

Manchester Mental Health Promotion Strategy 2004-2010 Action Plans for 2006 to 2008

Manchester Public Health Development Service
Manchester Mental Health Joint Commissioning Executive

Introduction.

The Manchester Mental Health Promotion Strategy has been adopted by Manchester Mental Health Joint Commissioning Executive and the Local Implementation Team. The Manchester Health Inequalities Partnership who, with the Local Strategic Partnership management group, support its proposals for action across the other LSP thematic partnerships has supported it. Mental health is one of the city's seven public health priorities.

In this process, the aims in the themes for health inequalities, crime and disorder, housing and sustainable communities, the economy and employment have been agreed as priorities for action. Proposals for promoting mental health through the children, families and young people's theme are strong within their own right and this strategy seeks to make constructive links with them. Action planning in relation to the themes for transport and culture will be developed at a later date. The Manchester Mental Health Promotion Strategy has been cited as an example of good practice in a national survey by Mentality.

Action Plans

These plans outline action to implement the aims of the strategy over the next two years in the priority thematic areas for employment and health inequalities. Action plans for remaining priority areas will be produced subsequently, followed by those for non-priority areas.

These actions are those which can either be delivered by, or influenced by the Manchester Primary Care Trusts and Manchester City Council, working through Manchester Mental Health Joint Commissioning Executive, Manchester Joint Health Unit, and the Manchester Public Health Development Service. This is important since, whilst the strategy is based on a recognition that everyone needs to contribute to promoting mental health, it is impossible to detail all work in Manchester that contributes to the strategic aims.

These plans seek to

- Assess the working capacity available or required to deliver them.
- Bring strategic aims into line with revised strategic landscape, especially the new Manchester Community Strategy for 2006-2015, new (white

paper) proposals for community health services and the forthcoming Manchester mental health commissioning strategy.

- Clarify their relationship to the development of improved mental health services in the city.
- Propose indicators for successful implementation where possible.

Plan 1.

Developing the Manchester Mental Health Promotion Strategy

1.1 Increase Capacity to Deliver Strategic Aims

The delivery of the aims agreed for the strategy depends on working capacity. Although the strategy's tactic is to encourage action in all organisations, it is clear that this will not make progress without agents to forge partnerships, inform action and guide and support delivery.

Since the introduction of the strategy, such specialist working capacity has increased with key development posts in Primary Care Mental Health Services in Central and South Manchester and in Manchester Public Health Development Service.

Action Maintain existing development and delivery capacity and identify key areas for additional capacity to deliver in other thematic areas of the strategy.

Time Continuous

1.2 Support Manchester's Community Strategy for 2006-2015

The Mental Health Promotion Strategy is designed to operate within the structures of the Community Strategy. This has proved to be a valuable structure for increasing partnership collaboration. The Local Area Agreement (LAA) will be a part of the Manchester Community Strategy for 2006-15. This is an agreement between the City Council, its partners and the Government on the delivery of improvement within three main "spines". These are:

- Reaching full potential in education and employment.
- Individual and collective self esteem and mutual respect.
- Neighbourhoods of choice.

Clearly, improving the mental health of the people in Manchester has the potential to contribute to all of these aspirations for the city. The Mental Health Promotion Strategy will also prove significant in contributing to the delivery of priority health improvements under the LAA. These are

- Healthier communities and older people
- Employment and income for health
- Reduce smoking
- Improve diet
- Reduce alcohol harm

- Deliver the health trainers scheme

Action Indicate and measure, where possible, the inter relationship between the aims of the community strategy and action to improve mental health.

Time New Community Strategy from end March 2006.

1.3 Manchester's Joint Mental Health Commissioning Strategy

The Mental Health Promotion Strategy will be a key element underpinning the Commissioning Strategy at its Tier 0 and at key points throughout the other tiers.

Actions Ensure that the links between these strategies, and the implications for commissioning activity, are clear.

Plan inclusion of mental health promotion activity into commissioning contracts for mainstream services where appropriate.

Assess voluntary sector contribution to mental health promotion activity in review of commissioning/mental health grant.

Time Joint Commissioning Strategy from April 2006.

1.4 Links to Developing Specialist Mental Health Services.

The Mental Health Promotion Strategy will provide important areas of work that relate to planned developments in secondary mental health services. Links to mental health services in primary care are dealt with in action plans for health inequalities, below.

Action The Manchester Mental Health and Social Care Trust board support the Mental Health Promotion Strategy and subsequent action plans.

Action plans specify action by the Trust or partnership work with the Trust.

Time April-May 2006

1.5 City Wide Strategy Group

A city wide group, representing the NHS, the City Council and the Voluntary Sector will be formed to monitor and support the implementation of the strategy.

Action Convene group

Time February 2006.

1.6 Evaluation of Strategy Implementation and Impact

Actions Delivery of report on implementation and impact of the Mental Health Promotion Strategy, including guidance on indicators for future monitoring.

Be advised by proposed two day consultation on strategy development by Mentality

Time March 2007

1.7 Provide action plans for remaining thematic areas in the Strategy.

Crime and Disorder.

Time April 2006

Children, young people and families. Clarify links between Mental Health Promotion Strategy and Children and Young People's Plan.

Time April 2006

Housing and sustainable communities.

Time October 2006

Culture.

Time January 2007

Transport.

Time January 2007

Plan 2.
Tackling Health Inequalities (Theme 5 in Strategy)

The Mental Health Promotion Strategy is well placed to support the key directions of national policy in health and social care

- Better prevention services with earlier intervention
 - Give people more choice and a louder voice
 - Tackle health inequalities and improve access to community services
 - More support for people with long term needs
- (Our health, our care, our say. Jan 2006)*

The following action is intended to meet the aims of this theme of the strategy

2.1 Support the development of mental health services in primary care.

Mental health promotion specialists are now attached to each of the city's three primary care mental health teams. They aim to support service development by

- Actions Developing a range of patient options at the earliest rung of the stepped care model for the treatment of common mental health problems.
- Supporting primary care staff, to be able to offer patient options, through training, the provision of information and resources and liaison with alternative sources of support
- Developing liaison and partnerships with other organisations and communities to improve access to primary mental health services.
- Supporting primary care services to address the needs of communities and individuals with least access, e.g. black and ethnic communities, young people.
- Time** Current and continuous.

2.2 Develop a range of means by which people may better manage their own mental health

- Actions Publish and disseminate information and literature to support self-help for individuals

Develop partnership with Manchester Libraries and Information Service to promote public libraries as a first contact point for information for mental health

Promote the “Recovery Model” for greater service user control of personal mental health services and self development.

Support the development of self help group activity

Time Current and continuous.

2.3 Improve the physical health of people with mental ill health.

Actions Develop a city wide strategy to promote physical health of people with mental health problems, linking with range of other city health strategies.

Time April 2006

Pilot and evaluate health promoting interventions in a range of settings targeting people with mental ill health.

Implement Choosing Health “well being” programmes for and ensure mental health is a strong theme across other priority areas.

Support implementation of health trainers scheme, particularly in engaging with people with mental ill health.

Provide information and options for people with mental ill health to gain access to advice and support in health improvement. Ensure that such options are presented alongside mental health interventions in primary and secondary care.

Support action to reduce inappropriate benzodiazepine use.

Time Current and continuous.

2.4 Improve the mental health of people with chronic illnesses.

Actions Develop expertise and partnership through primary care based specialist in South Manchester PCT.

Create strategic and operational links with aspects of chronic disease management and older people’s services.

Time Current and continuous

Inform mental health needs assessment for this group.

Time Report by May 2006

2.4 Improve mental health awareness and access to mental health support for groups of people excluded or alienated.

Actions Introduce Community Development Worker service for black and ethnic minority communities

Time April 2006

Conduct brief mental health equity audit for North Manchester's black and ethnic minority communities

Time October 2006

Support Delivering Inclusion Network (DIN) to demonstrate improvements in access to support for young people, refugees and asylum seekers, people whose main language is not English.

Time First evaluation report March 2006, second report March 2007

Continue and develop mental health promotion pilot for young men (age 15-35).

Time First evaluation report March 2006, second report March 2007

Improve mental health awareness and access to support for people in the criminal justice/anti social behaviour system (*see link with action plan, crime and disorder*).

Deliver an information campaign for older people's mental health during 2006.

2.5 Increase public and organisational awareness of mental ill health in order to reduce stigma, develop self awareness and promote alternative sources of support.

Actions Provide a programme of mental health training and offer tailored training to organisations

Support individuals and organisations in promoting mental health through provision of advice and resources

Co-ordinate 2007 and 2008 World Mental Health Day campaigns

Time Current and continuous.

2.6 Plan a programme of mental health promotion interventions for people who have problems with alcohol use.

Time Plan by July 2006

**Plan 3.
Employment, Training and Health at Work. (Theme 1 in Strategy)**

Action within this theme has been focused on supporting the mental health element in Manchester's Employment for Health Strategic Framework (2005-8) and accompanying action plans (2005-7). This framework is linked to the Manchester Employment Plan through the Employment for Health subgroup. For the purposes of the Manchester Mental Health Promotion Strategy, the Employment for Health Framework covers employment opportunities for people with mental ill health, health at work and the responsibilities of the local public sector as "exemplar" employers.

These are the directly relevant elements of the Employment for Health Action Plans.

3.1 To improve services to reflect the needs of disadvantaged communities to access meaningful employment.

Actions Support the co-ordination, development and implementation of the Pathways to Work programme and the associated Condition Management Programme.

Ensure delivery of effective mental health training across the employment support / workless-ness sector.

Training needs analysis on workplace adaptation and phased return to work for public sector staff.

Identify sustainable future options for the Moving On service, and develop closer links to primary care.

Develop an effective job retention service for people with mental health problems.

Time In line with the Employment for Health Strategy

3.2 To improve the communication process and information exchange between organisations and individuals involved in the development and/or use of employment services for disadvantaged communities.

Actions Develop a robust cross referral mechanism for public sector recruitment that simplifies access and eligibility to the range of provision across the city.

Develop further the Employment for Health group to ensure it continues to act as a mechanism for sharing good practice, strategic planning and a forum for troubleshooting.

1. Ensure that monitoring systems are in place in all projects to ensure that clients' progress and development is tracked in a consistent way.
2. Ensure that all projects are evaluated and that learning is shared across the partnership.

Time In line with the Employment for Health Strategy

3.3 To involve employers and employment agencies in the development of employment schemes targeting disadvantaged communities.

Actions Support the development of social enterprises established to support people from worklessness, due to illness, disabilities or mental health problems, into meaningful employment.

Time Continuous and ongoing

3.4 Workplace Health

Actions Support and co-ordinate the sharing of good practice on workplace health and vocational rehabilitation with the public sector acting as "exemplar employers".

Time Continuous and ongoing

For further information, contact

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