Public mental health and well-being – the local perspective
The NHS Confederation

The NHS Confederation is the only independent membership body for the full range of organisations that make up today’s NHS.

We represent over 95 per cent of NHS organisations as well as a growing number of independent healthcare providers.

Our ambition is a health system that delivers first-class services and improved health for all. We work with our members to ensure that we are an independent driving force for positive change by:

- influencing policy, implementation and the public debate
- supporting leaders through networking, sharing information and learning
- promoting excellence in employment.

All of our work is underpinned by our core values:

- ensuring we are member driven
- putting patients and the public first
- providing independent challenge
- creating dialogue and consensus.

For more information on our work, see: www.nhsconfed.org

The National Mental Health Development Unit

The National Mental Health Development Unit (NMHDU), launched in April 2009, provides national support for implementing mental health policy by advising on national and international best practice to improve mental health and mental health services. It consists of a small central team and range of programmes and is funded by both the Department of Health and the NHS.

The NMHDU commissions or provides:

- specialist expertise in priority areas of policy and delivery
- effective knowledge transfer in research, evidence and good practice
- translation of national policies into practical deliverables that achieve outcomes
- coordination of national activity to help regional and local implementation.

NMHDU’s work is developed in co-production with the Department of Health, the ten strategic health authorities and strategic partnerships with other groups such as the NHS Confederation, the Association of Directors of Adult Social Services (ADASS) and the major mental health third sector organisations.

For more information on our work, see: www.nmhdu.org.uk
The public’s mental health and well-being is a complex area of policy. It demands our attention because focusing more on mental well-being and improving people’s mental health is the right way to go. There is good evidence to support this focus. At this time of economic challenge we need to be able to get more from the resources we have, economically and socially. Focusing on the social determinants of health and the environment in which communities live will deliver a good return. As we begin to achieve economic recovery we have to ensure that we are also recovering socially in ways that strengthen the assets and capabilities of our communities. Focusing on key areas for action in mental health will be part of what makes this a reality.

We welcome this report which shows that local agencies and their leaders take mental health and well-being seriously. The Government’s mental health strategy, No health without mental health (2011), and the public health white paper, Healthy lives, healthy people (2010), focus on the importance of improving well-being and mental health and helping people live longer, healthier and more fulfilling lives; improving the health of the poorest fastest.

As well as making a case for action with a wide range of partners there is a real need to focus work on a number of key areas. We have identified some of these in our new mental health strategy where we are calling for good mental health to be seen in the same way as physical health. Delivery of the strategy’s objectives will be measured largely through the NHS, public health and social care outcomes frameworks. Our cross-government strategy provides the opportunity to mainstream the improvement of mental well-being across health and local government services; between public health, health improvement, primary and secondary care and across housing, employment and education.

Focusing effort on specific important areas first will help build confidence, knowledge and learning about what works, where and why. There are many local areas already carrying out impressive initiatives and programmes of work as the case studies here show. We need to encourage others to follow their lead and over the coming years we need to raise the profile of good mental health and well-being as core to the agendas of local health and well-being boards and GP commissioning consortia.

There is no health without mental health and we have to address mental as well as physical health to improve the public’s health.

Paul Burstow MP
Minister of State for Care Services

Anne Milton MP
Parliamentary Under Secretary of State for Public Health
Executive summary

The past three years have seen government programmes, policies and national projects giving increasing emphasis to public mental health and well-being. The Government’s 2010 public health white paper, *Healthy lives, healthy people*, presented the most comprehensive understanding of mental health within national public health policy to date, and the first objective in the Government’s 2011 mental health strategy, *No health without mental health*, focused on improving well-being and good mental health.

There is growing evidence to show the positive impact of improving mental well-being on health, social and economic outcomes, but little is known about how this important and emerging agenda is developing within localities.

This research was conducted in partnership with the National Mental Health Development Unit and in collaboration with the Association of Directors of Public Health (ADPH) and the Society of Local Authority Chief Executives and Senior Managers (SOLACE).

We surveyed, interviewed and conducted focus groups with local authority, primary care trust (PCT) and mental health provider chief executives, directors of public health and GPs. We aimed to find out their perceptions of public mental health and well-being, the progress they have made on implementing this agenda, how they are acting on recent evidence, and the complementary nature of addressing mental illness and improving mental well-being.

Our results showed that public mental health and well-being:

**a. is an emerging priority**
Local leaders consider mental well-being an increasingly important priority. However, they struggle with a lack of shared understanding among key stakeholders. Leaders in different types of organisations understand mental well-being differently.

**b. is driven locally by expertise and evidence**
Improvements in public mental well-being are driven by: skilled individuals and leadership to champion and develop programmes; organisations using evidence of what works; and national strategies, reports and resources to guide local action.

**c. achieves social and economic goals through integrated working**
82 per cent of leaders thought improving mental well-being contributes to other social, health, community and economic development goals. There is significant scope to integrate mental well-being within existing services, create linkages between different levels of care, across diverse stakeholders, and incorporate mental well-being within the culture of organisations.

**d. reduces health inequalities**
98 per cent of leaders considered improving mental well-being to contribute towards reducing health inequalities. They called for a more multi-faceted approach to reduce the impact of deprivation on mental well-being.

**e. requires strong local partnerships**
Partnerships are an essential mechanism for improving mental well-being across populations. Joint appointments, coterminous working arrangements between the NHS and local authorities and informal ways of working have enabled localities to achieve success across health and local government systems.

**f. empowers communities**
Public mental health cannot be improved without engaging and empowering communities. Strengthening community engagement will improve services.

**g. needs better measurement**
Although leaders found it difficult to measure mental well-being, they welcomed the Government’s focus on outcomes. They want to strengthen measuring initiatives to
inform and prioritise investment choices, particularly for promotion and prevention initiatives.

h. is under threat from financial pressure, but this is also a reason to invest
Although local leaders are concerned that the budget cuts will constrain efforts to improve mental well-being, they also saw the cuts as an opportunity to prioritise it. Leaders thought addressing mental well-being made economic sense, improving contributions to the economy by supporting people back to work and reducing the burden on public sector services.

Improving public mental well-being in a changing world can be achieved by:

• a better understanding of mental well-being to inform commissioning decisions locally and nationally
• making the evidence available, accessible and useable for diverse audiences
• implementing evidence – organisations need to commission and deliver services and initiatives that we know work and use needs assessments to tailor interventions to local circumstances
• improving commissioning partnerships across sectors, focusing on improving outcomes and achieving social, health and economic goals

• supporting emerging leaders of new organisations and bodies, GP commissioning consortia and health and well-being boards to develop partnerships and a shared understanding that supports improvements in public mental health and well-being
• learning from GP commissioning consortia pathfinders and shadow health and well-being boards as they start to commission and deliver services in the new health and social care system.

The reorganisation of national and local public health systems provides an opportunity to use the learning from this report and others to make better use of resources to improve population well-being. Building on existing knowledge and practice, localities are well placed to ensure that public mental well-being is part of the new structures. NHS and local authority chief executives, GPs and directors of public health have openly shared their local perspectives, and national bodies will need to support, guide and listen to communities and local organisations. All organisations working in mental well-being must make the best use of resources to enable communities and individuals to remain resilient when times are tough and to flourish in everyday life.
Introduction

Government programmes, policies and national projects in the last three years have given increasing emphasis to public mental health and well-being.\(^1\) This has changed the focus of public service agencies towards promoting and protecting better mental health, not just among the unwell but across whole populations.

Academic interest in mental well-being has grown significantly, and growing evidence shows the positive impact of improving public mental health and well-being on health, social and economic outcomes. Yet very little is known about how this agenda is developing within localities and whether local leaders consider improving mental well-being to be of strategic importance.

Speaking to health and local government professionals, we found that there is an appetite to shift programmes towards prevention, promotion, early intervention and recovery and to improve productivity in order to make a significant contribution to economic and social recovery within communities.

This report examines local leaders’ perceptions of public mental health and well-being, the progress they have made, how they are acting on recent evidence, and the complementary nature of addressing mental illness and improving mental well-being. It presents local leaders’ understanding of the issues, alongside practical ideas and barriers to improvements. It aims to describe the current state of public mental health and well-being and to provide a sense of what would help to take this work forward locally and nationally.

This report will be useful for:

- **National level**: Public Health England, the NHS Commissioning Board, NHS organisations, government departments, local government agencies, public health organisations and networks, voluntary sector organisations, private sector organisations, think tanks and academics
- **Local level**: commissioning and well-being boards, NHS (GP commissioning consortia and service providers), local authorities, public health organisations, the voluntary sector and businesses.

Commonly, mental illness and well-being are seen as a continuum – people with poor well-being develop mental illness and people with positive well-being remain mentally healthy. However, it isn’t as straightforward as this. Figure 1 (on page 7) provides a framework to show how individuals with mental illness can have positive well-being. Both those with positive mental health and well-being, who are flourishing and functioning well psychologically and socially, and those with poor well-being, who are languishing and in a state of emptiness and despair, are experiencing a different state from those with mental illness, which is diagnosed according to the presence of a set of clinical symptoms. This means that people who have a diagnosed mental illness can flourish and are able to be resilient, manage their illness and enlist a range of coping factors. On the other hand, those without a clinical diagnosis can experience poor mental well-being, which can have a detrimental impact on their functioning/day-to-day life.\(^2\)

Looking at how mental well-being is understood and being addressed locally will not only increase understanding but will inform local and national efforts.

‘Growing evidence shows the positive impact of improving public mental health and well-being on health, social and economic outcomes.’
What is positive mental health and well-being?

The term ‘well-being’ can be used in different ways. The New Economic Foundation (NEF) describes well-being as how people experience their own lives. It is more than the absence of problems and illness, personal and social factors, and is not just about happiness but enabling individuals and communities to do well in life and flourish.3

The Government’s mental health strategy, No health without mental health, published on 2 February 2011, defined public mental health as:

“The art and science of promoting well-being and equality and preventing mental ill health through population-based interventions to: reduce risk and promote protective, evidence-based interventions to improve physical and mental well-being; and create flourishing, connected individuals, families and communities.”

The strategy defined well-being as: “A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.”

In this report we describe a person with positive mental health and well-being as experiencing positive emotions and feelings, strong cognitive functioning (perception, thinking, reasoning), someone who relates well socially with others and society and has a sense of meaning and purpose in life.4 We use the term ‘public mental health’ when describing mental health within a population.

Mental well-being crucially affects healthy functioning of individuals, families, communities and societies. It fundamentally affects behaviour, social cohesion, social inclusion and economic prosperity. Positive mental well-being reduces population mortality5,6 and populations with good mental well-being also have improved overall health, recover more rapidly, are admitted to hospital less frequently and have high levels of employment and productivity. Underlying social, economic and environmental dimensions that can affect a person’s well-being relate to factors such as employment status, education, health and household/ neighbourhood characteristics.

“Good well-being does not just mean the absence of mental illness – it brings a wide range of benefits, including reduced health risk behaviour (such as smoking), reduced mortality, improved educational outcomes and increased productivity at work.” (Public health white paper: Healthy lives, healthy people, November 2010, p14).

Measuring well-being is subjective and can be used to find out how individuals experience and feel about their lives and how they function within society. Various measurements and scales can be used to measure well-being. These include the Warwick-Edinburgh Mental Well-being Scale (WEMWEBS) and the Mental Well-being Impact Assessment (MWIA) tool.7 In 2009, the North West Mental Well-being Survey incorporated a short form of WEMWEBS to survey 18,500 residents in the region. The survey findings were used to guide policies and interventions at local and regional levels.8 The MWIA has also been widely adopted to assess the impact of new policies and developments on a population’s well-being (see Appendix 1: the Liverpool case study on page 34).
Figure 1. Individuals with a mental health illness can have positive well-being

- High mental health and well-being
  - (4) Mental illness (but could have some level of flourishing)
  - Moderate mental health + mental illness
  - Languishing and mental illness
  - Low mental health and well-being

- Low mental illness
  - Complete mental health (flourishing)
  - Moderate mental health
  - Languishing
Methodology – who did we speak to?

This report represents the findings from a survey of 141 local health and local government leaders across England and semi-structured interviews with 45 of the following survey respondents:

- 13 PCT chief executives
- ten local authority chief executives
- 11 directors of public health
- six GPs
- five mental healthcare provider chief executives.

Case studies were collected via face-to-face and phone interviews in five areas across England (Liverpool, Bristol, South Ribble, Kent and Medway, and Greenwich). The case studies illustrate how the report’s key themes are implemented in localities, sharing examples of emerging best practice. The case studies look at the key processes, lessons learnt and barriers to development, as well as future plans.

Interviewees were selected from diverse organisations spanning a range of sizes, population densities and locations to provide a representative sample with varying viewpoints and understanding of mental health and well-being.

The questions focused on:

- views and understanding of public mental health and well-being
- perspectives on health inequalities
- how high a priority public mental health and well-being was in interviewees’ organisations and localities
- how public mental health and well-being was being addressed locally, its related impact and outcomes
- how public mental health and well-being was being measured at local levels
- the challenges and opportunities for improving public mental health and well-being.

To ensure the project findings were representative of local partners’ views across all relevant sectors (NHS – public health, primary care and secondary care; local government and the voluntary sector) and in line with changing government policy, focus groups were conducted in Manchester, York and London. The focus groups attracted 26 senior executives and specialists and provided a useful forum for open discussion and building consensus on the key findings and recommendations.

More than 90 delegates attended a summit on 8 December 2010 to hear recent evidence on mental well-being, the role of local government and the cost-effectiveness of interventions. The project findings and case studies were shared and delegates discussed how to improve well-being within the proposed reformed health and local government systems. The discussions from this event and the focus groups inform the final chapter of this report.*

*It must be noted that those who took part in the project are generally more interested and more knowledgeable about public mental health and well-being than those that haven’t. The GPs interviewed and surveyed were particularly interested in mental health and well-being and are also experienced in either health promotion or practice-based commissioning.
Background

Although improving mental well-being is a relatively new policy agenda, local authorities and PCTs have been developing small-scale initiatives for at least ten years. Well-being was first introduced to local government policy through the ‘power of well-being’ in the Local Government Act 2000[10], which provided local authorities with the legal power to carry out whatever they considered necessary to improve the well-being of their communities.

The Government Office for Science report on mental capital and well-being[11] set out evidence-based recommendations for action throughout different life stages, and in 2010 the Government’s public health white paper presented the most comprehensive understanding of mental health within national public health policy to date. The first objective in the Government’s mental health strategy, No health without mental health, published in February 2011, focused on more people of all ages and backgrounds having better well-being and good mental health and fewer people developing mental health problems.

The Government’s plans to measure the nation’s well-being, announced on 25 November 2010, signal the increasing importance given to people’s well-being and acknowledge that a nation’s growth should not be measured through economic indicators alone.

Reforming the NHS and local government

This recent focus on improving mental well-being comes at a time when the Government is also proposing significant reforms to the NHS. Under the reforms, GP commissioning consortia will become responsible for commissioning healthcare services at local levels, PCTs will be abolished and local authorities will become responsible for improving public health in their area. Local health and well-being boards will be created to oversee and coordinate commissioning and provision of health and social care services, and commissioners will be obliged to commission on an ‘any willing provider’ basis – providing new opportunities to private and third sector organisations to deliver services. The NHS Commissioning Board and a new public health body, Public Health England, will oversee commissioning and provision of health services at a national level.

There will be a focus on achieving outcomes rather than process targets, and three outcomes frameworks for the NHS, social care and public health are expected to overlap. They concentrate on improving overall health outcomes, with proposed indicators including mental health prevention and promotion and addressing upstream social and environmental factors to improve quality of life. All this is going on in the context of budget cuts for local authorities and demands for efficiency savings within the NHS.

The reforms will change the way improvements in public mental health will be organised, strengthening the need for leaders’ perceptions and what is happening locally to be understood. The research findings and case studies in the following chapters provide a picture of these perceptions and how different localities have been working to improve mental well-being in their communities.

‘The reforms will change the way improvements in public mental health will be organised, strengthening the need to understand what is happening locally.’
An urgent and emergent priority

Our research shows that the mental well-being agenda is gaining momentum and increasing its profile with leaders at local levels. Although public mental health and well-being hasn’t enjoyed a high profile prior to the Government’s Foresight report on mental capital in 2008, the leaders we interviewed considered it had increased in profile over the past few years.

This chapter shows that, despite this, there is a lack of shared understanding among key stakeholders about how to define and improve mental well-being. Leaders in different types of organisations understand mental well-being differently.

Public mental health and well-being as a priority

Local leaders are already prioritising improving public mental well-being. Among NHS and local government leaders in our research, 40 per cent considered it to be part of their core business and 35 per cent reported that they were making progress towards this point. A minority (4 per cent) reported it not to be a priority.

Among GPs there was broad agreement that improving mental well-being had a low profile in their organisations, although they considered it to be a large part of the workload.

Figures 2 and 3 (on page 11) show that leaders want improving mental well-being to become more of a priority in their organisations. Figure 2 shows the response to the survey question that asked leaders to rank how much they agreed with the sentence: “Mental well-being should be a priority in my organisation’s strategic planning.” The majority of respondents proportionately agreed more with this statement.

There was a general consensus that improving mental well-being isn’t just a good idea, but a necessity grounded in evidence to promote mental well-being and prevent mental illness. Leaders thought that improving mental well-being was a good aim but highlighted that the benefits went further than this. They thought that improvements in mental well-being would help individuals and communities to recover more quickly from mental illness and reduce the cost of expensive secondary health services. They would help to prevent acute admissions and improve socio-economic outcomes related to education, employment and criminal justice.

Although the mental well-being agenda is gaining momentum institutionally within health and local government organisations, leaders expressed a concern that this wasn’t the case within local communities and populations. They wanted mental well-being to become a publicly-owned initiative with people talking about ideas such as the ‘five ways to well-being’ in a similar way to the five fruit and vegetables a day required for a healthy diet. The focus for future mental well-being initiatives should be raising awareness and understanding within local populations, continuing efforts to create more dialogue about public mental health and well-being at neighbourhood levels.

‘Leaders want improving mental well-being to become more of a priority in their organisations.’
Figure 2. The extent to which improving mental well-being is an organisational priority

Survey respondents (PCTs, local authorities, directors of public health, mental healthcare providers, GPs)

1 = Strongly disagree  5 = Strongly agree

“Mental well-being is a priority in my organisation’s strategy”

Figure 3. The extent to which improving mental well-being should be an organisational priority

Survey respondents (PCTs, local authorities, directors of public health, mental healthcare providers, GPs)

1 = Strongly disagree  5 = Strongly agree

“Mental well-being should be a priority in my organisation’s strategic planning”
Creating shared understanding among key stakeholders

The majority of leaders had a strong understanding of public mental health and well-being, demonstrated by their knowledge of key national and local policies and initiatives. Asked to define mental health and well-being, they focused on individuals having the personal resources and resilience to cope, positive self-esteem and aspirations, strong and cohesive communities, and the general well-being of populations in terms of feeling good and staying healthy.

However, leaders from health and local government understood mental well-being differently. Health leaders took a health service and policy perspective, for example, citing efforts to promote mental well-being through the use of health trainers as a way of reducing admissions to primary and secondary mental healthcare. Local authority chief executives understood mental well-being from the perspective of communities and the day-to-day challenges they face. They saw the local authority’s role of addressing the broad determinants of health, such as education, the environment, community development and employment, as integral to improving mental well-being.

These differences in understanding are not unexpected. They correlate with a NEF report that explains how, within the health sector, the term mental well-being is often used to cover a range of positive health behaviours, while in economic and social policy the term is used synonymously with utility or welfare – the extent to which people have access to economic resources, healthcare, family, community support and political freedom.

This makes it difficult for leaders to make decisions together, and causes confusion between local stakeholders. Leaders reported that there was an insufficient consensus among partners about how to define and respond to the need to improve mental well-being. They believed that increasing awareness and understanding of mental well-being, particularly among GPs and councillors, would greatly strengthen this agenda.

In the future, GPs and councillors will have key decision-making roles regarding the commissioning and funding of public health programmes. Ensuring they are fully informed will enable localities to make intelligent commissioning decisions based on evidence.

“If local strategic partnership leaders clearly understand well-being and their respective roles within their organisations and collectively what they can do around well-being, they are a real force for change.”

Local authority senior executive.

Although leaders thought it should be more of a strategic priority within their organisation, many struggled to make progress. In general, leaders thought that among key stakeholders mental health was still seen as less important than physical health. With the publication of the new mental health strategy, *No health without mental health*, this perception may begin to change.

Even though there is a lack of consensus at local levels regarding what improving mental well-being means and what should be done about it, there is a consensus that local leaders think this is an important, urgent and emerging priority.

‘Leaders thought that among key stakeholders mental health was still seen as less important than physical health.’
Using evidence and expertise

The research shows that current improvements in public mental well-being are driven by:

- skilled individuals and leadership to champion and develop programmes
- organisations using evidence of what works
- national strategies, reports and resources to guide local action.

This chapter looks at how localities use evidence and expertise to guide public mental health and well-being improvements.

**Skilled individuals and leadership as key drivers**

Skilled and knowledgeable individuals are already driving this agenda at national, regional and local levels. Individuals’ efforts were found to be particularly significant in the initial stages of developing the case for change. They used innovative ways to make the case and enable others from a variety of sectors and settings to understand the importance of improving population well-being.

In areas where improving well-being has become a social movement, such as Liverpool (see case study on page 14), there is a critical mass of individuals driving improvements across the voluntary, health, local government and business sectors. Leaders said that leadership and ownership of the agenda was essential for enabling organisations to shift their cultures to improve mental well-being. Such an approach facilitated development of the Living Well strategy in the North-West of England.14

Leadership, and a body of skilled and committed individuals, are required to drive this agenda forward. However, skilled individuals would not have been able to strengthen local understanding and prioritisation of mental well-being without local needs assessments and well-evidenced methodologies to inform and guide their case.

**Needs assessments help localities to prioritise their investments**

Assessing the assets and needs of local populations is the first step to understanding how best to approach public mental well-being. Organisations across the country used their joint strategic needs assessment (JSNA) to collect data and provide evidence for identifying local population health priorities such as mental well-being.

Leaders found that access to quality data on the needs of their populations was invaluable when designing and planning local health and well-being strategies. Although many leaders thought the JSNA didn’t go far enough to explore the assets of populations, and not just unmet needs, it was found to drive mental well-being improvements. During one of the research focus groups the participants recommended that JSNAs could become more useful if they included:

- broader demographic factors
- wider determinants of health
- details of existing local services
- evidence of what works locally
- views of key stakeholders.

The Mental Well-being Impact Assessment (MWIA) toolkit was also found to be a useful tool for localities to measure the impact of a public service or activity on public mental well-being. MWIA is one of the many examples of national guides and reports that have informed local action on mental well-being.
Case study: The well-being movement in Liverpool

In 2010 Liverpool was the first city to devote a year to health and well-being, and it has since dedicated the decade to this cause. Launched by the NHS and Liverpool City Council, it aimed to address the underlying factors that have increased health inequalities and to create a cohesive programme to address lifestyle factors affecting public health.

It had a strong arts and culture focus which was supported by the ‘five ways to well-being’. Workstreams to improve mental and physical well-being included singing, dance, better use of green space, healthy homes and workplace well-being.

The specific factors that have contributed towards the success of the well-being movement in Liverpool include:

- strong connections, commitment and leadership from the PCT and other NHS bodies, the council, neighbourhood management areas, voluntary and community organisations and others
- advocacy by voluntary sector organisations – in particular, service user-led mental health organisations
- a critical mass of individuals across a number of different organisations championing the agenda and working together to create change
- innovation and ‘taking a leap of faith’ – the PCT decided that the public health targets were the most difficult to reach, so it took a leap of faith to address some of them
- considering mental health and well-being to be a social determinant of health, recognising that poor mental health and well-being exacerbates health inequalities
- taking a proportionate universal approach to improving mental well-being
- researching and evaluating impact and progress.

See Appendix 1 (page 34) for more details.

National strategies, reports and resources strengthen local efforts

Local leaders talked about how they used national reports such as the Foresight report on mental capital (2008) to inform and guide local decision-making. They particularly used national policy when organisations were making the case locally to prioritise action on improving well-being. Leaders reported they found it difficult to make the case without a national-level policy framework.

Of the leaders interviewed, 51 per cent considered the previous national mental health strategy, New horizons: a shared vision for mental health, to have informed and facilitated progress locally. They were looking forward to the new mental health strategy, No health without mental health, to guide further efforts.
The evidence reviews that accompany the mental health strategy and research regarding the cost-effectiveness of mental health prevention and promotion also provide localities with comprehensive data to strengthen the business case for investing in mental well-being.

GPs and local authorities tended to be less familiar with relevant policy documents such as the mental health strategy and the Foresight report. This should be taken into consideration when developing future guidance and policy frameworks to ensure that policy is inclusive and translates across and resonates with all key sectors. Leaders agreed that national guidance and support is required to make best use of expertise and evidence available to help this emerging agenda.

Both interviewees and focus group participants wanted to see more sharing of best practice evidence. They wanted to continue to build an understanding across sectors and increase commissioning and provider capacity so that the agenda moves beyond discussions regarding the definition of mental well-being and onto the best ways of addressing local needs.

Localities adapted national guidance and initiatives according to local requirements. Web-based action learning sets were considered effective at sharing learning and building capacity, and directories were found useful for sharing information about available services. National brands and approaches such as Change4Life and the ‘five ways to well-being’ were shown to strengthen well-being efforts locally and provide consistency in approach.

Focus group participants thought that initiatives to improve mental well-being services needed to be well branded to ensure GPs and others making referrals respected the brand and were confident that the services were safe and of good quality. Focus group participants reported instances where GPs were reticent to refer patients to mental well-being services because they hadn’t understood how the available services worked.

In order for future services to develop, there is a need to strengthen GPs’ understanding of prevention and promotion of public mental health and well-being and the impact that improvements can have on reducing admissions to primary and secondary care services.
Achieving social and economic goals through integrated working

The Government’s mental health strategy (2011) states: “Mental health is everybody’s business.” We also know that improving public mental well-being has an impact on many other facets of life, including social, economic, health, organisational, community, family, and individual. This chapter looks at local leaders’ views of these different dimensions and how mental well-being initiatives are integrated with other services. We explore important links between services and what drives organisations and localities to take action.

82 per cent of leaders thought improving mental well-being contributed towards other social, health, community and economic development goals.

This research found consensus that the mental well-being agenda supported progress on other organisational priorities. This demonstrates that mental well-being is not only a public health priority in its own right, but it is also a key factor for enabling progress in other services and businesses. To succeed, well-being and public mental health approaches and initiatives will need to be integrated into existing and future services.

Integrating mental well-being within existing services

We explored with leaders how and if mental well-being initiatives were being integrated with other services. Integration in this context is used to refer to both horizontal integration across different services and vertical integration within services, for example, from primary prevention to tertiary care in the NHS. There are multiple examples of how this is happening:

- some areas incorporated mental well-being into community health assessments
- one NHS trust made improving well-being part of the hospital discharge policy
- one organisation integrated well-being within a project to support young people to gain employment
- a locality developed a comprehensive approach to addressing problems with alcohol and improving mental well-being.

The levels of integrated working in these examples varied and for most it was difficult to measure the contributions that mental well-being initiatives made.

A few leaders didn’t consider their well-being work to impact on other organisational goals, but hoped to plan for increased integration of well-being initiatives in the future. It was also noted that other leaders within localities might not think of mental well-being initiatives as having an impact on different sectors and lacked awareness of the scope and potential of strengthening a mental well-being focus.

There was agreement that integration across services, organisations and care pathways was insufficient. This correlates with a NEF report16 that found initiatives integrating the ‘five ways to well-being’ messages with other services were six times less common than initiatives directly addressing the ‘five ways to well-being’.

“There has been a recognition that focusing on single lifestyle issues isn’t the way forward anymore and we have to be thinking of a different way to support the population and promote change.”

Dr Paula Grey, Joint Director of Public Health, Liverpool PCT/Liverpool City Council

In the focus groups, delegates thought integrating well-being should be seen as an issue of quality for service improvement rather than a separate goal, making every contact count for nurses, doctors, community workers,
employers and others. They thought localities and partners should be required to demonstrate action in this area in the same way that they do with other cross-cutting goals, such as equality. They believed that creating links between services would strengthen integrated working.

Creating links between public health, primary, secondary and tertiary care

Connecting mental well-being services across health and social care services will not only strengthen integrated working but also increase access to these services. As both providers and future commissioners, GPs play an important role in strengthening links between services and making referrals to mindfulness and other mental well-being initiatives. The GPs we spoke to were clear about the need to strengthen their role with regard to mental well-being. In one site, GPs found it easier to work with patients who were attending self-help programmes or mental well-being initiatives. However, in the Quality and Outcomes Framework to measure GP performance, mental well-being was not adequately measured or monitored.

NHS and local authority interviewees wanted to see more effective commissioning for mental well-being within primary care to strengthen early intervention and identification and re-orientate services to enable people to look after themselves more easily. Health professionals particularly wanted to strengthen mental well-being initiatives to reduce the impact of medically unexplained symptoms presenting in primary care. Personalised management plans were also suggested as an avenue for including mental well-being approaches. Interviewees thought that recovery pathways should be aligned with the personalisation agenda and refocused to empower patients.

In the future, GPs and local authorities will need to commission mental well-being, work together and share budgets in order for each partner to have mutual interest and an incentive to make savings for reinvestment. Leaders talked about strengthening the social value of commissioning to ensure that services contribute towards improving community mental well-being, as well as achieving their principal goals. The advent of GP commissioning consortia could provide a much-needed opportunity to strengthen connections between NHS and local authority services, from prevention to tertiary care services.

Managing long-term conditions and improving mental well-being were seen as interconnected, but in many areas services were not organised in this way. Incorporating mental well-being within care for long-term conditions in hospitals and proactively communicating with patients and visiting friends and relatives provides an opportunity to engage with an audience that perhaps rarely comes into direct contact with health services.

Leaders wanted more evidence to prove and measure connections between improving physical and mental well-being. They believed it was essential to demonstrate the impact that investments in physical health interventions, such as exercise classes, have on mental well-being. This would support prioritising investment in this area and strengthen integrated working and access to services. In order to achieve many of these suggested improvements, changes in organisational cultures and ways of working are required.

Improving mental health in staff and patients

Leaders were also quick to point out that in order for GPs and nurses in primary and secondary care to improve the well-being of their patients, employers would need to ensure that they were supporting them to strengthen their own mental
well-being. Clinical staff demonstrating that they are looking after their own health could motivate others to do the same.

Employer responsibilities were seen as a key driver for improving mental well-being, particularly in areas where the public sector plays a large role in the local economy. Addressing mental well-being was shown to reduce staff sickness and increase retention in both local authorities and PCTs. However, there is a need for more links between employers and communities to strengthen and connect efforts within workplaces and communities. Connecting community and population efforts with the ‘fit for work’ agenda and targeting small to medium-sized businesses could have significant impact.

The World Health Organisation’s Healthy Promoting Hospitals initiative is one example that aims to integrate wellness models within hospital care. Some leaders saw this as an opportunity to connect the well-being agenda with improving the health of hospital staff and patients.

‘Commissioners struggle to spend additional resources on prevention when funding is tight and efficiency savings are required now.’

During the course of this study, Professor Martin Knapp and colleagues at the London School of Economics were finalising a report on the cost-effectiveness of 16 intervention areas regarding the prevention of mental illness and promotion of mental well-being. The report findings were well received. Delegates at the project’s mental well-being summit in December 2010 hoped that availability of such evidence would enable them to shift their own organisations’ thinking towards commissioning more mental well-being initiatives. Mental health and primary care providers would like to skill-up their workforce to support the shift from focusing on illness and treatment to prevention and promotion of mental well-being. Leaders want to shift organisational cultures and ethos to improve integrating mental well-being across and within services. They considered involving staff in the process and providing training and support to be essential for achieving organisational culture change. Shifting an organisation’s own culture and ethos will also contribute to integrated working across diverse stakeholders and settings.

Integrating mental well-being within organisational culture and ethos

It is still early days for mental well-being commissioning. Organisational cultural norms take a long time to change and some commissioners are still not convinced by the validity of cost-effectiveness evidence to improve mental well-being. Leaders acknowledged that investing in prevention and early interventions reduced costs in the long run and freed up other resources in both the NHS and local government. However, commissioners struggle to spend additional resources on prevention when funding is tight and efficiency savings are required now, not in the five or ten years’ time when the impact of well-being initiatives may be felt.

In order to strengthen mental well-being efforts, integrated working is required across a broad range of partners and in different settings. In this section we explore leaders’ opinions and suggestions.

Leaders thought that integrated working to improve mental well-being would begin to
happen more if local and national policies were developed across varied stakeholders, including businesses such as supermarkets and leisure centres. They reported that policies applicable to a wide range of stakeholders would encourage partners to integrate more and promote improving mental well-being.

Focus group participants considered innovative ways of engaging a variety of stakeholders and wondered if it would be possible to ‘industrialise’ well-being through encouraging leisure centres to market improvements in mental well-being alongside their services.

Interviewees thought art and culture were important mediums for strengthening social capital and connectedness and encouraged localities to implement simple cultural activities that can make a big difference to how people feel.

There is evidence to show that schools are receptive to improving the mental well-being of students, as it has been shown this benefits not just pupils’ emotional health but their behaviour and school attainment. Many of the organisations interviewed believed that more should be done to involve parents and students in this.

Demonstrating the impact of improving mental well-being across social and economic indicators, such as crime, employment and education, increased cross-sector support for this work in some areas.

Leaders acknowledged that support was needed to facilitate integrated working. They found that dedicating a staff member’s responsibilities to improving mental well-being across the NHS and local government resulted in better integrated working within a locality. However, leaders warned of organisations and partners that may no longer remain engaged in integrated working if they believed that this responsibility rested with a role in a single organisation. This will be a particularly important consideration during health and local government reforms as partnerships are formed or restructured and organisations will need to work with new GP commissioning consortia.

Case study: Integrating and embedding mental well-being in Greenwich

Greenwich has developed its public mental health and well-being work over the past ten years, and the PCT and council have implemented a variety of initiatives to address social, physical health, community development and environmental goals. Director of Public Health and Well-being, Dr Hilary Guite, shared her key lessons for implementing public mental health and well-being projects.

Once public mental health and well-being is identified as a priority, it has to be incorporated into all programmes. Building the case for mental well-being must be pitched at the right level for the given audience and in line with the core organisational agenda. In Hilary’s case, she found that the impact of poor mental well-being on physical health in those without a diagnosis of mental illness but who were “languishing” rather than “flourishing” had quite an impact on policy-makers. Starting at this point and then moving to explain the impact of poor mental health on those with a common mental illness kept discussions grounded in a population-wide approach. The languishing state was found to be an understandable concept for many people to identify with.

See Appendix 2 (page 37) for further details.
Reducing health inequalities


We know that poor mental health is one of the many effects of deprivation, and the links between poverty and stress are well documented. In more deprived areas, recovery rates for mental illness are lower and co-morbidity with physical health is a large contributing factor affecting life expectancy rates. The social gradient in health means that the people with the least resources and most need have less access to services than those with better health. In national and international policy literature, the links between reducing health inequalities and improving mental well-being are well documented. However, there is limited evidence to show what local leaders’ views are on this topic. In this chapter we explore local leaders’ views on the connections between mental well-being and the need to reduce health inequalities.

Improving mental well-being will help reduce health inequalities

98 per cent of leaders we interviewed considered improving mental well-being and reducing health inequalities as interlinked – improving mental well-being was thought to contribute to reducing health inequalities.

Addressing health inequalities is a significant priority for health and local government organisations. When asked about the top three public health challenges in their area, 51 per cent of interviewees reported that reducing health inequalities is one of their biggest challenges. This chimes with the Government’s concerns shown at a national level and in recent policy. The Health and Social Care Bill 2011 includes a duty for the Secretary of State for Health to have regard to the need to reduce inequalities with respect to the benefits the people of England can obtain from the health service.

A number of leaders reported that local and national policy documents, particularly the Marmot review, guided local health inequalities and mental well-being efforts. The Marmot review supported councils to recognise their role in addressing mental well-being. However, local authority chief executives reported that some councillors struggled to understand their role in this regard and although it was part of local policy it was not an area that councillors wanted to emphasise due to the complexities of addressing such an issue. A few chief executives felt alone in their view that addressing health inequalities would improve mental well-being and thought other local leaders and partners didn’t understand their view.

Leaders called for a more multifaceted approach to addressing health inequalities to reduce the impact of deprivation on mental well-being. They recommended adoption of an approach to address the social determinants of health from childhood to old age.

The need for cross-sector working

There was general agreement that more cross-sector working and involvement from employment, housing, police and other bodies, in addition to health and social care organisations, was required.

To build on cross-sector working, interviewees thought that targeting key community groups could help to improve outcomes, and they wanted to tailor programmes more specifically...
to the needs of particular communities. They agreed with the Marmot review approach of progressive universalism* in order to provide better value for money and saw partnerships with the voluntary sector as particularly important. Leaders regarded these organisations as often being more in touch with the vulnerable communities that may not attend primary care or other services.

In the next chapter we will explore how partnerships and system-wide thinking can foster public mental health and well-being achievements.

*Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage.

**Case study: Reducing health inequalities in Bristol**

Following the publication of the Marmot review, the Bristol public health and mental health commissioning teams used mental well-being evidence to develop a commissioning model to improve population well-being and reduce health inequalities.

The model explains the need for a whole-system approach to save costs in the long term. It recognises the importance of securing a healthy, safe and sustainable environment, strong cohesive communities and the need to invest in children to ensure a healthier future.

The model has the potential to tackle health inequalities, support increased personal responsibility for health and reduce the reliance on health and social care systems.

See Appendix 3 (page 40) for further details.
Strong effective partnerships and system-wide approaches

Partnerships and multi-sector working are particularly important for joining-up programmes to improve public mental well-being across a range of organisations. In this chapter we will explore local leaders’ views of how important these partnerships are and what it means to work across health and local government systems.

Partnerships for improving public mental well-being

Partnerships, particularly the local authority local strategic partnership (LSP), were found to be a very strong driver for improving public mental well-being. The majority (70 per cent) of leaders we interviewed saw commitment from the LSP as an essential driver and mechanism for this. The sub-boards under the LSP were also found to be important, with 27 per cent of leaders citing specific examples that showed this was the case. LSPs were seen as important for key areas such as scrutiny, children, adults/older people, families, community safety, mental health improvement and social care partnerships.

Several leaders also found that although partnerships were a considerable driver they were also a challenge. Joined-up working and agreeing on and delivering a shared agenda were reported as difficult. Local authorities in particular found it difficult to work across a number of government departments locally, regionally and nationally as well as across services such as the police, crown prosecution and education.

The leaders we interviewed wanted more developed partnerships, joined-up working and improved coordination to enable resources to be used more effectively across structures and areas earmarked for improved outcomes. Through fostering partnerships it was considered possible for areas to achieve a lot with relatively little resources. Leaders thought that organisations within localities needed to think about working more as one organisational system rather than as a number of separate entities. Several called for flexibility to enable shared use of resources and agreed with a place-based budgeting approach. It was thought this would provide more stability for commissioning public mental well-being services.

Because organisational cultures affect how partnerships work, leaders found that informal arrangements worked better than large formal stakeholder groups or committees. They found it took a lot of work to develop strong partnerships and agreed that parties needed to make the effort.

Making the system work

Although informal partnership arrangements facilitated good working relationships at community level, localities where system-wide approaches worked best across health and local government had used Section 75 of the National Health Service Act 2006 to enable their organisations to jointly commission and integrate service provision. Section 75 allows organisations to jointly appoint key posts. Leaders considered joint appointments of directors of public health and mental health commissioners to be particularly positive developments for improving mental well-being because they enabled coordinated commissioning and delivery.

Coterminous PCT and local authority boundaries

‘Through fostering partnerships it was considered possible for areas to achieve a lot with relatively little resources.’
enabled the health service and local government to coordinate their work across the same geographical population and to influence large numbers of partners as well. Localities were able to implement mental well-being initiatives at a population level, broadening the scope and reach of small initiatives (see appendices from page 34).

The findings show that partnerships were essential for this agenda. However, there are also system factors such as coterminous and joint commissioning arrangements that can either hinder or foster such relationships. In the next chapter we will find out how important community empowerment is for improved mental well-being.

### Case study: Improving mental well-being through partnerships

The Kent and Medway NHS and Social Care Partnership Trust (KMPT) is one of many organisations that form part of the Live It Well strategy. This strategy was developed by the mental health commissioners for Kent and Medway (the three PCTs and two local authorities), alongside people who use their services, family carers, health and social care professionals, voluntary organisations and others.

As employers and service providers, they found that having a joined-up strategy across health and social care was extremely valuable.

Erville Millar, chief executive of KMPT, believes that improving mental well-being is impossible without strong partnership arrangements. KMPT is committed to new ways of working to improve mental well-being, even if it means relinquishing some services to be provided by others.

See Appendix 4 (page 44) for further details.
Empowering communities

Empowering communities is not an uncommon aim for governments and organisations; the current and previous governments have made commitments to it. However, there is often confusion about what it means, and the term ‘empowerment’ is used differently by different people.

Empowerment involves increasing the control that individuals and communities have over their lives and their health. For this report we will use the definition that empowerment is about the giving of confidence, skills, and power to communities to shape and influence what public bodies do for or with them. The term ‘engagement’ describes the process whereby public bodies reach out to communities to create empowerment opportunities. In this chapter, leaders share their views on how working with and empowering communities improves mental well-being.

Many leaders defined positive public mental well-being as healthy, connected and flourishing communities. Leaders specifically focused on empowering communities, rather than individuals, to build social capital, resilience and connections between people. This approach was also discussed in a recent Local Government, Improvement and Development report.

Leaders reported the need for cultural shifts within communities to encourage early diagnosis and uptake of talking therapies and increase access to mental health and well-being services. They discussed the need to build community capacity to engage with initiatives, reduce stigma and increase access to promotion, prevention, early intervention, treatment and recovery services.

Achieving mental well-being through engaging and empowering communities

There is growing evidence to show the impact and cost-effectiveness of an approach that empowers communities. Results from an exemplar project – HELP, funded by the Department of Health – show improvements in the mental, physical and environmental health of communities.

The leaders we spoke to felt that mental well-being cannot be improved without engaging and involving communities. Well-being, resilience and attitudes to behaviour change all affect the success of public health intervention, and there was broad agreement that unless public mental well-being is improved communities would not engage with a range of services and initiatives.

There is growing evidence to show the impact and cost-effectiveness of an approach that empowers communities.
Case study: Asset-based community development in South Ribble

Appreciative Inquiry is a community engagement approach that focuses on the positive attributes, or assets, that communities have, while trying to improve community health outcomes.

South Ribble Borough Council, Local Government Improvement and Development and the North West Together We Can Empowerment Network adopted this approach.

The key success factors to implementing the approach in South Ribble were:

- willingness of professionals to listen and allow communities to take decisions – not offer solutions
- providing examples of how residents can influence decisions
- providing sufficient space and time for communities to engage
- trusting communities and being prepared to take risks
- championing the approach within communities and organisations
- encouraging creativity, innovation and enthusiasm in service design
- helping the community to realise it has assets
- ensuring decisions were relevant and appropriate for the community
- understanding that solving problems is a catalyst for change.

Consistent and steady council membership and council staff enabled the approach to develop. Six area committees used the approach to develop area action plans to guide their community development work.

See Appendix 5 (page 45) for further details.

“We need to be asking people how they want to improve their lives, we need to start listening, and there is no such thing as a hard-to-reach group.” Chris Long, Hull PCT chief executive

To improve primary care services, one GP we spoke to called for a change in mindset from a biomedical to a bio-psycho-social model of care. Many interviewees and focus group participants talked about the need to change the approach that many GPs adopt of telling their patients what to do rather than involving them in decisions around improving their health. Mental resilience is required for patients to drive their own solutions. Requirements in the Quality and Outcomes Framework for GPs could include patient and community engagement indicators to incentivise improvements in this type of approach.

There is a consensus that recovery models should shift from illness models of care to health promoting approaches for more sustained and lasting impact. Wellness recovery action plans (WRAPs) and self-management tools aim to strengthen an individual’s ability
to take control of their own recovery and can be widely used within communities. However, leaders in mental healthcare providers described a tension between empowering patients and delivering a package of services based on clinical diagnoses. Mersey Care NHS Trust (see Appendix 1 on page 34) has incorporated well-being arts and culture initiatives within a secondary care setting, exposing clients to community resources and organisations that they could engage with. Clients are able to work on their interests and strengths in ways that give them confidence, control, a belief in themselves and a wider array of social contacts. These types of initiatives are simple and effective and harness existing resources outside the mental health system.

**Bringing services closer to communities**

In an ideal world, local authorities and NHS organisations would like to bring services closer to communities and strengthen the focus on the inter-relationship between the broader social and economic determinants of health and mental well-being.

Interviewees wanted to increase prevention and improvement work with children and young people, and community outreach was considered to be a key component of a comprehensive response. The leaders we spoke to wanted to see more community-based initiatives in different settings that people regularly visited, such as hairdressers, libraries and places of worship.

‘Leaders wanted to see more community-based initiatives in different settings such as hairdressers, libraries and places of worship.’

Co-producing services with communities and individuals was seen as a positive opportunity to increase levels of engagement with communities. A common desire of the leaders we spoke to was to find new ways of delivering services, to use resources in different ways and to strengthen community engagement channels of the statutory sectors. Lessons from service user engagement could inform this process.

However, engaging and empowering communities is not without its challenges. Localities found it difficult to engage and keep communities engaged over long periods of time, particularly in volunteering initiatives. People either did not have time or the same people volunteered at each opportunity. Investment is clearly required to ensure ongoing and representative community involvement.

The core concept of the Government’s Big Society approach is empowering communities and engaging them to become more involved in running public services. The Government’s focus on community empowerment could improve community participation, and the leaders we spoke to welcomed the approach but were quick to highlight that they didn’t understand how community volunteers would be able to fill the gaps left by cuts to public services.
Measuring mental well-being

The Government’s decision to measure the nation’s well-being, announced in November 2010, was the first time this country has committed to measuring the nation’s progress through this type of improvement. Evidence reviews accompanying the mental health strategy, No health without mental health (Feb 2011), and the research that presents the economic case for mental health promotion and prevention,26 will strengthen the case to prioritise investments in mental well-being. In order to commission these services, commissioners will need to have confidence in the value and impact of mental well-being interventions. Measuring services and initiatives is also essential for generating evidence and building more understanding of what works in different settings.

Leaders found it difficult to measure mental well-being

The majority of leaders we spoke to saw measuring well-being as one of biggest barriers to investment. They found it difficult to provide measures, outcomes and evidence to rigorously prioritise investment choices, particularly for prevention initiatives, although there was a clear desire to conduct more in-depth evaluations and develop cost-benefit analyses. Although there are a number of methods to measure both population and individual mental well-being, many leaders did not feel they had access to the knowledge or expertise required. Most measured interventions through process indicators and the use of services’ data.

Many leaders said that others within their organisation did not value mental well-being outcomes as much as other health outcomes and indicators. In one area a PCT board rejected the case for increasing investment in mental well-being from primary care colleagues because it considered the initiatives to be “too soft” and the economic case not robust enough.

Leaders would like to strengthen organisational and public understanding of mental well-being measures such as the Warwick-Edinburgh Mental Well-being Scale and to use social indicators to strengthen the case for measuring well-being. They wanted more evidence of cost-effective interventions and thought that linking this evidence with place-based budgets would significantly improve population outcomes and benefit multiple organisations.

A number of organisations reported that national initiatives such as world-class commissioning, Continuous Quality Improvement Network (CQIN) and Improving Access to Psychological Therapies (IAPT) supported a focus on outcomes and measurements linked to public mental well-being.

Organisations welcome a focus on outcomes

There was general agreement that the data currently collected was not sufficient for measuring mental well-being, and leaders recommended adding indicators to routine surveys. Localities would like to be able to compare data across different areas while ensuring that information is sufficiently locally specific to inform commissioning plans.

Leaders welcomed the Government’s focus on outcomes, and the plans to start measuring well-being at a national level27 could be significant for addressing these challenges.

Measuring well-being was a popular topic with most of the leaders who took part in the focus groups and interviews. Many wanted
to see positive cross-government outcomes developed and new ways of working locally and nationally to monitor shared outcomes. They discussed the use of proxy indicators and the development of broad outcomes measures that showed not only the impact on health but also the effect on societal factors such as crime and employment. There was clear agreement that process indicators would be required to monitor proactive efforts and progress towards outcome measures.

There are multiple variables that impact upon the effectiveness of a given intervention relating to communities, service providers, innovations, organisational functions, training and technical assistance. A number of leaders thought that quality implementation was an important consideration when measuring intervention outputs, and resources would be required to ensure that programmes were implemented and measured accordingly. In general, leaders wanted to change current perceptions that planning and measuring well-being interventions are overly complicated, and needed more access to tools and guidance for this. Resources will be needed to measure mental well-being, and localities will need to think carefully about how to make best use of funds in a time of cuts to public sector services and requirements to make efficiency savings within the NHS.

‘Resources will be needed to measure mental well-being, and localities will need to think carefully about how to make best use of funds in a time of cuts to public sector services.’
Economic impact and resilience

The leaders we interviewed were anxious about how cuts to public services would affect public mental health and well-being efforts. They were knowledgeable about the evidence and generally agreed that improving mental well-being is a priority, but were aware that improvements can take a long time to take effect.

**How the cuts might affect public mental health and well-being**

In the Comprehensive Spending Review (October 2010) the Government outlined cuts to public services to address the country’s budget deficit. These included reductions in local authority allocations and changes to the welfare and benefits system. The NHS is required to make 4 per cent efficiency savings each year for the next four years, while going through significant reorganisation. England continues to experience low economic growth and the cuts will result in significant job losses, particularly in areas with high numbers of public sector workers.

Many leaders believed that higher unemployment would result in poorer mental well-being among populations. A report on the impact of the economic downturn on mental health supports this. The cuts to services and reduced access to welfare may come at a time when they are needed most. At the time of writing, areas were already feeling affected by the loss of local area grants to local authorities. While it is difficult to predict how deep the impact of the cuts will go, it is clear that local areas will find the changes hard to manage.

The leaders we spoke to were concerned that the budget cuts will constrain efforts to improve public mental well-being. They thought this would mean that less money would be spent on promotion, prevention and early intervention. Although most saw clear gains for investing now to save funds in the future, they explained that when funding is tight it is easier to invest in ‘quick wins’ rather than invest in interventions that would achieve longer-term health gains.

PCTs, local authorities and mental health providers found it difficult to shift from funding relatively expensive clinical treatment services to investing in prevention and early intervention in community and clinical settings. This was partly due to what they saw as a difficulty producing hard evidence to show the effectiveness and efficiency of local intervention. Most of the leaders we spoke to thought it would be seen as risky to invest in helping individuals to stay healthy when there were fewer resources available, and this would subsequently reduce the profile of mental well-being.

“When money is tight, people look to fund hospitals not well-being.” GP

Health leaders were concerned that the wide-ranging impact of the cuts could roll back the gains made in recent years. They thought that if the cuts were very deep and swift this would damage society, community development and public mental health. Many leaders in both the NHS and local authorities thought that the speed of the cuts may be more of a problem than the cuts themselves. Many acknowledged the need to improve efficiency and to shift towards investing in prevention, promotion and early intervention.

A minority of leaders were concerned that people with mental illness would be forced back to work, with a negative effect on their mental health. Several talked about the need to continue investments in apprenticeship schemes to support and encourage individuals to gain employment, and one PCT had a recession plan in place to mitigate the impact of the recession and the cuts.
Mitigating against the impact of public sector cuts

PCTs and local authority leaders believed that demand for mental health services would rise during implementation of the Comprehensive Spending Review and saw the cuts as an opportunity to make addressing public mental well-being a priority. The majority of leaders thought that addressing mental well-being makes economic sense, improving contributions to the economy by supporting people back to work and reducing the burden on public sector services. Linking improving mental well-being with the Fit for Work and worklessness agendas within councils was seen as a significant opportunity.

Many leaders highlighted that improving public mental well-being is cost-effective and less expensive than treatment services but complementary to achieving improved outcomes for people recovering from mental illness. A number of low-cost mental well-being initiatives can make a significant impact, as demonstrated in the Government’s mental health strategy supporting document, *The economic case for improving efficiency and quality in mental health*.

Leaders thought that investment in ‘time banks’, community gardens and art and culture programmes was particularly important, acting to strengthen social capital and community well-being. Peer support – another well-evidenced and relatively low-cost intervention – was also highlighted as combining the Government’s Big Society philosophy with economic and innovative solutions to reduce the burden on public services.

‘Improving mental well-being makes economic sense, improving contributions to the economy by supporting people back to work and reducing the burden on public sector services.’
Observations and challenges for the future

As the case for improving mental well-being continues to rapidly develop and awareness grows, significant transformation is taking place in public health architecture and how public services will be delivered. Different localities will develop their own ways of working and find unique solutions appropriate to local contexts. We have outlined some suggested actions to increase understanding and capacity to support mainstreaming public mental health and well-being in the new public health system and across public services.

Supporting new structures in the NHS and local government

There was overwhelming consensus that the health and well-being boards within local authorities would provide a forum for driving forward this work locally. The members of the health and well-being boards (elected councillors, GP commissioning consortia, directors of public health and others) will need to understand the evidence and importance of public mental well-being as a determinant of health and the impact that initiatives can have on reducing health inequalities and increasing disability-free life expectancy. The health and well-being boards will have a responsibility to develop joint strategic needs assessments and local health and well-being strategies, as well as providing oversight to the health economy and rolling out initiatives to district and borough councils.

The Cabinet Sub-Committee on Public Health, working across multiple government departments, will be central to addressing the wider determinants of mental health and well-being and monitoring progress made by Public Health England and other government departments.

Strengthening the role of the voluntary sector

Leaders jointly recommended that because the voluntary sector is essential for reaching vulnerable groups, it should have a designated member on the health and well-being boards, as well as on GP commissioning consortia boards. Not only mental health voluntary organisations should be involved. Voluntary organisations that cover other issues pertinent to vulnerable groups will have an important role to play in facilitating and integrating improvements in mental well-being. Sufficient resources will be required to enable the voluntary sector to participate fully and implement quality programmes at scale.

Building capacity and sharing evidence

Building capacity within GP commissioning consortia, local authorities, health and well-being boards and the voluntary and private sectors will increase understanding and help to develop locally appropriate initiatives, strengthen referrals and improve quality of services. In the first instance, efforts should be targeted at local decision-makers within health economies – local authorities and the NHS will facilitate action at community levels.

New evidence and understanding is evolving continuously. To ensure that localities are able to keep up with the rapid pace of change,
maximise the use of resources and implement evidence-based practice, guidance and evidence should be shared across regions and localities.

Public Health England will have an important role to play in sharing and disseminating evidence that helps to shift the focus to prevention and mental well-being initiatives. Public Health England will be able to identify ways of measuring and monitoring progress towards outcomes, as well as lead and implement national programmes. Local leaders showed support for national campaigns and programmes that complemented and strengthened local initiatives. Educating and communicating through different media to improve public understanding of mental well-being will increase public support for action.

Support is needed to enable organisations to shift their approaches towards promotion and prevention. Culture and professionals’ changing behaviour will enable this to happen, something that patients within the NHS have demanded for some time.31

Leaders welcomed proposals in the public health white paper Healthy lives, healthy people (2010) to include public health measures in the Quality and Outcomes Framework and wanted indicators on mental well-being to be included.

**Supporting economic and social recovery**

The new system has the opportunity to maximise use of resources by working through existing local networks and acting at national and local levels to share evidence of what works.

The proposed ring-fenced public health budget provides an opportunity to ensure resources are available to improve public mental well-being, incentivise national and local action and ensure cross-sector partnerships.

To make best use of different interventions and integrated ways of working, localities will need to apply evidence to short, medium and long-term strategies to ensure cost-effective use of resources. Using evidence from a variety of disciplines, including behavioural science, will contribute towards improving outcomes. Involvement of cross-sector partners, communities and individuals is essential.

‘Support is needed to enable organisations to shift their approaches towards promotion and prevention.’
Conclusion

This report shows that improving mental well-being is a significant and growing priority for local authorities and the NHS in spite of, and because of, the poor economic situation we find ourselves in. It is clear that building community resilience and improving mental well-being will improve social, health and economic outcomes.

From the report findings we now know that improving public mental well-being in a changing world will be achieved by:

- a better understanding of public mental well-being to inform commissioning decisions locally and nationally
- making existing evidence more available, accessible and useable for diverse audiences
- implementing evidence – organisations need to commission and deliver services and initiatives that we know work and use needs assessments to tailor interventions to local circumstances
- improving commissioning partnerships across sectors focused on improving outcomes and achieving social, health and economic goals
- supporting emerging leaders of new organisations and bodies, GP commissioning consortia and health and well-being boards to develop partnerships and understanding that support progress towards mainstreaming public mental health and well-being
- learning from GP commissioning consortia pathfinders and shadow health and well-being boards as they start to commission and deliver services in the new health and social care system.

‘It is clear that improving mental well-being will improve social, health and economic outcomes.’

More research is required across a variety of academic disciplines and health and local government systems. Investment in collecting and disseminating evidence is still needed to demonstrate the effectiveness and efficacy of mental well-being approaches and to investigate innovative methods and ways of working.

The reorganisation of national and local public health systems provides an opportunity to use the learning from this report, and others, to make better use of resources to improve population well-being. Building on existing knowledge and practice, localities are well placed to ensure that public mental well-being is part of the new structures. NHS and local authority chief executives, GPs and directors of public health have openly shared their local perspectives. To succeed, national bodies will need to support, guide and listen to communities and local organisations.

All organisations working in mental well-being must make the best use of resources to enable communities and individuals to remain resilient when times are tough and to flourish in everyday life.

For more information on the issues covered in this report, contact Nicola Stevenson, Senior Policy and Research Officer, at nicola.stevenson@nhsconfed.org
Appendix 1: The well-being movement in Liverpool

In 2010 Liverpool was the first city to devote a year to health and well-being and it has since dedicated the decade to this cause. Liverpool experiences lower than average mental well-being and the Health is Wealth Commission’s report acknowledges that despite recent economic growth Liverpool has lower life expectancy, a higher percentage of the population with chronic illness and a disproportionate dependency on incapacity benefit when compared with other parts of England. In response, Liverpool PCT and Liverpool City Council have prioritised addressing health inequalities and improving well-being across the city.

The voluntary sector’s power to advocate

The voluntary sector has played an important part in the well-being movement in Liverpool by advocating on behalf of mental health service users. For the past 15 years, Liverpool Mental Health Consortium and the Joint Forum have challenged stigma relating to mental illness and advocated for improvements in mental health services. The PCT and the local authority jointly fund the consortium and run a community of practice on social inclusion and recovery. Service managers and commissioners value the consortium because it has a demonstrable impact with service users and it provides a forum to discuss service redesign.

In 2005 the PCT used asset-based community development approaches within the health trainer and community ambassador programme and has since transformed this programme to include targeting people who don’t access services. In addition, in 2009 Liverpool PCT and Liverpool City Council worked jointly to establish an advocacy hub offering facilitated access to a range of services, including social prescribing initiatives.

Engaging communities and setting up appropriate structures

In 2007 Liverpool held a Big Health debate – a programme of meetings and events to discuss access to health services and what was most important to communities. Following this, the PCT with the council developed the city’s out-of-hospital strategy and implemented a range of small-scale mental well-being projects. Community engagement activities became organised around five neighbourhood management areas, each with a population of 90,000. Each area is supported by a public health neighbourhood manager and has a district committee, regular community events and a number of neighbourhood working groups to take forward locally identified priorities.

Liverpool 08 – the European Capital of Culture and the mental well-being impact assessment

In 2008 Liverpool became the European Capital of Culture. The Liverpool Culture Company was the first organisation to pilot the use of the mental well-being impact assessment (MWIA) to identify both how the Liverpool 08 programme would impact on mental well-being and what could be done to ensure it had a positive impact. It changed the programme to improve access to local people, which increased understanding of mental well-being across different partners. The Mersey Care Trust also seconded a staff member to a mental health and arts post within the council to strengthen the linkages between art, culture and improving health.
Mersey Care NHS Trust

Mersey Care NHS Trust has played a significant role in promoting mental health and well-being to service users. It adopted a human rights-based approach, which enables service users to be involved in all decisions that affect them, including staff recruitment and research and evaluation of the trust’s services. The Reader in Residence project has supported the establishment of 34 reading groups in secondary care and community settings. One service user involved in the project said that it had stopped him having a mental health crisis – the total cost for him to attend is £5 a week. A similar Musician in Residence project has been shown to improve the mental well-being of staff and patients. Mersey Care Trust’s recovery approach includes a ‘treasure chest’ which is linked to the ‘five ways to well-being’.

Mental well-being service development and community initiatives

The Think Family project, started in 2009, supports services to develop family-centred approaches and systems, and supports initiatives which help improve family mental well-being. Community projects have included the In Harmony project (a local project in North Liverpool led by the Philharmonic Orchestra) to strengthen social cohesion and increase educational attainment levels. The AMP project analyses literature with communities to explore linkages between community services and primary care to improve access to services. The Alt Valley arts project uses art to improve community spaces and has been shown to strengthen community cohesion. There have been many community initiatives aimed at reducing health inequalities such as the Healthy Homes initiative. However, the challenge for the future will be continued funding – these initiatives need investment and ongoing support to ensure activities remain innovative and engaging.

Joined-up commissioning – Section 75

The local authority and the PCT used Section 75 of the Health Service Act 2006 to jointly commission and integrate provision of mental health services. They set up the Making it Happen partnership board for mental health to oversee and coordinate the implementation of strategic priorities. This includes task groups focused on service areas such as primary care, prevention and acute care, and there are cross-cutting groups that cover gender, LGBT, families and delivering race equality facilitated by voluntary organisations. A whole-systems care pathway for a primary mental health system is being developed, supported by a randomised control trial (the ‘AMP project’ – see across) looking at the impact of access to psychological, health and well-being facilitators and signposting to community services. A multi-agency public mental health and well-being strategic group was created following publication of the Joint Strategic Framework for Public Mental Health 2009–12.

2010 – The Year of Health and Well-being

The Year of Health and Well-being built on the success of Liverpool 08 Capital of Culture. Launched by the NHS and the council, it aimed to address the underlying factors that have increased health inequalities, and to create a cohesive programme to address lifestyle factors affecting public health. It had a strong arts and culture focus which was supported by the ‘five ways to well-being’. Workstreams to improve mental and physical well-being included singing, dance, better use of green space, healthy homes and workplace well-being. Dr Paula Grey, director of Public Health Liverpool, explained that the ‘five ways to well-being’ enabled the shift from
The success factors of the well-being movement in Liverpool

The factors that have contributed towards the success of the well-being movement in Liverpool include:

• strong connections, commitment and leadership from the PCT and other NHS bodies, the council, neighbourhood management areas, voluntary and community organisations and others
• advocacy by voluntary sector organisations – in particular, service user-led mental health organisations
• a critical mass of individuals across a number of different organisations championing the agenda and working together to create change
• innovation and ‘taking a leap of faith’ – the PCT decided that the public health targets were the most difficult to reach, so it took a leap of faith to address some of them
• considering mental health and well-being to be a social determinant of health, recognising that poor mental health and well-being exacerbates health inequalities
• taking a proportionate, universal approach to improving mental well-being
• researching and evaluating impact and progress.

Liverpool hopes to build on the above success factors and to maintain the momentum to improving well-being in the city.

The country’s first accredited workplace well-being charter was launched and warmly welcomed by public, private and third sector employers, including the local NHS. Businesses engaged with the ‘five ways to well-being’, and the Liverpool Chamber of Commerce actively integrated well-being into a programme of communications, recognising the business benefits of good health.

For more information, please contact Dr Paula Grey, Joint Director of Public Health, Liverpool PCT/Liverpool City Council, at Paula.Grey@liverpoolpct.nhs.uk

More details on Liverpool’s 2010 activities are available at www.2010healthandwellbeing.org.uk

focusing on mental illness to making people think about feeling better and keeping mentally healthy. There was significant strategic buy-in from public, private and voluntary sectors across the city and the ‘five ways to well-being’ was adopted by numerous organisations such as Mersey Fire and Merseyside Dance Initiative. An evaluation of the Year of Health and Well-being is being conducted to look at its impact on public awareness and engagement, attitudes towards the ‘five ways to well-being’ and the year, as well as specific events and projects.

Liverpool had its first high-profile celebration of World Mental Health Day in the heart of the city centre, organised by Liverpool Mental Health Consortium service users and attended by the Lord Mayor.
Appendix 2: Integrating and embedding mental well-being across environmental, social, community development and physical health initiatives in Greenwich

Greenwich is one of the most deprived boroughs in England and the eighth most deprived in London. Mental disorders are the main cause of illness in women and the third main cause of death or disability in men, as shown in the graph below.

Mental health promotion: making the case and making it happen

Greenwich has developed its public mental health and well-being work over the past ten years. The Greenwich public health team worked in a 'bottom-up' way to raise the importance of population mental well-being by conducting mental health needs assessments and focused projects such as improving the physical environment and developing psychological therapy services. More recently, the focus has been on successfully communicating the importance of addressing mental well-being by demonstrating the impact of poor mental well-being on quality of life and diminishing disability-free life years across the population. These actions resulted in public mental health becoming one of top three priorities for Greenwich in 2008, and mental well-being has been integrated across all goals of the Commissioning Strategic Plan 2008/9–2013/14.

A medley of well-being initiatives

Greenwich PCT and the council have implemented a variety of initiatives to address environmental, community development and physical health factors to improve mental well-being.

1. Feeling Good about Where you Live

In 2003 the PCT and the council focused on the impact of the physical environment on mental well-being. Through a resident survey they identified 12 factors across six domains associated with poor mental well-being (see table on page 38).

Due to a lack of evidence in this area, they conducted a randomised control trial to measure the impact of low-cost improvements to the physical and social aspects of a residential area. Dr Hilary Guite, director of public health and well-

![Males in Greenwich: years of life lost by cause](image-url)
Environmental factors negatively impacting on mental well-being

<table>
<thead>
<tr>
<th>Domain</th>
<th>Significant factor</th>
</tr>
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<tbody>
<tr>
<td>Control over the internal environment</td>
<td>• Damp</td>
</tr>
<tr>
<td>Design and maintenance</td>
<td>• Liking the look of where you live</td>
</tr>
<tr>
<td>Noise</td>
<td>• Noise (from neighbours)</td>
</tr>
<tr>
<td>Density and escape</td>
<td>• Feeling overcrowded in the home</td>
</tr>
<tr>
<td></td>
<td>• Access to green spaces (transport and movement)</td>
</tr>
<tr>
<td>Fear of crime and harassment</td>
<td>• Fear of going out during the day</td>
</tr>
<tr>
<td></td>
<td>• Fear of going out at night</td>
</tr>
<tr>
<td></td>
<td>• Needles and syringes left lying around</td>
</tr>
<tr>
<td>Social participation</td>
<td>• Events to get people together</td>
</tr>
<tr>
<td></td>
<td>• Places to stop and chat</td>
</tr>
<tr>
<td></td>
<td>• Community facilities</td>
</tr>
<tr>
<td></td>
<td>• Social and entertainment facilities</td>
</tr>
</tbody>
</table>

being, explained: “If we fail to measure well-being we will continue to work hard at improving length of life not quality of life. We are not about making life long, mean and nasty in Greenwich, we are about making it long and enjoyable.”

Low-cost improvements to buildings and homes have been made, community events have been hosted at schools, ‘feeling good Fridays’ are run by the health trainers, and the project has set up a community gardening programme with Avant Gardening, a small social enterprise. Partners have been prepared to go out of their way to deliver against project objectives and have enthusiastically attended project steering group meetings.

The project has engaged residents through meetings, by talking to people in the street, by visiting schools and churches, and by providing opportunities through ‘feeling good Fridays’ that include massage sessions and tenancy surgeries, advice about noise, the community garden or sewing classes. The highly successful Party in the Park on 17 July 2010 attracted more than 350 residents and included representation from more than 15 services. The event was valued by residents and had very positive feedback from attendees. Although it took longer than expected to engage residents, the residents’ group has started to become self-sustaining. It has taken on responsibility for arranging activities and is focusing on securing funding for the future. Residents have valued the visible presence of staff on the estate and this has been important for raising awareness of key issues and reassuring residents that they are not being ignored. One resident said that the estate was looking the best they had ever seen it.

The project is now looking into working with King’s College London to: explore the role of digital technology in creating a sense of community; to develop an estates website with oral histories; map the area with the local primary school; and train local residents.

2. NHS Health Checks Plus
The PCT built on the NHS Health Checks programme to target those less likely to attend practices by providing services in community venues and workplaces. It added a mental well-
being filter to identify patients for referrals to positive mental health interventions and primary mental healthcare services. All participants received a leaflet on the ‘five ways to well-being’.

3. Supporting you to be well in Greenwich (SPLASH) website
SPLASH is the local well-being website that provides information on available services and initiatives. It supports service providers to conduct referrals.

4. Mental health awareness raising
Greenwich Council has organised street events, walks to raise awareness for mental health, and community activities to engage people in the ‘five ways to well-being’.

5. Primary mental healthcare – improving access to psychological therapies (IAPT) and GPs with special interests (GPwSI) in mental health
The PCT has set up a successful Time to Talk programme, increasing provision of talking therapies through the Department of Health’s IAPT programme. Counsellors are based either in GP surgeries or at a centre in Eltham High Street. The PCT also funded posts for GPs with special interests in mental health to guide and inform the development of the primary care mental health services.

Key challenges to improving well-being

The public health team found that people often don’t believe public health needs assessments and adjust services in the way they do for physical complaints. The number with mental health problems is so large compared with those accessing services that people find it hard to believe that there is so much unmet need, even though survey after survey has confirmed that one in three people in Greenwich has a mental health problem.

Increasing access to IAPT services to transform the service to deliver at a population level has been difficult. Greenwich has trebled investment in primary mental healthcare, but has only increased access by 30 per cent, and challenges remain to transform a very high-quality ‘gold standard’ service into something that is fit for purpose and reaches more people. However, the needs assessment data and information from primary care suggests that if access improves as planned and waiting lists are reduced (as is currently happening) that this will result in fewer referrals to acute mental health services.

Lessons from Greenwich

Once public mental health and well-being is identified as a priority it has to be incorporated into all programmes.

Building the case for mental well-being must be pitched at the right level for the given audience and in line with the core organisational agenda. In Hilary’s case, she found that the impact of poor mental well-being on physical health in those without a diagnosis but who were ‘languishing’ rather than ‘flourishing’ had quite an impact on policy-makers. Starting at this point and then moving to explain the impact of poor mental health in those with a common mental illness kept discussions grounded in a population-wide approach. The languishing state is quite easy for many people to identify with and has a major impact on physical health.

For further details, please contact Dr Hilary Guite, Director of Public Health and Well-being, at hilary.guite@greenwichpct.nhs.uk
Appendix 3: Improving mental well-being and reducing health inequalities in Bristol

Bristol has a long history of the NHS and the local authority working together to jointly commission mental health services. The public health team supports the joint mental health commissioning team with making improvements in public mental health and well-being and race equality. In order to mainstream the case for investing in health improvement, and following the publication of the Marmot review and the previous Government’s mental health strategy, *New horizons*, the public health and mental health commissioning teams used mental well-being evidence to develop a commissioning model to improve population well-being and reduce health inequalities. The model (see page 41) supports and clarifies how different sectors connect and work together.

The model shows that in order to achieve long-term efficiencies, investment is required in prevention and early intervention. Gaps or inefficiencies in the lower segments of the model will result in greater costs at the higher and more costly end of the system. The model explains the need for a whole-system approach to save costs in the long term. It recognises the importance of securing a healthy, safe and sustainable environment, strong cohesive communities and the need to invest in children to ensure a healthier future. The model has the potential to tackle health inequalities, support increased personal responsibility for health, and reduce the reliance on health and social care systems. It is being included in a commissioning toolkit to guide commissioning practice locally.

**How did they develop the model?**

The Bristol public health and mental health commissioning teams reviewed their overall approach to improving health and, during a workshop, shared values and ideas for redesigning service delivery. The workshop enabled the team to build a consensus and improve multi-agency and cross-sector dynamics by increasing understanding between individuals and teams. A second workshop resulted in the diagram on page 42, which encapsulates the different ‘world views’ held by individuals and teams. The diagram is encircled by a ‘spectrum of well-being and recovery’, these being regarded by everyone as key unifying and universal concepts. The three interlocking circles include public health (with a whole-population perspective) interfacing with primary care, which for mental health is a relatively new area of activity, and which applies to between one in four and one in ten of the whole population, while secondary care services apply to around one in 100 of the total population. The different perspectives were identified as being social, political and psychological, with issues of inclusion and access sitting at the interfaces between the three service areas.

Key contributing factors to developing the approach are detailed below.

**Bristol Mental Health Local Implementation Team (LIT)**

The Bristol LIT is a group of professionals from across primary and social care, service users, voluntary organisations, public health and mental health commissioning with shared values and aims to join up public mental health efforts across services and the city. In recent years, the LIT has shifted its focus from solely mental health services to improving population well-being, developing services in primary care and strengthening recovery and wellness approaches. It provides a platform for discussing concerns and creating shared ownership for moving the agenda forward across the NHS and local government.
The commissioning model for health and well-being

Outcomes/indicators/targets

Joint commissioning and partnerships

Increased resilience to poor health
Decreased dependency on health and social care

Support for people with ongoing high-level needs (community based or residential/nursing)

Specialist and tertiary care
Tier 4 services

Secondary care
Tier 3 services

Interface services
Tier 2 services

Rehabilitation and re-enablement (short-term services)

Contact assessment, and case finding (simple services)

Primary care
Tier 1 services

Prevention, risk assessment, targeted early intervention

Meaning and purpose
Art/fairs/social justice

Connected and cohesive communities
Citizenship/neighbourhoods/community

Staying safe
Domestic abuse/human trafficking/injury prevention

Positive start in life
Families/young people/maternity/children

Communities for the future
Clean/green/hosted/equality/anti-poverty

Joint strategic needs assessment

Public health leadership, health improvement, health inequality reduction, community development, community involvement and engagement

Building for health
Preventing Illness

Commissioning (including PBC) and contracting for: primary care, community, acute services, health and well-being, etc
Connecting public health, primary care and secondary care

Improving access to psychological therapies (IAPT)

Improving primary mental healthcare services through the IAPT programme has increased access to well-being services. The IAPT programme in Bristol includes group sessions to cover stress management, anger management, books on prescription, social prescribing to voluntary sector programmes, and a self-referral system.

Multi-agency working and neighbourhood partnerships

The Bristol well-being strategy and suicide prevention strategy are both population-based strategies supported by multi-agency partnership working and action plans. The 14 neighbourhood partnership forums in Bristol coordinate cross-sector organisations' activities and community engagement within localities. They report to the local authority health and well-being board and are involved in consulting with the community on key issues such as the establishment of GP commissioning consortia. Bristol's community development workers also support the partnership forums' work. The forums are considered a positive development. The police have made their teams coterminous, and ten extended school partnerships areas overlap.

Adopting new approaches

The approach to developing the public mental health and well-being work in Bristol covers the following stages:

- setting the context
- raising awareness
It has been essential for managing the discourse to strengthen the focus on mental well-being across multiple local policies and strategies and with organisations that have been working to improve mental well-being without naming it in this way. Many local government and voluntary bodies are already improving mental well-being but they had not described it this way in their work. The commissioning model has enabled health and social care commissioners to connect mental health and well-being pathways in different ways, and the model is now a key part of the joint strategic needs assessment. Christina Gray, associate director of public health, describes her approach as relational. She uses relationships and interactions and a ground-up approach to strengthen ownership of the agenda. Both she and Catherine Wevill, joint mental health commissioning manager at NHS Bristol Health and Social Care, see their task as being firstly to develop a shared understanding and common language about mental health and well-being, and secondly to enable planners and commissioners to build mental well-being into everyday business.

The future

The teams still want to increase awareness of mental well-being across the council and they plan to continue to join up primary mental healthcare service commissioning with public health, social care and civic networks through the commissioning model. In response to poor health outcomes and higher representation of men in secondary health care services, Bristol is developing a programme to raise awareness and improve outcomes for men’s mental well-being. It also plans to build on social prescribing programmes, supporting recovery, promoting mental well-being, avoiding relapse and crisis and reducing reliance on the GP.

For further details, please contact Christina Gray, Associate Director of Public Health – Equality and Inclusion, at christina.gray@bristol.nhs.uk
Appendix 4: Improving mental well-being through partnerships – Kent and Medway NHS and Social Care Partnership Trust

The Kent and Medway NHS and Social Care Partnership Trust (KMPT) is one of many organisations that form part of the Live It Well strategy. This strategy was developed by the mental health commissioners for Kent and Medway (the three PCTs and the two local authorities), alongside the people who use services, family carers, health and social care professionals, voluntary organisations and others. It is a core strategy for KMPT and focuses on strengthening allocation of resources for more community-based work.

Erville Millar, chief executive of KMPT, wants to strengthen early intervention for mental illness, equipping people to manage in a self-directed way to prevent relapses over time and to address mental health needs in primary care by increasing access to psychological therapies.

The Live it Well strategy has permeated the health system within which KMPT operates. It provides messages for individuals regarding the ‘five ways to well-being’ and information regarding available support. It developed as a result of the continuing shift towards promoting and protecting better mental health and incorporates addressing mental as well as physical well-being.

Employers and service providers found that having a joined-up strategy across health and social care was extremely valuable.

Erville believes that improving mental well-being is impossible without strong partnership arrangements. KMPT is committed to new ways of working to improve mental well-being, even if it means relinquishing some services so that they can be provided by others. There are various partnership forums, such as the patients’ council managed by the Canterbury and District Mental Health Forum; and in West Kent the PCT has conducted a listening exercise with the community, which informed the development of the strategy. Voluntary sector organisations such as Rethink play an important role providing appropriate and accessible services, and KMPT is committed to supporting innovative community services. KMPT recently supported its ‘buddy’ scheme to become an independent social enterprise so that it could operate more flexibly, access diverse sources of income and strengthen service user involvement.

Although understanding of mental well-being remains a challenge, the Live It Well strategy provides a vehicle to strengthen understanding across partners, and as a service provider training and motivating staff is a priority.

Erville reiterates: “All staff need to share and contribute to this agenda so that people can start addressing their own physical and mental health needs, supported where appropriate.”

They have changed their way of working to target key individuals and communities and have conducted physical ‘MOTs’ on staff to encourage them to look after their own well-being. KMPT does not consider the language of well-being to be a new or separate approach but something that is relevant to all who provide and access services.

For more information, see www.liveitwell.org.uk
Appendix 5: Empowering communities and asset-based community development in South Ribble

South Ribble Borough Council has led and supported efforts to improve the health of its population, and both the councillors (including the council’s scrutiny committee) and officers have been keen to understand more about their communities and to strengthen the sense of community for improved health and well-being. The council recognises the role of the community in building social capital. They realised that they needed to deliver services differently to harness community assets and to change their language and approach to strengthen interactions with the local population.

The South Ribble area in Lancashire is a mixture of urban and rural communities, with a number of small towns and villages. To make best use of limited resources the council has taken a self-help approach, built around partnerships, to working with the community. Residents are becoming more involved and the council hopes their involvement will help to sustain activities during public sector cuts, as community members take on more responsibility for key activities and projects.

The Appreciative Inquiry (AI)

The AI approach is a community engagement approach that focuses on the community’s positive attributes, or assets, rather than on deficits or needs. The AI initiative in South Ribble developed out of shared interests between the South Ribble Borough Council, the Local Government and Improvement and Development (LGID, previously IDeA) and the North West Together We Can empowerment network. They combined a general asset model approach with AI and adhered to the following principles:

- valuing strengths rather than deficits
- identifying and building on what was valued and working well
- involving all stakeholders and working together to agree solutions
- sharing responsibility for action between the community and partners.

AI generates pride in areas and values everyone’s contribution. It is a ‘no blame’ approach, which can be an attraction to officers and politicians. In South Ribble, elected members from different parties are enthusiastic about AI methods to work with communities to prioritise and shape services. Councillors have found that AI provides a different way of having a conversation with the community that supports them to know more about what is happening within localities. The approach enables all participants to connect through identifying a shared purpose and communicating in a positive manner together.

The use of AI has led to changes in the council scrutiny functions and the council. It brought people together to communicate about things that mattered to them. Community events were designed around the use of art, which had previously worked well at engaging communities. AI uses the stories of participants to build a picture of what is already working. Following completion of the AI review, the work was taken forward by a community engagement team working with partners and the newly reconvened community association.

The key success factors to implementing the approach in South Ribble were:

- willingness of professionals to listen and allow communities to take decisions – not offer solutions
- providing examples of how residents can influence decisions
- providing sufficient space and time for communities to engage
- trusting communities and being prepared to take risks
- championing the approach within communities and organisations
- encouraging creativity, innovation and enthusiasm in service design
• helping the community to realise it has assets
• ensuring decisions were relevant and appropriate for the community
• understanding that solving problems is a catalyst for change.

Consistent and steady council membership and council staff enabled the approach to develop. Six area committees used the AI approach to develop area action plans to guide their community development work, and this will support the local strategic partnership’s review of the community strategy. Councillor Mary Robinson, who led the Broadfield Appreciative Inquiry, said:

“Councillors have a strong community leadership role. The work with the Broadfield residents allowed the council to support the residents in what they wanted to achieve. The benefits to the community, the council and other partners have been great and there is a real energy and vitality in the area. People are continuing to develop their community and support others, both individually and through groups.”

Engaging the community through a food growing programme

Following the AI review, the community engagement team worked with the community to open a giant vegetable patch. The community food growing programme aims to reduce social isolation and has brought the community together, strengthening social cohesion and mental well-being. The project aims to become self-sustaining by November 2012 when the funding from the PCT runs out.

Independent groups have already been developed to run the garden and have connected with young people’s projects and other voluntary organisations to support the running of the project. Such schemes are now being carried out across Lancashire. AI is also being used in the South Ribble Children’s Trust Action Plan to help design children and young people’s services in the borough, and the council supports community champions to conduct AI sessions with community members.

Family First

South Ribble Borough Council is also running an innovative, family-centred programme called Family First, which supports families across a number of agencies to address individual family needs such as managing debt, increasing school attendance and attainment, improving physical conditions within the home, reducing the misuse of alcohol and substance misuse, and reducing violence in the home. Different partners have become involved and the council has demonstrated that the project saves public sector funds in the long term.

South Ribble Borough Council has tried to avoid too much bureaucracy when setting up these projects and has provided staff and communities with training and support to be motivated to make things happen. It has found engagement with the voluntary sector and the role of volunteers to be essential, and the community champion approach has enabled the council to reach target groups. The projects have not only engaged communities but are beginning to impact upon communities’ mental well-being. South Ribble District Council also contributed to the regional living well strategy and will be building on the strategy’s approach.

After the local elections, due in May 2011, the Council will focus on inducting new members into AI techniques and asset-based community development, and will continue to work with Lancashire County Council where the health and well-being board will sit to prioritise improving mental well-being.

For more information on the use of Appreciative Inquiry and other related projects run by South Ribble Borough Council, see www.southribble.gov.uk
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**Acknowledgements**

The NHS Confederation and the NMHDU would like to thank those health and local government professionals who participated in this study.
Government programmes, policies and national projects in the last three years have given increasing emphasis to public mental health and well-being. This has changed the focus of public service agencies towards promoting and protecting better mental health, not just among the unwell but across whole populations.

This report examines local leaders’ perceptions of public mental health and well-being, the progress they have made, how they are acting on recent evidence, and the complementary nature of addressing mental illness and improving mental well-being. It aims to describe the current state of public mental health and well-being and to provide a sense of what would help to take this work forward locally and nationally.