

	Health and Wellbeing Board
	21 January 2016
Title	The Five Ways to Mental Wellbeing in Barnet: The Annual Report of the Director of Public Health (2015)
Report of	Director of Public Health
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1: Annual Director of Public Health Report 2015
Officer Contact Details	<p>Rachel Wells (rachel.wells@harrow.gov.uk) Consultant in Public Health</p> <p>Robert Reed (robert.reed@harrow.gov.uk) Public Health Analyst</p> <p>Joanna Boutros (joanna.boutros@harrow.gov.uk) GP Trainee</p>

Summary

The report is a call to action on the issue of mental ill health in Barnet from the Director of Public Health. It looks at the levels of mental ill health in the population and a range of physical, social and environmental factors which influence mental health. It then gives an introduction to the 'five ways to mental wellbeing' as a method to improve the response to mental ill health.

The five ways to wellbeing, detailed in the report, are:

- Connect
- Get active
- Take notice
- Learn
- Give

A general overview of Barnet's current response to mental health is also provided, with specific case studies of relevant programmes. A recommendations section points to ways

in which the five ways to wellbeing can be used to improve Barnet's efforts to prevent and intervene early where mental ill health is concerned.

Recommendations

- 1. That the Health and Wellbeing Board considers the Annual Report of the Director of Public Health 2015 – The Five Ways to Wellbeing in Barnet (Appendix 1), and the proposed actions outlined in the report, and supports the responses to the mental health challenge.**
- 2. That the Health and Wellbeing Board considers and comments on the recommendations of the activities / actions outlined under sections 2.1 of the report and in Appendix 1 (on page 47).**
- 3. That the Health and Wellbeing Board notes the verbal accounts, presented in the meeting, from residents who have been supported by the borough's employment support services.**

1. WHY THIS REPORT IS NEEDED

- 1.1 High levels of mental as well as physical wellbeing are essential for healthy families, communities and societies. Good mental health is a dynamic state which allows someone to develop their potential, work productively, build strong and positive relationships, and contribute to their community. A person's mental wellbeing greatly influences their path through life. It is vital for us to promote and develop good mental health throughout our population, so that everyone can reach their potential.
- 1.2 Mental illness is common and disabling. The risk of experiencing mental illness at some point in life varies from one in four to as high as one in two, and it is the cause of 70 million lost work days every year. In Barnet over 80,000 people between the ages of 16 and 74 have a common mental health disorder. The annual cost of mental health problems to the UK economy is around £70 billion; in Barnet this equates to about £685 million.
- 1.3 The government's 'No Health without Mental Health' strategy, published in 2011, highlighted several areas for action. For example: reducing the stigma and discrimination faced by people with mental illness; promoting mental health across all our lives; ensuring mental health has equal status with physical health; and identifying mental health problems and intervening early at all ages. Putting these principles into action in Barnet will improve everyone's mental wellbeing.
- 1.4 This Annual Director of Public Health Report 2015 (Appendix 1) highlights the importance of mental health and wellbeing as an issue in Barnet. Promoting good mental health and raising awareness of mental health issues will improve interventions and reduce the impact of mental illness upon individuals and communities. There is a lot of evidence that improvements in mental health can bring a range of health, social, educational and economic benefits to individuals and communities.

- 1.5 This report also introduces the five ways to wellbeing and offers recommendations as to how these can be used to improve Barnet's mental wellbeing and response to mental ill health.

2. REASONS FOR RECOMMENDATIONS

- 2.1 This Annual Director of Public Health Report 2015 contains three recommendations to improve Barnet's response to mental ill health and wellbeing:

1. Add a 'Five ways to Mental Wellbeing' page to the Public Health section of the Barnet Council website
 - Provide a page introducing the five ways and list of programmes available in Barnet that utilise the five ways
 - This will help to:
 - raise awareness of the value of the five ways amongst the general public whilst also making programmes more accessible
 - increase levels of self-referral and increase independence of people with mental ill health
2. Identify ways to incorporate the five ways into more council and Clinical Commissioning Group led programmes
 - Continue to work with commissioners to support people with eating disorders in Barnet
 - Use the Public Health team to promote and encourage greater use of 'be active' and 'take notice' components of the five ways in council programmes
 - This should focus on programmes that target the elderly or people living in care homes
 - The following examples of ways to take notice indicate the ease with which this component could be added to programmes. Ways to take notice include asking others about themselves, noticing how friends or colleagues are feeling, taking a different route to work or the shops, and taking pleasure in the little things.
3. Incorporate promotion of mental wellbeing and the five ways into healthy workplace schemes
 - The five ways will offer a structured and easily understood method for employers in Barnet to promote mental wellbeing and healthy lifestyle choices

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 The alternative option is to do nothing. This was not considered as the Annual Director of Public Health Report is a statutory requirement of the Director of Public Health.

4. POST DECISION IMPLEMENTATION

- 4.1 The implementation of the recommendations will take place through the integration of the five ways to wellbeing into existing programmes and future planned work.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The report supports Barnet's Corporate Plan 2015 – 2020 and Barnet's vision for 2020, the latter of which includes a commitment for Health and Social Care services to be personalised and integrated, with more people supported to live longer in their own homes. By 2020, social care services for adults will be remodelled to focus on managing demand and promoting independence, with a greater emphasis on early intervention. People with mental health issues will receive support in the community to help them stay well, get a job and remain active, with support focused on helping people with their whole life, not simply providing a diagnosis.
- 5.1.2 In addition there is a commitment to meeting the Public Sector Equality Duty with by focusing on housing and employment for vulnerable groups such as people with learning disabilities and people with mental health issues.
- 5.1.3 The report also supports the Joint Health and Wellbeing Strategy (2015 – 2020). The strategy identifies that both physical and mental wellbeing depend on a broad range of characteristics including facilities for active travel, public transport and green spaces. Simply put, feeling good about where you live is a key factor in feeling good about yourself. Feeling good about yourself is key to making lifestyle changes which will bring about improvements in health.
- 5.1.4 In 2014, Barnet Clinical Commissioning Group (BCCG) and Barnet Council signed up to the national Crisis Care Concordat, which emphasises the importance of achieving parity of esteem between physical and mental health; valuing mental health equally with physical health. Examples of actions already taking place include:
- Barnet Council's Network Enablement Service
 - BCCG and the council working with Barnet, Enfield and Haringey Mental Health Trust to improve secondary care services towards a community based model
 - BCCG implementing a locally enhanced service to improve access to primary care for people with mental health problems who are homeless
 - Public Health has developed a Suicide Prevention Strategy, Working Group and action plan, and self-harm and suicide prevention workshops
 - Public Health has commissioned employment support services – Motivational and Psychological Support, and an Individual Placement and Support scheme
 - Befriending schemes run by the Alzheimer's Society (supporting people with dementia and their carers) and Homestart (supporting families)

- A Barnet Schools Health and Wellbeing programme has been in place since 2013

5.1.5 The Barnet Joint Strategic Needs Assessment (JSNA) also identifies that the number of people with mental health conditions is predicted to increase as the population grows. In November 2014, the Health and Wellbeing Board (HWBB) identified prevention of and early intervention in mental health problems as a priority. Mental health is the HWBB's key priority in year one of the strategy. Feelings of social isolation and loneliness can be detrimental to a person's health and wellbeing. The aim is to improve the identification of people (children, young people, adults and older people) at risk of or experiencing social isolation through Healthy Living Pharmacies, hospital discharge teams and substance misuse treatment services.

5.2 **Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

5.2.1 There are no specific financial implications arising from the recommendations of the ADPH report.

5.2.2 Implementation / delivery will be contained within the annual public health grant envelope. Prioritisation of resources will be considered as part of the annual approval of commissioning intentions.

5.3 **Social Value**

5.3.1 The Public Services (Social Value) Act 2013 requires those who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

5.4 **Legal and Constitutional References**

5.4.1 The Health and Social Care Act 2012 (s30) added in a new s.73A to the National Health Service Act 2006 requiring the appointment of a Director of Public Health. Under subsection s.73B (5), the Director is required to prepare an annual report on the health of the people in the area of the Local Authority and the Local Authority is required to publish this report.

5.4.2 Under the NHS Act 2006 as amended by the Health and Social Care Act 2012, Local Authorities are required to take particular steps in exercising public health functions and the regulations cover commissioning of services.

5.4.3 The terms of reference (Responsibility for Functions – Annex A) of the Health and Wellbeing Board are set out in the Council's Constitution and include:

- To jointly assess the health and social care needs of the population with NHS commissioners, and to apply the findings of the Barnet JSNA to all relevant strategies and policies.

- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.
- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health.
- Receive the Annual Report of the Director of Public Health (ADPH) and commission and oversee further work that will improve public health outcomes.
- Specific responsibilities for overseeing public health and developing further health and social care integration.

5.5 Risk Management

5.5.1 None identified

5.6 Equalities and Diversity

5.6.1 The ADPH report is split into chapters focused on different types of mental ill health and risk factors. It also has sections considering the significance of physical activity for those with mental health problems and disabilities. The report highlights that there are inequalities in relation to a number of determinants of mental health and wellbeing between wards in Barnet

5.6.2 The report highlights inequalities between wards in the borough in relation to:

- Low educational attainment
- Material disadvantage
- Poor physical health
- Social isolation
- Working conditions and unemployment

5.6.3 For example it highlights the impact of dementia upon the elderly and eating disorders amongst children and young people. It also highlights that social isolation is a problem in elderly people in Barnet.

5.6.4 The report contains steps which can be taken to increase the use of the five ways to wellbeing as a method to improving mental wellbeing in the population. When public bodies are making relevant decisions on policies, programme planning, funding of services, and contractual arrangements with third party providers, the information contained in the ADPH report should be used to identify any impact of these decisions on specific protected groups under the Equality Act 2010.

5.7 Consultation and Engagement

5.7.1 Not applicable. None taken as this report is a call to action.

5.8 Insight

5.8.1 Public health intelligence data is the primary source for the report alongside the JSNA. Intelligence data presented in the report is the most up to date available at the time of writing.

6. BACKGROUND PAPERS

- 6.1 New Economics Foundation. (2013). The Five Ways to Wellbeing: The Evidence. Available: http://b.3cdn.net/nefoundation/8984c5089d5c2285ee_t4m6bhqg5.pdf. [Accessed 04/11/2015].
- 6.2 New Economics Foundation (2013). The Five Ways to Wellbeing: New applications and new ways of thinking. Available: <http://www.neweconomics.org/publications/entry/five-ways-to-well-being-new-applications-new-ways-of-thinking>. [Accessed 10/12/15].
- 6.3 Mental Health Foundation. (2015). Fundamental Facts about Mental Health. Available: <http://www.mentalhealth.org.uk/content/assets/PDF/publications/fundamental-facts-15.pdf?view=Standard>. [Accessed 10/12/15].