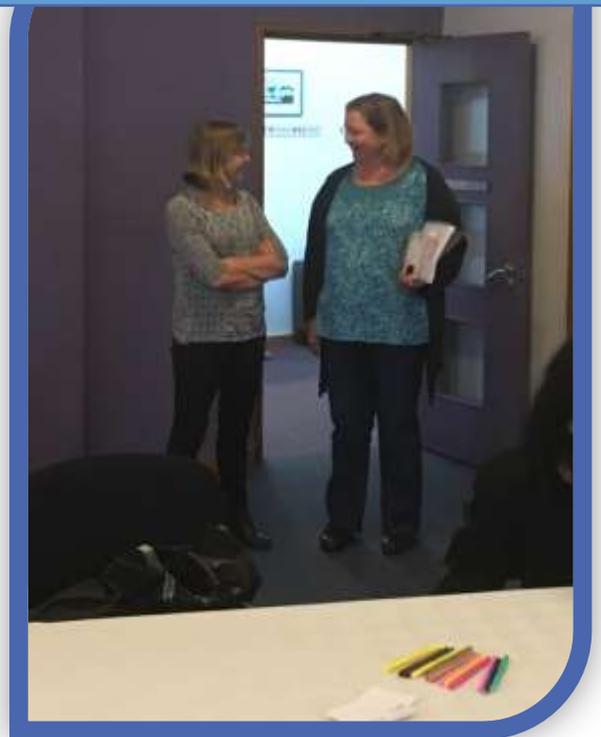


Thrive Community



In partnership with:

**Dundry View Health
Sub Group**

July 2018.

Author: Kate Cooke, Advanced
Health Improvement
Practitioner
Public Health, Bristol City
Council.

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1. Introduction

This report will detail the work on mental health in the Hartcliffe and Withywood area over the 2017-18 period which became part of the wider Bristol Thrive programme.

Thrive Bristol is a programme which seeks to improve the mental health and wellbeing of everyone in Bristol. It covers all ages and considers mental health in its broadest sense, with initiatives to improve the whole population's wellbeing to interventions for people experiencing mental illness. Thrive recognises that some groups have greater and different needs than others and would like to learn from the community approaches used in Hartcliffe and Withwood to inform its future work.

We will look at the background to this work and the organisations involved and reflect on the success of the approach.

Further, we will briefly cover reflections and recommendations including which other areas of Bristol could benefit from a Thrive Community approach.

The report is intended for use by those taking Thrive forward in the future as a guide to how the community approach in BS13 may be continued and how it may be developed in other areas.



2. History, Background and Context

The Hartcliffe and Withywood estates were built as post war council housing on what was at the time the edge of Bristol (Bedow 2002).

The area is variously referred to in this document as:

- Dundry View
- BS13
- Hartcliffe and Withywood

The area still retains a higher than average council housing tenure and the 2011 census showed that 52.4% of homes are social housing compared to the Bristol average of 20.3%.

The Hartcliffe and Withywood Statistical ward profile 2017 reveals a number of inequalities and disadvantages experienced by the local population which are relevant to mental health.

The Quality of Life Survey 2015-16 showed that only 69% of respondents have medium or high life satisfaction compared to the Bristol average of 74% and only 76% of respondents (the lowest in the city) said their health has been good/fairly good in the last 12 months compared to 88% as the Bristol average.

The percentage of respondents who feel they belong to a Neighbourhood is much lower than the city average (49% vs. 62%) and far lower numbers feel safe when outside after dark locally (45% vs. 70%).

There are also higher than city average levels of limiting long term-illness, health problem or disability (42% vs. 24%) and a higher percentage of local people say their disability prevents them from leaving their house when they want to (17% vs. 6%)

It is important to acknowledge the work already undertaken in the area on mental health and particularly the Positive Minds Service within Hartcliffe Health and Environment Action Group (HHEAG).

Positive Minds emerged out of the Healthy Lifestyle Network (HLN) 9 years ago (2009). The HLN was a working group of residents, services and community development and public health workers which came together partly through structures needed to fulfil the requirements of Single Regeneration Budget (SRB5) and Neighbourhood Renewal funding streams. The network acknowledged the need for work to reduce social isolation and improve mental health locally and following input from a consultant the social prescribing model was adopted and the project was set up with one support worker in post. In June 2009 the first clients were seen and since this time the Positive Minds project moved from Hartcliffe and Withywood Community Partnership (HWCP) to HHEAG.

Positive Minds takes a holistic approach to the social prescribing model looking at basic needs and resourcing to build a solid foundation to help people to move towards their goals. Over the last 9 years a large proportion of the referrals have been individuals who have had adverse childhood experiences (ACE'S), experienced domestic abuse or similarly overwhelming experiences. As a result the service has developed a trauma informed approach to working and offers psychoeducational support to clients to help them understand the root of some of their anxiety, depression, relational experiences and from that develop healthy coping strategies.

In addition to this specific service, the area has a very active group of Public Health workers, Community Development workers and local charities and services who promote joint working, community building and health and wellbeing through the Dundry View Health Sub group (DVHSG).

The DVHSG had identified Mental Health as an issue locally and the need to have a coordinated approach including preventative measures and developing healthy coping mechanisms.

At this time Community Access Support Services (CASS) and Assertive Contact and Engagement (ACE) from St Mungo's were commissioned to provide mental health support services locally. In addition a number of organisations were working to help local people to access services relevant to mental health and reducing social isolation and this necessitated working together to understand what was available locally and avoid duplication.

A group came together in the area to look at mental health work in 2017 to respond to this need and CASS held an event at the Rose Green centre for city wide partners in July of that year. The event was an opportunity for community, equality, voluntary and faith groups to find out about health services in Bristol and be involved in shaping strategy as well as providing networking opportunities. This was also when the concept of Thrive was first introduced and a number of local BS13 organisations were at this event.

3. Key planning, scoping and engagement work

Permission was sought from the Dundry View Health Subgroup meeting in July 2017 to be the pilot area for Bristol's Community Thrive model and this was agreed. A further meeting of stakeholders was arranged in August at the local Withywood Centre to gain further understanding of Thrive and how this may further benefit local work.

Represented at this meeting were:

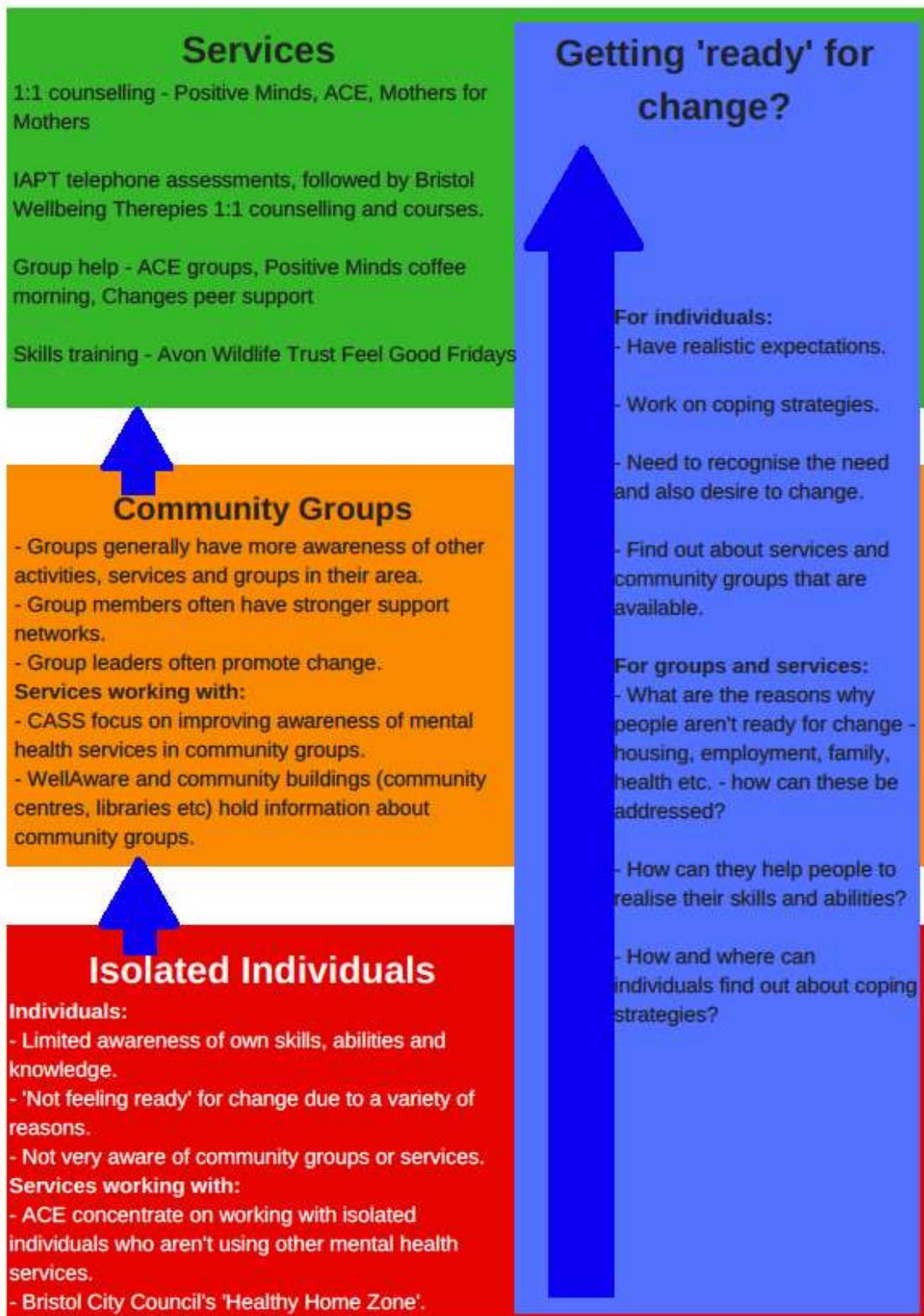
- St Mungo's Assertive Contact and Engagement Service (ACE)
- Hartcliffe Health and Environment Action Group (HHEAG)
- Changes
- Community Access Support Service (CASS)
- The local Public Health Team
- Public Health Mental Health and Social Inclusion Team

A diagram was presented at this meeting which captured previous discussions and identified key areas (see page 6). There was also a scoping exercise to identify what services and support were available in the local area.

The following were identified:

- Positive Minds coffee morning
- Changes
- Off the Record
- Wellbeing therapies through GP
- Stress Management
- Mental Health drop in (ACE)
- Out and About peer support
- Children's Centres
- Specialist mental health nurse
- Schools (using Jigsaw, Thrive etc)
- Mindfulness sessions
- Wellbeing course for carers
- Feel good Fridays
- Hartcliffe Carers' Group
- Positive Minds
- Good Foods for Good Moods (cooking course)
- Mothers for Mothers
- Bishopsworth Children's Centre, wellbeing group
- Books on prescription (Libraries)

Attendees decided that the next step would be to hold a public meeting to engage local people in a conversation about mental health and how Thrive may help. This was organised for October at a local venue.



3.1 Event 19th October 2017

Mental Wellbeing in Hartcliffe and Withywood

We know mental health and wellbeing is affected by many aspects of life such as housing, health and employment.

If you live or work in the area of **Hartcliffe** or **Withywood** we would like to invite you to a meeting about how we can **work with others to improve mental wellbeing** on Thursday 19th October, 13:30-16:00 at the Gatehouse Centre, Hareclive Rd, Bristol BS13 9JN.

If you would like to come along to the meeting or have any questions please contact **Lynn Parfitt**:
lynn.parfitt@bristol.gov.uk
Tel. 07810506918



The purpose of this event was:

- To understand what is working to improve mental wellbeing in the community, and to start to identify what we could do to build on what is good (& acknowledge gaps)
- To build good networks to enable us to work better together in this area

This event attracted around 50 people including local residents and workers. The good attendance was achieved with the help of local contacts and significant effort from the Community Public Health team including knocking on doors and supporting people to attend e.g. those with anxiety and other mental health challenges.

Although the event was not intended to cover service provision, it was anticipated that this was likely to be raised. A Healthwatch worker was in attendance to gather any feedback of this type to use this opportunity effectively and ensure that concerns raised were fed back to service providers.



The event revolved around facilitated conversations in small groups at tables and these were recorded on paper tablecloths and later grouped in to themes for analysis.

Table facilitators supported attendees to capture their thoughts and ideas and worked hard to ensure that everyone had a voice.

Discussions were facilitated around the following questions:

- What is mental wellbeing/ how does it feel?
- What helps people to look after their mental wellbeing in this area?
- What gets in the way of people being able to look after their wellbeing in this area?

From this activity a number of themes were identified.

3.2 Themes Identified

Access to knowledge, information and services

Attendees talked about the need for local people to be able to access both information and services to keep themselves and loved ones mentally safe and well. The local Wham magazine was mentioned as a source of information for community groups which could offer support. The need for training for local people in mental health issues was raised as well as websites and social media as sources of information.

Service provision

Links between different agencies and support services was highlighted as important in order to avoid duplication and best support local people. People may present with mental health need at an organisation or service which is not directly responsible for mental health treatment e.g. the job centre. There is a need to engage such services in the mental health work to equip staff to best support these individuals.

Barriers

The context of reduced services and provision was raised as a barrier to good mental health for local people as well as feeling geographically isolated from services with lack of transport raised as an issue.

Fear and anxiety as well as rising issues with hate crime were articulated as reasons why people may not be able to go out and get the help they need.

Local Children and Young People's mental health

There was mention of Hareclive school starting to work towards the Mental Health and Wellbeing badge and the need to do more work with parents.

More holiday activities were felt to be needed and information for children and young people. Kooth was mentioned as a useful website: <https://kooth.com/>

Building Community Capacity

It was felt there are a number of possible routes for support within the community to build confidence and aspiration and offer peer support. Church groups, coffee mornings and parent and toddler groups were mentioned as possible sources of support to provide opportunities to chat and be listened to without judgement.

A need to reduce the stigma of mental health and support champions in the community to support people was raised.

Keeping mentally well – what helps and what makes it worse

The groups were able to identify a number of different ways to help keep themselves mentally well or to help them cope when they were not as well.

These included the relationship between physical and mental health and how important eating healthily, staying hydrated and exercise are. As well as reflecting the difficulty with staying mentally well when we are experiencing ongoing physical pain.

Feeling connected to other people and having supportive and healthy relationships was felt to be important and this linked in to having people around to support when you are not well e.g. to check on you if you cannot leave the house and offer to get shopping.

Keeping your brain active and being engaged with the local community and wider society was also mentioned and feeling you can offer something and be valued.

Accessing nature and staying active was felt to help mental wellbeing as well as being able to take time for yourself and relaxation.



4. Key Pieces of work undertaken

Following on from the October event, the following pieces of work were developed to respond to the issues and solutions suggested:

1. Mental Health first Aid training
2. Increase in the number of local schools working towards the Mental Health and Wellbeing badge
3. Sharing Information through websites and leaflets
4. Time to Talk and follow on activities
5. Ongoing networking and connections

4.1. Mental Health First Aid Training

In response to the need for training for local people in mental health issues which was expressed at the community meeting, it was decided to run a Mental Health First Aid course at a local venue.

Mental Health First Aid (MHFA) is 2 day mental health awareness course, which helps attendees to develop:

- An in depth understanding of mental health and the factors that can affect wellbeing
- Practical skills to spot the triggers and signs of mental health issues
- Confidence to step in, reassure and support a person in distress
- Enhanced interpersonal skills such as non-judgemental listening
- Knowledge to help someone recover their health by guiding them to further support - whether that's self-help resources, through their employer, the NHS, or a mix

MHFA is a core element of the wider Thrive Bristol work to create a mentally literate city and is evaluated in more detail as part of this.

The course was run at the Gatehouse Centre, Withywood on 7th and 8th of March 2018. 15 people signed up for the course with 10 (67%) completing.

Those recruited to the course included 6 residents and one local health champion as well as professionals from ACE, Bristol Community Links and Social Care Practitioners.

The following week a further Mental Health First Aid course was delivered via Bristol City Council's Employment and Skills Team also at The Gatehouse Centre. This training was offered to employment support providers and employers that offer work placements to young unemployed people.

16 members of staff from the following South Bristol organisations attended this training:

Hawkspring x 2 workers

Stockwood Free Church x 1 worker

Hartcliffe and Witherwood Ventures (HWV) x 7 workers

The Park x 1 worker

Knowle West Media Centre x 2 workers

Bristol City Council (Local Health Improvement Practitioner) x1 worker

Work Zone x 2 workers

In total across the two training courses, 26 individuals completed the Mental Health First Aid Training.

4.2. Increase in the number of local schools working towards the Mental Health and Wellbeing badge



The Bristol Healthy Schools Team provide support for schools to work towards a number of badges to help improve the health of pupils and the wider school community.

Further information on the Mental Health and Wellbeing Badge can be found here:

<https://www.bristol.gov.uk/web/bristol-healthy-schools/our-badges-and-awards/mental-health-and-wellbeing-badge>

The badge was designed to adopt a whole school approach to improving mental health and wellbeing and is based on best practice guidance from Public Health England and the National Institute for Clinical Excellence (NICE).

Working towards the badge helps a school to improve the mental health and wellbeing of all pupils and staff and make sure there are appropriate strategies in place to support pupils most at risk.

In order to increase the uptake of the award by local BS13 schools, we did the following work:

- Presented on the emerging Thrive work, the upcoming community event and the badge at the South Bristol area Multi Agency Network (MANS) meeting on 11th October 2017. The MANS meeting are regular networking and information sharing events which are organised by Families In Focus (previously Early Help) and bring together professionals from South Bristol who work with Children and Families.
- Included information on the badge at the community event on 19th October 2017
- Communicated with colleagues in the Healthy Schools team to ask them to let local BS13 schools know about the local Thrive work and linking in to this with the badge

To date, the following six local schools are working towards or have achieved this badge:

- Fair Furlong Primary
- Hareclive E-Act Academy
- Bridge Learning Campus (primary and secondary)
- Merchants (secondary)
- Venturers Academy
- New Fosseway



Of these the following achieved the award before the end of the school year (July 2018).

Fair Furlong Primary School – Mental Health and Wellbeing Badge

Commentary from Healthy Schools:

It is clear that pupil and staff wellbeing is a high priority at Fair Furlong Primary School. There were many examples of best practice in the submission including the creation of the 'Wellbeing Warriors' whose role it is to champion mental health in school. This has given the pupils involved a strong voice and instilled confidence. Time, thought and effort has gone into ensuring break and lunchtimes, and the physical environment, support wellbeing. Plus time has gone into engaging with and supporting parents, delivering awareness raising events and embedding and delivering the Jigsaw PSHE (Personal, Social, Health Education) scheme. We were also impressed by the efforts to promote staff wellbeing, changing the culture of the school by encouraging healthy lifestyles, offering supervision to pastoral staff and opening up more conversations around wellbeing.

Hareclive E-Act Academy - Mental Health and Wellbeing Badge

Commentary from Healthy Schools:

Pupils are members of the school's health action group and therefore are actively and meaningfully involved in improving the mental health of pupils and staff in the school. There has been much work to ensure children feel safe, including remodeling the playground, providing friendship benches, having play leaders and extra staff and investing in play pods. Pupils from the school wrote the child friendly anti-bullying charter and lots of work has been done to promote the 5 ways to wellbeing to pupils, staff and parents. Jigsaw PSHE (Personal, Social, Health Education) scheme of work has been well embedded across the school ensuring high quality teaching on health, wellbeing and positive relationships. We were also impressed by the use of simple and effective strategies to help children e.g. having a worry monster in every classroom. The work to promote staff wellbeing is also great such as 'shout out' boards for staff to leave positive comments about one another, staff appreciation week and more.

Schools Mental Health Network

In addition to the Mental health and wellbeing badge, a Schools Mental Health Network has been set up in Bristol by the Healthy schools team in response to requests from schools, Bristol Public Health and the Clinical Commissioning Group. The aims of the network are:

- to share best practice guidance and strategies to improve pupil and staff mental health and wellbeing
- to signpost to and share resources
- to showcase what has worked in Bristol schools
- to signpost schools to local services and clarify referral routes

To date, the following BS13 schools have attended network meetings:

- Bridge Learning Campus
- Fair Furlong Primary
- Hareclive E-Act Academy
- Merchants Academy Primary
- St Pius X Catholic Primary School
- Venturers' Academy

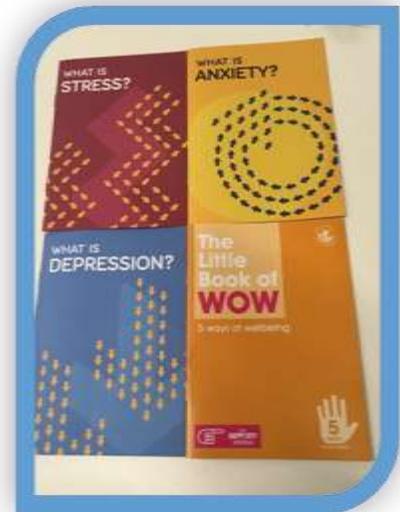
4.3 Sharing Information through websites and leaflets

To respond to calls for mental health information to be available more widely, it was felt using the local Hartcliffe and Withywood Community Partnership website would be most useful for local people and a page was developed on this for Thrive:

<https://hwcp.org.uk/thrive/>

CASS had already developed booklets on Stress, Anxiety and Depression that were designed and produced alongside Public Health and were delivered around the local area. The CASS worker replenishes these and also gives them to community groups so they can distribute to their members. The following venues were identified to hold stock of these in order for them to be available across the area:

- @Symes and HWCP
- The Withywood Centre
- The Gatehouse Centre
- HHEAG
- Mowcroft Methodist Church
- Hartcliffe Library



4.4 Time to Talk and follow on activities

Time to Talk Day was on Thursday 1st February and Health Improvement Advisors from the Community Public Health Team worked with CASS to organise an event for this. This was part of a wider initiative of tea and talk sessions across Bristol run by CASS.

Working from Hartcliffe library, some small activities were provided like the origami Time to Talk conversation starter and the leaflets previously mentioned.

Around 25 people attended and Positive Minds and Changes Bristol were also represented and able to help to start conversations about wellbeing and signpost to local services.

Inspired by this, one of the Health Improvement Advisors took this learning to a knitting group in nearby Filwood and ran a Tea and Talk mini pub quiz.

From the initial session on 1st February, attendees were keen to have regular meetings at the library and HWCP and Bristol City Council community workers were also keen to facilitate local drop in sessions as part of community engagement work.

From this, regular sessions are running at the library for local people to drop in and get free tea and coffee and talk to community workers if they want to. As this has not yet been promoted much and the previous attendees have not been back in contact, they are mainly catching people who are already coming in for example one woman gets a tea every week and takes it back to the computer she is sat at.

The conversations at these sessions are mainly about life locally and helping workers get to know people. Although they are not intended specifically as a mental health intervention the information leaflets are available and it is obvious that some individuals do have mental health issues. One man has explained he has a diagnosis of schizophrenia and another woman has anxiety and can become distraught being around lots of people. Because of this the worker visited her at home as and she was quite interested in getting involved. Currently she is being supported through the IAPT service and Positive Minds and the worker is in contact with her for when she feels ready to engage.

4.5 Ongoing Networking and Connections

Thrive Drop-ins and have been being held every two months to continue with conversations started at the engagement event in October. So far these have been held at the Witherwood Centre, Hartcliffe library and The Hub the Gate house Centre.

The Dundry View Health subgroup have also continued to meet every two months and have acted as a place for Thrive work to be reported back to and discussed.

A number of notable connections and follow on meetings have occurred as part of the work including:

- A group of 4 residents who were at the October event plan to meet to talk about setting up a peer support group for carers of people with mental health issues.
- Following on from links made at the October event, representatives from HHEAG, Hawkspring, South Bristol Advice Centre and the Community Public Health Team met in December 2017. This meeting was an attempt to create better links between South Bristol Advice service and mental health and wellbeing services locally. From this it was learnt that South Bristol Advice Service offer sessions across South Bristol focusing on debt and benefits and Hawkspring offer a whole family approach to minimising harm due to drug and alcohol use. Hawkspring and South Bristol Advice Service have many clients in common with each other. Following this meeting Fran from the service joined the Dundry View Health subgroup.
- 14th -20th May was Mental Health Awareness Week with many different events in Hartcliffe and Witherwood linking into Thrive
- The Rose Green Thrive Event in July 2017 acted as a focus event to help workers from Hartcliffe and Witherwood Ventures (HWV) to look at mental health within their services. As a result, four members of the teams working with young people attended and from this Positive Minds and HWV are better connected.

- At the October 2017 event the Positive Minds worker met Laura who is involved with the local church as well as being part of Bluesparrow apps. Subsequently the two have partnered to run a drop-in session looking at phone apps for health and wellbeing and will be looking to work together again in the future.



5. Data and recommended locations for further work

This report has so far focused on the work in the Hartcliffe and Withywood area however, we recognise that other communities have similar need, have identified issues in their areas and have been working on mental health for many years.

We have analysed data from some main sources to look at other geographical communities in Bristol who show the highest mental health need and have found that these roughly align with areas of deprivation.

The following is a very brief description of the data we looked at.

5.1 Data

We examined relevant data from the Quality and Outcomes Framework 2016-17 by GP surgery, looking at diagnosis in the aged 18+ population of:

- a) Depression
- b) Mental Health - these include diagnoses like schizophrenia, bipolar affective disorder and other psychoses

We also examined the aged 10+ population suicide data pooled for the years 2006-2015.

5.2 Depression

We identified the top 3 areas where GP surgeries with the highest diagnosis were located:

1. Southmead
2. Filwood/ Hartcliffe and Withywood (same levels)
3. Lockleaze

5.3 Mental health

We identified the top 3 areas where GP surgeries with the highest diagnosis were located:

1. Lawrence Hill/ Easton (same levels)
2. Southville
3. Ashley

5.4 Suicide data

The local data for suicide and injury of undetermined intent shows that there is no statistical difference between wards because of the low numbers being analysed.

However, there are areas where the rate per 100,000 is above the Bristol average and the following are the crude rates of death from suicide and injury of undetermined intent, Bristol wards, 10 years pooled 2006-2015 for these areas.

Hotwells & Harbourside	18.51
Eastville	18.43
Lawrence Hill	17.08
Central	16.55
St George Central	16.00
Southville	15.89
Filwood	15.56
Ashley	14.89
Stoke Bishop	14.51
Hartcliffe & Withywood	13.35
Knowle	13.27
Easton	13.22
Southmead	12.43
Cotham	11.83
Lockleaze	11.78

5.5 Recommendations

We can see from this data that there are a number of localities within Bristol where we could focus our attention for further Community Thrive work.

We would recommend an extension of the South Bristol work to explore the needs and opportunities for the populations in Filwood and Southville areas and a wider Inner City piece covering Lawrence Hill, Easton, Ashley, St George and Eastville. Further, in the North of Bristol it appears that Lockleaze and Southmead have higher levels of depression which could justify work in these areas.

These recommendations are made from looking at the mental health need local through a geographical perspective only and other lenses could be applied to identify communities of need e.g. protected characteristics like gender, ethnicity or disability. Work is also underway to look at the mental health of the local student population and to devise a suicide strategy for Bristol.

6. Conclusions and Reflections

Good mental health leads to healthier lifestyles including better physical health and lower levels of violence and crime.

Poor mental health is one of the causes of wider social and health problems including poor community cohesion, higher levels of physical ill health, premature mortality, violence, and relationship breakdown (Elliot, 2016).

We can see therefore why we should be particularly interested in ensuring any work on mental health in Bristol specifically targets populations where physical and mental health are poorer and violence levels are higher.

6.1 Guidelines applied to this work

The National Institute for Health and Care Excellence (NICE) has published guidelines on Community Engagement in health and wellbeing initiatives. These advise that we ensure local communities, community and voluntary sector organisations and statutory services work together to plan, design, develop and deliver initiatives.

The guidelines encourage the promotion of sustainable community engagement by encouraging local communities to get involved in initiatives to tackle social or economic disadvantage. This includes working with community networks and organisations, involving communities and ensuring decision-making groups include members of the local community and ensuring additional efforts are made to involve those at risk of poor health.

Making it as easy as possible for people to get involved is advised for example through setting up networks and forums and ongoing training is also suggested for community participants and local workers (NICE, 2016).

In 2015 Public Health England published a guide to community-centred approaches for health and wellbeing which indicated that there is a compelling case for a shift to more people and community centred approaches to health and wellbeing.

This document explains that in order to narrow the health gap we need to involve those most affected by inequalities. Alongside this the engagement in community life itself can support good mental health.

Using assets within communities, such as skills, knowledge and social networks is encouraged and a flow of intelligence from local communities is needed to give a full picture of what works and what is needed from their perspective.

Involving communities in assessment, design and development of solutions will ensure that any interventions are better matched with needs (PHE, 2015).

Public Health England's document "Prevention Concordat for Better Mental Health: Prevention planning resource for local areas" (2017) suggests carrying out needs and assets assessments

and effectively utilising data and intelligence to understand the key mental issues affecting local communities.

Further it advises local organisations and populations work together and that we need to ensure that high-level strategic aims to promote better mental health are translated into actions and integrated into operational plans.

6.2 Guidance into Practice

To enact these guidelines in the work we started by identifying that Hartcliffe and Withywood is one of the areas affected by inequalities in Bristol. Quantitative data on mental health was sourced and analysed and has been detailed in this report. We worked with the existing network Dundry View Health Subgroup which had already identified mental health as a priority issue locally. This group identified a number of local assets and services available and that it was important to hold a public meeting so that local people and workers were given opportunities to work together. This local discussion event was held and local residents were supported to attend with encouragement from local community workers where needed. All meetings and networking opportunities were held in the local BS13 area and these were hosted at a variety of local locations to give more opportunity for involvement.

We further developed the asset based approach by asking at the public meeting “What helps people to look after their mental wellbeing in this area?” We also asked what gets in the way of better mental health and what would help to understand local need.

We responded to the requests and suggestions made and Mental Health First Aid Training was delivered in community for local residents and workers.

The local community model is an example of how the higher level strategic aims around the Thrive model are being translated into local actions and this included linking the work being carried out by the Healthy Schools team into this locally based Thrive Model. This acknowledged the important role that the school community and network plays in the wider community.

6.3 Recommendations for further Community Thrive work in Bristol

The following bullet points briefly detail our recommendations for future work from the work so far:

- Identify communities that are affected by mental health and inequalities
- Examine available data both qualitative and quantitative
- Identify local networking groups and organisations already working with the target community
- Work with local organisations to support local residents to be involved
- Support local residents and workers to identify local assets and need
- Respond to identified need including linking in to existing city wide offers e.g. Mental Health First Aid training, Health Schools and use existing local networks to support this.

Some challenges and difficulties have been identified in order to reflect on these and strengthen future work.

The work in BS13 was initiated following the CASS Thrive event at Rose Green in July 2017 and predated Thrive Bristol. Because of this difference in timeframes it was difficult to link the local work with the concept of Thrive Bristol which was still being developed. As a result, local work in the BS13 area has not amplified the Thrive Bristol concept nor engaged and linked local people into this as well it might have done had the timelines aligned.

Whilst it was positive that two Mental Health First Aid courses were run locally, these were not coordinated with each other and this caused confusion for some people trying to book on to the course with information sent from more than one source about two separate courses with the same name and venue.

There are new staffing structures being implemented within relevant Bristol City Council departments at the time of writing. Public Health Community Teams have been absorbed into the community teams and the previous Health Improvement Practitioner and Health Improvement Advisor posts as part of a dedicated local South Bristol Team are being deleted. Individuals previously employed in these roles have played important roles in the work in the area so far.

Bristol City Council Public Health staffing structure is also changing with significant reductions in staffing proposed for implementation by the end of 2018.

The Public Health Teams were instrumental in supporting the development of this work and significant reduction in these teams mean that it is unclear how the Thrive Community work will be supported in local areas of Bristol in the future.

We hope that this report gives a better understanding of the work in the local area as well some guidance on how work in other local areas may best be carried out.



7. Relevant links and references

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Elliott, I. (June 2016) Poverty and Mental Health: A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy. London: Mental Health Foundation.

NICE. (2016). Community engagement: improving health and wellbeing and reducing health inequalities. UK

Public Health England (2015). A guide to community-centred approaches for health and wellbeing

Public Health England (2017). Prevention Concordat for Better Mental Health: Prevention planning resource for local areas

2011 censuses information:

https://www.bristol.gov.uk/en_US/statistics-census-information/census-2011

Hartcliffe and Withywood Statistical Ward Profile 2017:

<https://www.bristol.gov.uk/documents/20182/436737/Hartcliffe+and+Withywood.pdf/49d31847-00da-471c-95c8-82630662e073>

Link to ACE:

<http://www.bristolmentalhealth.org/services/assertive-engagement-service/>

Link to CASS:

<http://www.cassbristol.org/>

Link to HWCP website:

<https://hwcp.org.uk/thrive/>

“At Home on the Slopes” available at:

<https://www.acta-bristol.com/about-us/publications/>