

One Stockport Mental Health and Wellbeing Strategy 2023 – 2030

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Why we need this strategy

Mental health is at the heart of our lives. We all aspire to wellbeing – a sense of happiness, of meaning or purpose in life. The mental health and wellbeing of our population is a high priority for system partners. However, we are seeing the number of Stockport residents suffering with mental health difficulties, be that depression, anxiety or serious mental illness, increasing significantly over recent years. Recent survey data show 1 in 5 of our young people have low life satisfaction. This at the same time as inequalities in mental health are widening largely because of the twin impacts of the Covid-19 pandemic and the rising cost of living.

Investment in mental health and wellbeing has not kept pace with the increasing needs of our population and this has made it really difficult for our mental health services to meet the needs of people experiencing mental health challenges, and they and their carers don't always feel as engaged in their care and decision making as they would like to be.

All of this means that we need to do much more to promote mental health and wellbeing for everyone, prevent mental ill health developing in the first place, and reduce mental health inequalities. For those with existing mental health problems, we have to join up across health and social care to provide a more responsive and integrated service.

Our vision

Our vision is for Stockport in 2030 to be a place where people support each other in times of need, with communities where we find belonging and feel proud. We will have achieved real improvements in the health and wellbeing of communities with the poorest health, reducing the gap in healthy life expectancy between communities.

People facing mental health challenges will feel valued and understood and receive the support they need when they need it. Our mental health support services will be adaptable, continuously learning from lived experiences and responding to our individual needs quickly and effectively, helping us to reach our goals.

At a local level, services will work with individuals, families, communities, and other organisations, enabling us to build on our strengths and grow our support networks. This will enable us not just to survive but to thrive.

We will have delivered on the mental health and wellbeing objectives of Our One Stockport Health & Care Plan 2022-2027:

To create a culture where people understand there is no health without mental health. System-wide support to maintain good mental wellbeing and prevent crisis. Recognition of the role of education, employment, housing, and the community. Improved access with a strong, joined up service offer for all age groups and levels of need that keeps people well and provides timely support when needed. Continued investment in mental health services.

We are determined to make a real difference to mental health and wellbeing in Stockport. System partners share a clear set of ambitions, actions, and priorities. We have confidence in these, as they have been produced on the basis of input from a wide range of partners and residents, and respond to the challenges we face, and make use of known effective approaches and interventions.

Our 5 ambitions

Our five ambitions represent the key programmes of change over the next seven years to achieve our vision. These ambitions take a public mental health approach, across all ages. This means our work spans the promotion of mental wellbeing for everyone, prevention of mental health problems, and improving the lives of people experiencing mental health problems, whilst addressing inequalities in mental health.

1. Lived experience at the heart of what we do
2. Mental health embedded in everything we do
3. Greater awareness and understanding of mental health and wellbeing
4. Increased VCFSE capacity and action working with communities
5. Improvements in mental health services to enable people to live fulfilling lives

Introduction

Mental health and wellbeing are at the heart of all aspects of our lives – wellbeing, our happiness and purpose in life, is the ultimate goal of most human activity. Mental health and wellbeing are closely linked with our physical health, our relationships, our learning, our work, our economy, and our physical and social environment. Increasing numbers of people in Stockport experience poor mental health or low wellbeing. The pandemic and the cost-of-living crisis have contributed to

this. But these events have also shown us how important mental health is to us all, and the importance of community approaches alongside clinical ones.¹

System partners share an understanding of the complex causes and impacts on mental health from many aspects of our lives – how we live, our social and work situations, physical health, income, environment etc. This strategy therefore brings together contributions from diverse areas of work and a range of partners. Work will need to span the promotion of mental wellbeing in all settings (including particularly education and work settings), to early help and prevention, to the provision of services in support of people with mental health problems (including severe mental illness), across all age groups.

This all amounts to a very large agenda, and it is not an easy process to bring it all together. This is a sign of how passionate people are about this shared challenge, a sign of its enormous complexity, as well as of the fact that we are not working with an empty sheet of paper. The strategy nevertheless brings together in one ambitious document the already ongoing nationally-determined service transformation programmes, and the opportunities in other, broader areas of our work which impact on mental health and its underlying risks and protective factors. This creates our common story where we all play a part. The strategy is not the final word, but a testimony to our commitment and the beginning of our journey within a newly emerging integrated care system.

Alignment of the strategy

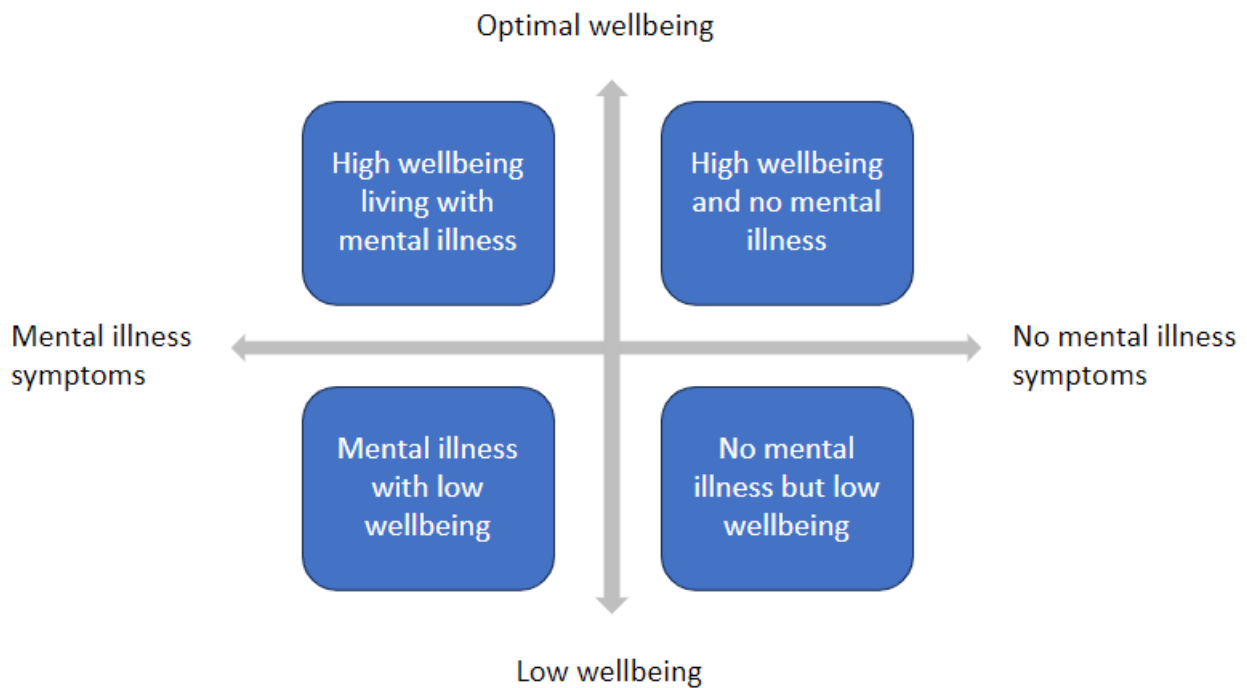
Our One Stockport Borough Plan already recognises mental health as a priority and commits to developing this strategy. This strategy also aligns with the ambitions in our One Health and Care Plan as well as the work on mental health we do with our partners in Greater Manchester, as part of the integrated care system (ICS). The strategy also aligns with and complements both the ambitions set out in NHS Long Term Plan, *NHS Mental Health Implementation Plan*, the emerging Greater Manchester Mental Health and Wellbeing Strategy, *Doing Mental Health Differently and Pennine Care NHS Foundation Trust Clinical Strategy: Values into Practice*.

The One Stockport Health and Care Board (our Locality Board) aims to drive system-wide improvements in population health and tackle health inequalities. This strategy summarises this partnership's approach to improving mental health and wellbeing of Stockport residents over the next seven years. This will be supported by relevant delivery plans across a range of partners; we will revisit and refine these plans regularly, to achieve our ambitions.

What do we mean by mental health?

There is no health without mental health, and we all have mental health. 'Mental health and wellbeing' describe a spectrum of experiences which range from positive mental health (positive feelings and our ability to function in our everyday lives) through to symptoms of mental health problems, or illnesses.

Positive mental wellbeing includes feelings of happiness, contentment, and enjoyment, positive relationships, a sense of purpose or meaning, and experiencing the ability to make choices and decisions. Living with a long-term mental illness does not necessarily prevent someone from experiencing positive mental wellbeing. Similarly, the absence of mental illness does not mean we are experiencing positive mental wellbeing, as the diagram² below shows.



Mental health issues affect many of us at a huge cost to our personal and social lives and health, as well as our economic wellbeing, both individually and as a community. The risks and burden of mental ill health are not equally distributed but are greater for those already disadvantaged.

What influences our mental health?

Mental health conditions are associated with a variety of genetic as well as environmental factors; not all of them can be influenced. But mental health and wellbeing can also be shaped by our sense of who we are and our place in our social world. The conditions we are born into, grow up in, live and work in strongly influence this. This means social and economic inequalities have a major impact on our mental health and wellbeing, as well as our physical health. The diagram below shows the wide range of influences on mental health and wellbeing. It recognises the role of education, employment, housing, the environment, and the community in helping to keep people well, in addition to the provision of timely support when needed.

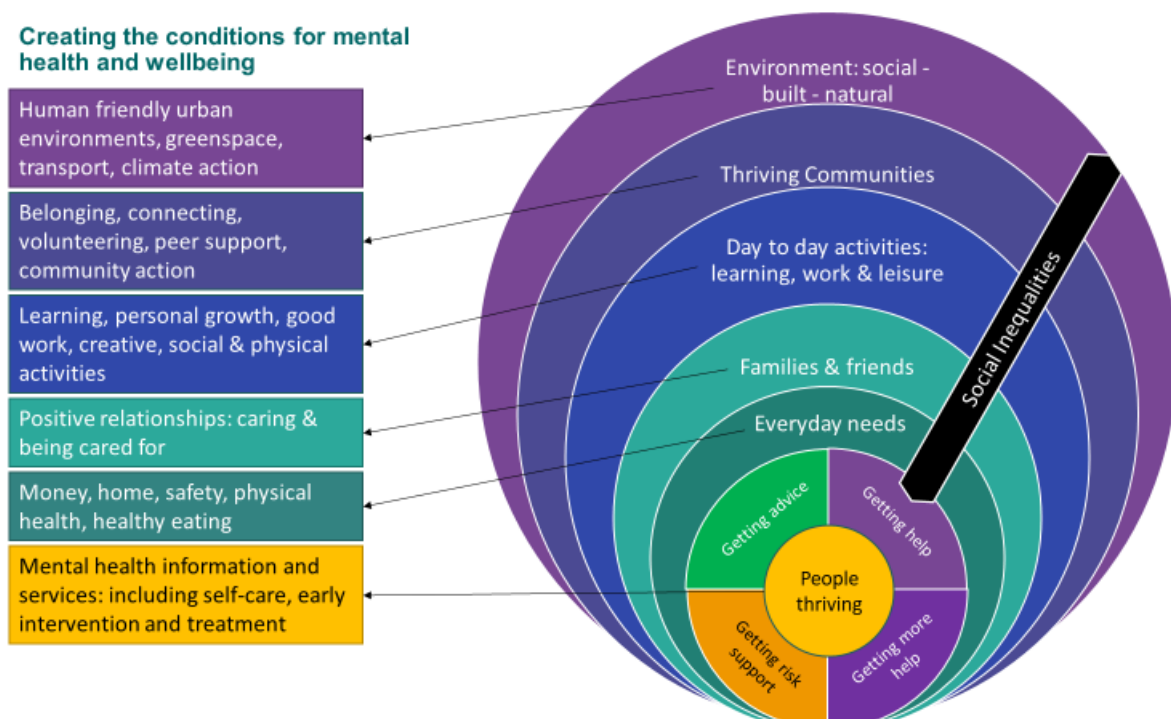


Figure 1: Factors shaping our mental health and wellbeing

As a pragmatic way to simplify the challenge, we can think about the key role which our social connections and our sense of self-determination play in promoting mental wellbeing. Social connections include those relationships or friendships where we give and receive support, feel valued and recognised, and ‘belong’ – at home, at work, socially. Self-determination means being able to make our own decisions on things that matter to us in our lives. This again applies in a wide range of settings – home, work, and even our housing, neighbourhoods and environment. Social connections and self-determination thus are major determinants of mental wellbeing. They also interact with each other. Feeling isolated or excluded can reinforce a sense of lack of self-determination, and positive relationships can help us make positive changes that matter to our lives.

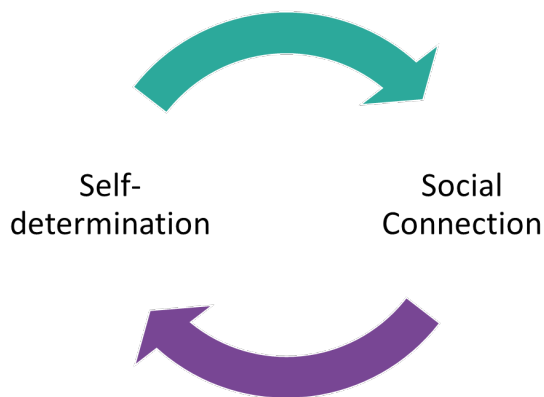


Figure 2: Experiences impacting our mental wellbeing

Mental health and wellbeing in Stockport

We have updated our Joint Strategic Need Assessment (JSNA) for mental health in Stockport which demonstrates that need for mental health services and support has been increasing over many years, and the COVID-19 pandemic has exacerbated this trend, putting enormous pressure on services. Nationally it is estimated that one in six adults will have experienced a common mental health problem in the past week. Current cost of living pressures are adding further stress and anxiety for many people in Stockport, especially for less affluent communities.

Increasing numbers of people face mental health challenges

Data from GP registers show that the number of people diagnosed with anxiety has increased by 30% between 2016 and 2020, to a figure of 38,680 (similar to expected prevalence based on a national survey). Office for National Statistics (ONS) national data suggests that during the pandemic, in 2021-22, around 55,000 people in Stockport were experiencing high levels of anxiety.

The number of people diagnosed by Stockport GPs with depression also continues to rise, and data for 2021/22 indicate that the GP register for depression now includes 39,780 people. This is a 63% rise since 2015/16, by an average of 2,500 a year (also similar to expected prevalence based on a national survey). National survey estimates reported that around 1 in 5 (21%) adults experienced moderate to severe depressive symptoms in early 2021. By the middle of the year, 1 in 6 (17%) adults reported depressive symptoms. This suggests levels of depression were decreasing but were still above pre-pandemic levels.

People with mental health challenges face unacceptable health inequalities

The number of people diagnosed by Stockport GPs with serious mental illness (SMI) has also risen over time, and data for 2021/22 suggest that the GP register for SMI now includes 3,040 people. This is a 41% rise since 2004/05. National analysis shows that across the UK people with a diagnosed SMI have higher premature mortality rate (under the age of 75) than those without. In Stockport trends show that the under-75 mortality rate for all causes is 4.3 times higher for those with an SMI. This gap has increased from 3.5 times in 2015/17. This inequality is linked to a range of health conditions; for people living with an SMI, the rates of death from the following conditions are notably higher:

- Liver disease - 7.3 times higher
- Respiratory disease - 6.3 times higher
- Heart disease - 3.8 times higher
- Cancer - 1.2 times higher

Our young people are also increasingly affected

In 2017 it was estimated nationally that 1 in 8 (12.8 %) of 5–19-year-olds have at least one probable mental health condition, equating to 6,430 children and young people aged 5-19 in Stockport. By 2021 the rate of probable mental health conditions had increased to around 1 in 6 (17.7%), leading to an estimated 9,100 in Stockport, and rose again to 1 in 5 (19.7%) by 2022 - an estimated 10,300 in Stockport.

In a 2021/22 survey of secondary school children in Years 8 and 10, on average 18% of young people in Stockport reported having low mental wellbeing and 20% reported low life satisfaction. For nearly all wellbeing domains included in the subsequent 2022/23 survey of Year 8 and 9 children, Stockport's children fared worse than neighbouring areas.

Mental illness can be costly to individuals as well as communities

Mental illness comes at a considerable personal, social, and economic cost to individuals and communities. National estimates suggest that the cost of poor mental health to employers alone is in excess of £40bn annually, and the cost to the economy as a whole about twice that: £74-99bn.

What partners and Stockport residents have told us

We talked with partners and many groups about the draft strategy framework, to learn from them about opportunities to improve mental health in Stockport. We also undertook a public survey which captured the views of over 1,200 people. This was followed by four themed workshops with partners from the voluntary, community, faith and social enterprise (VCFSE) as well as public sectors, to identify opportunities for joint action in a number of areas. Below is a summary of the key messages from this engagement:

Support and services

People want services to be easier to access and responsive to individual needs, aspirations, and circumstances, including those of carers. There is recognition that proactive action is needed to reduce inequalities in mental health and provide inclusive services for diverse needs.

People felt that public sector and VCFSE organisations and services should be working more collaboratively, sharing information, expertise and resources. Services need to be made more resilient and ready to face future crises.

Already in 2019, the views of parents and young people about local mental health services were sought. The key themes identified were:

- Access to services, waiting times and finding the right support at the right time.
- The need for mental health support in schools.
- Communication from services and between services – difficulties in communication and having to re-tell stories.
- The importance of family and friends in supporting around mental health.
- Limitations in services for young people after age 16.
- Waiting times for diagnostic assessments, particularly for neurodevelopmental conditions, and the support and communication available during the process.
- Mental health treatment.

Information and education

Many respondents felt that we need to increase general awareness and understanding of mental health and wellbeing, such as making information more widely accessible on the full range of support available for mental health and wellbeing in Stockport. People called for mental health and wellbeing training to be delivered across all sectors.

Promotion of mental wellbeing

People want to see mental health promotion activities in workplaces, schools and colleges, and community settings. There is recognition that this should include promoting an understanding of the importance of physical activity, food, social connection, and inequalities, but also working together to counter the myths and stigma around mental illness. The value of working together collaboratively across all sectors to address the shared challenges we face also emerged strongly in the engagement.

Looking after ourselves and each other

People recognised that we all have a role in looking after our own and each other's mental health and wellbeing. The Covid-19 pandemic is widely understood to have had a negative impact on many of us, affecting our mental health and wellbeing. People understood the importance of the various aspects of our lived experiences in shaping our mental health and wellbeing.

The pandemic has particularly negatively impacted on family relationships and friendships. When we asked people what helps them to look after their own mental wellbeing, the most common responses were: talking to someone close, spending time in nature, and physical activity. Many also reported that they found creative or social activities, mindfulness, or relaxation techniques, and learning new skills helpful.

Concern about the effects of financial hardship on mental wellbeing has also been increasing, and many people called for prioritisation of support for money problems. People also recognised the value of bringing people together around shared interests and experiences, prioritising wellbeing in schools and colleges and improving access to support services for all ages.

Summary of our key findings

The main findings from our Joint Strategic Needs Assessment and what our residents and partners have told us are summarised below.

1. Common mental health conditions, such as anxiety and depression, as well as severe mental illness, including eating disorders, have continued to increase over recent years.
2. Rising demand for services, resulting from the trends noted above, has created significant capacity restraints in all our mental health support and service offers.
3. People do not always know how to access support and treatment - many people live with (at times unrecognised) mental health challenges, or do not always access treatments available to them.
4. We need to take a population-based preventative approach if we want to address the burden of mental health problems and promote mental wellbeing for everyone.
5. We have made a good start at awareness raising, and particularly signposting for support, but more needs to be done to improve mental health awareness and understanding and ensure people can find information on the help available.
6. Our young people report comparatively poor wellbeing. The prevention and early intervention potential is particularly important for our children and young people to enable them to flourish both academically and socially.
7. People living with mental health conditions in the community need more and better coordinated support to maintain their mental, physical, as well as social wellbeing and health, and to be supported to live as independently as they wish, including good accommodation and employment. Carers of those living with serious mental health conditions also lack the levels of support and respite they require.
8. We need to work collaboratively with all system partners, our VCFSE and our residents to provide a joined up offer for people who present with mental health needs and other co-occurring conditions, for example neurodevelopmental conditions and substance misuse.
9. There remains an imbalance between mental and physical healthcare funding and provision, an artificial separation of mental and physical health in many services (and a lack of consideration of individuals' mental health). The ambition to achieve parity of esteem between mental health and physical health is not yet realised.
10. We have many vibrant and engaged VCFSE organisations, which demonstrated their value during the pandemic. However, such organisations are hampered by short-term funding. We need to work with them to enable them to contribute more sustainably and effectively to improving mental health and wellbeing.

Our goals, overall outcomes and ambitions

Goals

- Work and education environments that effectively promote mental wellbeing, and offer appropriate support when needed.
- An effective universal preventive offer for all ages, including for families, children and young people, and more vulnerable groups.
- Residents and frontline staff know how to take care of their (mental) wellbeing, and how to access support.
- Public services play their full part in promoting wellbeing, and prevention of and response to mental health problems.

- Services that are co-produced and thus fully understand people’s needs, and respond to these effectively, safely, and timely, and work seamlessly across VCFSEs, primary, secondary and social care providers, and with families, carers.
- Improved access to high-quality services for mental health problems at all levels.

Outcomes

- Improved mental health and wellbeing at all ages.
- Increase in suitable employment and accommodation for people with mental illness.
- Reduced inequality in premature mortality of people with SMI.
- Reduction in suicides.

Ambitions

Each of our five ambition lists a number of ‘immediate actions’ which are already planned or underway, as well as ‘priorities for further action’ to be developed with partners, for delivery over the coming years.

Our ambitions for mental health and wellbeing



Our shared principles

Our work will be guided by the following agreed key principles:

- **Person-centred:** recognising the importance of relationships in all aspects of our work.
- **Informed by evidence:** drawing on research to adopt approaches that are likely to be effective.
- **Addressing inequalities & valuing diversity:** proactively responding to the many intersecting dimensions of inequality, and the attitudes and injustices that underpin them.
- **Asset and strengths-based:** this means recognising everyone’s actual and potential strengths and the resources that we can draw on, such as our experiences, our motivations, interests, relationships, and communities.
- **Joined-up place-based working across health and care providers:** this means building working relationships, trust and the processes that underpin these in neighbourhood working.

- **Recognising the complexity of mental health.** we know there are no simple causes or solutions, and our mental health is shaped by many different factors and experiences in our lives.
- **Actively engaging and co-producing.** we recognise that services don't have all the answers. We can only improve our mental health and wellbeing by working together, listening to, and learning from people's lived experiences of mental health and wellbeing.
- **Actively learning – a growth mindset.** we believe that we are all capable of developing as people, recognising good and bad experiences as opportunities to learn something.
- **Reflexive practice.** in our work with people, we consciously try to understand how our own feelings and ways of behaving may affect the people we work with and try to adapt our approach accordingly
- **Evaluation** is built into all our work: this means we always seek to assess how effective and efficient we are in delivering support and services and learn from this to improve.

Ambition 1 - Putting lived experience at the heart of what we do

Any initiatives, including services, will only really work if the people who need to benefit from them have been part of shaping them. They need to take account of the reality of people's lives, and truly understand what matters to people, and how best to respond to that. This includes children, young people, families, as well as adults and older people. It means sharing decision-making at an individual level, but also in relation to developing services, and investment. This applies throughout this strategy, and beyond.

We need to make sure that the changes described in this strategy are coproduced, based on a deep understanding of the lived experiences of people, including those currently not using existing services. We have much work to do to get this right. Some services and organisations will need to change their relationship with people accessing support, as well as carers, parents, and communities. Some people may face barriers to accessing standardised offers of support, including communication and cultural sensitivity issues, and we need to understand what gets in the way. This is important to address such disadvantages and reduce inequalities.

Immediate actions

| | Output | Outcomes | Delivery partners |
|--|--|---|--|
| Development of a Youth Alliance to strengthen the youth voice in Stockport and embed understanding of people's lived experience into design and delivery of mental health services for young people. | Engagement activities; numbers of participants; recommendations for change; changes made as a result | Better experiences of support among young people; improved service outcomes | Stockport Family and Education; Pennine Care NHS Foundation Trust (PCFT), Beacon Counselling |
| Commissioning of a lived experience partner organisation and employment of peer support workers and people with lived experience in our adult mental health core service offers. | Engagement activities, numbers of participants, recommendations for change, changes made as a result | Better experiences of people accessing services, improved service outcomes | PCFT |

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| Work with the Greater Manchester (GM) Changing Futures programme to explore lived experiences of mental health and multiple disadvantage (e.g., homelessness, substance misuse, mental health issues, domestic abuse, and contact with the criminal justice system). | Engagement activities, numbers of participants, recommendations for change, changes made as a result | Changes in service commissioning / delivery based on learning from people's experiences | Stockport Council |
|--|--|---|-------------------|

Priorities for further action

| | Expected outcomes | Delivery partners |
|--|--|--|
| Ensure coproduction approaches are embedded in all services for mental health and wellbeing. | More effective services; better outcomes for people | People and community voice group, Locality Board, Stockport Council, NHS Greater Manchester Integrated Care Board (GM IC), PCFT, voluntary, community and faith sector enterprises (VCFSE) |
| Embed understanding of people's lived experience into design and delivery of support for young people. | More effective services; better outcomes for young people | Stockport Council (Stockport Family & Education), PCFT, Beacon Counselling |
| Ensure representatives of people with lived experience play a full part in development and planning groups as well as relevant boards. | Better experiences of people accessing services, improved service outcomes | NHS GM IC, Stockport Council, PCFT, Primary Care/Viaduct, Stockport NHS Foundation Trust (FT), VCFSE |
| Employ peer support workers and people with lived experience in our mental health support and services. | Better experiences of people accessing services, improved service outcomes | PCFT, Stockport Council (Adult Social Care), VCFSE organisations |
| Further develop our systems and processes for collecting and analysing statistical data to capture meaningful understanding of people's experiences of mental health and wellbeing support | Improved routine service user feedback capture | People and community voice group, Public Health |
| Work with VCFSE (voluntary, community, faith, and social enterprise) organisations and service user groups to build a deep understanding of the lived experiences of the people they work with, so this knowledge can inform all service developments. | Improved capture, documentation and understanding of lived experiences, and use of this to inform changes in services and policies | People and community voice group, MH VCFSE network, Sector 3, Public Health |
| Build on the Changing Futures approach to explore different aspects of inequality affecting vulnerable groups (e.g. race and ethnicity, disability, sexual orientation, and poverty) to develop recommendations for change in services and policies. | Changes to services and policies in response to recommendations developed | Need leads from across PCFT, ASC, Stockport FT, VCFSE. |

What difference will this make?

- Stockport people will have real influence over shaping the support available for mental health and wellbeing.
- All service developments and improvements are undertaken based on what matters to people and their families.
- People who may previously have found that services do not understand or respond to their needs, are able to fully benefit from the local mental health offer.
- Service providers as well as planners truly understand what matters to people, maintain a keen interest in learning from their experience, and continue to work effectively with communities and service users to co-produce any service and support offers.

How will we know we have been successful?

Year 1:

- We will have findings of our early coproduction activity and made or planned changes as a response.

Year 3:

- Real changes in the ways services work with and respond to people will be evidenced through feedback from those involved (providers as well as service users/residents).

Ambition 2 – Embedding mental health and wellbeing in everything we do

The people who have talked to us in developing this strategy recognised that the places and communities in which we live are important for our mental health and wellbeing. We shared this understanding already in our One Health and Care Plan with its ambitious prevention agenda. So, we will need to create conditions and places that support mental health and wellbeing – in schools, workplaces, communities, and the wider socio-economic, natural, and built environments.

This is vital to prevention. It is also a big shift. But in many areas of work, we have good foundations on which we can build. Several other Stockport and Greater Manchester plans address the circumstances in which we live our lives and therefore the opportunities and constraints that shape mental health and wellbeing. We must make sure that all areas of local government play their full part to reduce risks to mental health and create conditions that foster and protect mental health and wellbeing.

At all stages of people's lives – from pregnancy to old age - there are important opportunities for protecting and promoting mental health. Much mental illness emerges in the early decades of life, and this presents a particular opportunity to prevent mental health challenges and intervene early. Education is also an essential area in which we can create the social spaces and ways of working that promote mental health and wellbeing. At working age, workplaces fulfil this function, and at old age, our local communities may become more important.

Services dealing with people need to also be responsive to their life experiences, particularly if these include trauma. Recognising and responding appropriately to trauma can improve the effectiveness of a wide range of services, not just mental health services. Embedding a trauma-responsive approach across everything we do is therefore important (including policy, processes, and every interaction, and intervention). This means a shift from asking 'What's wrong with you?' to asking, 'What happened to you?'

Drug and alcohol misuse are also associated with mental health problems, and our strategies for prevention and treatment of substance misuse are therefore particularly important to the work on

improving mental health and wellbeing. We will ensure that these services and plans are directly responding to mental health and wellbeing as both a cause and a consequence of drug and alcohol misuse.

Immediate actions

| | Output | Outcomes | Delivery partners |
|--|---|--|---|
| Implement the Whole School Approach to mental health and wellbeing throughout Stockport. In addition to a strong focus on attendance, this has to consider all aspects of learning and wider school community life to make the most of opportunities to nurture healthy emotional as well as social learning and development, and address issues such as bullying and anxieties, including online harms. | No. of schools/colleges implementing a whole school approach and delivering key aspects of it to all young people and staff | Improved wellbeing of young people, reduced bullying, improved attendance, improved staff wellbeing | Stockport Family & Education, PCFT, Schools/colleges |
| Sign-up of 500 employers to the Good Employment Charter by 2024 (supporting mental wellbeing of employees is a key principle of the Charter) | No. of employers signed up as supporters or members | Improved workforce wellbeing, reduced sickness absence | Stockport Council (Economy, Work and Skills), Workplaces |
| Deliver the Greater Manchester Working Well Specialist Employment Service (delivered by Pure Innovations) – supporting the employability and placement opportunities for people with learning disabilities and severe mental health conditions | No. people commencing support to access employment | More people with serious mental illness or learning disability securing and retaining employment | Stockport Council (Economy, Work and Skills), Pure Innovation |
| Deliver (into 2025) the Greater Manchester Working Well Work & Health Programme (delivered by Ingeus) – providing employability support for workless residents with health conditions | No. people commencing support to access employment | More people supported securing and retaining employment | Stockport Council (Economy, Work and Skills, Adult Social Care), Ingeus, Department of Work and Pension |
| Deliver the Greater Manchester Individual Placement and Support in Primary Care programme to support individuals with mental and physical health problems into employment | No. people supported through the programme | More people gaining or retaining employment | Stockport Council (Economy, Work and Skills), GM IC, Primary Care |
| Maximise the opportunities within our digital strategy to improve mental wellbeing, connecting people and fostering their independence, including those facing loneliness and needing help with social connections | People engaged in Digi-know programmes, including from groups at risk | Increased access to information and support online for people at risk of or experiencing mental health | Stockport Council |

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| | | and wellbeing issues | |
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Priorities for further action

| | Expected outcomes | Delivery partners |
|--|---|--|
| Sign up to the Prevention Concordat for Better Mental Health promoted by The Office for Health Improvement and Disparities, as well as the Greater Manchester strategy. Signatories commit to addressing mental health inequalities, as well as risk and protective factors, in an annually renewed action plan. | Delivery plan strengthened; Concordat signed and accepted | All partners |
| Ensure that our key policies and plans consider their potential to impact on mental health, so negative impacts can be minimised or avoided, and positive potential maximised. This needs to include, but is not limited to, the Local Plan and Economic Plan. | Policies and plans clearly identify and respond to opportunities to promote mental health and wellbeing | Stockport Council |
| Ensure schools and services for children and young people maximise their universal and targeted preventive potential, including anti-bullying programmes in all schools and colleges, and resilience, and social relationship education for all young people. | Young people report better wellbeing and resilience | Council, Education and NHS partners |
| As anchor institutions in the local economy, we will develop and deliver action to promote the wellbeing of our workforce. This will include providing advice and support for struggling people and reviewing work roles through a psychologically informed lens ³ . | Reduced sickness absence and staff turnover, improved motivation and engagement | Stockport Council & NHS, Education, and other partners |
| Share approaches and resources developed for workplace wellbeing across local employers and businesses to help promote mental health and wellbeing throughout the working population | Improved mental health and wellbeing of workforces | Stockport Family & Education, GM IC |
| Promote and support the adoption of trauma-informed and responsive policies and practice in public and VCFSE services which support people experiencing challenges in their lives. | Improved support for people living with impacts of trauma | Adult social care |
| The 2023-2026 Adult Social Care commissioning strategy will ensure that the ethos and aims of the Mental Health and Wellbeing strategy are underpinned throughout. | Improved outcomes for people accessing ASC support | Locality Board |
| Explore and develop the potential for our key public organisations to deliver positive social impacts as 'anchor institutions.' This means developing and implementing good practice and sharing their practical and knowledge-based resources with the communities that they serve. | Stronger relationships between organisations and communities leading to stronger VCFSE sector | Stockport Homes Group, NHS partners |
| Further support and develop the mental health & housing work to address exclusion and promote mental health and wellbeing, including improvement of housing options for people experiencing mental health problems | Improved housing options and conditions for people living with mental health problems | Stockport Council (Public Health, ASC, Stockport Family & Education) |

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| Develop actions to improve preventative work and access to early help and support for drug and alcohol and other problems, as part of our new Early Help and Prevention offer, including our MOSAIC children and family drug and alcohol service. | Increased early intervention support | Stockport Council |
| Work with the One Stockport Safety Partnership to understand the mental health and wellbeing impacts of crime and fear of crime, and develop effective responses to them, and to ensure effective support of those in the criminal justice system. | See One Stockport Safety Partnership Plan | Stockport Council, PCFT |
| Where appropriate, we will work with partners at local, Greater Manchester, and regional levels, to influence national policies that significantly impact on mental health and wellbeing in Stockport. | Changes in policies and proposed changes | Stockport Council and NHS partners |

What will be different in future?

- Education institutions and workplaces in Stockport will have implemented a whole school/college approach, or comprehensive evidence-based workplace wellbeing and mental health approaches and plans, supporting staff as well as clients, where appropriate.
- Through annually renewed Prevention Concordat actions, we will have substantially reduced a number of key risks to mental health, particularly in more vulnerable groups.
- Anchor organisations and others will routinely consider how they impact on mental health and its determinants, both for their staff as well as their clients/customers/students/patients and will be able to maximise beneficial impact. This includes educational institutions, workplaces, public sector organisations, and others.

How we will know we have been successful

Year 1:

- Baseline assessment of schools complete to inform the work to support the Whole School/College Approach.
- Approach to mental wellbeing impact assessment tested on a key policy or plan, and shared.
- Prevention Concordat sign-up completed.

Year 3:

- Employee wellbeing measures improved in key anchor institutions.
- Improvement of Bee Well survey outcomes in secondary schools.
- Improvement in school attendance and reduction in exclusions.

Ambition 3 - Promoting awareness and understanding of mental health and wellbeing

People have told us they want easily accessible information, advice, and support to look after our own and each other's mental health. We want people to feel confident in being able to look after their wellbeing and mental health, and will provide them with the necessary information, skills, and support. We have well-developed print and online resources for self-help and signposting for support. These need to be further promoted to be accessible to those who may need them most. We also need to do further work to change the perception of mental illness and reduce stigma. We will look for opportunities to align this work with the priority in Stockport's All-age Autism strategy of improving understanding and acceptance of autism within Stockport.

Our several thousand frontline staff and volunteers in many organisations and service settings have some of the best opportunities to promote mental wellbeing, identify people who may need support or signposting, and to offer initial advice and support. To develop the skills and confidence needed, we will work in partnership with VCFSE organisations to deliver a programme of mental health literacy training for people working with the public in Stockport.

Immediate actions

| | Output | Outcomes | Delivery partners |
|--|--|---|--|
| Deliver a range of mental health literacy training for front-line workers, volunteers and VCSFE organisations | Training sessions delivered, no. people trained | Improved responses to mental health problems across participating organisations and teams | Public Health, Stockport & District Mind, Education Psychology Team, NHS GM IC |
| Promote the Five Ways to Feel Good resources, and resources signposting to support that we have developed, in collaboration with partners and communities, including to priority cohorts | No. of visits to Five Ways and Mental Health webpages; Organisations using resource pack; Resources distributed. | Improved public awareness and understanding of what promotes wellbeing. Widespread knowledge of how to access appropriate support | Stockport Council |
| Develop and deliver Youth Connect 5 training across the public sector, VCSFE and communities | Training sessions delivered, no. people trained | Improved wellbeing of children and families, improved educational outcomes | Stockport Family and Education, Public Health, Schools |
| Develop the digital offer for children and young people based on the iThrive model, including self-help resources and signposting to advice and information, getting help, getting more help, and risk support | Improved digital information and support available | Increased and easier access to information and support for children, young people and their families | Stockport Family & Education, Stockport Council |

Priorities for further action

| | Expected outcomes | Delivery partners |
|--|--|---|
| Training and development to build the knowledge, understanding and skills to work supportively with people experiencing distress and/or ongoing mental health problems in all our public facing services in public and VCFSE sectors | Improved support to people experiencing mental health problems. Staff and volunteer wellbeing improved | One Stockport Workforce Group |
| Work with colleagues across Greater Manchester to develop and deliver further mental health campaigns, and continue to promote national campaigns on mental health | Increased understanding of mental health and wellbeing. Increased take-up of self-care | Stockport Council Public Health / Communications team |

| | | |
|---|---|---|
| | resources and online help | |
| Development and delivery of training in trauma-informed ways of working to staff in public and VCFSE services who provide support to people experiencing challenges | Improved support provision for people living with impacts of trauma | Stockport Family & Education, NHS GM IC |
| Continue to work with community organisations and trained front-line workers to continuously improve the content and ways in which we actively engage people with our communication and resources, to increase public understanding of mental health and wellbeing and deliver changes in beliefs and behaviours. | Increased engagement with self-care resources | Stockport Council Public Health / Communications team |

What will be different in future?

People in Stockport will be aware of and adopting ways to maintain and promote their and their loved ones' wellbeing and will know where to find support around any mental health concerns if they need it.

How will we know we have been successful?

We will measure the effectiveness of campaigns and information through social media and website interactions data, as well as capturing feedback from the public at face-to-face events.

Year 1:

- At least 320 frontline staff and volunteers trained in Connect 5.
- Youth Connect 5 offer developed.

Year 3:

- Positive outcomes demonstrated by available evaluations of training programmes and communication campaigns.

Ambition 4 – Working with communities, building VCFSE capacity and action

Social connections and relationships are vital to our mental wellbeing. This has been underlined by the responses from people participating in our engagement survey. It applies to all of us, regardless of whether we need mental health support or not. Our families and our communities are key to this, as is our ability to connect with them. Ambition 4 seeks to strengthen the ability of communities and VCFSE organisations to promote and support mental wellbeing and support those facing mental health problems.

VCFSE strengthening

A broad range of VCFSE organisations already play a crucial part in supporting the mental health and wellbeing of people in Stockport. Some also have a specific role in helping others who need it to develop social connections and networks. And Stockport is already developing a VCFSE strategy. We will continue to invest in VCFSE organisations through commissioning processes, the One Stockport Local Fund, and using social value requirements in public sector contracts to stimulate private sector support for these groups and organisations.

The Council will support further collaboration through development of the Mental Health and Wellbeing VCFSE Network, to help strengthen the collaborative relationships, and thus ability to attract further funding, within the sector.

Our mental health and other service providers will form alliances, including through sub-contracting arrangements, with VCFSE organisations in delivering Mental Health Support Teams in schools/colleges, delivering Community Mental Health Living Well Teams for adults and older people, and delivering the mental health response to crisis for all ages. Other service providers too will benefit from closer alliances with local VCFSE services to support clients.

Neighbourhood working

The One Stockport Health and Care Plan commits to a move to place-based collaborative working, founded on a preventative and early intervention approach. This means aligning public service teams in neighbourhoods across the borough, to improve how they work with each other, with local voluntary and community organisations, and the communities they serve. By doing so we will be able to provide better coordinated support to address a range of needs. This will also provide a better experience of support and enable people to make the most of their individual and community assets that can make all the difference in enabling us to survive, grow and rebuild our lives after illness and other adversities.

This includes continuing development of social prescribing work, including for children and young people, which supports people to access the community and voluntary activities that can benefit their mental health and wellbeing, as well as their physical health. A key focus of this work will be to develop our support for people experiencing loneliness. Our neighbourhood model will recognise the invaluable contribution of carers and ensure adequate support for them, including for their own wellbeing and resilience.

Social value

In addition, large public services such as the Council and NHS have an opportunity to use the leverage available through the Social Value requirements in procurement contracts to align the social value contributions with our local priorities, including mental health and wellbeing. This may include the provision of financial and other resources and support for skills development in local VCFSE organisations.

Immediate actions

| | Outputs | Outcomes | Delivery partners |
|---|---|---|--|
| Develop a VCFSE Mental Health & Wellbeing Network which will increase collaboration and cross-sector partnership working, including knowledge and skills sharing, and enable the development of collaborative bids for funding from outside Stockport | Network meetings and support provided to small organisations | Increased sharing of skills and resources; collaborative projects/ funding bids | Pure Innovation, Beacon Counselling, SPARC, Sector 3, Stockport Council (Neighbourhoods Team, Public Health) |
| Deliver a collaborative project to build the local VCFSE capacity to support children and families | Alliance of VCFSE organisations working with children and families established. No of organisations | Improved mental health and wellbeing outcomes for children and families. Increased VCFSE capacity for | Stockport Family and Education, Sector 3 |

| | | | |
|--|--|---|---|
| | collaborating in the work | work with children and families | |
| Deliver One Stockport Local Investment Fund grants for VCFSE mental health and wellbeing support | Projects funded; project level outputs delivered | Increased capacity to support people's mental health and wellbeing. Improved MH&WB experienced by people engaged by projects. Increased collaboration between VCFSE organisations | Stockport Council (Public Health, ASC, Neighbourhoods team) |

Priorities for further action

| | Expected outcomes | Delivery partners |
|---|---|---|
| Strengthen neighbourhood level inter-agency and cross-sector working, connecting frontline services with communities, so services are better prepared to respond to communities' needs | Increased collaborative working and mutual understanding between services and communities | Stockport Council, NHS partners |
| Further develop social prescribing in primary and community care, across all ages, including for children and young people, to enable more people to access VCFSE activities that improve mental health and wellbeing including green social prescribing, physical activity and social activities | Increased engagement in community activities. Improved mental health and wellbeing of participants. | NHS GM IC, Stockport Council, VCFSE organisations |
| Develop collaborative cross-sector work to improve support for people experiencing loneliness | Increased engagement of people experiencing loneliness. Improved wellbeing of people engaged | Stockport Council, NHS GM IC, VCFSE organisations |
| Explore how we can best use social value to leverage support for local mental health oriented VCFSE organisations when contracts are awarded for public services and infrastructure projects | Increased resources for mental health VCFSE organisations | Stockport Council, Sector 3, VCFSE organisations |

What will be different in future?

People will be able to access a mix of support provided by public services and voluntary organisations working in partnership with local communities. Together, services and communities will offer not only medical and therapeutic support but also community activities and volunteering opportunities that can provide social connection, friendship, meaning and purpose. Local VCFSE organisations will work together to build their strength, share knowledge and skills, and be more successful in accessing funding. The VCSFE sector contribution to mental health promotion and prevention, as well as support and recovery from illness, will be central to our support system.

How will we know we have been successful?

Year 1:

- VCFSE mental health network established and demonstrating active participation of organisations.

Year 3:

- Public services will be embedded in their local communities, with strong relationships with VCFSE organisations and communities, leading to improved support and outcomes for local people
- More VCFSE organisations working in partnership with our NHS mental health providers, supporting more people with mental health challenges or at risk of mental health problems
- Positive wellbeing outcomes and experience for people supported by local mental health VCFSE organisations

Ambition 5 – Improving our mental health support to enable people to live fulfilling lives

People who experience mental health problems at any age require prompt and effective support focussed on their needs. We plan to offer people high quality early help and advice, longer-term evidence-based treatment and support, and a good response to a crisis when they need it. Many service provider organisations are involved in delivering services and support and we will need to work together in an integrated way with both delivery partners and with our communities to make it easier to access the right support, at the right time and with good outcomes for our residents.

We will bring together services and pathways for people experiencing mental ill health so that it is seamless and focusses on a strength-based, person-centred approach. There will be a joint operational model across all partners in our locality supporting those with serious mental illness. We will work across our locality to join up our approaches to supporting people and will be guided by the voice of people with lived experience.

To support this ambition, we will complete a service analysis of the local system's provision, including investment in mental health support in relation to the needs identified, to inform the planning and further developments of services.

The establishment of Integrated Care Boards (ICBs) enables us to build a joined-up approach to strategic planning, working in an integrated way with our delivery partners. This includes people with lived experience and local VCFSE groups and organisations. The mental health transformation and delivery programme is overseen by the Greater Manchester Mental Health System Board and incorporates over twenty programmes spanning an all-age approach and service delivery from VCFSE, primary care through to specialist mental health services.

The strategic planning of the mental health transformation and delivery programme will take place at an ICB (Greater Manchester) level and delivery will be on different levels, either across a number of localities on a mental health trust footprint by our specialist mental health provider, Pennine Care NHS Foundation Trust, for example, mental health in-patient care, health-based places of safety (Section 136 suites) and specialist support for cared-for children or at locality level for example, VCFSE alternatives to crisis.

Working with and across both the Greater Manchester ICB and on a mental health trust footprint will provide the opportunity to improve consistency, eliminate unwarranted variation, share good practice across other Greater Manchester localities and, in designing new services, do this once.

Pennine Care NHS Foundation Trust's recently produced Clinical Strategy sets out a vision for happier and more hopeful lives for everyone in the communities they serve. This will be achieved

with four ambitions, which, for the most part, align with the ambitions identified in this Mental Health and Wellbeing Strategy. The actions and key deliverables are also consistent with our emerging delivery plan.

Children and Young People's Mental Health Services

The NHS Long Term Plan ambition is to ensure more children and young people have access to evidence-based NHS funded mental health services through continued community mental health support and interventions and have access to mental health support in school and/or college. Working with GM ICB and our providers in education, health, care and the VCFSE sector we will: -

- Improve the service and support offer to improve life chances for children and young people
- Develop an improved early help offer
- Ensure high quality care and support is in place when a child or young person requires evidence-based treatment and/or interventions
- Provide an effective response when a child or young person experiences a crisis and
- Provide a timely response for children and young people with eating disorders and special education needs and disabilities (SEND).

Additional investment has been provided to increase the offer for infant parent services (0-4 years), children and young people aged 5-16 years, and to extend the service offer in our child and adolescent mental health services (CAMHS) for young people up to 18 years. We will continue work to improve access and services for children and young people's mental health by implementing both our Local Transformation Plan and the NHS Long Term Plan commitments.

Mental Health Support in Education

The Mental Health in Schools Teams programme will strengthen the support available within schools for children and young people experiencing mental health-related problems. The programme will be launched in some schools from September 2023 and extended to other schools over the following years to deliver an integrated, evidence-based mental health and wellbeing support offer. The Greater Manchester Mental Health in Education Strategy 2023/24 and beyond sets out five key recommendations: -

- Co-ordinate the Whole School Approach in each locality
- Extend Mental Health Support Teams (MHST) capacity to increase the reach to schools that have not yet benefited
- Develop dedicated teams across Greater Manchester for colleges and the 16 years-and-over offer
- Create a dedicated resource across Greater Manchester for participation and co-production and
- Provide targeted support for children with Emotionally Based School Avoidance (EBSA)

Locally, we will integrate all our mental health support offers in education to eliminate gaps in provision, enhance the offer for our children and young people and improve effectiveness for our work with schools and colleges.

Response to Mental Health Crisis for Children and Young People

Delivering a 24/7 mental health crisis response for children and young people combining telephone help and advice, assessment, rapid response, home based treatment interventions, providing liaison and support when children and young people are admitted to hospital and Community Safe Zones. This model will include a range of support from both NHS and VCFSE providers working in an integrated way.

Community Mental Health Transformation for Adults and Older People

People living with severe mental illness (SMI) experience significantly lower life expectancy than people who do not have SMI. They also experience poorer outcomes with regard to health outcomes and life opportunities, e.g., education, housing, and employment. The NHS Long Term Plan identified community mental health services for people with SMI as a priority for transformation. This group includes adults and older adults with psychosis, bi-polar disorders, eating disorders and complex mental health difficulties associated with complex, emotional, and relational needs and mental health rehabilitation needs.

The Community Mental Health Transformation Programme will ensure more people with SMI benefit from joined-up, holistic care across primary and secondary care, and VCFSEs, with the voice of people with lived experience at the heart of a new delivery model. This means moving away from a system of arbitrary thresholds and unsupported systems towards a locally designed, flexible system that responds to the ongoing care needs of people with SMI across both locality and neighbourhoods/primary care networks. This transformation is underpinned by the new Community Mental Health Framework with six key aims: -

- Promote mental and physical health and prevent ill health.
- Treat mental health problems effectively through research and evidence-based psychological and/or pharmacological approaches that maximise benefits and minimise the likelihood of inflicting harm and use a collaborative approach that builds on strengths and supports choice, underpinned by a single care plan accessible to all involved in the person's care.
- Improve quality of life, including supporting individuals to contribute to and participate in their communities as fully as possible, connect with meaningful activities, and create or fulfil hopes and aspirations in line with their individual wishes.
- Maximise continuity of care and ensure no "cliff-edge" of lost care and support by moving away from a system based on referrals, arbitrary thresholds, unsupported transitions, and discharge to little or no support. Instead, move towards a flexible system that proactively responds to ongoing care needs.
- Work collaboratively across statutory and non-statutory commissioners and providers within a local health and care system to address health inequalities and social determinants of mental ill health.
- Build a model of care based on inclusivity, particularly for people with coexisting needs, with the highest levels of complexity and who experience marginalisation.

To deliver the NHS Long Term Plan ambitions and implement the aims from the Community Mental Health Framework we will transform the specialist community mental health team and create Neighbourhood Mental Health Teams using the Living Well Model agreed across Greater Manchester.

The Living Well Model is an approach to help people achieve good mental health in the community and it is designed to help people with complex mental health needs recover and stay well. The design and delivery of the model in Stockport brings together statutory and voluntary sectors working with people with lived experience (including carers) to create the teams. People with complex mental health needs will be supported by a single, multi-disciplinary team made up of staff from local trusts, adult social care, primary care and VCFSE organisations.

Adult acute inpatient care

Benchmarking data shows that locally there is an over-reliance on mental health inpatient facilities, with people having long lengths of stay and bed occupancy at high levels. This has an impact on reducing flow through the wards resulting in people having to be placed in beds out of the area. We want to improve the therapeutic offer in our mental health inpatient settings to ensure that people receive the best care, with improved outcomes and can report a positive experience of care. This will contribute to a reduction in the length of stay in hospital and improve flow through the inpatient

wards, thus reducing the number of patients who currently need to be placed in out of area beds. It is recognised that improvements in inpatient care cannot be realised in isolation; to achieve and sustain these improvements both community mental health and crisis offers will need to be in place.

Response to mental health crisis for adults

Many people experiencing a mental health crisis find it difficult to access help when they need it. The quality and response of services is variable and too often people in a mental health crisis are accessing mental health care via contact with the police.

People experiencing a crisis need to have access to mental health care seven days a week and 24 hours a day - in the same way as for urgent physical health care. The NHS Long Term Plan sets out key ambitions to improve mental health crisis care, including:

- Ensuring that anyone experiencing mental health crisis can call NHS 111 and access 24/7 age-appropriate mental health community support
- Improving ambulance response to mental health crisis and mental health liaison services in acute hospitals, as well community crisis resolution and home treatment services for all ages
- Improving the therapeutic offer on inpatient wards, e.g., more psychologists and occupational therapy
- Increasing provision of non-medical alternatives to A&E such as crisis cafes and sanctuaries that can better meet the needs for many people experiencing crisis, and alternatives to inpatient admission, such as crisis houses and day care services
- Extending existing suicide reduction programmes and ensure that every area has a suicide bereavement support service for families and staff working in mental health services

Our aim is to improve the response, outcomes, and experience for people when they present in a self-defined mental health crisis or in mental distress by ensuring that people can access the right support at the right time wherever they present – a NO WRONG DOOR approach. In delivering this aim and the ambitions above some will be planned, designed, and delivered across Greater Manchester or a mental health trust footprint (e.g. mental health ambulance response vehicles, health-based place of safety), and some within the Stockport locality, for example alternatives to both hospital admissions (crisis apartments) and attendances at the emergency department (crisis cafes).

Mental Health Support in Primary Care

A large proportion of the support for people of all ages who are experiencing mental health problems is delivered in primary care, and we will continue to work with GPs and other professionals working in these settings to improve the support provided, including making best use of social prescribing and access to NHS Talking Therapies for anxiety and depression. Primary care also plays a key role in looking after people with other long-term conditions needing mental health support.

We will also work with primary care providers to address the health inequalities experienced by people with SMI. Our mental health services will work collaboratively with primary care to improve the health outcomes for people with SMI through proactive physical health checks and interventions that promote healthy lifestyles and achieve good outcomes.

Substance misuse and mental health

Drug and alcohol misuse is often inextricably linked with mental health challenges, and in particular experiences of trauma. A person-centred, trauma-informed approach seeks to address such different aspects of people's lives, rather than as separate problems. This means bringing together

our work to support people living with co-occurring conditions, linking with work at GM level, to address this issue through alignment and integration of the support offers.

Stockport is committed to the delivery of the commitments of the national ten-year drug strategy, *From Harm to Hope*. Drugs is a cross cutting issue, and we will work with partners across the three priorities of the strategy (supply, demand, treatment/recovery) at a local level. The strategy also recognises the connection between alcohol and other drugs, as well as mental health, and our local plans also address alcohol dependence and wider alcohol related harm and the approach to working with families.

Immediate actions

| Service Area | Action | Output | Outcomes | Delivery Partner |
|---|--|--|---|---|
| Service Mapping | Complete a service analysis of the whole system investment in mental health services in Stockport | Mapping and analysis of investment, gaps and service pressures | Better informed and targeted decisions on investment in mental health services Our residents know what services and support is available | Stockport Locality/Stockport Council |
| | Map our support services to develop a comprehensive understanding of the local picture in terms of mental health need among children and young people and adults including access to and use of services and support | Mapping and analysis of investment, gaps and service pressures | Better informed and targeted decisions on investment in mental health services Our residents know what services and support is available | Stockport Locality/Stockport Council |
| Children and Young People Mental Health and Wellbeing | Re-fresh the Local Transformation Plan for Children and young people to provide a greater emphasis on the Early Help Offer. | Updated Local Transformation Plan for Children and young people | Improved Early Help Offer for children and young people | Stockport Locality with system partners |
| | Improve children and young people's access to specialist mental health services by bolstering support to core CAMHS and extending the core CAMHS offer up to 18 years | Increase in the number of young people accessing mental health Increase in the number of children accessing evidence- based support | Reduction in waiting times for CAMHS Improved mental health and wellbeing outcomes for children and young people | PCFT |

| | | | | |
|--|---|---|--|--|
| | | | accessing support | |
| | Revise the self-harm pathway for schools, and ensure all partners respond to the new NICE guidance on self-harm | Revised pathway developed and adopted in schools and services | Improved access to support for young people who self-harm Improved mental health and wellbeing of young people supported Continued reduction of admissions and emergency department attendances for self-harm of <18s. | Stockport Council |
| | Launch of Mental Health in Schools Teams in September | No. of young people accessing mental health support in educational settings | Improved mental wellbeing in children and young people Improved educational attainment for children and young people | PCFT |
| | Review of the children and young people response to crisis | Revised pathway and service offer for children and young people who present in a mental health crisis | Improved access for children and young people who present in a mental health crisis Reduction in A&E attendances and admissions for children and young people | NHS Greater Manchester IC Board with system partners |
| Adult Community Mental Health Transformation | Re-design and re-configuration of the Community Mental Health Team | Community mental health teams aligned to Primary Care Networks Community mental health team compliant with new community mental health framework | More people with SMI will access services and support Reduce reliance on hospital inpatient admissions | PCFT |
| | Co-design the Living Well Neighbourhood Mental Health Teams | Borough wide Living Well Hub | More people with SMI will access | PCFT/Stockport Locality with |

| | | | | |
|--|--|--|--|-------------------------|
| | supported by a borough-wide mental health hub. | Six Living Well Mental Health Teams aligned to Primary Care Networks People with serious mental illness are involved in the design and delivery of new services | services and support Increase in number of VCFSE organisations delivering support to people with SMI Increase the number of people with SMI in employment | system wide partners |
| Adult mental health response to crisis | Complete the work to develop the 'No Wrong Door' approach to support people in a mental health crisis and ensure there is 24/7 access for all people who require support during crisis | Crisis Care network established; comprehensive crisis pathway in place across all ages | Improved access to crisis support and ongoing support where appropriate; reduced A&E attendances and police incidents involving mental health crisis | Stockport Locality/PCFT |
| | Undertake a review of locality mental health crisis offers | Completed report on the effectiveness of the alternative offers for ED and hospital admissions | Revised crisis pathway offer | Stockport Locality |
| Suicide prevention | Continue to deliver suicide prevention plan | Suicide prevention training for all; comprehensive crisis pathway in place across all ages | Improved access to crisis support and ongoing support where appropriate; reduced A&E attendances and police incidents involving mental health crisis | Stockport Council |
| Adult acute in-patient care | Improve the therapeutic offer on adult acute inpatient wards | Skill-mix of professional, qualified staff provide a range of evidence-based interventions | Reduce use of out of area placements for hospital admissions Reduce the length of hospital admissions Reduce the proportion of people who no longer require a hospital admission | PCFT |

| | | | | |
|--|--|--|----------------------------------|--|
| | | | (clinically ready for discharge) | |
|--|--|--|----------------------------------|--|

Priorities for Further Action

| | Expected outcomes | Delivery partners |
|--|---|--|
| Increase the Early Help Offer to improve wellbeing for our children and young people utilising VCFSE organisations | children and young people report improvements in mental wellbeing | Stockport Council with wider system partners |
| Following the review of the children and young people response to crisis delivery of new projects and services to improve response to crisis for children and young people, for example Safe Zones and support to children and young people with mental health presentations on paediatric wards | Improved services and support to support children and young people with additional needs across a number of settings Reduction in children and young people admitted to a hospital setting or presenting at the emergency department | PCFT with VCFSE support |
| Develop an improved emotional wellbeing offer to care leavers through delivery of the Staying Close project | Improvement of mental health and wellbeing for care leavers | Stockport Council (Stockport Family) with PCFT |
| Develop our support to people with co-occurring conditions, e.g. substance misuse and neurodevelopmental conditions | Improved mental and physical health outcomes for people with co-occurring conditions | Stockport Council, PCFT, Stockport Family |
| Invest in the medical offer to support our adult community eating disorder services (CEDs) | Improved adult community CEDs offer Reduction in the use of specialist eating disorder beds | Greater Manchester IC Board |
| Strengthen the interventions to support people with SMI to improve physical health, for example National Diabetes Prevention Programme, smoking cessation, improvement in physical health | Improving Reduction in mortality rate for people with SMI | PCFT |
| Ensure mental health is considered in long-term condition pathways | People affected by long-term conditions feel resilient and their risk of developing mental health conditions is reduced | Primary care, Stockport NHS FT |
| Fully implement a comprehensive and integrated NHS 111 and 999 option, with Mental Health response vehicles/ambulance and a fully commissioned health-based place of safety | | |

What will be different in future?

Children, young people, and families will receive evidence-based care, treatment and support in a timely manner, provided by compassionate and competent practitioners.

Children and young people's mental health and wellbeing will improve.

People living with mental health problems, including SMI, and their carers will be experiencing and reporting improved care and support as well as benefits in their wellbeing; they will feel part of their communities, and will have stable accommodation and paid employment, if they feel this is appropriate for them.

People experiencing a mental health crisis (self-defined) will be able to get access to the right support wherever they present.

Our workforce will report greater satisfaction at work.

How will we know we have been successful?

Year 1:

- The Living Well Collaborative will have produced a clear roadmap to transform our mental health services for people with SMI.
- Crisis support will be accessible 24/7 and easy to access.

Year 3:

- There will be established Living Well Mental Health Teams aligned with each Primary Care Networks.
- Feedback from people accessing Family Hub support and adult mental health services, including carers, will indicate the extent of success of these projects, and inform further developments.

Governance

The Locality Board will ensure mental health is included in all our work for Stockport residents – across the One Health and Care Plan and the wider Borough Plan. A specific Mental Health Partnership Board, co-chaired by someone with lived experience, will maintain strategic oversight of the mental health agenda and be accountable to the Locality Board for the delivery of the ambitions in this strategy. The Board will have close reference to the Greater Manchester mental health programme delivery structures and maintain its own sub-groups to develop and deliver our priorities for action. Not all relevant actions by any means will be directly delivered by these sub-groups, but the Board will hold other parts of the wider system to account for delivering actions, particularly many of those aimed at wellbeing and prevention.

The actions will have to be reviewed and refined regularly, to ensure continued progress towards the vision of the strategy.

Measuring progress

Outcomes and outcome measures:

The overall outcomes we seek to achieve through the work on this strategy, and related outcome measures are:

| Outcomes | Outcome measures |
|--|---|
| Improved mental health and wellbeing at all ages | <ul style="list-style-type: none">• National measures of wellbeing at Stockport level• BeeWell survey results• Mental health and wellbeing outcomes in workplaces |
| Increase in suitable employment and accommodation for people with mental illness | <ul style="list-style-type: none">• % of people in contact with secondary mental health services who are in paid employment |

| | |
|--|---|
| | <ul style="list-style-type: none"> • % of people in contact with secondary mental health services who live independently |
| Reduced inequality in premature mortality of people with SMI | <ul style="list-style-type: none"> • Excess mortality under age 75 for people with SMI |
| Reduction in suicides | <ul style="list-style-type: none"> • Rates of suicides per 100,000 population |

Intermediate measures:

Many services already use outcome measures for their own work, but these may not be collated or reported centrally. We will continue to review and improve our systems for monitoring the effectiveness and impact of all our services.

In some areas, new measures will need to be developed to track our progress with some of the actions covered in the strategy, for example:

- Numbers of front-line staff and volunteers in Stockport completing mental health literacy training
- Numbers of families accessing support through Family Hubs and reporting positive outcomes
- Number of schools with Whole Schools Approach implemented, and delivering anti-bullying, resilience and social relationship education
- Number of employers signed up to the Good Employment Charter
- Improvement in school attendance and reduction in school exclusions
- Number of people supported by new community mental health services
- Service user satisfaction and outcomes for specific services (e.g. community mental health and crisis response services, psychological therapies, inpatient services setc)
- Examples and evaluations of new projects or activities developed by members of the VCFSE mental health network
- Inpatient length of stay / bed use
- Uptake of self-help guidance (website visits, use of online support options)

The current dashboard already includes most of the following available measures:

| Objective | Measure |
|---|--|
| Levels of mental health and wellbeing / health outcomes | <ul style="list-style-type: none"> • % of people reporting low life satisfaction in Stockport • % of residents reporting high levels of anxiety • % adults who often feel lonely • % people reporting a strong sense of belonging • Healthy life expectancy at birth (men) • Healthy life expectancy at birth (women) • Number of people diagnosed with depression • Suicide rates • Hospital admissions for self-harm age 0-17 • Mortality rate for people with SMI • People reporting loneliness and isolation • Relapses / re-referrals into alcohol and substance abuse services |
| Reducing health inequalities | <ul style="list-style-type: none"> • Inequality in life expectancy between the Stockport average and those with a severe mental illness • Gap of mental health and wellbeing indicators between areas in Stockport, where available • Premature mortality rate due to all-cause in most deprived quintile |
| Access to treatment for | <ul style="list-style-type: none"> • % of CYP who received initial conversation within 10 days of referral - (Early Help Service Offer) |

| | |
|--------------------------------------|---|
| people with mental health conditions | <ul style="list-style-type: none"> • % of CYP entering an element of the service/support offer within 8 weeks – (Early Help Service Offer) • % of CYP aged under 18 years with a diagnosable mental health condition supported through NHS funded services • % of CYP aged under 18 years receiving first assessment within 12 weeks of referral • % of CYP aged under 18 years receiving first assessment within 18 weeks of referral • Number of people accessing mental health self-care online resources (Healthy Stockport) • Number of unique CYP logging in for digital support (Kooth) • Access to treatment: NHS Talking Therapies % of people who entered therapy • Access to treatment: People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of referral. • Access to treatment: Estimated diagnosis rate of people diagnosed with dementia, aged 65 and over, as a % of people who have dementia. • Access to treatment: Waiting time standards for mental health support in ED (1 hour) • Access to treatment: Waiting time standards for mental health support in ED (2 hours) • % people on SMI register receiving annual health check • CYP Eating Disorder: Urgent - % of CYP aged under 18 years waiting 1 week or less from referral to treatment (rolling 12 month) • CYP Eating Disorder: Routine - % of CYP aged under 18 years waiting 4 weeks or less from referral to treatment (rolling 12 month) • Out of area placements for acute mental health |
| Service effectiveness and outcomes | <ul style="list-style-type: none"> • Adults in contact with secondary mental health services who live in stable and appropriate accommodation • % of people in contact with secondary mental health services who are in paid employment • % of people in contact with secondary mental health services who live independently • NHS Talking Therapies: Recovery rate • NHS Talking Therapies: Reliable Improvement |
| Lived Experience / discrimination | <ul style="list-style-type: none"> • Experience of discrimination of children and young people in treatment (measured by CAMHS currently only) • Experience of care indicator (CAMHS, and NHS Talking Therapies only measuring this currently) |

Prevention delivered across the system:

Many key prevention outcomes are delivered through other workstreams under the Locality Board, addressing key risk and protective factors for mental health and wellbeing. Relevant measures would include:

| | Measure |
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| | <ul style="list-style-type: none"> • % adults reporting more than 30 mins physical activity |

| | |
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| <p>Determinants of mental health & wellbeing</p> | <ul style="list-style-type: none"> • % Children achieving a good level of development in Early Years Foundation Stage (EYFS), including data for FSM, SEB and EHCP • % population reporting 'ability to influence decision making' • % reporting they feel proud of their local area • Unemployment rate • Employment rate in working age adults • Children in relative low-income families • 16-18 years olds in employment, education, or training • Employees paid above the real living wage |
| <p>Children, Young People and Maternity</p> | <ul style="list-style-type: none"> • More children and young people who are thriving • More children achieving a good level of development at 2-2.5yrs • Families supported to ensure children are ready for school • Improved outcomes for children with SEND • More children & young people physically active • More children eating the recommended 5-a-day • Fewer children & young people who are overweight or obese • Improved emotional wellbeing among looked-after children • Improved access to perinatal mental health • Fewer people experiencing low wellbeing |
| <p>Neighbourhoods and Prevention</p> | <ul style="list-style-type: none"> • Reduce the number of people affected by income deprivation • Fewer children living in low-income households • Improved mental wellbeing of people • Reduce the widening gap in life expectancy between our communities • Reduce the number of people with three or more lifestyle risk factors • More children ready for school • Reduce the deprivation gap • Fewer emergency hospital admissions for chronic conditions |
| <p>Valued Workforce</p> | <ul style="list-style-type: none"> • Consistently high levels of staff satisfaction • Improve levels of colleague engagement and morale • Improved retention rates • Reduce vacancy rates • Improve sickness absence and wellbeing of colleagues • Consistently high learning outcomes from workforce training |