

# REPORT

Centre for  
Mental Health



## Our place

Local authorities and the public's mental health

Louis Allwood

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## Foreword

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I am delighted that the Local Government Association (LGA) has worked with Centre for Mental Health to share just some of the innovative work that councils are leading to promote good mental health and wellbeing.

Councils' role in improving and maintaining people's mental wellness across the life course – from childhood to old age – has always been important, but it has been further highlighted by the Covid-19 pandemic. We commissioned this research before the pandemic, and the learning that we share feels even more relevant now. I'm grateful to colleagues who took the time to share their valuable experiences.

The unprecedented restrictions on people's lives that were introduced in March 2020 had a sudden and profound impact on everyone. Many of us were unable to go to work or school, meet family and friends, go to the shops or take part in leisure and culture activities. In other words, at a stroke the very things that support our mental wellbeing and we often took for granted were taken away.

Councils worked hard with the NHS and other local partners, especially the voluntary and community sector, to support the mental health and wellbeing of their residents. Actions across the mental health spectrum included continuing to meet statutory responsibilities for adults and children's mental health, supporting the mental wellbeing of frontline staff, bereavement support, suicide prevention, helping residents to stay connected, and supporting people who might need additional help such as carers and new parents. As well as promoting mental wellbeing through, for example, safe access to parks, open spaces and expanding public libraries' online offer.

Whilst we cannot lose sight of the challenges, I have also been heartened by the positive changes that we have seen. There is much greater awareness about the effect of personal behaviours on mental wellbeing, such as sleep and exercise. The flourishing of community and neighbourhood activity has provided vital support to people in vulnerable circumstances and for some resulted in stronger social connections. We have found that some people prefer to access support and stay connected digitally. Councils can help to embed and sustain these positive developments.

Of course, the pandemic and its effects are far from over. Mental health issues will be one of the key legacy impacts and are central to local planning for the next phases and recovery. We know that some people are more at risk than others of developing mental health issues and that mental wellness is inevitably affected by other factors, including housing, money, relationships and jobs.

Councils are in the unique position of being able to harness all of the services and assets they are responsible for, to reduce inequalities and effectively target interventions to meet local needs. Of course, to maintain this vital preventative work it is essential that local government services, and the voluntary and community sector, are properly funded now and in the future.

I hope you find the examples shared in this publication as inspiring and informative as I do.

**Councillor Ian Hudspeth, Chair of LGA Community Wellbeing Board**

## Executive summary

Actions that promote positive mental wellbeing and prevent mental health problems help us stay healthy, live productive, meaningful lives and avoid serious and sometimes lifelong distress. Local authorities play a key role in improving the mental health of their communities, bringing together and supporting partners and citizens to address the determinants of our mental health and reduce inequalities.

This report presents learning from local areas alongside an overview of the evidence for prevention and the national policy context. The councils involved seek to improve population mental health, reduce inequalities and prevent mental ill health in their communities through a combination of strategic and practical approaches. Nine case studies were examined:

- **Basildon Borough Council** – Health in all policies
- **Birmingham City Council** – Prioritising upstream mental health support
- **Bristol City Council** – Thrive Bristol: Thriving at Work
- **Camden and Islington Council** – Addressing determinants of poor mental health using Making Every Contact Count (MECC) and Psychologically Informed Consultation and Training (PICT)
- **Leeds City Council** – Mentally Healthy Leeds: a whole city approach
- **Sandwell Metropolitan Borough Council** – Stronger Sandwell: asset-based community development for better mental health

- **St Albans City and District Council** – A strategic approach in a district level authority
- **Surrey County Council** – Developing a long term strategy at county level
- **Tameside and Glossop Strategic Commission** – Living Well: integration and neighbourhood support.

Four common principles emerged during our analysis:

**Public mental health as everybody’s business:** health and wellbeing of the local population is the responsibility of every part of the council and the wider community.

*“A workforce for prevention”*

**Collaboration:** councils working together with other parts of the system (such as the NHS) and closely involving community groups and other stakeholders.

*“Get people together and have the conversation”*

**Place-based approaches:** using the concept of ‘place’ to galvanise residents and organisations to engage with the broader health and wellbeing agenda.

*“The best place to live for health and wellbeing”*

**Taking a holistic approach:** using a wide range of approaches and strategies to tackling the determinants of mental health.

*“Addressing multiple needs instead of channelling people down single condition pathways”*

A number of key enablers surfaced across different case studies:

- **Leadership** – including senior officer and political support
- **Relationship development** – building mutual trust with other agencies and taking time to engage the local voluntary and community sector
- **Community engagement** – learning from communities and engaging them in everything from strategy development to service delivery
- **Harnessing external resources** – making use of national programmes, research and funding, and sharing learning with other local areas.

These case studies demonstrate promising practice and good ideas. Evidencing impact for prevention is complex. It can be difficult for initiatives which are in the early stages of implementation. However, local authorities are well positioned to learn, to work arm in arm with communities, local providers and grassroots organisations, and to adapt to new insights and respond to the needs of their residents in the present.

Mental health is interwoven with other agendas – housing, employment, social inclusion, economic development, safety. Local authorities are uniquely placed to connect all parts of the system and to knit together their own policies and strategies to work towards fewer health inequalities and better mental health for all.

Most of the research for this report was carried out before the outbreak of Covid-19 in the UK. The pandemic has seen a seismic shift in resources to contain the virus and support those who have become ill. At the time of writing, much of this work is still ongoing.

We followed up with some of our participating councils to understand how the pandemic had affected progress on mental health prevention and promotion. While Covid-19 has interrupted all of our lives, we heard evidence that local authorities have been able to sustain a focus on mental health by using digital technology, by commissioning flexibly and by developing new resources. More than that, existing approaches to health promotion and the prevention of mental health problems have been important enablers for quickly bringing together wider networks of stakeholders to learn how communities have been affected and to make mental health a key part of Covid-19 recovery planning.

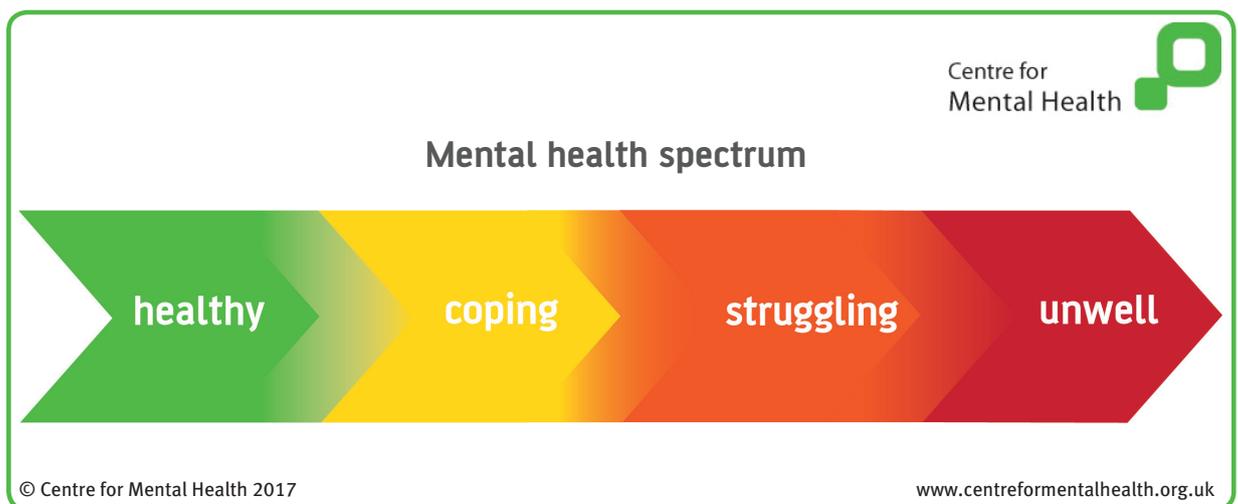
## Introduction

We all have mental health. Like our physical health, this can be anywhere on a spectrum from healthy to unwell. Success in prevention and promotion means supporting people to stay as close as they can be to the healthy end of the spectrum. Efforts to promote positive mental health can aim to help people whether they are healthy, coping, struggling or unwell – although the greater a person’s mental health need, the more intensive support they will need to attain better mental health.

There are several known risk-factors which make people more likely to experience mental health difficulties. These include unemployment, low income, racism and discrimination, traumatic experiences, violence or abuse, genetics, physical illness, and a lack of access to support.

Other factors and circumstances can protect our mental health. Relationships, supportive families, secure childhood experiences, good housing, economic and social opportunities, education, and easy access to help can all boost our resilience in the face of stress and hardship.

Preventing mental health problems and promoting positive mental wellbeing normally involves initiatives designed to address these various individual, interpersonal, or societal factors (McDowell *et al.*, 2019). There is often significant overlap between these initiatives and those aiming to improve physical wellness – the two are intertwined. As the range of risk factors is broad, so too is the range of agencies and organisations which can make a difference.



## Evidence for prevention

### The established evidence base

The most recent estimate for the total cost to society of mental health problems in the UK was £119 billion per year. This figure includes the costs of health and social care for people with mental health problems, lost output in the economy, and reduced quality of life. Most of these costs are not borne by the health system (O’Shea & Bell, 2020). Preventative programmes bring about a range of benefits not limited to health and wellbeing: these may include improved community cohesion, management of physical health, reduced crime and improved feelings of safety, better educational attainment, improved earnings or more secure employment.

Various studies summarise a range of preventative interventions and their estimated costs and benefits (Australian Government National Mental Health Commission, 2019; McDaid *et al.*, 2017). While there is a growing body of research on preventing mental illness, some areas are more advanced than others in evidencing impact. Approaches considered by health economists to have a good evidence base include:

- Supporting maternal and infant mental health – economic evaluations demonstrate the cost effectiveness of preventing or intervening early on perinatal depression through improving access to psychological therapies or increasing health visitor support for mental health and wellbeing (Gurung *et al.*, 2018)
- Improving children and young people’s mental health – evidence-based parenting programmes, for example, are estimated to generate savings in public expenditure of nearly £3 for every pound spent over seven years, with the value of savings increasing significantly longer term (Khan *et al.*, 2015)
- Improving mental wellbeing and preventing mental illness in the workplace – mental health problems cost UK employers £35

billion a year in sickness absence, reduced productivity and staff turnover. A number of interventions to help employees stay at work and fulfil their productive potential have been shown to have potentially significant savings for businesses and the economy (Tan *et al.*, 2014; Hamberg van Reenen *et al.*, 2012)

- Suicide prevention – one initiative increasing the use of psychosocial assessment (i.e. considering the wider factors affecting wellbeing) for people who have self-harmed and present at hospitals was modelled to deliver a return of investment of £2.93 for every pound spent in health, local authority and police costs over a ten-year period, rising to £39.11 when increased productivity and other wider, long-term costs are considered (McDaid *et al.*, 2017)
- Tackling social isolation and loneliness amongst older adults through non-medical interventions – a randomized control trial of a community choir group showed a significant improvement in mental health scores over six months and a 60% chance of being cost-effective (Coulton *et al.*, 2015).

Only a relatively small number of preventative approaches benefit from being so well researched. Given the many determinants of mental health and the broad range of opportunities to support communities and individuals with mental wellbeing, there are many more possible approaches and innovative interventions that have yet to be robustly tested. For example, our understanding of impact and economic evaluation evidence is still emerging in many key areas: school-based antibullying programmes; mindfulness; improving employment, education, and training outcomes for young people at risk of poverty or social exclusion; housing, urban planning, and access to nature; and addressing the psychological impact of job loss and job insecurity (McDaid *et al.*, 2019).

## Inequalities

All of us have multiple layers of identity and belong to communities of geography, gender, ethnicity, social class and many more. The determinants of mental health interact with these inequalities in ways that put some people at a far higher risk of poor mental health than others:

- Children from the poorest 20% of households are four times as likely to have serious mental health difficulties by the age of 11 as those from the wealthiest 20%
- 70% of children with autism and 80% of adults with autism have at least one mental health condition
- Children and young people with a learning disability are three times more likely than average to have a mental health problem
- Men and women from African-Caribbean communities in the UK have higher rates of post-traumatic stress disorder and suicide risk and are more likely to be diagnosed with schizophrenia
- Women are ten times as likely as men to have experienced extensive physical and sexual abuse during their lives: of those who have, 36% have attempted suicide, 22% have self-harmed and 21% have been made homeless.

*(Summary of multiple sources from the Commission for Equality in Mental Health, 2020)*

It is increasingly evident that preventing mental ill health cannot be achieved successfully without addressing these stark and longstanding inequalities. Taking a ‘universal’ approach to promoting mental health may even exacerbate inequalities by benefiting those who have the least need.

## Evaluating prevention

Shifting public spending from high-cost late intervention services (such as hospitals and prisons) towards lower cost prevention and earlier intervention is notoriously difficult.

Economic evidence demonstrates that straitened public finances tends to lead to higher cost services being favoured. The rationing of lower cost services which take place further ‘upstream’ (i.e. through waiting times or the imposition of thresholds) mean people do not get help until they reach crisis point. This is more likely to involve the police, ambulance services, and worse outcomes which can affect individuals longer term (O’Shea, 2019).

With a limited evidence base, it can be difficult to make the case to invest in preventive programmes. And often such programmes are required to innovate while also demonstrating short-term and directly attributable returns on investment. While enabling positive mental health is linked to tackling a range of social determinants including deprivation and discrimination, it can be difficult to draw direct associations between the activities carried out and the outcomes they ultimately help people achieve. Robust and independent evaluation can be expensive and monitoring the impact of prevention requires time for new initiatives to be embedded in communities and for their effects to become visible – this can be several years. Population level outcomes are also not immune to confounding factors. In the context of Covid-19, this includes major economic uncertainties and the legacy of months of social distancing and isolation for many.

Most of the local authorities featured in this publication are on the journey of embedding their approaches and finding ways to track or measure the difference they make. Most have in place some monitoring of outputs, activities and engagements. Some are still in the process of talking to communities about the changes they want to make. Others have worked with external partners to develop sophisticated outcomes matrices which overlap social, physical and mental health outcomes. Where they have been running for sufficient periods of time, certain projects – some of which form part of much wider strategies and approaches – have been subject to internal and external evaluations.

An overarching message from promising case studies is the importance of learning. This is not just about external evaluations, figures and validated measures: it is about listening to communities and system partners and understanding how approaches can be adapted or adjusted to meet a growing understanding of local need. The use of outcome measures is the subject of some debate in mental health and all public services. Adhering to strict

predetermined metrics and performance management can make it harder to improve outcomes for individuals and communities (Lowe & Wilson, 2017); Davidson Knight *et al.*, 2019). In some cases, commissioners and service providers benefit instead from using first person narratives, qualitative evidence, and ongoing learning to demonstrate their value (Bell & Allwood, 2019).

## The role of local authorities

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### Community leadership

Local authorities of all types have roles to play as guardians of population mental health and wellbeing. Many are rising to the challenge of promoting good mental health and preventing poor mental health with the potential to make a big difference in their communities. We have seen during the Covid-19 pandemic that councils have stepped up to lead efforts to respond to the crisis, taking unprecedented steps to save lives, protect public health and support people who face the biggest risk.

Most health problems and inequalities are caused by a complex mix of environmental and social factors which play out in a local area. Councils deliver services and carry out duties directly relating to health, but leadership on mental health is not limited to public health or social care directorates. All areas and all levels of local government – children’s services, housing, community safety, culture, leisure, parks, planning, employment – can impact mental health in communities (Local Government Association, 2017).

Leadership takes many forms. Elected members, for example, are uniquely well placed to embed a strong voice – and bring scrutiny – to ensure that policies and decisions are made with mental health in mind. Councillors can listen to concerns from residents and communities and seek to address them. Support is available for councillors in this role: a new distance learning

resource has recently been published (Davie & Garzonis, 2020) and a range of guidance and tools is available through the [Local Authority Mental Health Challenge](#).

Councils can lead on the creation of mentally healthy places in different ways. They can influence the wider system by: enabling high people in public and high profile roles to share their personal experiences and challenge stigma; creating spaces where communities can share issues which affect them; working closely with NHS and clinical commissioners; and convening local groups comprising stakeholders from statutory services, voluntary and community sector organisations and local businesses. Local authorities are uniquely well placed to build relationships across systems, establish effective governance, understand and respond to the circumstances of the populations they serve, and lead culture change for better mental health.

### Health and Wellbeing Boards

Health and Wellbeing Boards are the main formal platform through which many councils exert strategic influence over the health of their communities. Established in all local authorities with adult social care and public health responsibilities, they bring together councillors with social care and public health leaders, NHS commissioners (from each Clinical Commissioning Group in the area), and public

representation from the local Healthwatch. While a Health and Wellbeing Board may engage other stakeholders, voluntary sector providers for example, they are not obliged to do so.

The role of Health and Wellbeing Boards is not to commission services, but to oversee provision and ensure that local needs are met. They have a statutory remit to produce a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy for their local population. The JSNA uses local data to assess current and future health and social care needs. These are often created in consultation with local communities and can cover a range of areas including demographics, economic factors, and wider social or environmental considerations. This intelligence, and the oversight role of Health and Wellbeing Boards, can help local authorities use their influence to focus both their own resources and wider investment from system partners on prevention (Bell, 2016).

Where there are two tiers of local government, statutory responsibility for Health and Wellbeing Boards lies with the upper tier. County councils should, however, engage with district councils to understand local need and implement strategies, and some district councils may create Health and Wellbeing Boards or Partnerships to influence work taking place at county level.

## Unitary authorities

In local areas where there isn't a two-tier system of local government, the unitary authority holds responsibility for all the activities outlined below. This includes London boroughs and some metropolitan and non-metropolitan areas.

## County councils

In addition to their strategic role leading Health and Wellbeing Boards, county councils directly commission a range of services related to mental health and wellbeing. Key services include public health, social care, drug and alcohol support, and others which affect population wellbeing and access to support,

for example transport, libraries and education. County councils and unitary authorities receive direct funding for population health and wellbeing from the Better Care Fund (HM Government, 2019) and the Public Health Grant (Department of Health and Social Care, 2020).

Unitary and upper tier councils have statutory responsibilities to provide support for people experiencing mental health problems, including care assessments and planning, crisis intervention, advocacy, and the provision of a number of roles, such as Approved Mental Health Professionals who are directly involved in the safety and support of people in urgent mental health distress. These are detailed in the Mental Health Act, Care Act, and Mental Capacity Act.

Much of this work is delivered in partnership with the NHS. Health and Wellbeing Boards and other structures, such as Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs), support integration and enable local authorities to collaborate on and scrutinise mental health provision.

## District, borough and city councils

Although councils at the district level lack statutory responsibilities to deliver public health services or social care, they hold several key functions which affect community health and wellbeing. They are responsible for housing, leisure, culture, green space and environment, benefits and licensing. District level councils are also responsible for economic development, for example, assessing planning applications, managing business rates and relief, encouraging investment in local areas and developing local infrastructure through the use of the Community Infrastructure Levy (Ministry of Housing, Communities & Local Government, 2019a).

District councils are closely involved with community-based activities and neighbourhood management, where prevention and health promotion work takes place, so are well placed to bridge communities with Health and Wellbeing Boards and service providers.

## National policy and legislative context

The majority of policy attention in recent years has focused on investment in mental health services. Prevention has been much less of a priority, and national investment in public mental health has been negligible. But there are signs of a shift and of growing recognition from policymakers that preventing mental ill health is both desirable and possible.

### Prevention

The Secretary of State for Health and Social Care's vision statement (2018) described prevention as 'better than cure'. The vision asserted that:

The NHS and local authorities need to put prevention at the heart of everything they do: tackling the root causes of poor health, not just treating the symptoms, and providing targeted services for those most at risk.

It recognised the wider determinants of mental health and the need to support those at risk of developing mental health problems, including by meeting young people's needs earlier. This echoed proposals of the *Transforming children and young people's mental health provision green paper* (2017) to develop mental health support teams and supervision in schools.

The vision for prevention developed into the Government's *Advancing our health: prevention in the 2020s green paper* (2019). The prevention green paper pledged to give more attention to improving mental as well as physical health. It made proposals to invest in protective factors for mental health – for example by supporting wellbeing and social connection using social prescribing and 'nature-based interventions'. Other actions included additional investment in suicide prevention, encouraging local authorities to sign up to the Prevention Concordat for Better Mental Health, national programmes to raise awareness and challenge stigma, and new grants targeting innovations in student mental health.

The green paper cited a range of risk factors which can contribute to poor mental health, such as adverse childhood experiences, poverty, financial and housing insecurity, social isolation, and discrimination. However, it largely focused on individual choices, like smoking cessation and weight management, rather than addressing the psychological stresses undermining people's ability to stay healthy. This is an area where local authorities are well positioned to understand the needs of their communities and test innovative approaches which go further than national strategies.

### System change, the NHS and local authorities

The NHS Long Term Plan was published in January 2019, setting out NHS England's priorities for the next decade. The Plan determines funding, organisation and objectives for the next ten years. Annual funding for mental health services is earmarked to grow by £2.3 billion by 2023-24. These were enshrined in law in March 2020 through the NHS Funding Act 2020.

The Plan has a prominent focus on community mental health support, with almost £1 billion per year (of the additional funding) to be invested in community provision by 2023-24. This is intended to support local areas to 'redesign and reorganise core community health teams to move to a new place-based, multi-disciplinary service across health and social care'. The community mental health framework calls for NHS commissioners and providers to deliver integrated, place-based support by collaborating with colleagues in social services, drug and alcohol teams, education, housing, employment and public health (National Collaborating Centre for Mental Health, 2019).

Several proposals under the heading of 'prevention' were put forward in the Long Term Plan. Pledges to scale up the use of personal health budgets and extend access to social

prescribing focus on helping people with long-term conditions to self-manage and preventing emerging problems from worsening. There were also proposals to improve the physical health of groups with a higher risk of long-term illness (The NHS Long Term Plan, 2019).

The NHS Long Term Plan established a shift towards Integrated Care Systems (ICSs) over large geographical areas (covering about a 1 million population each) and Primary Care Networks (at a much more local level). ICSs should bring together commissioners, providers and local authorities to make decisions that are in the best interest of the entire health economy (Bell, 2020).

Health and Wellbeing Boards can form a key part of the local infrastructure on prevention by working with ICSs. Some of the key tools that are needed – such as flexibility to pool budgets – already exist. However, while ICSs are intended to provide ‘even closer collaboration’ between the NHS, local councils, and other organisations, evaluations of the early models have demonstrated variable local authority involvement at ICS level, and there are some concerns that ICSs may develop to ‘eclipse’ the role and influence of more local Health and Wellbeing Boards (Humphries, 2019; Hunter *et al.*, 2018).

Future reform, system change, new ways of working, expectations for greater collaboration, and investment brought about by the NHS Long Term Plan will have significant implications for local authorities. However, unlike the long-term funding settlement for the NHS, now enshrined in law, future financing of social care and public health is still arranged on a rolling annual basis. A sustainable plan for funding adult social care appears to be some way off yet. And the coronavirus pandemic has put progress towards this and other health and care system change on hold.

## Public health

Public Health England is responsible for improving the nation’s health and wellbeing and reducing health inequalities. It delivers a number of programmes to share information and support local authorities, the NHS, and others to improve population health and tackle public health problems. Mental health is one of its five priority areas for 2020-25 (Public Health England, 2019).

The Prevention Concordat for Better Mental Health, developed in 2018, is a key vehicle for promoting prevention-focused approaches to improving public mental health.<sup>1</sup> It was one of the recommendations of the Five Year Forward View for Mental Health (2016) and brings together guidance for local councils with information, data and other resources in order to spur action to improve mental health and reduce inequalities. The Prevention Concordat is underpinned by a consensus statement which states a shared commitment to shifting to prevention, addressing the wider determinants of poor mental health. The Prevention Concordat has been signed by over 90 councils and is endorsed by more than 60 statutory organisations, professional bodies, voluntary sector organisations and others.

**Every Mind Matters** (2019) is Public Health England’s most recent public-facing mental health initiative. Developed in partnership with the NHS and other stakeholders, it is intended to give people easy access to information and the opportunity to learn skills to cope with sleep problems, anxiety, low mood and stress, both to support their own wellbeing and to help family and friends. This is delivered online through a range of digital apps with a focus on self-care and staying well.

<sup>1</sup>To sign up to the Prevention Concordat, contact [publicmentalhealth@phe.gov.uk](mailto:publicmentalhealth@phe.gov.uk) to request an action plan template.

## Key themes from case studies

A number of commonalities and shared drivers of success emerged during analysis of our nine case study examples. Each of the case studies is profiled in full in the last section of this report; the summary below presents the shared and similar elements and enablers which were identified across the various sites.

### Common approaches

#### *Everybody's business*

Approaches to prevention and promotion can make clear that the health and wellbeing of the local population is the responsibility of every part of the council and every council worker. Basildon Borough Council, for example, has pursued a health in all policies approach which has helped make mental health and wellbeing a part of its Corporate Plan and Housing Strategies. In Camden and Islington, meanwhile, Making Every Contact Count training aims to equip every frontline worker in the council and community with the skills and confidence to link individuals with the support they need.

#### *Holistic support*

The case studies demonstrate a range of support and strategies to tackling the broad determinants of mental ill health. This includes early signposting to support offers, expanding access to activities and the outdoors, improving opportunities for creativity and artistic expression, offering employment support, group social activities, and advocacy and advice around benefits, finances and housing.

Holistic support can be targeted towards specific groups who are considered at risk or unlikely to access support. St Albans' Shape Up programme, for example, works to improve men's mental wellbeing through an exercise offer, while Leeds' whole-city approach prioritises grants for public health work in areas of high deprivation and low engagement.

#### *Collaboration*

Collaborating with other parts of the system and with the community is a common element of all case studies. Joined-up approaches with other councils (especially in two-tier areas) and NHS providers and commissioners enable the whole system to focus on upstream approaches to health and wellbeing. Community organisations and local residents have been closely involved: community groups and voluntary organisations are vital whether they are giving input for strategies, beneficiaries of grants or lead providers of contracts.

#### *Place-based*

Case studies recognise the range of settings which can influence people's wellbeing – such as parks, leisure facilities, and workplaces. Promising strategies use the idea of 'place' to galvanise residents and organisations to engage with the broader health and wellbeing agenda. Some approaches, such as Stronger Sandwell, prioritise 'asset-based' prevention work. This means understanding and utilising the many resources (places, people, groups, communities) which are already present in communities, and which can be empowered to make a bigger contribution to keeping the local population well.

Accessibility is an important part of place-based work – in Tameside and Glossop, for example, Neighbourhood Mental Health Teams are deployed in community settings, including a high street drop-in centre run by a local charity. Similarly, Mentally Healthy Leeds runs arts, music, food and exercise programmes in community spaces.

## Drivers of success

### *Leadership*

Interviewees from all areas cited senior and political support as key drivers for mental health prevention. Senior endorsement empowers officers to have conversations about mental health within the council and with external stakeholders. Leaders, especially elected members, can bring insights into the needs and preferences of communities and offer valuable connections with other stakeholders such as employers and business groups. In two-tier systems, mirrored priorities and mutual support between county and district level councils was another important enabler.

### *Relationship development*

Relationship development is a key element of success, particularly where local authorities seek to engage voluntary and community groups with which they have previously had more direct commissioner-provider arrangements. Surrey County Council, for example, opened up membership of its Health and Wellbeing Board to a broad range of organisations, and is moving from scrutinising mental health provision to more of a partnership approach. In other examples, as in Basildon Borough Council, councils work collaboratively with NHS commissioners and providers, producing funding bids together.

Building mutual trust with other organisations – whether they are from the NHS or voluntary sector – can take time and requires patience and understanding. This is another area where political leaders can help open doors.

### *Community engagement*

Promising strategies have sought out and learned from communities, exploring both individual experiences of support and the

range of local groups and organisations which are well placed to make a difference. Engaging communities from strategy development to service delivery is critical to ensure that the right areas are being targeted and that new initiatives have the best chance of reducing inequalities and improving outcomes for at risk groups. Birmingham City Council, for example, has sought out links with other areas to help develop culturally appropriate support for specific communities.

### *Harnessing existing evidence and resources*

Several approaches have been inspired by national programmes. Bristol's Thriving at Work initiative builds on national evidence on the impact of mental health in the workplace. Many other councils have signed up to Time to Change as employers and have embedded this into their work in communities. Others have been inspired by learning from approaches elsewhere. Birmingham City Council, for example, has made links with Lewisham Council to help develop its offer for young black men, while Tameside and Glossop was inspired by the Lambeth Living Well programme to develop its own neighbourhood offer.

Sharing learning and harnessing the existing evidence base for prevention and health promotion can strengthen local business cases and persuade commissioners and system leaders that it is worthwhile – and possible – to take new approaches. We heard from some local teams that they are already sharing learning across regional and national communities of practice.

These case studies were gathered before the Covid-19 pandemic. We followed up with a limited number of participating case study areas during May and June of 2020 to understand how they were responding to the virus and what impact it had made on prevention and promotion activities.

## Prevention and promotion during the pandemic

### Approaches

#### *Going digital*

There were several examples of services adapting to lockdown and social distancing rules by focusing on online and other remote support. The St Albans Healthy Hub focused on sharing resources online, including a number of free videos and webinars, and links to local Hub partner organisations' online services. Leeds Suicide Bereavement Service moved to 1-1 remote counselling, during which practitioners have noted an increase in the quality of some sessions.

Stronger Sandwell is promoting physical activity despite the suspension of group meetings, including by partnering with local sports personality 'Blind Dave' Heeley to produce a video to encourage people of all ages and abilities to exercise. Birmingham City Council, too, has commissioned local professionals to record accessible videos on a range of activities aimed at boosting mental wellbeing: such as yoga, mindfulness, creativity and planting. Links to local support, self-help resources, and tips for employers to create mentally healthy workplaces have also been shared online through [Birmingham's Mentally Healthy City Forum](#).

Bristol City Council continues to focus on workplace mental wellbeing online, offering a range of remote access resources such as mental health training for line managers, tools and training for staff to manage their own stress and anxiety, platforms for peer support and suicide awareness training.

#### *Adaptations and targeted work*

Covid-19 responses have not just focused on meeting the challenges of delivering existing programmes within the restrictions of lockdown, they also address the specific impact of Covid-19 on the wellbeing of communities. The Mentally Healthy Leeds main provider, Touchstone, has been unable to run groups in neighbourhoods, but has instead carried out socially distanced home visits where staff

deliver food and informally check on the welfare of potentially isolated and vulnerable residents. At the same time, they have distributed crisis cards so that information on where to get help is accessible and easily available. This includes information regarding broad reaching local services such as debt advice, housing, bereavement services, and support for young people.

The importance of the Mindful Employer Network, also in Leeds, has been reaffirmed in light of the pandemic, and the Public Health team has been actively seeking to engage employers and individuals who might be at greater risk of stress and anxiety. This includes care home workers and food delivery drivers working in the 'gig economy'. The latter are known to experience health inequalities, be less likely to access support for mental and physical health, be more likely to come from BAME communities where Covid-19 has been more prevalent, and be part of the young, lower paid and underemployed workforce where livelihoods are at greater risk in a recession.

In Bristol, £100,000 previously secured from West of England Combined Authority (WECA) for the Thrive programme has been redirected to support the Covid-19 mental health response to adapt to new circumstances and restrictions, including by moving services online.

#### *New resources*

Local authorities have worked with communities to develop and disseminate new resources on mental health and wellbeing. The Covid-19 mental health response in St Albans City and District has benefits from close working with Hertfordshire County Council, which supported the development of a mental health resource for individuals. This was produced by Centre for Mental Health and made widely available through the range of organisations brought together by St Albans City and District Council (Centre for Mental Health, 2020a).

Leeds City Council, responding to feedback from local volunteers, has produced an accessible suicide awareness guide to help improve

the confidence and knowledge of the wider volunteer workforce to respond to distress in the community (Leeds City Council, 2020). This has been shared through a broad network, including NHS volunteer responders, carer groups, voluntary sector organisations, adult social care, the Mindful Employer network, and the local NHS mental health and learning disability provider trust.

As part of Stronger Sandwell's 'asset-based community development' approach, Sandwell Metropolitan Borough Council has been active in engaging its diverse local community about how to respond to the pandemic. Public health has met with local faith groups and organisations including the Yemeni Community Association and West Bromwich African Caribbean Resource Centre to understand the key issues for them. They heard that people from some BAME groups have concerns about the disproportionate impact of Covid-19 on their communities, both from the illness itself and being discriminated against based on a perceived vulnerability. One concern has been that this could lead to BAME people being offered shorter contracts or not being employed at all. In response, the Stronger Sandwell team is working with local communities to develop a post-Covid risk assessment tool for employers that builds on national guidance on considerations of age and clinical vulnerability, expanding on the guidance by also addressing ethnicity.

#### *Learning from communities*

St Albans City and District Council brought together a group of senior representatives from 18 local organisations for a meeting on the 'Impact of Covid-19 on Mental Health: Recovery'. This was led by the council's 'member champion' for mental health, Cllr Anthony Rowlands. Attendees represented a broad group of local voluntary sector providers, schools, faith groups, district and county council representatives and NHS organisations. Issues raised included increasing demand for employment support and expected need for money advice; funding challenges for voluntary sector organisations; children and young

people's concerns about returning to school, and adults' concerns about returning to the workplace; awareness of isolated groups, such as older adults; and the need to support and manage volunteers through difficult times. This learning will inform the St Albans Health & Wellbeing Partnership and will be shared with the County Council. Future meetings are planned – the forum will continue to gather insights and connect local government to a range of relevant stakeholders.

Birmingham City Council has launched an online Covid-19 impact questionnaire to understand the experiences of different communities across the city. The survey asks questions about participants' backgrounds, views on Covid-19, and the impact that lockdown measures have had on mental health, physical activity, employment and relationships. Findings will inform the Council's recovery response, proposals and priorities. Birmingham's Mentally Healthy City Forum has shared other opportunities for community involvement, notably a youth community roundtable hosted by the West Midlands Police and Crime Commissioner which sought views from young people about experiences of the police, education and mental health during lockdown. During the pandemic, the Council convened meetings with wider system partners including public health and the local CCG to rapidly facilitate and answer over 600 questions directly from the community, and has been proactively sharing information to keep the public informed about the issues that are most important to them.

Leeds Public Health is working with Mentally Healthy Leeds provider, Touchstone, and other third sector organisations to explore and understand experiences of grief, loss and social isolation during Covid-19, and the wider impact this has had on communities. Community based providers are recognised as being able to engage residents from diverse backgrounds and the project has been made possible as part of the Mentally Healthy Leeds programme through flexible commissioning.

### *A system designed for prevention*

A Mental Health and Wellbeing Cell has been established in the West of England to develop a whole system response to meeting mental health needs once lockdown eases. This is co-chaired by Bristol Public Health and Bristol, North Somerset and South Gloucestershire CCG. It brings together 60 partners and local experts from across the NHS (including Avon and Wiltshire Mental Health Partnership NHS Trust), local authorities, voluntary sector, emergency services such as the police, user-led organisations and academia. The Cell has adopted prevention-focused principles in planning for Covid-19 recovery.

Modelling has predicted a 30% increase in mental health problems over the next 2-5 years. The Cell recognises the potential for community-based, preventive approaches, early help and targeted work to improve population mental health and enable de-escalation, with a view to reducing the severity of new mental health problems, alleviating system pressures and tackling health inequalities.

A business case for the reprioritisation of local health and local authority funding into community-based mental health support and prevention work has been developed at an STP-wide level, with discussions ongoing around how this may be supported nationally. Proposals include specialist mental health debt and benefits advice, mental health specialists for schools, trauma-informed support, a mental health literacy programme, and community grants for grassroots organisations, with a focus on health equality (including black-led mental health support). This business case has been agreed by local leaders and implementation has already begun to quickly protect and promote mental health and ensure that the health and care system is able to respond effectively to the challenges to come in the wake of the virus.

## Reflections

Councils' roles in harnessing the social fabric of communities has been evident during the pandemic. A key part of this has been bringing stakeholders together quickly to learn about diverse experiences and to plan appropriately to support those who might be facing mental health difficulties.

Case study areas have benefited from having invested time and resources into developing relationships across communities as part of their pre-Covid approaches to preventing mental health problems and promoting good mental wellbeing. Public health teams have been able to consult rapidly and effectively with diverse community groups (as in Sandwell and Leeds), and to bring together groups and organisations to understand the mental health of communities and plan to meet their needs (in St Albans and Bristol). Where new resources have been produced, relationships across communities have allowed them to be relevant to the people they intend to reach and shared across the broadest possible networks.

These examples demonstrate the convening power of local authorities at all levels – county, district, and unitary. Mental health is a key issue emerging from Covid-19, and while councils have been busy managing practical measures to contain the virus, they have also been successful in bringing wider stakeholders together to consider how their roles and responsibilities can protect the mental health of the population.

Flexibility has also been important. Local authorities and their partners have been quick to embrace digital to safely connect with people in their communities. Digital technology is not accessible for everyone, however, and we have seen services adapt to safely support people's welfare face to face (Mentally Healthy Leeds). Flexible commissioning has enabled resources to be redeployed, supported new approaches to be delivered quickly, and created pathways for learning about community experiences which may otherwise have taken much longer to establish.

## Implications

Covid-19 has been a shared trauma in all communities, and it has hit the most deprived, marginalised and isolated the hardest. There is a real risk that many more people will experience mental ill health (and more serious mental health difficulties) in the wake of the pandemic. But, by taking affirmative action to reduce the risk of serious and long-lasting mental health problems, it will be possible to help individuals and communities to recover. While it's not possible to prevent all mental ill health either now or at any other time, it is possible to boost communities' resilience and help people to 'bounce back' from the crisis. The nine case studies in this document demonstrate promising approaches to achieving this.

The local authorities we have profiled in this report have demonstrated the value of collaborative working with NHS commissioners and providers. As partners, local councils and the NHS should acknowledge that addressing people's needs holistically and helping individuals to avoid mental health difficulties requires a joined-up approach, particularly around psychosocial needs where local authorities and community-based organisations can make a significant contribution. Covid-19 has, in many areas, provided the catalyst for that to happen very quickly.

Fully integrated arrangements such as those in Tameside and Glossop are rare, but by engaging with other structures, such as Integrated Care Systems and Integrated Care Partnerships, local authorities can have an active voice in wider health provision. However, these systems can be experienced as dominated by NHS organisations, with local authorities

struggling to be heard. System working will be achieved where NHS commissioners and leaders recognise the value of local authority contributions to supporting prevention and health promotion in communities, as well as the impact this can have on NHS services for physical and mental health.

Community assets – including voluntary and community groups and local employers – should be mapped and engaged as part of any prevention strategy. These groups provide vital insights into local need and opportunities. They can increase the reach of, and encourage access to, prevention initiatives through sharing information at a neighbourhood level and can directly participate in service delivery.

Local authorities should be willing to take risks as compassionate commissioners, learn about the successes and challenges alongside community providers, and adapt monitoring requirements as knowledge and understanding across the system improves. Evidencing impact is important. But reporting to specific outcome indicators can be a burden on services that are operating with limited resources, especially where an independent evaluation hasn't been commissioned and routine data collection isn't resourced. This is especially challenging for mental health prevention work, where outcomes could be broad and only recognisable over time.

All local authority directorates should recognise that mental health is interwoven with other priorities and agendas – physical health, housing, economic development, estates and green spaces and social inclusion. Taking a mental health informed approach can help tackle inequalities in a number of areas and can unlock opportunities for multiagency work or external funding.

# FEEL LIKE YOU'VE HAD ENOUGH?



**Citizens Advice Leeds**

Can help with legal, money, welfare and housing issues by providing free, independent and confidential advice.

**0113 223 4400**



**moneybuddies**

If you're having problems with money or need support dealing with debt, contact Money Buddies for free, confidential, impartial advice.

**0113 2350276**



All the services listed on this poster are LGBT+ inclusive.

Find local and national organisations that support LGBT+ communities at:

[www.mindwell-leeds.org.uk/lgbt](http://www.mindwell-leeds.org.uk/lgbt)



**Switchboard**  
LGBT+ helpline

A place for calm words when you need them most.

**0300 330 0630**

Open 10am – 10pm (every day)



**Leeds**  
CITY COUNCIL

**LEEDS HOUSING OPTIONS**

Advice service for people who are homeless, at risk of homelessness, or would like advice about housing.

**0113 222 4412**  
**07891 273 939\***

\*out of hours 5pm - 8 am, emergency only



**Forum Central**



**NHS**

If you are worried about money problems, find help and support at:

[www.mindwell-leeds.org.uk/money-worries](http://www.mindwell-leeds.org.uk/money-worries)



**MindWell**

MindWell is the mental health website for people in Leeds. Funded by the NHS, it brings together information about local and national services as well as self-help tools and resources.

[www.mindwell-leeds.org.uk](http://www.mindwell-leeds.org.uk)

**childline**

ONLINE, ON THE PHONE, ANYTIME  
[childline.org.uk](http://childline.org.uk) | 0800 1111

If you are 19 or under, you can contact ChildLine about anything. No problem is too big or too small. Speak to a counsellor straight away on **0800 1111 (Freephone)**.



**The Market Place**

Support, information and counselling for young people in Leeds aged 11-25.

**0113 2461659**

[www.themarketplaceleeds.org.uk](http://www.themarketplaceleeds.org.uk)



**GAMCARE**

IS PROBLEM GAMBLING AFFECTING YOU OR THOSE CLOSE TO YOU?

Speak to an advisor on the **National Gambling Helpline** Freephone 0800 8020 133 24/7

[www.gamcare.org.uk](http://www.gamcare.org.uk)

Are you struggling to cope or feeling overwhelmed? Talk to someone about how you're feeling.

**You are not alone and it is okay to ask for help.**



**Andy's Man Club**

Peer support group for men  
Come have a brew and a chat - it's okay to talk  
Meets every Monday at 7pm (Except Bank Holidays)  
Leeds College of Building, North Street, LS2 7QT  
[www.andysmanclub.co.uk](http://www.andysmanclub.co.uk)  
[info@andysmanclub.co.uk](mailto:info@andysmanclub.co.uk)



**MindMate**

If you're a young person, MindMate can help you understand the way you're feeling and find the right advice and support. MindMate also has information for parents and carers.

[www.mindmate.org.uk](http://www.mindmate.org.uk)



**SAMARITANS**

Call free day or night on **116 123**

Email [jo@samaritans.org](mailto:jo@samaritans.org)

[samaritans.org](http://samaritans.org)

**LEEDS SURVIVOR-LED CRISIS SERVICE**  
[WWW.LSLCS.ORG.UK](http://WWW.LSLCS.ORG.UK)

**Dial House**  
A place of sanctuary, a social space, one-to-one support.  
Open every day except Tuesday and Thursday 6pm-2am.  
Call **0113 260 9328** or text **07922 249 452** to make a referral. Taxis provided, parents in crisis able to bring children, BSL support available.

**Dial House @ Touchstone**  
Support and sanctuary for people from Black and Minority Ethnic backgrounds.  
Open Tuesdays and Thursdays 6pm-12am.  
Call **0113 249 4675** or text **07763 581 853** to make a referral.

**Connect**  
Need to talk about things? Need to hear a friendly and understanding voice?  
Confidential, non-judgmental emotional support over the phone and online, provided by staff and volunteers.  
Open every day 6pm-2am. Call **0808 800 1212** (freephone) or go to [lsics.org.uk](http://lsics.org.uk) to find the online chat.

Feeling anxious or stressed? Need to talk about things? Need to vent about school? Anything else on your mind?

**LEEDS SURVIVOR-LED CRISIS SERVICE**  
[TEENCONNECT.ORG.UK](http://TEENCONNECT.ORG.UK)

Confidential, non-judgmental emotional support for 13-18 year olds in Leeds, over the phone, online, or by text.  
Open Monday – Friday: 3.30pm-2am  
Saturday and Sunday: 6pm-2am  
Call **0808 800 1212** (freephone), go to [teenconnect.org.uk](http://teenconnect.org.uk), or text **0771 566 1559**.



**Deaf Connect**  
Is open Mondays 7-11pm.  
Glide/ Text: **07500 870 987**  
Skype/ FaceTime: [survivor.led@lsics.org.uk](http://survivor.led@lsics.org.uk)



**WELL-BEAN 'HOPE IN A CRISIS' CAFÉ**  
The café is a safe space open to all experiencing crisis.

<b>SATURDAY, SUNDAY, MONDAY</b> 6pm-12am	<b>TUESDAY, WEDNESDAY</b> 6pm-12am	<b>THURSDAY, FRIDAY</b> 6pm-12am
Lincoln Green Community Centre, 29 Cromwell Mount, LS9 7JB	Touchstone House, 2-4 Middleton Crescent, Beeston, LS11 6JU	New Wortley Community Centre, 40 Tong Rd, Leeds LS12 1LZ

Ring or text **07760 173 476** on the day you'd like to visit.

In a medical emergency **CALL 999**

When you need urgent medical help but you're not sure what to do **CALL NHS 111**

Are you struggling after the death of someone close?

**Cruse Bereavement Care**  
*Somebody to turn when someone dies*

provides support, information and practical advice.

**0113 234 4150**  
**0808 808 1677**  
[www.cruse.org.uk](http://www.cruse.org.uk)



**LEEDS SUICIDE BEREAVEMENT SERVICE**

If someone you were close to has ended their own life you can access one-to-one support, group support, family support, or counselling.

[info@leedssbs.org.uk](mailto:info@leedssbs.org.uk)  
[leedssbs.org.uk](http://leedssbs.org.uk)  
**0113 305 5800**



**Leeds Domestic Violence Service**

Provides confidential support, information, and access to emergency accommodation.  
24 hour Helpline **0113 246 0401**



**SARSVL**

provide confidential emotional support for women and girls affected by sexual violence of any kind.

**CALL 0808 802 3344**  
**TEXT 07860 022 880**  
EMAIL support@sarsvl.org.uk

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## Case studies

### 1. Health in all policies - Basildon Borough Council

*“Getting people excited about the art of the possible”*

#### The ambition

Basildon Borough Council sits within the boundaries of Essex County Council. Historically, the council did not view health and wellbeing as a priority area within its remit, but it has since shifted to a ‘Health in All Policies’ approach. The Health in All Policies approach acknowledges that health is closely linked to most other core objectives, and that the local system as a whole can influence health outcomes by tackling social determinants of ill health, improving population health, and reducing harm (Local Government Association, 2016). Basildon Borough Council published its first Health and Wellbeing Policy in February 2018 (Basildon Council, 2018a). This strategy set three priorities:

1. Reducing the prevalence of adult and child obesity
2. Improving mental health and wellbeing
3. Reducing health inequalities by tackling poverty

Prioritising mental health followed evidence that surfaced in the 2016 Joint Strategic Needs Assessment (JSNA) for Essex, which highlighted high levels of deprivation and health inequalities within Basildon (Essex County Council, 2016). Elected members and local voluntary sector organisations encouraged Basildon Borough Council to challenge the traditional limits of a district or borough council and develop its role in shaping Basildon as a healthy place to live. At the same time, as an employer, the council was aware that mental and physical health are connected and that a proactive approach to sickness absence would benefit staff and improve their interactions with residents.

The policy recognised that the Council’s in-depth understanding of local issues and day to

day contact with individuals and communities are major assets in promoting good physical and mental health with and for its residents. The Council saw opportunities to make a positive difference to health and wellbeing through its direct responsibilities for housing, leisure and public spaces, as well as through its more strategic role which influences other parts of the local system and wider economy.

This led to the creation and adoption of the Council’s first Health and Wellbeing Strategy (to be published in 2020). Health and wellbeing has also been strongly embedded in other council strategies, such as the Housing Strategy 2018-23 (Basildon Council, 2018b) and the Corporate Plan 2019-2022 (Basildon Council, 2019), where ‘improved mental health provision and support for mental wellbeing’ is identified as a key outcome to achieve the goal of becoming ‘a place where everyone prospers’.

#### The approach

As part of the Health in All Policies approach, Basildon Borough Council is aiming to shift perspectives so that all of its functions – litter collection, facility management, leisure, green space development – are seen as public health roles. The new approach was supported by Essex County Council, which initially part-funded a Public Health Improvement Practitioner post jointly with Basildon Borough Council and Brentwood Borough Council to better understand health needs locally. This role has since been made full time within Basildon Borough Council, and is part funded by Essex County Council. The post sits within Basildon’s newly created Culture and Health Service.

Basildon’s approach to health and wellbeing is multifaceted. It involves several partnerships which have enabled new initiatives to be delivered locally. The Council has helped bring new funding to the area to build stronger, healthier, and more connected communities.

For example, Basildon was part of a winning bid as one of the three districts of the Essex Local Delivery Pilots, each receiving a share of £10.68m from Sport England, to improve physical activity in deprived areas. The programme started in 2018, and sees Basildon Borough Council work with grassroots organisations and strategic partners to create opportunities for people to get involved in local activities; create new ‘active’ parks; develop walking and cycling routes; make small grants accessible for community projects; invest in charities to scale up their projects; train volunteers, leaders and coaches from the community; and make the built environment a more appealing place in which to be active. Basildon Borough Council representatives sit on the core working group which oversees and manages implementation and delivery of the programme, which targets three key audiences: people living with mental health conditions, families with dependent children and older people (Active Essex, 2019).

Nearly £1.3m from Arts Council England was recently awarded to the Basildon area as part of the **Creative People and Places 2019-2023 programme**. This grant intends to reach into areas with low engagement in cultural activity and empower local communities to deliver projects that give more people the chance to be creative, to influence their local community and take part in new activities. The funding was won by the BasildON consortium, led by a local CIC in partnership with Basildon Borough Council and 23 other businesses and community groups. The consortium plans to create projects which will engage and enrich the lives of individuals and help make positive changes in communities.

Where external grant funding is not available, Basildon uses more modest resources to support local initiatives to support mental health. The Motivated Minds ‘HAPPY Hub’, based in Eastgate shopping centre, is designed as a ‘one-stop shop’ for wellbeing where people can self-refer to a range of support including counselling, group social activities, training, advocacy, and mentoring. Basildon Borough Council made connections between Motivated Minds and other organisations for support

and funding and adjusted its business rates to give the Hub the space it needs to operate. The Hub is now supported by the local NHS Clinical Commissioning Group, the county Police and Crime Commissioner, public health and the Eastgate Centre (a private company).

## Impact and sustainability

The Health in All Policies approach has been influential locally. Mental health and wellbeing have been successfully embedded in several long-term strategies and commitments within Basildon Borough Council. There is a perception that the focus on mental health and wellbeing has also led to changing attitudes within the council’s wider team. Staff members have been more willing to share, and to be open about, sickness absences arising from mental health difficulties, which in turn puts the council in a better position to provide support as an employer.

Coproducing bids and working with partners including NHS commissioners, the voluntary and community sector, and business groups, has encouraged others across the system to consider their roles in mental health prevention and promotion, leading to broader support for projects such as the HAPPY Hub.

Basildon’s active role in local initiatives has helped attract large, long-term grants to the area, which could benefit residents and community organisations for many years. The council and its partners continue to pursue other external funding opportunities to benefit the local area.

## Keys to success

### *Partnership building*

Generating excitement and interest from partners from across the local system and community has been critical to the Basildon approach. Messages around health and wellbeing have centred on the whole town, rather than the local authority or any individual partner organisation.

As financial constraints limit the possibilities of launching new interventions or services

directly, the Council's role in prevention and promotion has focused on encouraging collaboration across the system by working with other organisations and groups locally to identify what they need to improve services and support. The Council has then been able to use its levers to bring different partners together (police, health commissioners, businesses, charities, etc.); to assist the launch of new services where possible (e.g. by relaxing business rates or helping develop business cases); and to advocate on behalf of the local area in county, regional or national conversations.

### *Commitment*

Changing attitudes and developing relationships takes time. Basildon Borough Council has spent four years since the 2016 JSNA engaging partners to build a shared

understanding of the roles different services and sectors can play in improving local mental health and wellbeing.

There is a perception that, at various times historically, relationships between system partners (including the Council, police, health providers, voluntary and community organisations and businesses) have not been aligned or invested in. It has taken time and effort for the Council to overcome the difficulties borne from this. Developing working groups for health and wellbeing with representation from these sector partners has helped mitigate this barrier and develop a sense of shared purpose, and coproduction of funding bids with partners has developed trust while also bringing in new monies. Embedding this collaborative approach has required determination and commitment from council officers and elected members, even when progress has been slow or difficult.

## 2. Pivoting upstream - Birmingham City Council

*“Get people together and have the conversation”*

### **The ambition**

Birmingham and its communities face entrenched challenges in poverty and health inequalities. The gap in life expectancy between the most and least deprived areas is 10.6 years for men and 8.2 years for women, the infant mortality rate is twice the national average and one in three children live in poverty. Birmingham also has a young population. The number of children aged 5-15 years is expected to increase by 10.8% by 2027.

These challenges were presented in Birmingham City Council's draft *Public Health Priorities for 2019-2023* (Birmingham City Council, 2019). This Green Paper document recognised the intersections between wellbeing, environment, adversity and opportunity, and suggested the local authority, the community, businesses, commissioners, health service providers and the VCSE can play significant roles in addressing Birmingham's

problems. It identified four main priority areas: child health, working age adults, ageing well, and a healthy environment. These areas were underpinned by an ambition to address health inequalities, including by supporting the mental and physical health of vulnerable people.

The Birmingham Public Health Green Paper was shared for community consultation in 2019. The consultation received 447 written responses, some 35% of which were from people reporting either a physical or mental health condition. Additional feedback was gathered from workshops held in each of the city's 24 wards.

This exercise confirmed that respondents supported the Public Health vision and priority areas. It also identified a gap around individuals whose needs are below clinical thresholds but who need some mental health support in their community, highlighting the need for stronger upstream and public health focus on mental health and wellbeing. It also recognised a need for Birmingham's young people to be better connected and supported.

## The approach

Following the community consultation, the Health and Wellbeing Board established five sub committees to guide the development of city-wide improvements in priority areas and bring the Board closer together with other partners in the city and region. This process established Birmingham's Mentally Healthy City Forum which is chaired by a Cabinet Member and includes representation from Public Health, the NHS, academic experts, the local VCSE sector, and business sector. Police, fire, and social security services are also engaged when appropriate. The first formal meeting of the Mentally Healthy City Forum took place in September 2019.

The Mentally Healthy City approach focuses on improving and maintaining mental wellness across the city, prioritising hope, self-esteem and cohesion across all of Birmingham's communities, while developing more intensive forms of support for those facing the greatest inequality – this is known as 'proportionate universalism'.

The Mentally Healthy City Forum facilitates information sharing and involves partners in local implementation of national initiatives like the Prevention Concordat for Better Mental Health. Outputs and presentations from the Forum are made available via an open and free LinkedIn group. Members of the online group, who come from across the city, can also share resources and information directly with the Forum and Public Health. The Forum has helped Public Health and partners explore how the concept of 'wellness' is defined by the city's communities, individuals and organisations. It has helped to identify and map the various stakeholders and organisations involved in community wellbeing and mental health, and it has highlighted emerging issues such as loneliness and isolation.

For young adults, especially those entering the job market, workplaces are recognised as an area where mental health and wellbeing can be promoted. Personal health and wellbeing is included in the apprenticeships curriculum within the Council, and commitments to mirror

this have been made by the NHS and police. Public Health and partners from the Mentally Healthy City Forum are also working with independent businesses and approaching the Chamber of Commerce to ensure that young people entering work throughout Birmingham have access to support and information. Thrive at Work West Midlands, which predates the current Public Health strategy, has made these connections easier to make. The Thrive at Work programme encourages employers to commit to promoting health and wellbeing in the workplace. It provides a suite of tools and guidance and celebrates positive action through the Thrive at Work Wellbeing Awards.

Birmingham is home to a diverse population of over 100 national identities. As wellbeing is a culturally constructed concept, there is a need to translate ideas into different languages and cultures. Birmingham City Council has therefore partnered with Warsaw City Council to share learning and improve knowledge on the needs and preferences of Polish and Eastern European citizens, and with Lewisham Council to help improve services for young black men. These are two groups which have been identified as high risk. Activities taken forward by Birmingham Public Health include hosting an event in February 2020 on talking about suicide prevention with Eastern European communities, and sponsoring a 'Fix It' event in November 2019 on making public health approaches work for young black men, delivered by the Shifting the Dial partnership (Birmingham Repertory Theatre, 2019).

This work sits alongside the local design of mental health services for people aged 0-25, delivered through Forward Thinking Birmingham, a partnership of NHS, independent, and voluntary sector organisations. The partnership offers support through community hubs, a drop-in centre, online or via an Access Centre where a single team works with individuals to help them through the referral process. By delivering support as a single organisation, Forward Thinking Birmingham aims to make it easier for children and young people to find 'the front door' and access support when they need it.

## Impact and sustainability

Birmingham's approach is in its early stages, moving from its consultation phase to the implementation of new ideas, and the development of new partnerships and structures. Understanding what success will look like has been part of this journey. The Council plans to measure impact through community cohesion and economic indicators, and through a citizens' survey which will be analysed for shifts in social contact, feelings of safety, and people reporting that they have someone to talk to when they are in trouble. School readiness and NEET (not in employment, education or training) outcomes for children and young people will also be monitored, and businesses will be asked to report on changes to employee wellbeing.

Birmingham's consultation on priorities for public health (2019-2023) is perceived to have successfully created enthusiasm across Birmingham City Council and its citizens for moving to an upstream approach to mental health and wellbeing. Major changes have been formally ratified by the Council in support of the new approach: the public health grant has been rebalanced to allow for a greater number of smaller grants and the pump-priming of projects, while the Public Health team has been significantly expanded from 40 to 70 staff.

## Keys to success

### *Community engagement*

The detailed consultation process has ensured that Birmingham's priorities align with local communities' expressed priorities. It helped identify gaps in needs and provided the opportunity for citizens and a range of potential partners to come together and have conversations about how to improve mental health locally.

### *Collaboration with NHS commissioners*

Honest and open conversations between Public Health and commissioners from both of Birmingham CCGs has helped to establish upstream preventative work as a priority alongside service provision. NHS colleagues are engaged at several levels, including in the Mentally Healthy City Forum. There has been recognition across the system that limited public sector finances need to support preventative work and that this requires long-term thinking, strategic commitments, and partnerships.

### *Senior level support*

Support from council and health leadership has helped unlock resource and enthusiasm. Cabinet members chair each of the five public health forums, and the funding and staffing of the new approach has been ratified by the Council. The mental health approach aligns with the Council's wider vision of shaping a city which includes the following priorities:

- Birmingham, an entrepreneurial city to learn, work and invest in
- Birmingham, an aspirational city to grow up in
- Birmingham, a fulfilling city to age well in
- Birmingham, a great city to live in

### *Partnership with other areas*

Working with other areas (e.g. Warsaw and Lewisham) has provided access to knowledge and resources as well as peer challenge and constructive feedback from other areas facing similar challenges. These external partnerships are also perceived to promote long-term continuity, as high profile or international commitments and partnerships are likely to be valued by any administration.

### 3. Thrive Bristol Thriving at Work - Bristol City Council

#### “Stepping back”

#### The ambition

Thriving at Work Bristol is part of Thrive Bristol, a ten-year programme (2018-28) which aims to address mental health needs at a population level.

Thrive Bristol focuses on shaping a mentally healthy city, i.e. through supporting positive education, work and communities. The aim has been for city partners to lead efforts, with Public Health maximising its resources by providing the evidence of need, offering guidance on effective interventions, measuring impact, and supporting a ‘one city approach’ to improving mental health and wellbeing.

Thriving at Work is one theme among others which include children and young people, students, communities and housing. Each workstream includes a focus on tackling inequalities in mental health; on embedding anti-stigma and discrimination approaches and improving awareness, such as through the roll out of mental health and suicide prevention training.

Mental health at work is a hugely important issue for businesses and employees nationally:

- Mental health problems in the UK workforce cost employers almost £35 billion a year in sickness absence, reduced productivity at work, and staff turnover (Parsonage & Saini, 2017)
- 300,000 people with a long-term mental health problem lose their jobs each year (Stevenson & Farmer, 2017)
- Work can be a common contributor to mental health difficulties, with 2 in 5 employees reporting work-related poor mental health (Business in the Community, 2019).

The City Council estimated that over £280 million is lost each year by businesses and employers in Bristol due to absence reduced productivity and staff turnover due to mental health issues (Thrive Bristol, 2019).

#### The approach

The Stevenson/Farmer Review, *Thriving at Work* (2017), made the case for why wellbeing and mental health are important in the workplace.

Bristol City Council heard from employers seeking to improve employee wellbeing that they were overwhelmed by the information available or had found that the one-off interventions used had not met their needs of delivering long-term improvements. Larger businesses and organisations generally had better capacity around workplace support than SMEs, but there was little consistency and no city-wide approach.

In response to this, the Council created the ‘Bristol Thriving at Work Taskgroup’, bringing together 25 organisations – including private companies, the voluntary sector, the NHS, and unions – to explore how the recommendations in the Stevenson/Farmer review could be implemented at scale across the city. The group has been supported by Bristol’s public health team and co-chaired by Bristol Mind and law firm Burges Salmon. Representatives include people in senior positions in organisations with the influence to implement change.

The first phase of the programme produced a report sharing resources, examples of good local practice, and ideas on how workplaces can improve mental health and wellbeing at scale. Importantly, the group developed a shared, cross-sector view on the challenge of workplace mental health and the importance of organisations across the city working collectively to make improvements.

The second phase of Thriving at Work Bristol launched in November 2019 with a focus on testing, learning, sharing, and scaling up improvement. To take this forward, three Action Groups have been established:

1. Culture and behaviour: testing interventions (as part of an effective Mental Health Action Plan) which aim to have a positive impact on company culture and behaviour.

2. Policies: supporting organisations across the region to access and embed policy and guidance to help create mentally healthy workplaces, including through sharing policy templates and offering coaching and guidance, with a focus on supporting SMEs.
3. Leadership: understanding how senior and emerging leaders in different organisations can support each other to improve employee mental health and wellbeing.

These working groups are chaired by city leaders from different companies (OVO Energy, Deloitte, Hargreaves Lansdown and Windmill Hill City Farm). The Action Groups are focusing on testing interventions to better understand ‘what works’. They also provide advice, practical support and networking opportunities, in addition to giving opportunities for companies to share their own good practice and intelligence.

Thriving at Work Bristol has been championed by the wider council, which leads by example in supporting the wellbeing of its employees through Time to Change, rolling out Mental Health First Aid and Mental Health Line Manager training, and delivering training for frontline council staff to better support members of the public who may be in mental distress, such as those working in libraries and museums. This work is ongoing.

## Impact

The first phase of Thriving at Work Bristol has had a significant impact in convening a broad group of stakeholders from different sectors across the city, achieving a shared vision and supporting more organisations to take action to improve employee wellbeing. Feedback from groups involved has been positive and independent organisations from across Bristol continue to be engaged and take ownership of the programme as chairs and members of action groups. Bristol was the first city in the UK to sign the **Mental Health at Work Commitment**, and is influencing priorities regionally with the West of England Combined Authority now funding the roll out of this work across the region.

Thriving at Work Bristol is currently entering a new phase in which interventions will be put in place and tested. Bristol Public Health is developing evaluation plans with academic partners. Alongside monitoring the number of employees and companies the programme reaches, outcome measurements are likely to cover proportions of people who describe work having a negative impact on their mental health, feeling comfortable talking about their mental health, and believing their manager will take action to support their mental health at work.

## Sustainability

Thriving at Work Bristol is bound to Bristol City Council’s long-term vision. It is a key part of the ten-year Thrive Bristol programme which feeds into Bristol’s One City Plan for 2050 (Bristol City Council, 2020). On a practical level, Thriving at Work is designed to be sustainable without continued intensive involvement from the Public Health team. It has created a network of peers, which are mostly businesses, and developed platforms through which they can share training and resources peer-to-peer in ways that Public Health does not have capacity to do directly. Employers are being encouraged through the programme to be more confident about the things they are doing themselves, rather than relying on external support, and in turn they are sharing this learning with other organisations.

In understanding mental health and wellbeing in local workplaces, and sustaining an active network of partners, Bristol City Council is hoping to access further research funding to scale up improvement.

## Keys to success

### *Political leadership*

Thrive Bristol benefits from significant political buy-in. Bristol’s ‘One City Plan’ for 2050 makes supporting physical and mental health equally a priority of its Health and Wellbeing Vision, setting out a wider ambition in which mental health is discussed and developed. The ‘One City’ concept aims to share and mobilise assets

and institutions across the city, not just the Council. The mayoral authority has also helped position the Council as a convening power which brings together wider stakeholders to work together for the collective benefit of the whole community. This has resonated with local employers.

### *Building on the national context*

This work is closely aligned with the high profile national Thriving at Work programme, led by Mind, the Department of Work and Pensions and the Department of Health and Social Care, with Bristol becoming one of the Thriving at Work Leadership Council's implementation sites.

The Stevenson / Farmer Review and subsequent activities offer easy access to the evidence needed to make the case for change. For stakeholders within the public, private and voluntary sectors, this has improved confidence to broker conversations with organisations on mental health at work.

The regional context has also been encouraging. The West of England Combined Authority has mirrored commitments to embed public mental health as a foundation of economic development in the region, and Bristol City Council is working with them and neighbouring authorities to extend the programme into a Thrive West approach.

### *Stepping back*

The biggest change in approach that was required was handing over leadership responsibilities to employers who themselves don't have expertise in public mental health in the traditional sense. Employer representatives have a different, equally valuable, expertise in understanding and influencing their own

business cultures. These representatives have brought a unique insight to Thriving at Work into how Bristol's businesses can adapt the way they communicate and respond to mental health and wellbeing.

A related change has been in developing a community of practice between a diverse range of local employers. Through building trust between them, they have been able to share their challenges and support each other in their efforts to improve mental wellbeing within their own organisations. Beyond this, the group is seeking to share their learning with wider organisations who might have very limited capacity – such as SMEs. This peer-to-peer support is being offered – free of charge – to organisations across the city.

Public Health still plays a key role in sharing the evidence for why mental health is important, providing links with other areas and national bodies, identifying and sharing intelligence on what sort of interventions work, and bringing together a very broad network of local businesses where previously only companies with obvious similarities might be connected.

### *Patience and commitment*

This approach requires an investment in time to develop relationships with employers to ensure they are equipped to take the lead. In the short term, taking a more direct approach to delivering workplace interventions may be faster, but it would not be as sustainable. As part of the relationship building process, the Public Health team has made the case to businesses of how supporting mental health in the workplace can improve retention, recruitment and productivity, contribute to corporate social responsibility objectives, and lead to positive media opportunities.

## 4. Addressing determinants in all contacts - Camden Council and Islington Council

### *“A workforce for prevention”*

#### **The ambition**

One public health team works across the councils of the London boroughs of Camden and Islington, although each borough has its own Health and Wellbeing Board and health and wellbeing strategy. These strategies have a number of differences, but commitments around supporting positive mental health and preventing mental illness are shared. ‘Ensuring good mental health for all’ is one of five priorities in Camden’s Joint Health and Wellbeing Strategy, which includes commitments to embed a public health approach to prevention (Camden Council, 2019a). The Joint Strategy for Islington similarly identifies ‘improving mental health and wellbeing’ as one of three priorities, with commitments to work collectively across the local system to increase social connectedness and improve awareness and understanding (Healthwatch Islington, NHS Islington CCG & Islington Council, 2017).

The joint Camden and Islington public health team adopted the Making Every Contact Count (MECC) approach in both boroughs to give frontline workers the knowledge required to identify the needs of the local community, to promote health and wellbeing, and to signpost people to services when appropriate. This approach followed national and local intelligence that people who most need support often find it difficult to access. It also responds to feedback from frontline staff who felt under-equipped to help with complex and connected issues of health and wellbeing, employment and housing.

Camden Council is also piloting Psychologically Informed Consultation and Training (PICT) in its housing service. A corporate review of the council’s role as a landlord identified that one third of council housing and leaseholder tenants have mental health and other complex health and social needs, and that it was more difficult for staff to work with these tenants due to a lack

of skills and knowledge. The PICT approach is intended to help residents to get access to more timely interventions and holistic support to stay well in their homes.

#### **The approach**

The MECC training programme launched in both boroughs in 2016. Training is open to a diverse workforce including police and fire services, the NHS, voluntary and community sector organisations, housing officers, health visitors, income advisors and contractors such as gas fitters. Training is provided by an independent contractor and can be delivered face to face or through an e-Learning module – both options are free to any frontline worker in the local area.

While MECC programmes have traditionally focused on health and wellbeing, Camden and Islington’s approach also targets the wider determinants which can significantly impact on mental health, such as housing, employment and debt. The model acknowledges that frontline workers, through their routine and daily contact with residents, are uniquely well placed to spot signs of emerging problems and opportunities for support to be offered early. It recognises that any interventions that they deliver must be accommodated within regular busy roles. Training outcomes are to give workers the knowledge to spot signs, improve their confidence to have initial conversations, and make them aware of the key services to which residents can be signposted.

A dedicated public health team promotes the training throughout the area. This includes independent partner organisations, voluntary and community organisations, NHS providers and the councils themselves. Energy is invested into outreach and communications to ensure that managers are willing to release frontline workers from their normal duties to attend the half day course. Organisations which have previously sent employees or volunteers on the training are actively engaged to mitigate the impact of staff turnover by sharing learning with

new recruits. The team also focuses on groups who face greater access issues or inequalities. For example, the Bangladeshi community was prioritised in the programme's first 18 months, and intensive engagement led to 24 community and faith leaders being trained in MECC (Ajaz *et al.*, 2018).

Camden Council's Psychologically Informed Consultation and Training (PICT) for its housing offices funds a clinical psychologist (0.8 FTE) from Camden and Islington NHS Foundation Trust who is co-located with and works closely alongside neighbourhood housing teams to:

- Provide education and training to develop housing staff's ability to identify and respond to signs of psychological distress
- Help local housing services become more psychologically and trauma informed, influencing service development and planning
- Support the health and wellbeing of housing staff through debriefing and reflective practice
- Carry out limited casework with tenants in the most need
- Liaise with other services, for example secondary mental health services.

Camden Council is half way through its PICT pilot, which runs from January 2019 to January 2021. The model was initially set up within two housing teams but by October 2019 it had been extended to a further eight.

## Impact

The MECC programme has engaged several key partner agencies and voluntary sector organisations to train high numbers of frontline staff with diverse roles and responsibilities. From 2016 to 2020, 2,255 people attended face to face courses and 1,008 people completed e-learning modules, with participants from Islington Council, Camden Council, voluntary and community sector organisations, primary care, Children's Services, the Met Police, adult social care, faith leaders and the fire service.

An early evaluation of MECC demonstrated positive findings from participants:

- 98% of participants reported increased knowledge of health promotion in areas such as healthy eating, physical activity and mental health
- 95% said that they would recommend the training
- 99% reported improved skills and confidence to initiate conversations about health and wellbeing with clients
- 72% of those completing three month follow up evaluations reported promoting positive health with their clients (Ajaz *et al.*, 2018).

The programme does not monitor how many trained staff go on to have MECC conversations, but, since being established, some council teams in both Camden and Islington have reported significant numbers of MECC referrals into areas such as employment and benefits advice.

With the endorsement of senior leaders and managers, MECC has been embedded into the culture of both councils. Training was made mandatory for some departments. It was adopted in corporate inductions for both councils. In Islington, MECC training has been included in employees' development plans. It has also been included in contracts for smoking cessation and weight management services and has been considered as an addition to standard contracts as means for commissioned organisations to demonstrate added social value.

The Camden PICT programme is in its pilot stage. An interim evaluation of the first nine months of the model suggested that it leads to (Camden Council, 2019b):

- Greater awareness of tenants' mental health issues amongst housing staff
- Housing staff taking a more holistic approach to tenants, and residents' issues being more effectively addressed
- Better relationships between tenants and housing staff
- Better links between housing staff and mental health services.

PICT's implementation in Camden occurred at the same time as major transformation in the landlord and housing services, which has involved staff working in new teams and on broader remits. While this may have impacted on outcomes for residents and staff, the clinical psychologist was also observed as having a helpful role in supporting staff through these changes, improving resilience and contributing to a better support system. The next stage of evaluation will analyse housing data and gather further views from residents on whether they have experienced differences in the service.

## Sustainability

MECC has been running in both Camden and Islington since 2016 and is funded on a recurring basis through the public health grant. It is well embedded in both boroughs and contributes to the development of place-based work across both councils. This means working with individuals and organisations within the area to engage those most at risk of poor health, reduce health inequalities, and build more connected, resilient, and cohesive communities.

The Camden PICT pilot stage will continue until the beginning of 2021, but monies have already been secured to roll the service out over the next two years. This has been supported by promising evidence of impact in the interim evaluation. There is a long-term approach for the principles of the model by embedding psychological support into other teams where it can make a difference, and will for it to be adopted into mainstream service design.

## Keys to success

### *Investing in engagement*

The implementation of the MECC approach has required continuous engagement with a range of stakeholders. Resources for a dedicated team have enabled specific communities to be targeted and expanded the reach of the service. The team has been able to spend time

engaging managers and leaders to convince them of the value of training frontline workers to develop skills and confidence not directly relevant to their day to day tasks. Engagement with senior and middle management across the public sector included working with them to promote the initiative and the principles of early intervention and prevention through blogs, articles on council websites, and at team and departmental meetings.

### *Collaboration*

Camden and Islington's shared ambition for a wider workforce for health and wellbeing is driven forward by key relationships with a range of partners. Voluntary and community sector organisations have been a key training target as they are in regular contact with some of the most vulnerable members of the public who are possibly unaware of or unwilling to access statutory services directly. Good connections and liaison with other relevant services, including community mental health teams from the local NHS provider trust, have also been important.

The Camden PICT model also benefits from close collaboration. The co-location of housing services and the clinical psychologist has been perceived as a particular strength in embedding psychologically informed approaches and in bridging the gap between where people live and where they can receive support for their mental health.

### *Political support*

Camden Council and Islington Council are stable councils where elected members, particularly the lead members for health, share a good understanding of the needs of local residents and the levels of deprivation in the boroughs. This has helped strengthen strategic commitments and initiatives that aim to reduce inequality by tackling the determinants of poor health and wellbeing.

## 5. A whole city approach - Leeds City Council

*“Leeds will be the best city for health and wellbeing.”*

### The ambition

The Leeds Health and Wellbeing Strategy 2016-21 established an ambition for Leeds to become a ‘caring city for all ages, where people who are the poorest improve their health the fastest’.

Among twelve priorities for improving the mental and physical health and wellbeing of the population are specific commitments to:

- Promote mental and physical health equally
- Focus on prevention
- Support engaged and well-connected communities

The strategy recognised the potential for prevention to benefit the whole city, citing how reducing emergency hospital admissions by 10% would make investment in more community provision possible. It acknowledged local inequalities, including differences in life expectancy and the impact of poverty leading to increased risk of ill-health and multiple disadvantage. Some 164,000 people in Leeds live within the most deprived 10% of neighbourhoods nationally. These principles have been carried into the council’s approach to prevention of mental ill health and promotion of positive wellbeing. They inform efforts to create a Mentally Healthy City.

### The approach

Leeds City Council strives to create a Mentally Healthy City through a range of public health initiatives. The Mentally Healthy Leeds approach has five priorities: improving mental health and wellbeing, reducing mental health inequalities, increasing resilience, reducing social isolation, and reducing stigma and discrimination. Public Health facilitates a range of cross-council activities to influence partners to invest in promoting good mental health. This includes encouraging and supporting frontline workers in refuse collection to train in Mental Health First Aid; working with the Children and Families Directorate to help make

Leeds a child friendly city; supplying the Parks and Countryside Service with the evidence base for the positive impact of green space on wellbeing; and embedding safety and suicide prevention into conversations with construction contractors and engineers.

The Council also supports specific programmes and projects. The Mindful Employer programme is embedded in businesses across the city. Mindful Employer offers access to support including networks and forums, and resources such as the ‘10-step toolkit’ for mental health at work which was developed in partnership with Leeds Mind (Mental Health at Work, n.d). Leeds City Council HR department has been heavily involved as an employer, and intelligence has been shared with local organisations including businesses, NHS providers, third sector bodies, and universities. Over 400 organisations have joined the Mindful Employer Leeds Network.

Mentally Healthy Leeds is a public mental health programme commissioned by Leeds City Council which is delivered by a third sector consortium comprising organisations with national experience, strong local footprints, and expertise working with communities. The providers work with individuals and groups in communities to combat mental health stigma and discrimination, increase resilience, reduce social isolation, and gain insights into the needs and preferences of local communities. Activities centred on social interaction or creativity – art, music, food, or exercise – are offered to help communities engage with underlying messages about keeping mentally healthy. Mental health awareness training is also delivered, and extensive engagement work to tackle stigma and discrimination is carried out in community spaces.

The programme offers people with lived experience of mental health problems the chance to participate and influence the way services are delivered. For example, training for frontline practitioners has been coproduced and there are opportunities to train as anti-stigma champions:

*“I am really enjoying my role as a champion. It is helping me to develop as a person as well as to tell my story and my confidence is growing as a result.”*

Tackling inequalities is a priority which runs through the city-wide approach. Public health grants focus on areas of the city where uptake for the Improving Access to Psychological Therapies programme (IAPT) is low, or where there are higher levels of crime, social housing, unemployment, and mental health problems. Mentally Healthy Leeds focuses its efforts on groups considered at highest risk: young women aged 16-24 and men aged 30-60 living in areas of the city with high levels of deprivation. Touchstone, as lead provider of Mentally Healthy Leeds services, brings significant expertise delivering services for BAME communities where inequalities in access and outcomes to mental health support are often present. It has decades of experience of working with communities and grassroots organisations who understand the needs and preferences of marginalised neighbourhoods.

## Impact and sustainability

The Leeds approach combines evidence-based interventions with advancing learning about what works. Commissioning arrangements include requirements for reporting on indicators and outcomes, which range from validated measures (including the ‘Short Warwick Edinburgh Well-being Scale’ (CORC, 2020), bespoke measures, and independent evaluations. An early evaluation of Mindful Employer interventions (2017), for example, suggested that the approach was effective in improving cultures around mental health in the workplace, especially where mental health awareness was initially low (Fryer & Kenvyn, 2017).

An in-depth evaluation of Mentally Healthy Leeds is being delivered by Leeds Beckett University to measure the impact of the service over three years. This work is ongoing, but interim reports (2018-20) evidenced success in engaging target communities:

- 22 anti-stigma champions with lived experience were trained and 425 people were engaged in anti-stigma work
- 3,498 people were given information and advice on keeping mentally healthy at community events
- 558 community members took part in groups or received training
- 555 frontline professionals received training.

Sustainability is included as a key criterion in service specifications for contractors and as part of the application for small grants for voluntary organisations. The development of robust evaluation evidence is also prioritised, which can strengthen the case to renew funding and enable delivery partners to seek external funding.

## Keys to success

### *Partnerships*

Collaboration has been an important part of developing city-wide approaches to the prevention of mental illness and promotion of positive wellbeing. A vibrant local third sector with a strong community presence has been trusted to deliver key programmes through a commissioning relationship which encourages openness and responds to challenges by, for example, adjusting outcome indicators where appropriate. Support and advice for employers has enabled many to become self-sufficient in creating mentally healthy workplaces and to support their peers through forums and networks. Cross-system work with other public services has helped keep public mental health on the agenda and create a consistent approach to mental health across local services. Police, A&E staff and others all have access to information, guidelines, and resources created by Leeds Public Health and designed to be useful for anyone in the wider workforce in understanding their public health role.

### *Making it tangible*

The Leeds approach to public mental health is city-wide, but interventions are carefully targeted, and all activities are guided by the team's five priorities. This aims to put resources into areas with the most need, but it is also designed to ensure that tangible outcomes can be achieved and clearer, more detailed workplans can be developed. Evidence sharing is also key. This includes headline figures on prevalence of workplace mental health and the national cost of poor mental health on UK businesses to encourage employers to take action, an understanding of the increased risk of health problems in areas of high deprivation, and local audits. The 2018 Leeds suicide audit, for example, helped unlock funding of up to £70k for third sector suicide prevention projects in target areas (Leeds City Council, 2019).

### *Political support*

Elected members who have provided support and who share ambitions for the city are also perceived as important. They can provide insight and understanding into the needs of the communities they represent. Leeds City Council's Executive Member for Health, Wellbeing and Adults, Cllr Rebecca Charlwood, is also an active Mental Health Champion for the city. Where council departments have been asked to submit plans for cost-cutting and reductions, elected members have protected programmes which contribute to the vision of a mentally healthy city. Funding for the current wider public mental health programmes is secured for the foreseeable future.

## 6. Stronger Sandwell - Sandwell Metropolitan Borough Council

*"It's not about what we do, it's about how we do it."*

### **The ambition**

Stronger Sandwell is coordinated by Sandwell Council's Public Health Team. The name describes what the council is aiming for – a stronger community – as well as the strengths-based approach to community development it is taking to achieve that ambition. The central ambition for Stronger Sandwell is to deliver asset-based community development at scale, making it the mainstream approach across the area.

Three principles for Stronger Sandwell were developed in consultation with the community and with local VCSE sector organisations via a series of meetings:

- 1. Harnessing existing strengths in the community:** Community strengths include people, ideas, aspirations and experiences. This principle involves moving away from interventions based in services to joint projects with the community.

### **Asset-based community development**

Asset-based community development involves working with communities and focusing on their strengths and the contributions they can make, rather than the problems they face. It is underpinned by theories and practices which focus on the roots of health and wellbeing, factors and resources (or 'assets') which enhance individual and community wellbeing, and community resilience, independence, involvement and empowerment (Rippon & Hopkins, 2015).

2. **Investing locally:** Sandwell resources are kept within Sandwell. Where possible, the Council avoids bringing in professionals from outside of the area, preferring instead to invest in local people and organisations as part of an ‘inclusive economy’ framework. An inclusive economy is where, by design, local people have more opportunities to participate in activities that improve their wellbeing, prosperity and life chances, achieve better stability in their homes and enterprises, and have greater influence over their environment (Benner & Pastor, 2016).
3. **Responding to inequalities:** Accessibility is a key driver for all projects and initiatives. The council seeks to understand which people face the biggest challenges and where the barriers are to good health and wellbeing, such as people who are facing poverty or living with disabilities.

Sandwell Public Health understood that improving mental health and wellbeing across the community would not be met through traditional treatment-led approaches. Instead, the team aimed to give everyone in Sandwell the opportunity to engage in a range of community offers whether that means help getting active, finding emotional support, or learning new skills.

## The approach

### *Strategic partnerships*

Stronger Sandwell aims to enable the community to maximise its own ideas, local contacts, energy and experience. Public health development officers actively engage communities to understand what is happening for them, supporting growth of local projects, and helping ideas become a reality. They offer a menu of practical support to community partners. This can include promotion on social media and support for recruitment of participants; small grants directly from the council; access to external funding streams and support for proposal development, for example if they are applying for Lottery funding; and technical support, e.g. website creation and

development. The Stronger Sandwell website is designed as a ‘one-stop shop’ for advice and support. It hosts an accessible directory of community projects navigable by activity type and locality.

### *Holistic support*

Stronger Sandwell supports community-based projects with the aim of improving physical and social activity across the Borough, recognising that mental health links to other areas of healthy living, including weight management and social isolation:

- *#movemoreSandwell* utilises physical activities as an accessible ‘front door’ for improving wellbeing and social connections. It is a collection of projects which aim to increase opportunities for people to get active with others. The ‘Ride Activators’ project, for example, offers access to free training and qualifications to individuals who are willing to bring others in the community together and lead group cycle rides. Local partners include voluntary sector organisations, leisure service providers and a young people’s forum.
- *Big Ideas* is a novel approach to community engagement which invites local people to share their own ideas on improving physical and mental health. On receiving ideas, Healthy Sandwell provides practical support to bring ideas to life. For example, Healthy Sandwell wrote to every primary school seeking ideas and when one girl wanted to set up a fun run for a children’s charity, public health helped to set this up and the event brought together local families to raise over £1,000.
- *The Blue Light Project* works with drinkers who have struggled with alcohol dependence treatment. Alongside Sandwell Public Health, Blue Light brings together the NHS, police, housing teams, and Cranstoun, the local substance misuse service provider, to offer holistic, multiagency, joined-up support that helps individuals manage their drinking and rebuild their lives in the community.

- **Child weight management:** Stronger Sandwell met with parents, teachers, school nurses, and young people in response to evidence that letters sent through The National Child Measurement Programme (NCMP) were not having positive effects on healthy weight management and had the potential to provoke adverse emotional reactions in children. The Council learned that the traditional feedback letters were viewed negatively across Sandwell. The letters were scrapped and replaced by a new resource, co-designed by young people and parents, which aims to eliminate stigma and acknowledge the role of mental wellbeing in childhood obesity (Healthy Sandwell, n.d.). This resource is currently being distributed to parents, with children's body mass index data only available on request. The council is monitoring the number of parents who choose to request the additional data.

## Impact and sustainability

The longer-term vision of Stronger Sandwell has achieved support from across the Council and communities. This approach makes it difficult for the council to create a detailed long-term strategy. Instead, the Council must trust in the community to know what it needs and be willing to cede control when appropriate. The Council is currently in the process of approving a £311,000 two-year funding stream which will be entrusted to Sandwell Council of Voluntary Organisations (SCVO) to administer in small grants of up to £5,000 for community-based activity.

Transforming the core business of the Council to reflect the asset-based approach is seen as a sustainable change, as it does not require commissioning independent companies to deliver services, time-limited projects, or procurement exercises. Even clinically-led services, such as drug and alcohol services, now have a community development element in their delivery. The Stronger Sandwell approach breaks down the lines between funder, provider and recipient in a sustainable way which would not be possible with a traditional commissioning approach.

The Council is exploring impact measures which demonstrate the community coming together to work on something positively. Other projects show clear evidence of cost benefits, for example the Blue Light project, which has supported 40 people since 2015, reported reductions in police engagement, ambulance call outs and A&E attendance over one year worth £142,838, a substantial return on an investment of £25,000 in the service (Ward & Bailey, 2017).

## Keys to success

### *Community involvement*

The new whole-council approach to supporting health and wellbeing required a change in perspective from finding problems in the community to looking for strengths. Identifying local groups who could contribute to good mental and physical wellbeing and working with the community to develop principles and programmes was seen to be the best way to promote engagement and activity at scale. The development of Stronger Sandwell has been enabled by a strong local VCSE sector, comprising thousands of community-based groups.

### *Political support*

The council leader recognised that the VCSE sector would be essential in creating lasting improvements to mental health and wellbeing across the borough. Cabinet level political support was seen as crucial in advocating for the Council to strengthen the community and in enabling it to achieve its aspirations. Councillors bring the advantage of understanding local needs from regular interaction with the community. Support from public sector bodies and agencies, including the NHS, police, and the Health and Wellbeing Board, has also been important.

### *Sharing learning*

Stronger Sandwell benefitted from a staff team with first-hand experience of whole council approaches in other areas. This helped kick-start the implementation of the Stronger Sandwell strategy. Insight continues to be shared – other councils are in contact to learn about Stronger Sandwell.

## 7. A strategic approach in a district council – St Albans City and District Council

*“We started the thread and now we’ve released it.”*

### The ambition

In 2018, the St Albans District Health and Wellbeing Partnership created a three-year strategy to address a number of local health concerns. The District is one of the 20% least deprived in England and reports better outcomes in a range of health indicators than the national average. It has, however, an ageing population and a high proportion of adults who are overweight (estimated at 49%). Local inequalities in health are also recognised. In the most deprived areas within the District, men live on average 6.2 fewer years and women 11.5 fewer years than those from the least deprived areas (St Albans City and District Council, 2020). The number of annual deaths by suicide also increased between 2015 and 2018.<sup>2</sup>

The three-year strategy outlined an ambition to support a ‘healthy and well City and District where everyone lives a fulfilling and healthy life’. This was recently refreshed to reflect current progress and new initiatives (St Albans City and District Council, 2020). In the strategy, the Partnership puts equal emphasis on physical and mental health in its two main priorities:

- Improving physical health and wellbeing
- Improving mental health and wellbeing

St Albans embraces the role it can play as a district council in improving local mental health and wellbeing by being active in ‘place-shaping’, seeking to positively influence the determinants of wellbeing. The St Albans Health & Wellbeing Partnership includes formal representatives from Communities 1st (a membership organisation for local voluntary, community, faith and social enterprises – formerly known as Community Central St Albans), HealthWatch, local patient groups and forums alongside the District Council, statutory health providers and commissioners. With these partners and through this structure, the Council can engage with and listen to stakeholders in the community. Through this understanding of local needs, the Council can set its strategic direction.

### The approach

The Council supports the development of interventions and initiatives through a combination of small ‘pump priming’ grants, offering practical advice and guidance, and encouraging connections between different stakeholders in the community. For example, the Council prompted and assisted the Chamber of Commerce to access Mental Health First Aid Lite training for small businesses. The Chamber subsequently continued to facilitate access to training for local businesses independently without direct involvement from the Council. The Council also distributed leaflets to rail commuters and now welcomes third sector partners into stations to reach out to commuters directly. This is part of business as usual and is delivered at no cost to the Council or to its third sector partners.

The strategy is closely linked with several initiatives:

*The Healthy Hub*, funded by Hertfordshire County Council, opened in 2019 and is situated within the District Council offices on St Peters Street. Several local organisations have become Hub partners and offer advice and guidance on a variety of issues. This is a ‘one-stop shop’ which addresses physical, mental and social needs for people of all ages. The Hub includes Citizens Advice Bureau, Communities 1st Community Navigator, Women’s Outreach, Hertfordshire Practical Parenting Programme, Age UK, Mind, the Shaw Trust, and the OLLIE Foundation. To increase access to the help on offer, an accompanying digital Healthy Hub is being developed which will raise awareness of other activities and community groups. Moreover, a health and wellbeing map, designed by a local artist, will encourage residents to make use of facilities, parks and green spaces across the City and District. It is anticipated that this map will be launched in the summer of 2020.

*Shape Up* is a weight management programme delivered by Watford Football Club’s Community Sports & Education Trust. It targets men, offering nutritional advice and physical activity

<sup>2</sup> The suicide rate (all persons) for St Albans District in 2016- 18 was 7.8 per 100,000 - 28 people. 14 of these occurred in 2018. This is compared to 6.0 per 100,000 (22 people) for 2015-17

sessions over 12 weeks. This addresses physical and mental health priorities, improves social connections and self-esteem and encourages healthy behaviours.

*Arts on Prescription* was established to offer accessible activities, social interaction and support for people with stress, anxiety, depression and/or other conditions affecting mental wellbeing.

## Impact and sustainability

Through its strategic approach, the Council has successfully embedded a focus on mental health into different areas of local life. Examples include businesses taking responsibility for mental health awareness training, and leisure providers delivering social prescribing interventions plus the Council's staff who are Mental Health Champions support colleagues.

Outcome figures can be difficult to produce for many kinds of preventative work. However, some projects have been able to demonstrate positive impact:

- 97% of the 101 men who completed the 'Shape Up' weight management programme reported improved confidence and self-esteem
- 75% of participants on the 'Arts on Prescription' programme measured improvements in mental wellbeing based on the 'Short Warwick Edinburgh Well-being Scale', and several reported reduced loneliness and isolation.

Through small grants and close working with community partners, St Albans City and District Council strives to make efficient and sustainable use of limited resources. Commitments have been made to deliver, by 2021:

- Expanded social prescribing in deprived areas, engaging with new Primary Care Networks as they emerge
- Increased opportunities for young people to access support through community events and by joining groups
- Developments to The Healthy Hub programme

- Opportunities for social connection to tackle loneliness
- More support for businesses to appoint champions and complete Mental Health First Aid training.

## Keys to success

### *Political support*

Improving local mental health has received consistent cross-party backing, dating back to the appointment of its first elected member Mental Health Champion by all-party consensus in 2016. The presence of a Mental Health Champion, who is active in raising awareness, tackling stigma, encouraging good practice and connecting organisations was helpful both in reaching out to the community and in engaging other senior officers and councillors.

Mirrored priorities at county level have made it easier for the District Council to take action on mental health. St Albans City & District Council's Mental Health Champion is also a member, along with other District Councillors with an interest in mental health, of Hertfordshire County Council (HCC), and a collaborative relationship with HCC County Public Health Team has helped bring resources and projects into the community. For example, £100,000 has been made available through the County Council to support the development of the Healthy Hub programme over two years.

### *Make wellbeing part of everyone's role*

St Albans City and District Council doesn't have an explicit remit for public health, but through its strategy for health and wellbeing it puts 'place-shaping' at the heart of Council business. Promoting good mental health and activities that support wellbeing does not become just one person's responsibility, but a part of everyone's role. Whether through Mental Health Champions within council departments, offering the use of the Council office as a hub for community organisations, or by including health and wellbeing in contracting arrangements with leisure providers, the strategy engaged a broader team which is

involved in different parts of the community and connected to a wider pool of partners.

### *Building on the national context*

The 2018-21 strategy (which was reviewed in early 2020) drew on momentum dating back to the commitment made by the Council in 2016 to tackle stigma and raise mental

health awareness, as an employer, through the national Time to Change initiative. The Council's mental health initiatives have benefitted from mental health becoming more mainstream in debate. National publicity and awareness-raising days and weeks help to shape ideas and influence stakeholders across the District. The Council has worked with strategic partners to celebrate these events across the community.

## 8. Long term strategy in the upper tier – Surrey County Council

*“The product of unprecedented collaboration.”*

### **The ambition**

Surrey is generally a healthy county, with lower childhood obesity, longer life expectancy and higher rates of employment than the national average. There is evidence, however, of unmet need in a number of areas, including widening inequalities, increasing need for emotional wellbeing support, and the impact of social isolation and loneliness (Healthy Surrey, 2020a; Surrey County Council, 2019).

The Surrey Health and Wellbeing Board recently adopted a ten year strategy (2020-2030) to improve outcomes within the area, for both the general population and for specific groups whose needs are perceived to be less well met. This strategy translates a broad ambition for people to ‘start well, live well, age well’ into specific priorities and actions that define how long-term change could be achieved. Three priority areas are:

1. **Helping people in Surrey to lead a healthy life:** understanding and responding to lifestyle factors as well as the impact of the built environment on health
2. **Supporting the mental and emotional wellbeing of people in Surrey:** creating communities and environments that support good mental health and empowering individuals to seek help before problems get worse – this focuses on children and young people having early access to help, supporting new mothers and families, and preventing social isolation

3. **Supporting people to fulfil their potential:** enabling people to develop skills and access employment, education, and community involvement opportunities. Healthy lifestyles and emotional wellbeing are recognised as ‘fundamental’ to fulfilling potential.

Mental and emotional wellbeing is a dedicated priority area by itself but promoting good mental health and challenging the determinants of poor mental health also underpins all of the other priorities. In addition, the strategy outlines five population groups in order to target interventions where they have the best chance of addressing inequalities:

1. Children with special educational needs and disabilities, and adults with learning disabilities or autism.
2. People who live in deprived neighbourhoods, or who are vulnerable – including children in care and care leavers.
3. People living with illness and/or disability.
4. Young and adult carers.
5. The general population.

### **The approach**

#### *Inclusive strategy development*

The long-term strategy was developed using existing data on local health and other outcomes alongside evidence from consultation with communities. This helped to identify priorities, partners and opportunities to deliver place-based support. It included:

- High level analysis of population health across Surrey, assessing specific population cohorts' needs and analysing wider socio-economic factors and other determinants
- Review of previous and current strategies from health and social care and the Surrey Joint Strategic Needs Assessment
- Individual meetings with stakeholders, and broader engagement in wider system meetings and forums
- Citizen engagement and review of existing material, including input from the residents' panel, the quarterly Residents' Survey, and the Connected Care Survey
- Workshops involving Healthwatch Surrey and other service user/lived experience representative organisations.

An external consultancy was commissioned to support the strategy and complete financial modelling to identify where savings might be achieved over ten years – for example by reducing emergency admissions to hospital or reducing the number of people with high level support needs for depression and anxiety (Surrey County Council, 2020a).

Following the review, Surrey County Council recognised that health treatment only addresses a small proportion of wellbeing need, and that to meet the rest – especially wider determinants – a much broader group of organisations needed to be involved. The Council's approach aims to make population wellbeing more than just Public Health's business. Strategy development was thus designed to be as local as possible and to involve a broad number of stakeholders, including District and Borough Councils, wellbeing and housing forums and local leisure providers.

Citizen involvement is now being embedded as a 'system capability' to ensure that actions continue to be informed by the community. For example, an open consultation was recently launched to develop a shortlist of outcome measures to monitor data at a local level as part of a 'social progress index' approach. Members of the public and community groups were

invited to respond to 300 possible indicators from a broad range including nutrition, personal safety, access to learning, availability of information on health and wellness, transport, professional development and employment outcomes.

### *Implementation*

The long-term strategy strongly recognises the overlap between determinants of mental health and other areas including physical health, deprivation, and economic and social opportunity. Moving from a medical approach to a public health approach to mental health means moving interventions upstream, where a wide range of non-health agencies and organisations can influence outcomes.

Programme manager roles have been created to implement the strategy. Their purpose is to forge links between partners as system enablers rather than as commissioners or officers with their own limited remits. They are working closely with District and Borough Councils who are responsible for operational delivery in key areas (e.g. housing and benefits) and with other delivery partners, including the VCSE, GPs and NHS organisations. Surrey County Council takes a leadership role within Surrey's three Integrated Care Partnerships (ICPs) to support cross-system conversations and collaboration. ICPs bring NHS providers – including hospitals, community services, mental health services and GPs – together to deliver care 'by agreeing to collaborate rather than compete'. They may also involve social care, independent and VCSE organisations (Ham, 2018).

Historically, the relationship between the Council and other organisations has been a provider-commissioner arrangement. Public Health is now moving to a partnership-led approach, working more closely alongside provider organisations. Where Surrey and Borders Partnership NHS Foundation Trust previously held the main responsibility for providing support and advice for people at risk of mental health problems or with psychosocial needs, for example, a much broader group of organisations are being considered as playing

an important role as part of the strategy, including thousands of local voluntary, community and faith groups of all sizes which can provide support or opportunities.

The strategy is still relatively new, so progress on implementation is varied. Some work is already well embedded, such as the suicide prevention initiative, establishing outcome measures and data monitoring, and nurturing relationships with local organisations. Other work is ongoing but still developing, such as providing wraparound support through schools and rolling out a wellbeing charter across different businesses. There are also some gaps identified in the strategy where work is being done to unlock resources or support: including the first 1,000 days, end of life care and dementia friendly communities. For dementia friendly communities, for example, there had historically been a council post to support volunteer groups, but this was withdrawn some years ago.

## Impact and sustainability

Surrey's strategy was drafted in 2019 and runs until 2030. In many ways, this makes it too early to identify impact. However, the new strategy is perceived to have pushed several projects to the fore, particularly those taking public health approaches, those with an emphasis on determinants and those which bring partners together.

This is evidenced by the Key Performance Indicators which underpin the new strategy. These have moved away from medical or treatment led measures to focus on wider determinants of health – school readiness, employment, physical health and activity, independence, isolation, as well as mental health, depression and anxiety (Surrey County Council, 2020b). At ward level, Surrey County Council is developing a 'social progress index' measurement tool, which will monitor a range of indicators in communities.

Surrey Health and Wellbeing Board is committed to the ten-year strategy and chaired by the Leader of Surrey County Council. Surrey is a politically stable county, so this commitment

is likely to be maintained. Membership of the Health and Wellbeing Board has also been significantly expanded to include a number of local leaders alongside chief executives of the council and county Healthwatch – with senior representatives from the voluntary sector, district and borough councils, housing and education. These changes to membership are permanent, and this is expected to strengthen the continuity of the current programme should any personnel changes occur.

## Keys to success

### *Dedicating resources*

The long-term strategy was developed with support from an independent consultancy. Surrey made an investment to add capacity and access specific expertise to deliver an in-depth programme of work. The external perspective and financial investment in the process is perceived to have encouraged commitment to the new strategy from political and system partners.

The new programme management function is perceived to have made engagement with providers, frontline services and district council partners easier, as it is neutral and less associated with historically difficult funding dynamics.

Surrey County Council has been willing to fund services flexibly while the whole system moves towards a more upstream approach, for example by investing in social prescribing and befriending programmes, while supporting transformation of local infrastructure through the Better Care Fund. The Health and Wellbeing Strategy has helped develop a clear list of priorities which should be funded when additional funding becomes available. This has been important in the context of tight finances and limited funds for transformation within the local health system.

### *Senior leadership*

The Health and Wellbeing Board has a wide membership comprising leaders from different sectors. Senior support is understood to help focus minds and promote relationship

building between organisations by authorising colleagues working more directly in communities to have practical conversations about resource and implementation.

Cabinet members have been engaged and are seen as important allies. This has been especially useful where those with relevant portfolios (e.g. all-age learning; children, young people and families) are able to encourage wider partners to think about mental health and wellbeing in their roles. An ‘all member’ workshop was held during the strategy development phase to help bring members on board.

### *Understanding local need*

Surrey’s strategy is underpinned by evidence drawn from the JSNA and a range of additional consultation work with local areas. Although in an early stage of development and implementation, monitoring outcomes transparently has been made a priority. This will be standardised across local areas through the ‘social progress index’ work so that each area involved will be able to monitor the impact of their work and the programme will continue to be data driven.

## 9. Living Well – Tameside and Glossop Strategic Commission

*“Addressing multiple health needs instead of channelling people down single condition pathways.”*

### **The ambition**

Tameside, a Borough of Greater Manchester, and Glossop, a neighbouring town in Derbyshire, have a combined population of over 257,000. Tameside and Glossop are relatively deprived when compared to other areas in Greater Manchester and England (Ministry of Housing, Communities & Local Government, 2019b). Good mental health is high on the agenda in Tameside and Glossop, where local councils, NHS and a range of partners including people with lived experience work together to promote emotional and mental wellbeing and increase opportunities for people to get support.

Health commissioning and provision in Tameside and Glossop is facilitated through a Strategic Commissioning Board. This body represents, in practical terms, the full integration of NHS Tameside and Glossop Clinical Commissioning Group and Tameside Metropolitan Borough Council. The idea of moving to a more integrated system has developed since 2015, when the CCG, local authority, and other partners recognised that supporting local communities to stay well was necessary to reduce pressures on the health system and would require a collective effort to respond to a range of issues (Williams, 2019).

The Strategic Commissioning Board’s strategy, ‘Our People, Our Place, Our Plan’, focuses on enabling residents to ‘start well, live well, and age well’ (Tameside MBC & Tameside and Glossop CCG, 2019). Strategy development was jointly facilitated by the local NHS trust with input from the Partnership Engagement Network, a framework which involves system stakeholders (the police, the voluntary sector, housing associations, schools), public representatives (elected members, Healthwatch, residents associations), and members of the public, including patients and service users (e.g. through the **Neighbourhood Summit**). Supporting positive mental health throughout the life course is key to the strategy. This is being taken forward through the Living Life Well Programme - Tameside and Glossop’s local mental health transformation scheme.

The Living Life Well Programme surfaced concerns from local providers that a number of people locally did not receive support at the right time, due to either falling through the gaps between thresholds for care or not experiencing coordinated support. Mental health problems were understood to be commonly experienced alongside a range of psychosocial and other health needs. This helped establish a vision to raise healthy life expectancy by working towards better prosperity, health, and wellbeing across communities. This includes improving social, cultural, and economic opportunities, and giving people the confidence and skills

needed to live independently and manage their health. A ‘Living Life Well Neighbourhood Mental Health Business Case’ was developed with over 100 stakeholders from the voluntary and statutory organisations through workshops and discussions. Insights were also gained from people with lived experience, including individuals struggling with their mental health, parents bereaved by suicide, and carers (Tameside and Glossop Strategic Commissioning Board, 2018). The business case also drew on learning from the Lambeth Living Well model (Lambeth together, n.d.). This was approved by the Strategic Commissioning Board, making the way for new investment and redirecting of resources to pivot services to collaborative, preventative, community-based upstream interventions.

Tameside and Glossop’s Living Life Well model targets three key outcomes:

- People are connected and able to participate equally in society
- People are able to recover and live life well
- People have control over their lives.

Three additional priority areas have been identified to help achieve these objectives:

- Increasing opportunities for people to stay well in the community
- Increasing opportunities to get help before/ during crisis
- Making effective use of secondary care.

## The approach

### *Key elements*

The Tameside and Glossop Living Life Well approach follows four key principles:

1. There is no wrong door for mental health support. Any point of access should be able to connect people quickly to the right support as part of a broad, whole system offer, which should be easy to access and easy to withdraw from. Re-engagement should be possible without the need for a new referral.

2. Individuals are coached to build their strength, resilience and confidence to stay well and feel in control of their mental health longer term.
3. Individuals are empowered to hold their own ‘story’. Their needs should not be narrowly defined in case notes and they should not be required to repeat themselves to multiple agencies. Partner organisations have helped the programme to design a working document which individuals receiving support can control and share themselves.
4. People should be able to receive support where they are most comfortable. This can mean providing access in community settings rather than requiring individuals to travel to mental health specific environments.

### *Neighbourhood team*

Living Life Well Neighbourhood Mental Health Team was created to help deliver the programme. This new multi-agency team situates mental health, employment and peer support coaches alongside practitioners who deliver more intensive mental health interventions to deliver a variety of functions:

- Peer support coaching to help build individuals' confidence and resilience
- Coaching support to identify and resolve psychosocial problems, e.g. personal budgeting support, mobility services, food banks and help navigating the housing sector
- Connecting individuals to existing ‘community assets’, e.g. social groups, volunteering opportunities and peer support
- Building more mental health informed communities, offering free mental health training for people in accessible community groups and professions, e.g. barbers and faith groups
- Providing more intensive mental health interventions, therapies, and links into psychiatric and employment support pathways.

The team now operates across all five Tameside and Glossop neighbourhoods and shares the same boundaries as other local services and structures, including Primary Care Networks for example, and are intended to develop better connections across the system by connecting providers, as well as residents, to the full range of local community assets. They operate in accessible drop-in locations like the high street based Anthony Seddon Centre, as well as Integrated Neighbourhood Service Hubs where they are situated alongside other frontline health and social service providers and participate in multi-agency meetings to target resources, consider issues affecting the community, and coordinate support to avoid duplication.

### *Collaboration*

The Living Life Well team is commissioned through a lead provider model. The main contract holder is voluntary organisation Big Life Group, with other organisations involved in delivery of various elements: Tameside, Oldham and Glossop Mind employs peer and mental wellbeing coaches, Tameside Metropolitan Borough Council provides employment support coaching and Pennine Care NHS Foundation Trust provides mental health practitioners, therapists and psychiatry time to deliver more intensive interventions.

Regular collaborative meetings are held with wider partners to create space for providers to share updates, hold the programme to account and offer constructive feedback on the progress.

### **Impact**

As part of its corporate plan, the Tameside and Glossop Strategic Commissioning Board has an extensive outcomes framework in place. The wider integrated programme has demonstrated potential in addressing determinants of mental health and wellbeing problems.

Highlights include:

- Improvements in school readiness
- Higher than national average proportion of 16-19 year olds in employment or education
- More adults feeling that the things they do in life are worthwhile
- Fewer rough sleepers
- Rising 'happiness' ratings (Tameside MBC, 2019).

The Living Life Well Neighbourhood team has been only recently established. They are collecting data on individual outcomes including improved mental health, sense of control, confidence, employment outcomes and access to support; and system level outcomes such as A&E presentations, hospital admission, demand for primary care and waiting times. Alongside numerical indicators, the programme team is gathering individual narratives from staff and individuals accessing support.

### **Sustainability**

The model has been rolled out incrementally. It was initially prototyped for six months in 2019, which helped to refine the model, and by January 2020 it was established in all neighbourhoods across Tameside and Glossop.

The Strategic Commissioning Board is committed to investing in mental health support across health and public health on a recurring basis as part of the mental health investment standard. Some funding for this model has been redirected from existing funds, meaning that financial sustainability isn't dependent on new money.

Additional investment has been secured as part of a share of £3.4m of Lottery funding, which will be shared with three other sites under the Living Well UK programme, supported by the Innovation Unit (Innovation Unit, 2018). This was announced in late 2018 and runs for three years.

## Keys to success

### *Integrated commissioning*

The integration of the NHS Clinical Commissioning Group and local authority, in place since 2015, has been experienced as a major enabler for the current approach. It has enabled partners with different remits in health to respond to the needs of a group of people collectively rather than in separate forums. This creates an opportunity to tackle the determinants of poor mental health by working together to deliver services more flexibly and holistically around individuals and communities, encouraging and equipping people to stay well.

### *Leadership*

The integrated approach has required a strong commitment from management. The tone for collaboration is set by senior engagement – the Chief Executive of Tameside Metropolitan Borough Council has a dual role as Accountable Officer for NHS Tameside and Glossop Clinical

Commissioning Group. The Director of Finance role is also system-wide, covering both the CCG and the Council. The programme chair and clinical leaders also represent Tameside and Glossop on the joint commissioning board of the Greater Manchester Integrated Care System.

### *Relationships and practical growth*

Progress on integrated working to tackle the determinants of poor mental health rests on years of developing relationships and changing cultures. During this journey, coproduction and communication with agencies, stakeholders and communities are perceived to have mitigated possible resistance over reallocating resources and changing ways of working. There is also a perception that practitioners faced burnout from working in traditional ways, and that the implementation of a new model had been seen as a refreshing change. At the same time, growth of the project has been delivered incrementally in order to manage the expectations of different groups – this has required patience.

## References

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- Active Essex (2019) *Essex Local Delivery Pilot Guidance Document Next Steps for Investment* [Online] Available from: <https://www.activeessex.org/wp-content/uploads/2019/09/Essex-LDP-Investment-Guide-Final-May-2019.pdf> [Accessed 15 July 2020].
- Ajaz, M., Kelly, D., Lau, R., & Heer-Matiana, B. (2018) *A workforce for prevention: making every contact count (MECC) in Camden and Islington*. Interim evaluation report April 2016-December 2017. Camden Council and Islington Council.
- Australian Government National Mental Health Commission (2019) *Economics of Mental Health – The Case for Investment in Prevention and Promotion* [Online] Available from: <https://www.mentalhealthcommission.gov.au/getmedia/ffbf9cc5-f815-4034-b931-dfc0c1ecb849/The-economic-case-for-investing-in-mental-health-prevention.PDF> [Accessed 15 July 2020].
- Basildon Council (2018a) *Health and Wellbeing Policy* [Online] Available from: [https://www.basildon.gov.uk/media/8343/Health-and-Wellbeing-Policy-2018/pdf/Health\\_and\\_Wellbeing\\_Policy\\_2018.pdf?m=636694151147770000](https://www.basildon.gov.uk/media/8343/Health-and-Wellbeing-Policy-2018/pdf/Health_and_Wellbeing_Policy_2018.pdf?m=636694151147770000) [Accessed 15 July 2020].
- Basildon Council (2018b) *Housing Strategy 2018-2023* [Online] Available from: <https://basildon.gov.uk/article/6230/Basildon-Council-Housing-Strategy-2018-2023> [Accessed 15 July 2020].
- Basildon Council (2019) *Corporate Plan 2019-2022* [Online] Available from: <https://www.basildon.gov.uk/corporate-plan> [Accessed 15 July 2020].
- Bell, A. (2016) *What makes a good JSNA for mental health or dementia?* London: Centre for Mental Health and Public Health England [Online] Available from: [https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/Centre\\_for\\_Mental\\_Health\\_Meeting\\_the\\_Need\\_JSNA.pdf](https://www.centreformentalhealth.org.uk/sites/default/files/2018-09/Centre_for_Mental_Health_Meeting_the_Need_JSNA.pdf) [Accessed 15 July 2020].
- Bell, A. (2020) *Briefing 55: Integrated Care Systems and mental health*. London: Centre for Mental Health [Online] Available from: [https://www.centreformentalhealth.org.uk/sites/default/files/2020-02/Briefing\\_55\\_Integrated\\_Care\\_Systems.pdf](https://www.centreformentalhealth.org.uk/sites/default/files/2020-02/Briefing_55_Integrated_Care_Systems.pdf) [Accessed 15 July 2020].
- Bell, A. & Allwood, L. (2019) *Arm in arm: The relationships between statutory and voluntary sector mental health organisations*. London: Centre for Mental Health and the Association of Mental Health Providers.
- Benner, C. & Pastor, M. (2016) *Inclusive Economy Indicators Framework & Indicator Recommendations*. The Rockefeller Foundation [Online] Available from: <https://www.rockefellerfoundation.org/wp-content/uploads/Inclusive-Economies-Indicators-Full-Report-DEC6.pdf> [Accessed 15 July 2020].
- Birmingham City Council (2019) *Birmingham Public Health Green Paper Feedback* [Online] Available from: <https://www.birminghambeheard.org.uk/people-1/birmingham-public-health-green-paper/> [Accessed 15 July 2020].
- Birmingham Repertory Theatre (2019) *'Lottery Boost Set To Strengthen The Mental Health, Wellbeing and Skills of Birmingham's Young African Caribbean Men'* [Online] Available from: <https://www.birmingham-rep.co.uk/news/lottery-boost-set-to-strengthen-the-mental-health-wellbeing-and-skills-of-birminghams-young-african-caribbean-men.html> [Accessed 15 July 2020].
- Bristol City Council (2020) *Bristol One City: One City Plan 2020* [Online] Available from: [http://www.bristolonecity.com/wp-content/uploads/2020/01/One-City-Plan\\_2020.pdf](http://www.bristolonecity.com/wp-content/uploads/2020/01/One-City-Plan_2020.pdf) [Accessed 15 July 2020].
- Business in the Community (2019) *Mental Health at Work 2019 Report: Time to Take Ownership* [Online] Available from: <https://www.bitc.org.uk/report/mental-health-at-work-2019-time-to-take-ownership/> [Accessed 15 July 2020].

- Camden Council (2019a) *Camden's Joint Health and Wellbeing Strategy refresh* [Online] Available from: <https://www.camden.gov.uk/documents/20142/1006758/Joint+Health+and+Wellbeing+Strategy.pdf/9de25fe9-c138-caae-33de-7fc1e3ce1f25> [Accessed 15 July 2020].
- Camden Council (2019b) *Psychologically Informed Consultation and Training (PICT) Rapid Evaluation January – October 2019*. London: Camden Council.
- Centre for Mental Health (2020a) *Supporting mental health during Covid-19: a brief guide* [Online] Available from: [https://www.centreformentalhealth.org.uk/sites/default/files/2020-06/CentreforMentalHealth\\_Covid\\_MH\\_resource.pdf](https://www.centreformentalhealth.org.uk/sites/default/files/2020-06/CentreforMentalHealth_Covid_MH_resource.pdf) [Accessed 15 July 2020].
- Commission for Equality in Mental Health (2020) *Briefing 1: determinants of mental health*. London: Centre for Mental Health [Online] Available from: <https://www.centreformentalhealth.org.uk/campaigns/commission-equality-mental-health> [Accessed 15 July 2020].
- CORC (2020) *Short Warwick-Edinburgh Mental Wellbeing Scale – Overview* [Online] Available from: <https://www.corc.uk.net/outcome-experience-measures/short-warwick-edinburgh-mental-wellbeing-scale/> [Accessed 15 July 2020].
- Coulton, S., Clift, S., Skingley, A. & Rodriguez, J. (2015) Effectiveness and cost-effectiveness of community singing on mental health-related quality of life of older people: randomised controlled trial. *Br J Psychiatry*, 207, 250-5.
- Davidson Knight, A., Lowe, T., Brossard, M. and Wilson, J. (2019) *A Whole New World: Funding and Commissioning in Complexity*. London: Collaborate CiC and Newcastle University Business School.
- Davie, E. and Garzonis, K. (2020) *A councillor's workbook on supporting mentally healthier communities*. London: Local Government Association and Mental Health Foundation [Online] Available from: <https://www.local.gov.uk/sites/default/files/documents/Councillor%27s%20workbook%20on%20mentally%20healthier%20places.pdf> [Accessed 15 July 2020].
- Department of Health and Social Care (2018) *Prevention is better than cure: Our vision to help you live well for longer*. [Online] Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/753688/Prevention\\_is\\_better\\_than\\_cure\\_5-11.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/753688/Prevention_is_better_than_cure_5-11.pdf) [Accessed 15 July 2020].
- Department of Health and Social Care (2019) *Advancing our health: prevention in the 2020s – consultation document* [Online] Available from: <https://www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document> [Accessed 15 July 2020].
- Department for Health and Social Care (2020) *Public Mental Health Ring-Fenced Grant 2020/21* [Online] Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/872798/DHSC\\_allocations\\_circular\\_2020\\_to\\_2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/872798/DHSC_allocations_circular_2020_to_2021.pdf) [Accessed 15 July 2020].
- Essex County Council (2016) *Joint Strategic Needs Assessment 2016* [Online] Available from: <https://data.essex.gov.uk/dataset/e1k8d/joint-strategic-needs-assessment-2016> [Accessed 15 July 2020].
- Fryer, N. & Kenvyn, I. (2017) *Evaluating the effect and impact of Mindful Employer Interventions in two organisations: The results of a ten-month study*. Leeds: Leeds Trinity University [Online] Available from: [file:///C:/Users/LouisAllwood/Downloads/Mindful\\_Employer\\_Final\\_Evaluation\\_Report\\_December\\_2016.pdf](file:///C:/Users/LouisAllwood/Downloads/Mindful_Employer_Final_Evaluation_Report_December_2016.pdf) [Accessed 15 July 2020].
- Gurung, B., Jackson, L.J., Monahan, M., Butterworth, R. & Roberts, T.E. (2018) 'Identifying and assessing the benefits of interventions for postnatal depression: a systematic review of economic evaluations.' *BMC Pregnancy Childbirth* 18:179.
- Ham, C. (2018) *Making sense of integrated care systems, integrated care partnerships and accountable care organisations in the NHS in England*. London: The King's Fund [Online] Available from: <https://www.kingsfund.org.uk/publications/making-sense-integrated-care-systems> [Accessed 15 July 2020].

- Hamberg-van Reenen, H.H., Proper, K.I. & van den Berg, M. (2012) Worksite mental health interventions: a systematic review of economic evaluations. *Occup. Environ. Med.* 69:837–45.
- Healthwatch Islington, NHS Islington CCG & Islington Council (2017) *Islington's Joint Health and Wellbeing Strategy 2017-2020* [Online] Available from: <https://www.islingtonccg.nhs.uk/Downloads/CCG/Strategies/20170131islingtonjointhealthandwellbeingstrategy201720201.pdf> [Accessed 15 July 2020].
- Healthy Sandwell (n.d.) *Child Obesity & Stigma* [Online] Available from: <https://www.healthysandwell.co.uk/child-obesity-stigma/> [Accessed 4 August 2020]
- HM Government (2019) *Better Care Fund Planning Requirements for 2019-20*. Department of Health and Social Care, Ministry of Housing, Communities and Local Government, and NHS England [Online] Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/821675/BCF\\_Planning\\_Requirements\\_2019-20\\_DHSC\\_1.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/821675/BCF_Planning_Requirements_2019-20_DHSC_1.pdf) [Accessed 15 July 2020].
- Humphries, R. (2019) 'Health and wellbeing boards and integrated care systems'. London: The King's Fund [Online] Available from: <https://www.kingsfund.org.uk/publications/articles/health-wellbeing-boards-integrated-care-systems> [Accessed 15 July 2020].
- Hunter, D.J., Perkins, N., Visram, S., Adams, L., Finn, R., Forrest, A. & Gosling, J. (2018) *Evaluating the leadership role of health and wellbeing boards as drivers of health improvement and integrated care across England: Final Report*. Durham: Durham University, The University of Sheffield & London School of Hygiene & Tropical Medicine.
- Innovation Unit (2018) 'Living Well UK programme announced' [Online] Available from: <https://www.innovationunit.org/thoughts/living-well-uk-programme-announced/> [Accessed 15 July 2020].
- Lambeth together (n.d.) *About the Living Well Network Alliance* [Online] Available from: <https://lambethtogether.net/living-well-network-alliance/about/> [Accessed 4 August 2020]
- Khan, L., Parsonage, M. & Stubbs, J. (2015) *Investing in Children's Mental Health*. London: Centre for Mental Health.
- Leeds City Council (2019) *Audit of Suicides in Leeds 2014 – 2016* [Online] Available from: <https://observatory.leeds.gov.uk/wp-content/uploads/2019/09/Leeds-Suicide-Audit-2014-2016-Full-Report.pdf> [Accessed 15 July 2020].
- Leeds City Council (2020) 'Suicide prevention: Guidance for frontline workers and volunteers' [Online] Available from: <https://www.leeds.gov.uk/docs/Suicide%20prevention%20Guidance%20for%20frontline%20workers%20and%20volunteers.pdf> [Accessed 15 July 2020].
- Local Government Association (2016) *Health in all policies: a manual for local government* [Online] Available from: <https://www.local.gov.uk/sites/default/files/documents/health-all-policies-hiap--8df.pdf> [Accessed 15 July 2020].
- Local Government Association (2017) *Being mindful of mental health: The role of local government in mental health and wellbeing* [Online] Available from: [https://www.local.gov.uk/sites/default/files/documents/22.6\\_Being%20mindful%20of%20mental%20health\\_08\\_revised\\_web.pdf](https://www.local.gov.uk/sites/default/files/documents/22.6_Being%20mindful%20of%20mental%20health_08_revised_web.pdf) [Accessed 15 July 2020].
- Lowe, T. & Wilson, R. (2017) 'Playing the game of outcomes-based performance management – is gamesmanship inevitable? Evidence from theory and practice?' *Social Policy Administration* 51(7) 981-1001
- McDowell, M.J., Hughto, J.M.W. & Reisner, S.L. Risk and protective factors for mental health morbidity in a community sample of female-to-male trans-masculine adults. *BMC Psychiatry* 19, 16 (2019) [Online] Available from: <https://doi.org/10.1186/s12888-018-2008-0> [Accessed 15 July 2020].
- McDaid, D., Park, A-La & Knapp, M. (2017) *Commissioning Cost-Effective Services for Promotion of Mental Health and Wellbeing and Prevention of Mental Ill-Health*. London: LSE PSSRU and PHE [Online] Available from: <http://www.lse.ac.uk/business-and-consultancy/consulting/consulting-reports/commissioning-cost-effective-services-for-promotion-of-mental-health-and-wellbeing-and-prevention-of-mental-ill-health> [Accessed 15 July 2020].

- McDaid, D., Park, A-La & Wahlbeck, K. (2019) 'The Economic Case for the Prevention of Mental Illness.' *Annual Review of Public Health*, Vol. 40, pp. 373-389, 2019 [Online] Available from: <http://dx.doi.org/10.1146/annurev-publhealth-040617-013629> [Accessed 15 July 2020].
- Mental Health at Work (n.d.) *Mindful Employer: 10-step toolkit for employers* [Online] Available from: <https://www.mentalhealthatwork.org.uk/resource/mindful-employer-10-step-toolkit-for-employers/> [Accessed 4 August 2020]
- Ministry of Housing, Communities & Local Government (2019) *Guidance: Community Infrastructure Levy* [Online] Available from: <https://www.gov.uk/guidance/community-infrastructure-levy#relief-and-exemptions> [Accessed 15 July 2020].
- Ministry of Housing, Communities & Local Government (2019b) *English indices of deprivation 2019* [Online] Available from: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019> [Accessed 15 July 2020].
- National Collaborating Centre for Mental Health (2019) *The Community Mental Health Framework for Adults and Older Adults*. London: NHS England and NHS Improvement.
- NHS England (2019) *The NHS Long Term Plan* [Online] Available from: <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/> [Accessed 15 July 2020].
- O'Shea (2019) *Economic Theories Relevant to Public Service Provision*. London: Centre for Mental Health and NHS Confederation Mental Health Network.
- O'Shea, N. and Bell, A. (2020) *A Spending Review for Wellbeing*. London: Centre for Mental Health.
- Parsonage, M. & Saini, G. (2017) *Mental health at work: the business costs ten years on*. London: Centre for Mental Health.
- Public Health England (2019) *PHE Strategy 2020-25: executive summary* [Online] Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/830105/PHE\\_Strategy\\_\\_2020-25\\_\\_Executive\\_Summary.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/830105/PHE_Strategy__2020-25__Executive_Summary.pdf) [Accessed 15 July 2020].
- Rippon, S. & Hopkins, T. (2015) *Head, hands and heart: Asset-based approaches in health care*. London: The Health Foundation [Online] Available from: <https://www.health.org.uk/publications/head-hands-and-heart-asset-based-approaches-in-health-care> [Accessed 15 July 2020].
- St Albans City and District Council (2020) *St Albans City and District Health & Wellbeing Strategy 2018-2021 revised edition, 2020* [Online] Available from: <https://www.stalbans.gov.uk/news/health-and-wellbeing-strategy-st-albans-district-updated> [Accessed 15 July 2020].
- Stevenson, D. & Farmer, P. (2017) *Thriving at Work: a review of mental health and employers*. London: Department for Work and Pensions and Department of Health and Social Care.
- Tameside and Glossop Strategic Commissioning Board (2018) *101 Days for Mental Health Project: Mental Health in the Neighbourhoods Business Case* [Online] Available from: <https://tameside.moderngov.co.uk/documents/s43933/ITEM%208a%20-%20Neighbourhood%20MH%20Business%20Case%20FINAL.pdf> [Accessed 15 July 2020].
- Tameside MBC (2019) *Corporate Performance Monitoring Framework* [Online] Available from: <https://www.tameside.gov.uk/TamesideMBC/media/democraticservices/Corporate-Performance-Monitoring-Framework.pdf> [Accessed 15 July 2020].
- Surrey County Council (2019) *Joint Strategic Needs Assessment* [Online] Available from: <https://www.surreyi.gov.uk/jsna/> [Accessed 15 July 2020].

Surrey County Council (2020a) *Health Surrey: Surrey Health and Wellbeing Strategy* [Online] Available from: [https://www.healthysurrey.org.uk/\\_\\_data/assets/pdf\\_file/0007/197530/Surrey-Health-and-Wellbeing-Strategy-Feb-2020.pdf](https://www.healthysurrey.org.uk/__data/assets/pdf_file/0007/197530/Surrey-Health-and-Wellbeing-Strategy-Feb-2020.pdf) [Accessed 15 July 2020].

Surrey County Council (2020b) *Surrey Health and Wellbeing Strategy Appendix 1: Approach & methodology* [Online] Available from: [https://www.healthysurrey.org.uk/\\_\\_data/assets/pdf\\_file/0008/197531/1-APPENDIX-ONE-APPROACH-AND-METHODOLOGY-002.pdf](https://www.healthysurrey.org.uk/__data/assets/pdf_file/0008/197531/1-APPENDIX-ONE-APPROACH-AND-METHODOLOGY-002.pdf) [Accessed 15 July 2020].

Tameside Metropolitan Borough Council & Tameside and Glossop CCG (2019) *Our People, Our Place, Our Plan* [Online] Available from: <https://www.tameside.gov.uk/TamesideMBC/media/policy/Our-People-Our-Place-Our-Plan-DEC19.pdf> [Accessed 15 July 2020].

Tan L., Wang M.J., Modini, M., Joyce, S., Mykletun, A. *et al.* (2014). 'Preventing the development of depression at work: a systematic review and meta-analysis of universal interventions in the workplace'. *BMC Med.* 12:74

Thrive Bristol (2019) *Bristol Thriving at Work Group: Thriving at Work* [Online] Available from: [https://www.bristol.gov.uk/documents/20182/2558660/Bristol+Thriving+at+Work+Group\\_Mental+health+at+work+report\\_NOVEMBER+2019.pdf/39e641f8-2627-fc49-a541-656eafef9709](https://www.bristol.gov.uk/documents/20182/2558660/Bristol+Thriving+at+Work+Group_Mental+health+at+work+report_NOVEMBER+2019.pdf/39e641f8-2627-fc49-a541-656eafef9709) [Accessed 15 July 2020].

Ward, M. and Bailey, M. (2017) *The Sandwell multi-agency management group for high impact problem drinkers: Interim evaluation*. Sandwell Metropolitan Council and Alcohol Research UK.

Williams, J. (2019) 'Blog: Care Together has transformed our health system'. NHS England [Online] Available from: <https://www.england.nhs.uk/blog/care-together-has-transformed-our-health-system/> [Accessed 15 July 2020].

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