

# *Doing Mental Health Differently* Mental Health and Wellbeing Strategy *Draft*



# Introduction



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- We all have mental health – in the same way, we all have physical health. Sometimes our mental health is good and sometimes our mental health is not so good, sometimes we become ill.
- As an Integrated Care System we have a responsibility to deliver the clear targets of NHS England’s 10-year plan for mental health. But we know that simply doing that would not change the way people experience and understand their mental health and wellbeing.
- We also work as part of a partnership of organisations providing services for the public across Greater Manchester and ultimately we have a responsibility to the people of Greater Manchester
- We understand that mental health and wellbeing is impacted by far more than the services that we provide through the investment given to us by NHS England.
- We understand that the mental health and wellbeing of those who live in Greater Manchester is also impacted by the many different organizations and support offers that exist across the city region.
- We know we need to do more in the space of prevention and early intervention. However, we need to balance this with the fact we know that people will continue to need specialist mental health services and this is where the NHS focuses its financial resources.
- This strategy is a refresh of our 2016 plan. Many of our aspirations and objectives have not changed, but we are aware that the world that we exist in has.
- There are more challenges but also there are more allies and more opportunities. This refresh seeks to join the dots and looks at how together we can improve the mental health and wellbeing of our proud city region

## Improvements can only be made once the system understands the problems

*Our services need to have the infrastructure or flexibility to provide effective help to people experiencing mental health problems in the context of their own lives. To achieve this:*

- *Systems need to be flexible* to work with people on their terms in a place, time and manner that works for them. This is a particular issue for people who are experiencing a range of issues at the same time.
- Staff working with people in formal mental health and wider public services want to work in a person-centred way, we need to give staff the **confidence, time, training** or **freedom** to do this.
- We need to make sure that the responses to mental health issues are **not simply driven by risk, remit, thresholds** or convention but are driven by **peoples' needs in the context of their own lives**.
- We need to make sure we are **not set up simply to respond to people after they get worse or reach crisis point**. We need to move away from relying solely on emergency or referral routes rather than proactive and open engagement. **We need to respond to people in a manner, time and place which suits them**
- There is limited integration with or support for complementary offers in the **VCSE sector or within the community itself**. **We need to actively support and mainstream these offers**.

*To meet this real need, individual initiatives have been developed to act as stop gaps. We need to find ways to ensure that these initiatives are not siloed and short term but are used as **role models to percolate into universal services**.*

*The **commissioning process** can create complexity through a lack of integrated budgets and commissioning processes across health services, other public services and the VCSE sector. We need to find ways to bring resources together and test new ways of commissioning with people and communities*

*We need to bring together **leadership** across services for the public which enables the system to focus on the needs of individuals and communities rather than the needs of organisations and thematic areas. We need to have a shared language around how to address the problem.*

# Estimated Spectrum of Mental Health Need across Greater Manchester population



This is not a one-way street. A person will move up and down this continuum at different points in their life.

*Estimated number of people (adults and children) in each group based on their mental health state over 12 months*

*People categorised as having a mental health problem (mild/moderate/severe) if they had an episode in a calendar year*

*Categorised at risk if they had an emerging symptom within a 12 month period, an episode of in the year before or were children/parents of a person presenting with mental health problems*

# Mental Health in Context

Around 80,000 people in Greater Manchester are in contact with mental health services each month

1 in 5 working age adults are economically inactive, more than the national average



Greater Manchester still invests 8.5% less per head overall than the England average (£192.88 compared with £210.86)

60.83 per 100,000

Admissions for self-harm in CYP between 10 and 24 years old

26% of children in Greater Manchester are classed as living in relative poverty



School readiness for all pupils had been improving steadily in Greater Manchester, but is still behind the national average

Covid mortality rates were 25% higher in Greater Manchester than in England as a whole at the height of the pandemic



The population of Greater Manchester grew to 2.8 million from 2011 – 2021, a rise of 6.9%

The number of people living in the City of Manchester has grown by 36.3% over the last 30 years



## *What we are doing is good but more is needed*

Whilst there are many great examples in Greater Manchester of our work to respond to a range of mental health and wellbeing issues, we know we can do more and we know that many people do not get the support they need, in the way they need, when they need it. **Given the centrality of mental health and wellbeing to everything, this strategy is purposefully ambitious,** not just in setting out what we need to do **but also how we need to do it.**

The challenge is to ask how can we bring all our expertise, knowledge, resources and relationships together to improve the mental wellbeing of all citizens and to respond to mental health issues in a flexible, person-centered way which is designed around people's needs?

The NHS in its many myriad forms can only do so much. We can provide services and we can provide entry to opportunities but that on its own will not achieve our vision. We need to think optimistically and latitudinally about solutions. This is not just about how we spend NHS money. We have to think differently about how we access all available budgets and about how we work together as an integrated public service system (including the VCSE) in partnership with residents and communities.

## We have to take a whole system, whole society approach

No single agency, body or organisation can solve this. This is explicitly a 'system wide' strategy, recognising that mental health is influenced by a range of issues from formal health services, to social and economic conditions, to community, individual and family circumstances. Mental health and wellbeing must span and balance the medical and social models, without subscribing to one or the other. It also recognises the value of statutory, formal and informal support.

The development of the Greater Manchester Integrated Care Partnership provides us with an opportunity to take a very different approach to responding to mental ill-health, as part of a whole system, whole society approach. We know that in order to rise to the challenges and pressures on the health system we will need to significantly change the way we operate in Greater Manchester.

We want to use this refresh as an opportunity to join together and unify the different approaches to improving mental health in Greater Manchester. To truly listen to the people who access these services. Some solutions are found in better provision of services for those who have distinct mental ill health issues, but some solutions can be broader, involving us all working in closer harmony with partners in building community health through housing, education, lifestyle and cultural bases. This is not just about sharing budgets, this is about sharing ideology, sharing outcomes and sharing aspirations.

# Our Overall Approach for the GM Mental Health and Wellbeing Strategy

will be fuelled by:



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codesign person-centred  
lived-experience flexible  
proactive  
psychosocial inequalities  
relationships  
tailored interagency  
trauma-informed  
community-based innovation  
integrated no-wrongdoor



# Vision: A mentally healthy city region where every child, person and place matter



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At the heart of our strategy we have 5 shared outcomes we want to focus on as a unified, integrated and equitable system

- People will be part of mentally healthy, safe and supportive families, workplaces and communities
- People's quality of life will be improved by inclusive, timely access to appropriate high-quality mental health information, support and services
- People with long-term mental health conditions will live longer and lead fulfilling and healthy lives
- People will be comfortable talking about their mental health and wellbeing and will be actively involved in any support and care that they receive
- The mental health and wellbeing system addresses structural and actual inequalities to enable more people to identify with services and access support

# 1. People will be part of mentally healthy, safe and supportive families, workplaces and communities

Commitment by all sectors to work together on a delivery plan focused on outcomes to improve mental health and wellbeing of citizens



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Areas to include – (Presumption towards community and integration provision)	Who	HOW
All agencies support and enable a comprehensive and consistent, community-led 'Live Well' offer in all communities across GM (regardless of postcode and including alternative, psychosocial, creative and active offers)		
Living Well approach adopted in all localities which is embedded in wider place-based offer in communities		
All activities in communities consider and develop culturally appropriate offer/s adjustments to mainstream services. This should include offers for specific groups e.g. veterans, carers, communities of identity		
Wellbeing offer in all anchor institutions and continued support for other employers via the Good Employment Charter and other initiatives. Offers in public sector are widened to include VCSE workforce.		
Parents and families have access to a clear, well communicated offer in their communities which enables and empowers individuals and communities to be in control of support		
Development of evidence-based interventions in early years settings and reception supporting social and emotional development. Building upon approaches including 'Think Equal' Develop 'Start for Life' offer through Family Hubs which help to improve parent to infant relationships and mental health and wellbeing.		
Better/further integration of mental health offers into both Early Help, Family support, housing and schools (in the vein of 'mentally health schools')		
Staff/Workforce in areas outside of mental health services have a good understanding of mental health and wellbeing issues and able to offer enhanced response to communities (conversely, those in mental health services are able to offer an enhanced response and connection to contextual issues (e.g. Trauma-Informed, Poverty awareness, key issues – housing, finance, relationships etc)		
Better/further integration of mental health provision into neighbourhood and 'blue-light' policing as part of place-based working		
All agencies and community provision to work towards becoming Trauma-responsive in design and delivery. Consideration of ACES/PACES built into delivery and provision		
Mental Health support to be available through other avenues and community spaces where people are seeking support for other issues (e.g. cost of living, food/warm banks, ageing well related offers)		

## 2. People’s quality of life will be improved by inclusive, timely access to appropriate high quality mental health information, support and services



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Commitment by all sectors to work together on a delivery plan focused on outcomes to improve mental health and wellbeing of citizens

Areas to include – (Presumption towards community and integration provision)	Who	HOW
Provide coherent pathways of care for people, integrating mental wellbeing, mental health and physical health. These pathways begin with supporting physical and mental health for people in the community, such as community support groups for people with diabetes, community referrals, selfcare and self-management, and screening		
Develop services and support for people based on ‘triple wins’ - for the service users whose mental health and physical health needs are met together, for the services who do not waste time bouncing people around the systems, and for the commissioners and providers to be able to utilise resources more effectively		
Adopt a ‘no wrong door’ approach that means no rejected referrals		
Ensure that the system is trauma-informed and responds to the presenting need rather than led by diagnosis, especially where there are co-occurring physical health needs and substance use needs		
Make sure that people with multiple and complex needs are able to access help from local services, particularly among vulnerable groups such as homeless populations and victims of sexual violence		
Embed experts by experience in service development and delivery to ensure that they are as inclusive and responsive as possible, guided by our people of Greater Manchester		
Create a system that provides integrated 24/7 access for service users, including those with multiple complex needs. No service user should fall through the gaps between services or their operating hours		
Ensure that everyone in GM have access to the right services when they need them – especially when approaching or experiencing a crisis phase.		
Provide mental health services based on a model of ‘care and place’, addressing the housing as well as care needs of service users, particularly during periods of transition to the community		
Ensure that person-centred care that is recovery focused should be delivered by a compassionate workforce at the first instance, wherever and whenever needed		

### 3. People with long term mental health conditions will live longer and lead fulfilling, healthy lives

Commitment by all sectors to work together on a delivery plan focused on outcomes to improve mental health and wellbeing of citizens



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Areas to include	Who	HOW
Complete the transformation of community mental health support so that across GM people can access appropriate support where they want it, when they need it via the Living Well offer and Community Mental Health Support Teams. This includes reducing escalations into crisis and reduce the need for inpatient beds		
Reduce variation in the provision and quality of services across the GM footprint		
Provide an integrated, flexible and system-wide response to those who experience multiple-disadvantages and cooccurring conditions		
Work with partner agencies to support people with long-term mental health conditions to gain sustainable employment, good housing, education, engagement with communities and improved relationships.		
Ensure age-appropriate mental health support is available to anyone in need, at whatever life-stage they need it, from childhood through to old age		
Work collaboratively across organisational and service boundaries to ensure young people have a smooth and supported transition from services designed for children, to those designed for adults		
Mental health support embedded into physical healthcare		

# 4. People will be comfortable talking about their mental health and wellbeing and will be actively involved in any support and care they receive



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Commitment by all sectors to work together on a delivery plan focused on outcomes to improve mental health and wellbeing of citizens

Areas to include	Who	HOW
Peer support and advocacy opportunities available for all those within the Mental Health and Wellbeing System		
An effective and integrated Greater Manchester mental health-specific Health Watch Offer		
Lived Experience Leadership embedded across the system(s)		
Mental health navigators/champions within GP and PCN settings		
Roll out of mass media campaigns focused on population-based and targeted literacy programs transmitting mental health messages to a wide public audience		
Build capability, capacity and confidence of the wider public audience to enable them to have mental wellbeing and suicide prevention conversations		
Create opportunities for facilitating learning, collaboration, innovation and research to reduce stigma around mental health		
Working with the Good Employment charter, all employers will be provided with an offer to <i>promote a psychologically safe culture</i> including providing mental-health-literacy training to all employees and training leaders and managers to recognise signs of distress		

# 5. The mental health and wellbeing system addresses structural and actual inequalities to enable more people to identify with services and access support



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Commitment by all sectors to work together on a delivery plan focused on outcomes to improve mental health and wellbeing of citizens

Areas to include	Who	HOW
Support historically excluded groups and people with expertise by experience into employment opportunities to create a workforce that represents and is better able to support the population it serves.		
Invest in a system that embraces and learns from partners and experts and is open to challenge and support as we adapt to more inclusive approaches and services.		
Invest in culturally appropriate services and embed culturally appropriate services across the system		
Create the ability to respond effectively and coherently in a co-designed manner to continual change in the social and political landscape		
Take particular care to ensure that all services are accessible to our more vulnerable citizens. This includes but is not exclusive to those who are homeless, victims of abuse or sexual violence, at risk of suicide or self-harm, living with a dual-diagnosis, veterans, students (especially around transition issues), black or minority ethnic, refugees, or within the criminal justice system		

# Enablers and 'Ways of Working':

The building blocks for achieving our goals and 'how' we work across the system is as important as what it is we are trying to achieve. Without certain enabling conditions in place we will not be able to achieve our goals. Ways of Working are central to the Greater Manchester Strategy - the diagram below illustrates those areas which are most relevant to our Mental Health and Wellbeing Strategy

