

Improving Mental Health and Wellbeing in Portsmouth

2016 to 2021



“Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential.”¹

Foreword

by Janet Maxwell, Director of Public Health

“This strategy has invited views, comment and feedback throughout the process and has adopted a co-production approach to its development. On behalf of the Mental Health Strategy Group I would like to thank everyone who has given their time and energy to support the direction and production of this strategy, whether that has been through the consultation event, attendance at the meetings or directly to the Pledge leads. We have welcomed this contribution and have incorporated this into the final document. Where you have commented, we have listened. Without the valuable insight of those who experience mental health problems and those who care for these we would not be in the position we are today to offer this truly joined-up and pragmatic approach to improving the mental health and wellbeing of the citizens of Portsmouth.

Mental health is something that affects us all - how we think and feel about ourselves and others, how we cope with difficult situations and how we manage our lives. In Public Health we understand how widespread mental health problems are – from someone experiencing a period of depression due to a personal hardship, to an individual living with long-term psychosis. This is why improving mental health outcomes for local people remains one of our top priorities.

Stigma and discrimination often means that mental health problems are not openly talked about. However, illnesses linked to mental health account for a third of GP consultations, and research shows mental health issues are closely associated with poorer outcomes for employment, personal relationships and physical health.

We know that improving life experiences of people with mental health issues is not something that can be managed in isolation. Instead, we must work with other health and social care agencies, the voluntary sector, patients, carers and the public, to look at services needed to enable people to live stable and happier lives, where they feel supported and in control of their own mental health and recovery.

This means ensuring that mental health becomes a part of everyday conversation and is something that everybody is aware of and cares about. Whether it is a midwife supporting a mother through the birth of a child, a school nurse helping children to develop emotional literacy, or a member of our new integrated community health and social care teams. It also means making sure we remain focused on quality, safety and patient choice, sharing decisions between service users and clinicians so that people receive the responsive care they need, in the right place, at the right time.”



Dr Janet Maxwell

Director of Public Health

1. Department of Health. 2011. No health without mental health. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf p5



Scope and governance

This five-year strategy covers all aspects of mental health and wellbeing. It is on purpose aspirational. The 11 Pledges are priorities from across the life course and range from promoting good mental health to ensuring the provision of high quality integrated services for citizens with complex problems.

The strategy was developed by the Mental Health Alliance at the request of the Health and Wellbeing Board (Appendix A contains further details of the development process). The Mental Health Alliance will oversee the development of the underpinning action plan and its subsequent implementation, reporting regularly to the Health and Wellbeing Board on progress. The action plan, where possible, will build on existing work, which varies pledge by pledge.

These are hard times. People are making difficult decisions. There is no extra funding being provided to implement this strategy. It has been acknowledged throughout the process that this is about transforming the way we do things and these Pledges outline the direction of travel we need to take.

There is a real commitment to share power between all citizens and professionals in the delivery of this strategy. We realise there is still a long way to go to achieve this and co-production, which underpins all the other Pledges, is also a Pledge in its own right.



Local context

Portsmouth is a large vibrant city on the south coast. In 2015 the total population is estimated to be about 211,500 with 219,000 registered with GP practices. We are highly urbanised with 52 people per hectare, making us the most densely-populated local authority outside London.

The age profile of the city's population is typical of university cities - 16% of Portsmouth's population is aged 18 to 24 years compared to just 9% nationally. Portsmouth is a diverse city. In 2011, 16% of residents were of an ethnic group other than White British compared to 20% nationally. Younger residents have a different ethnic profile with 29% of school-age children being of non-White British ethnicity.

Overall, Portsmouth is ranked 63rd of 326 English local authorities (where 1 is the most deprived). About 26,000 Portsmouth residents live within the 10% most deprived English small areas (or Lower Super Output Areas). The city has comparatively high levels of risk factors for mental ill health such as children living in poverty, teenage conceptions, children who are carers, low educational attainment and low income². Detailed information on mental health issues in the city can be found in the Joint Strategic Needs Assessment.

<http://data.hampshirehub.net/def/concept/folders/themes/jsna/portsmouth-jsna/burden-of-ill-health-and-disability/mental-health>.

People and organisations planning and delivering health and care services in Portsmouth are developing a blueprint for health and care in Portsmouth. The model aims to join up prevention and wellbeing services, services for people with long-term conditions, and mental health and learning disabilities services amongst others. The Portsmouth Blueprint aims to bring together existing local work and will be shaped by the implementation of this strategy.

Co-production has been the theme when developing the Pledges for this strategy. Each Pledge has had its own specific development group involving the key stakeholders.

On the 24 September 2015 a public engagement event was held to ascertain the views of Portsmouth citizens. Each Pledge was laid out and each Pledge lead was present to answer any questions and receive verbal feedback. In addition, everyone was given the opportunity to express their view anonymously by giving written feedback. Views were also sought and invited from a variety of individuals and organisations. This has been incorporated into the final Pledges.

2. Public Health England. Children's and young people's mental health and wellbeing profiles. <http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#gid/1938132752/pat/6/ati/102/page/0/par/E1200008/are/E06000044> and Common mental health disorders profiles <http://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders/data#gid/8000041/pat/43/ati/102/page/0/par/X25004AD/are/E06000028> Accessed 15 May 2015

our 11 pledges

- 1 We will find ways to share more power around the planning and delivery of services with service users, carers and other interested Portsmouth residents. We call this process co-production.
- 2 We will commit to ending the stigma and discrimination faced by people around their mental health, by improving awareness and challenging attitudes and behaviour.
- 3 We will build emotionally-resilient communities to reduce the number of people going on to experience mental health problems and we will support early identification for individuals experiencing a mental health problem.
- 4 We will work to create an environment that empowers individuals to make choices that enable recovery as defined by the individual and to live the most independent and fulfilling lives possible.
- 5 We will create a culture where people using services will be supported and encouraged to improve both their mental and physical health.
- 6 We will create a culture where all services work together to improve a range of outcomes for children, young people and their families with emotional and mental health needs.
- 7 We will work together to prevent crises because of a mental health condition happening whenever possible, through intervening at an early stage and we will also improve the system of care and support so that people in crisis are kept safe.
- 8 We will aim to ensure everyone is able to find information and advice regarding memory problems and dementia, and to receive a diagnosis of dementia, as early as possible.
- 9 We will ensure that people who experience problematic mental health alongside other conditions including drug and alcohol misuse, learning difficulties and long-term physical health conditions receive help, support, treatment and care that is accessible and effective.
- 10 We will strive to reduce the number of people using self-harming behaviours as a coping strategy by supporting people to improve their resilience. We will also aim to improve the experience and outcome for those who self-harm.
- 11 We will work to reduce the number of suicides in the city and provide support for those bereaved by suicide.

pledge 1

We will find ways to share more power around the planning and delivery of services with service users, carers and other interested Portsmouth residents. We call this process co-production.

Context

The term co-production has been around since the 1970s and has more recently become a new way of describing the power-sharing that occurs as the result of working in partnership with people using services, carers, families and citizens.

In co-production, professionals and citizens share power in the planning and delivery of public services. This involves making use of each other's assets, resources and contributions to achieve better outcomes and/or improved efficiency. This power-sharing occurs at each and every stage of commissioning and service delivery:

- Co-design, including planning of services
- Co-decision making in the allocation of resources
- Co-delivery of services, including the role of volunteers in providing the service
- Co-evaluation of the service

Done well, co-production can lead to:

- Better services, meeting the needs of local residents
- The breakdown of barriers between people who use services and professionals
- The recognition and development of people's existing capabilities and skills

Actions

- We will develop and promote a shared understanding of meaningful and effective co-production
- We will work to embed co-production at every stage of commissioning and delivery of services that impact on the mental health and wellbeing of Portsmouth residents
- We will co-produce a framework for evaluating projects in terms of how closely they match the principles and values of co-production

Outcomes

- Improved services around mental health in Portsmouth, meeting the needs of Portsmouth residents more closely
- The degree of co-production involved in the development of new projects around the provision of mental health services in Portsmouth will be clear
- Portsmouth residents who get involved in co-production will report a positive experience
- There will be a positive impact on the wider community of Portsmouth

pledge 2

We will commit to ending the stigma and discrimination faced by people around their mental health, by improving awareness and challenging attitudes and behaviour.

Context

There is a huge social stigma attached to mental health, and people with mental health challenges can experience discrimination in all aspects of their lives.

National research shows nearly nine out of ten people with mental health challenges said that stigma and discrimination have a negative effect on their lives.

Time to Change is England's biggest programme to challenge mental health stigma and discrimination. Since Time to Change (www.time-to-change.org.uk) began in 2007, public attitudes towards mental health have improved. However, there is still more work to be done to end life-limiting stigma and discrimination. For example:

- A third of people would be unwilling to share a house with someone with a mental health problem
- Only 28% of people agree that women who were once patients on a mental health ward can be trusted as babysitters
- Nearly half of people said they would feel uncomfortable talking to an employer about their mental health
- A recent (2015) service user-led investigation showed that 68% of people had experienced stigma and discrimination from staff members whilst on inpatient wards across the country

Actions

- Portsmouth City Council will sign up to the Time to Change Pledge and commit to an action plan for reducing stigma and discrimination
- We will work with employers and education providers to raise awareness and challenge stigma and discrimination
- We will work with public and voluntary organisations across Portsmouth to ensure that people can access services without fear of discrimination

Outcomes

- People report less stigma and discrimination around mental health in Portsmouth
- People feel empowered to share their lived experiences around mental health and to challenge attitudes throughout their local community
- Other local organisations sign up to Time to Change

pledge 3

We will build emotionally resilient communities to reduce the number of people going on to experience mental health problems and we will support early identification for individuals experiencing a mental health problem.

Context

Mental health problems are common. In the population of Portsmouth that equates to around 52,879 people experiencing a mental health problem each year with half of all adult mental health problems present by the time the person is 14 years old.

By promoting wellbeing and building emotionally resilient communities we can reduce the number of people going on to experience a mental health problem. In addition, supporting early identification and intervention we can reduce the impact for individuals experiencing a mental health problem.

Actions

- Lobby to put and keep emotional health and wellbeing at the top of people's agendas
- Promote positive mental health through schools, further education, workplaces and communities
- Provide support, information and training to promote strategies to create individual and community emotional resilience and wellbeing
- Support businesses to be healthy workplaces
- Work to address the known factors which lead to poor mental health in the population
- Ensure mental health is at the forefront of service design, redesign and delivery
- Share what works and support others to take action

Outcomes

Fewer people will develop mental health problems. We will see this through:

- Increased school attendance and academic progress
- Businesses reporting fewer work days lost to sickness
- Increased self-reporting of positive mental wellbeing within the population of Portsmouth

pledge 4

We will work to create an environment that empowers individuals to make choices that enable recovery as defined by the individual and to live the most independent and fulfilling lives possible.

Context

National directives included in 'the NHS 5-year forward view' No Health without Mental Health, together with local ambitions to transform mental health services, have the aim of progressing from a medically-dominated model to one based on recovery principles incorporating individualised care packages, peer support, self-care and promoting wellbeing. Peer-led models of recovery support are a demonstrably effective way of enabling people to manage their wellbeing and achieve more fulfilling lives.

In Portsmouth we are developing an independent model of peer recovery support and have increased the role of the voluntary sector within the mental health recovery system. Over the next 3-5 years we aim to further develop personalised options for mental health treatment and support.

Actions

- To instil a more recovery-focused approach within in-patient and residential placements and beyond
- To continue to develop Peer Support across Portsmouth
- Work with voluntary and statutory providers, people who access services, and carers to develop options for personalised care and support packages including direct payments where appropriate

Outcomes

- More people sustaining recovery and supported to live as independently as possible
- Increased choice of care and support
- People who want peer support will be able to access group or individual support at all points in their recovery journey
- People with mental health problems will live better for longer

pledge 5

We will create a culture where people using services will be supported and encouraged to improve both their mental and physical health.

Context

“When unwell my family, carers and I will have access to services which enable us to maintain our mental and physical health. Staff will work with us to identify all our needs and everybody involved in ensuring our wellbeing listens and supports us, and actively collaborates to ensure our care feels like one package.”

- Services tend to view physical and mental health treatment in separate silos
- People with poor physical health are at higher risk of experiencing mental health problems. For example, 27% of diabetics, 29% of people with hypertension, 31% of people with stroke, 33% of people with cancer and 44% of people with HIV or AIDS have depression. It is estimated that treating people with long term conditions that have co-existing mental health problems costs the NHS in the region of £8-13 billion
- People with poor mental health are more likely to have poor physical health. For example, life expectancy is reduced by 7 to 10 years in people with depression, 10 to 15 years in people with schizophrenia and 15 years for people with substance misuse and alcohol problems

Actions

- We will provide holistic assessments that identify the outcomes important for the individual
- Residents and carers will only have to tell their story once

- Providers will work with community groups, organisations and individuals to develop ways of keeping people well and providing help, which go beyond statutory health and social care provision
- Patients, carers and professionals will have the information needed to access the right care at the right time
- Seamless, person-centred care will be provided by integrated teams

To achieve these ambitions we will work with users and services to develop a shared, system-wide action plan.

Outcomes

- The number of patients and carers satisfied with the care they receive increases
- Life expectancy will increase in people with mental health disorders
- Rates of smoking and incidences of being overweight will decrease in people with mental health disorders
- The number of people with a mental health disorder having a physical health check increases
- The incidence of people with diagnosable mental illness is increased in people with long-term conditions
- Reduction in primary care prescribing of mood-stabilising and anti-psychotic medication
- Increases in the number of people using personal health and social care budgets

pledge 6

We will create a culture where all services work together to improve a range of outcomes for children, young people and their families with emotional and mental health needs.

Context

What does this mean for children, young people, parents and carers?

- An emphasis on helping the client, their child or young person to stay well and to have access to support when they need it, that joins up around them and delivers in places they find acceptable
- Choices made with the client about support or treatment based on the best evidence available
- Services and plans that listen to and take account of what the client says

Future in Mind is a five-year strategy to transform children's mental health and wellbeing provision, so that by 2020 England could lead the world in improving outcomes for children and young people with mental health problems.

The case for change:

- 9.6% or nearly 850,000 children and young people aged between 5-16 years have a mental disorder
- UK annual costs of mental illness during childhood and adolescence vary between £11,030 and £59,130 per child
- Mental illness during childhood has longer term economic impacts across the life course

Actions

- We will act early to prevent harm, by investing in the early years, supporting families/carers, and building resilience through to adulthood
- We will change how care is delivered and build it around the needs of children and

young people and families to ensure easy access to the right support from the right service at the right time

- We will dismantle barriers and reach out to children and young people in need, regardless of their social and emotional needs or disability
- We will drive improvements in delivery of care and standards of performance to get best outcomes for children, young people and families/carers and value from investment
- We will develop a workforce that is ambitious, excellent in their practice, able to deliver the best evidenced care, committed to partnership and integrated working

Outcomes

- Improved crisis care - right place, right time, close to home
- A better offer of care for the most vulnerable children and young people
- Improved public awareness, less fear, stigma and discrimination
- Timely access to clinically-effective support
- More evidence-based outcomes-focused treatments
- More visible and accessible support
- Professionals who work with children and young people trained in child development and mental health
- Model built around the needs of children and young people
- Improved access for parents to evidence-based programmes of intervention and support

pledge 7

We will work together to prevent crises because of a mental health condition happening whenever possible, through intervening at an early stage and we will also improve the system of care and support so that people in crisis are kept safe

We will make sure we meet the needs of vulnerable people in urgent situations, getting the right care at the right time from the right people to make sure of the best outcomes.

We will do our very best to make sure that all relevant public services, contractors and independent sector partners support people with a mental health problem to help them achieve and maintain sustained recovery.

Context

The NHS Mandate for 2014/15 sets out a number of objectives for the NHS to improve mental health crisis care, which are as follows:

- NHS England to make rapid progress, working with clinical commissioning groups and other commissioners, to ensure delivery of crisis services that are at all times as accessible, responsive and high quality as other health emergency services
- NHS England to ensure there are adequate liaison psychiatry services in emergency departments
- Every community to have plans to ensure that no-one in crisis will be turned away, based on the principles set out in the Concordat.

Actions

- Develop our local plans to ensure that no-one in a mental health crisis is turned away and that the information on the services and support available is easily available
- Explore how standardised crisis plans could be used across all relevant services including peer support and mutual-aid groups
- Ensure partners in housing, carers groups and substance misuse have the skills, knowledge and confidence to promote mental health wellbeing and resilience and use crisis, wellbeing and advance-care planning as appropriate
- Develop an enhanced Psychiatric Liaison that meets the needs of those that need it at Queen Alexandra Hospital

Outcomes

- Improved information and access to support for people experiencing mental health crisis in Portsmouth
- More people in Portsmouth have crisis plans which are shared with support partners in order to be better prepared for the future
- Improved service-user experience and care outcomes
- Reduced emergency department waiting times for people with mental illness, and enhanced knowledge and skills of staff in Queen Alexandra Hospital

pledge 8

We will aim to ensure everyone is able to find information and advice regarding memory problems and dementia, and to receive a diagnosis of dementia, as early as possible.

Portsmouth aspires to be a dementia-friendly city where people with dementia will be treated with respect and feel included in their local communities. The aim is to ensure everyone is able to find information and advice regarding memory problems and dementia easily and quickly, and to receive a diagnosis of dementia as early as possible. This will enable people greater choice and control over their care, enabling individuals to remain independent in their own home for longer and minimising the crises that have previously resulted in lengthy acute hospital stays or admission to long-term care.

Context

Dementia care is a key national and local priority, forming part of the Prime Minister's call to action with associated national targets for diagnosis rates. It is cited as a priority in the CCG 20/20 vision and forms part of the priorities for the health and well-being board.

Portsmouth Clinical Commissioning Group initiated a number of Dementia pilots across the city between 2013 and 2014, namely Dementia Advisors service, Memory Cafes, a Dementia Voice Nurse and Reablement Workers. The Clinical Commissioning Group also commissioned an independent review by the University of East London, to provide an evidence base to ensure a better understanding of how dementia services were experienced across the city. The review took place during 2014/15 and outlined a number of recommendations, including reducing duplication, clarity of roles and a seamless post-diagnostic support service embedded

into a single dementia support pathway. The chosen model has encompassed all the recommendations from the review alongside some of the learning from the pilots as they have continued to evolve.

The service objectives are:

- Proactively accompany (where wanted) people living with dementia over the course of their illness, enabling them and their carers to access support provision appropriate to need
- Maximise access to good quality, accurate information about diagnosis and local services
- Empower people to access and use services that support them to live well and effectively within the community, this including end-of-life support
- Develop networks of support that provide the opportunity for people to meet together with others in a similar situation and experience meaningful cognitive stimulation
- Provide the opportunity for service users and carers to meet with other community partners and contribute to service development
- Contribute to sustaining and improving Portsmouth Dementia diagnosis rates
- Enable Portsmouth to become a Dementia-Friendly Community

Actions

Recurrent funding has been agreed by the Clinical Commissioning Group, and an outcomes-based service specification has been developed in partnership with all interested Voluntary Community Sector providers via two workshop sessions. The aim is for one Voluntary Community Sector provider to act as the lead provider, with the responsibility to co-ordinate the dementia services, which include a dementia voice nurse (providing end-of-life support), dementia workers (these workers will be named workers offering support and advice as required by the service user and their carer), activity/ cafe sessions, and a dementia-friendly co-ordinator who will lead on creating a dementia-friendly city, and pull together the Portsmouth Dementia Action Alliance. This approach has been chosen to maximise the collective views and expertise of service users, their carers and the pilot organisations.

The service is currently out to tender with an expected start date of 1 January 2016. Focus groups will be used to enable service users and their carers to participate in the evaluation of the bids received, alongside full involvement with naming the service, the titles for the support workers and the wording and design of the supporting literature for the service.

Outcomes

- People with Dementia will be supported during their Dementia journey
- Carers of People with Dementia will be supported
- Portsmouth will become a Dementia-Friendly Community

pledge 9

We will ensure that people who experience problematic mental health alongside other conditions including drug and alcohol misuse, learning difficulties and long-term physical health conditions receive help, support, treatment and care that is accessible and effective.

Context

Nationally and locally people who experience mental health problems alongside drug or alcohol problems, homelessness or other long-term needs have experienced difficulty accessing services that are able to meet their needs. In Portsmouth specialist mental health and substance misuse services have pledged to work together to support each other in order to ensure that anyone accessing their services receives appropriate support for their drug, alcohol and mental health needs whichever service they start with.

Outcomes

- Improved access to appropriate supported accommodation for people with dual diagnosis
- People with complex needs (dual diagnosis) will be supported to maintain recovery in Portsmouth
- Reduced rates of premature death, suicide and self-harm amongst people with complex needs in Portsmouth

Actions

- Ensure staff are trained and supported to recognise complex needs and have good contact between services to support each other in meeting these needs
- Develop a joint-agency complex needs delivery group to coordinate support for people whose needs are too complex for individual services to manage
- Support provision of a mental health specialist in the drug and alcohol service, and substance misuse specialist support within mental health teams
- Extend support and training to other relevant services such as Police and accommodation services to enable them to effectively support people with complex needs to access help and support

pledge 10

We will strive to reduce the number of people using self-harming behaviours as a coping strategy by supporting people to improve their resilience. We will aim to improve the experience and outcome for those who self-harm.

Context

Self-harm is when somebody damages or injures their body. It is a way of coping with or expressing overwhelming emotional distress.

Self-harm is more common than many people realise, especially among younger people. It's estimated around 10% of young people self-harm at some point, but people of all ages do. This figure is also likely to be an underestimate, as not everyone seeks help or recognises their behaviour as self-harm.

Emergency hospital admissions for self-harm in Portsmouth is significantly higher than that of the England average. In 2013, 287.7 per 100,000 population hospital stays were reported in Portsmouth compared with the England average of 188 per 100,000 population.

The majority of people who self-harm do not require hospital admission. People self-harm in many different ways and although people who self-harm are at greater risk of suicide than those who don't, self-harm is about coping and staying alive.

Actions

- Promote mental wellbeing and positive coping strategies
- Provide support, information and training to help individuals and organisations recognise self-harming behaviours and support those affected
- Ensure those who require treatment receive the correct understanding, care and treatment

Outcomes

- Fewer people will self-harm as a coping strategy
- Fewer people will be admitted to hospital as a consequence of self-harm
- People's experience when presenting with self-harm is one of respect and understanding

pledge II

We will work to reduce the number of suicides in the city and provide support for those bereaved by suicide.

Context

Suicide is used in this document to mean a deliberate act that intentionally ends one's life.

Suicide is often the end point of a complex history of risk factors and distressing events.

Suicide is a major issue for society and a leading cause of years of life lost. Suicides are not inevitable. There are many ways in which services, communities, individuals and society as a whole can help to prevent suicides

About 23 people, about 83% males, take their own lives by suicide each year in Portsmouth. This is slightly higher as a rate than the England average

Actions

Taking a lead from Preventing Suicide in England, A Cross-government Outcomes Strategy to Save Lives 2012, we will aim to:

- Reduce the risk of suicide in key high-risk groups
- Tailor approaches to improve mental health in specific groups
- Reduce access to the means of suicide
- Provide better information and support to those bereaved or affected by suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Support research, data collection and monitoring

Outcomes

- Fewer deaths by suicides will happen in Portsmouth

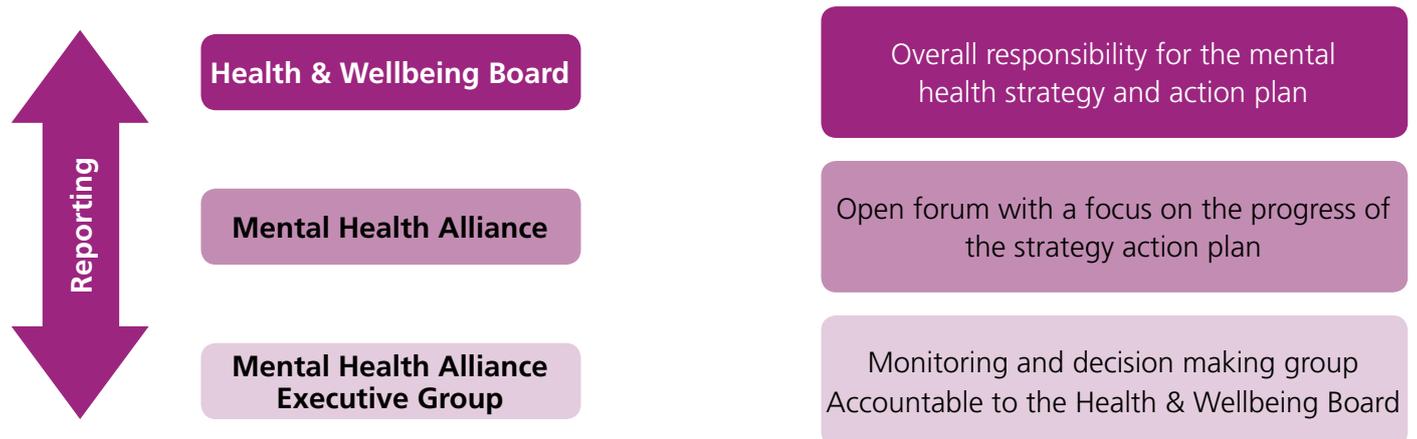
Appendix

Portsmouth Mental Health Alliance

The Mental Health Alliance for Portsmouth was established in the summer of 2014. The Alliance was formed to bring together all the stakeholders within Portsmouth to create a uniformed approach to improving the mental health of the citizens and people working in the City.

Through the work of the Mental Health Alliance this strategy was produced. The subsequent action plan will form an integral element of this strategy.

This work will ultimately be overseen by the Health & Wellbeing Board who will receive regular progress reports directly from the Mental Health Alliance executive group. This group is responsible for the monitoring of the action plan and reviewing the strategy. It will report to both the Health & Wellbeing Board and the Mental Health Alliance. The Mental Health Alliance is an open forum for the continuing co-production and development of the strategy and action plan.



Strategy development timeline, key dates

	2014		2015						2016		
Mental health Alliance	Launch event 5 June	10 Oct			3 July		20 Oct			Apr	
Strategy Development Group			12 Mar	28 May	27 Jul	14 Sep	14 Oct	16 Dec	21 Jan	16 Mar	1 Apr Strategy action plan
Health & Wellbeing Board								2 Dec			
Public engagement event						24 Sep					
Individual pledge group meetings				May to September							

The membership of the Mental Health Alliance will comprise of, but not restricted to:

- Director of Public Health (Chair)
- Elected member
- Public involvement
- Voluntary and Community Sector representatives
- Chair of the Recovery Alliance
- Portsmouth Hospitals NHS Trust
- Solent NHS Trust
- Portsmouth Clinical Commissioning Group (CCG)
- Portsmouth University
- Healthwatch Portsmouth
- Portsmouth business representatives
- School representatives
- Strategy pledge leads
- Police service
- Ambulance service
- Carers Centre

The MHA executive board membership consists of:

- Director of Public Health
- Elected Member - TBC
- Voluntary and Community Sector Rep
- Chair of the Recovery Alliance
- Portsmouth Hospitals NHS Trust
- Solent NHS Trust
- Portsmouth Clinical Commissioning Group.
- Strategy pledge leads (in attendance)

The Mental Health Alliance Strategy Group:

- Stuart McDowell (Portsmouth City Council, Integrated Commissioning Unit)
- Barry Dickinson (Portsmouth City Council, Integrated Commissioning Unit)
- Matthew Smith (Consultant, Public Health Portsmouth)
- Lee Loveless (Public Health Portsmouth)
- Anne Fleming (Solent NHS Trust)
- Donald Robertson (Portsmouth City Council, Integrated Commissioning Unit)
- Kerry Pearson (Portsmouth City Council, Integrated Commissioning Unit)
- Joanna Kerr (Public Health Portsmouth)
- Thyagarajan Iravindranath. (Solent NHS Trust)
- Matthew Gummerson (Portsmouth City Council, Strategy Unit)
- James Gagliardini (Portsmouth City Council, Integrated Commissioning Unit)
- Dapo Alalade (Portsmouth Clinical Commissioning Unit)
- Emma Fernandes (Solent mind)
- Rachael Roberts (Portsmouth City Council, Social Care)
- Stephanie Murray (Portsmouth Clinical Commissioning Unit)
- Matthew Hall (Solent NHS Trust)
- Rebecca Stanley (Portsmouth City Council)
- Victoria Rennie (Portsmouth City Council, Integrated Commissioning Unit)
- Danny Sullivan (Portsmouth City Council, Integrated Commissioning Unit)
- SHIFT members (Self Help Inspiring Forward Thinking)
- Nikodimova Slavena (Solent mind)
- Fiona McNeight (Portsmouth Hospital Trust)
- Kate Freeman (Portsmouth City Council)

Pledge Leads

Pledge		Lead
1	We will find ways to share more power around the planning and delivery of services with service users, carers and other interested Portsmouth residents. We call this process co-production	Don Robertson - Co-production Donald.Robertson@portsmouthcc.gov.uk
2	We will commit to ending the stigma and discrimination faced by people around their mental health, by improving awareness and challenging attitudes and behaviour	Don Robertson - Ending stigma and discrimination Donald.Robertson@portsmouthcc.gov.uk
3	We will build emotionally resilient communities to reduce the number of people going on to experience mental health problems and we will support early identification for individuals experiencing a mental health problem	Lee Loveless - Promoting wellbeing/prevention lee.loveless@portsmouthcc.gov.uk
4	We will work to create an environment that empowers individuals to make choices that enable recovery as defined by the individual and to live the most independent and fulfilling lives possible	Barry Dickenson - Recovery and individualised care Barry.Dickinson@portsmouthcc.gov.uk
5	We will create a culture where people using services will be supported and encouraged to improve both their mental and physical health	Matt Smith - Parity of esteem Matthew.Smith@portsmouthcc.gov.uk
6	We will create a culture where all services work together to improve a range of outcomes for children, young people and their families with emotional and mental health needs	Anne Fleming - Children, young people and families anne.fleming@solent.nhs.uk
7	We will work together to prevent crises because of a mental health condition happening whenever possible, through intervening at an early stage and we will also improve the system of care and support so that people in crisis are kept safe	Stuart McDowell - Crisis Care Stuart.McDowell@portsmouthcc.gov.uk
8	We will work to ensure everyone is able to find information and advice regarding memory problems and dementia easily and quickly, and to receive a diagnosis of dementia as early as possible	Kerry Pearson - Dementia Kerry.Pearson@portsmouthcc.gov.uk

Pledge		Lead
9	We will ensure that people who experience problematic mental health alongside other conditions including drug and alcohol misuse, learning difficulties and long-term physical health conditions receive help, support, treatment and care that is accessible and effective	Julie Lyne - Complex needs (dual diagnosis) julie.lyne@solent.nhs.uk
10	We will strive to reduce the number of people using self-harming behaviours as a coping strategy by supporting people to improve their resilience. We will also aim to improve the experience and outcome for those who self-harm	Lee Loveless - Self-harming lee.loveless@portsmouthcc.gov.uk
11	We will work to reduce the number of suicides in the city and provide support for those bereaved by suicide	Lee Loveless - Reducing suicide lee.loveless@portsmouthcc.gov.uk

For more information on the overall strategy please contact:

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For specific information on any of the Pledges, please contact the Pledge lead directly.



You can get this information in large print, Braille, audio or in another language by calling 023 9284 1193



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