**NHS Greater Glasgow and Clyde**

**Public Mental Health Community Wellbeing Showcase Event**

**1st September 2022, 10:30 AM**

**Event Report**

This Showcase event brought together colleagues from across NHS Greater Glasgow & Clyde (and beyond), from Mental Health Services, Health Improvement and third sector organisations to share related work that has been funded / partially funded by contributions from the Mental Health Programme Strategy Board and linking to Third Sector activity under the Scottish Government’s Winter Social Well-being Fund. We learn a lot from each other, and the opportunities to learn and share from and with each other have been invaluable. This report takes the opportunity to summarise the presentations and discussions of the Event.

**Welcome & Housekeeping**

Trevor Lakey (NHSGGC Health Improvement & Inequalities Manager – Mental Health, Equalities, Alcohol & Drugs) welcomed everyone to this MS Teams-based event, with thanks to Owen Breen (NHSGGC MHEAD Team Admin) and others for help behind the scenes organising and also thanks for participants and presenters for their input. He then passed to Fiona Moss (Glasgow City HSCP Head of Health Improvement & Equalities) to formally open the event.

**Introduction**

Please read this report alongside reference to presentations as below. Most of the presentations are combined in the PowerPoint document [*GGC Public Mental Health Showcase Event*](https://www.nhsggc.scot/downloads/ggc-public-mental-health-showcase-event-01-09-22-powerpoint/). Specific slide numbers will be referenced for each section, as appropriate.

Fiona Moss is the Head of Health Improvement for Glasgow City HSCP and Chair of the NHS Greater Glasgow & Clyde-wide Public Mental Health work stream; part of the Mental Health Strategy Programme Board, a board-wide partnership group. Our Team hosted the first of these showcase events in June 2021 with a view to generating recovery & investment and to share good practice, using Covid Recovery Funding & securing additional funding from Corporate and Partnerships.

* The National Mental Health Strategy is open for consultation, alongside a refresh of NHS GGC Mental Health Strategy. We are trying to influence areas of importance to Public Mental Health, lobbying for future investment.
* Some examples of local investment included upscaling training, supporting people and digital online work strengthening inequalities work and involving groups with lived experience of mental ill health. This work has involved partners across Greater Glasgow and Clyde including Local Authorities. Councils for Voluntary Services (CVSs), Third Sector Interfaces (TSIs) (community mental health funding) and others which has allowed a good deal of Board-wide collaboration
  + Prioritised areas: Inequalities in Public Mental Health (incl. Black & Asian Minority Ethnic (BAME) communities, Justice, LGBTQi+, Loneliness & Isolation, Suicide Prevention (training & licensure) & Place-Based ‘Where we Live’ work.

**Mental Health Stigma and Young People**

Our first plenary presentation came from Louise Dempsey, Founder & Service Director of Youth Interventions in Renfrewshire. The collaborative film produced by Youth Interventions with local young people *‘Inside Out’* was shown. Louise then gave an overview of who Youth Interventions are and some of the work that they have been involved in, covering areas of Renfrewshire and Netherthird, including young people recovery services, a destination place-to-be youth project, supporting those effected by trauma, neglect and abuse. A “not just a” Support Group.

* Like all third sector organisations, Youth Interventions struggles with the issue of funding to secure their ongoing work. Their referrals are ‘open’ and come via their website as well as directly via social media pages. Some staff have training in therapeutic treatments which augment their wider work. As always, capacity to deal with the level of work remains an issue.

**Reference**: Slides 4 – 12 in [*GGC Public Mental Health Showcase Event*](https://www.nhsggc.scot/downloads/ggc-public-mental-health-showcase-event-01-09-22-powerpoint/)

**Mental Health & Justice Toolkit**

Our second plenary presentation comes from Louise Gallagher (Health Improvement Lead, Glasgow City HSCP) and Nikki Kilburn (Practice Development Manager, Penumbra) on the Justice & Mental Health work which has involved all local authorities and the health board, developing resources for group work and a Mental Health in Justice tool kit: literature review, support resources etc. all contained in a ‘to-go’ pack. It will be piloted later this year (October/November). Stages 2 & 3 of the project will involve work in prisons. Their presentation ‘*Criminal Justice Toolkit Presentation – Penumbra*’ can be found [here](https://www.nhsggc.scot/downloads/penumbra-criminal-justice-toolkit-presentation/).

**Micro Aggressions: The experiences of Black & Asian Minority Ethnic** **(BAME) communities and its impact on mental health**

The last plenary presentation comes from Ghizala Avan (Programme Manager (Adults), Mental Health Foundation (MHF) Scotland) on research being undertaken into micro-aggressions against people from Black & Asian Minority Ethnic (BAME) backgrounds and the effects that these have on their mental health & wellbeing. MHF Scotland’s report to the Mental Welfare Commission report on Racial Equality on Racism from 2021 revealed a constant drip of racial micro-aggressions both verbal and behavioural, and the indignities that this produces. In addition to the funding MHF Scotland received to support this project, the Public Mental Health ReMobilisation Funding provided matched funding. Work was undertaken among staff and within ethnically diverse communities. 200 + surveyed contributed to this report. The report has now been finalised and is available for review.

**Reference**: Slides 18 – 23 in[*GGC Public Mental Health Showcase Event*](https://www.nhsggc.scot/downloads/ggc-public-mental-health-showcase-event-01-09-22-powerpoint/)

**Break out Rooms – Overview of activity across GGC**

In order to maximise the opportunities for attendees to hear from the widest array of related work across the Health board area, the attendees were separated out into workshop groups to hear from a range of presenters.

**Breakout Room – Workshop 1**

Presenter(s): Nikki Boyle, **Inverclyde HSCP**. Facilitator – Debbie Schofield

* Nikki Boyle gave a comprehensive review of programmes funded across Inverclyde HSCP. Remobilisation associated finding of appx. £50k, complementary to local developments involving projects for young people (Monday Morning Breakfast Club & Football Therapy), Challenging Stigma work, community wide offer for use of purchased Start Licences, mental health ambassadors in schools (a multiagency partnership programme) and the Nurture Programme.
* Nikki also presented on work being undertaken by their Third Sector Interface, using Scottish Government Mental Health & Wellbeing Funding, including plans for future developments and imminent offers of Year 2 funding to new & existing projects.
  + **Reference**: [PMH Showcase Input 01.09.2022 V2 Inverclyde](https://www.nhsggc.scot/downloads/pmh-showcase-input-inverclyde-presentation/)

Learning gained from projects to date:

* Lack of security from annual funding (although all welcomed the funds themselves and the relatively easy application process)
* Knowing where to turn for other support orgs/groups, e.g. need for a stronger directory based on range of needs that come through so orgs aren’t getting outside their area of expertise
* Self-referral processes / keeping up to date with referral processes for partner orgs that might help client group
* Social prescribing buddying programme to share best practice

**Priorities Identified**:

* Joint strategic needs assessment for at risk groups

**Breakout Room – Workshop 2**

Presenter(s): **East Dunbartonshire HSCP – Joni Mitchell, Voluntary Action, East Dunbartonshire** and Facilitator – Heather Sloan

Based on what you have seen and heard from this workshop and earlier presentations; what is the key learning and good practice you will take away today?

* Lots of good examples of value for money projects
* Powerful video at start – would love to see what other plans there are for it
* Lots of ideas to take away
* Keen to learn more about work underway in other areas
* Good to hear that smaller organisations were awarded funding and that it’s ok to take risks to try out new ideas from smaller orgs
* From small acorns grow mighty oaks
* We had similar event last week and think this should be annual event
* Good to make connections out with our own HSCP area
* Would be good to meet face to face next time and have more time to explore in more detail and engage with other partners
* Let’s do more of this
* Proud of the work we funded in ED

What reflections have you had re people with Lived experience being involved in planning and delivery for future initiatives?

* We are not always the voice of experts by experience – we can support and advocate but ultimately they are the ones ‘living it’ and they know what is needed
* We need to manage expectations and not promise what we can’t deliver (limited funding)
* I think it is key to have user involvement in planning and delivery and it is a pre-requisite for the funds we are given
* They need to be supported and not be overwhelmed
* They bring creative ideas to the table

How do we get better at evaluating the outcomes of these projects and initiatives?

* Good to hear about the support on offer from GGC
* Support is very much welcomed
* We need to look at what it is we are measuring and is it the right outcomes
* Evaluations need to be realistic in what is asked for – a small amount of funding shouldn’t need mammoth reports – it should be commensurate with amount of funding
* Let’s get better at measuring the softer and unintended outcomes
* We can learn from each other
* Need to make them less formal or complicated especially if we want to have user engagement

**Breakout Room – Workshop 3**

Presenter(s): Sheena Arthur, GCVS & Ewan Davidson, Impact Funding Partners; Facilitator – Trevor Lakey

Sheena Arthur of GCVS, Glasgow City’s Third Sector Interface (TSI) lead agency, presented an overview of two linked development areas, spanning both the NHS GGC remobilisation investments and the Scottish Government directed Community Mental Health and Wellbeing Fund. In relation to the Community Mental Health and Wellbeing Fund, Sheena described GCVS lead role in terms of establishing and running the fund, with the benefit of being able to draw on a wealth of pre-existing relationships and partners, such as Volunteer Glasgow, Glasgow Social Enterprise. This allowed a reach into more disconnected groups to offer opportunities to bid for the fund. In turn this led to a real diversity of successful bids, with 308 grants totalling £2.75 million and with 50,000 people expected to benefit in all from this activity.

Some of the themes being supported through this programme, using a wide range of approaches included: connecting people, building confidence to return to social activities, strengths-based work, intergenerational work, addressing marginalisation through multiple factors, disabilities and long-term conditions. Throughout, there has been a commitment to learning from this work, from the process of grant awards and to continuous improvement for future processes.

In terms of suicide prevention in Glasgow City, GCVS have played a pivotal role over the last couple of years with the additional support provided by remobilisation monies – this includes a dedicated development post, linking closely to the City’s Suicide Prevention Coordinator, strengthening the Third Sector role, including via a strengthened forum which acts as a sub-group of the City suicide prevention planning structure. Work includes building relationships and connections, building resilience for voluntary sector partners around responses to suicide prevention issues, learning and training developments – and attention to the compassion, respect and kindness agendas. GCVS, the Health Board and Glasgow City HSCP, along with other partners have run a number of suicide prevention themed events / workshops over the past 2 years as well, to further strengthen joint working, including a seminar / action workshop on the theme of responding to the risks of suicide contagion.

Ewan Davidson, from Impact Funding Partners, briefly described the approach taken by his agency, drawing on funding from the Public Mental Health Remobilisation and allied funds in the City, to establish a further funding round for the Winter Wellbeing Fund. This had 141 applications and 74 successfully funded initiatives, each providing vital support to particular need groups over the critical winter period, whilst still very much in the midst of pandemic restrictions and constraints on many of the normal helps that would be available. A welcome focus on staff wellbeing was also blended into a good number of the successful bids. Major themes included wellbeing activities and addressing digital exclusion.

In the workshop discussion that followed, delegates raised a wide range of points about mental wellbeing support initiatives and local suicide prevention efforts. These included: challenges for some in terms of attendance and connection with opportunities – this needs continual effort and innovation; in terms of using volunteers – consideration of how we support and resource volunteers’ needs; how do we reduce duplication of effort and development plus make it as easy as possible for our communities to find out about and engage with opportunities available? Youth engagement presents particular challenges but well worth investing energy into. Also a discussion around the pervasive issue of short-termism in funding sources – how do you balance up-taking opportunities for short term development with a need for sustained support for our communities – how can we leverage more long-term funding arrangements and stability of support landscape?

**Breakout Room – Workshop 4**

Presenter(s): Alex Connor, **Renfrewshire HSCP** & Alice McBride (Engage Renfrewshire). Facilitator – Rebecca Campbell

**Reference**: Alice provided feedback on Third Sector activity and spend in Renfrewshire: [Renfrewshire Third Sector activity & spend feedback](https://www.nhsggc.scot/downloads/renfrewshire-third-sector-activity-and-spend-feedback/). Also [Renfrewshire Community Mental Health and Wellbeing Fund](https://www.nhsggc.scot/downloads/engage-renfrewshire-renfrewshire-community-mental-health-and-wellbeing-fund/) report from Engage Renfrewshire.

General discussion at the start of the session:

The level of support needed in communities is high & there is a big expectation on those delivering support & services. They are doing what they think is right but need support in this.

Based on what you have seen and heard from this workshop and earlier presentations; what is the key learning and good practice you will take away today?

* Need to maintain what is not an ‘umbrella’ approach i.e. identify the strengths of each organisation;
* Being flexible with the approach;
* Partnership working between Third Sector Organisations (TSOs) & HSCP/NHS colleagues.
* Need to take a whole systems approach and work with wider stakeholders beyond the usual suspects
* Ensure we are not duplicating work but maximising the limited resources: there is a lack of strategic oversight
* How do we ensure right partners, right time, and right place?
* Not overburdening one organisation
* Need to network (like this event) so different organisations are aware of each other & their work. These sessions happening more regularly would be good & support learning from one another
* Two year funding is too short and can’t create a proper legacy – how can we facilitate this to happen?

What reflections have you had re people with Lived experience being involved in planning and delivery for future initiatives?

* This can be challenging, especially in an area with a smaller population and if sensitive topic e.g. suicide prevention. Suggestion that this could be facilitated at a GGC level to do this safely & appropriately.
* How do we engage better with people with lived experience?
* For the second year of Communities MH Wellbeing Funds, each TSI was asked to engage with those with lived experience. How can this be done without overburdening or engaging with the same people (fatigue from local people). This is very taxing and needs to be a balance on how this is done. Potentially done through individual funded orgs engaging with their participants?

How do we get better at evaluating the outcomes of these projects and initiatives?

* Learning into action, has it improved or changed the situation?
* Potentially link to return on investment but this is challenging to do properly & to demonstrate
* Improved mental health & wellbeing takes time
* Need to consider short & long term outcomes when considering how to evaluate. Can be numbers attending but also looking at trying to measure resilience etc.

**Breakout Room – Workshop 5**

Presenter(s): Claire Blair, & Ben Cornelius for **East Renfrewshire HSCP**. Facilitator – Greg Usrey

Claire Blair (Health Improvement Lead – Mental Health & Recovery, East Renfrewshire HSCP) and Ben Cornelius (Wellbeing Network Lead, Voluntary Action – East Renfrewshire) co presented this workshop which included a PowerPoint presentation and a video. This work has spanned to financial years and included funding from the Public Mental Health ReMobilisation Funding. The funding is used to support a myriad of projects (19) across East Ren - funding from £10-15K for some larger projects, £2 – 10 K from smaller projects and up to £2K from some small, discreet projects.

**Reference**: [East Renfrewshire Presentation](https://www.nhsggc.scot/downloads/east-renfrewshire-presentation-showcase-event-01-09-2022/)

* A focus of the presentation today was funding to Alzheimer Scotland who produced an impact video. Community Activists organised this, with input from Musical Minds in Giffnock. Ben presented a feature of this project which was a boat trip to the Tall Ship. Cultivating Mindfulness can be found in the [link](https://consent.youtube.com/m?continue=https://www.youtube.com/watch%3Fv%3DVbGS9US9_ss%26feature%3Dyoutu.be%26cbrd%3D1&gl=GB&m=0&pc=yt&hl=en&src=1).
* An example of a grassroots project was Uplawmoor Litter Pickers. Initially starting with just a handful of interested residents, it has now developed into a constituted group. Although not focused on mental health and wellbeing, the modest contribution certainly added to positive impacts on those who participated (and the community).
* Claire described the split of funding that East Ren had received – including place-based work, Suicide Prevention, Mitigating Inequalities, Resocialisation (incl. physical activity) and supporting / building on local capacity to deliver training (especially training for trainers.
* **DISCUSSION**: East Ren received a lot of impact for the relatively modest contribution. A lot of important grassroots co-production. Use of funding to support a lived experience panel.
* **What 1 thing made the most difference?** Replicating processes locally, where issues are locally managed and considered; grassroots involvement with a preventative approach.

**Feedback from breakout rooms**

Each of the facilitators from the five breakout room workshops fed back on the main themes from their discussions, as documented above.

**Summing Up and Next Steps / Close**

Trevor Lakey, Health Improvement & Inequalities Manager - Mental Health, Alcohol and Drugs summed up the day and gave some reflections on the event – and thanked all the presenters and workshop participants for their valuable contributions. While impossible to summarise all the issues raised on the day, major themes spanning the event include: importance of pre-existing partnerships and planning structures and inter-partner relationships to allow for response when short term opportunities for investment arise; vital to include communities in planning and delivery – but recognise barriers to such participation; the power of often very simple looking interventions (such as social connection and friendship making programmes) in building positive mental wellbeing and reducing the risks that come from isolation; the dominant negative influence at present of poverty and cost-of-living crisis, making the mental wellbeing work all the more important as a lifeline for many in challenging times.

We look forward to continued evaluation of the ongoing work along with the sharing of information & good practice across the Board area and beyond.

We were inundated with great ideas for a showcase event and took a difficult decision to hold it via *Microsoft Teams* in one session, as opposed to face-to-face over a whole day. It is definitely our plan to continue these events as a regular occurrence, and hopefully conditions will allow for more time and for in-person events.

This report seeks to document today’s Public Mental Health Showcase Event and includes links to the information and/or presentations shared today. The report is available for widest dissemination for those who attended or submitted apologies and for their colleagues, teams and partners.

For further information, Please contact the NHSGGC Health Improvement & Inequalities Manager – Mental Health, Alcohol & Drugs Team on [ggc.mhead@ggc.scot.nhs.uk](mailto:ggc.mhead@ggc.scot.nhs.uk)