

# Integrated Care System All Age Mental Health and Wellbeing Strategy

Healthier **Together**

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



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# Introduction

We are delighted to present our all age, Integrated Care System Mental Health Strategy, setting out our partnership approach to transforming mental health and wellbeing in Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care System. This strategy is provided for anyone who wants to understand the vision and ambitions for the future mental health system in BNSSG as well as the work which will deliver this.

This vision and strategy has been co-produced and is co-owned by people with lived experience and their families, Community and equality representatives, Voluntary sector organisations, statutory health and social care providers, wider mental health stakeholders, providers and local commissioners.

The strategy is also informed by engagement and co-production and takes account of engagement and co-production undertaken as part of the BNSSG Integrated Care Partnership Framework and the Avon & Wiltshire Mental Health Partnership NHS Trust Strategy.

The Strategy takes an **all age** life course approach recognising that good mental health is an underpinning principle of wellbeing which is embedded in family and Community life. Adult Mental Health impacts on children and children become adults.

The strategy sets out **six key** ambitions for more effective joint working through which 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** and delivers the best mental health outcomes for people of all ages, is person centred, trauma informed, recovery focussed and is a place where people want to live and work.

We recognise that whilst mental health and wellbeing is our focus, we will strive to deliver wider social, economic and environmental benefits as part of this work.

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



# The wider context

The Strategic Needs Assessment for our system – **Our Future Health** – has identified that mental health conditions are among the biggest drivers of population health and care need. This Mental Health Strategy supports the overarching Integrated Care Partnership Strategic Framework and emerging strategy. Part of the ICS strategy will be to prioritise specific projects to deliver 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:** This is a time of major life transition with social and academic pressures during a developmental transition to adulthood. Adding in financial stresses and potentially negative consequences of the use of digital technologies and social media means this it is a high risk group for developing wellbeing and mental health problems.



**Parenting and mental Health:** All parents face challenges; 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.

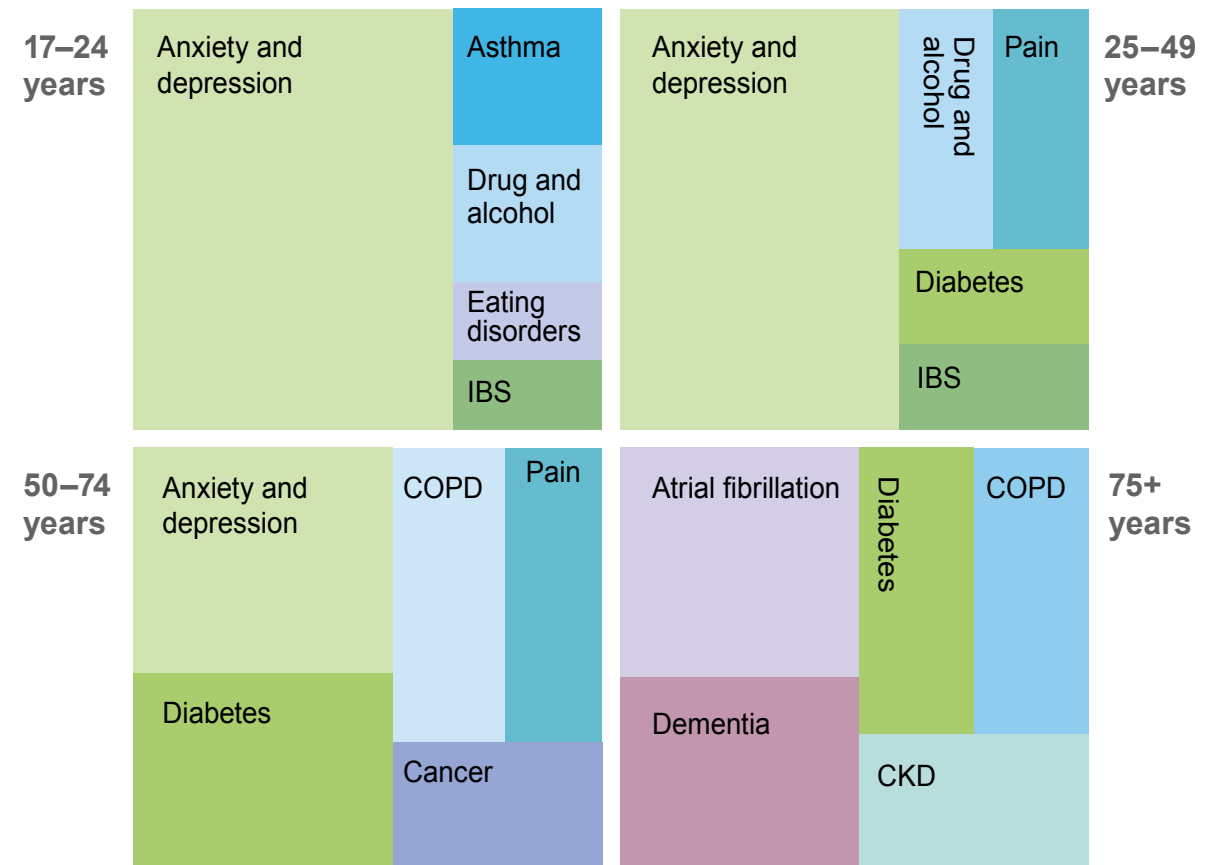


**Later in life:** Changes in our lives as we get older such as retirement, bereavement, loneliness, becoming a carer and physical illness can affect mental health and wellbeing.

Source: Mental Health Foundation 2021.

## Our Population

The impacts on health through the life-course in BNSSG



This graph above shows the conditions that have the greatest impact on the population, in four different age groups. The bigger 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 in the top five most impactful conditions in BNSSG across the life course but particularly among the older, over 50s population. 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.

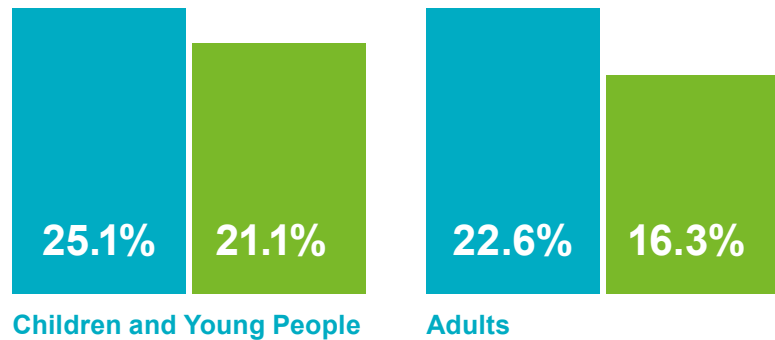
## Our Mental Health Population

There are differences in mental health needs across localities, depending on their populations. For example, there are more students in North West Bristol and more elderly people in Woodspring,



## 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.



Source: BNSSG System Wide Dataset Analysis.

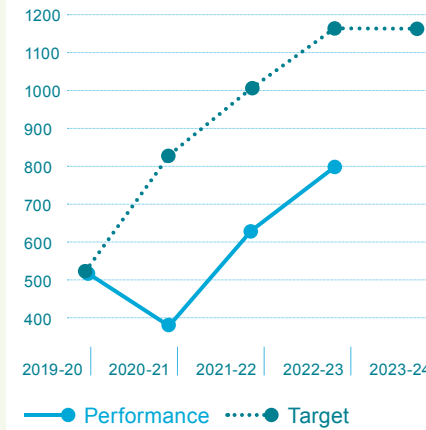
## Where are we now?

### Long Term Plan for mental health

In 2019 the NHS Long term Plan (LTP) for mental health was published setting out ambitious expectations for health systems across the country to deliver significant improvements in all age mental health and wellbeing through to 2023/24.

In line with the NHS Long term Plan, through concentrated work with key partners and increased investment, significant progress has been made in improving our mental health offer over the past few years. This progress is demonstrated through our systems improved performance against some of the core national measures highlighted here.

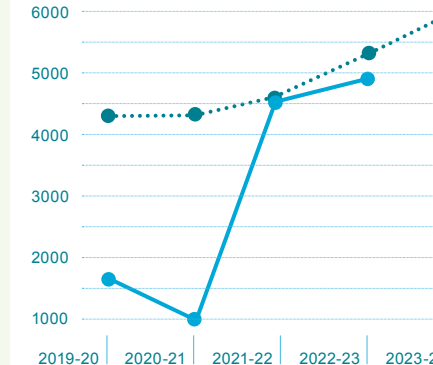
### Perinatal Access



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

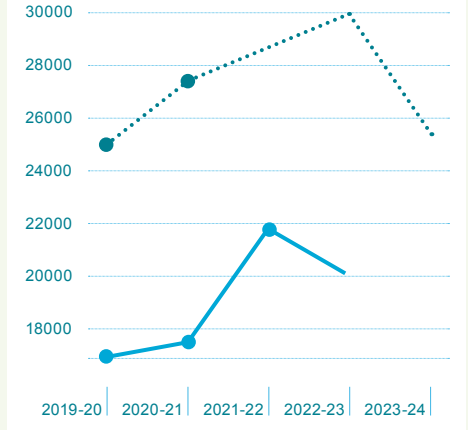
### Physical Health Checks for people with Serious Mental Illness



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

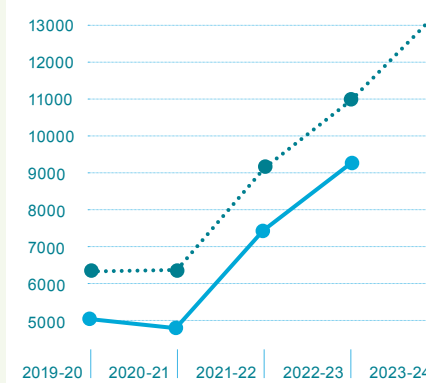
### NHS Talking Therapies



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

As a system we are meeting multiple national NHS Talking Therapies targets such as those which measure recovery from illness. However the increasing access to NHS Talking Therapies target, which measures the number of people able to get help from NHS Talking Therapies, has been significantly challenged as a result of a lack of workforce and the pandemic. This is a national challenge and the target for 2023/24 was reduced to reflect this. Due to a combination of investment and transformation we are planning to meet the target in 2023/24.

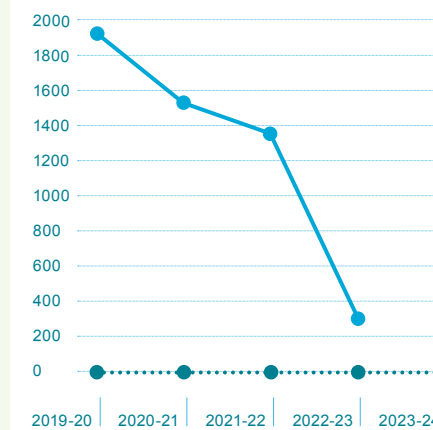
### Children and Young People Access



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

By 2025, 50% of schools and colleges in BNSSG will have a team who provide early help, information, advice and guidance to children and young people, parents, teachers and guardians.

### Out of Area Placements

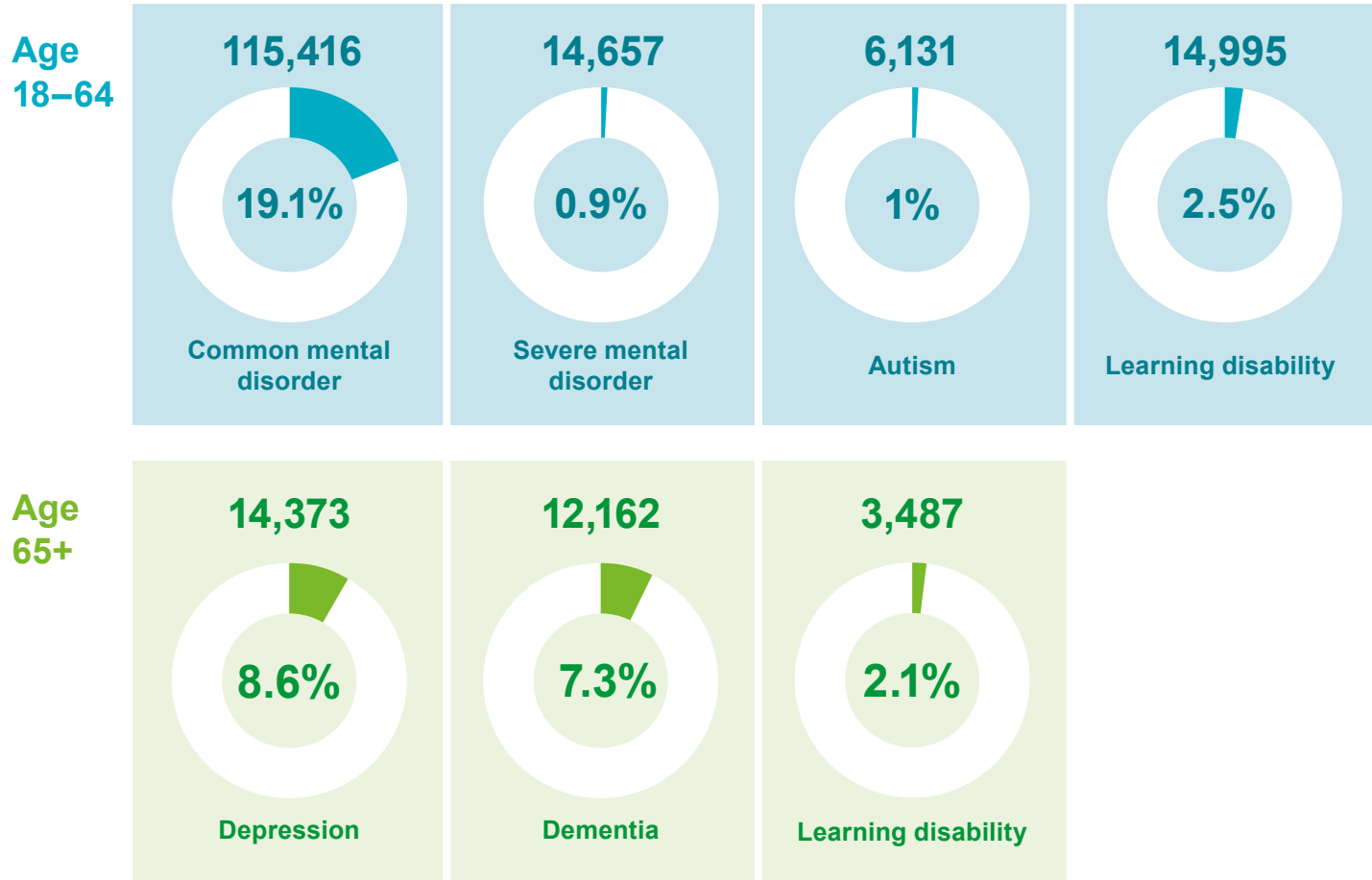


Data Source: Out of Area Placements in Mental Health Services NHS Digital. 2020/21 Performance impacted by Coronavirus Pandemic.

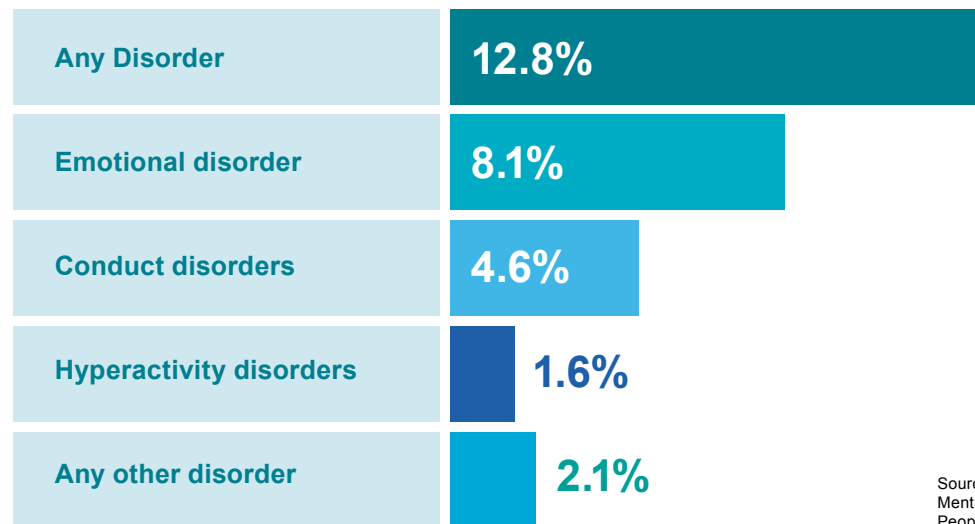
Many staff across organisations in our system have worked intensively to bring people placed in out of area hospitals back to BNSSG to be near their families and communities. Our efforts mean that nearly no one is now placed out of area unless they have highly specialist needs that cannot be met by local services.

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 outcome and experience measures so that we know what is helping people of all ages the most in their recovery.

Mental health, learning disability and autism in adults across BNSSG



Estimated levels of mental health need among 5-19 year olds across BNSSG



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

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

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

For BNSSG this is 1609 people

Cost: £52.5m

Average cost per person of £32,648

People (% of total)	Total cost (%)	Total cost (£)
1%	20%	£52,530,436
1-5%	25%	£66,065,629
5-10%	16%	£40,433,118
10-20%	16%	£41,601,705
20-30%	9%	£22,395,331
30-50%	9%	£23,276,330
50-100%	5%	£13,239,970

Cost include admissions and attendances across primary, secondary and Community care as well as prescribing (1 year, 2021/22). Some costs are 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 contact with Mental Health Services account for 19% of the total costs across the whole system.

For BNSSG this is 116 people

Cost: £3m

Average cost per person of £26,442

People (% of total)	Total cost (%)	Total cost (£)
1%	19%	£3,067,289
1-5%	22%	£3,536,470
5-10%	15%	£2,334,801
10-20%	17%	£2,733,376
20-30%	10%	£1,597,053
30-50%	11%	£1,683,247
50-100%	6%	£1,026,234

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.



## 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 focussed care planning for everyone.

Locally, significant work has commenced to implement the Community Mental Health framework.

As an Integrated Care System we have:

Co-produced and implemented a First Episode and rapid early intervention for Eating Disorder (FREED) service and introduced a new Voluntary, Community and Social Enterprise partner delivering holistic support closer to home.

Co-designed 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 implementing integrated personalised care teams for adults across the BNSSG foot print focussed on ensuring everyone has access to the right mental health support at the right time.

Strengthened our community mental health rehabilitation team and introduced a flexible grants scheme to support individuals' returning home.

Commenced work to understand and target support to key groups who have historically experienced poorer access to, experience of and outcomes from mental health support and care to tackle inequalities in mental health and related outcomes.

Increased capacity in Primary Care, AWP's Physical Health Teams and peer support roles to enable more people on GP Severe Mental Illness registers receive an annual physical health check and have their physical health needs met.

Introduced a range of mental health support accessible to people calling 999 or 111 to make it easier for people to get the right support 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.**

## Prevention concordat

The Prevention Concordat for Better Mental Health was published in 2017 and provides resources for local areas to take an evidenced 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 approach to trauma informed practice and to 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 with 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 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 and additional funding and support has been utilised to develop mental health support in schools and colleges across BNSSG. Furthermore, the Long Term Plan has, and will continue to, drive to expand and transform.

There has been and will continue to be a drive to expand and transform:

### Eating disorder services

### Crisis services

### Support for transition from child to adult services

### Mental health support in schools and colleges

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

**Mental Health Support Teams in Schools:** BNSSG has completed three waves of MHSTs, with 10 teams now available across the geography, 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 hospital. There is a 24/7 response line in place and young people requiring a mental health assessment will receive one sooner, to ensure that appropriate care is received. Further, the Crisis Team 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 CAMHS and Acute Emergency Department eating disorder teams have been increased alongside 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 Children's Hospital 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:** Scoping on the current pathways for young people aged 16-25 is taking place with discussions being held with key organisations across the system. 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.

**A lot of work 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 CYP population.**

## 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, fairly and disparities experienced by people from black and 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 Carer Race Equality Framework has been tested in pilot sites and will be rolled out nationally during 2023/24. 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 and embed training and culture change to ensure everyone in our system understands the drivers of and impact of health inequalities and 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 and Brown Minds Matter group

“ethnic inequalities in access to, experiences of, and outcomes of healthcare are longstanding problems in the NHS and are rooted in experiences of structural, institutional and interpersonal racism”

NHS Race and Health Observatory (2020)

## 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.

## Our whole Population

Around **one million** people live across BNSSG

Youngest population is in Bristol with an average age of

**30** 

compared to age

**46** 

in North Somerset and age

**40** 

in South Gloucestershire

**74.6** years

**83.2** years

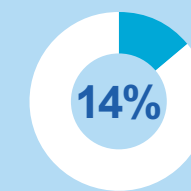
A man living in the most deprived area of Bristol lives 9.9 years less than a man living in the least deprived area.

**80.3** years

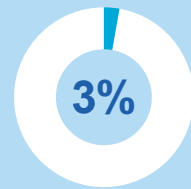
**87.8** years

A woman living in the most deprived area of North Somerset lives 7.9 years less than a woman living in the least deprived area.

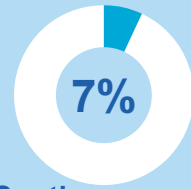
Black and Ethnic minority groups:



Bristol

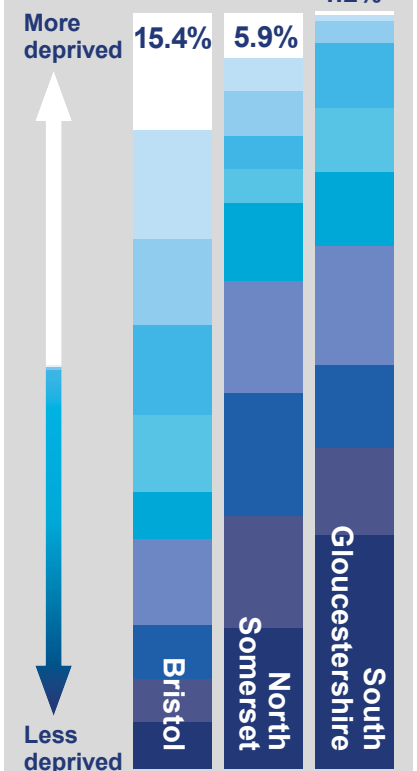


North Somerset



South Gloucestershire

Index of multiple deprivation: 15.4% of people living in Bristol are in areas of high deprivation compared to 5.9% in North Somerset and 1.2% in South Gloucestershire



1 ICS

3 Local Authorities

6 Localities

# 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

As a mental health system 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.



# 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 integrated personalised care teams based around Primary Care level. These teams will include a wide range of NHS, Local Authority, private therapies and Voluntary Sector partners to 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.

Our integrated teams will use shared personal wellbeing plans that capture peoples' strengths and assets alongside their mental health needs.

We will aim to integrate our Voluntary Sector within all our models of care to make sure people of all ages get holistic support that is offered at an early point and which considers the social determinants of health as well as mental health needs.

We will 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 serious 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. .

We will ensure holistic care is delivered where people may be in an acute physical health hospital and require mental health support.

## We will know we are making a difference when:

We have integrated personalised care teams fully established in every locality within BNSSG.

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

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

People of all ages will report experiencing integrated care.



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 rough sleepers had a mental health need

**45%**

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

# 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, housing advice etc.

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 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.

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.



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

## 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 Hub (mental health phone support available through calling 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 and ensure that where children and young people need a 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 Rightcare programme to ensure people who require inpatient care have high quality treatment and as short a stay as possible and are 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 disadvantage.

### We will know we are making a difference when:

We have embedded the use 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 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 acute 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.



**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**

## 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 and work 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 deliver specific activities to outreach to people they currently do not reach 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 as well people of all ages, families and carers with lived experience. We will specifically seek to understand from people of all

ages 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 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

LGBTQ+ people have avoided health treatment for fear of discrimination

# 52%

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

Around

# 1 in 5

women have a mental health problem

# 3x

as many men as women die by suicide

Black people are

# 3x

more likely than white people to be sectioned under the mental health act

## 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 and learning from the South West Workforce Forum, We will pilot new approaches to staff skill mix 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 % of mental health staff say they are satisfied with the quality of care they provide.

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

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

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 lived experience 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 and 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 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.

# £105 billion per year

**is the estimated economic and social cost of poor mental health**



# Next steps

Integrated Care Systems (ICSs) represent the best opportunity in a generation for that urgently needed transformation of our health and social care system. They provide the opportunity to break out of organisational siloes, enabling all partners to work together to tackle deeply rooted challenges, drawing together their collective skills, resources and capabilities.

## 5 key principles which would allow Integrated Care Systems to thrive:

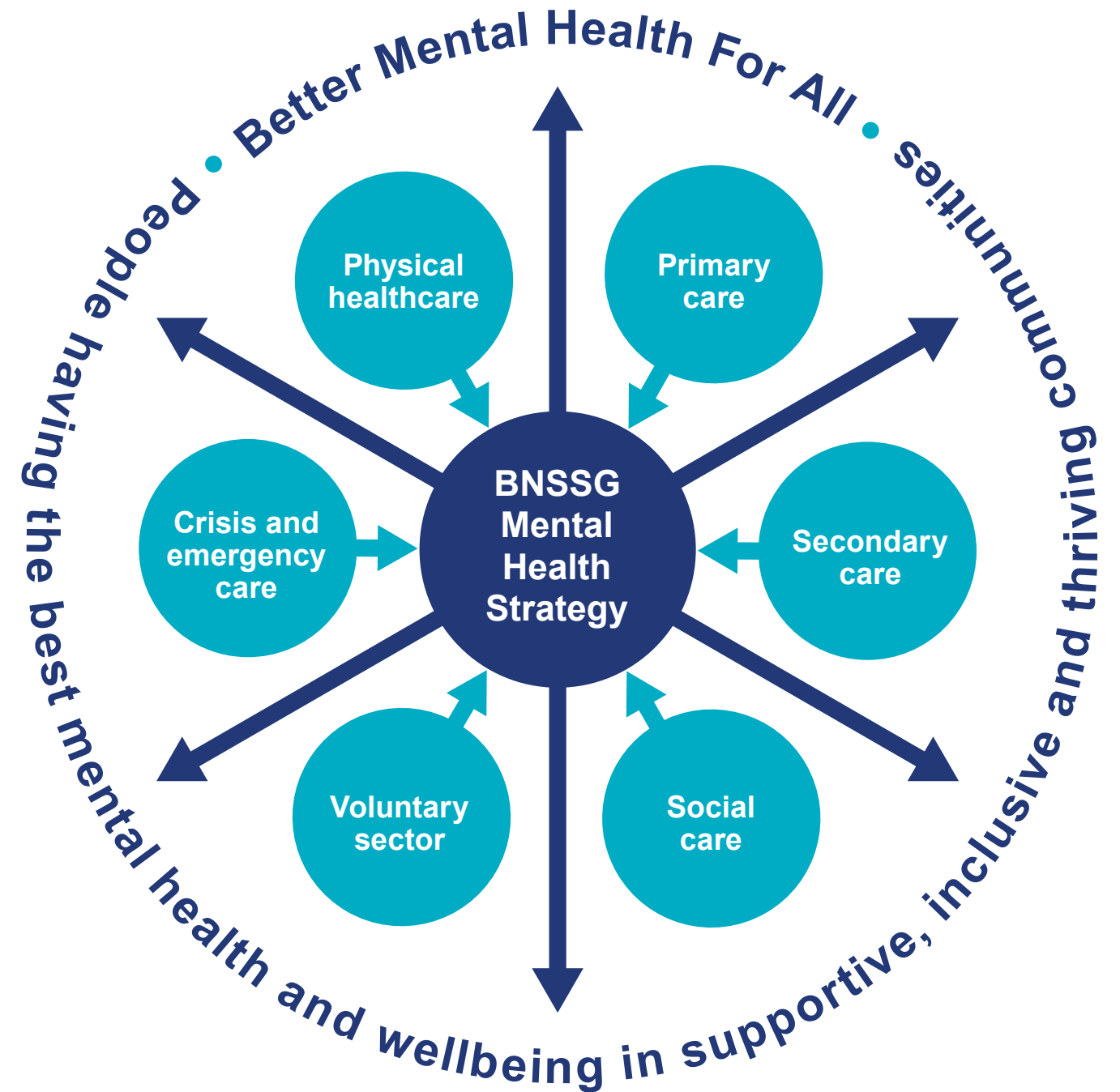
<p><b>1</b></p> <p>Collaboration within and between systems and national bodies</p>	<p><b>2</b></p> <p>A limited number of shared priorities</p>	<p><b>3</b></p> <p>Allowing local leaders the space and time to lead</p>	<p><b>4</b></p> <p>The right support, balancing freedom with accountability</p>	<p><b>5</b></p> <p>Enabling access to timely, transparent and high-quality data</p>
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Locally we are absolutely committed to the transformative power of working together to deliver change. There will be a Mental Health, Learning Disabilities and Autism Health and Care Improvement Group which will oversee the delivery of the vision, ambitions and priorities set out within this strategy. The Health and Care Improvement Group will include representatives from partners across our system. There will also be a Children's Health and Care Improvement Group which will provide

additional scrutiny on the delivery of work to improve mental health access and outcomes for Children and Young People. During 2023-24, 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 enabling resources 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.





## Appendix one: Glossary

TERM	DEFINITION
Acute care	Acute care is where a patient receives active, short-term treatment for a condition.
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 persons 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.
Context	When we talk about understanding our wider context (page 4), we mean we need to understand the local needs of people in the areas we cover (see BSW and BNSSG). We also need to understand our financial position, any areas of our services which need to be improved and so on.
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 Autism 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. From 1 July 2022, 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. AWP works in two of these systems: BSW (Bath & North-east Somerset, Swindon and Wiltshire) and BNSSG (Bristol, North Somerset and South Gloucestershire). Since 1 July, we work with the other providers in each system – these include Voluntary sector organisations (such as Mind, Second Step, and Nilaari), GP's (doctors) and acute hospitals (such as Royal United Hospital in Bath and Southmead Hospital in South Gloucestershire).
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, in the government body responsible for delivering local services in an area.
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.
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 focussed	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.
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 trauma informed approach to care acknowledges that health professionals recognise the impact of trauma and understand the correct processes for recovery. This includes recognising the symptoms of trauma in patients and their family.
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.



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