

## Report on the Prevention Concordat for Better Mental Health to the November 2019 Health Improvement Board

### Definition

Mental health and mental wellbeing are terms that tend to be used interchangeably. Mental wellbeing is understood as how people feel and function, both on a personal and a social level, and how they evaluate their lives.<sup>1</sup> Mental health is described as a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community.<sup>2</sup>

The Health and Wellbeing Board (HWB) has adopted the understanding of mental wellbeing as being separate to mental health (Appendix 1).

### Prevalence

In Oxfordshire, the average wellbeing scores for life satisfaction, “things you do are worthwhile”, and happiness are slightly higher in 2017/18 compared with 2016/17, and the anxiety mean has increased each year since 2013/14.

In 2017/18 there were 62,214 adult patients recorded with a diagnosis of depression in Oxfordshire. Since 2013/14, prevalence of depression has increased from 6.6% to 10.3% among the adult population (18+ years). The proportion of all school pupils with social, emotional and mental health needs has increased over recent years in Oxfordshire and in England. In 2018 there were 2,512 children with identified social, emotional and mental health needs at schools in Oxfordshire.

It is possible that increases in mental health diagnoses are partly due to increased awareness and reduced stigma, although it remains likely that a significant proportion of people with depression are undiagnosed.

During 2017/18, the rate of emergency hospital admissions for intentional self-harm in all ages in Oxfordshire was 178.8 per 100,000 population, significantly lower than the rate in 2016/17. Self-harm admissions are increasing in young people (aged 10-24 years) in Oxfordshire. Numbers recorded for 2016-17 increased to 619 (552 in 2015-16). Oxfordshire’s rate for 2016/17 is significantly higher than the England average (as it was in 2014/15).

There were 164 deaths by suicide between 2015 and 2017, 131 of which were male. Oxfordshire’s suicide rate is not significantly different from national and regional figures.<sup>3</sup>

### Policy context

The Prevention Concordat for Better Mental Health and the associated guidance was published by Public Health England (PHE) in August 2017.<sup>4</sup> It aims to galvanise local cross-sector action and increase public mental health approaches to support the

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<sup>1</sup> New Economics Foundation (2012) Measuring Wellbeing. London: New Economics Foundation

[https://www.mentalhealth.org.uk/blog/what-wellbeing-how-can-we-measure-it-and-how-can-we-support-people-improve-it#\\_ftn1](https://www.mentalhealth.org.uk/blog/what-wellbeing-how-can-we-measure-it-and-how-can-we-support-people-improve-it#_ftn1)

<sup>2</sup> [http://www.who.int/features/factfiles/mental\\_health/en/](http://www.who.int/features/factfiles/mental_health/en/)

<sup>3</sup> [https://insight.oxfordshire.gov.uk/cms/system/files/documents/JSNA\\_2019\\_Ch5\\_Health.pdf](https://insight.oxfordshire.gov.uk/cms/system/files/documents/JSNA_2019_Ch5_Health.pdf)

<sup>4</sup> <https://www.gov.uk/government/publications/prevention-concordat-for-better-mental-health-planning-resource>

prevention of mental health problems and the promotion of good mental health across the whole system.

The approach is outlined in the Prevention Concordat for Better Mental Health: planning resource infographic (Appendix 2)<sup>5</sup> and is structured to guide local prevention and planning arrangements. The consensus statements of the Concordat (Appendix 3) describe the shared commitment of partner organisations to work together via the Concordat to prevent mental health problems and promote good mental health.

A Mental Wellbeing Framework Oxfordshire is being developed to outline what partners have committed to do, build on existing action and identify opportunities for collaboration and innovation. The wellbeing framework is being developed alongside the Suicide and Self Harm Prevention Strategy for Oxfordshire to ensure a joined-up approach to mental health and mental wellbeing.

### **Progress on the Prevention Concordat for Better Mental Health in Oxfordshire**

The recommendation for Oxfordshire to sign up to the PHE Prevention Concordat for Better Mental Health was made to and agreed by the Health Improvement Board (HIB) in May 2018. The HWB approved the sign-up to the Concordat as a Board in November 2018.

The completion of the application for the Concordat was led by Public Health, Oxfordshire County Council, based on the information gathered in a HIB mental wellbeing mapping workshop in March 18 and subsequent comments from key partners. The application for the has two key sections: A summary of what is currently being done at a strategic level and a plan of what will be achieved over the next 12 months.

Oxfordshire Mental Health Partnership and Active Oxfordshire partnered with the HWB to sign-up to the Concordat and the completed application was submitted to Public Health England (PHE) on the 1<sup>st</sup> March 2019. The application was accepted and PHE published the Oxfordshire commitment on the Prevention Concordat (Appendix 3).

All Concordat partners were contacted following the agreement from the HWB to nominate a representative for the Concordat. All these partners were consulted with between April-August 2019 and asked to consider the potential scope of the Concordat for Oxfordshire and their organisations hopes and aims. All partners identified an officer to work with Public Health to develop an Oxfordshire Mental Wellbeing Framework, agree a partnership approach to build on existing action and identify any gaps and opportunities for collaboration and innovation.

Additional partners outside of the initial signatories have been engaged and have signed up to the Concordat to increase the scope of the project. These include Age UK, Oxfordshire Carers, Rethink Mental Health and RAF Benson.

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<sup>5</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/640669/Prevention\\_Concordat\\_for\\_Better\\_Mental\\_Health\\_Planning\\_Resource\\_Infographic.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/640669/Prevention_Concordat_for_Better_Mental_Health_Planning_Resource_Infographic.pdf)

A task and finish group to develop the framework has been created with the nominated representatives of each organisation which now includes:

- Oxfordshire County Council
- Oxfordshire Clinical Commissioning Group
- Healthwatch Oxfordshire
- Oxford Health NHS Foundation Trust
- Oxford University Hospitals NHS Foundation Trust
- Oxford City Council
- Cherwell District Council
- South Oxfordshire District Council
- West Oxfordshire District Council
- Vale of the White Horse District Council
- Connection Floating Support
- Elmore Community Services
- Oxford Health NHS Foundation Trust
- Oxfordshire Mind
- Response
- Restore
- Active Oxfordshire
- Age UK
- Rethink Mental Illness
- Oxfordshire Carers
- RAF Benson

All partners met as group for the first time in September 2019. Initial workshops have identified what a framework for Oxfordshire should include and the priorities for action. The group has begun to map the current mental wellbeing initiatives in Oxfordshire to identify good practice, and gaps and opportunities for collaboration and innovation.

The feedback from the engagement questionnaire and the focus groups for the development of the Suicide and Self Harm Prevention Strategy for Oxfordshire, as well as existing community insight collected by the Concordat partners is being used to inform the development of the wellbeing framework for the Concordat. Additional stakeholders have also been identified to ensure the framework fully represents all of Oxfordshire residents.

A high-level draft of the proposed framework is included below for information and early comment. The final framework will be presented to the HIB in February 2020 for sign off. The HIB will be asked to provide oversight on progress against the framework and the delivery of relevant partnership plans and strategies.

## Draft Mental Wellbeing Framework for Oxfordshire



Draft Wellbeing  
Framework Nov 19.ppt

### Recommendations

1. Review the draft proposed Mental Wellbeing Framework for early comment
2. From March 2020 provide oversight on progress against the framework and the delivery of relevant partnership plans and strategies

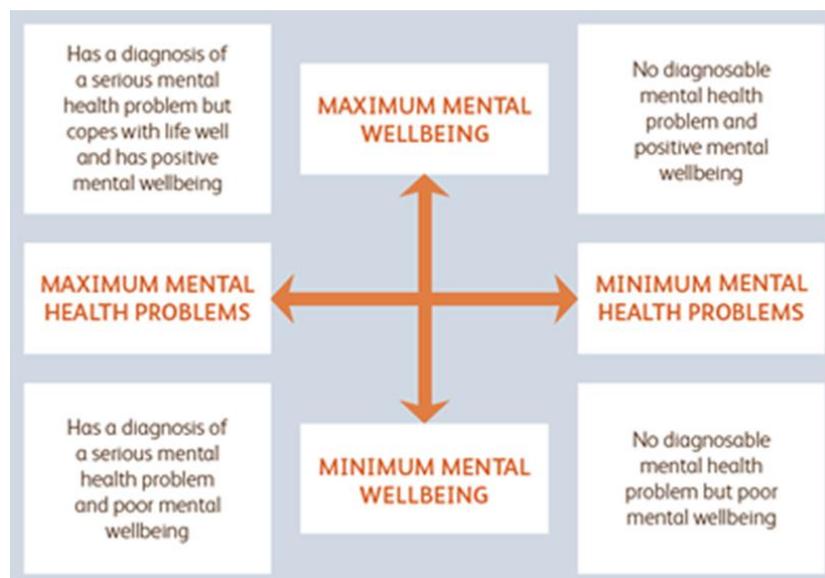
Jannette Smith, Health Improvement Principal, Oxfordshire County Council  
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## Appendix 1 Definition of mental wellbeing

Mental health and mental wellbeing tend to be terms that are used interchangeably. There are two schools of thought about the relationship between mental health and mental wellbeing. The first is that mental wellbeing is on a continuum with mental health at one end, leading through to mental ill health at the other. The second, is that mental wellbeing is entirely separate from mental health, though there is a relationship between the two.

- **Mental ill-health** is concerned with disorders (such as depression, anxiety, schizophrenia, personality disorder) that describe clinically recognisable symptoms or behaviour<sup>6</sup>
- **Mental health** is described as a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community<sup>7</sup>
- **Mental wellbeing** can be understood as how people feel and function, both on a personal and a social level, and how they evaluate their lives as a whole<sup>8</sup>

The figure below shows the dual continuum model which recognises that a person with mental health problems can simultaneously be experiencing positive mental wellbeing, and vice versa.<sup>9</sup>



The Health and Wellbeing Board has adopted the understanding of mental wellbeing as being separate to mental health.

<sup>6</sup> <http://www.who.int/classifications/icd/en/bluebook.pdf>

<sup>7</sup> [http://www.who.int/features/factfiles/mental\\_health/en/](http://www.who.int/features/factfiles/mental_health/en/)

<sup>8</sup> New Economics Foundation (2012) Measuring Wellbeing. London: New Economics Foundation  
[https://www.mentalhealth.org.uk/blog/what-wellbeing-how-can-we-measure-it-and-how-can-we-support-people-improve-it#\\_ftn1](https://www.mentalhealth.org.uk/blog/what-wellbeing-how-can-we-measure-it-and-how-can-we-support-people-improve-it#_ftn1)

<sup>9</sup> K Tudor Mental health promotion: Paradigms and Practice 1996

## Appendix 2 Prevention Concordat for Better Mental Health: planning resource 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

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**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
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**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

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## **Appendix 3 Consensus statement**

### **Mental Wellbeing in Oxfordshire: Prevention Concordat for Better Mental Health**

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:

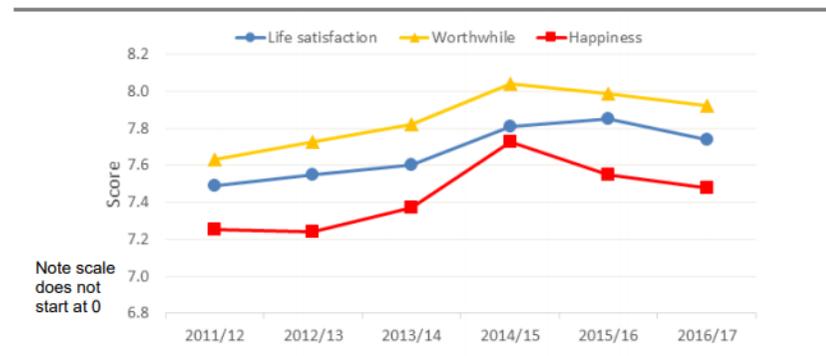
1. To transform the health system, we must increase the focus on prevention and the wider determinants of mental health. We recognise the need for a shift towards prevention-focused leadership and action throughout the mental health system; and into the wider system. In turn, this will impact positively 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.
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

## Appendix 4 Application form extract

### Prevention Concordat for Better Mental Health - local action across the 5 domains

What we currently do that promotes better mental health	
<b>Leadership and Direction</b>	<p>The Joint Health and Wellbeing Strategy for Oxfordshire includes mental health in its priorities and identifies the role of the wider determinants of health such as employment and housing. Three of the partners on the Health and Wellbeing board (HWB) are signed up to ‘Time to Change’ which is .., (<a href="#">Oxfordshire County Council</a>, including <a href="#">Fire and Rescue</a>, <a href="#">Oxford City Council</a> and <a href="#">Oxford Health NHS Foundation Trust</a>). The <a href="#">board papers endorsed by the Health and Wellbeing Board</a> and its <a href="#">sub board the Health Improvement Board</a> provide a vision for the wellbeing approach to better mental health.</p> <p>The Health Improvement Board monitors three mental wellbeing indicators and has also undertaken to review local activity and interventions that support positive mental wellbeing. This work was informed by a workshop held in March 2018. Attached is a summary of activities for those who attended the workshop.</p> <div data-bbox="645 810 698 865" data-label="Image"> </div> <p data-bbox="566 874 775 922">Mental wellbeing workshop - discussi</p> <p>The <a href="#">Oxfordshire Children’s and Young Peoples Plan 2018-2021</a>, which involved children and young people in its creation, includes a priority around “Happy and Healthy” which identifies prevention and wellbeing. The Plan informs the work of the Children’s Trust which is a partnership of 12 organisations. Work of the Children’s Trust includes social and emotional wellbeing and mental health as one of its three priorities.</p>
<b>Understanding local need and assets</b>	<p>Oxfordshire has completed local authority led <a href="#">Joint Strategic Needs Assessment</a> with a mental health prevention focus. In Oxfordshire, the chosen indicators “feeling worthwhile, happiness and life satisfaction” scores are slightly lower in 2016-17 compared with 2015-16 and the anxiety score is higher.</p>

Figure 15 Trend in average wellbeing scores in Oxfordshire for (a) life satisfaction, (b) things you do that are worthwhile and (c) happiness



Source: Office for National Statistics Personal Wellbeing released Nov17

<sup>22</sup> ONS Personal well-being in the UK: April 2016 to March 2017

In 2016-17 there were around 56,800 GP registered patients with depression, 9.7% of patients. The rate has been above the English average for the past 5 years.

During 2015-16 the number of emergency admissions for intentional self-harm in Oxfordshire was 1,373, this was similar to the number recorded in 2014-15 (1,387). There were 15 wards in Oxfordshire with a significantly higher admission ratio for intentional self-harm than England (2011-12 to 2015-16). Between 2014 and 2016, there was a total of 156 deaths registered as suicides in Oxfordshire. The rate of suicides was not significantly different to England.

Through the [Oxfordshire Mental Health partnership](#) there is collaborative analysis of local information and intelligence sharing.

Healthwatch Oxfordshire regularly gains feedback and information from members of the public across Oxfordshire. For example gathering views via targeted and geographical research, web based feedback on specific services, and participative community based inquiry. This includes people's views of mental wellbeing, underlying factors, and use of mental health and other services.

The Oxfordshire County Council Public Health team leads on real time surveillance of suicide data and provides post-vention support. Exploration of capturing data on suicide attempts and serious self-harm is also underway to add further insight into where and how prevention should be targeted.

	<p>There is engagement with communities to gain insight into their needs and assets. Currently the OCCG are leading on a consultation into developing the <a href="#">Older Peoples strategy</a>. Young people are engaged through the Children in Care Council and Voice of Oxfordshire's Youth.</p> <p>People with lived experience of suicide are represented on the suicide prevention multi-agency group, following involvement with a workshop run on behalf of the National Suicide Prevention Alliance (NSPA).</p>
<b>Working together</b>	<p>The Health and Wellbeing Board works across, Districts and City Council, the County Council, the Clinical Commissioning Group, HealthWatch Oxfordshire and local NHS trusts. The <a href="#">Oxfordshire Mental Health Partnership</a> has six partners made up of local mental health charities and the local mental health NHS Trust. There is a local multi-agency group for suicide prevention which is coordinated by the County Council and includes representatives from the mental health partnerships, CCG, Coroner's, criminal justice, transport, third sector support services, employer unions</p> <p>The HIB also oversees the work of the <a href="#">Joint Management Group for Adults</a>, which includes working with pooled budgets, for those adults with mental health needs.</p> <p>Schools can engage with <a href="#">Mental Health and Wellbeing in Schools</a> network, whose aim is to provide formal and informal professional development for all school staff and governors, as well as building up a network of people who can collaborate across the area sharing best practice and ideas.</p> <p>The Perinatal Mental Health group is represented with a range of professionals and organizations and also includes a representative for people with lived experience.</p>
<b>Taking action</b>	<p>GPs and Schools have received Mental Health First Aid training and some of the partners provide the training to their staff. The mental health partnership have offered and delivered Psychological Perspectives in Education and Primary (PPEP) care to colleagues across the County.</p> <p>Some GPs practices have received post-vention training following a suicide of a patient and Connect 5 training has been delivered by TVP in collaboration with Papyrus to a range of front line workers in the South of Oxfordshire.</p>

	<p>The health and wellbeing boards (HWB) <a href="#">priority</a> “Living and working well: Adults with long term conditions, physical or learning disability or mental health problems living independently and achieving their full potential” has outcomes listed and is monitored by the Health Improvement Board. The HWB strategy identifies that resources have been pooled for mental health. The <a href="#">Oxfordshire Mental Health</a> partnership pools its resources, financial, knowledge and skill based. As employers the partnership organisations have employment support which includes free counselling and mental health support. Many run awareness campaigns internally, as well awareness campaigns externally about dementia.</p> <p>There are local community based opportunities to engage in the arts, the natural environment, volunteering opportunities, delivered by local charities, such as <a href="#">OYAP</a>, <a href="#">Fusion Arts</a>, <a href="#">Artscape</a>. There is a County arts and health group that promotes the role of arts in improving mental wellbeing. Local schools choose to deliver mental wellbeing interventions, such as <a href="#">Bladon Primary School</a> and <a href="#">The Cherwell School</a>. Active in the County is <a href="#">Oxfordshire Schools Mental Health and Wellbeing Network</a>. Schools have also been offered opportunity to see a play raising awareness of self-harm and how young people can access support.</p> <p>Examples of organisations raising awareness include Oxford Health NHS Trust <a href="#">Stamping out Stigma campaign</a> and <a href="#">Oxfordshire County Councils 5 Ways to Wellbeing campaign</a>, which worked in partnership with Mind.</p>
<b>Defining success</b>	<p>The Health and Wellbeing Strategy includes the following outcomes for mental health</p> <ul style="list-style-type: none"> <li>* reduce out of county placements,</li> <li>* improve access to crisis support, other than the Emergency Departments,</li> <li>* increase those with severe mental illness in employment and settled accommodation, and</li> <li>* increase those reporting feeling safe.</li> </ul>

<b>What we plan to do in the next 12 months</b>	
<b>Leadership and Direction</b>	<p>1) Public health within Oxon CC will coordinate the production of an Oxfordshire Mental Wellbeing Framework, which will inform the work of the partner organisations and other stakeholders from 2019 onwards.</p> <p>2) The Framework will involve representatives from each partner organisation which will further develop the shared vision for prevention and promotion, that all members of the Health and Wellbeing Board organisations have signed up to.</p>
<b>Understanding local need and assets</b>	<p>Local statistics related to mental wellbeing will be reported to the HIB alongside the life satisfaction measure, from the Office of National Statistics. The following topics will be proposed to the board. Use of green and blue spaces and engagement with volunteering and community groups.</p> <p>As part of the creation of the Framework existing local data will be collected and review data already available from communities which gives insights into their needs and assets.</p> <p>The existing Local Authority led Joint Strategic Needs Assessment with a mental health prevention focus will be refreshed to include some analysis and recommendations.</p> <p>The Framework project group will consider including the following</p> <ol style="list-style-type: none"> <li>a. Mental Health Equity Audits across the partnership</li> <li>b. Collaborative analysis of local information and intelligence sharing</li> <li>c. Shared prioritisation and resources</li> <li>d. Mental Health Impact Assessments to integrate mental health prevention into partnership plans and strategies</li> </ol>
<b>Working together</b>	<p>The framework will involve working together in collaboration across a number of organisations and will indicate agreed prevention priorities, shared plans and strategies.</p> <p>The Framework project group will review when and how local communities are involved as well as include those with lived experience and co-production if plans and initiatives</p>

<b>Taking action</b>	<p>The Framework will be signed off by the HIB, who will then provide oversight on progress against the Framework.</p> <p>Delivery of relevant partnership plans and strategies.</p>
<b>Defining success</b>	<p>Success will be within 12 months</p> <ol style="list-style-type: none"> <li>1) a task and finish group that involved all the key partner organisations, to produce a signed off Mental Wellbeing Framework for Oxfordshire.</li> <li>2) At least one progress report on the delivery of the framework.</li> <li>3) Achieving the agreed year 1 outputs and outcomes defined in the Framework across all partners</li> <li>4) Additional partners signing up to the Framework, outside of the Health and Wellbeing Boards membership.</li> </ol>