
Prevention Concordat for Better Mental Health

Report being considered by: Health and Wellbeing Board

On: 24 September 2020

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Item for: Information

1. Purpose of the Report

- 1.1 To seek the boards approval of our intention to sign up to the national Prevention Concordat for Better Mental health. This will demonstrate our shared commitment by key partners and stakeholders to prevent mental health problems and promote good mental health.
- 1.2 To propose a set of next steps for work to be undertaken by the Mental Health Action Group and other key partners.

2. Recommendation

- 2.1 To highlight our intention to members of the Health and Wellbeing Board and seek their approval to become a signatory.

3. How the Health and Wellbeing Board can help

Please set out here how the Health and Wellbeing Board can support you/ your organisation to address the issue you have raised, ie endorse actions, attend consultation events, guide policy direction, influence resource allocation, including whether you require approval of a plan to satisfy your governance arrangements etc

- 3.1 Preventing mental health problems and promoting good mental health is not just the responsibility of public health. The Health and Wellbeing Board could support this work by holding key stakeholders to account and highlighting the importance of this work.

Will the recommendation require the matter to be referred to the Executive for final determination?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
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4. Introduction/Background

- 4.1 One in six adults have had a common mental health problem in the last week – many of these can be prevented. Mental health problems are the second leading cause of morbidity in England, with half of all mental health problems have been established by the end of age 14. Mental health is strongly influenced by environment in which we are born, grow, live and work meaning that many mental health problems can be prevented. Having good mental health can help us to be more resilient, can cope with the normal stresses of life, feel good and function well, have more positive relationships with those around us and more able to handle difficult problems now and in the future.

- 4.2 Mental health is just as important as physical health, in fact having good mental health may also reduce our risk of physical health problems. Mental health is of universal benefit to all, underpinning our health and functioning throughout life
- 4.3 People with high levels of wellbeing are 1.14 times more likely to recover and survive from an illness than those with low baseline levels of wellbeing. Higher levels of wellbeing are associated with a lower likelihood of having engaged in health risk behaviours, such as smoking, risky sexual behaviour or drug use among 15 to 17 year olds.
- 4.4 Mental Health is everyone’s business which is why it’s important to take a preventative approach to mental health. It also represents a move away from stigma and fear and towards achieving a fairer and more equal society. Mental health problems disproportionately impact on people living in poverty, the unemployed and certain population groups (including gender minority groups and ethnic minorities).
- 4.5 Supporting mental health and tackling mental ill-health is everyone’s responsibility and can only be achieved by everyone working together. This includes; local authorities, NHS trusts, business, local communities, religious groups, schools and universities.

Table 1: Risk and Protective factors for mental health

Risk factors	Protective factors
Poverty	Economic security
Discrimination	Empowerment
Violence, abuse or neglect	Feelings of security
Having few friends/health relationships	Positive interactions with others
Stressful life events, such as financial problems, death of a loved one, divorce	Physical activity
Lack of family support	Stable/supportive family environments
Poor physical health/long term condition	Healthy diet and lifestyle
Having a relative with a mental illness	

5. Supporting Information

5.1 Prevention of mental health problems

In light of covid-19, we recognise that this can have a negative impact on our mental health and wellbeing. Preventing mental health problems includes reducing the number of new people from developing a mental health problem (incidence) as well as reducing the number of people already living with a mental health problem (prevalence).

There are three levels of prevention:

Primary prevention – address the wider determinants of illness and protect mental health by focusing on ‘upstream’ approaches that improve the social, emotional and physical environment for the majority of the population. Strategies that reduce modifiable risk and enhance protective factors will be focused on before the occurrence of the disease, condition or injury.

Secondary prevention – early identification of the signs and symptoms of mental health problems or risk of suicide. This would include early intervention to prevent problems from getting worse and targeting high risk groups and key transition points in people’s lives. Examples include; retirement, divorce or separation, bereavement.

Tertiary prevention – working with people who are experiencing distress or people with established mental health problems to promote recovery and prevent (or reduce the risk of) mental health problems from coming back or from becoming more serious.

5.2 **About the Prevention Concordat for Better Mental Health**

The Prevention Concordat for Better Mental Health was launched by Public Health England in August 2017. The concordat provides basic principles and guidance to support the prevention of mental health problems and promotion of good mental health into organisations plans. It provides evidence based steps. The Prevention Concordat for better mental health has five priority themes that are structured to guide local prevention and planning arrangements (bullet points below provide an illustration of what ‘good’ looks like).

5.3 **Needs and assets assessment- effective use of data and intelligence**

Data and intelligence are used effectively to develop a shared picture of local mental health needs and assets, to shape strategy, to understand what works and to measure impact.

- 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

5.4 **Partnership and alignment**

A wide range of local organisations, including public, patient and community groups and employers, have a shared vision for better public mental health, and are actively involved in shaping and delivering a joint approach to public mental health.

- 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

5.5 Translating need into deliverable commitments

Strategic aims for better mental health for all are translated into actions and integrated into operational plans across a range of organisations, underpinned by adequate resources.

- 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

5.6 Defining success outcomes

System partners have a shared understanding of what mental health outcomes matter and how to measure them across the population and within services.

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

5.7 Leadership and accountability

Senior leaders across the system understand the value of good mental health as an asset to society, consider mental health in all policy decisions and make sure that a wide range of organisations address public mental health and are held to account for jointly agreed actions.

- Delegate a leader
- Work is linked and aligned to other strategic priorities
- Develop a clear accountability structure

The focus of the Prevention Concordat for Better Mental Health is to help shift the focus away from treatment of mental ill health towards preventing mental ill health.

5.8 Consensus statement

This consensus statement describes the shared commitment of many different organisations 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. Signatories agree to the following principles:

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.

5.9 Potential and suggested signatories in West Berkshire

Any organisation who are committed to promoting good mental health and to prevent mental health problems are able to sign up to the Prevention Concordat for Better Mental Health. In West Berkshire, potential signatories could include the following;

Partnerships: West Berkshire Health and wellbeing Board, Building Communities Together

Organisations: West Berkshire Council (elected members, senior council leaders, stakeholders in local authority), Berkshire West Clinical Commissioning Groups, Berkshire Healthcare Foundation Trust, Volunteer Centre, Healthwatch West Berkshire and Community United

Communities and key stakeholders: Eight Bells for Mental Health, Pulling Together, Recovery in Mind, Open for Hope

Education: Emotional Health Academy

5.10 Benefits of signing up

The prevention concordat for better mental health provides an opportunity to share what we are doing and help others learn from our success.

There are a range of PHE guidance materials and resources to support local work to improve mental health.

5.11 How to sign up to the Prevention Concordat for Better Mental Health

The Prevention Concordat registration process:

- Step 1 – Complete the local Prevention Concordat action plan template
- Step 2 – Senior leader/CEO of organisations to commit and sign up to approved action plan
- Step 3 – Email your submission to publicmentalhealth@phe.gov.uk
- Step 4 – Confirmation of receipt
- Step 5 – A panel will review and approve action plans submitted within one month of submission date.

5.12 Facilitating local action

Different areas of focus;

1. Whole population “universal” prevention approaches

- Strengthening individuals (e.g. mental health literacy)
- Strengthening communities and healthy places (e.g. housing, social networks)
- Addressing wider determinants (e.g. mentally healthy policy)

2. Life course approaches: minimise risk factors and enhance protective factors through evidence-based interventions at key life stages.

- Pre-conception and during pregnancy
- Early childhood and adolescence
- Working age
- Older people

3. Targeted prevention approaches

- Groups facing higher risk (e.g. criminal justice)
- Individuals with signs and symptoms (e.g. suicidal behaviour)
- People with mental health problems (e.g. recovery)

5.13 How will we know that we are doing is having an impact?

By signing up to the Prevention concordat, our aspiration is that our residents are thriving and are mentally well. It's not just keeping your head above water in the sea of depression). We will develop a range of indicators that we will measure and also monitor indicators from the public health outcomes framework:

- Suicide rates
- Hospitalisation for self-harm
- Premature mortality rate of people with severe mental illness
- Employment of people with mental illness

- Suitable accommodation for people with mental illness
- Quality of life of older people
- Self-reported wellbeing
- School readiness
- Sickness absence
- Social connectedness

5.14 Next Steps

1. The Mental Health Action group to make a recommendation to the Health and Wellbeing board Steering Group to sign up to the PHE Prevention Concordat for Better mental Health
2. Obtain approval from the Health and Wellbeing Board to sign-up to the Concordat as a Board. Partners must agree to be a signatory. Ensure that Partners nominate a representative/officer who will lead on the Concordat and work with Public Health.
3. Public Health to complete the application for the Concordat based on information obtained from the Mental Health Action Group members and feedback from other key stakeholders. The application will need to provide detail on what work has been undertaken at a strategic level and what work will be delivered over the next 12 months.
4. Submit application to Public Health England and get approval. This has to be submitted one month prior to when they are due to meet to discuss.
5. Public Health to work with Prevention Concordat leads/officers to agree a partnership approach, key actions/priorities and opportunities for collaborative work.
6. Scope to set up a task and finish group (s) for each of the 5 key areas if required.

6. Options for Consideration

- 6.1 Ongoing monitoring of the Prevention Concordat for Better mental Health (appendix 1) by the Mental Health Action Group on quarterly basis.
- 6.2 Consideration of how public mental health can be embedded across all sub-groups of the Health and Wellbeing Board.
- 6.3 Support council commissioned services to embed this within their own organisations, linking in with good workplace health initiatives.

7. Proposal(s)

- 7.1 The health and wellbeing board to agree that the action plan can be sent to PHE for endorsement.
- 7.2 This work provides direction and scope for the Mental Health Action Group, which could expand current membership and integration across different organisations.

8. Conclusion(s)

8.1 The Prevention Concordat for Mental Health provides an opportunity for West Berkshire to commit to support good mental health and wellbeing. In light of COVID-19, there has never been a more important time to support our mental health. The action plan in appendix A outlines a systematic approach on how we will look to improve mental health and wellbeing across our local population

9. Consultation and Engagement

9.1 Mental Health Action Group, West Berkshire Council Recovery Group

10. Appendices

Appendix A – Draft West Berkshire Prevention Concordat for Better Mental Health Strategic Action Plan

	Areas for Action	Action in 2020-21	Timescale	Outcome Measure	Lead Organisation and Action Owner
1.	Needs and asset assessment	Develop an asset map of local services and other community assets (e.g. green and blue spaces) that support good mental health and wellbeing	March 2021	Operational web tool	Matthew Pearce, Sue Butterworth, Mary Blackett
		Hold a series of ongoing engagement events with the public, professionals, volunteers and people with lived experience of poor mental health (e.g. Thinking Together)	Ongoing	4 per year Users feel heard	Andrew Sharp, Eight Bells and Open for Hope
		Complete a Mental Health Needs Assessment to inform local priorities	2020-21	Report	Public Health Shared Team
		Utilise findings from the covid19 resident's surveys (e.g. WBC, Health Watch) in order to identify any themes or trends around mental health and wellbeing	2020-21	Report	Public Health
		Research knowledge and attitudes towards mental health (e.g. mental health literacy and stigma)	2020-21	Report	Public Health
		Placeholder: include action from the work of the Future in Mind group	2020-21	Verbal update	Berkshire West CCG and Partners
2.	Partnership and alignment	Mental Health Action Group to provide oversight of the local prevention concordat and associated	Quarterly	Action Plan	Mental Health Action Group

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		plans and facilitate co-ordination with any other concordats across the Berkshire West and BOB areas.			
		Explore opportunities to joint fund mental health interventions or pool existing resources to improve population health and wellbeing (including children and young people (CYP))	2021-22	Report Verbal Update	Mental Health Action Group Chair (adults) Michelle Sancho (CYP)
		Ensure alignment with existing governance structures within West Berkshire Council (e.g. Health and Wellbeing board, Integrated care Partnership, BOB ICS, Mental Health and Learning Disability Board)	Ongoing	Integrated and co-ordinated governance structures	Mental Health Action Group Chair
		Children's delivery group to lead on embedding trauma informed and therapeutic thinking across different organisations	2021-22	TBC	Pete Campbell / Linda Dobraszczyk / Michelle Sancho
3.	Translating need into deliverable commitments	Advocating that public mental health is a priority and/or is addressed within any relevant strategies (e.g. Joint Berkshire Health and Wellbeing Strategy and Covid-19 recovery strategy)	September 2020 and ongoing	Strategic approach to mental health prevention is embedded in other strategies and plans	Mental Health Action Group
		Awareness of what makes West Berkshire different to other areas (e.g. significant areas of rurality as a risk factor for higher levels of social isolation and age)	September 2020 and ongoing	Report	Mental Health Action Group
		Ensure that the unmet needs are highlighted (e.g. vulnerable groups, BAME, mental health inequalities)	Ongoing	Action Plan	Mental Health Action Group
		Facilitate the involvement of services which impact on the social determinants of mental health to enable them to modify policies and services to improve prevention.	Ongoing	Gradual change of policies and services	Health and Wellbeing Board
		Utilise existing communications (e.g. newsletters, social media)	September 2020 and ongoing	Improvement in levels of mental	Mental Health Action Group

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		etc.) to provide co-ordinated messages about promoting good mental health, preventing poor mental health and how to improve mental health and wellbeing		health literacy and attitudes	
		Further develop and promote a positive mental health campaign (e.g. Every Mind Matters) so the Prevention Concordat is clearly relevant for all services and all age groups (EMM being expanded by PHE)	August 2020 and ongoing	Social media and other resources	Mental Health Action Group
		Placeholder: include action around young health champions / peer mentors	2020-21		Children's Delivery Group / Nikki Davies / Michelle Sancho
4.	Defining success outcomes	Develop a Prevention Concordat for Better Mental Health operational action plan (integrated with other relevant plans across a broader geographical footprint) and link to measurable outcomes	September 2020 and ongoing	Report	Mental Health Action Group
		Outcome measures to be identified based on outcome of; needs assessment findings, working towards shared priorities and outcomes, ensuring key actions for each organisation	September 2020 and ongoing	Report	Mental Health Action Group
5.	Leadership and accountability	Start conversations about the potential for someone to have overall oversight of mental health across the system (e.g. senior responsible officer, chair of action plan)	September 2020 and ongoing	Report	Mental Health Action Group Chair (TBC) and Healthwatch
		The complexity surrounding the different governance in relation to mental health is unpicked and ensure all future mental health strategies are aligned	September 2020 and ongoing	Aligned governance and strategies	Mental Health Action Group Chair (TBC) and Healthwatch
		Ensure that the WBC Mental Health Champion is invited to MHAG meetings and LA members	September 2020 and ongoing	Better co-ordination of mental health	Public Health

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	champion is aware of the work being undertaken		prevention locally	
	Ensuring that mental health services (e.g. EHA, MHST, Therapeutic thinking) that support young people work together to provide early intervention and focus on prevention	Ongoing	Verbal update	Service Manager for Emotional Health Academy / Mental Health Support Teams

Background Papers:

*(add text)

Papers containing facts or material you have relied on to prepare your report. The public can access these background papers.

Please put a cross in the appropriate box(es) by double-clicking on the box and selecting 'Checked':

Health and Wellbeing Priorities 2019/20 Supported:

- Give every child the best start in life
- Primary Care Networks

Health and Wellbeing Strategic Aims Supported:

The proposals will help achieve the following Health and Wellbeing Strategy aim(s):

- Give every child the best start in life
- Support mental health and wellbeing throughout life
- Reduce premature mortality by helping people lead healthier lives
- Build a thriving and sustainable environment in which communities can flourish
- Help older people maintain a healthy, independent life for as long as possible

The proposals contained in this report will help to achieve the above Health and Wellbeing Strategy aim by *(add text)

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Appendix A

Data Protection Impact Assessment – Stage One

The General Data Protection Regulations require a Data Protection Impact Assessment (DPIA) for certain projects that have a significant impact on the rights of data subjects.

Should you require additional guidance in completing this assessment, please refer to the Information Management Officer via dp@westberks.gov.uk

Directorate:	
Service:	
Team:	
Lead Officer:	
Title of Project/System:	
Date of Assessment:	

Do you need to do a Data Protection Impact Assessment (DPIA)?

	Yes	No
<p>Will you be processing SENSITIVE or “special category” personal data?</p> <p><i>Note – sensitive personal data is described as “data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, and the processing of genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person’s sex life or sexual orientation”</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Will you be processing data on a large scale?</p> <p><i>Note – Large scale might apply to the number of individuals affected OR the volume of data you are processing OR both</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Will your project or system have a “social media” dimension?</p> <p><i>Note – will it have an interactive element which allows users to communicate directly with one another?</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Will any decisions be automated?</p> <p><i>Note – does your system or process involve circumstances where an individual’s input is “scored” or assessed without intervention/review/checking by a human being? Will there be any “profiling” of data subjects?</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Will your project/system involve CCTV or monitoring of an area accessible to the public?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Will you be using the data you collect to match or cross-reference against another existing set of data?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Will you be using any novel, or technologically advanced systems or processes?</p> <p><i>Note – this could include biometrics, “internet of things” connectivity or anything that is currently not widely utilised</i></p>	<input type="checkbox"/>	<input type="checkbox"/>

If you answer “Yes” to any of the above, you will probably need to complete [Data Protection Impact Assessment - Stage Two](#). If you are unsure, please consult with the Information Management Officer before proceeding.