

1 May 2018

Mental Wellbeing Workshop

Purpose / Recommendation

This report is to summarise the outcomes and suggest next steps following the Mental Wellbeing workshop held by the Health Improvement Board on 19th March 2018.

1. **The Health Improvement Board is recommended to make mental wellbeing a priority for their future work.**
2. **It is suggested that the Board agree a mechanism for monitoring mental wellbeing drawing on the range of indicators suggested by Public Health England.**
3. **The Health Improvement Board and partner organisations should become signatories to the Prevention Concordat for Better Mental Health.**
4. **The Health Improvement Board is recommended to agree to creating an Oxfordshire wide Mental Wellbeing Framework, to be overseen by the Board.**

Background

5. The Health Improvement Board has identified improving mental wellbeing as an area to explore further under its priority on preventing early death and improving quality of life in later years.
6. Issues around mental wellbeing reach across a wide range of areas and some aspects of improving mental wellbeing also link to the work of other Boards and groups which report to the Health and Wellbeing Board. Specifically, the Children's Trust has a focus on improving mental health for children and young people and the Joint Management Groups have a priority for work commissioned under the pooled budget to enable adults with existing mental health problems to meet their full potential and to access mental health services.
7. In September 2017, the Health Improvement Board discussed suicide prevention in Oxfordshire. The Board heard about importance of promoting mental wellbeing to contribute to better physical health, interpersonal relationships and contribute to suicide prevention.

8. It was noted that the Health Improvement Board might be in a strong position to provide leadership for mental wellbeing in Oxfordshire to encourage, co-ordinate and oversee wellbeing initiatives by a variety of organisations. The Board agreed to facilitate a workshop bringing partners together to evidence what is already happening to promote mental wellbeing in the county.

Summary of the workshop

9. The mental wellbeing workshop was held on 19th March 2018 at The King's Centre, Oxford. Partners were invited from local authorities, Oxfordshire Clinical Commissioning Group, health providers and voluntary and community sector groups.
10. Chandraa Bhattacharya, National Public Mental Health Manager from Public Health England gave a keynote talk on mental wellbeing. She provided a national perspective on mental wellbeing and presented the Prevention Concordat for Better Mental Health, a programme which aims to provide a focus for work to improve public mental health approaches across a wide range of organisations.
11. A presentation was given by Public Health, Oxfordshire County Council on measuring mental wellbeing in Oxfordshire. This introduced the measures related to mental wellbeing provided by the Joint Strategic Needs Assessment 2018 and the trends of these measures. It also introduced a set of more than 100 possible indicators identified by Public Health England which could be used in a future JSNA to measure aspects of mental wellbeing.
12. All partners spent time in smaller groups discussing the work to improve mental wellbeing in Oxfordshire. The discussion questions focused on identifying current work to promote mental wellbeing, the opportunities and challenges to this work and the priorities for promoting mental wellbeing. The outputs from all the discussions can be seen in Appendix 3

Prevention Concordat for Better Mental Health

13. The Prevention Concordat launched on 30th August 2017 with 30 signatories from national cross-sector partners. A second wave of signatories were announced in March 2018, including the first phase of local area sign ups. The full wording of the consensus statement and a list of signatories is provided at Appendix 1.
14. The focus of the concordat is on galvanising local and national action, to prevent mental health problems and promote good mental health. The concordat promotes:
 - evidence-based planning to increase impact on reducing health inequalities
 - cross-sector action to adopt public mental health approaches across local authorities, NHS, educational settings, employers and public, private and VCSE organisations

- the active role played by people with lived experience of mental health problems, individually and through user-led organisations
15. A set of resources have been produced alongside the concordat to help local areas to put into place effective prevention planning arrangements. An infographic which summarises the approach is included at Appendix 2.
 16. For a local area, such as Oxfordshire, to become a signatory to the concordat, the appropriate Health and Wellbeing Board nominates a representative to approach Public Health England and register an interest.

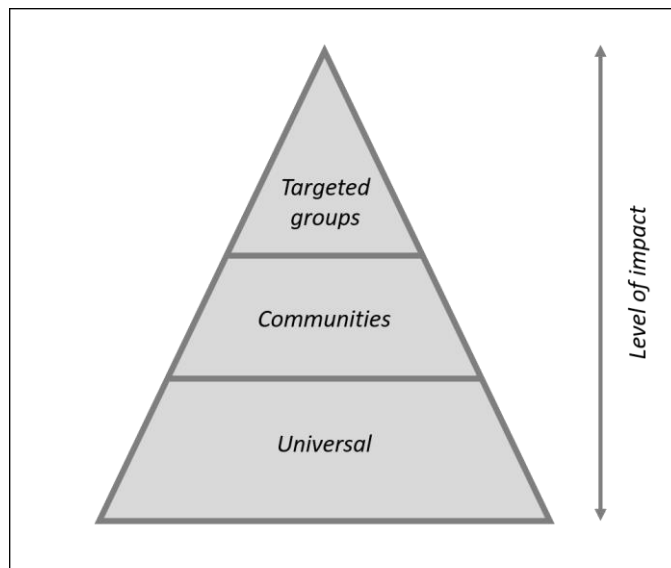
Work to promote mental wellbeing in Oxfordshire

17. Partners were invited to come to the workshop prepared to share information about work being carried out in Oxfordshire by their organisation. Details of different projects and programmes were shared in group discussions and captured by facilitators.
18. Two examples of positive work were shared with the wider group. These included a project to support Asian women in East Oxford set up by Oxfordshire Mind and work carried out under the Barton Healthy New Town programme to promote wellbeing at a local level.
19. It was apparent from the discussions that there is a wide range of excellent work occurring across the county, which focuses on different aspects of promoting mental wellbeing and which is reaching a broad range of different people. However, it also revealed that there may be some gaps where there are opportunities to work with people which are not being used or groups of people who are not being reached as extensively. Further work would be needed to identify these more fully.
20. A number of opportunities and challenges were identified by the groups. These included the challenges around coordinating and funding projects in Oxfordshire and the opportunity to use the Prevention Concordat as a basis to focus work in Oxfordshire.
21. A full summary of the group discussions is included at Appendix 3.

An Oxfordshire wide Mental Wellbeing Framework

22. The proposal to develop a county-wide framework is one of the priorities suggested by partners at the workshop. The framework would enable a comprehensive understanding of what is currently happening in the county and would enable gaps to be identified more clearly.
23. To avoid overlap with the role of other groups which report to the Health and Wellbeing, including the Children's Trust and the Joint Management Groups, it is proposed that the framework developed under the Health Improvement Board would focus on work which is aimed at over-18s and which is not commissioned under the pooled budget.

24. Some good approaches to understand and structure work to improve mental wellbeing are provided by resources within the Prevention Concordat. These include the report *Better Mental Health for All: a public health approach to mental health improvement*¹, published by The Faculty of Public Health and the Mental Health Foundation and *Prevention Concordat for Better Mental Health: Prevention planning for local areas*², published by Public Health England.
25. Work to promote mental wellbeing may be aimed at different groups of people and may have a narrow or a wide scope, as shown below:



Types of work to promote mental wellbeing

26. Using the approaches given in the resources referenced above, and the information already shared about work in Oxfordshire, the following structure is suggested to group the work being carried out:

		Scope of impact			
		Individuals	Communities	Wider systems	Campaigns
Group of people impacted	Adults				
	Older People				
	Vulnerable Groups				

¹ <http://www.fph.org.uk/uploads/Better%20Mental%20Health%20For%20All%20FINAL%20low%20res.pdf>

² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/640749/Prevention_Concordat_for_Better_Mental_Health_Prevention_planning.pdf

27. To develop this framework, it is suggested that the information provided in the workshop is mapped into this structure. The next step would be to identify possible gaps and there would be the opportunity to contact lead organisations for more information as needed. It is suggested that Public Health officers facilitate this work, involving other partners.

Future work on mental wellbeing

28. The Health Improvement Board is recommended to keep mental wellbeing as a priority for their future work.
29. If the Board agrees, a recommendation about selecting a suitable indicator to monitor mental wellbeing in Oxfordshire can be brought to a future meeting of the Board. This could then be included in a future Joint Strategic Needs Assessment.
30. At a future meeting of the Board, a detailed county-wide framework could be presented by Public Health, with commentary around possible gaps and recommendations for further work.

Communications

31. It is suggested that a message should be sent to the attendees of the mental wellbeing workshop, to include those who expressed an interest but were unable to attend. This would include informing them of the next steps which the Health Improvement Board agrees to take and an invitation to share any further areas of work in Oxfordshire which they believe should be included in a framework.
32. Communications might also be sent to the Children's Trust and the Joint Management Groups to inform them of outcomes of the workshop and the Board's plan. This could also be an opportunity to pass on information shared during the workshop about work in Oxfordshire to promote mental wellbeing which focuses on the areas they oversee.

Appendix 1- Prevention concordat for Better Mental Health

About the concordat

The Prevention Concordat for Better Mental Health is underpinned by an understanding that taking a prevention-focused approach to improving the public's mental health is shown to make a valuable contribution to achieving a fairer and more equitable society. The concordat promotes evidence based planning and commissioning to increase the impact on reducing health inequalities. The sustainability and cost effectiveness of this approach will be enhanced by the inclusion of action that impacts on the wider determinants of mental health and wellbeing.

The concordat is intended to provide a focus for cross-sector action to deliver a tangible increase in the adoption of public mental health approaches across:

- local authorities
- the NHS
- public, private and voluntary, community and social enterprise (VCSE) sector organisations
- educational settings
- employers

It acknowledges the active role played by people with lived experience of mental health problems, individually and through user led organisations.

This definition of the concordat has been agreed by the organisations listed at the end of this document. It represents a public mental health informed approach to prevention, as outlined in the [NHS Five Year Forward View](#), and promotes relevant NICE guidance and existing evidence based interventions and delivery approaches, such as 'making every contact count'.

Consensus statement

This consensus statement describes the shared commitment of the organisations signed below to work together via the Prevention Concordat for Better Mental Health, through local and national action, to prevent mental health problems and promote good mental health.

The undersigned organisations agree that:

1. To transform the health system, we must increase the focus on prevention and the wider determinants of mental health. We recognise the need for a shift towards prevention-focused leadership and action throughout the mental health system; and into the wider system. In turn, this will impact positively on the NHS and social care system by enabling early help through the use of upstream interventions.

2. There must be joint cross-sectoral action to deliver an increased focus on the prevention of mental health problems and the promotion of good mental health at local level. This should draw on the expertise of people with lived experience of mental health problems, and the wider community, to identify solutions and promote equality.
3. We will promote a prevention-focused approach towards improving the public's mental health, as all our organisations have a role to play.
4. We will work collaboratively across organisational boundaries and disciplines to secure place-based improvements that are tailored to local needs and assets, in turn increasing sustainability and the effective use of limited resources.
5. We will build the capacity and capability across our workforce to prevent mental health problems and promote good mental health, as outlined in the Public Mental Health Leadership and Workforce Development Framework Call to Action¹.
6. We believe local areas will benefit from adopting the Prevention Concordat for Better Mental Health.
7. We are committed to supporting local authorities, policy makers, NHS clinical commissioning groups and other commissioners, service providers, employers and the voluntary and community sector to adopt this Concordat and its approach.

Signatories

This first Prevention Concordat for Better Mental Health was co-produced by:

- Association of Directors of Public Health UK - Dr Andrew Furber, President
- Association of Mental Health Providers - Kathy Roberts, Chief Executive
- Centre for Mental Health - Sarah Hughes, Chief Executive
- Children and Young People's Mental Health Coalition - Professor Dame Sue Bailey, Chair
- Department of Health - Jonathan Marron, Director, General Community Care
- Faculty of Public Health - John Middleton, President
- Local Government Association - Councillor Izzi Seccombe
- Mental Health Commissioners Network - Dr Phil Moore, Chair, NHS Clinical Commissioners
- Mental Health Foundation - Jenny Edwards, Chief Executive
- National Survivor User Network - Sarah Yiannoullou, Managing Director
- NHS England - Claire Murdoch, National Mental Health Director (and National Senior Responsible Officer for Five Year Forward View for Mental Health)
- Public Health England - Duncan Selbie, Chief Executive

The Concordat has been endorsed by:

Statutory organisations and professional bodies:

- Care Quality Commission - Paul Lelliott, Deputy Chief Inspector (Mental Health)
- Health Education England - Ian Cumming, Chief Executive

- National Institute for Health and Care Excellence - Gillian Leng, Deputy Chief Executive
- NHS Digital - Rob Shaw, Interim Chief Executive
- NHS Improvement - Tim Kendall, National Clinical Director for Mental Health
- Royal College of Nurses - Janet Davis, Chief Executive and General Secretary
- Royal College of Psychiatrists - Wendy Burn, President

Wider organisations and bodies:

- Age UK - Caroline Abrahams, Charity Director
- British Dietetic Association - Andy Burman, Chief Executive
- British Islamic Medical Association - Arshad Latif, Lead for Health Promotion Talks 2018
- British Institute of Learning Disabilities - Ben Higgins, Chief Executive
- Catholic Bishops' Conference of England and Wales - Right Reverend Richard Moth, Bishop for Mental Health
- Citizens Advice - Gillian Guy, Chief Executive
- Clinks - Anne Fox, Chief Executive
- Cruse Bereavement Care - Debbie Kerlake, Chief Executive
- Diabetes UK - Chris Askew, Chief Executive
- Homeless Link - Rick Henderson, Chief Executive
- Housing Associations' Charitable Trust - Andrew van Doorn, Chief Executive
- Maternity Action - Rosalind Bragg, Director
- Men's Health Forum - Martin Tod, Chief Executive
- METRO Charity - Greg Ussher, Chief Executive
- Mind - Paul Farmer, Chief Executive
- Muslim Council of Britain - Harun Khan, Secretary General
- Nacro - Jacob Tas, Chief Executive
- National Development Team for Inclusion - Rob Greig, Chief Executive
- National Suicide Prevention Alliance - Brian Dow and Ruth Sutherland, Co-Chairs
- The National LGBT Partnership - Paul Martin, Chair
- National Voices - Jeremy Taylor, Chief Executive
- Rethink - Mark Winstanley, Chief Executive
- Samaritans - Ruth Sutherland, Chief Executive
- Student Minds - Rosie Tressler, Chief Executive
- Young Minds - Sarah Brennan, Chief Executive
- Young People's Health Partnership - Emma Rigby, Lead
- Youth Access - Barbara Rayment, Director

The first wave of local authority area (geographical) signatories was announced by Duncan Selbie, Chief Executive, Public Health England on 9 March 2018:

- County Durham - Amanda Healy, Director of Public Health
- Derby City Council - Cate Edwynn, Director of Public Health
- Hertfordshire County Council:
 - Jim McManus, Director of Public and County Councillor
 - Richard Roberts, Executive Member for Public Health, Prevention and Performance

- Middlesbrough Council - Edward Kunonga, Director of Public Health
- Redcar and Cleveland Council - Edward Kunonga, Director of Public Health

Appendix 2- Prevention Concordat Infographic



Prevention Concordat for Better Mental Health: Prevention planning resource for local areas

Why? The case for action:

1 in 10 children experience a mental health problem

1 in 6 adults have had a common mental health problem in the last week

1 in 5 adults has considered taking their life at one point

9 in 10 people with mental health problems experience stigma and discrimination

Good mental health is a vital asset for **dealing with** the different **stresses** (physical and mental) and problems in life

Good mental health is associated with better **physical health, increased productivity** in education and at work and **better relationships** at home and in our community

What good looks like:

A five domain framework for local action



Needs and asset assessment - effective use of data and intelligence

- analyse quantitative and qualitative data
- analyse and understand key risk and protective factors
- engage with the community to map useful and available assets
- agree the priority areas



Partnership and alignment

- form a local multi-agency mental health prevention group
- establish opportunities to bring mental health professionals from wider networks together
- involve members of the community with lived experiences in the planning
- pool resources together and share benefits



Translating need into deliverable commitments

- modify existing plans to include mental health
- determine the approach that best meets local need
- provide varying approaches in the action plan
- ensure a community centred approach to delivery
- reinforce actions with existing and new Partnership plans
- use the human rights-based approach
- regularly invite feedback



Defining success outcomes

- map out who the interventions work with and why, as well as recognising inputs and outputs
- identify 5-10 measures from already available data sources which most closely resemble what success looks like
- develop a measurement, evaluation and improvement strategy to:
 - a) identify the impact
 - b) highlight areas for development



Leadership and accountability

- delegate a leader
- work is linked and aligned to other strategic priorities
- develop a clear accountability structure

Consider How to support mental health across:

Whole population approaches

- strengthening individuals eg mental health literacy
- strengthening communities and healthy places eg housing, social networks
- addressing wider determinants eg mentally healthy policy

Life course approaches

- family, children and young people
- working age
- older people

Targeted prevention approaches

- groups facing higher risk eg criminal justice
- individuals with signs and symptoms eg suicidal behaviour
- people with mental health problems eg recovery

Appendix 3- Summary of group discussions from the workshop

1. Current areas of work in Oxfordshire

Project	Type of impact on mental wellbeing	Who is impacted/where?	Lead organisation
Table 1			
Wellbeing service & Mind guide	Promoting wellbeing; access to IAPT	Anyone aged over 16 (starting targeted work for under 16s)	Mind
GP training on mental health champions	Better awareness for GPs and services	Primary care staff	CCG + GPs
School Health Nurses	Mental health promotion for whole school, classroom and on 1:1s	Secondary school pupils	Oxford Health
Community safety partnerships	Mental health is a priority for some CSPs- forum for discussion/awareness of small organisations		
'Connect 5' mental health training	Train the trainer model	Front line services; communities	PHE
National Mental Health campaign	Increase mental health literacy, reduce stigma- aiming for 1 million MH first aiders	Workplace mental health	PHE
Physical activity with young people	Concentration	Young people	Small groups
Various		Target groups e.g. Ark T- Dad's group, countrywide venues	Oxfordshire Arts partnership – range of agencies
Peer support groups	Arts and crafts	Volunteers, service users	Mind
Recovery College	Arts; activity; natural environment; meaningful activity		Oxford Health, Oxfordshire Mental Health Partnership
Health walks	Physical activity, natural environment		Districts, Ramblers Associations
CZ(?) YP volunteering forum	Mental health is often an issue		

Mental wellbeing training		Headteachers and Special educational needs coordinators in schools	Mind
Barton GP surgeries	Mental health focus in GP surgeries- community asset		
Table 2			
Mental health first aid			Mind
Oxfordshire youth mental health first aid		Teachers and voluntary agencies	?
Wheels for All	Physical activity	People with disabilities	OxSPA
Parasol project	Accessible arts holiday/after school programme	Young people	(Fusion?)
?	Music and arts	People in hospitals	Artscape/Fusion
Open Door	Food/reduce social isolation	Refugees, East Oxford	
Kingsmoor Intergenerational Arts Club (pilot)	Intergenerational arts	South Oxford	Fusion Arts
Well at work	Mental health first aid, thriving at work assessment	Employees	County council
Safer places	Reduce anxiety	Younger people, people with disabilities	Oxfordshire Family Support network
Wellbeing support service	Social isolation	People with disabilities seeking employment	OCC (Joint commissioning)
Education partnership	Arts	Young people, East oxford	Youth Ambition/Fusion
C-DAN (Creative Dementia Arts Network)	Inclusion in arts programmes	People with dementia, Oxford City centre	
OYAP	Arts intervention	Young people, East Oxford/ Blackbird Leys	OYAP
ACKHI	E.g. Black History Month	BME groups, East Oxford/Blackbird Leys	
Community centres	Food banks/hot meals/social isolation	Rose Hill, Cutteslowe	OCC, Green Square
Recovery Festival	Recovery mental wellbeing	East Oxford	Mind/Restore
Active Body,	Physical activities	Countywide	South & Vale DC

Healthy Mind			in partnership with OxSPA
Go Active	Less social isolation	60 + groups, women, young people	OxSPA
Community Centres	Safer spaces, autism friendly cinema screenings	Beaconsfield and Wantage, Mothers, Carers, Older people	South & Vale DC
Oxfordshire Workplace Wellbeing	Sharing good practice, leisure provision	Employees	BMW/ Unipart/ Public Health/ OxSPA
Table 3			
IAPT	Activity, social prescribing	Those with long term conditions- diabetes/respiratory diseases/cancer	CCG
Musculoskeletal services (MSK)	Signposting to psychological wellbeing, exercise, stopping smoking		CCG
Community impact zone		Young people	City council/OCC/TVP
Adult Mental Health Partnership	Improving services		Oxford Health (with charities)
Children's Mental Health Partnership	Delivery of mental health services, early intervention, transition to adult services		Oxford Health (with charities)
Housing First		Those with serious mental health problems	
	Including mental health on national policies		Oxford City Council
JSSP (joint statutory spatial plan)	Planning future growth to enable social cohesion, active travel	New communities	OCC
Bicester Healthy New Town	Workplace wellbeing with smaller businesses (mental health first aid), mindful employers	Bicester	Cherwell DC?
Bicester Healthy New Town	MECC training using mental health		Cherwell DC?
Bicester Healthy New Town	Promoting active travel		Cherwell DC?
Bicester Healthy New Town	Resilience in schools, mindfulness, link to		Cherwell DC?

	CAMHS		
Bicester Healthy New Town	Social prescribing and volunteering	Older people	Cherwell DC?
Bicester Healthy New Town	CCG- reducing health inequalities, resilience in social housing		Cherwell DC?
Barton Healthy New Towns	Social prescribing		Oxford City Council
Barton Healthy New Towns	Use of parks, green spaces		Oxford City Council
Table 4			
Mental Health High Usage		Those who use services	Oxford City Council/CCG
Theatre plays	Education; safety	Schools	OCC Public Health
Children's Home workers	Education	Looked after children	CCG
Suicide prevention service (EDPS)			Oxford Health
Young people's diversionary projects	Streetwork	Henley (Nomad), Didcot (Didcot Train), Abingdon (Damascus), Young people with complex issues	South & Vale, also funding from PCC
Outdoor gym equipment	Physical activity	Oxford City, also countywide	Oxford City Council and other local authorities
Mindfulness centre			Oxford Health
Social prescribing	Tackling wider determinants	Oxford, Wood Farm, Headington, Barton	Oxford City with Hedena Health
Calm (campaign against living miserably)	National campaign	Middle-aged men	Oxford Health
Talking spaces plus		People with long term health conditions	Oxford Health
SOFEA	Food distributed from supermarkets	People in South Oxfordshire	SOFEA
Skilling job club leaders	Education about wellbeing	Barton, people with employment issues	Barton HNT with Oxfordshire Mind
Coordinating local solutions	Coordinating existing stakeholders around health and wellbeing	Barton, Blackbird Leys, Rose Hill	City Council
Generation Games	Physical activity	Older people	Age UK

Free/ Discounted swimming	Physical activity	Free for under-17s, discounts for those with bonus life card e.g. on benefits	City Council
Mental Health First Aid		Barton community leads	Oxford City Council
Future in Mind	Mental Health awareness	Schools, 3 rd sector organisations working with children	CAMHS, 3 rd sector lead from Response
5 ways to wellbeing training		Barton, Tenancy managers/community managers	
System-wide promotion	Improving referrals onwards from local organisations	Barton	City Council, Oxfordshire Mind
Holiday Hunger	Reduce hunger, via community cafes	Barton, children	City Council
Coffee and crafts	Social	Barton	City council

2. Challenges and opportunities

Challenges

- Transition phase for 16-18 years and NEETS
- Emotional literacy
- Recruitment
- Knowledge of languages for campaigns (so don't increase inequality)
- Digital exclusion
- Peer support groups not understanding themselves as improving wellbeing
- Primary schools- many schools, no uniform approach, difficult to get coherence
- Fragmentation of education system and budgets- can't have economy of scale with work being done
- Working with employers – to have a specific focus
- Measuring success – return on investment
- Measuring interventions
- rural isolation and deprivation- car ownership/access to services/public transport x3
- Live Well Oxfordshire- no single oversight but based in Audlt Social Care
- Knowing what's going on is difficult, importance of making every contact count, signposting people to what is offered by others too
- Lack of coordination of work- where it's done well it's often done locally
- Challenges coordinating with certain partners e.g. Police and Crime Commissioner's office
- No ownership of social prescribing initiatives
- Lack of funding so that people focus on measurable outcomes too much
- Short-term approach often taken with pilots/projects for deprived areas
- Money x3
- Some cultural groups not recognising mental health

- Communications plans not always coordinated- too many messages
- Communication between project organisers and those who might use services
- Lack of engagement with services that do exist
- Older people- high proportion of population- need for support in community and in care homes
- Growth in Oxfordshire – new communities present challenges

Opportunities

- Prevention Concordat framework – using a national, evidence based, initiative to drive local work and coordination.
- Working with arts partnerships and funding for a worker on arts and mental health
- Peer support groups
- Pool resources to upscale projects- to create a joint campaign for population level, social movement
- Schools newsletters and social media to showcase examples
- Teachers- training those with responsibility for wellbeing of students – school and university level
- Education system provides structure to reach people
- Community asset based approach
- Listening to carers
- Use of business networks- Reciprocate and ROBIN- to promote mental health
- Workplaces- opportunity to reach people, and workers are often also parents so can impact children
- Universities- research capacity and knowledge base
- Volunteering database for the county, including flexible roles
- Communication with GPs to make social prescribing effective- to establish 3 or 4 directories for GPs to use or people to access for themselves
- Involving communities to find solutions, not delivering at people
- Faith communities
- Better culture of talking about mental health with young people and less stigma
- New green paper- opportunity for involvement of schools and wider community
- Use of technology to reach those who are isolated/distant from services
- Supermarkets – can donate food
- Data- that we have some and can see problems coming
- Growth in Oxfordshire – new communities are an opportunity for changing behaviours
- Wider policies that can involve mental wellbeing e.g. Oxford City Council children and young people strategy
- Partners- e.g. mental health partnership

3. Priorities

- Shared vision for mental wellbeing in the county for all partners x2
 - Based on 5 ways to mental wellbeing?

- E.g. Heads together
 - Including 3rd sector partners
 - To commission against and prioritise
- Getting all partners to sign up to the Prevention Concordat to give a unified approach and help coordination. Common language and purpose.
- Start early x3
 - involving parents
 - primary schools
 - transition from primary to secondary
 - emotional literacy
 - perinatal mental health
 - early intervention
- Using people with lived experience of mental wellbeing as champions/advocates
- Alignment of partners via communication/knowledge sharing,
- Shared communication routes with service users
- Technology and connectivity
- Training- identifying the right people to deal with the issues
- Interventions based on need and not on assumptions
 - Using intelligence beyond the data- who are the people affected?
 - Holistic approach
- Universal access to services
- Resources- understanding current allocation and how it's being used to tackle mental wellbeing across the county
- Workplace wellbeing
- Black and ethnic minority groups
- Informed by data
- Older people
- Building resilience in schools and communities