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Meeting	Health and Well-Being Board
Date	21 <sup>st</sup> November 2013
<b>Subject</b>	<b>Public mental well-being work plan</b>
Report of	Director of Public Health, Barnet & Harrow
Summary of item and decision being sought	<p>This paper outlines the activities being led by the Barnet Public Health team contributing to public mental well-being.</p> <p>These investments will be coordinated with those of partners through the prevention and health promotion work stream of the Barnet, Enfield and Haringey Mental Health Commissioning Strategy.</p> <p>The Health and Well-Being Board is asked to endorse the work plan and the development of a coordinated mental well-being programme for the Borough.</p>
Officer Contributors	<p>Jeff Lake, Public Health Consultant</p> <p>Claire Mundle, Commissioning and Policy Advisor- Public Health/ Health and Well-Being</p>
Reason for Report	<p>This paper updates the Health and Well-Being Board on the activity that Public Health is leading to develop a comprehensive public mental health and well-being offer to Barnet's residents, and identifies links between the work plans of the Public Health team and the Barnet, Enfield and Haringey mental health strategy to improve mental health services in Barnet.</p>
Partnership flexibility being exercised	N/A
Wards Affected	All
Contact for further information	Jeff Lake, Public Health Consultant, <a href="mailto:jeff.lake@harrow.gov.uk">jeff.lake@harrow.gov.uk</a>
Appendices	Appendix A: Mapping of Public Health Investments contributing to mental well-being (2013/14)

## **1. RECOMMENDATION**

- 1.1 That the Health and Well-Being Board endorses the public mental health and well-being work plan and that partners recognise the need for coordination between this, the prevention and health promotion strand of the Tri-borough Mental Health Commissioning Strategy, and the Children and Adolescent Mental Health Services (CAHMS) review, to ensure strategic alignment.**

## **2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD**

- 2.1 Not applicable.

## **3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY; COMMISSIONING STRATEGIES)**

- 3.1 The draft public mental well-being work plan has been developed to align with and support the delivery of the Barnet Health and Well-Being Strategy (2012-15). The strategy recognised the important link between how places are planned and developed and the health of the communities who live in them and the importance of support to maintain employment amongst those who suffer mental health problems.
- 3.2 The Corporate Plan contains a commitment “to sustain a strong partnership with the local NHS, so that families and individuals can maintain and improve their physical and mental health”. It also outlines a commitment for Public Health to work closely with the NHS to improve mental health services and reduce the stigma of mental illness.
- 3.3 The Children and Young People’s Plan includes a commitment for the CCG to lead a refresh of the Child and Adolescent Mental Health Services (CAMHS) strategy. The re-commissioning of CAMHS to increase integration and improve care pathways will help contribute to this. The plan also outlines the development of a new CAMHS model for an acute in-patient unit and enhanced community teams at Edgware hospital.
- 3.4 Barnet, Enfield and Haringey Clinical Commissioning Groups have developed a 2-year tri-borough mental health commissioning strategy. The Strategy aims to ensure that local mental health services will support people in maintaining and developing good mental health and well-being; give people the maximum support to live full, positive lives when they are dealing with their mental health problems and help people recover as quickly as possible from mental illness. This work will be coordinated by the Prevention and Health Promotion sub-group (led by the Local Authority) that will be established to implement the Strategy and the Barnet Public Health team will support this.
- 3.5 The work plan will evolve in response to longer-term transformation plans in support of the Council’s Priorities and Spending Review, seeking to expand primary prevention of mental health problems and promotion of individual and community resilience.

## **4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS**

- 4.1 Barnet's Joint Strategic Needs Assessment (JSNA) shows that mental health problems are associated with other personal and social problems. Mental health issues can result in social isolation, loneliness or disrupted relationships, or can be the catalyst for these problems. People with mental health problems also experience significant physical health risks including obesity, diabetes, heart and respiratory diseases and have lower life expectancy. Promoting mental well-being is important in the prevention of mental health concerns.
- 4.2 The JSNA goes on to highlight a number of priority areas that the work plan seeks to address including:
- Getting children and families off to a good start (focusing on the health needs of women during pregnancy, working with more schools to help children stay fit and finding new ways to reduce risk-taking such as drinking and smoking by children, referenced in the Corporate Plan)
  - Encouraging active travel and play (referenced in the Health and Well-Being Strategy)
  - Promoting better access to work and other mainstream vocational opportunities;
- 4.3 The Equality Act 2010 requires that public bodies, in exercising their functions, have due regard to the need to (1) eliminate discrimination, harassment, victimisation and other unlawful conduct under the Act, (2) advance equality of opportunity and (3) foster good relations between persons who share a protected characteristic and persons who do not share it.
- 4.4 Racism, homophobia and other forms of discrimination affect mental health and can be an underlying cause of mental health problems. The promotion of mental well-being will contribute to addressing inequalities.

## **5. RISK MANAGEMENT**

- 5.1 The development of the public mental well-being work plan will ensure that the Public Health team is providing a comprehensive and evidence-based service that will bring the greatest benefits to Barnet's residents.

## **6. LEGAL POWERS AND IMPLICATIONS**

- 6.1 Changes introduced by the Health and Social Care Act 2012 required the preparation of joint needs assessments and Health and Well-Being strategies and Local Authorities and CCGs must have regard to these when exercising their functions.
- 6.2 Section 195 of the above Act states that the Health and Well-Being Board must, for the purpose of advancing the health and well-being of the people in

its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner.

## **7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC**

- 7.1 Quantifying the total resource deployed by the team to support public mental health and well-being is a complex task. The Public Health team's current direct investment in public mental health and well-being services is £225,000 which is invested in the Barnet Schools Well-Being Programme and community mental well-being initiatives (including support to get the unemployed back into work). However, there are a far wider range of interventions that make a significant contribution to public mental health and well-being including for example parenting support, physical activity promotion and support for the elderly.

## **8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS**

- 8.1 The Public Health team has been engaged with the CCG, the mental health and learning disability commissioning groups and the Mental Health Partnership Board.

## **9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS**

- 9.1 The Public Health team has been involved in the discussions about the development of the Barnet, Enfield and Haringey Mental Health Commissioning Strategy, and will be involved in a number of preventive activities to support the delivery of this tri-borough strategy. These will be co-ordinated by the prevention and health promotion sub-group to support implementation of the strategy that the Local Authority will lead. This involvement will ensure that the Public Health team is able to align their mental health promotion and prevention activities to the activities delivered as part of this strategy.
- 9.2 The Public Health team will also play a supportive role to the CCG in reviewing the Child and Adolescent Mental Health Services (CAMHS) strategy, and re-commissioning CAMHS to increase integration and improve care pathways. The Public Health team will thus also be able to ensure that their public mental well-being activities are aligned with the plans to develop CAHMS services in future.

## **10. DETAILS**

### **10.1 Context**

- 10.1.1 The Government's 'No Health without Mental Health' Strategy, launched in February 2011, sets out plans to ensure mental health awareness and treatment is given the same prominence as the nation's physical health, for children as well as adults. The framework aims to emphasise the close links

between physical health and mental health and how they influence each other.

10.1.2 The Strategy calls for integrated approaches to addressing mental health, including the promotion of good mental health (often called mental well-being) – across life stages, and through the whole population; the prevention of mental health problems and mental illness, and action to help improve the health, well-being and quality of life of those living with and recovering from mental illness.

10.1.3 Mental well-being is a comparatively new concept in Public Health, but is an increasingly important area for Public Health investment, that will bring considerable population benefits across the life course and over generations. Mental well-being is defined as “...a dynamic state, in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society” (Foresight Mental Capital and Well-Being Project (2008)).

10.1.4 There is a growing evidence base that provides a clear rationale for investing in public mental well-being. The evidence suggests that people with higher levels of good mental health and well-being:

- live longer and are more likely to undertake healthier lifestyles, including reduced smoking and harmful levels of drinking
- have better general health
- use health services less
- have better educational outcomes
- are more productive at work, take less time off sick and have higher income
- have stronger social relationships and are more social

(Royal Society of Public Health (2012))

10.1.5 The evidence makes it clear that the benefits of improving mental health and well-being will be realised across health, social care, employment, welfare, education and criminal justice. Commissioning for mental health and well-being is therefore extremely cost-effective.

10.1.6 The Public Health team has a key role to play in supporting local commissioners to shift investment to support mental health promotion, prevention, early intervention and well-being.

## 10.2 The development of the public mental well-being work plan

10.2.1 Barnet’s Public Health team have already put in place a number of activities to promote positive mental health and well-being, and prevent mental ill-health.

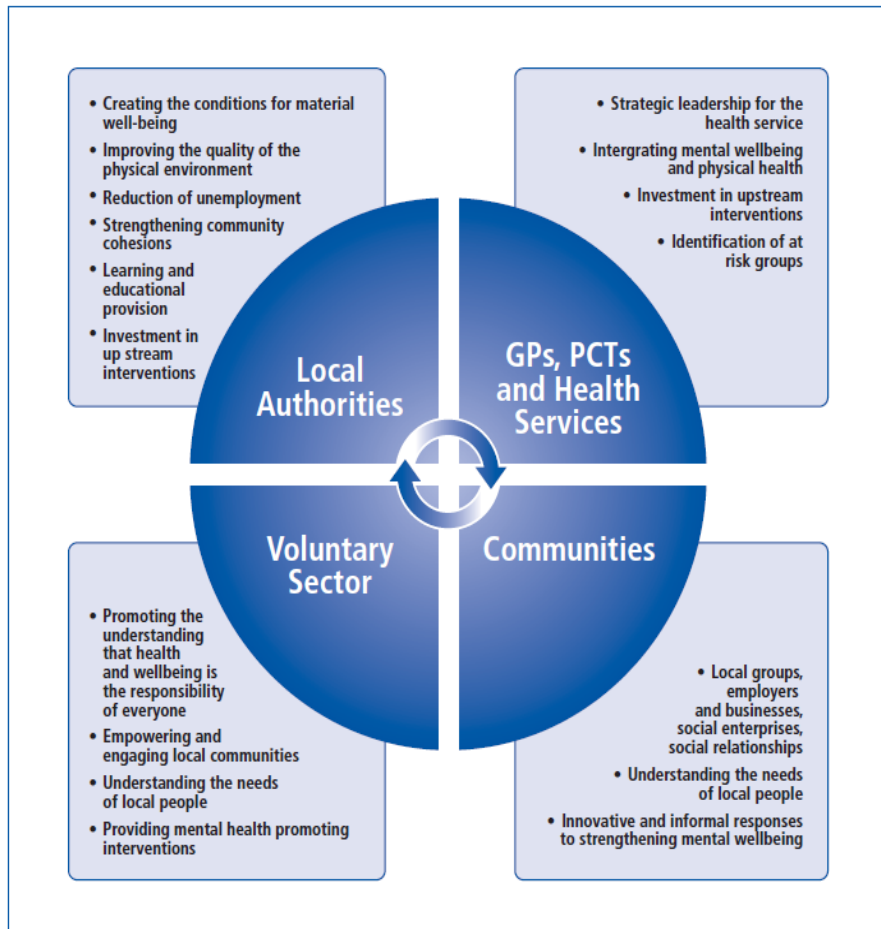
The team also has a number of priority areas for action that they will be developing over the coming months, to build on what is already in place. The work plan that follows in this report demonstrates what the Public Health team is doing to address public mental well-being in Barnet. The plan has been developed by the Public Health team in line with the “Commissioning Mental Well-being for All: a toolkit for commissioners” document, from the National Mental Health Development Unit (November 2010). This toolkit was designed to provide a resource for Local Authority and health commissioners to improve the mental well-being of people living in their areas. The exercise of developing the work plan has assisted the Public Health team in two ways:

- 1) Identifying the extent of their current activities to improve mental health and well-being for communication to their partners and to inform future development of their programmes of work
- 2) Providing an evidence-based gap analysis and an assessment of the extent to which diverse investments are fit for purpose in relation to the promotion of public mental well-being.

The mapping of these investments is included in the Appendix. It is envisaged that partners within and beyond the Local Authority that commission services related to community well-being will find it valuable to do likewise and that this will facilitate the development of a more coordinated approach across the Borough.

10.2.2 The work plan that follows has been designed with the following factors in mind:

- The results of the JSNA processes and the directions in national health policy about the importance of improving public mental well-being, aimed at whole population and key groups within populations
- The life course approach, as reflected in the Health and Well-Being Strategy, and the importance of using universal and targeted actions to address variable levels of need.
- Working beyond health services, recognising the importance of primary care, communities, and place in improving public mental well-being. Indeed, commissioning for population mental well-being requires a committed multi-agency approach, rooted in integrated commissioning, with support from Public Health, as articulated clearly in the diagram below:



Source: *Commissioning Mental Well-being for All, UCLAN*

### 10.3 The content of the work plan

10.3.1 The workplan is organised around the commissioning areas where evidence-based interventions have been shown to make a significant contribution to improving mental well-being at population level. These are:

- pre- and post-natal programmes to support healthy early child development and well-being and maternal health and well-being, including mental health
- parenting skills programmes – universal as well as targeted at higher risk families
- whole school approaches to building the social and emotional skills and resilience of children and young people
- improving working lives through support for unemployed, healthy workplaces, supported work for people recovering from mental illness and early identification and treatment for working age adults with mental health problems
- psychosocial interventions and enhanced physical activity programmes for older people
- opportunities for participation and personal development to support self-confidence and prevent social isolation

- initiatives to prevent, identify and respond to emotional, physical and sexual abuse
- universal lifestyle programmes to reduce smoking, alcohol misuse, substance misuse and obesity and overweight
- tackling alcohol and substance misuse
- Community empowerment and development initiatives to encourage community action, cohesion and participation.

10.3.3 It summarises the key activities the Public Health team has initiated to deliver these interventions, and the progress that is being made with these actions. It also outlines examples of the impact or outcomes that these activities can achieve, and proposes the implementation mechanisms that will enable delivery against each commissioning area.

	Commissioning area	Local lead	Local action	Outputs/outcomes	Schedule
1	Promote good parental mental and physical health to improve early child development and wellbeing and maternal wellbeing and reduce adverse outcomes of pregnancy and infancy. Continue in later years with universal and targeted approaches.	LF	<p>Early Years Programme in place addressing mother and baby's health and wellbeing before, during pregnancy and beyond. The aim to develop and improve parenting skills, improve children's health, wellbeing and development, strengthen parent-child relationships.</p> <p>Working with children centres and their health partners regarding:</p> <ul style="list-style-type: none"> <li>-signposting, early recognition of mental health issues, referral to appropriate health professionals.</li> <li>-Consideration of high risk group such as older first time mothers- risk of post natal depression</li> </ul>	<p>Pre and post birth support for first time mothers (including older mothers), to build confidence, self esteem and support attachment</p> <p>Increase in number of parenting programmes on offer</p> <p>Opportunities for parents to engage with evidenced based parenting programmes.</p> <p>Ensuring families, and staff have the knowledge, skills and confidence to lead healthier lifestyles, displaying positive role modelling for children and providing appropriate signposting, and advice</p>	Dec 2013
2	Promote good parenting skills – universal as well as targeted early intervention programmes for common parenting problems and more intensive interventions for high risk families to prevent conduct disorders.	LF	<p>Parenting programmes will be provided to the community via Children Centres.</p> <p>Pre-birth support to be provided using the FNP (Family Nurse Partnership) model for first time mothers (including older mothers), to build confidence, self esteem and support attachment.</p> <p>Volunteer peer support for teenage parents who do not meet the FNP criteria. Helping young mums to improve basic skills and encourage young mums and dads to seek training, further education and work as a viable option after childbirth.</p>	<p>Pre and post birth support for first time mothers (including older mothers), to build confidence, self esteem and support attachment</p> <p>Increase in number of parenting programmes on offer</p> <p>Opportunities for parents to engage with evidenced based parenting programmes</p> <p>Ensuring families, and staff have the knowledge, skills and confidence to lead healthier lifestyles, displaying positive role modelling for children and providing appropriate signposting, and advice</p>	Dec 2013



3	<b>Build social and emotional resilience of children and young people through whole-school approaches including prevention of violence and bullying.</b>	JL	EWB programme for primary schools.  Opportunities for targeted work, for mentoring programmes, family intervention and violence prevention to be assessed before Xmas for investment in new year.	<b>Numbers of staff trained, school policies reviewed, health schools awards achieved.</b>  TBC	Launches Oct 13.  Opportunities to be identified by end Dec 13
4	<b>Improving working lives: a) support for unemployed b) creating healthy working environments c) early recognition and intervention for those with mental health problems d) supported work for those recovering from mental illness.</b>	JL	Options appraisal for back to work support for patients known to secondary MH services is underway as is support for those effected by welfare reform.  Workplace health promotion materials developed to support local employers including advice on MH support	MH, LD, welfare reform clients supported, returned to work.  Workplaces distributed to, delivery of workplace health promotion.	Employment support for residents effected by welfare reform introduced: Oct 13  Support for MH & LD patients: Nov 13  Oct 13
5	<b>Improve the quality of older people's lives through psychosocial interventions and enhanced physical activity.</b>	JL	Investment in physical activity opportunities for older people planned including dance, walking and tai chi (including falls prevention pathway).  Exercise of prescription investment planned.	Grants awarded, sustainable activities established.  Referrals made, taken up, completed.	Launches Oct 13  Jan 14
6	<b>Improving quality of life through increasing opportunities for participation, personal development and problem-solving that enhance control and prevent isolation</b>	JL CF	Information and advice work stream across LA and CCG is underway.  Ageing well is introducing a time bank initiative and will increase provision of activities.  Winter well programme includes attention to energy efficiency.  Physical activity opportunities small grant scheme to be launched shortly in Barnet	Grants awarded, sustainable activities established.	Initially scheduled June 13, revised schedule TBC  Oct 13
7	<b>Implementation of initiatives to prevent, identify and respond to emotional, physical and/or sexual abuse.</b>	JL SH	School based violence prevention to be scoped before new year.	TBC	Opportunities to be identified by end Dec 13
8	<b>Integrating physical and mental wellbeing through universal lifestyle programmes to reduce smoking and obesity, and to encourage exercise.</b>	JL LF SH	Smoking cessation and outdoor gym provision across the borough.  Refer people with existing mental health conditions to physical activity participatory opportunities	Quits supported, outdoor gyms provided.  Targetted opportunities under review	Smoking cessation underway. Outdoor gym provision by end of 13/14 FY.  TBC

			Maternity service provision for pregnant women with mental health conditions to be reviewed.		
9	Tackling alcohol and substance abuse, including direct measures with those abusing alcohol and screening programmes.	BO SH	Alcohol and Substance misuse prevention will be included in the Barnet Schools Wellbeing Programme work stream  Brief intervention in pharmacies planned.	Teachers trained, school policies reviewed, healthy schools awards achieved.  Brief interventions delivered, clients referred	Oct 13  Oct 13
10	Community empowerment and interventions that encourage improvements in physical and social environments, and strengthen social networks.	RW	Ageing well community programmes	Altogether better groups established (currently work in 4 localities)	Ongoing expansion

## 10.4 Next steps

10.4.1 The Public Health team will engage with the prevention and health promotion sub-group of the Barnet, Enfield and Haringey Mental Health Commissioning Strategy from the outset, and will also contribute to the CAHMS review in partnership with the CCG. Through this engagement, the Public Health team will make sure that its own plans are aligned to those of its other partners.

10.4.2 The Public Health team is engaging with other commissioners and delivery units at Barnet Council on the development of the Priorities and Spending Review. The Public Health team is making the case for increasing future investment in public mental well-being to prevent the onset of mental health problems, and associated behavioural problems that result in other issues that are important to the Council, such as school exclusion, crime, homelessness, and unemployment.

## 11 BACKGROUND PAPERS

11.1 None attached to this report.

CFO – AD  
Legal – SW