

## WMCA Board Meeting

<b>Date</b>	10 November 2017
<b>Report title</b>	Global Thrive Network (I-Circle Event)
<b>Portfolio Lead</b>	Councillor Bob Sleigh - Wellbeing and HS2
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<b>Report to be/has been considered by</b>	WMCA Wellbeing Board - 6 October 2017 WMCA Programme Board - 27 October 2017

**Recommendation(s) for action or decision:**

**The WMCA Board is recommended to agree:**

1. That the West Midlands Combined Authority should continue international collaboration with other City Regions that are engaged in whole system transformation to improve the mental health and wellbeing of their citizens, and supports efforts to establish a thriving virtual network to share evidence, learning and ideas.
2. That the West Midlands Combined Authority should send representation to the event in Stockholm in 2018.
3. That the West Midlands Combined Authority should seek to host a joint event with London in 2018 or 2019.

## **1.0 Purpose**

- 1.1 This report has been produced to share the key learning points from the I-Circle (International City & Urban Regional Collaborative, Supporting Mental Health and Wellbeing to Enable Citizens to Thrive) conference attended by Sarah Norman, Chief Executive Dudley Metropolitan Borough Council on behalf of WMCA and consider how WMCA might continue collaboration with other city regions over Thrive objectives in the future.

## **2.0 Background**

- 2.1 The Thrive West Midlands Action Plan included a commitment to be part of the global network of Thrive Cities that are committed to whole system wellbeing transformation to improve mental health. As part of this collaboration Sarah Norman & Norman Lamb were invited to attend the I-Circle Conference in Philadelphia and New York in September to share the work of the Mental Health Commission and our Thrive West Midlands plan and to hear about work in other city regions including Philadelphia and New York. In the event critical votes in Parliament meant that Norman Lamb was not able to attend. However Sarah Norman did attend to represent WMCA.
- 2.2 Other city regions represented at the conference included Philadelphia, New York and Pittsburg in the USA, London, Christchurch in New Zealand, Sydney, Glasgow, Dublin, Stockholm in Sweden and Ontario & Toronto in Canada. There were also representatives from the Mental Health Foundation, Mental Health First Aid, the World Health Organisation, Black Thrive and CitiesRISE (a mental health collaborative between Seattle, San Francisco, Bogota, Bangalore, Nairobi and Chennai).

## **3.0 Wider WMCA Implications**

The key learning from the event is broken down into key themes that may have linkages to other workstreams of the WMCA as below:

### **3.1 Employers and Employee wellbeing**

In Stockholm their work has a strong focus on initiatives to improve employee wellbeing. They have funded this through social impact bonds with the pay back coming from reductions in absenteeism. However they were very interested in our plans to pilot a wellbeing fiscal incentive. We have agreed to exchange our approaches.

- 3.2 In London the City Mental Health Alliance <http://citymha.org.uk/> has been established with key employers in the City of London. It is funded through a membership model and seeks to raise awareness and address mental health stigma and share best practice and benchmarking information to support employee wellbeing. A linked initiative is the “This is Me” campaign where a number of employees from City institutions talk on You Tube about their own mental health difficulties [https://www.youtube.com/watch?v=b7\\_4S3J\\_3VA](https://www.youtube.com/watch?v=b7_4S3J_3VA)

- 3.3 In Dublin they have had to deal with the mental health consequences of economic collapse. International evidence shows that for every 1% increase in unemployment there is a 0.7% increase in self harm. Conversely this also illustrates the mental wellbeing benefits that addressing unemployment can bring

- 3.4 Although the New York’s Programme Thrive NYC is spending £850m and includes 54 different initiatives none are focussed on employment or employers and they are very interested in the outcome of our work in these areas

### 3.5 **Criminal Justice & Substance Misuse**

Philadelphia, like many US cities, is suffering from an “epidemic in opioid addiction” and has developed specific programmes to address this. Whilst opioid addiction is more of a US phenomenon than a West Midlands problem there are parallels here with some of our own substance misuse challenges.

3.6 Philadelphia has established a Stepping Up programme in its prisons to pilot recovery evidenced based treatments such as CBT to both reduce offending and improve prisoner behaviour. Here in Britain it is very difficult for prisoners to access therapies like CBT which means we may be missing opportunities to address mental health issues that may be the basis of an individual’s offending behaviour. Philadelphia has also established a “Forensic Task Force” in the city which has been pivotal to building trust to support collaboration

3.7 The US government has a programme to encourage “Drug Free Communities”. <http://www.cadca.org/drug-free-communities-dfc-program> These are very local communities (ward sized) that have established a grass roots ambition and action plan to become drug free and which in return receive \$125,000 / year for 5 years. Philadelphia has proactively supported communities to become part of the programme and see it as a very successful way to engage with local communities on substance misuse. Information on this programme and a contact in Philadelphia have been shared with the PCCs office in response to his recent call for evidence.

3.8 The Mental Health Foundation are piloting a mental health self management programme in Parc Prison. This is very relevant to the pilot we are developing with Featherstone prison and we have agreed to exchange more information about what we are doing and share learning

3.9 Philadelphia runs a huge Mural Arts Programme <https://www.muralarts.org/> which has created more than 4,000 murals in the city over the last 30 years. The programme has been used as a vehicle to engage with communities on mental health and to improve the urban environment but has also been an integral part of work with offenders and recovering addicts. This has included prison programmes and work with victims and it has collected lots of evidence of the impact on reoffending and drug recovery. Requested by and designed with communities, the murals have remained virtually graffiti free. The programme also creates lots of employment for young artists. It costs £9m / year to run but much of that is commissioned as part of drug recovery and restorative justice programmes and raised through sponsorship and donations. It also gets substantial income from and from running mural art tours! Information on this programme and a contact in Philadelphia have been shared with the PCCs office in response to his recent call for evidence.

3.10 Network of Neighbours Responding to Violence in Philadelphia <http://dbhids.org/networkofneighbors> is a neighbor driven network of Philadelphians who are called on to support communities after violent, often traumatic incidents. Philadelphia has one of the highest rates of violence in the US which fortunately is not mirrored in the West Midlands. However this approach could be relevant in some of most disadvantaged communities and is an interesting community response to minimising the impact of Adverse Childhood Experiences.

### 3.11 **Public Health**

Philadelphia has developed a community based mental health screening programme called “Check up from the Neck Up” <http://healthymindsphilly.org/en/screening> which uses online, community and kiosk approaches to delivering screening services and has found that it has helped people to understand the need for proactive self care in maintaining positive mental health as well as identifying people in need before they are in crisis.

3.12 The initiative 100 Million Healthier Lives <https://www.100mlives.org/> was originated in Philadelphia. Led by the Institute for Healthcare Improvement it aims to innovate and drive improvement to create measurable improvement in health, wellbeing and equity and has set a deliberately audacious goal of 100 million people living healthier lives by 2020.

3.13 Pittsburg and Glasgow have established a partnership focussed on tackling suicide, drug addiction and liver disease caused by alcohol as the so called “diseases of despair”. Glasgow has developed an “Evaluation Game Tool” to engage with communities on what is needed to achieve change.

3.14 New York have established NYC Well which provides a crisis counselling, peer support, information and referral service via telephone, text and online chat. In its first year of operation it dealt with over 225,000 contacts. It has a back end connection to 911 where urgent assistance is required and uses a “warm hand off” approach when making referrals. New York have invested £12m a year in this service. It is based on the principle that intervening early will reduce the need for more costly services later but it is too early to evaluate whether it has had that impact.

### 3.15 **Community Awareness & Engagement**

All of the city regions represented at I-Circle have developed Mental Health First Aid programmes to increase mental health awareness and develop the skills and confidence of people in dealing with people in mental distress. New York City (population 8.5m) has committed to train 250,000 people in Mental Health First Aid, compared with our even more ambitious commitment to train 500,000 over the next 10 years. This was an area where they were keen to learn from us as working with Mental Health First Aid England we are developing a flexible model which provides different levels of training for people in different circumstances.

3.16 Sydney holds an annual “Big Anxiety Festival” <https://www.thebiganxiety.org/> to bring together artists, scientists, communities and professionals to raise awareness, tackle stigma and spark action to improve mental health

3.17 Thrive London has ran a poster campaign on the London Underground in July which they believe has been very successful in raising awareness and tackling stigma

3.18 New York is utilising the Friendship Bench model which originated in Zimbabwe where brightly coloured benches (bright orange in New York) are used with trained peers as a resource for drop in community support. This is a new initiative in New York and has not been fully evaluated yet and it would also be a challenge to adopt in the British weather! However there are some similarities with the model of Problem Solving Booths that London Thrive is testing which may be a model better suited to our climate!

3.19 New York have also run a “Weekend of Faith” to engage faith leaders. This included getting faith leaders to commit to pledging that they will get 25% of their congregation trained in Mental Health First Aid

3.20 Christchurch have established an extensive programme to foster wellness within communities <https://allright.org.nz/>

### 3.21 **Equalities**

Both Toronto and Philadelphia have invested in adapting the model for delivering psychological therapies to make them more fit for purpose for different populations. This has included developing more diversity amongst providers and incorporating “cultural competency” into the evaluation of providers requiring them to show how they are orientated to the needs of different communities. Both cities have found that this has significantly improved outcomes for minority communities. Links to this work will be shared with our Thrive Network of Equalities Champions to consider the need for similar adaption of psychological therapies in the West Midlands

3.22 Black Thrive has been established in Lambeth in London to achieve equality in mental health outcomes <https://www.blackthrive.org.uk/> and is grappling with the disproportionate numbers of individuals from BME communities detained under the mental health act. The Mental Health Commission identified that this is also an issue in the West Midlands and there is potential to do some joint work to achieve some high profile, tangible progress in this important area. Given the demographics of the West Midlands Black Thrive are also keen to work with us on other areas of possible collaboration.

### 3.23 **Children & Young People**

Work in Philadelphia has identified that many people who have substance misuse problems as adults suffered trauma early in their lives. As a result they have established PACTS (The Philadelphia Alliance for Child Trauma services). This could be very relevant to our work on addressing Adverse Childhood Experiences

### 3.24 **Disaster Recovery**

Much of Christchurch’s work has been focussed on dealing with the consequences of the major earthquakes Christchurch suffered 7 years ago which mean that a large part of the city is still uninhabitable. Mental health has proved to be one of the major recovery challenges with enormous increases in demand for both child and adult mental health services. As a result they have become real experts in developing mental health services as part of disaster recovery plans. London Thrive was very keen to learn from this work in the context of Grenfell and there may also be learning for the West Midlands Recovery Plan Review which the Chief Fire Officer is leading

### 3.25 **Approaches to Transformation**

As well as learning about particular initiatives and approaches which may be applicable in the West Midlands it was also helpful to reflect on the approaches different places are using to drive change more generally. The one thing we all had in common was a refusal to accept that the status quo for people with mental health difficulties is good enough and a driving ambition to make a real difference and this is something that we need to make sure Thrive West Midlands hold onto.

- 3.26 At the heart of Thrive NYC Programme is the concept of “exploding the work” which is about transforming where the work is done (channel shift), who the work is done by (skilling up other professionals, faith leaders, trade unions, youth workers etc) and addressing the need by tackling the wider determinants of health. Whilst the term “exploding” feels a little violent it does reflect the scale of the transformation that Thrive NYC are trying to achieve
- 3.27 All of the cities identified innovation as a fundamental component of system change and improvement. Both Philadelphia and New York have established “Innovation Labs” as a systematic way to encourage, facilitate and evaluate innovation and then scale up “to make the new normal”. Philadelphia uses “rally cries” to drive change in a system with a focus on a different aspect of change every 6 months.
- 3.28 Thrive NYC has also establishing “learning collaborative”, networks of organisations and individuals working on the same problem to share data and coaches and accelerate change. To date two have been established, one looking at parental stress and improving outcomes for 0-3 year olds and one to tackle maternal depression with the aim of screening all pre and post natal women in New York, connecting to care and improving outcomes. Four more will be established in other areas in due course
- 3.29 All of these approaches could be useful to our public service reform agenda as well as to the detailed work we are doing in Thrive
- 3.30 **Co – production and utilising lived experience**  
All city regions have strived to involve people with lived experience of mental health in the governance and development of their programmes. Here in the West Midlands we have done this through the involvement of Steve Gilbert (a Serious Mental Illness Lived Experience Consultant) as a member of the Mental Health Commission and the involvement of the Citizen’s Jury, now known as the West Midlands Cooperative. Learning from elsewhere was that if we are to fully utilise people with lived experience in our work this will from time to time create tensions and challenges and we should welcome these as an opportunity to test our own thinking and approaches

#### **4.0 Future Progress**

- 4.1 All the Cities represented agreed to establish a framework for future collaboration. This will be based on a set of principles including and will be based on establishing virtual ways of sharing evidence and ideas as well as future international events. Virtual sharing has already commenced and our Implementation Director Sean Russell is signed up to the network. The next event is in Stockholm at the end of May 2018 where it is recommended that WMCA should be represented both to maintain the profile of our work and deepen our international collaboration
- 4.2 There is also potential for us to work with Thrive London to host a joint event ourselves here in the UK
- 4.3 In addition to the cities that participated, New York and Philadelphia are also involved in CitiesThrive which is an initiative to develop 200 Thrive Cities across the US and this will also be linked in as we take things forward

## **5.0 Financial implications**

5.1 The cost of attending the events in Philadelphia and New York in September was approximately £2.5k and was funded through the 2017/18 Mental Health budget. Funding for any upcoming events in either 2018 or 2019 would need to be included within future budget bids.

## **6.0 Legal implications**

6.1 No legal implications at this stage. As this project progresses legal will ensure the correct agreements are entered into.

## **7.0 Equalities implications**

7.1 Opportunity to explore collaborative work with Black Thrive in Lambeth and the Mental Health Commission on equality in mental health outcomes for BME communities. Thrive Network of Equality Champions to consider adaption of psychological therapies for different communities in the West Midlands.

## **8.0 Other implications**

8.1 No other implications at this stage

## **9.0 Schedule of background papers**

9.1 No background papers

## **10.0 Appendices**

No appendices