

DRAFT Stockport Mental Health and Wellbeing Strategy 2023 – 2030

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Introduction

This Mental Health and Wellbeing Strategy for Stockport sets out the ambition of our Borough to improve mental health and wellbeing for all our residents. We know many residents are not experiencing healthy, happy lives because of poor mental health. This strategy puts the issues centre stage for policy and decision makers and will help us influence Greater Manchester and national government to play their part in delivering the improvements we need.

We also know that both nationally and locally, public finances are constrained, and rising demand is putting unprecedented pressure on our current service provision. We need to find ways to join up across health and social care, providing a more complete service to our residents. By delivering more preventative, proactive support sooner, we will help stem the tide on this pressure. We are ambitious about making the big changes we need. This strategy contains a clear set of priorities and messages about our work, ambitions, and actions. We have confidence in these ambitions as they have been produced together with partners and developed with input from residents.

Our strategy will be backed up with a clear delivery plan, driven by our newly created Mental Health, Learning Disability and Autism Board, and held to account by our One Stockport Health and Care Board (the Locality Board).

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, and our economy. We know that increasing numbers of people in Stockport experience poor mental health or low wellbeing, largely due to social, cultural, and economic conditions in which we have grown up and now live.

Additionally, we know that the services in place to support our residents who live with mental health diagnoses do not always sufficiently meet the needs of this group of people, and that residents and their carers don’t always feel sufficiently engaged in their care and decision making. We also know that our workforce is depleted and over stretched. The pandemic has contributed to all this, the cost of living crisis adding further test to our collective

resilience, but these events have also shown us that mental health is relevant to us all, and that it is affected by many parts of our lives.

It is this shared understanding and our determination to make a real difference to mental health, its determinants, and our services, that form the basis of this Mental Health and Wellbeing Strategy for Stockport.

The One Stockport Borough Plan recognises mental health as a priority and includes a commitment to developing this strategy. This strategy 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 One Stockport Health and Care Board (our Locality Board) aims to drive system-wide improvements in population health and tackle health inequalities. It works to do this by addressing the social and economic factors which impact on health and wellbeing to help improve outcomes, quality of care, reduce health inequalities and maximise the value of public resources. This strategy sets out how this partnership, working with our communities, will deliver changes in how we promote and support the mental health and wellbeing of everyone in Stockport over the next seven years.

The emerging structures and ways of working together in the Integrated Care System (ICS) enable the new Mental Health & Wellbeing and Learning Disability and Autism Programme Delivery Board ('Delivery Board') to take oversight, for the first time, of the entire mental health agenda for Stockport. This board will lead delivery of this strategy, on behalf of the Locality Board: from promoting wellbeing and prevention of mental illness, to the support and treatment for those who need them. We know that many of the changes to mental health services are nationally dictated through the NHS long-term plan. Through this strategy, we are looking to deliver on those programmes in a way that best delivers the outcomes that our population deserves, addressing the challenges our residents have told us exist.

During the last year, we have proposed a new way of working and engaged with many people to understand how we can impact mental health positively. Bringing this together has not been an easy process – like fuelling a plane whilst flying (and adding passengers!) – as the mental health system is already overstretched and demand is growing. The strategy also does not start with an empty sheet of paper – much relevant work is already ongoing in many parts of the system. Mental health is already directly or indirectly part of many of our initiatives, programmes, strategies, and plans, beyond the mental health system.

We have used this existing work, along with national programmes, key data and intelligence and our engagement with residents and partners to set out five ambitions. We have laid out the priorities under each of them, and the immediate actions we need to take. Our strategy and actions are informed by our commitment to reducing the stark inequalities plaguing the mental health system, and unfairly disadvantaging some of our most vulnerable community members.

With the commitment of our One Health and Care Board partners, this strategy will drive the change to see:

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

The wellbeing of Stockport people is already a central commitment in our Borough Plan, as well as our One Health and Care Plan. And it is no exaggeration to say that the success of these Plans will be contingent on how well mental health and wellbeing will become part of the DNA of all we do – as employers, as community members, health and care workers, teachers etc. There is no-one but us and no time like now to make a difference, as we work within a better integrated health and care system.

Our Vision

Our vision is for Stockport in 2030 to be a place where people support each other in times of need, creating communities where we can find belonging and feel proud. We will be seeing real improvements in the health and

wellbeing of those 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.

The Stockport Mental Health and Wellbeing Strategy

The Mental Health and Wellbeing Strategy outlines our approach to improving mental health and wellbeing in Stockport. The strategy provides a framework to guide the work of the Locality Board and our partners to help us achieve our vision for 2030, delivered through the Mental Health and Wellbeing, Learning Disability and Autism Board.

The strategy contributes to our ambition set out in the One Stockport Borough Plan to create a ‘healthy and happy Stockport where people live the best lives they can, happy, healthy and independently,’ as set out in our One Stockport Health and Care Plan:

1. People are happier and healthier, and inequalities are reduced
2. There are safe, high-quality services which make the best use of the Stockport pound
3. Everyone takes responsibility for their health with the right support
4. Local social and economic development is supported

The Stockport Mental Health and Wellbeing Strategy is not a strategy for one single organisation. It is a shared strategy for Stockport that recognises the complex causes and impacts of mental health and wellbeing, which require collaborative responses. The strategy brings together work across diverse areas of work and is delivered by a range of partners, for all age groups. This ranges from mental wellbeing promotion to early help and prevention and the provision of services in support of people with mental health problems in Stockport.

The strategy also aligns with and complements both the ambitions set out in NHS Long Term Plan, *NHS Mental Health Implementation Plan (2019/2- 2023/24)* and the emerging Greater Manchester Mental Health and Wellbeing Strategy, *Doing Mental Health Differently*.

Achieving our vision for mental health and wellbeing in 2030 will also depend on delivering a range of objectives that are intrinsically connected to mental health and wellbeing, including many of those described in the One Stockport Health and Care Plan. Examples range from work in support of families, the social and emotional development of children, and workplace wellbeing programmes, to work on inequalities, cost of living support, the prevention of violence, work on physical activity, alcohol and substance misuse, or gambling. All these contribute to preventing mental health problems, and an even wider array of policy areas can impact on wellbeing – working conditions, housing, access to green spaces are just examples.

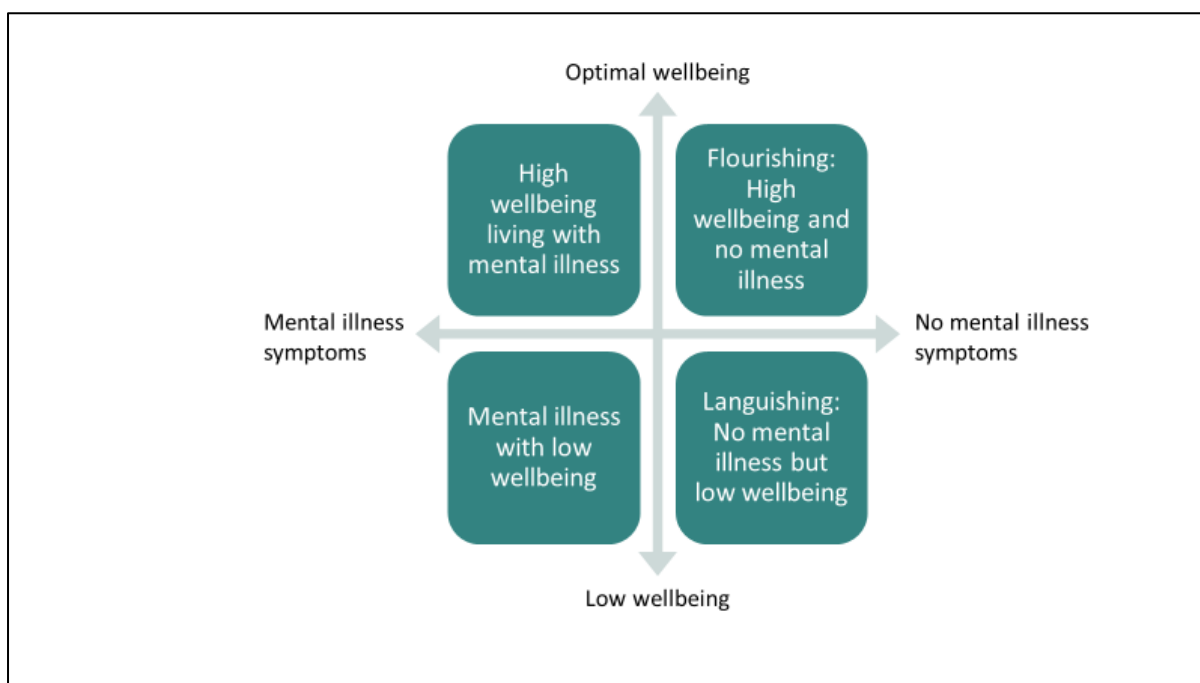
In developing the strategy, we have engaged with different services and local VCFSE organisations, which represent our diverse communities, including people accessing services. Individuals have also contributed their views through a

public survey. The strategy includes a key ambition on building much more firmly and consistently on lived experience to meaningfully shape the support available.

What do we mean by mental health?

The Stockport Mental Health and Wellbeing Strategy is for everyone. There is no health without mental health, and we all have mental health. Our mental health can vary over time, and many of us will need extra support or treatment, whether formal or informal, at some point in our lives. Nationally it is estimated that one in six adults will have experienced a common mental health problem in the past week, but mental health is more than the absence of illness. 'Mental health and wellbeing' describe a spectrum of experiences which range from positive mental health, understood in terms of positive feelings and our ability to function in our everyday lives, through to symptoms of mental health problems, or illnesses, which may or may not be diagnosed.

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, aligned with what matters to us. Living with a long-term mental illness does not necessarily prevent us from experiencing positive mental wellbeing. Similarly, the absence of mental illness does not mean we are experiencing positive mental wellbeing, or 'flourishing,' as the diagram¹ 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. Mental health and wellbeing are key factors through which other forms of inequality, such as poverty and discrimination, lead to health inequalities, including the gap in healthy life expectancy of around 19 years between the most and least affluent neighbourhoods in England². Health inequalities are not only an effect of other inequalities in society, but also effectively maintain and reinforce such inequalities.

What influences our mental health?

Our mental health is 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

¹ Adapted from *Step Change: mentally healthy universities*, by John de Pury with Amy Dicks (2020), Universities UK, and drawing on *The Mental Health Continuum: From Languishing to Flourishing in Life* by Corey L.M. Keyes, 2002 in the *Journal of health and social behaviour*.

²

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/bulletins/healthstatelifeexpectanciesbyindexofmultipledeprivationimd/2018to2020>

major impact on our mental health and wellbeing, as well as our physical health. Barriers to wellbeing may be both internal and external: involving our feelings, our experiences of the world, and how these interact

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.

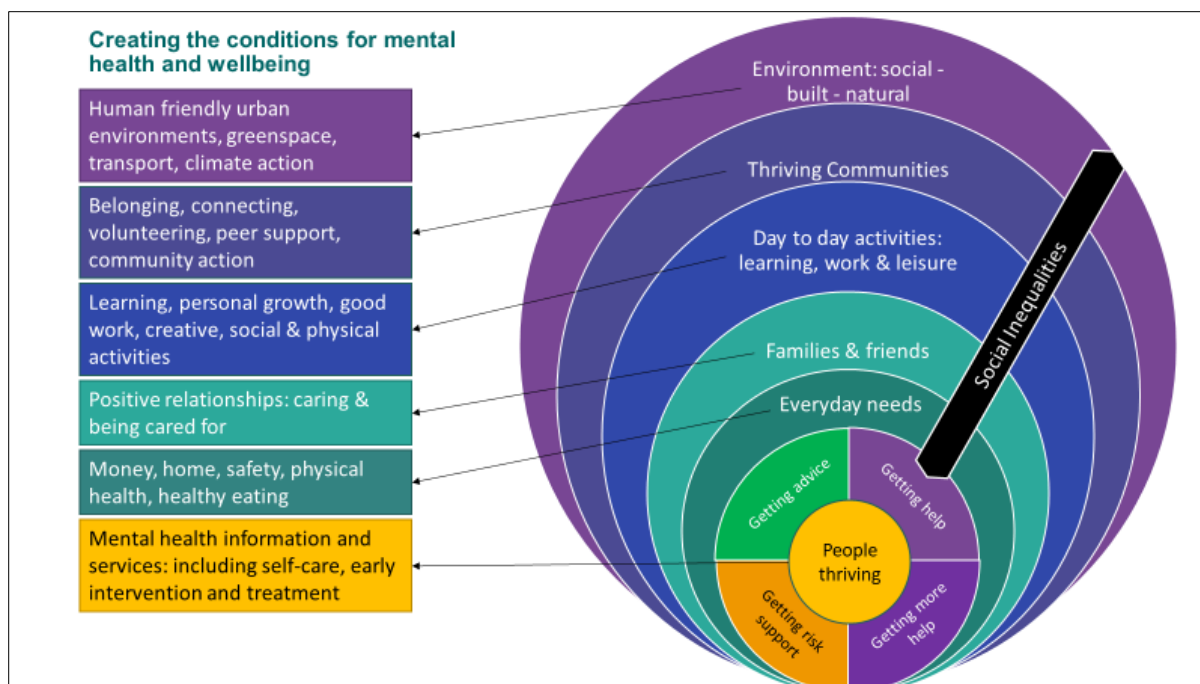


Figure 1: Factors shaping our mental health and wellbeing

Work to improve mental health for all is even more important as we recover from the impacts of the Covid-19 pandemic and face further challenges, including the cost-of-living crisis. However, with the proper support and resources and working together, we can all make a difference in our mental health and wellbeing as individuals and as communities.

Thinking about social connection and self-determination is a pragmatic way to consider how we can promote mental wellbeing. Connection with others includes close relationships and wider friendships, where we give and receive support, feel valued and recognised, and gain a sense of belonging. Self-determination means being able to make our own decisions on things that matter most to us and achieve positive changes in our lives. These experiences, which tend to interact with each other, help us to develop a positive sense of ourselves and our place in the world. Feeling isolated or excluded reinforces a sense of lack of self-determination over our lives, while positive relationships with others can boost our ability to bring about changes that matter in our lives and the world around us. However, feeling connected but powerless or self-determining in isolation, are not likely to be conducive to mental wellbeing.

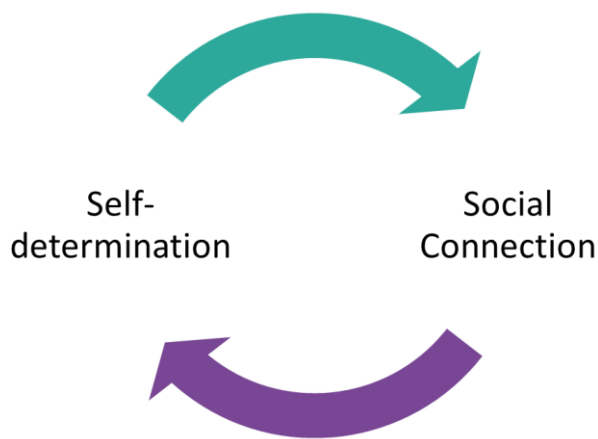


Figure 2: Experiences impacting our mental wellbeing

Mental health in Stockport

We have updated the Joint Strategic Need Assessment (JSNA) for mental health in Stockport. This JSNA shows that need for mental health support has been increasing over many years, and the COVID-19 pandemic has exacerbated this trend, putting enormous pressure on services. Current cost of living pressures are adding further stress and anxiety for many people in Stockport, especially for less affluent communities. Data from GP registers shows that the number of people diagnosed with anxiety had 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.

The number of people diagnosed by Stockport GPs with severe mental illness continues (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, and 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

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 recent 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.

Mental illness comes at a considerable personal, social, and economic cost to individuals and communities. Of the economically inactive working age population in Stockport, 7,100 (21.2%) are due to a long-term sickness, and historically about 50% of those are due to a mental health condition as the primary condition, although many with a physical primary condition, also have secondary mental health and wellbeing issues.

Our shared principles

This strategy develops our commitment and approach to promoting mental wellbeing, preventing illness, and delivering effective, accessible, well-integrated, and high-quality services for people who need support or treatment.

Our work will be guided by the following 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.

What partners and Stockport residents have told us

In 2022, we talked with partners and 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 three workshops with partners from the voluntary, community, and faith sector enterprise (VCFSE) as well as public sectors. The workshops explored how we might work with communities to address loneliness, build collaborative responses to the cost of living pressures in the context of mental health, and develop actions in relation to the impact of the built and natural environments.

We are committed to coproduction as the foundation of our work and know that we have more to do to deliver on this promise. In developing the strategy we engaged with services and local VCFSE organisations, which represent our diverse communities, including people accessing services. Many more individuals have contributed their views through the public survey. We will be doing more direct engagement with people who can tell us about their lived

experiences, and have made that a key ambition in our strategy. This strategy sets out a framework for action, but it is in the detailed planning and delivery of services and projects that the voices of lived experience can change relationships and meaningfully shape the support available.

This section provides a summary of the key messages from our engagement process.

Support and services

People want services to be easier to access and responsive to individual needs, aspirations, and circumstances, including those of carers for people experiencing mental health problems. This includes taking proactive action to reduce inequalities in mental health and provide inclusive services for our diverse needs. People felt that specialist and non-specialist public sector and VCFSE organisations and services should be working more collaboratively, sharing information, expertise and resources. We need to make sure they are resilient and ready to face future crises.

Information and communication

Many respondents felt that we need to increase 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 want to see mental health promotion activity in workplaces, schools and colleges, and community settings. 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. People called for mental health and wellbeing training to be delivered across all sectors.

The *Five Ways to Feel Good* resources were developed in response to some of these needs. Their design and content were shaped through face-to-face conversations with people attending community events and partnership meetings.

Looking after ourselves and each other

People responding during the engagement phase 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's most reported negative impact was in harming family relationships and friendships. When we asked people what they find helps them to look after their own mental health and 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 for their wellbeing. These sentiments echo the Five Ways to Wellbeing remarkably well, which are the subject of our ongoing '*Five Ways to Feel Good*' campaign in Stockport.

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. The value of working together collaboratively across all sectors to address the shared challenges we face also emerged strongly in the engagement.

In 2019 the Children and Young People's Mental Health and Wellbeing Partnership consulted with parents and young people about their views of local mental health services. The key themes identified then were as follows:

- 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

- The length of time children, young people and families have to wait to access diagnostic assessments, particularly for neurodevelopmental conditions and the support and communication available during the process Mental health treatment.

The ambitions, priorities and actions set out in the rest of this strategy document have been developed to address the learning described in this section, along with the available data and evidence for ‘what works’ for mental health and wellbeing.

Summary of our challenges and opportunities

The main challenges we face in Stockport are:

1. Common mental health conditions, such as anxiety and depression, as well as severe mental illness have continued to increase over recent years, in parallel with the national picture; the pandemic has significantly added to the burden of mental health morbidity. We must be prepared for the likelihood that cost of living pressures, climate change, and other global events will add to people’s distress, and increase the risks to mental health. Resources have not been available to increase the capacity of services in line with this need.
2. People find it difficult to access support when they need it, often facing a long wait for services, which can lead to worsening of problems for individuals and increasing stress and anxiety for their families and other carers as a result.
3. Many people live with (at times unrecognised) mental health challenges, or do not access effective treatments available to them. For example, while GP records show there are nearly 40,000 individuals with depression and a similar number with anxiety, only around 500 people a month are accessing NHS Talking Therapies.
4. Mental health is marred by significant inequalities - economic and social adversity (adverse childhood events, poverty, poor housing or employment, trauma, marginalisation due to ethnicity, sexuality etc) are associated with higher risk of mental health difficulties. In turn, having a mental illness is associated with lower employment, social isolation, poverty, homelessness, increased physical health risks and conditions, and worse health outcomes. It is unacceptable that a person with SMI faces a life expectancy many years shorter than that of the general population.
5. Mental health services, as well as other key public services, are very stretched. Staff too have had to endure considerable stress during the pandemic, and since, and recruitment and retention of staff are challenging, reflecting national staff shortages. Health and care services are struggling to meet demand, and relying heavily on the commitment, goodwill and many additional hours given by those working in them. This not only leads to further increases in needs due to delay in getting help but is also harmful to the health and wellbeing of those working in such services. Burnout is commonly reported by people working in health and social care, while crisis management takes precedence over longer-term strategic planning.
6. The mental health system is not as seamless as we need it to be for all people. People’s complex circumstances and needs sometimes challenge partner organisations, making it hard for partners to provide what is needed for an individual in a timely manner.
7. Many people experiencing mental health problems are also affected by drug and alcohol misuse, sometimes due to attempts to use such substances to control symptoms, and sometimes because drug and/or alcohol misuse has contributed to the development of mental health issues. The support provided remains fragmented between different services, leading to additional difficulties in access the support needed.
8. Some residents may face particular challenge to accessing the support they need which exacerbate the inequalities experienced; this may for example affect people with autism, or people with learning disabilities, as well as veterans and people with physical disabilities. We need to ensure that all services are offered in

ways that are understanding of and responsive to particular individual need, adapting how they work with people on an informed and individual basis.

9. 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.
10. Too many children and young people are not attending school due to anxiety and poor mental health for themselves, their parents/carers or other significant family members.
11. 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 resulting lack of consideration of individuals' mental health). As a result, the ambition to achieve parity of esteem between mental health and physical health is not yet realised.
12. 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.
13. While awareness has increased in recent years, more needs to be done to really change the understanding of mental health across the population, so people can play their part in promoting mental health, and preventing problems from arising or getting worse, and to reduce stigma. 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.
14. We need to take a population-based preventative approach if we want to reduce the burden of mental health problems and promote mental wellbeing for everyone. While Stockport has many promising initiatives, including in the education sector, there remain considerable gaps in coverage, some of which have arisen due to repeated reductions in national funding for prevention interventions. The prevention and early intervention potential is particularly important for children and young people, not only because many mental health conditions start before adulthood, but because there are promising interventions possible. Young people have been particularly affected during the pandemic, and the cost of living crisis means many more are growing up in constrained and stressful circumstances. Whereas social media may have provided vital connectivity with peers during lockdowns, it can also generate stress and risks for young people's wellbeing and mental health.

Opportunities include:

There is clearly potential to improve the support available for mental health and wellbeing and to shape our places, schools, workplaces, and environments to ensure they are conducive to mental health and wellbeing. We will take advantage of increasing NHS investment in the transformation of mental health services for all ages, and innovations. A recent example is the development of Family Hubs as a new community-based model for supporting children and their families. We also recognise the opportunities to improve the effectiveness of the support provided, learning from both success and failure, and listening to the experiences of people who need these services.

We work closely with Greater Manchester partners on mental health strategic planning, using economies of scale and sharing expertise and resources.

Our strategy will also draw on the commitment, learning and vision encompassed in the *Build Back Fairer in Greater Manchester*³ report, which sets out the challenges and recommendations for addressing the inequalities which the Covid-19 pandemic highlighted and exacerbated. These include prioritising children and young people, rebalancing spending towards prevention, and building back fairer opportunities for all, by increasing funding in more deprived communities and particular areas of public services.

³ https://www.gmhsc.org.uk/wp-content/uploads/2021/06/Executive-report_GM_final.pdf

Most importantly we have hope, shared determination, and the understanding of the issues that we need to shape our future in ways that enable more of us to live happier and healthier lives. The way we responded to the pandemic by coming together, in communities and in our work, demonstrated how much we care for each other in times of trouble.

We will continue to face challenges, but we know, now more than ever, that by working together, we can make a huge difference, and we will all benefit when we connect. By working together across sectors, we can collectively make a difference, building our resilience and gaining the power to deliver change for the better. This means building on the kindness of our communities and the tremendous assets represented by our voluntary and community organisations, as well as recognising and valuing the incredible passion, commitment and skills of people working in our public services.

Our ambitions

Our five ambitions represent our key programmes of change over the next seven years and will help us achieve our vision. The goal of reducing inequalities in mental health and wellbeing is part of all five ambitions:

1. Putting lived experience at the heart of what we do
2. Embedding mental health in everything we do
3. Promoting awareness and understanding of mental health and wellbeing
4. Working with communities, building VCFSE capacity and action
5. Improving our mental health services to enable people to live fulfilling lives

Our ambitions cover the spectrum from promoting wellbeing, to prevention, including for people and communities at greatest risk of problems, early help when people need it, through to more intensive treatment, and support for recovery from mental ill-health. The many contexts or 'settings' in which our mental health is shaped are relevant to each of the five ambitions.

Our ambitions for mental health and wellbeing



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

If the information, services, and policies we invest in are to be effective, they must be shaped by the people who need them, taking account of the complexity of people's lives. It is this understanding which underlies our commitment to put the day to day lived experience of children, young people, families, as well as adults and older

people at the heart of what we do. We know that we have much work to do to get this right and we recognise that services and organisations need to change their relationship with people accessing support, their carers, parents and the wider communities around them. This means empowering people by sharing decision-making, not only at an individual level, but also in relation to our service design and investment. This will support not only the responsiveness of services, but also their effectiveness for individuals, as services truly understand what matters to people and how to best respond to that. However, lived experience is not only important for development and delivery of mental health services, but also to wider service provision, including preventive offers and beyond.

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 if we are to address these disadvantages and reduce inequalities. We also know that providing services that don't adequately respond to people's needs and aspirations makes them less effective and fails to make best use of our limited resources. Therefore, we need to make sure that the changes described in this strategy are coproduced, in an inclusive process that develops a deep understanding of the lived experiences of people living and working in the borough, including those currently not using existing services.

Immediate actions

- 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.
- 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.
- 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).

Priorities for further action

- Ensure coproduction approaches are embedded in all our services for mental health and wellbeing. We will build on the Greater Manchester Living Well Collaborative model of coproduction which brings together a range of people with experience of living with mental health issues, and/or support them to co-design a new community mental health offer.
- 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 – this includes the development of a consistent system-wide approach to capturing outcomes and satisfaction levels and access to services.
- Work with VCFSE 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 – we will use existing networks and relationships, as well as independent organisations such as the Stockport Mental Health Carers Group for People of Working Age with SMI, Beacon Counselling's work with young people and the Stockport User Friendly Fellowship (STUFF).
- We will develop a thematic focus of engagement activities to explore different, interconnected aspects of inequality, such as race and ethnicity, disability, sexual orientation, and poverty. Building on the Changing Futures approach (see below), this work will draw together learning from people with lived experience, as well as data, research, and practice in a workshop, to develop recommendations for change in services and policies.

What will be different in future?

- People living in Stockport 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 our 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 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 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

Contributions to this strategy showed that people recognise the importance of the places and communities in which we live for our mental health and wellbeing. Our One Health and Care Plan outlines an ambitious prevention agenda, which also shares this understanding. Our ambition is to take a population approach to mental health in Stockport, considering how we can create conditions and places – in schools, workplaces, communities, and the wider socio-economic, natural, and built environments – that support mental health and wellbeing.

We will consider the mental health and wellbeing implications of our policies and practice in public services. Several other Stockport and Greater Manchester strategies and plans will be critical to achieving our vision for mental health and wellbeing, as they address the circumstances in which we live our lives and the opportunities and constraints that shape mental health and wellbeing. Some of these are listed below

:



The impacts of adverse childhood experiences (such as abuse, neglect, abandonment, bereavement, or domestic abuse) as well as trauma in adult life, have increasingly been recognised as underlying many challenges that we may experience in our lives, with implications far beyond mental health and wellbeing. Recognising and responding appropriately to trauma can improve the effectiveness of a wide range of services, not just mental health services, and 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?'

Given the harms to mental health associated with drugs and alcohol use, our strategies for prevention and treatment of substance misuse and the associated problems will play an important part in our work to improve mental health and wellbeing. We will work to 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

- Deliver a co-design workshop, working with partners across sectors, to share good practice and explore how to further develop our collaborative approach to workplace mental health and wellbeing in Stockport
- Implement the Whole School Approach model (through the Mental Health in Education Programme)
- Sign-up of 500 employers to the Good Employment Charter by 2024 (supporting mental wellbeing of employees is a key principle of the Charter)
- 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
- Deliver (into 2025) the Greater Manchester Working Well Work & Health Programme (delivered by Ingeus) – providing employability support for workless residents with health conditions
- Maximise the opportunities within our digital strategy to improve mental wellbeing, but connecting people and fostering their independence, including those facing loneliness and needing help with social connections

Priorities for further action

- Ensure that our policies and plans consider their potential to impact positively or negatively on mental health and its determinants, so negative impacts can be minimised or avoided, and positive potential maximised. This will include, but not be limited to, the Local Plan, as an opportunity to ensure future developments in Stockport deliver positive impacts on people's mental health and wellbeing.
- Develop our support for schools and colleges to implement a whole school/college approach to mental health and wellbeing. In addition to a strong focus on attendance, this should consider all aspects of learning and wider school community life to make the most of opportunities to nurture healthy emotional development and address issues such as bullying and anxieties, including online harms. Education is an essential area in which we can create the social spaces and ways of working that promote mental health and wellbeing, enabling children and young people to flourish and contributing vitally to the prevention of long-term mental health problems.
- Prioritise action to promote the wellbeing of our workforce as anchor institutions, including providing advice and support for struggling people and reviewing work roles through a psychologically informed lens. Drawing on the GM Good Employment Charter, and the draft GM Mental Health and Wellbeing Strategy, *Doing Mental Health Differently*, this means providing a psychologically safe culture, and considering how roles and teams can be designed to cultivate a sense of autonomy and competence at work, nurturing intrinsic motivations and a sense of connection and belonging within a team and an organisation⁴. This can increase employee engagement and commitment within the organisation and sustain their mental health and wellbeing.
- 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. We will develop our capacity, within mental health support and a wide range of other services, to deliver trauma-informed and responsive support, that centres on understanding how people's current circumstances and challenges have emerged, by listening to their story. This includes reviewing our organisation's policies and procedures so that they recognise trauma and ensure that we respond more appropriately to people who may be affected. This work will be linked in with the Greater Manchester Trauma Responsive Programme, which aims to affect transformational change across communities, workforces, and service delivery, through the implementation of an Adverse Childhood Experiences and Trauma Responsive Framework.
- 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. The commissioning strategy will contribute to

⁴ See <https://selfdeterminationtheory.org/topics/application-organizations/>

the meeting of specific outcomes as part of its commitment to delivering appropriate and effective mental health provision across Stockport.

- Share approaches and resources developed for workplace wellbeing across local employers and businesses to help promote mental health and wellbeing throughout the working population
- 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
- Further support and develop the mental health & housing work to address exclusion and promote mental health and wellbeing, including development and improvement of housing options for people experiencing mental health problems
- 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.
- Drawing on the work at GM level, we will complete Mental Wellbeing Impact Assessments of key policies, projects, or services, or simplified local processes to identify and explore the potential impacts and how to optimise the impacts of what we do.
- 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 protective factors, such as maternal and infant mental health, positive relationships, quality housing and access to greenspace, as well as tackling risk factors, such as poverty, discrimination, socio-economic inequality, unemployment, substance misuse and violence.
- Crime, and the fear of crime, can have considerable implications for the mental health and wellbeing of individuals and communities, and particularly victims of crime. We will work with the One Stockport Safety Partnership to understand the nature of these issues and develop effective responses to them.
- 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.

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.
- Anchor organisations and others will be able to routinely consider how they impact on mental health and its determinants, both for their staff as well as their clients/customers/students/patients and 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.

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

A strong theme emerging from our engagement work was the need for 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. Our several thousand frontline staff and volunteers, in many organisations and service settings, have some of the best opportunities to promote wellbeing for themselves and those they work with, and to 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 ('Connect 5 training') for people working with the public in Stockport.

We have well-developed print and online resources, including the Healthy Stockport webpages on mental health and wellbeing to signpost people to the range of support offers available in Stockport, including helplines, resources, in-person and online self-care offers, such as Kooth, and Qwell, SilverCloud, and Living Life to the Full resources. To support people in looking after their wellbeing, we have developed resources to promote the Five Ways to Feel Good, linking to a wide range of opportunities in Stockport. 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.

Immediate actions

- Deliver a range of mental health literacy training for front-line workers, volunteers and VCSFE organisations.
- 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.
- Develop and deliver Youth Connect 5 training across the public sector, VCSFE and communities.
- 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.

Priorities for further action

- 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
- Work with colleagues across Greater Manchester to develop and deliver further mental health campaigns, and continue to promote national campaigns on mental health
- 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
- 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.

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 where to find support around any mental health concerns.

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

Making and maintaining social connections and relationships are vital to our mental wellbeing. This 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. A broad range of VCFSE organisations 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.

Our ambition aligns with that of Stockport's developing VCFSE which sets out three strategy key priorities: investment into the sector, capacity building, and community power. 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 within the sector and ensure VCFSE priorities are represented throughout the system. This network, led by VCFSE organisations, will enable organisations to support each other, sharing knowledge and other resources, to meet the needs in the communities they serve. It will also facilitate collaboration between organisations, rather than competition, in applying for new funding and potentially increase chances of success by drawing on the complementary strengths of our diverse range of VCFSE organisations.

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 services' 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 more integrated support that addresses a range of our individual needs and aspirations in a coordinated way. This will 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.

Integrated neighbourhood services will be co-ordinated around Stockport's primary care networks and local schools, bringing together GPs, nurses, community health services, social care, specialist secondary care, mental health services, housing providers, community, and voluntary groups. They will work closely with the developing Family Hubs (see below) and the Teams Around the Place, which connect health and care services with the communities in the local area, supporting people to access the community and voluntary activities that could improve their health and wellbeing. 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 to the independence and wellbeing of local people and ensure that adequate support is also given to carers themselves to support their wellbeing and resilience.

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

- 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
- Deliver a collaborative project to build the local VCFSE capacity to support children and families
- Deliver One Stockport Local Investment Fund grants for VCFSE mental health and wellbeing support

Priorities for further action

- Strengthen neighbourhood level inter-agency and cross-sector working, connecting frontline services with communities, so services are better prepared to respond to communities' needs
- 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
- Develop collaborative cross-sector work to improve support for people experiencing loneliness
- 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

What will be different in future?

People will be able to access and participate in a mix of support provided by public services and voluntary organisations working in partnership with local communities. Together, services and communities will be able to 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 VCFSE 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
- People will report positive experiences of engaging with services and VCFSE organisations

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

This section sets out how we will work together to re-shape and continuously improve our support for people experiencing mental health problems, from early help and advice, to treatment, and response to crisis. We are committed to working together with communities at a more local, neighbourhood level, making it easier to access the right support at the right time. This ambition covers our specific actions in relation to children, young people, and families, as well as adults and older people.

This work involves many partner organisations within the new integrated care system (ICS). Many relevant key strategic actions, including the mental health workforce strategy, and the NHS Long Term Plan for Mental Health will be planned and delivered at the Greater Manchester level; this section therefore focuses on locally driven actions. Another layer of change will be delivered by Pennine Care NHS Foundation Trust, Adult Social Care and other partners working together in Stockport to implement national policy, changes in legislation and organisation specific improvements. These include improved pathways of care and integrated working to improve outcomes for people and their carers. We will also develop and improve our crisis response, enablement support, and bring a greater focus on supporting people to have access to sustainable housing and employment activities. As well as a renewed commitment to learning from lived experience and development of a peer-support workforce, we will work to make sure that we have sufficient capacity and skills across Stockport to support people to live as independently as possible. At all levels of the system, within the Greater Manchester ICS (GM ICS), we are committed to not only implementing the NHS Mental Health Implementation Plan but to taking a whole system approach.

At the Stockport borough level, the development of the GM ICS enables us to build a joined-up approach to planning and continuously improving health and social care support services, including VCFSE representation. Working with GM ICS will provide the opportunity to both ‘level up’ our services, where they fall behind expected investment and develop our service and support offers once. This also provides an opportunity to review the range of mental health support that is available in Stockport, whether commissioned or provided by NHS services, the local authority or VCFSE organisations, including social prescribing for people of all ages. Therefore, we will complete a service analysis mapping of the whole system’s provision, including investment in mental health support in relation to the needs identified, to inform the planning of any further developments of services. This will take account of the big changes planned in how we deliver our mental health services for all ages in Stockport, which are described in the following paragraphs.

Support for children, young people (CYP) and families

The iThrive framework for system change⁵ has been adopted to drive our model of mental health and wellbeing support for children and young people across Greater Manchester. The framework describes services in relation to five needs-based groupings of young people, as shown in Figure 4 (see below). The model also emphasises cross-sector working, wellbeing and early help, and shared decision making with CYP and families. In Stockport, we think that it is important that everyone working with the iThrive model understands and appreciates the context of individuals’ lives (Figure 2).



Figure 3: iThrive framework

⁵ Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Trust. 2019

The NHS Long Term Plan ambition is to ensure more CYP have access to NHS funded mental health services through continued community mental health support and interventions and accessing mental health support in school and/or college. Working with GM ICS and our NHS mental health providers we will ensure that, in addition to ensuring that help and support is in place when a child or young person experiences a crisis and provide a timely response for those CYP with eating disorders and special education needs and disabilities (SEND).

Family Hubs

We want to transform access to family help and support through Family Hub Networks, building on the existing work to bring services closer to where children and their families live, learn and play. The Family Hub Networks will provide an opportunity for wider partnership working and co-location with VCFSE and private sector organisations. This work will be developed as part of our overall approach to neighbourhood working and through this, we will focus on extending reach through peer support, development of relationship support, social prescribing, and a vibrant accessible digital offer.

Children and Young People Mental Health Services

Nationally there is an increasing demand for children and young people's mental health services because of increasing numbers of children and young people experiencing mental health problems. Historically Stockport CYP mental health services have experienced high levels of activity and, as a result of under investment, children and young people are not able to access the services in a timely manner. Additional investment has been provided to increase the offer for infant parent service (0-4 years), children and young people aged 5-16 years, and to extend the service offer 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 NHS Long Term Plan commitments. This work will focus on the continued development of the Early Help Offer, to reduce the numbers of children and young people needing the higher levels of support provided by CAMHS (Children and adolescent mental health services), as part of the implementation of the iThrive model. We will also continue to invest in children and young people's mental health services, particularly to ensure that support is provided for young people up to 18 years.

Response to Mental Health Crisis for Children and Young People

Delivering a 24/7 mental health crisis response for CYP combining crisis assessment, brief response and home treatment functions is a priority. This model will include a range of support from both NHS and VCFSE providers.

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 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.

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 a 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 cohort includes adults and older adults with psychosis, bi-polar disorders, eating disorders and complex mental health difficulties associated with complex, emotional, and relational needs (CERN) and mental health rehabilitation needs.

The Community Mental Health Transformation Programme wants more people with SMI to benefit from joined-up, holistic care across primary and secondary care, VCFSE 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 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.

Primary care mental health support

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. We will also work with primary care providers to ensure that services to care for our physical health are informed by psychological and social understandings that recognise the inter-dependence of physical and mental health, responding to individual circumstances and our sources of motivation, connection, and resilience. At the same time, our mental health services will work collaboratively with primary care to address the poorer physical health experienced by people who are accessing support with their mental health, at all levels, including through proactive physical health checks and interventions which promote healthy lifestyles for people living with a SMI and the recruitment of both

adult and CYP mental health practitioners working across our Primary Care Networks, through the Additional Roles Reimbursement Scheme (ARRS).

Response to Mental Health Crisis

Many people experiencing a mental health crisis find it difficult to access help when they need it. Particularly at night, weekends and bank holidays, the quality and response of services is variable, and safety is compromised, especially for people who self-harm; too often people in a mental health crisis are accessing mental health care via contact with the police.

People facing a crisis should have access to mental health care 7 days a week and 24 hours a day in the same way that they are able to get access to urgent physical health care. Getting the right support in the right place at the right time is vital. 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 in-patient 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 in-patient admission, such as crisis houses and day care services
- Extending existing suicide reduction programme and ensure that every area has a suicide bereavement support service for families and staff working in mental health services

In delivering on these ambitions some will be planned, developed, and delivered across Greater Manchester or a mental health trust footprint (e.g., mental health ambulance response, health-based place of safety), and some within Stockport, including ensuring there are alternatives to admissions and attendances at the Emergency Department. In Stockport, 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.

Substance misuse and mental health

Drug and alcohol misuse is often inextricably linked with mental health challenges, and in particular experiences of trauma, and 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 and ambitions 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

- 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. This will be delivered by development and promotion of a new Stockport mental health crisis pathway, which shows how people can

access support and services. The Crisis Care Network will provide a forum for all partners and providers to work collectively to oversee the delivery of crisis care in Stockport.

- Complete a service analysis of the whole system investment in mental health services in Stockport
- 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 their access to and use of services, including comparisons relating to inequalities looking at our children and young people most in need of support
- Improve children and young people's access to specialist mental health services by bolstering support to CAMHS and extend the core CAMHS offer up to 18 years
- Revise the self-harm pathway for schools, and ensure all partners respond to the new NICE guidance on self-harm
- Launch of Mental Health in Schools Teams in September 2023

Priorities for further action

- Develop and deliver the Stockport Family Hubs transformation programme in seven neighbourhoods, covering the whole borough. Family Hub Networks will include physical buildings, outreach, and virtual offers with a single access point to a range of services. Family Hub buildings will provide the opportunity to bring families into a physical building, a recognised place within a community where they can access information, advice, and guidance.
- Co-design the Living Well Neighbourhood Mental Health Teams supported by a borough-wide mental health hub. The Living Well Model is our 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. There will be a Mental Health Living Well team in each neighbourhood with links the Primary Care Network, by 2024.
- Continue to develop our capacity and explore ways of supporting voluntary sector activity for delivery of social prescribing to improve mental health and wellbeing, including green social prescribing, such as allotment projects, physical activity and social activities.
- Children and young people mental health services will provide a comprehensive offer for CYP up to 18 years
- Deliver new projects and services to improve response to crisis for children and young people
- Promote good mental health as a key component to good outcomes in physical healthcare management for long term conditions
- Promote good physical healthcare management as a key component to good outcomes in mental health services' management of all conditions.
- Together with partners in the Safer Stockport Partnership, and as part of our response to the national drug strategy *From Harm to Hope*, we will develop actions to reduce use of drugs and alcohol and related harm (including deaths) in the population, particularly focussed on vulnerable groups. This includes working together to improve the support provided for people experiencing a combination of mental health and substance misuse problems
- Further develop the integrated Stockport Family model to deliver an improved early help offer through Family Hubs and a Family Help service to bring help at an earlier point preventing the need for specialist services
- Ensure our support for mental health and wellbeing is designed for neurodiversity, including implementation of the priorities set out in the Greater Manchester All-age Autism Strategy in the context of these services
- Develop an improved emotional wellbeing offer to care leavers through delivery of the Staying Close project
- Enhance the mental health support in schools and/or colleges through the roll-out of the new Mental Health in Schools Teams, to include around 30 schools
- Deliver an integrated, evidence-based mental health and wellbeing support offer in education settings
- Deliver new projects and services to improve response to crisis for children and young people
- Improve the support to children and young people with learning disability or autism who are at risk of hospital admission or residential placements

What will be different in future?

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.

Children, young people, and families will access support in a timely manner, provided by compassionate and competent practitioners.

Families and staff will report that Family Support Hubs make a positive difference to families' and communities' wellbeing, and to how well services work with them and respond to their needs.

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

How will we know we have been successful?

Year 1:

- Our first three family hub networks will be in place, in Brinnington, Edgeley and Offerton.
- The Living Well Collaborative will have produced a clear roadmap to transform our mental health services for people with SMI, and crisis support will be easy to find and access at any time.

Year 3:

- The Family Hubs model will have been extended to all neighbourhoods
- There will be established Living Well Mental Health Teams aligned with each neighbourhood / 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 and Accountability

The Strategy spans a broad agenda, from promotion and, prevention of mental health, and to delivery of care. We know it will be vital that mental health is considered in all aspects of health and care delivery, as well as beyond these sectors: in workplaces, and the wider social and physical environment. Therefore, the Locality Board will take leadership to ensure mental health is included in all our work for Stockport residents – across the One Health and Care Plan and the wider Borough Plan.

The Mental Health, Wellbeing and Learning Disability and Autism Programme Delivery Board ('Delivery Board') will maintain strategic oversight of the agenda and be accountable to the Locality Board for the delivery of the ambitions in this strategy. The Delivery Board will have close reference to the Greater Manchester Mental Health Programme Delivery structures.

The actions will have to be reviewed and refined regularly, to ensure continued progress towards the ambitions of the strategy. The overall impact of the strategy can be tracked through:

- National measures of wellbeing
- Gap in life expectancy for people with SMI
- Waiting times and successful outcome rates for psychological therapies and other mental health services
- Increase in the number of people accessing and receiving support from new community mental health services
- 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

- Improvement in school attendance and reduction in school exclusions
- Service user satisfaction and outcomes for community mental health and crisis response services
- % of people in contact with mental health services who are in paid employment and stable accommodation
- Examples and evaluations of new projects or activities developed by members of the VCFSE mental health network

The Delivery Board has already developed a draft performance and outcome dashboard, which will include metrics relating to service provision, from prevention to treatment. In some areas, new measures will need to be developed to inform our work and measure its effectiveness (including the evaluations of people accessing services). We will continue to review and improve our systems for assessing the effectiveness and impact of all our services. In addition, the Delivery Board will have a programme of reviews, to develop a deeper understanding, including from lived experience.

The current draft dashboard includes the following measures:

Objective	Measure
Levels of mental health and wellbeing / health outcomes	% 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	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 people with mental health conditions	% of CYP who received initial conversation within 10 days of referral – (Early Help Service Offer) % 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)

	<p>Access to treatment: Waiting time standards for mental health support in ED (2 hours)</p> <p>% people on SMI register receiving annual health check</p> <p>CYP Eating Disorder: Urgent - % of CYP aged under 18 years waiting 1 week or less from referral to treatment (rolling 12 month)</p> <p>CYP Eating Disorder: Routine - % of CYP aged under 18 years waiting 4 weeks or less from referral to treatment (rolling 12 month)</p> <p>out of area placements for acute mental health</p>
Service effectiveness and outcomes	<p>Adults in contact with secondary mental health services who live in stable and appropriate accommodation</p> <p>% of the population who are in contact with secondary mental health services and on the Care Plan Approach, that are in paid employment (aged 18 to 69)</p> <p>NHS Talking Therapies: Recovery rate</p> <p>NHS Talking Therapies: Reliable Improvement</p>
Lived Experience / discrimination	<p>Experience of discrimination of children and young people in treatment (measured by CAMHS currently only)</p> <p>Experience of care indicator (CAMHS, and NHS Talking Therapies only measuring this currently)</p>

The Delivery Board will have an overview of key prevention outcomes delivered through other workstreams under the Locality Board, such as Children, Young People, and Maternity, and Neighbourhood and Prevention, as well as Valued Workforce. These may include:

	Measure
Determinants of mental health & wellbeing	<ul style="list-style-type: none"> • % adults reporting more than 30 mins physical activity • % 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
Children, Young People and Maternity	<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
Neighbourhoods and Prevention	<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

	<ul style="list-style-type: none">• Fewer emergency hospital admissions for chronic conditions•
Valued Workforce	<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

Appendices

Abbreviations

Abbreviation	Meaning
A&E	Accident and Emergency (Hospital Emergency Department)
ASC	Adult Social Care
CAMHS	Children and Adolescents Mental Health Service
GM	Greater Manchester
GMCA	Greater Manchester Combined Authority
IAPT	Improving Access to Psychological Therapies
ICS	Integrated Care System (including NHS and social care services)
JSNA	Joint Strategic Needs Assessment
MH&WB	Mental Health and Wellbeing
OSCHP	One Stockport Health and Care Plan
SEND	Special Educational Needs or Disabilities
SMI	Severe Mental Illness
STUFF	Stockport User-Friendly Forum (for people with experience of mental health services)
VCFSE	Voluntary, Community, Faith, and Social Enterprise