Health Improvement Board

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, coordinate 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.

<table>
<thead>
<tr>
<th>Summary of the workshop</th>
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</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Prevention Concordat for Better Mental Health</th>
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<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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:</td>
</tr>
<tr>
<td>• evidence-based planning to increase impact on reducing health inequalities</td>
</tr>
<tr>
<td>• cross-sector action to adopt public mental health approaches across local authorities, NHS, educational settings, employers and public, private and VCSE organisations</td>
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</table>
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:

![Diagram of 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:

<table>
<thead>
<tr>
<th>Group of people impacted</th>
<th>Scope of impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>Individuals</td>
</tr>
<tr>
<td>Older People</td>
<td></td>
</tr>
<tr>
<td>Vulnerable Groups</td>
<td></td>
</tr>
</tbody>
</table>


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 they 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.

Report by Public Health team, Oxfordshire County Council
April 2018
 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 Action\(^1\).

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 Kerslake, 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
## Appendix 3- Summary of group discussions from the workshop

### 1. Current areas of work in Oxfordshire

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

**Table 2**

<table>
<thead>
<tr>
<th>Mental health first aid</th>
<th>Teachers and voluntary agencies</th>
<th>?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxfordshire youth mental health first aid</td>
<td>Physical activity</td>
<td>People with disabilities</td>
</tr>
<tr>
<td>Parasol project</td>
<td>Accessible arts holiday/after school programme</td>
<td>Young people</td>
</tr>
<tr>
<td>?</td>
<td>Music and arts</td>
<td>People in hospitals</td>
</tr>
<tr>
<td>Open Door</td>
<td>Food/reduce social isolation</td>
<td>Refugees, East Oxford</td>
</tr>
<tr>
<td>Kingsmoor Intergenerational Arts Club (pilot)</td>
<td>Intergenerational arts</td>
<td>South Oxford</td>
</tr>
<tr>
<td>Well at work</td>
<td>Mental health first aid, thriving at work assessment</td>
<td>Employees</td>
</tr>
<tr>
<td>Safer places</td>
<td>Reduce anxiety</td>
<td>Younger people, people with disabilities</td>
</tr>
<tr>
<td>Wellbeing support service</td>
<td>Social isolation</td>
<td>People with disabilities seeking employment</td>
</tr>
<tr>
<td>Education partnership</td>
<td>Arts</td>
<td>Young people, East Oxford</td>
</tr>
<tr>
<td>C-DAN (Creative Dementia Arts Network)</td>
<td>Inclusion in arts programmes</td>
<td>People with dementia, Oxford City centre</td>
</tr>
<tr>
<td>OYAP</td>
<td>Arts intervention</td>
<td>Young people, East Oxford/ Blackbird Leys</td>
</tr>
<tr>
<td>ACKHI</td>
<td>E.g. Black History Month</td>
<td>BME groups, East Oxford/Blackbird Leys</td>
</tr>
<tr>
<td>Community centres</td>
<td>Food banks/hot meals/social isolation</td>
<td>Rose Hill, Cutteslowe</td>
</tr>
<tr>
<td>Recovery Festival</td>
<td>Recovery mental wellbeing</td>
<td>East Oxford</td>
</tr>
<tr>
<td>Active Body,</td>
<td>Physical activities</td>
<td>Countywide</td>
</tr>
<tr>
<td>Healthy Mind</td>
<td>Go Active</td>
<td>Less social isolation</td>
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<tr>
<td></td>
<td>Community Centres</td>
<td>Safer spaces, autism friendly cinema screenings</td>
</tr>
<tr>
<td></td>
<td>Oxfordshire Workplace Wellbeing</td>
<td>Sharing good practice, leisure provision</td>
</tr>
</tbody>
</table>

**Table 3**

<table>
<thead>
<tr>
<th>IAPT</th>
<th>Activity, social prescribing</th>
<th>Those with long term conditions - diabetes/respiratory diseases/cancer</th>
<th>CCG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Musculoskeletal services (MSK)</td>
<td>Signposting to psychological wellbeing, exercise, stopping smoking</td>
<td></td>
<td>CCG</td>
</tr>
<tr>
<td>Community impact zone</td>
<td>Improving services</td>
<td></td>
<td>Oxford Health (with charities)</td>
</tr>
<tr>
<td>Adult Mental Health Partnership</td>
<td>Delivery of mental health services, early intervention, transition to adult services</td>
<td></td>
<td>Oxford Health (with charities)</td>
</tr>
<tr>
<td>Children’s Mental Health Partnership</td>
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<tr>
<td>Housing First</td>
<td>Those with serious mental health problems</td>
<td></td>
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<td></td>
<td>Including mental health on national policies</td>
<td></td>
<td>Oxford City Council</td>
</tr>
<tr>
<td>JSSP (joint statutory spatial plan)</td>
<td>Planning future growth to enable social cohesion, active travel</td>
<td>New communities</td>
<td>OCC</td>
</tr>
<tr>
<td>Bicester Healthy New Town</td>
<td>Workplace wellbeing with smaller businesses (mental health first aid), mindful employers</td>
<td>Bicester</td>
<td>Cherwell DC?</td>
</tr>
<tr>
<td>Bicester Healthy New Town</td>
<td>MECC training using mental health</td>
<td></td>
<td>Cherwell DC?</td>
</tr>
<tr>
<td>Bicester Healthy New Town</td>
<td>Promoting active travel</td>
<td></td>
<td>Cherwell DC?</td>
</tr>
<tr>
<td>Bicester Healthy New Town</td>
<td>Resilience in schools, mindfulness, link to</td>
<td></td>
<td>Cherwell DC?</td>
</tr>
<tr>
<td>CAMHS</td>
<td>Bicester Healthy New Town</td>
<td>Social prescribing and volunteering</td>
<td>Older people</td>
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<td>----------------------------------</td>
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</tr>
<tr>
<td>Bicester Healthy New Town</td>
<td>CCG- reducing health inequalities, resilience in social housing</td>
<td>Cherwell DC?</td>
<td></td>
</tr>
<tr>
<td>Barton Healthy New Towns</td>
<td>Social prescribing</td>
<td>Oxford City Council</td>
<td></td>
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<tr>
<td>Barton Healthy New Towns</td>
<td>Use of parks, green spaces</td>
<td>Oxford City Council</td>
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<tr>
<td><strong>Table 4</strong></td>
<td></td>
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<td></td>
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<tr>
<td>Mental Health High Usage</td>
<td></td>
<td></td>
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<tr>
<td>Theatre plays</td>
<td>Education; safety</td>
<td>Schools</td>
<td>Oxford City Council/CCG</td>
</tr>
<tr>
<td>Children’s Home workers</td>
<td>Education</td>
<td>Looked after children</td>
<td>CCG</td>
</tr>
<tr>
<td>Suicide prevention service (EDPS)</td>
<td></td>
<td></td>
<td>Oxford Health</td>
</tr>
<tr>
<td>Young people’s diversionary projects</td>
<td>Streetwork</td>
<td>Henley (Nomad), Didcot (Didcot Train), Abingdon (Damascus), Young people with complex issues</td>
<td>South &amp; Vale, also funding from PCC</td>
</tr>
<tr>
<td>Outdoor gym equipment</td>
<td>Physical activity</td>
<td>Oxford City, also countywide</td>
<td>Oxford City Council and other local authorities</td>
</tr>
<tr>
<td>Mindfulness centre</td>
<td></td>
<td></td>
<td>Oxford Health</td>
</tr>
<tr>
<td>Social prescribing</td>
<td>Tackling wider determinants</td>
<td>Oxford, Wood Farm, Headington, Barton</td>
<td>Oxford City with Hedena Health</td>
</tr>
<tr>
<td>Calm (campaign against living miserably)</td>
<td>National campaign</td>
<td>Middle-aged men</td>
<td>Oxford Health</td>
</tr>
<tr>
<td>Talking spaces plus</td>
<td></td>
<td>People with long term health conditions</td>
<td>Oxford Health</td>
</tr>
<tr>
<td>SOFEA</td>
<td>Food distributed from supermarkets</td>
<td>People in South Oxfordshire</td>
<td>SOFEA</td>
</tr>
<tr>
<td>Skilling job club leaders</td>
<td>Education about wellbeing</td>
<td>Barton, people with employment issues</td>
<td>Barton HNT with Oxfordshire Mind</td>
</tr>
<tr>
<td>Coordinating local solutions</td>
<td>Coordinating existing stakeholders around health and wellbeing</td>
<td>Barton, Blackbird Leys, Rose Hill</td>
<td>City Council</td>
</tr>
<tr>
<td>Generation Games</td>
<td>Physical activity</td>
<td>Older people</td>
<td>Age UK</td>
</tr>
</tbody>
</table>
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, 3rd sector organisations working with children | CAMHS, 3rd 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 Audit 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
  o 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