



***Thrive Bristol
Programme Overview
July 2018***

‘Thrive Bristol’ is a new ten year programme to improve the mental health and wellbeing of everyone in Bristol, with a focus on those with the greatest needs. It covers all ages and considers mental health in its broadest sense, with initiatives to improve the whole population’s wellbeing to interventions for people experiencing mental illness.

‘Thrive’ takes a city-wide population health approach to improve mental health and wellbeing. At its core is a recognition that as little as 10% of a population’s health and wellbeing can be linked to access to healthcare. As such, rather than beginning with treatment, its focus is on the role schools and universities, employers, housing organisations, NGOs, businesses and the police – amongst many others - can play. It also includes a focus on the huge importance of tackling stigma and discrimination, and on our relationships, surroundings and access to good food, money and wider resources in achieving good mental health.

This programme focuses on prevention and early intervention and works by mobilising public, private and third sector collaboration and leadership (and resources) across a city. It also aims to simplify and strengthen leadership and accountability across the whole system.

This approach aligns closely with the findings of the Marmot Review (2010) on health inequalities which called on us to address the social determinants of health and the ‘causes of the causes’. Drawing on this Thrive Bristol is a programme which aims to bring the city together to*¹:

- Create a city free from mental health stigma and discrimination
- Enable individuals and communities to take the lead
- Maximise the potential of children and young people
- Create a happy, healthy and productive workforce
- Become a city with services that are there when, and where, needed
- Enable people to have enough money to lead a healthy life, and safe and stable places to live
- Become a suicide safe city.

Thrive is a model that began in New York, led by Mayor Blasio. It has more recently been brought to the West Midlands and London through the global Thrive Cities network – which Bristol has joined.

¹ *TBC – these aims are provisional and will be decided by the Thrive Steering Group.



1. Why do we need Thrive Bristol?

Despite often being cited as one of the best places to live, Bristol has:

- Higher prevalence of mental ill health than the national average.
- Higher than national suicide rates.
- Higher than national average self-harm admissions. 1 in 5, 16-17 year olds in Avon have self-harmed, with three times as many girls self-harming as boys (Avon Longitudinal Study of Parents and Children (ALSPAC)).
- Smoking prevalence in adults with serious mental illness in Bristol is high: 47.3% compared to 40.5% England average.
- The rate of ESA claimants for mental ill health is higher than the England average.
- High numbers of individuals are at greater risk of mental ill health; looked after children; NEETs; higher than England average rates of 1st time entrants to criminal justice system.

(Data Source: Public Health Profiles, PHE - except where stated).

2. Financial cost for Bristol

The cost of this to individuals, families and communities is incalculable. However, we have begun to calculate what mental ill health costs Bristol financially. Through working with the Centre for Mental Health we can estimate that mental ill health costs Bristol at least £1.37 billion a year.

3. Thrive Bristol's focus

The programme follows the approach of Public Health England's Prevention Concordat and will focus on improving the mental health and wellbeing of everyone in Bristol, as well as targeting those with the greatest needs. Work will be split into three components:

- a.) Whole population approach
- b.) Life course approach
- c.) Targeted prevention approach

The Thrive Bristol Steering Group will bring key organisations and individuals together to oversee the programme's development. It will be responsible for creating and overseeing a programme of work and maximising any available resources. Bristol does not have a city-wide mental health Board so the Thrive Bristol Steering Group will bring senior leadership, focus and accountability to mental health and wellbeing across the city. Within this, specific attention will be given around to how to share the costs and benefits of 'upstream' mental health interventions, which might accrue to 'downstream' organisations.

Workteams have been set up to cover 2018-19 business year (see below), but Thrive Bristol will align with and support the large number of related programmes and projects in place within the city (for example, the Children and Young People's Transformation Plan, Bristol



Ageing Better, Golden Key, Bristol's Crisis Concordat and the city's social prescribing programme).

The programme builds upon the work of existing Thrive models, and maintains strong links with these partners to share learning through membership of the Thrive Cities network. This is being led by the International Initiative for Mental Health Leadership (IIMHL) and is bringing cities and urban regions from eight countries together to solve problems and share innovations, enabling Bristol to learn from best practice globally and share our learning / ask for support as our plans develop.

Thrive Bristol is an example of the 'One City Approach' that is being developed in Bristol – where a broad range of city partners will work collaboratively to tackle the shared challenge of poor mental health.



4. Priorities for Year One (April 2018 – March 2019)

The summary below outlines the focus for the first year of the programme (April 2018 – March 2019) of Thrive Bristol, breaking the programme into its three component parts: whole population; life course and targeted prevention. This is based on discussions with partners across Bristol and nationally.

a.) Whole population approach

Theme	Activity	When?
Launch Thrive Bristol	Given the priority city partners wish to place upon improving mental health and wellbeing in Bristol, the ambitions for Thrive Bristol are to be showcased as part of the new 'One City Approach' at the City Gathering on 8th June.	June 2018
Support aims for Bristol to become a city free from mental health stigma and discrimination.	<p>Bristol has been chosen as a Time to Change 'hub' to support our efforts to tackle mental health stigma and discrimination. Through this an 18 month programme of activities is being developed, including social marketing campaigns to support people to open up to mental health problems, to talk and to listen. This will be city-wide, but with a focus on priority populations, such as children and young people, BAME groups and men. City partners will be encouraged to support this, for example, through employers and schools signing the 'Time to Change Employer Pledge'.</p> <p>The Time to Change Bristol work – and its strong emphasis on user-led approach – will support wider efforts for people with lived experience of mental ill health to shape and lead parts of 'Thrive Bristol'.</p> <p>Partners: Bristol Anti Stigma Alliance, Time to Change.</p>	From launch onwards with campaign bursts through the year
Coordinated city-wide communication	<p>Aligned with the above, we seek to coordinate work across city agencies to more effectively raise awareness and understanding around mental health. In Summer 2018 we seek to bring partners across Bristol together to agree our joint communications and engagement approach to tackle mental health stigma and discrimination, and improve wellbeing. We are inviting national leads from Time to Change and Public Health England to join us for this to share their experiences and expertise.</p> <p>Partners: City communication leads from community and voluntary sector, NHS and wider public sector (including police),</p>	Ongoing



	universities, unions, and interested corporates, and national comms leads from Time to Change and Public Health England. Digital (google analytics work): Wellspring; CCG.	
Increase mental health literacy at scale	<p>We seek to improve mental health literacy and awareness to help individuals and organisations to be better able to seek and receive help.</p> <p>With partners, identify what mental health awareness training current partners are providing; create a plan with partners to identify key audiences to reach (aligning with Suicide Prevention Plan) and key agencies rolling out training; and secure city support for roll out at scale. Within this work we will determine long term goals, i.e. for 1/5 Bristolians to have access to mental health training over next 10 years, and innovative opportunities to meet this (i.e. Bristol training package).</p> <p>Partners: Local mental health training providers / charities; Mental Health First Aid.</p>	Ongoing
Embed mental health leadership across the city	<p>Through the One City Approach we seek to seize opportunities to embed mental health and wellbeing within wider strategies and policies, such as spatial planning / housing work, as well as seeking for key NHS bodies to have a mental health / champion at Board level (including our acute and community trusts).</p> <p>Bristol City Council has signed- up to the national Local Authority Mental Health Challenge (Cllr Celia Phipps is our champion) and has hosted a regional workshop. The Bristol Leadership Challenge programme is initially focusing on the mental health needs of people in the city.</p> <p>Partners: One City Approach programme; Local Authority Mental Health; Bristol Leadership Challenge.</p>	Ongoing
Publish key data and strategies	Publish Bristol’s Mental Health and Wellbeing JSNA (TBC) and Bristol’s new Suicide and Self Harm Prevention Strategy (Health and Wellbeing Board sign off TBA).	TBC
Longer-term planning, metric development and analysis	With partners, develop a vision for what a mentally healthy Bristol would look like in 2050, and work backwards to identify what needs to be done to achieve this (using the ‘theory of change’ model). Within this, we will agree – with the Steering Group – the appropriate metrics to determine the short, medium and long term impact of Thrive Bristol and wider city activities affecting the mental health and wellbeing of people in	Summer2018 onwards



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b.) Life course approach

Based on local need and interest, we propose prioritising children and young people’s mental health and employment and mental health in the first year of the programme, with each having a workstream that are led by partners from across the city to identify and act upon key needs. Whilst these are the priority workstreams that Thrive develops, wider life course programmes – such as Bristol Ageing Better – will feed into Bristol Thrive’s Steering Group and action plan.

Theme	Activity	When?
Improving the mental health and wellbeing of children and young people in Bristol	<ul style="list-style-type: none"> - Develop Bristol’s Children and Young People’s Mental Health workstream with city partners and young people and families. The Centre for Mental Health is developing this work, supported by an advisory group (co-chaired by Freedom of Mind and Off the Record). This work will: <ul style="list-style-type: none"> o Recommend interventions which have the strongest return on investment, and identify how we will resource these. o Align with CYP iThrive model, led by Bristol’s Community Children’s Health Partnership (CCHP), and wider activities. e.g. Time to Change’s secondary school programme and its Young Regional Coordinators and Young Champions. <p>Partners: Centre for Mental Health; Off the Record, Freedom of Mind, Youth Council and others.</p>	March 2018 onwards
Improving the mental health and wellbeing of students in Bristol	<ul style="list-style-type: none"> - Develop a joint approach with University of Bristol and UWE around collaborating to improve student mental health in Bristol (Vice Chancellor-led). As part of this, Bristol will be an exemplar site for Universities UK’s new approach. - Share the expertise and resource within our universities with FEs / 6th form colleges in Bristol / South Glos. PHE has agreed to support us in hosting a workshop to test the idea of a ‘community of practice’ approach between these partners. <p>Partners: University of Bristol, University of West of England, Public Health England, Universities UK; FEs and 6th Forms.</p>	Ongoing



<p>Improving the mental health and wellbeing of employees in Bristol: 'Thriving at Work'</p>	<p>Mental health conditions have a greater impact on people's ability to work than any other health issue. The PM-commissioned review into mental health in the workplace ('Thriving at Work', Famer / Stevenson) has created a set of recommendations that employers can act upon to create mentally healthy workplaces across the city.</p> <p>In partnership with employers, unions and employees affected by mental ill health we will develop practical guidance and tools that every employer in the city can use to create improvements for their workforce. We will also be encouraging greater sign up to the Time to Change Employer Pledge (and action plan).</p> <ul style="list-style-type: none"> - This was launched at our 'Thriving at Work Bristol' event in April (150+ attendees, including national leads (Centre for Mental Health); Bristol's employers and unions. - Task and Finish Group has been established (co-chaired by Burges Salmon and Mind) and will meet 2-3 times over the summer and make recommendations to the Health and Wellbeing Board in autumn 2018. - Work in partnership with national leads, including Mind CEO and author of 'Thriving at Work' review Paul Farmer, for Bristol to be supported in embedding their work across a place (first city to attempt this). <p>Partners: Burges Salmon, Unite and Mind plus large numbers of city employers; BASA; national leads including Mind and Centre for Mental Health.</p>	<p>Dec. 2017 onwards</p>
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c.) Targeted prevention approach

Thrive Bristol explicitly wishes to include a strong focus on those with the greatest needs, which is why a targeted approach for key groups and communities is required.

Fortunately Bristol has programmes in place which do focus on areas like this, such as 'Golden Key' which is a citywide partnership of people with experience of prison, homelessness, long-term mental health problems and drug and alcohol dependency and city commissioners and providers; as well as programmes such as Pause, which works with women who have experienced repeat removals of children from their care.

However, we have identified groups with significant needs whereby we don't have a city-wide approach to supporting them. Within these, we propose prioritising the following groups in year one.



Theme	Activity	When?
Integrating MH and physical health: smoking and SMI.	<p>People’s mental health and physical health should be considered and treated wherever people present in the health and social care system. People affected by severe mental illnesses, such as schizophrenia, are at risk of dying 20 years prematurely due to their physical health. A key factor is smoking. People with serious mental illness in Bristol have higher smoking rates (47.3% compared to England average of 40.5%). In Bristol we do not have a city-wide pathway of smoking cessation support for people with mental illness. As such, the NHS’ current efforts (via their CQUIN) to reduce smoking rates for those using secondary mental health services may be limited if people cease to have this when they return to their community.</p> <ul style="list-style-type: none"> - We will create a city-wide smoking cessation pathway for people with serious mental illness, over 2018-19. Within this, a target will be set to reduce smoking rates (e.g. to reduce the smoking rate of people with mental illness in Bristol to the national average by 2022). - Join the national ‘Equally Well’ collaborative to benefit from the sharing of best practice. <p>Partners: Smoking cessation, AWP, CCG, community services, Second Step, Public Health England.</p>	2018-19
Housing, Homelessness and Mental Health	<p>A workstream to understand the interdependencies between housing and mental health and develop a city-wide approach to acting upon these.</p> <ul style="list-style-type: none"> - BIMHN and CASS held a conference of mental health and housing organisations (100 ppl) in November 2017 which identified key interdependencies between housing and mental health. - A working group has met 3 times since to assimilate feedback / evidence on key issues and identify gaps. - Next step is to share recommendations with senior city leads (Cllr Asher Craig / Cllr Paul Smith / Martin Jones) and develop business cases for new models – such as Housing First at scale, from WECA / central Govt / others). <p>Partners: Acorn, Shelter, Second Step, BIMHN, others.</p>	Ongoing
Debt and mental health (Universal	<p>Half of adults in problem debt also have a mental health problem, and one in four British adults with a mental health problem has problem debt – it also has a strong relationship with suicide.</p>	



<p>Credit)</p>	<p>There is concern that welfare reforms may exacerbate this, and that people who need debt or mental health support are not accessing it. This workstream seeks to strengthen links between mental health services and debt / financial support.</p> <ul style="list-style-type: none"> - Launch event 8th May 2018, led by CASS, BIMHN and partners such as Citizens Advice. - Working to align with University of Bristol work (including HOPE study) and seek funding to roll out pilots. - CCG / LAs submitted NHS England bid to bolster support (using HOPE model), using suicide prevention funding. - Explore wider bids, including NIHR funds. <p>Partners: CASS, BIMHN and partners such as Citizens Advice / Talking Money; HOPE and wider academic colleagues.</p>	<p>May 8th event launches work</p>
<p>To improve the mental health support received by women affected by domestic abuse and gender violence.</p>	<p>Domestic abuse and mental ill health are intrinsically linked: women with severe mental illness are up to five times more likely than the general population to be victims of sexual assault and two to three times more likely to suffer domestic violence².</p> <p>This workstream, co-chaired by local domestic abuse provider Next Link and Professor Gene Feder will focus on how mental health services could better meet the needs of women affected by domestic and sexual abuse. To begin this a roundtable of local and national leads will identify the scale of the issue; identify best practice in meeting the needs of women affected by mental ill health who have experienced domestic / sexual abuse and agree and enact an action plan to improve the care and support offered.</p> <p>Partners: Next Link and Professor Gene Feder to chair, with initial support from Professor Louise Howard, King's College London (of the Government's Women's Mental Health Taskforce).</p>	<p>Launch Event July 2018</p>
<p>Community models of Thrive</p>	<p>We aim to build community capacity and resilience to improve mental health and wellbeing using an asset based approach (focusing on areas of Bristol experiencing the worst mental health outcomes). This workstream began in 2017 with activities in Hartcliffe which we aim to build upon in that area and other parts of the city.</p> <p>Partners: Community and voluntary group groups.</p>	<p>Ongoing</p>

² <http://www.ucl.ac.uk/news/news-articles/0914/040914-Mental-health-sexual-assault>



Arts and Mental Health	<p>To improve wellbeing through the medium of art and culture. We are at the beginning of this work, with an initial meeting being planned to ask art organisations how we could collaborate for mutual benefit.</p> <p>Partners: Arts and culture partners.</p>	Ongoing
Adverse Childhood Experiences / PIE	<p>We aim to create an ACE-aware city in Bristol (which incorporates related initiatives such as Psychologically Informed Environments).</p> <p>This is now a separate, but closely aligned, work stream to Thrive Bristol (being developed by Bristol City Council, NHS, police and voluntary sector partners).</p>	N/A

We also have a city-wide programme to significantly reduced levels of suicide and self-harm in Bristol, and are supporting the development of an STP-wide Mental Health Strategy.

The projects above will take an improvement approach of testing and learning. In parallel long-term strategy and development work will be undertaken via the Steering Group. We are deliberately not beginning with a strategy, but enabling Thrive Bristol to be an approach that builds up and develops.



5. How will we know if Thrive Bristol has been successful?

The programme needs to clearly define the mental health improvement needed; the role of different projects in making progress; and must specify how improvement (or otherwise) will be measured. To support this, a full 'theory of change' process will be undertaken over the first year. This will define long-term goals around what a mentally healthy Bristol will look like in 2050, and then map backward to identify necessary preconditions and actions to achieve these.

As Thrive Bristol is a long-term programme, its dashboard of measurement indicators can include areas which may take some time to change, such as some of the below which draw upon the national Public Health Outcomes Framework.

Mental health-focused indicators:

- Self-reported wellbeing scores.
- Smoking prevalence in adults with mental illness.
- Excess under 75 mortality rate in adults with serious mental illness.
- Employment rate for people in contact with secondary mental health services.
- Suicide rate.
- Adults using secondary mental health services living in stable accommodation.
- People in prison who have a mental illness or a significant mental illness.
- Proportion of adults in the population in contact with secondary mental health services.
- Rate of people claiming Employment Support Allowance for mental health reasons.

Purely for illustrative purposes, short/medium term targets relating to these may include:

- Reduce Bristol's suicide rate by 10% by 2020.
- Reduce smoking rates in people with severe mental illness to 40% (England average) from Bristol's current rate of 47.3%.

Indicators which may predict poor mental health in later life:

- Children in low income families.
- School readiness (& of children with free school meal status achieving a good level of development at the end of reception).
- First time entrants to the youth justice system.
- Children excluded from school (children with psychological distress and mental health problems are more likely to be excluded, but their exclusion acted as a predictor of increased psychological distress in later years).

Within the above, we would seek to break data down by equality characteristics and to prioritise key aspects of this. We would also aim to be focusing on indicators which illustrate causes for concern that the city can act upon (e.g. the number of Afro-Caribbean boys being excluded from school) rather than simply assessing data which illustrates the ultimate consequences of systems failing to meet needs (e.g. over representation of Afro-Caribbean men in the psychiatric system).



Coupled with these indicators and targets, the programme will have delivery outcomes relating to its activity, which may include some of the following:

- Improve mental health awareness through training 1 in 5 Bristolians in Mental Health First Aid by 2028.
- Ensure 100% of pregnant women / new mothers receive preventative mental health support.
- For the programme's public awareness campaign to reach X% of Bristol residents, and for levels of stigma and discrimination to reduce by x% (Time to Change to support with baseline data).

6. How will Thrive Bristol be funded?

The 'Thrive' model focuses heavily on the programme being co-developed with a broad range of local partners – including community, education, employment, housing, economic development, culture and health sectors. Within this, it seeks to mobilise wider resources.

Rather than focusing on large investment from statutory bodies, other UK examples of 'Thrive' have included innovative approaches to incentivise improvements:

- 'Thrive West Midlands' is undertaking a two year pilot of a 'Wellbeing Premium'. This will reward employers that introduce measures to support the mental and physical wellbeing of their workforce, such as through reduced business rates.
- 'Thrive London' is working to align philanthropic funds and social investment with their programme.

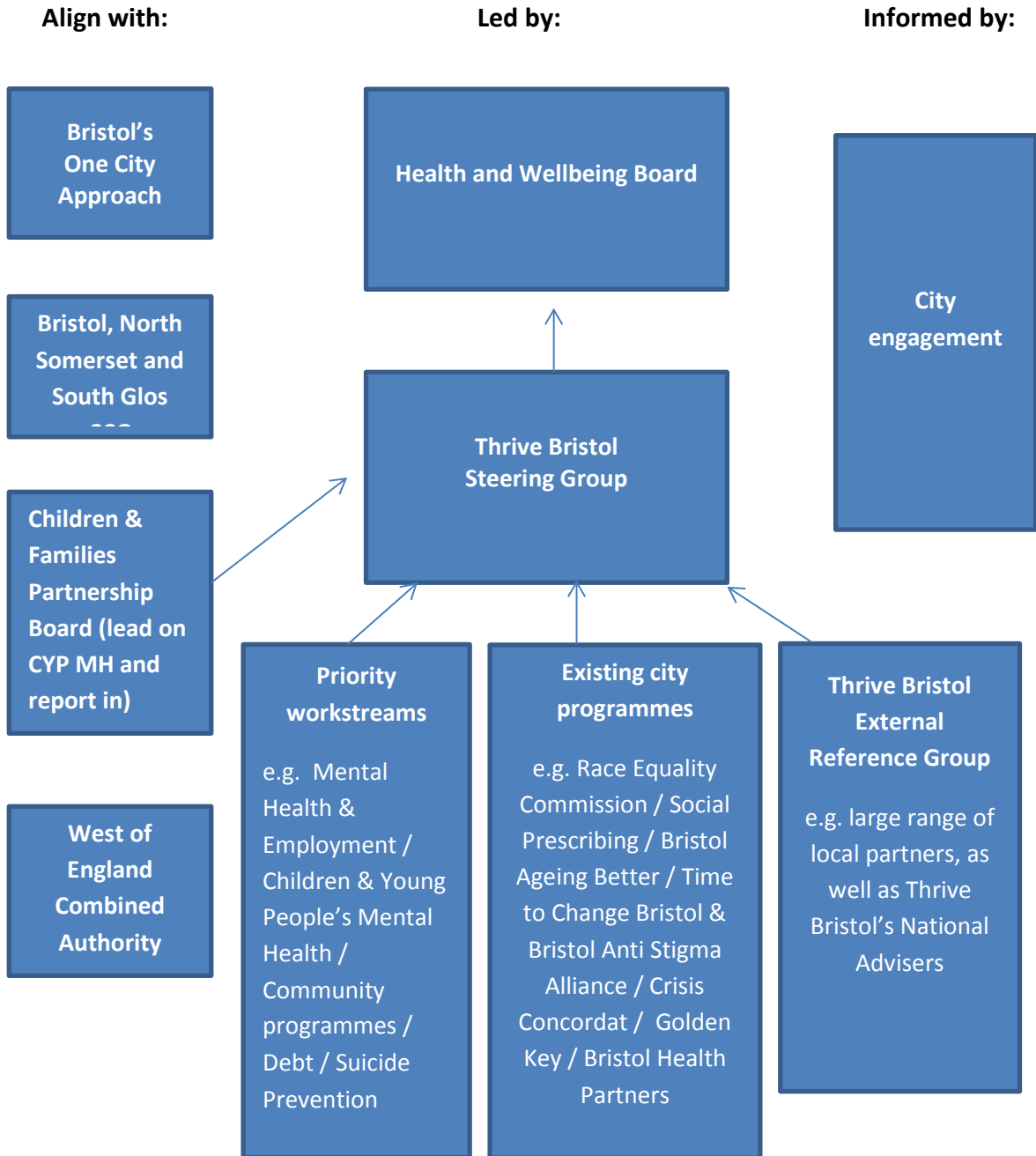
We are hopeful that the implementation phase of this programme will be financed through a mixture of investment through:

- City partners agreeing to play an enhanced role in improving mental health and wellbeing (e.g. employers funding greater mental health support for employees; acute providers prioritising mental health).
- From external sources (e.g. philanthropy / grants / social investment – the Quartet Community Foundation and Big Society Capital are supporting this approach)
- Existing budgets / projects being aligned with 'Thrive'.
- Exploring income generation opportunities (e.g. providing Mental Health First Aid to businesses).

Through the development of this programme we may identify additional resource needs. However, the programme is being created within a context of reduced budgets, so its success should not be dependent upon significant council funding. The programme is open and transparent around the limited budget attached to it at the outset, but is ambitious in seeking resource from a range of sources in the city and beyond.



7. How will Thrive Bristol governed?



Advised by national partners





8. How is Thrive Bristol considering equality and diversity?

Mental ill health is currently influenced by factors such as race, disability and sexual orientation, and men and women have different risks of mental ill health. We propose undertaking work which focuses on those with the worst health outcomes and as part of this. Improvements may take time, but are needed in key areas, for example:

- Reducing the significant over-representation of black people in acute services.
- Improving levels of early support received by people from LGBT backgrounds.
- Reducing suicide levels in men.

Within this we may need to ensure we have tailored indicators to gather and monitor data.

9. What has informed this paper?

This paper has been developed following discussions with a large number of partners from public, voluntary and private sector organisations across Bristol (including an event of 120+ community leads, organised by CASS); and national mental health leads (including those involved in with other Thrive initiatives). It draws heavily on Public Health England's Prevention Concordat guidance, as well as wider Thrive models.

- Overview of 'Thrive NYC': <https://thrivenyc.cityofnewyork.us>
- West Midlands' Thrive Action Plan: <https://www.wmca.org.uk/media/1723/wmca-thrive-full-report.pdf>
- London 'Thrive': www.london.gov.uk/what-we-do/health/london-health-board/thrive-london-improving-londoners-mental-health-and-wellbeing
- Public Health England's Prevention Concordat
www.gov.uk/government/collections/prevention-concordat-for-better-mental-health
- NHS England's Five Year Forward View for Mental Health
www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

10. Further information

For further information on this paper, please contact:

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Appendix 1. Overview of mental ill health in Bristol

Prevalence of mental ill health nationally:

- 1 in 4 adults will experience a mental health problem each year.
- 1 in 6 workers will experience depression, anxiety or unmanageable stress.
- WHO (2017) noted that depression is now the leading cause of ill health and disability.
- Having a severe mental illness can lead to you dying up to 20 years early due to preventable physical health conditions.

Economic and social costs of mental health in Bristol is estimated at £1.37bn per / year.

Bristol: prevalence of mental ill health:

Bristol has a higher prevalence of mental ill health than the national average – both for children and young people and for adults.

- 8.8% of Bristol patient population has depression diagnosis (8.3% nationally)
- 1 in 10 children will experience a mental health problem (9,000 children in Bristol). Figures are unlikely to fully reflect need.
- Mental health is the largest cause of Employment & Support Allowance claims in Bristol (54%). This is the 6th highest rate in England. Lawrence Hill has more than twice the number of mental health claimants than any other ward.
- Bristol has high numbers of individuals who are at greater risk of mental ill health, such as: looked after children; unaccompanied asylum seekers; and higher rates of young people Not in Education, Employment or Training.

Suicide in Bristol:

- Bristol has a higher suicide rate than the national average: 12.8 per 100k compared to average 10.1 per 100k.
- In the UK, 3 x higher suicide rate for men, middle aged men represent highest suicides in UK, especially in Bristol (28.2 per 100k, compared to UK 20.2).
- There is a strong link between deprivation, poverty and suicide.
- Particular needs in Bristol's student community (current 'suicide cluster')

Self-harm in Bristol:

- Self-harm admission to hospital in Bristol is higher than the national average.
- Almost twice as many females as males self-harm (1:9).
- 5 young people per week attend Bristol Children's hospital following self-harm.
- Approximately 1/5th of young people in Bristol self-harm (ALSPAC).

Smoking and Mental Health:

Smoking rates in Bristol have fallen. However, smoking prevalence in adults with serious mental illness in Bristol is high: 47.3% compared to England average of 40.5%.