their mental wellbeing and some will result in trauma that can have a negative impact on mental health. For example, someone may have experienced trauma or domestic abuse which has caused them to be homeless and the impact of that trauma and homelessness may lead people to misuse drugs or alcohol to self-medicate. In addition, people from minority ethnic groups, people who are LGBTQIA+, people with learning or physical disabilities and neuro-divergent people are more likely to experience barriers in accessing mental health support. When they do access mental health support they tend to have a poorer experience and worse outcomes.

The data and needs analysis that we have done does not tell us about peoples real life stories and the complex difficulties that they experience. These experiences are not always well documented and different data sets look only at one kind of need or experience. Different aspects of people's lives can intersect and compound their trauma and inequality; we want partners in the mental health support system to recognise and understand the complexities of the lives of people and, in so doing, better enable their recovery.

Our whole population



BNSSG Our Future health (ethnicity statistics updated from 2021 Census)

What do we want to achieve?

Our Integrated Care System vision is:

"Healthier together by working together"

People enjoying healthy and productive lives, supported by a fully integrated health and care system – providing personalised support close to home for everyone who needs it.

Our Integrated Care System vision for mental health is:

"Better mental health for all"

People having the best mental health and wellbeing in supportive, inclusive, thriving communities.

Our mental health ambitions

We are committed to the following priorities, based on the significant co-production to date.

Six ambitions:

1 Holistic care
People of all ages will experience support and care which considers everything that might help them stay well.

2 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.

3 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.

4 Sustainable system
We will have an economically and environmentally sustainable mental health system where maximum benefit is delivered to the community.

5 Advancing equalities
We will reduce health inequalities by improving equity of access, experience and outcomes throughout people's lives.

6 Great place to work
We will have a happy, diverse, inclusive, trauma-informed and stable workforce across our system.

Underpinned by:
Working together to create the wider social and economic conditions to support positive mental health and wellbeing, including investing in a healthy start in life.

For each ambition we have started to develop plans to address them which are described on the following pages. These plans will be developed with further projects and detail added over the lifetime of the Strategy. We expect new information to be added to our Joint Forward Plan as it is refreshed annually. We have also described how we will know we have achieved each ambition; these descriptions all link to a metric that is being measured in the system either through the Long Term Plan, BNSSG ICS Population Outcomes Framework or through something we can qualitatively track.

We are proud of what we have achieved so far

Link Team

(Holistic care)

The Link Team supports people in Bristol who are street homeless and experiencing other challenges like addiction, domestic violence, learning disabilities or neurodiversity. The team bridges the gap ensuring mental health support gets to people, often for the first time in years.

They are a skilled multi-disciplinary team from organisations across Bristol. Support is person-centred and trauma-informed, meaning the team take time to understand a person's past, the social context of their experiences (such as racism), and how this affects their life now.

He completely took the lead, made a workout plan, and directed the session. It was a great bonding opportunity that strengthened the relationship and also created some equalising of power through role reversal: I was asking questions, he had the answers."

Link team worker

Mental Health in Schools

(Prevention and early help)

AWP has worked with local charity, Off The Record, to provide Mental Health Support Teams in schools in Bristol, North Somerset and South Gloucestershire.

They provide interventions for young people with mild to moderate mental health needs, and help develop a whole school approach to mental wellbeing. This type of support is non-stigmatising for young people and less disruptive to education. Families are included as a key part of the support team and there is access to further services if needed. The service covers approximately half of our schools and colleges, based on need.

OTR's intervention has had a huge impact – the students have been supported quickly and proactively, and at an early stage."

BNSSG teacher

Integrated Access Partnership

(High quality treatment)

The Urgent Assessment Centre is a pilot crisis service operating 7 days a week between 5pm - midnight. It provides a safe space for people in mental health crisis who are referred from 999, NHS 111 or emergency departments.

Offering holistic mental health assessments to understand needs during a crisis, it provides mental health coping skills, emergency support with housing and finance, and ongoing help. The service provides clear and planned recovery next steps, preventing people feeling alone in a period of crisis. This has meant reductions in police use, ambulance time and those waiting in an emergency department for mental health support.

I think that it was just the fact that I didn't have to go into hospital. I felt like I could come here and it was a way of calming down without having to spend hours at the hospital for them not to do much. I feel a lot safer going home now."

UAC service user

Green Social Prescribing (GSP)

(Sustainable services)

The BNSSG ICS Green Social Prescribing partnership is one of seven pilot sites helping people access nature to improve health outcomes. Since 2021, more than 3,000 people have been supported to access the natural environment; ranging from mothers experiencing post-natal depression, school age children experiencing anxiety, working adults with low mood and older adults with dementia.

Whether it is care farming, woodland conservation, nature photography, horticulture therapy or open water swimming, there are a range of high-quality interventions available to support our community, which also make a positive contribution to biodiversity. We are also working to offer alternatives to prescribing anti-depressants.

Wild swimming has helped significantly reduce the quantity and intensity of suicidal thoughts I was having."

Open water swimmer referred via primary care

Women's Health Training

(Advancing equalities)

Womankind and Missing Link, two local charities, were funded by the ICB to deliver women's health training.

The training supported mental health practitioners, staff and volunteers in the NHS and VCSE to better understand the barriers women face in accessing mental health support and the factors affecting their mental health throughout their life.

Early autism diagnosis is needed to help people understand themselves and mitigate a crisis caused by masking."

Training participant

Staff Support Debriefs

(Great place to work)

Working in mental health services, staff can be exposed to events that can be very distressing and potentially traumatic for them. AWP has implemented Staff Support Debriefs to help staff affected by such situations.

The process involves AWP trained facilitators providing a voluntary session to any staff member affected by a traumatic event. During the session the staff can speak about the event, discuss the impact on them, receive information about trauma responses, and identify further sources of support that may be of benefit.

It has felt very supportive and I am hopeful it will allow me to move forward without feeling so bad..."

AWP Staff Member

Our holistic care ambition

People of all ages will experience support and care which considers everything that might help them stay well.

What will we do to achieve this:

We will have Mental health and wellbeing Integrated Network Teams (MINTs) established across BNSSG. These teams include a wide range of NHS, local authority, talking therapies and voluntary sector providers. This will deliver a new community based offer including; access to psychological therapies, improved physical health care, employment support, peer support, green social prescribing, personalised and trauma-informed care, medicines management and support for self-harm and co-existing substance use.

These teams will use shared personal wellbeing plans called a 'Support Conversation'. These plans will replace the Care Programme Approach and will capture people's strengths and assets alongside their mental health needs.

We will aim to have the voluntary sector as an equal partner within all our models of care. This ensures that people of all ages get holistic support that is offered at an early point. It also ensures consideration of the social determinants of health such as housing, debt or social isolation.

We will continue to invest in targeted initiatives for groups of the population who are less likely to access physical healthcare, including a specific focus on addressing the mortality gap for people with severe mental illness.

We will ensure our models of care consider the needs of carers. For children and young people, services will consider the whole family and the role of education.

Where people are in an acute physical health hospital and require mental health support, we will ensure holistic care is delivered.

We will know we are making a difference when:

We have Mental health and wellbeing Integrated Network Teams (MINTs) fully established in every locality within BNSSG

Everyone with a severe mental illness has access to an annual health check.

The gap in premature mortality between people with severe mental illness and the general population starts to close.

People of all ages will report experiencing integrated care. We see indicators for crisis presentations reducing.

We will have a dedicated clinical lead for older adults, who is reviewing care pathways to ensure they are accessible to older adults with functional illness, who currently do not always get the support they need.

Early autism diagnosis is needed to help people understand themselves and mitigate a crisis caused by masking."

Young person,
BNSSG Neuro diverse subgroup

70%

of people who sleep rough have a mental health need

Source: Bristol City Council

45%

of respondents to the latest national health needs audits for homelessness, reported using drugs or alcohol to help them cope

Source: Homeless Link 2022

Our prevention and early help ambition

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.

What will we do to achieve this:

There will be clear, publicly accessible information available describing what is available for people of all ages, families and carers close to where they live, work or study and effective signposting to sources of support across the system.

We will ensure we systematically monitor all waiting lists and wait times within the mental health system, including the wider impact of delayed care. We will consider both service re-design and investment to address long waits for support.

Our key NHS early intervention and early life services such as Child and Adolescent Mental Health Services (CAMHS), infant mental health services, specialist perinatal services and Early Intervention in Psychosis (EIP) will meet national performance expectations and will receive particular focus on embedding best practice models of care.

We commit to working together to create the wider conditions for good mental health, including early years work, mental health in schools, thrive approaches, social prescribing, access to employment, debt and housing advice.

We will ensure we work as a trauma-informed system, adapting services to reduce potential unintended negative effects on those who have experienced trauma.

We will develop a dementia Strategy which delivers equity of offer across BNSSG, and seeks to support early diagnosis.

We will know we are making a difference when:

Our NHS services which provide early intervention such as EIP, perinatal mental health (evidenced to improve babies outcomes) and CAMHS will meet or exceed all national NHS performance measures.

We see improvements in everyone's wellbeing.

People of all ages using early intervention or early help will report it is high quality and easy to access.

People of all ages experience service support as being timely.

All service waiting times are in line with national guidance.

We see self harm rates in young people reducing.

At the moment it feels like you have to get iller to get help so you almost want to get worse to get help. This also creates a fear of getting better because you want to get better but you are scared of losing the support which is helping you if you do"

Young person BNSSG Helping Young People Engage (HYPE) group

During the pandemic

1 in 3

children lived with at least one parent reporting emotional distress

Source: Statistical commentary on UK Household Longitudinal Study wave 11

Our high quality treatment ambition

High quality treatment is available to people of all ages as needed, closer to home, so they can stay well in their local communities.

What will we do to achieve this:

As a system we will take a quality improvement approach to all services and projects. This means all projects and programmes will be required to state the evidence base they are using or, in the case of innovation, expecting to build on and have clear agreed evaluation points. Where there is no evidence base for a service or initiative, the system will refocus resource.

We will proactively work closely with housing providers and employers to support people to live as independently as possible, to improve overall mental health and improve outcomes in treatment and recovery.

We will continue to invest in crisis alternatives such as crisis houses and ensure these are integrated with our clinical support, as well as developing new initiatives such as our Integrated Access Partnership (mental health phone support available through calling NHS 111 or 999).

The ICB, local authorities and other relevant organisations in BNSSG will work with the South West Provider Collaborative (who manage child and adolescent mental health inpatient beds) to minimise the number of children admitted to inpatient settings. We will ensure that where children and young people need to stay away from home, this is as close to where they live as possible and in as homely an environment as possible.

We will use the opportunity of changes to the Mental Health Act, alongside embedding the learning from our local work, to ensure people who require inpatient care have high quality treatment and as short a stay as possible and are supported to be discharged as soon as they are well enough.

As a system we commit to implementing new approaches to working with people who have mental ill-health as part of wider multiple disadvantages.

We will know we are making a difference when:

We have embedded the use and monitoring of 'paired outcome measures' across our system which allow people of all ages using services, clinicians and the wider system to understand which support has most helped someone with their recovery.

Fewer people of all ages are placed in an acute bed outside of our local area.

Fewer people of all ages require an admission to an inpatient ward.

Fewer people of all ages experience a delayed discharge from an inpatient bed.

Fewer children and young people rely on emergency department support when in crisis. Our service models meet national best practice requirements. Our service models meet national best practice requirements.

My mum can't speak English and when I go to health appointments with her, they don't take her seriously".

Young person, BNSSG young people's Black and Brown Minds Matter group

10%

of children and Young People in BNSSG who have regularly attended Accident and Emergency have done so because of a mental health need

Source: BNSSG System Wide Dataset Analysis 2023

Our advancing equalities ambition

We will reduce health inequalities by improving equity of access, experience and outcomes throughout people's lives.

What will we do to achieve this:

We will invest in our local community groups and grass roots organisations, working in partnership with them to deliver services and support.

We will create opportunities for community led groups to become involved in designing, delivering and evaluating services and grow their organisations.

All work undertaken within the BNSSG mental health system will clearly address health inequalities, and improve equity of access and outcomes.

Our NHS Talking Therapies service will offer specific activities to those previously not reached, enabling everyone in our population to access help early.

We will improve data capture across the system so that we fully understand where gaps in equity exist. This will include supporting our workforce to understand why capturing demographic information is so important. We will then use this data to set out targeted improvement plans.

Co-production will be a feature of all projects, encompassing both a range of partner organisations including Healthwatch as well as people of all ages and backgrounds, families and carers with lived experience. We will specifically seek to understand from people of all ages and backgrounds with lived experience what does or could have helped them stay well. This will also include paid progression opportunities and lived experience leadership roles.

We will have a diverse and inclusive workforce, representative of our population, and equipped with the skills and knowledge needed to address inequalities.

We will know we are making a difference when:

We can demonstrate impactful investment in our local communities.

We have good quality data flowing which lets us know if people of all ages with protected characteristics, or other measure of health inequalities such a socio-economic status, are achieving outcomes at the same level as the rest of the population.

Where inequity of access, experience or outcomes have been identified, there are targeted and time bound improvement plans, which are scrutinised by the ICB's Mental Health, Learning Disability and Autism Health and Care Improvement Group.

For every project in the system there is strong evidence of co-production and measurable action to address health inequalities.

1 in 7

LGBTQIA+ people have avoided health treatment for fear of discrimination

Source: Stonewall 2017

52%

of LGBTQIA+ people have experienced depression in the last 12 months

Source: Stonewall 2017

Around 1 in 5

women have a mental health problem

Source: Mental Health Foundation, 2021

3x

as many men as women die by suicide

Source: Mental Health Foundation, 2021

Black people are 3x

more likely than white people to be sectioned under the Mental Health Act

Commission for Equality in Mental Health, 2020

Our great place to work ambition

We will have a happy, diverse, inclusive, trauma-informed and stable workforce within our system.

What will we do to achieve this:

Alongside learning from the South West Workforce Forum, we will pilot new approaches to staff skill mixes ensuring people are able to use and develop their skills appropriately.

We will seek out proposals from staff about how their work could be done differently.

We will have a focus on staff wellbeing, such as providing staff with access to regular reflective practice and ensuring staff can be supported through experiences of trauma.

We will establish new development opportunities for staff at all levels, including the chance to access career development opportunities across healthcare organisations within BNSSG.

We will establish pathways for young people and adults with lived experience to progress into peer support roles and onwards.

We will actively work with regional and national workforce teams to understand what more we can do, as a system, to contribute towards addressing national workforce shortages.

We will know we are making a difference when:

An increased percentage of mental health staff say they are satisfied with the quality of care they provide.

An increased percentage of mental health staff would recommend their organisation as a place to work.

An increased percentage of mental health staff say they feel their role makes a difference to the people they support /care for.

The health and wellbeing of our staff improves.

We can see more staff from under-represented groups are progressing to senior roles.

There is an increase in lived experience recruitment and progression, to ensure we are making the most of the significant contribution people with experience of mental health services can bring to the workforce.

Spend on agency across the system reduces and is in line with national benchmarks.

Recruitment and retention rates improve and are above national benchmarks.

You need to create more conversation around these jobs – what makes them good and what impact do they have? Then more people would want to go into these roles and you might get a more diverse workforce"

Young person BNSSG Helping Young People Engage (HYPE) group

78%

is the gap between the employment rate for people in contact with secondary mental health services and the overall employment rate in the South West.

PHE 2021

Our sustainable services ambition

We will have an economically and environmentally sustainable mental health system, where maximum benefit from our actions and services is delivered to the community.

What will we do to achieve this:

We will consider the short and long term social, economic and environmental impact of all investment decisions within our system and act proportionately to address any negative impacts identified.

We will ensure mental health is fully considered in our ICS Digital Strategy, maximising opportunities for digital innovation to improve the efficiency of integrated working for our partners, and reduce the need for people of all ages to repeat their stories.

We will ensure people of all ages have a range of options for accessing services both virtually and in person based on individual needs. For many people, a virtual offer can be more convenient. It also is better for the environment, as well as helping us retain staff who want to work flexibly. Other people may experience digital poverty or may prefer a face-to-face option and so this will also need to be available as close to public transport routes as possible.

We will ensure our new co-created support plans will be shared with people directly via Digital Patient.

We will have sustainable contracting approaches that offer longer term funding, to allow partner organisations to be committed to transformation and support their staff retention. Any procurement exercise will fully consider environmental and social impact as key elements.

We will require new contracts to include commitments to address the climate emergency.

We will know we are making a difference when:

As a system, we can demonstrate the wider social and environmental impact of our services.

We have a clear commissioning and contracting plan supporting the sustainability of our whole system.

We have digital solutions which allow rapid information sharing across partners.

Providers can evidence that they have reduced their carbon footprint.

Providers can evidence local recruitment.

Providers can evidence use of local supply chains.

Accessing mental health support should be easy – where to start, who to contact. It should be as simple as calling 999 is when there's an emergency"

Independent Futures (lived experience) group member

£105 billion per year

is the estimated economic and social cost of poor mental health

PHE 2018

Next steps

Forming an Integrated Care System (ICS) represents the best opportunity to deliver urgently needed transformation of our health and social care system. The ICS provides the opportunity to break out of organisational silos, enabling all partners to work together to tackle deeply rooted challenges, drawing together their collective skills, resources and capabilities.

Five key principles which will allow our ICS to thrive:

1 Collaboration within and between systems and national bodies

2 A limited number of shared priorities

3 Allowing local leaders the space and time to lead

4 The right support, balancing freedom with accountability

5 Enabling access to timely, transparent and high-quality data

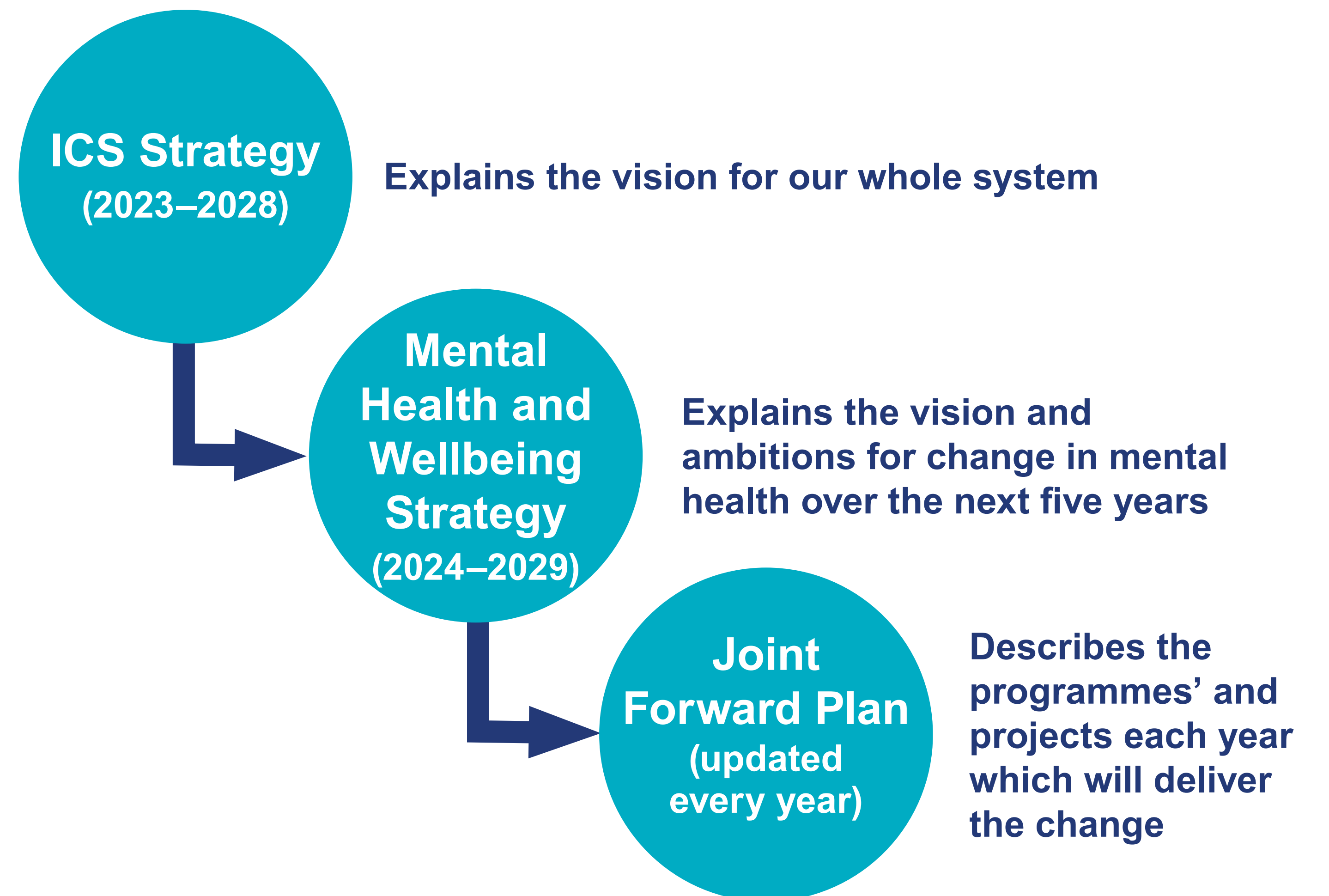
Locally we are absolutely committed to the transformative power of working together to deliver change. There is a Mental Health, Learning Disabilities and Autism Health and Care Improvement Group which oversees the delivery of the vision, ambitions and priorities set out within this Strategy. The Health and Care Improvement Group includes representatives from partners across our system. There is also a Children's Health and Care Improvement Group which provides additional scrutiny on the delivery of work to improve mental health access and outcomes for children and young people.

During 2024–25, the Mental Health, Learning Disabilities and Autism Health and Care Improvement Group will oversee the production of plans to deliver our ambitions. These will form our five year Joint Forward Plan. Each year, our Joint Forward Plan will be updated to demonstrate the progress we have made and include further detail on the projects which will be delivered in that year to meet our aims.

Delivering this Strategy will also require all partners to commit support for key projects, so that we can take a system approach to workforce planning, digital, estates and quality improvement, to make the best use of all our resources.

When all organisations in our system work together to deliver change, the impact can be transformational.

How will the Strategy be delivered?



Glossary

TERM	DEFINITION
Acute care	Acute care is where a patient receives active, short-term treatment for a condition, often staying in hospital.
Assets	This describes things which can support good mental health and wellbeing, such as family, community relationships, social networks, community and neighbourhood services, activities and facilities.
Autonomy	Autonomy is about a person's ability to act on their own values.
BNSSG	Bristol, North Somerset and South Gloucestershire.
Care Programme Approach	A way to create a plan for someone's care and support in secondary mental health services, usually using a standard set of documents. This approach is due to be replaced by new care planning approaches being developed by the Community Mental Health Framework Programme.
Co-produced/Co-owned	This describes how we work with people who use our services to make sure care and the way it is delivered meets their needs, rather than providers deciding this on our own.
Digital innovation	This is about new technologies such as software programmes, apps or use of mobile phones, tablets or computers.
Equalities	Ensuring people have equal rights and opportunities.
Green Social Prescribing	A national programme offering people the opportunity to access wellbeing activities outside and in nature in order to support their mental health and meet other people.
Health and Care Improvement Group	The name of a meeting of different organisations from across BNSSG who come together to make decisions about health and care services in the area. The two Health and Care Improvement Groups most relevant to this document are the Mental Health, Learning Disability and Autsim Health and Care Improvement Group, and the Children and Young People's Health and Care Improvement Group.
Holistic care	A holistic approach means to provide support that looks at the whole person, not just their mental health needs. The support should also consider their physical, emotional, social and spiritual wellbeing.
ICS	Stands for Integrated Care Systems. 42 of these were set up across the country. They are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. Our local ICS is BNSSG.
Inequalities	The state of not being equal, especially in status, rights, and opportunities. We know that some groups of our population currently find it harder to access mental health services than others.
Inpatient care	When a patient is being cared for in hospital rather than at home.
Integrated	Where people work together to deliver something.
Joint Forward Plan	A five year document that every healthcare system is required to produce to describe how they will deliver improvements in local services. It is refreshed annually.
Joint Strategic Needs Assessment	Joint Strategic Needs Assessments are documents held by local public health departments within Local Authorities which set out what the health and social care needs of a local area are.
Legislation	The process of making or enacting laws.
Lived Experience	The knowledge people gain from treatment or going through services. This provides invaluable insight to what services are like for the patient.
Local Authority	A Local Authority, commonly referred to as a Council, is the government body responsible for delivering local services in an area.
Locality Partnership	These are groups of providers and wider partners working together at a local level to delivery care specific to the needs of local populations. In BNSSG there are 6 Locality Partnerships; North & West Bristol, South Bristol, Inner City & East Bristol, South Gloucestershire, Woodspring, Worle & Villages and Weston (both of which are in North Somerset).
Long Term Plan (LTP)	The NHS Long Term Plan 2019-2024 was a policy document published to provide guidance to local areas about the improvements expected in mental health services during this time.
Mental health Integrated Network Team (MINT)	A new type of team around primary care bringing together NHS, social care and voluntary sector organisations (VCSE) to offer quick access to a broad range of support.
Paired Outcome Measures	Tools which are used to understand changes in mental health and wellbeing. Often a set of questions completed at the start and end of a period of support or treatment to understand how much it has helped.
Peer Support	People who have experienced services are uniquely placed to support others who follow in their footsteps, they can explain what to expect and how they felt whilst under the care of a service.
Personalised care	This means service users have choice and control over the way their care is planned and delivered.
Mental Health Act	The Mental Health Act (1983) is the main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder.
Primary care	Healthcare provided in the community for people making an initial approach to a medical practitioner or clinic for advice or treatment.
Recovery focused	This means working with people to target ways to help their mental ill health get better and achieve the things they want to do as they improve.
Safeguarding	protecting a citizen's health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect. It is an integral part of providing high-quality health care. Safeguarding children, young people and adults is a collective responsibility.
Secondary care	This refers to services being provided by health professionals who generally do not have first contact with a service user for example, a hospital rather than a GP surgery.
Severe mental illness (SMI)	Historically Severe Mental Illness was a term used to refer to people who experienced psychotic illnesses, where people may see or hear things which are not real, and/or struggle to think or act clearly. Often, when this term is used for national targets or in data this is the group being referred to. GP 'SMI' registers also only record people who have a psychotic illness. However, the Community Mental Health Framework, introduced in 2019, has widened the scope of the term and has used it to mean a much wider group of conditions and needs using the following definition: "SMI covers a range of needs and diagnoses, including but not limited to; psychosis, bipolar disorder, 'personality disorder' diagnosis, eating disorders, severe depression and mental health rehabilitation needs – some of which may be co-existing with other conditions such as frailty, cognitive impairment, neurodevelopmental conditions or substance use".
Social determinants of health	The things outside of our biology which can affect our physical and mental health such as housing, debt, social isolation.
Sustainable	Something that is able to be maintained at a certain level.
Trauma-informed	A program, organisation, or system that is trauma-informed realises the widespread impact of trauma and understands potential paths for recovery; recognises the signs and symptoms of trauma in individuals, families, staff, and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist retraumatisation. In BNSSG we have adopted 6 trauma-informed principles that underpin our approach: Safety, Trustworthiness & Transparency, Choice & Clarity, Collaboration, Empowerment and Inclusivity.
Voluntary Community and Social Enterprise (VCSE) sector	Organisations which deliver services but do not seek to make a profit from these services. Often services will be free to access but where there is a charge this money will be reinvested into delivering the organisations social or charitable aims.

Metrics to be used to measure impact against priorities

DOMAIN	WE WILL KNOW WE ARE MAKING A DIFFERENCE WHEN	CODE	INDICATOR
Holistic Care	Integrated personalised care teams are established in every locality within BNSSG.	HOL1 HOL2	Number of Primary Care Networks in your system meeting the data flow criteria for transformation. Activity within community mental health services for adults and older adults with severe mental illnesses.
	Everyone with a serious mental illness has access to an annual health check.	HOL3	People with severe mental illness receiving a full annual physical health check and follow up interventions (rolling 12 months).
	We see indicatiors for crisis presentations reducing.	HOL4 HOL5	Rates of total Mental Health Act detentions Rates of restrictive interventions.
	We see the gap in premature mortality between people with serious mental illness and the general population close.	HOL6 HOL7	Severe mental illness mortality gap close. Rate of suicide deaths (persons rate/100K).
	People using services report satisfaction with the practical help they receive.	HOL8	Proportion of DIALOG question 10 responses from 5-7 (fairly, very or totally satisfied).
	People using services report satisfaction with their meetings with mental health professionals.	HOL9	Proportion of DIALOG question 11 responses from 5-7 (fairly, very or totally satisfied).
	People of all ages will report experiencing integrated care.	HOL10	To be developed.
Prevention & Early intervenion	All our NHS mental health services will meet or exceed all national access and wait time standards.	PRE1	A new national approach to monitoring community mental health service waiting times has been released and provisional reporting in place. No wait time expectations have yet been set. We are working on reporting these locally.
	We see improvements in everyone's mental wellbeing.	PRE2 PRE3	ONS wellbeing 4 domains (% low happiness score). CYP Warwick-Edinburgh Wellbeing Score (proportion scoring very low/low.
	People of all ages using early intervention or early help will report it is high quality and easy to access.	PRE4	Adult mental health services use a Patient Reported Experience Measure to check peoples views of services.
	We see self harm rates in young people reducing.	PRE5 PRE6	Self-reported harm in young people . Hospital admissions as a result of self-harm (10-24years).
High Quality Treatment	We have embedded the use of 'paired outcomes measures' across our system which allow people of all ages using services, clinicians and the wider system to understand what support has helped someone with their recovery.	QUA1	Positive change in DIALOG between paired scores for questions 1-8.
	Services demonstrate helping people feel better.	QUA2	Talking Therapies recovery rate.
	Our service models meet national best practice standards.	QUA3 QUA4 QUA5 QUA6 QUA7	EIP services achieving Level 3 NICE concordance. Mental Health Liaison services within general hospitals meeting the "core 24" service standard. Coverage of 24/7 adult and older adult Crisis Resolution and Home Treatment Teams operating in line with best practice. Proportion of discharges from adult acute beds eligible for 72 hour follow up – followed up in the reporting period. Coverage of 24/7 crisis provision for children and young people (CYP) that combine crisis assessment, brief response and intensive home treatment functions.
	Fewer people of all ages are placed in an acute bed outside of our local area.	QUA8	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days for adults requiring non-specialist acute mental health inpatient care.
	Fewer people of all ages require an admission to an acute ward.	QUA9	Mental Health Acute admissions - adult and children.
	Fewer people of all ages experience a delayed discharge from an inpatient bed.	QUA10	Mental Health Trust Reporting.
	Fewer children and young people rely on Emergency Department support when in crisis.	QUA11	Mental Health A&E attendance for children and young people.
Advancing Equalities	We can demonstrate impactful investment in our local communities.	EQU1	We will analyse data from indicator QUA1 by locality and provider.
	We have good quality data flowing which indicates people of all ages with protected characteristics or other measure of health inequalities such a socio economic status are achieving outcomes at the same level as the rest of the population.	EQU2	Mental Health Services Dataset - Data Quality Maturity Index Score.
	Where inequity of access, experience or outcomes have been identified there are targeted and time bound improvement lans which are scrutinised by the Healthcare Improvement Group.	EQU3	Project documentation.
	For every project in the system there is strong evidence of co-production and measurable action to address health inequalities.	EQU4	We will monitor the following five indicators by age, sex, deprivation and ethnicity as a minimum: HOL3 HOL4 HOL5 PRE1 QUA2
Great place to work	An increased % of staff say they are satisfied with the quality of care they provide.	STA1 STA2 STA3	% of NHS staff who say they are satisfied with the quality of care they give to patients/service users. % of NHS staff who say their role makes a difference to patients/service users. Proportion of staff recommending their organisation as a place to be treated or cared for.
	We will improve the health and wellbeing of our staff.	STA4 STA5 STA6 STA7 STA8	Sickness absence rates - working days lost to sickness. Sickness absence rates - annual average. Vacancies. % of NHS staff who say their organisation takes positive action on health and wellbeing. Average reported health and wellbeing (emotionally exhausting, burn out, frustration, exhaustion, tired, time for friends and family).
	Increase in staff who are from underrepresented groups progressing to senior roles.	STA9	There are four data sources we can use to monitor different staffing groups.
	Increase in Lived Experience recruitment and progression to ensure we are making the most of the significant assets people with lived experience can bring to the workforce.	STA10	In development.
	Spend on agency across the system reduces and is in line with national benchmarks.	ST11	In development.
	Recruitment and retention rates improve and are above national benchmarks	STA12	In development.
Sustainable System	As a system we can demonstrate the wider social and environmental impact of our services.	SUS1	In development.
	We have a clear commissioning and contracting plan. supporting the sustainability of our whole system.	SUS2	In development.
	Providers can evidence use of local supply chains.	SUS3	In development.
	Providers can evidence that they have reduced their carbon footprint.	SUS4 SUS5	Measure annual carbon emissions across all scopes. Total financial cost to the system if we were to off-set our carbon emissions at £75 per tonne (all scopes).
	We have a digital solution/s which allow rapid information sharing across partners .	SUS6	Number of staff across different providers using the single mental health patient administration system In development.
	Providers can evidence local recruitment.	SUS7	In development.

Healthier **Together**

Improving health and care in Bristol, North Somerset and South Gloucestershire

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© Bristol, North Somerset and South Gloucestershire Integrated Care System
Published: January 2024

Design: marlesandbarclay.co.uk