

# **North Somerset Public Mental Health Strategy 2015-2019**

**By North Somerset Public Mental Health Steering Group  
Consultation draft**

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## **1. INTRODUCTION**

1.1 The North Somerset Public Mental Health Strategy 2015-2019 describes how North Somerset Council, North Somerset Clinical Commissioning Group (CCG), Avon and Wiltshire Mental Health Partnership (AWP) and other key partners will work together to develop positive mental health and wellbeing for the population of North Somerset. This strategy does not cover mental health services themselves. They are part of other strategies and policies (see Appendix D).

1.2 This strategy has been written by a steering group, see appendix A for a list of members. This is a draft version of the Strategy which is out for consultation between November 2014 and January 2015. Service users, carers, service providers and other relevant and interested stakeholders are being invited to offer feedback on this strategy. There are consultation questions throughout this document and they have also been condensed into one list, see Appendix B.

## 2. WHAT IS PUBLIC MENTAL HEALTH?

2.1 The 2013 Director of Public Health (DPH) Annual Report on public mental health highlighted the need to address mental health and promote population-level wellbeing throughout the life course. The full report is available on the North Somerset Council Website<sup>1</sup>. This strategy is the follow-on from the report to address and focus on the issues the report raises.

### ***What is mental wellbeing?***

2.2 It is important to distinguish between mental health (wellbeing) and mental ill health (disease). Mental wellbeing has a number of definitions. Essentially it is about emotion (feelings), cognition (perception, thinking and reasoning), social functioning (relations with others) and coherence (sense of meaning). Wellbeing generally and mental wellbeing specifically, are important as we know from the evidence that an individual's wellbeing is associated with physical health, longevity, quality of life, risk of drug and alcohol misuse, criminal behaviour and employment. People with good mental wellbeing are more resilient and better equipped to deal with adverse circumstances. The below definition was offered by the Government Office for Science in 2008:

“... a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community”.

(Government Office for Science 2008, p10)<sup>9</sup>

2.3 This strategy focuses on the promotion of mental wellbeing, reduction of stigma and discrimination, and increasing early intervention for people facing mental health challenges and thus supports the six objectives of the national *No Health Without Mental Health Strategy*<sup>2</sup>:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination.

### ***Why public mental health is important***

2.4 It is widely reported that one in four people will develop a mental health

<sup>1</sup> North Somerset 'Director of Public Health Annual Report 2013 Public Mental Health' North Somerset Council, 2014

<http://www.n-somerset.gov.uk/Social%20care/healthandwellbeing/Pages/Public-health.aspx#r> (accessed on 9<sup>th</sup> November 2014)

<sup>2</sup> Department of Health. No health without mental health. UK: Department of Health, 2011. <https://www.gov.uk/government/publications/the-mental-health-strategy-for-england> (accessed on 9<sup>th</sup> November 2014).

problem at some point in their lives. Mental disorders account for the largest burden (23%) of disease in England. At any point in time at least one in six people will be suffering with a mental health problem. As a consequence, the UK economy incurs costs of over £105 billion every year in terms of direct treatment costs, morbidity and lost productivity.

2.5 The 2012 Director of Public Health report demonstrated that 6,953 disability adjusted life years are lost in North Somerset due to mental health and neuro-psychiatric conditions. This is the largest proportion of the total disease burden in North Somerset.

2.6 Mental health issues are associated with deprivation, poor housing, poor physical health and lower life expectancy. However, some of the factors associated with poor mental health such as drug and alcohol misuse are also risk factors for the development of poor mental health, and this reciprocal relationship must not be overlooked.

2.7 Public mental health is concerned with improving and protecting the mental wellbeing of the population. There is good quality evidence demonstrating that by improving mental health over the different stages of life there are a wide range of health, social, educational and economic benefits to individuals, families and communities. It also helps to reduce crime, anti-social behaviour and inequalities in health and wellbeing.

### ***Population approach***

2.8 A public health or population approach to improve mental health aims to 'shift the curve' of the whole population rather than simply focussing on those at the ends of the spectrum. This can sound counter-intuitive but is essentially about improving outcomes for everyone so the whole distribution of disease shifts and a greater number of people benefit. This approach is particularly important because of the large impact mental health has on the population.

### ***Life course***

2.9 It is important to remember that mental illness can affect anyone, at any stage or time in their life. We know from the work by Sir Michael Marmot that the individual causes of poor health that may contribute to poor mental health occur across the life course. One in four people will experience a mental health issue during their lifetime and this accumulation of risk is pictured in Figure 1.

**Figure 1:** Accumulation of risk of mental illness across the life course.



### **Groups at higher risk of poor mental health**

2.9 Whilst poor mental health can affect anyone, there are particular groups that are at higher risk. These have been borne in mind when developing the action plan (see Section 4)

- Vulnerable children and young people, particularly looked after children, children leaving care, young offenders, children with special educational needs, young carers, children whose parents/carers have mental health or substance misuse issues, children living with domestic abuse, children exposed to sexual violence or abuse, children experiencing bereavement or family breakdown
- People who have been victims of domestic or sexual abuse
- People with physical, sensory or learning disabilities
- Those at high risk of suicide or self-harm
- People who are unemployed or on low incomes
- People from minority groups including black and minority ethnic groups and lesbian, gay, bisexual and transgender people
- People who are homeless
- People with problematic drug or alcohol use
- Carers
- Veterans
- Older adults (over 65 years)

### **CONSULTATION QUESTION**

1. Are there any other key groups you feel have been missed from the list above?

### 3. VISION AND OBJECTIVES

3.1 The Vision for this strategy is:

*“To support individuals, families and communities within North Somerset to achieve their optimum mental wellbeing enabling them to feel good and function well in their daily lives”.*

3.2 The objectives of this strategy are to:

#### **Promote mental well-being**

- Promote population wellbeing in North Somerset through improved understanding of factors influencing well-being.
- Ensure supporting good mental health is seen as everybody’s business.
- Promote the “5 ways to well-being”<sup>3</sup>.

#### **Prevent mental ill-health**

- Provide targeted support to groups at increased risk of mental distress.
- Support recovery and prevention of relapse among people living with a mental health diagnosis.
- Reduce suicide and self-harm rates in North Somerset.

#### **Promote early identification and support**

- Improve access to early support ensuring those that need it can access psychosocial support be it through social prescribing (sign-posting to social activities that can promote positive well-being such as arts and leisure activities), talking therapies, self-help methods or medication.
- Reduce stigma and discrimination felt and experienced by people with mental health disorders.

“There is no health without mental health. Mental health is central to the human, social and economic capital of nations and should therefore be considered as an integral and essential part of other public policy areas such as human rights, social care, education and employment.” (WHO 2005a, p1)

#### **CONSULTATION QUESTIONS**

2. Do you agree with the vision of this strategy: yes / no? If not how would you suggest it could be amended?
3. Do you agree with the objectives of this strategy: yes / no? If not how would you suggest they could be amended?

<sup>3</sup> For information about the 5 Ways to Well being visit <http://www.neweconomics.org/projects/entry/five-ways-to-well-being> (accessed 9th November 2014)

#### 4. ACTION PLAN

4.1 This action plan has been developed after a review of existing services against the national 'No Health Without Mental Health' Strategy (See appendices C and D). This action plan will be monitored to ensure that the vision and objectives set out in this strategy are achieved. Progress on the action plan will be reported to the Mental Health Steering Group.

Action	Details	Strategy Objective	Lead
<b>Across the life course</b>			
1. Raise awareness of mental health issues among elected members	Deliver a workshop on mental health and wellbeing as part of the induction of elected members following the May 2015 local elections	1.2 Promoting mental wellbeing: mental health seen as everybody's business	North Somerset Council - Public Health
2. Explore the role of members in promoting Public Mental Health	Identify actions, members may wish to take in promoting public mental health including sign up to the Mental Health Challenge <a href="http://www.mentalhealthchallenge.org.uk/champions/">http://www.mentalhealthchallenge.org.uk/champions/</a>	1.2 Promoting mental wellbeing: mental health seen as everybody's business	North Somerset Council - Public Health
3. Develop a public anti-stigma marketing campaign	Throughout 2015/16 run 3 campaigns within North Somerset based on the national "Time to Change" resources	3.2 Promoting early identification and support: reduce the stigma surrounding mental health	North Somerset Council - Public Health
4. Assess the mental health impacts of council policies	Ensure mental wellbeing is considered with in equality impact assessments for council policies and champion the use of the Mental Wellbeing Impact Assessment toolkit	1.1 Promoting mental wellbeing: improve understanding of factors influencing wellbeing	North Somerset Council - Equality and Diversity lead
5. Develop a local model for social prescribing	Work with the Voluntary, Community and Social Enterprise sector and GPs to develop and evaluate social prescribing in North Somerset	3.1 Promoting early identification and support: improve access to early support	VANS and North Somerset Council - Public Health

Action	Details	Strategy Objective	Lead
6. Evaluate the impact of the Asset-Based Community Development pilot	Maintain oversight of the pilot project in Weston-super-Mare South Ward. If positive impacts on social inclusion and wellbeing are found consider expanding implementation to other areas.	1.3 Promoting mental wellbeing: promote the 5 ways to wellbeing	North Somerset Council - Public Health
7. Improve joined up support to those affected by domestic abuse	Ensure that specialist domestic abuse support agencies have referral pathways to mental health support and good working relations with mental health professionals	3.1 Promoting early identification and support: improve access to early support	North Somerset Council – Community Safety Drug Action Team
<b>Perinatal and early years</b>			
8. Embed the perinatal mental health pathway and strengthen links across agencies to maximise access to available support	Improve collaboration across agencies to ensure a robust implementation of the perinatal mental health care pathway	3.1 Promoting early identification and support: improve access to early support	North Somerset Community Partnership - Adult Mental Health Specialists (Health Visiting Service)
9. Consolidate the perinatal care pathway into a 'conception-to-school age' care pathway	Extend the current perinatal care pathway to incorporate support throughout pre-school years	2.1 Preventing mental ill-health: targeted support to at risk groups	North Somerset Community Partnership - Adult Mental Health Specialists (Health Visiting Service)
10. Promote access to social support for women experiencing or at risk of perinatal depression and anxiety	Increase the range of social support options available to women across North Somerset and increase awareness of available support among partners to maximise signposting and referrals	3.1 Promoting early identification and support: improve access to early support	North Somerset Community Partnership & North Somerset Council - Public Health
11. Embed the "Think Family" approach among agencies working across North Somerset	Work with agencies across North Somerset to strengthen collaboration in the delivery of ante- and postnatal classes that includes agreed mental health information	1.2 Promoting mental wellbeing: mental health seen as everybody's business	North Somerset Council – Children and Young People Services

Action	Details	Strategy Objective	Lead
<b>Childhood and adolescence</b>			
12. Raise the profile of mental health and wellbeing among schools	Develop criteria related to promoting wellbeing which schools need to address in order to be part of the North Somerset Healthy Schools Network Support schools with resources to promote the teaching of healthy relationships Work with schools to decrease rates of bullying in school	1.2 Promoting mental wellbeing: mental health seen as everybody's business	North Somerset Council - Public Health
13. Improve awareness of and confidence to respond appropriately to signs of mental distress among frontline workers	Develop a plan to improve uptake of mental health training among Children's Centre staff, primary and secondary school staff, and those working with at-risk young people including volunteers and foster carers	3.1 Promoting early identification and support: improve access to early support	North Somerset Council - Workforce Development
14. Improve intelligence on local self-harm incidents	Work with local acute trusts to implement self-harm registers	2.3 Preventing mental ill-health: reduce suicide and self-harm	North Somerset Clinical Commissioning Group & North Somerset Council - Public Health
15. Raise awareness of the IAPT (Improving Access to Psychological Therapies) programme for children and young people	Work across agencies to develop awareness of and referrals into the IAPT programme for children and young people to support the implementation of the CCG Mental Health Delivery Plans.	3.1 Promoting early identification and support: improve access to early support	Weston Area Health Trust (CAMHS) and North Somerset Clinical Commissioning Group
16. Ensure children are supported in the transition between child to adult services	Build on the links between CAMHS and adult mental health services to ensure young people are appropriately supported	2.2 Preventing mental ill-health: support recovery and prevention of relapse for people with a MH diagnosis	Weston Area Health Trust (CAMHS) and North Somerset Clinical Commissioning Group

<b>Action</b>	<b>Details</b>	<b>Strategy Objective</b>	<b>Lead</b>
16. Engage with at-risk young people to involve them in promoting wellbeing and improving access to support for mental health problems	Consult with young people to identify key influences on their wellbeing and barriers to accessing support	2.1 Preventing mental ill-health: targeted support to at risk groups	North Somerset Council - Children and Young Peoples Services
17. Develop collaboration across agencies to meet the systemic needs of families and young people who do not currently meet the criteria for specialist support services	Work across agencies to develop counselling and support for families and young people suffering with drug, alcohol, mental health and domestic abuse issues who are not eligible for specialist services	2.1 Preventing mental ill-health: targeted support to at risk groups	Think Family Partnership
18. Engage with Weston College to promote training of young people in mental health awareness	Identify opportunities to provide training in mental health awareness to young people in Weston College, including those on teacher training and health and social care courses	1.2 Promoting mental wellbeing: mental health seen as everybody's business	North Somerset Council - Public Health
<b>Working age and older adults</b>			
19. Promote workplace health and wellbeing	Develop a workplace health charter for local employers in collaboration with local employers and South West Trades Union Congress and North Somerset Council. Engage with employers and the South West Trades Union Congress Promote the 'Mindful Employer Scheme' and the Charter for Employers	1.2 Promoting mental wellbeing: mental health seen as everybody's business	North Somerset Council - Public Health
20. Improve awareness and understanding of mental health	Develop a plan to promote mental health training among: managers and employees within North Somerset Council; health and social care staff; probation officers; police	3.2 Promoting early identification and support: reduce the stigma surrounding mental	North Somerset Workforce Development

<b>Action</b>	<b>Details</b>	<b>Strategy Objective</b>	<b>Lead</b>
	officers; debt advice staff	health	
21. Reduce suicide through improved support for those at risk of suicide	Re-establish a North Somerset Suicide Prevention Group and develop an action plan to reduce suicides in North Somerset	2.3 Preventing mental ill-health: reduce suicide and self-harm	North Somerset Clinical Commissioning Group & North Somerset Council – Public Health
22. Audit the data quality of primary care depression registers	Use the results of the depression register audit to target interventions appropriately, including promoting access to IAPT and bereavement support	3.1 Promoting early identification and support: improve access to early support	North Somerset Clinical Commissioning Group
23. Improve engagement with social activities among people recovering from mental ill-health	Work with the Carlton Centre, North Somerset Council Community Learning, Voluntary and Community Sector, Public Health and North Somerset Clinical Commissioning Group to improve access to and engagement with social activities	2.2 Preventing mental ill-health: support recovery and prevention of relapse for people with a mental health diagnosis	North Somerset Joint Commissioning Group
24. Support people with mental health challenges into employment	Increase the proportion of individuals with identified mental needs who have access to employment support to enable them to access and maintain employment	2.2 Preventing mental ill-health: support recovery and prevention of relapse for people with a mental health diagnosis	North Somerset Partnership Employability Project
25. Increase the support available to individuals who do not meet the criteria for specialist mental health services	Identify the cohort of people with mental health needs falling between the gap of primary care and secondary mental health services and develop services to meet those needs	3.1 Promoting early identification and support: improve access to early support	North Somerset Council - Public Health
26. Improve identification of and access to support for ex-armed forces personnel	Incorporate a question to identify ex-armed forces personnel as part of social housing assessments	3.1 Promoting early identification and support: improve access to early support	Armed Forces Community Covenant Project Lead and Social Housing Providers
27. Improve uptake of	TBC – awaiting data form CRUSE	3.1 Promoting early	North Somerset Clinical

Action	Details	Strategy Objective	Lead
bereavement support		identification and support: improve access to early support	Commissioning Group

**CONSULTATION QUESTIONS:**

4. Do you think these priorities are the right ones: yes / no? If no, which ones would you take out? Are there ones you would put in their place?
5. Do you think the right actions have been identified to deliver the priorities? If no, which are they and what would you replace them with?
6. The strategy runs from 2015 - 2019. Are there any of the above actions that you would prioritise for 2015-16?

## **5. MONITORING THE PROGRESS OF THIS STRATEGY**

5.1 Progress against this strategy will be assessed through the on-going development and monitoring of the local action plan. The focus of the action plan may shift over time as actions are implemented and the context changes.

5.2 The Government has developed a set of national indicators which monitor progress against mental health issues, a selection of which will be monitored by the Mental Health Steering Group on a quarterly basis (see Appendix E).

## **APPENDICES**

### **Appendix A: Public Mental Health Strategy Group Members**

Becky Pollard (Chair of group), Director of Public Health, North Somerset Council  
Mary Backhouse, Chief Clinical Officer, North Somerset Clinical Commissioning Group  
Georgie Bigg, Chair, Healthwatch North Somerset  
Jenny Cooper, Planning and Development Manager, North Somerset Council  
Shaun Fitzpatrick, Supporting People Manager, North Somerset Council  
Suzanne Howell, Managing Director, Avon and Wiltshire Mental Health Partnership Trust  
Angela Kell, Commissioning Manager, Mental Health, Learning Disabilities and Dementia, North Somerset Clinical Commissioning Group  
Claire Leandro, Assistant Director (Adult Care), North Somerset Council  
Rebecca Mear, Chief Executive Officer, Voluntary Action North Somerset  
Mark Patterson, Public Health England  
Eifion Price, Assistant Director, Children's Support & Safeguarding, North Somerset  
Emily Van de Venter, Public Health Registrar, North Somerset Council  
John Wilkinson, Assistant Director, Strategy Commissioning & Performance, North Somerset Council  
Helen Yeo, Advanced Health Improvement Specialist, North Somerset Council

## **Appendix B: Consultation Questions.**

1. Are there any other key groups you feel have been missed from the list on page 5?
2. Do you agree with the vision of this strategy: yes / no? If no, how would you suggest it could be amended?
3. Do you agree with the objectives of this strategy: yes / no? If no, how would you suggest they could be amended?
4. Do you think these priorities are the right ones: yes / no? If no, which ones would you take out? Are there ones you would put in their place?
5. Do you think the right actions have been identified to deliver the priorities? If no, which are they and what would you replace them with?
6. The strategy runs from 2015-2019. Would you prioritise any of the actions for 2015-16?

## Appendix C: How will we get there?

This section outlines priority areas across the life course as suggested by the national '*No Health Without Mental Health*' Implementation Framework. It then references existing strategies and projects which address aspects of wellbeing before going on to highlight key opportunities to further promote wellbeing locally.

### Priority actions from the National Strategy

The national '*No Health Without Mental Health*' Strategy Implementation Framework highlights a number of priority areas for promoting wellbeing. As part of the local strategy development these priority areas were reviewed by life course stage and existing North Somerset strategies and initiatives were mapped to each area to inform a gap analysis (Appendix E). The mapping was combined with a review of performance indicators on key risk factors and outcomes for mental health and wellbeing (Appendix F) to identify priorities for this strategy to address. Where gaps in activity or the need for further action have been identified local priority actions are outlined in Appendix D. "Key opportunities to promote wellbeing in North Somerset". Additionally the findings of previous public engagement activities have fed into the strategy development process. A summary of the areas considered to be gaps or to require additional activity is provided below.

**Across the life course:** The priority areas identified for local action across the whole life course include; promoting the message that mental health is everyone's business; tackling stigma; promoting access to social support and empowering communities through recognising existing strengths, developing and evaluating place-based approaches, including community budgets.

We all have mental health actions to promote individual and population wellbeing as important actions to promote physical health. Additionally addressing the stigma associated with mental health is an area which will benefit from further local activity. A national campaign "*Time to Change*" has been running in recent years and there has been some local promotion of this, particularly among North Somerset Council workplaces. However changing attitudes requires sustained efforts and local public campaigns will be helpful in building on the groundwork from the national campaign. The value of social support for protecting and promoting wellbeing is well recognised. There are a number of activities run by the voluntary and community sector which aim to promote social contact and community activities. These could be built upon by developing a local model of social prescribing for individuals at risk of or experiencing poor mental health. This involves ensuring health practitioners can signpost or refer individuals to community activities which may benefit their health and wellbeing. Professionals will need clear, up-to-date information on available activities and referral pathways to enable individuals to access these activities. Where possible data should be captured to monitor the impact of social prescribing on individuals and communities. There are pockets of activity in North Somerset which aim to empower communities through developing existing strengths and giving the community control of local

community budgets. These include projects such as “Big Worle” and an emerging “Community Builder” project in Weston-super-Mare South ward. The impact of these projects should be evaluated and if successful the approaches should be expanded to additional areas within North Somerset.

**Children and young people:** Priority areas for increased local activity for children and young people include improving early identification of common mental health disorders among parents and young people. This includes building skills and awareness among frontline professionals and promoting the availability of and access to professional and peer support. Whilst support should be universally available activity should be focused on those at greater risk of mental ill-health including the vulnerable groups identified above, individuals who are socially isolated and those experiencing life transitions. Important transitions in this life stage include becoming a parent, children experiencing bereavement and young people moving into adulthood.

Schools provide a useful setting in which to promote wellbeing and tackle stigma surrounding mental health. Whilst work is undertaken to promote wellbeing in schools, there is a need to improve consistency in the importance schools assign to wellbeing and to ensure all children have access to support and counselling through schools when required. It should also be remembered that a number of children in North Somerset are schooled outside of mainstream settings.

**Working-age adults:** Among working-age adults a key setting for promoting wellbeing is in the workplace. Whilst mental health awareness training is available through North Somerset Council recognition of the importance of wellbeing in the workforce is not recognised by all employers and employees often experience or perceive stigma and discrimination in the workplace in regards to mental health. There is a need to raise the profile of mental health and wellbeing among employers including the role of the workplace on wellbeing and the benefits of positive wellbeing such as improved productivity and reduced sickness absence.

As with children and young people it is important that staff who regularly deal with the public have a good awareness of mental health issues, are able to respond appropriately and signpost individuals to further support when necessary. Whilst some training is available through North Somerset Council a more strategic approach to ensuring all relevant professionals are trained is required, including working with agencies to highlight the importance of this training and to encourage the release of staff-time.

The 5 ways to wellbeing highlight the benefit of promoting learning and social contact for protecting mental health. As such more could be done to build on existing models to encourage skills development and to create new opportunities for involvement in community activities. Such developments should recognise the value of engaging with activities and social contact as an outcome in itself and not only focus on what the skills development leads to (e.g. employment).

Support during life transitions is important to protect wellbeing. Whilst support is available for people experiencing bereavement the take up of this support could be improved. There is also an emerging need to improve support for ex-armed forces personnel which is being addressed by the North Somerset Armed Forces Community Covenant. Improved identification of ex-armed forces personnel will enable more individuals to benefit from local support being developed through the covenant.

High local suicide mortality rates and high self-harm admissions, particularly among those living in areas of higher deprivation, highlight the need to re-focus on these issues locally. This requires strengthening of partnership arrangements.

Individuals suffering or recovering from mental ill-health can face challenges accessing, and maintaining, employment. There are a number of local initiatives to support individuals accessing employment. However, given the importance of this in supporting recovery and promoting wellbeing, and the need to sustain improvements, this strategy will maintain some oversight of this area. This also relates to priorities to ensure employers and workplaces promote positive wellbeing.

**Older adults:** Key areas for promoting wellbeing in older adults include support during life transitions, improving early identification of and support for common mental health disorders and improving early diagnosis and support for people with dementia and their carers. Given the older age profile within North Somerset much focus has been given to these areas through existing strategies and initiatives. The Strategy Group felt that areas that will benefit from additional activity have also been identified for improvement for working-age adults, such as improving access to bereavement support and prioritising suicide prevention. Therefore local actions for promoting wellbeing in adults under this strategy have been merged for working-age and older-age adults.

## **Key strategies currently addressing influences on wellbeing**

**Improving our communities together: North Somerset Sustainable Community Strategy, 2008-2026.** This strategy sets out the vision and priorities to improve the economic, social and environmental wellbeing of an area and how partners will work together to develop sustainable communities. The strategy prioritises tackling disadvantage, developing strong inclusive communities, safer communities, developing the local economy and respecting environmental limits.

**North Somerset Think Family.** Multi-agency guidance on developing a 'Think Family' approach to improve co-ordination between agencies, with 'no wrong door' for families in accessing services for adults or for children. Practitioners should be able to look at the whole family's needs and know which other services are able to support those needs, which may be multiple and complex, involving several services.

**Improving Access to Psychological Therapies (IAPT)** In North Somerset Positive Step provides access to psychological therapies, including self-help courses, One-to-One and group support. The current national target is for 15% of the expected population with a mental health disorder to access psychological therapies; in 2013/14, 9.4% of the predicted number of people with mental health disorders were referred to Positive Step.

**The North Somerset Child Poverty Strategy.** This strategy focuses on reducing the impact of poverty on children living in North Somerset and how to prevent poor children becoming poor adults. The strategy prioritises ensuring key services and systems are in place to raise aspirations and opportunities for young people; increasing opportunities for parents and young people to work and train locally; promoting financial inclusion and supporting families out of debt; and improving the physical and community environment.

**The North Somerset Early Intervention and Prevention Strategy.** This strategy aims to promote independence and improve health and wellbeing among adults and older people in North Somerset. Included within this strategy is the commissioning of **Community Connect**, a project to reduce social isolation in older people.

**Impact Pathways.** A multi-agency approach to breaking the cycle of crime. The Impact Team works with individuals and families to reduce reoffending by addressing areas such as substance misuse, accommodation, finances, education and mental and physical health.

**High Impact Families.** A multi-agency approach to improve the support available to and outcomes for families with multiple and complex needs. The approach aims at getting children back into school, reducing youth crime and anti-social behaviour and putting adults on a path back into work.

**South Ward Health and Wellbeing Project.** A key focus of this project is to recognise existing strengths and talents and building on these to develop a thriving community through implementing “Asset-Based Community Development” to build positive social networks and promote self-esteem and wellbeing.

**The North Somerset Carers Strategy (2011-14).** This is a multi-agency strategy to improve early identification of carers, ensure they access support available to them and to promote their health and wellbeing.

**The North Somerset Community Covenant.** A project aimed at improving support for ex-service personnel when they leave the military and transition back to civilian life.

**The North Somerset Dementia Strategy.** This strategy has been jointly produced by the North Somerset Council and the North Somerset Clinical Commissioning Group (CCG) to improve the support patients, families and carers receive following a diagnosis of dementia, be they living in the community or within a care home. North Somerset Council also has a programme in place to train ‘Dementia Friends’ and is working with

the voluntary sector to promote Dementia Friendly Communities. Additionally the **North Somerset Dementia Roadmap (March 2014)** aims to improve early access to support for patients, families and carers through proactive case finding and timely diagnosis of dementia. It also promotes ways to prevent or delay the onset of dementia through promoting activities which improve wellbeing including, learning new skills and maintaining hobbies, drinking alcohol in moderation, being physically active and taking part in social activities.

**Public Health Strategy.** This strategy provides an overview of the work of the North Somerset Public Health Team. Priorities relating to wellbeing include reducing drug and alcohol misuse, increasing physical activity, promoting healthy diets, reducing domestic violence and improving life chances for children and young people. Actions to reduce the impact of mental health, dementia and suicide are in part addressed through this strategy.

### **Approaches to commissioning that can improve population wellbeing**

When developing the action plan to support the above priorities it is important to consider approaches to commissioning which have the potential to influence population wellbeing.

- Value-based commissioning and co-production<sup>4</sup> of services and service redesign. These processes involve collaborating with the public early in, and throughout, the commissioning process to ensure services are accessible, appropriate and acceptable. The enthusiasm of existing service users can be harnessed to develop individuals' skills and confidence as well as improving the reach and validity of consultation processes, for example by involving them in survey design and recruitment of respondents.
- "Alliance Contracts" can be beneficial in areas where integration of services and joint working between providers is necessary to improve outcomes<sup>5</sup>. Such approaches could be helpful in the commissioning of drug and alcohol services, social prescribing for mental health and housing support services where a number of providers can be commissioned under a single contract.
- Opportunities provided by the Public Services (Social Value) Act 2012 can be used to promote the wellbeing of local residents. This can include incorporating a range of values into commissioning contracts such as employment of and apprenticeships for local residents, payment of the living wage to employees and empowering the public to be involved in designing service developments.

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<sup>4</sup> Joint Commissioning Panel for Mental Health. Guidance for implementing values-based commissioning in mental health. December 2013. [www.jcpmh.info](http://www.jcpmh.info)

<sup>5</sup> McGough R and Dunbar-Rees R. Team effort: Commissioning through alliance contracts. Health Services Journal, 2013.

**Appendix D: Priority areas identified in the national 'No Health Without Mental Health' Strategy mapped to existing local strategies and initiatives**

**Priority areas across the life course**

<b>Priority area</b>	<b>Existing strategy/initiative</b>
Reduce the stigma and discrimination surrounding mental health problems through local media campaigns and social contact events.	<i>Promotion of “Time to Change” campaign within North Somerset Council</i>
Promote the use of parks and green spaces and access to nature.	<i>Children and Young People access to Green Space Strategy Group</i>
Promote social support including social prescribing to promote wellbeing and tackle early signs of mental distress.	<i>Voluntary, Community and Social Enterprise (VCSE) sector projects to increase social contact</i>
Recognise and promote the strengths of individuals, families and communities.	
Consider the use of whole place/community budgets.	
Ensure accessible and affordable public transport is available across the local authority area.	<i>Improving our communities together: North Somerset Sustainable Community Strategy, 2008-2026.</i>
Enable people to live in secure, good quality housing that is appropriate to their needs.	<a href="http://www.northsomersetpartnership.co.uk/whatwedo/sustainablecommunitystrategy/">www.northsomersetpartnership.co.uk/whatwedo/sustainablecommunitystrategy/</a>
Promote volunteering and strengthen the voluntary sector	<i>VANS - Volunteer Pathway; support and capacity building for the voluntary sector Voluntary Sector Forum – bringing VCSE and public sector together Volunteer Centre – supporting recruitment and retention of volunteers Support Alliance – Volunteer Pathway and Buddying for people with support needs Children’s Centres volunteering scheme – helping parents to volunteer as a route into employment.</i>
Involve the local community, service users, families and carers in service design and improvement.	<i>Healthwatch. North Somerset Council</i>

<b>Priority area</b>	<b>Existing strategy/initiative</b>
	<i>public engagement groups. North Somerset Clinical Commissioning group patient and public involvement.</i>
Reduce key risk factors including substance misuse (illegal drugs, alcohol and tobacco), violence and abuse.	<i>People and Communities Strategy – reducing alcohol-related harm: <a href="http://www.northsomersetpartnership.co.uk/whoweare/people+and+communities+board/index1.asp">www.northsomersetpartnership.co.uk/whoweare/people+and+communities+board/index1.asp</a>  IRIS Project – a pilot to increase domestic violence reporting to GPs and referrals to advocacy and support</i>
Reduce poverty and the impact of poverty on individuals, families and communities.	<i>North Somerset Child Poverty Strategy</i>

### ***Prenatal and early years***

<b>Priority area</b>	<b>Existing strategy/initiative</b>
Promote early identification of perinatal depression and anxiety and improve the range of and access to support services available.	<i>Perinatal mental health pathway Health Visitors Children’s Centres Adult Mental Health Specialists in the Health Visiting Service Thrive – drop in support at Weston South Children’s Centre</i>
Promote positive parenting and strong parent-child relationships in the early years through provision of professional and peer support for parents.	<i>Family Nurse Partnership Adult Mental Health Specialists Health Visiting Service Think Family Meetings Keeping Well Groups Children’s Centres Child and Adolescent Mental Health Services (CAMHS) and family</i>

<b>Priority area</b>	<b>Existing strategy/initiative</b>
	<i>therapy</i>
Involve parents in shaping the types of support available to ensure it is accessible, acceptable and appropriate.	<i>Children's Centre Committees Healthwatch</i>

### **Childhood and adolescence**

<b>Priority area</b>	<b>Existing strategy/initiative</b>
Improve the ability of frontline staff, such as teachers and police officers to recognise and respond to emerging mental health problems	<i>Mental Health first Aid Training available through NSC for those working with young people</i>
Ensure support is available to children at particular risk of mental health problems including those with special educational needs, young carers, looked after children and young offenders.  Additional groups include children and young people experiencing bereavement, family break-ups, domestic abuse, sexual exploitation and parental substance misuse.	<i>Education services <a href="http://www.n-somerset.gov.uk/Education/education_services_and_teams">www.n-somerset.gov.uk/Education/education_services_and_teams</a> Youth Offending and Substance Advice Service <a href="http://www.n-somerset.gov.uk/community/youth_offending">www.n-somerset.gov.uk/community/youth_offending</a> High Impact Families <a href="http://www.northsomersetpartnership.co.uk/whoweare/people+and+communities+board/high+impact+families+programme1.asp">http://www.northsomersetpartnership.co.uk/whoweare/people+and+communities+board/high+impact+families+programme1.asp</a> Specialist Nurse for looked after children Counselling with in Secondary Schools Mental Health Specialist supporting secondary schools Wanted not Wasted counselling for young people in Weston-super-Mare South Ward</i>

<b>Priority area</b>	<b>Existing strategy/initiative</b>
Promote the role of schools in supporting positive wellbeing and developing resilience in children and young people.	<i>Healthy Schools Programme</i> <a href="http://www.n-somersetcsd.org.uk/kb5/northsomerset/fsd/organisation.page?id=m6mfuVz7HmE">http://www.n-somersetcsd.org.uk/kb5/northsomerset/fsd/organisation.page?id=m6mfuVz7HmE</a>  Child exploitation Subgroup of the Safeguarding Strategy  <i>Youth Mental Health First Aid Training available for early teens</i>
Ensure children schooled outside of the mainstream system have robust social and professional networks available for support.	
Promote resilience, self-esteem and positive body images in young people.	<i>CAMHS Primary Mental Health Workers Vulnerable Learners Service</i>
Reduce local self-harm rates.	<i>North Somerset Council "Changing Patterns" groups</i>
Support young people in the transition to adulthood, including those transferring between child and adult health services.	<i>Re-commissioning of children's services in Bristol, North Somerset and South Gloucestershire</i> <a href="http://www.northsomersetccg.nhs.uk/library/childrens-community-health-services/">www.northsomersetccg.nhs.uk/library/childrens-community-health-services/</a>
Promote the use of 'Time to Change' resources for youth workers' by schools and colleges.	
Involve children and young people in shaping the activities, services and support that are available to them to ensure they are accessible, acceptable and appropriate.	<i>Healthwatch CAMHS re-commissioning process</i>

### **Working-age adults**

<b>Priority area</b>	<b>Existing strategy/initiative</b>
Engage with employers and trade union health and safety representatives to promote workplace health and wellbeing.	<i>Health Trainer service engagement with local employers</i>

<b>Priority area</b>	<b>Existing strategy/initiative</b>
Improve the ability of employers and managers to support positive mental health, identify emerging mental health problems in adults and respond appropriately.	<i>Training in Mental Health awareness and building resilience delivered within North Somerset Council</i>
Employment support should be available to those with a mental health problem who need to support to find and/or sustain employment.	<i>North Somerset Partnership Employability Project North Somerset Council Economic Development Service Westonworks One True Step – work club co-ordinator Back to work support via the Carlton Centre 1-in-4</i>
Ensure adults with mental health problems are supported to access housing.	<i>Support to bid for social housing provided by housing support workers and local authority to those known to mental health services <a href="http://www.n-somerset.gov.uk/Housing/Advice/Pages/Advice.aspx">www.n-somerset.gov.uk/Housing/Advice/Pages/Advice.aspx</a></i>
Ensure frontline professionals in contact with the public are trained in mental health awareness, are able to respond appropriately and signpost to sources of support.	<i>North Somerset Council Mental Health First Aid Training  Training collaboration between North Somerset Community Partnership and Avon and Wiltshire Mental Health Partnership to build a shared understanding of physical and mental health problems.</i>
Improve early identification of common mental health disorders, such as depression, and improve uptake of support.	<i>Positive Step (IAPT)</i>
Promote opportunities for learning new skills and finding new hobbies.	<i>Community Learning Programmes <a href="http://www.n-somerset.gov.uk/Education/student_and_adult/Pages/Community-learning.aspx">http://www.n-somerset.gov.uk/Education/student_and_adult/Pages/Community-learning.aspx</a> Voluntary and community</i>

<b>Priority area</b>	<b>Existing strategy/initiative</b>
	<i>sector groups</i>
Support carers in looking after their own mental wellbeing	<i>Carers Strategy <a href="http://www.n-somerset.gov.uk/Social%20care/carers/Pages/Carers.aspx">www.n-somerset.gov.uk/Social%20care/carers/Pages/Carers.aspx</a></i>
Support adults during important transitions, including into and out of employment and the transition of military personnel to civilian life.	<i>North Somerset Council Economic Development Service Westonworks  Armed Forces Community Covenant <a href="http://www.n-somerset.gov.uk/community/armed_forces/Pages/Armed-Forces.aspx">http://www.n-somerset.gov.uk/community/armed_forces/Pages/Armed-Forces.aspx</a>  Veterans Mental Health First Aid Training courses</i>
Reduce self-harm rates.	<i>Suicide Prevention Group</i>
Reduce suicide.	<i>Suicide Prevention Group</i>

### **Older adults**

<b>Priority area</b>	<b>Existing strategy/initiative</b>
Support adults during important transitions such as through bereavement and from work to retirement.	<i>Cruse Bereavement Support <a href="http://www.crusebereavementcare.org.uk">www.crusebereavementcare.org.uk</a></i>
Improve early identification of common mental health disorders, such as depression, in older people and improve take up of support.	<i>Positive Step (IAPT) <a href="http://www.positivestep.org.uk">www.positivestep.org.uk</a></i>
Increase early diagnosis of dementia and post-diagnosis support for patients and carers.	<i>North Somerset Dementia Strategy Action Plan <a href="http://www.n-somerset.gov.uk/Social%20care/carers/Pages/Dementia.aspx">www.n-somerset.gov.uk/Social%20care/carers/Pages/Dementia.aspx</a></i>
Promote dementia friendly communities in North Somerset to improve the quality of life for people living with dementia.	

Priority area	Existing strategy/initiative
Reduce social isolation.	North Somerset Early Intervention and Prevention Strategy <a href="http://www.n-somerset.gov.uk/Social%20care/community_care/Pages/Community-Care.aspx">www.n-somerset.gov.uk/Social%20care/community_care/Pages/Community-Care.aspx</a>
Reduce suicide rates.	Suicide Prevention Group

## Appendix E: Local Public Mental Health Profile and Performance Indicators

<b>Part 1: Comparison with England</b>			
<b>Indicator</b>	<b>Year</b>	<b>England</b>	<b>North Somerset</b>
<b>Wellbeing</b>			
Self-reported wellbeing - % with a low satisfaction score	2012/13	5.8%	5.7%
Self-reported wellbeing - % with a low worthwhile score	2012/13	4.4%	-
Self-reported wellbeing - % with a low happiness score	2012/13	10.4%	9.8%
Self-reported wellbeing - % with a high anxiety score	2012/13	21.0%	17.3%
<b>Outcomes</b>			
GP recorded depression prevalence 18+	2012/13	5.8%	7.0%
GP recorded depression incidence 18+	2012/13	1%	1%
Self-reported moderate to extreme depression or anxiety	2012/13	12%	12%
Suicide rate (males) - rate per 100,000	2010/12	13.3	17.2
Suicide rate (females) - rate per 100,000	2010/12	4	8.2
Emergency admissions for self-harm - directly standardised rate per 100,000 (all ages)	2013	191	168
<b>Part 2: Variation within North Somerset</b>			
<b>Indicator description</b>	<b>Most deprived</b>	<b>Least Deprived</b>	<b>North Somerset</b>
<b>Wellbeing</b>			
Wellbeing (Warwick Edinburgh Mental Wellbeing score); most & least deprived wards survey, 2014 (higher = better wellbeing)*	23.9	26.3	-
Social isolation: most & least deprived wards survey, 2014 (higher = increased loneliness)*	5.1	4.2	-
<b>Outcomes</b>			
Self-harm hospital admissions, all ages, 2013/14	202	39	100
Depression prevalence 18+: most & least deprived quintiles 2012/13	7.1%	6.3%	6.9%

*\*Updates available 3-4yearly*