

Draft 19.12.19

Heading in the right direction -
An all-age mental wellbeing strategy for
Cheshire, Warrington and Halton
2019-21

Cheshire & Warrington

Public Sector Transformation Programme



Acknowledgements

The Cheshire and Warrington Public Sector Transformation Board wish to acknowledge the London Borough of Waltham Forest Public Health team and the Public Health Intelligence team at Cheshire East Council for their contributions to this strategy.

The board also wish to acknowledge colleagues across the sub region who are working on mental health and mental wellbeing agenda and who have contributed knowingly or otherwise to this strategy

Note throughout this document we refer to Cheshire and Warrington, by this we mean the Local Authority areas known as Cheshire East, Cheshire West and Chester and Warrington and Halton sub region or C/W&H.

Foreword

The Cheshire and Warrington Sub-regional Leaders Board (C&W SRLB) is a collaborative partnership which brings together key public and private sector partner organisations from across the Sub-region. The Board and its partners work to deliver our two overarching priorities – economic growth and public service reform – set out in our [Prospectus for Inclusive Growth](#) and the Cheshire and Warrington [Public Sector Transformation Programme](#). Following the successes of the Complex Dependency Programme, Sub-regional partners decided to build on the momentum by collaboratively co-designing a three-year transformation plan for Public Sector Transformation across Cheshire and Warrington, spanning 2018-2021. The PSTP [strategic plan](#) reflects the opportunities and needs of the Sub-region and will continue to deliver improved outcomes for the collective population and consists of six priority themes:

- [Complex Dependency Legacy](#)
- Health Related Worklessness and Low Pay
- [Preventing Poor Mental Health](#)
- Reducing Offending
- Reducing Domestic Abuse
- Enablers to Achieve Change

We identified poor mental health as a barrier to residents thriving across our boroughs in our [Case for Change](#) evidence review in 2016 and partners have been looking at the mental health and prevention since then. However, there is so much more to preventing mental ill-health and promoting wellbeing than finding help from specialist services. Emotional distress, anxiety and depression can stop people accessing jobs, cultural and leisure opportunities and more pervasive and enduring mental health conditions can impact on people's housing situation and their ability to interact positively with friends and family.

Our evidence review highlighted the impact of poverty, worklessness, unstable housing and unhealthy environments on mental wellbeing. So since November 18, we have been looking at what is currently being done to address these individual behaviours **and** 'wider determinant' issues across the partnership and to propose solutions to what could be done through collaboration across the sub-region. We want to take a population approach to improving mental wellbeing across the sub region.

The NHS and its partners have a mandate to address mental health service provision within the NHS Long Term Plan. Locally these responsibilities are being discharged through the Cheshire and Mersey Health Care Partnership- Mental Health Programme Board (MHPB). We are collaborating with the MHPB to ensure that this strategy complements their work.

The strategy takes a population approach to improving mental wellbeing informed by a model proposed by the Kings Fund see Fig 1 below. This model suggests action in each part of the model are required to affect change whilst recognizing the challenges to drive this change are at the boundaries of each section, essentially *'responsibility for mental wellbeing falls between the cracks and/or actions becoming nobody's responsibility'*

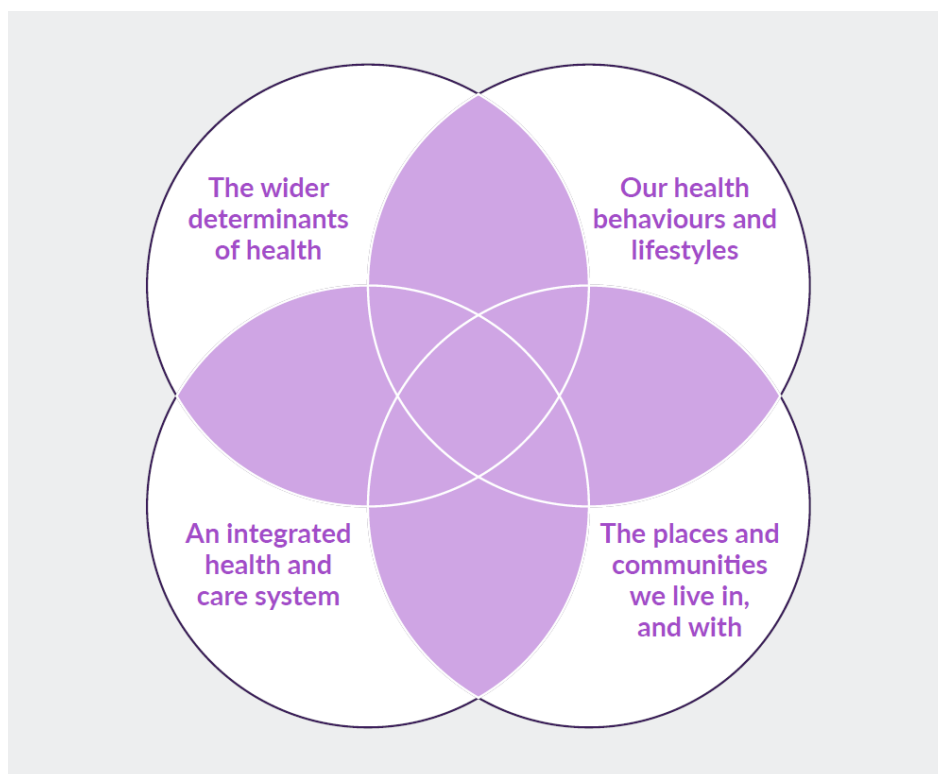


Fig1: Kings Fund (2018): Population Health System: Vision for population health

The report contains recommendations for action by partners within the Cheshire and Warrington sub region predominantly within the wider determinants section of the model, and ‘between the cracks’.

To be signed by Chair of PSTP Board

Executive summary

The Cheshire Warrington& Halton Mental Wellbeing Strategy calls for an increased focus on the promotion of population mental wellbeing and the prevention of mental health conditions through early intervention wherever people are struggling with their mental wellbeing.

Although the relationship between mental health conditions and mental wellbeing is complex, mental wellbeing can be simply viewed as the positive end of the mental health spectrum. It comprises:

‘a positive state of mind and body that includes both feeling good and functioning well.

In Cheshire/Warrington and Halton(C&W&H) there is a positive picture in terms of the mental wellbeing of our population. We are better than the national average for all four of the wellbeing measures reported annually by the Government; life satisfaction, feeling life is worthwhile, happiness and anxiety (see fig 2 below). The darker the colour in this interactive tool illustrates the higher the

life satisfaction score. In line with the country as a whole these indicators have all improved in recent years although they tend not to change significantly over time. These indicators should be considered alongside objective indicators of wellbeing for example GP presentations for low mood and referrals to specialist mental health services. They, of course, also mask variation within boroughs and are based on population sampling. We recommend further work is undertaken to understand these contradictions and variations in this strategy

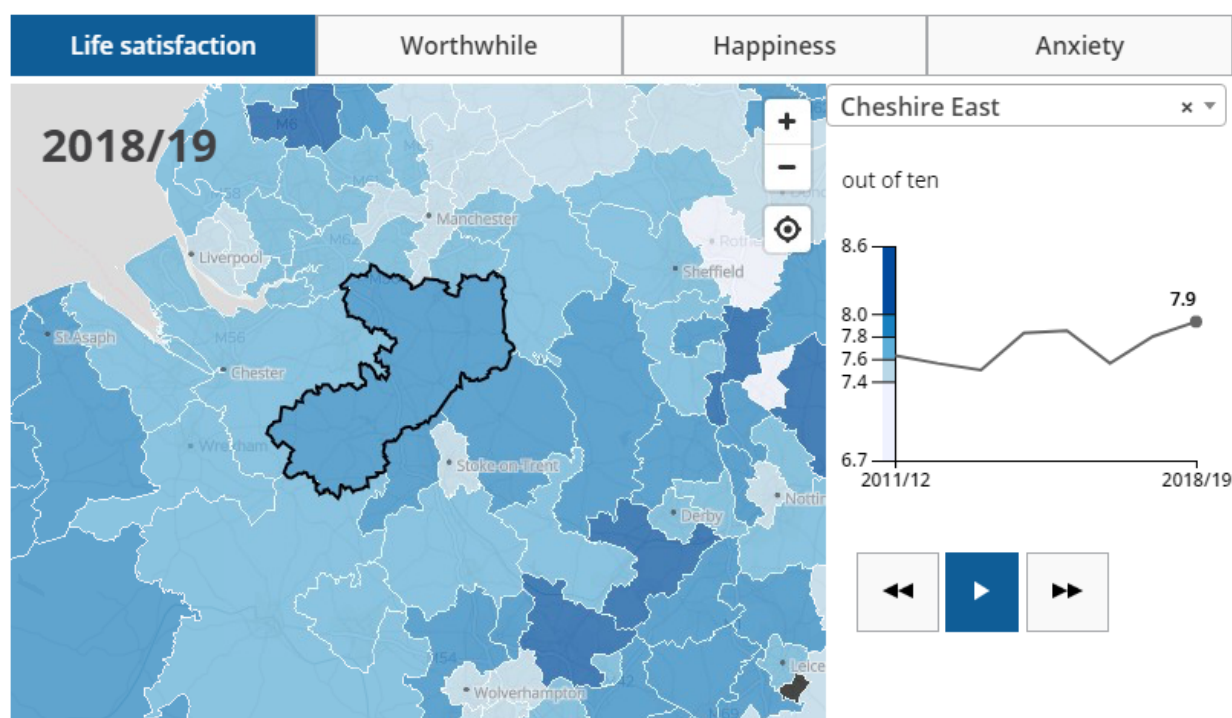


Fig 2: [ONS.gov.uk/peoplepopulationandcommunity/wellbeing](https://ons.gov.uk/peoplepopulationandcommunity/wellbeing)

In order to develop a mental wellbeing strategy we have engaged with stakeholders including mental health professionals and other front-line staff, commissioners, service users and residents from across C/W&H. The views and information we have collected have informed the objectives and actions we have identified, and the recommendations. We have also sought to incorporate relevant local, regional and national policy into the strategy wherever possible.

Through our development work five key objectives were identified which are:

1. **Speak up for mental wellbeing, challenging stigma and discrimination and promote early/self care**
2. **Support more people who identify mental wellbeing as a barrier whilst in work and for those seeking to enter or re-enter the workplace**
3. **Promote places to live that are safe, stable and add to quality of life**
4. **Contribute to an integrated approach to mental health support from the promotion of wellbeing to the recovery from mental ill-health**
5. **Improve the mental health and wellbeing in the early years and young people**

We have looked for 'promising approaches' from across each of the participating boroughs and their Partners for each of the objectives. These approaches have been developed through evidenced based thinking and/or on a pilot basis in order to generate data proving impact and outcome. This approach has been informed by the work of Public Health England in their Evidence Review within the Transforming Children and Young people's Mental Health Green Paper in 2016.

These are summarised below:

1. *Speaking up for mental wellbeing, challenging stigma and discrimination and promoting early/self care*

Warrington LA have consistently invested in promoting positive mental wellbeing and are operating as a Time to Change hub: <https://www.warringtonspeakup.org.uk/time-to-change/>

This will enable them to access support, training and resources from the national Time to Change campaign. This includes a network to develop and support 'Time to Change' champions who can communicate their experiences of living with mental health conditions back to their communities and the general public in order to challenge the negative stereotypes that so many people still hold.

Providing support at an early stage for those who are struggling with their mental health is key to preventing more serious mental health problems developing further down the line. The <https://www.nhs.uk/oneyou/every-mind-matters/campaign> has recently been launched by Public Health England (PHE) to promote access to digital self help for people with low level mental health problems such as stress, anxiety and sleeping problems. This is a time limited national campaign and whilst providing a short term solution, we are working with colleagues in London to investigate options for a region specific Digital Mental Wellbeing Service, based on their <https://www.good-thinking.uk/> platform.

Another important aspect of early intervention work is the training front-line staff and communities across the sub region including those working with children and young people to identify when people are struggling with their mental health and provide basic advice and signposting to services. 1:100 adults have been provided mental health awareness training across the sub region such as Mental Health First Aid over the last two years and we should continue to identify and deliver opportunities for training.

The <https://www.makeeverycontactcount.co.uk/> programme now includes mental wellbeing as one of its components and offers an evidence based approach to **Asking** about mental wellbeing, **and Assisting and Advising** people to find solutions or signposting to someone who can help them further

1. We recommend that the Time to Change (TtC) and Every Mind Matters (EMM) programmes are promoted widely across the sub region in a coordinated campaign and sustainable long term support for self care is developed based on MECC and greater access to digital tools. Partners should continue to identify and deliver opportunities for mental well-being training for all frontline staff.

2. *Supporting more people who identify mental wellbeing as a barrier whilst in work and for those seeking to enter or re-enter the workplace*

There are two distinct aspects of employment that relate to mental wellbeing:

- Being in work, and particularly good work, as opposed to under or unemployed, is known to have significant benefits for positive mental wellbeing.
- The conditions experienced in the workplace for those that are employed are also an important determinant. For example, workplace stress caused by unrealistic workloads and expectations or insecure employment status can lead to depression and anxiety.

In terms of workplace mental health, a national survey conducted by mental health charity MIND suggested that more than 1 in 6 employees have experienced common mental health problems, including anxiety and depression. The survey also showed that work is often the biggest cause of stress in people's lives, more so than housing issues or financial problems. Mental health problems are the leading cause of sickness absence from work.

Worklessness and its associated mental health barriers such as resilience and confidence of individuals in the world of work and matching the right people to the right jobs to ensure sustained employment and consistency for employers continue to present challenges across the Cheshire and Warrington sub-region. We believe collaboration is the key. The Into Work Board - A strong partnership of 16 key stakeholders are driving forward collaboration and resulting in the submission of a successful sub-regional European Social Investment Fund bid for £5.4m for a co-designed, intensive supported employment model that will be embedded in services that support our most vulnerable families, children and individuals. The Journey First Programme will provide over 30 employment support workers in existing multi-agency teams and that will focus on prevention, early intervention and de-escalation of a range of complex problems that prevent individuals from being able to focus on progression into training and employment.

2. We recommend the Journey First programme includes a focus on providing mental wellbeing interventions to enable the programme outcomes to be met
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3. *Promoting places to live that are safe, sustainable and add to quality of life*

The strategy identifies five key determinants of mental wellbeing that impact of on our population. These are:

- economic wellbeing including poverty
- employment & workplace
- housing and homelessness
- social capital and social isolation
- access to green space and the natural environment

C&W SRLB Partners are taking steps to alleviate the impact of the social, physical and economic environment on residents' health including through investment and strategy development.

Examples include:

Cheshire East Council are commissioning a Health Impact Assessment on the housing stock within the private rented sector across the borough to improve the evidence base to support investment decisions in relation to housing provision.

Social prescribing in Cheshire/Warrington is usually a joint initiative between the Council, CCG and voluntary sector. Social prescribing enables health professionals, mainly in primary care, to refer people to a range of local, non-clinical services. Social prescribing seeks to address people's needs in a holistic way and aims to support individuals to take greater control of their own mental health. One of the most common concerns of people referred is mental health needs.

Halton are a demonstrator site for the NHS Healthy New Town Programme through the Halton Lea project. The development at Halton Lea, Runcorn, has the potential to regenerate the area into a thriving community hub, with new opportunities for social and community prescribing, healthy retail provision and integrated housing, health and social care provision. The 'One Halton' model of care and support is focused on enhancing services in the community and ensuring easy access to those services, focusing on developing a health and wellbeing ecosystem, with people at the heart of it, and an infrastructure that supports wellbeing and health .

Community Safety

Local Community safety partnerships are changed with strategic planning to respond to locally defined needs. There is scope to influence these plans as they reach review date to ensure the impact of crime and disorder on offender mental health and community wellbeing is recognized and prioritized. This is particularly relevant to issues such as domestic abuse and substance use, often referred to as the 'toxic trio' which surround offending behaviour. Police and PPC colleagues also report very high and increasing activity in order to respond to mental health needs of residents in distress. Action to address this demand is being considered by the Cheshire and Mersey Health and Care Partnership, Crisis Care workstream.

3. We recommend housing, employment, community safety and regeneration schemes should be subjected to an audit to assess impact on mental wellbeing This should enable commissioners to drive up the mental wellbeing dividends from the wider determinate programmes. (see appendix 3)

4. *Contributing to an integrated approach to mental health support from the promotion of wellbeing to the recovery from mental ill-health*

Providing support for people who are struggling with their mental health at an early stage is key to preventing the development of more serious mental health conditions further down the line. This includes people who have not reached the stage of having a diagnosable condition but may be experiencing high levels of stress or low mood and could benefit from advice, support and non-medical interventions.

We know that many people will not consult a health professional at the early stages of poor mental health and often the first person to offer, or be asked for help will be a family member, friend or colleague. A key principle of our approach is therefore to provide training and information for

relevant front-line professionals, people working in the community and members of the public so that they are able to identify when people around them are struggling and provide timely advice and signposting to services when relevant. Nationally 1:100 adults have received mental health first aid training including front line staff: health professionals, teachers, community groups and Local Authority staff. But there are still many opportunities to engage more people in mental health training.

The Cheshire East Council Together, Connected Communities mental wellbeing programme is aimed at people recovering from mental ill-health. There is a need to ensure pathways are developed into early help such as social prescribing and IAPT as well as crisis support services to ensure this programme is safe and sustainable.

4. We recommend the Connected Communities Programme in Cheshire East is evaluated for impact on people accessing primary mental health services with a view to guiding commissioning of similar services across the sub region.

5. *Improving the mental health and wellbeing in the early years and young people-*

The early years and childhood are crucial times for setting people up to enjoy good mental wellbeing for life. Secure attachment to caregivers can promote a child's self-esteem and resilience, influence the way in which the child relates to and behaves with others and insulate itself from the impact of Adverse Childhood Experiences (ACEs). Services can also respond through use of for example trauma informed practice as evidenced in CWaC and Halton

Schools and other educational settings have been shown to provide a good opportunity for mental health promotion and Cheshire East has a strong local Emotionally Healthy Child programme with most schools in the borough participating. Emotional health and wellbeing is one of the core strands of this programme. They are also developing an equivalent programme for Early Years Settings including childminders and nurseries.

Cheshire West and Chester LA and Halton LA are using trauma informed practice training for all frontline delivery staff (for both children and adults) to assess impact on service use.

5. We recommend the emotionally healthy child programme in Cheshire East and trauma informed practice work being undertaken in Cheshire West and Halton are evaluated for impact on referrals to services with a view to guiding commissioning of similar approaches across the sub region

Summary

Mental health and wellbeing can be maintained, improved and diminished just like physical health. This strategy focusses on improving mental wellbeing and preventing mental health conditions from developing before they become serious problems. In order to do so we are proposing action within partnerships across the sub region leading on health and care, housing provision, employment and 'place-making' to enable residents to contribute to their community, and reach their full potential.

Introduction

Mental ill-health represents the largest single cause of disability in the UK (Mental Health 5 Year Forward View with NHS Long Term Plan). People can be affected by mental health problems at any point in their lives; including new mothers, children, teenagers, adults and older people. It is estimated that one in four adults will suffer from a mental health problem in any given year, equivalent to almost 180, 000 people in Cheshire/Warrington.

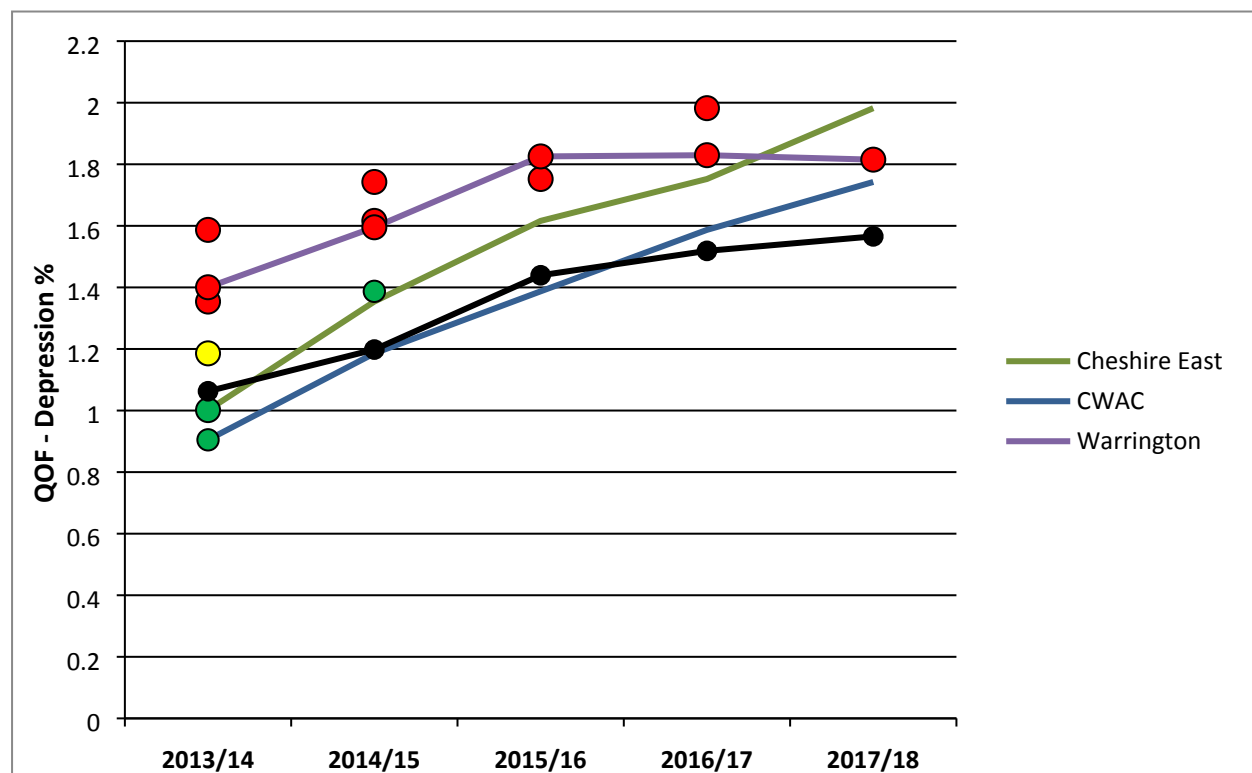


Fig 3 New cases of depression in adults aged 18 and over Cheshire and Warrington 2013-2018

Cheshire and Warrington sub-region is a predominantly affluent area which masks areas of poor health experience:

Adults in C&W spend around **fifth** of their life in **poor health**
High levels of adults classified as **overweight or obese — two thirds** in Cheshire East and Cheshire West and Chester, **nearly 70%** in Warrington
Similar rates of **physical inactivity** to the national average of **28.7%** Proportion **claiming out of work benefits is lower than NW average** of 11% - Cheshire East (6.0%), Cheshire West and Chester (7.5%) and Warrington (7.4%)

Most common reason for claiming either incapacity benefit or Employment and Support Allowance was **mental and behavioural disorders**, followed by **musculoskeletal issues**
Over 70% of those reporting worklessness in C&W also report some degree of **limiting long term illness or disability**

Fig 4: Public health indicators across the sub region (Local Enterprise Partnership analysis)

This strategy sets out our approach to improving population mental wellbeing, which evidence shows will help prevent mental health problems from developing further down the line. We want to support residents to look after their own mental health, just as many do for their physical health, by engaging in mentally healthy behaviours such as social activities and physical activity. There is now a strong evidence base to guide us in terms of how mental wellbeing can be improved and it is known that initiatives to improve wellbeing can be both cost-effective and popular. Tackling the stigma and discrimination around mental health is also a vitally important part of this work as we know this prevents people from talking about, or seeking help for, their mental health and wellbeing. The strategy also highlights how we aim to support residents early on, when they need support, in order to prevent low level mental health problems developing into more serious conditions.

The delivery of effective mental health services and the prevention of suicide is beyond the scope of this strategy, as are services to support the recovery of people from serious mental illness. Both of these mental health priorities are being addressed by Health and Care Partnership Mental health Programme. However, good mental wellbeing is something everyone can achieve regardless of age, gender, socio economic status or mental health diagnosis given the right social conditions in which to do so

Successful approaches to promoting population mental wellbeing involve enabling people and communities to support themselves and to be able to make meaningful decisions about their lives and local neighborhoods. This resonates strongly with a number of sub regional programmes, particularly the Health and Care Partnership, the Strategic Housing Partnership and the Local Enterprise Partnership

In summary, mental health can be maintained, improved and diminished just like physical health. To improve population mental health we will focus on improving mental wellbeing. In doing so, we can enable our residents to enjoy a good quality of life, making contributions to their communities,

developing meaningful social networks and relationships, and reaching their full potential.

Strategy development

Our approach has been to collaborate as far as possible in both the strategy development and in exploring the promising approaches in actions which seek to address the issues highlighted. Our main collaborator has been Cheshire and Mersey Public Health Network (CHAMPS).

6.Recommendation: We feel this collaboration should continue and be strengthened through a formal agreement to ensure the PSTP and Champs workforce impact is maximized

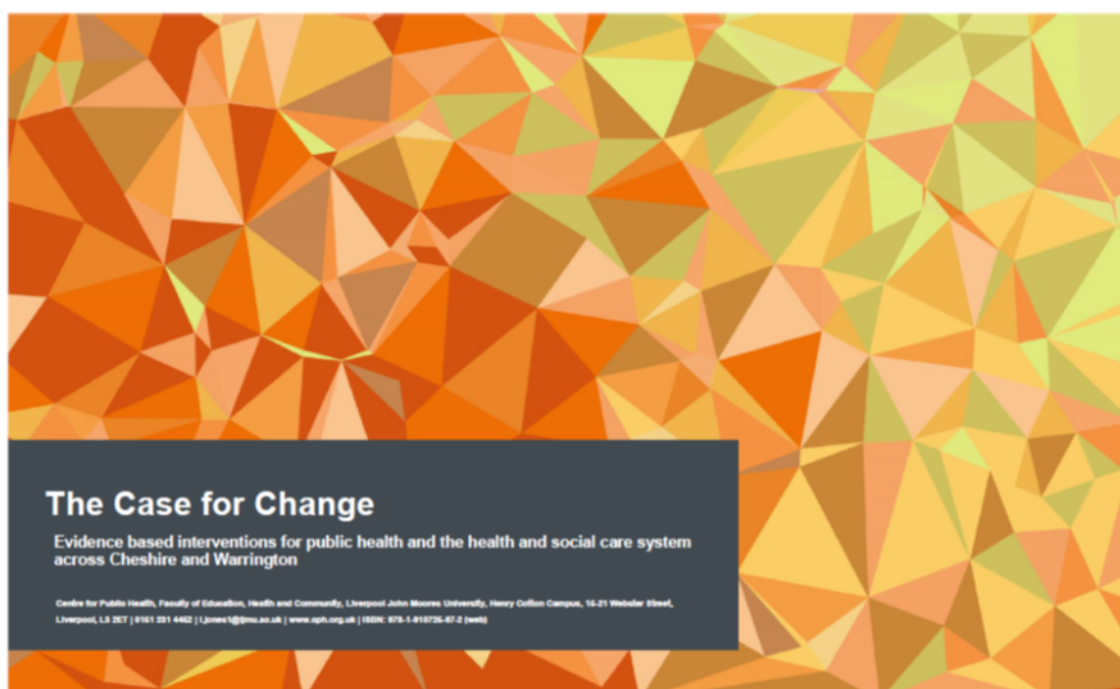
Collaboration has also taken place with the **Health and Care Partnership** and **Mental Health Programme Board** to ensure to ensure their focus on mental health service transformation and suicide prevention are referenced in our thinking.

We have also discussed joint working with the Liverpool City Region on population mental health improvement and on the concept of a Mental Health Commission spanning both Cheshire and Merseyside. (See below for further details on the Commission)

In order to develop the strategy, we have undertaken a desk top review of evidence, national and local policy drivers and a mapping exercise of actions underway in each of the boroughs areas across the sub region.

Evidence review

Much of the work to understand what affects mental wellbeing and what works to address this had been commissioned by CHAMPS and undertaken by John Moores University in 2016.



This review has informed our work, however, it is felt that there are now gaps in this evidence review for **example it did not include a review of the impact of austerity and the changes to welfare provision.**

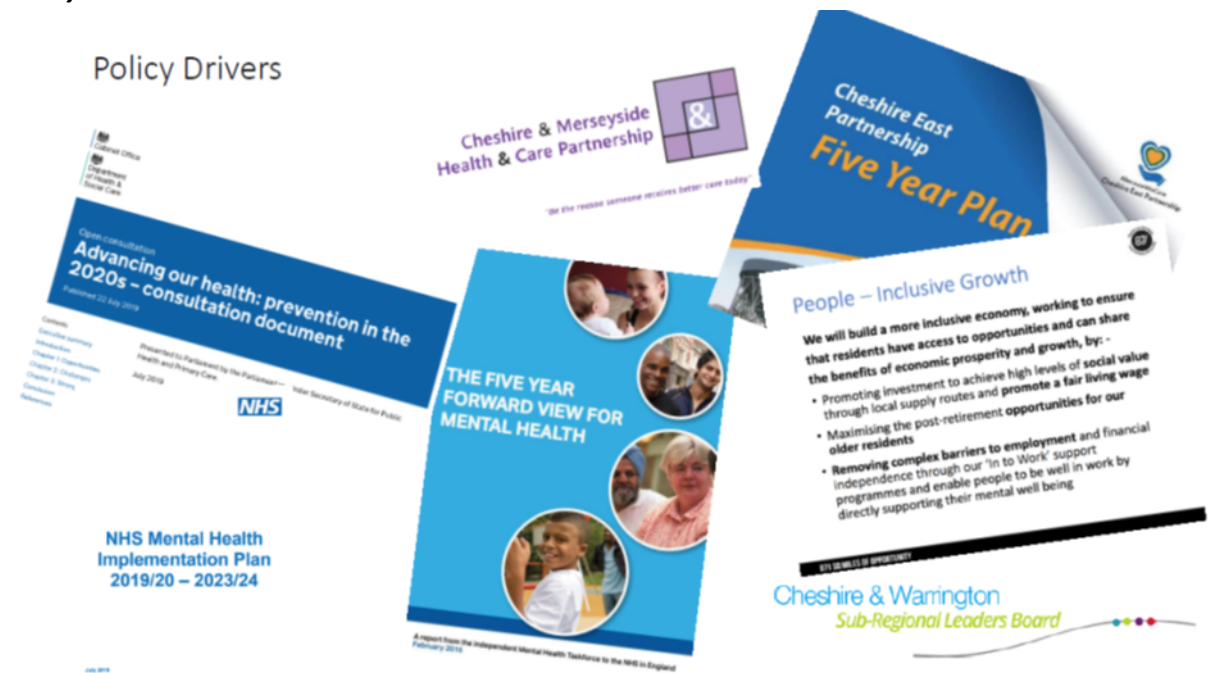
7.Recommendation: This evidence base should be revisited

An evidence review should identify the contribution that the sub region could make to addressing poor mental health and wellbeing for adults of working age and include:

- *An audit of current or planned initiatives relating to mental health, whether public, private or voluntary sector to include crisis care; housing and housing related support; employment; recovery colleges; service user engagement, place-making and prevention and promotion activity.*
- *Championing of the Prevention Concordat for Better Mental Health- the development of action plans by signatory organisations to improve mental wellbeing through their actions policies and procedures*

8.We recommend all C&WSRLB partners should commit to sign the Public Health England <http://www.preventionconcordat.co.uk/> for Better Mental Health

Policy Drivers



We reviewed national and local policies to ensure our strategy was well informed

Mapping exercise

Our mapping work involved a review of partners mental health strategies and JSNAs and work programmes for the HCP Mental health and Prevention work-streams and interviews with commissioners, service managers and VCFS provides across the sub region.

Key messages to emerge from mapping:

*“Move from a individual focus to a population health system approach (as advocated by the Kings Fund)”**

“Focus on opportunities presented from joining up commissioning activity rather than looking back at what has ben commissioned in the past”

“And add value to any work to improve mental wellbeing by focusing on prevention”

Finally we held a workshop in September 2019 for stakeholders where we tested some of our ideas and listened to thoughts and ideas about refining these into a draft strategy for consultation. The box below summarises some of the discussions at the workshop.

Cheshire/Warrington Strategy development workshop Sep 19

Cheshire/Warrington supported the campaign by hosting a workshop for mental health and wellbeing stakeholders across the borough in September 2019. The discussions at the event centered around the key principles to inform a strategy, a prevention model and an approach to encourage collective actions. We agreed the following principles:

- A focus on wider determinants
- Add value to existing work
- Raise the bar
- Systemize and/or strengthen local provision
- Focus across the life course
- Tackle structural issues and join things up
- Tackle common tasks
- Challenge the orthodoxy
- Use evidence to drive practice
- Be informed by lived experience

A number of key messages came from the workshop discussions. Firstly, with regard to a position statement on prevention, the group felt this should be; positive, aspirational 'edgy', non-medicalised, and acknowledge inequalities and the impact of poverty.

We came up with this position statement for the strategy:

We will work together to improve mental wellbeing across Cheshire and Warrington, challenging inequalities and encouraging healthy communities

We discussed adopting a **population health system** model as advocated by the Kings Fund*

Our behaviours and lifestyles: we agreed there is a need to promote both 'the message' and the ways in which people can be helped and help themselves, however, we agreed there is danger this becomes the entire focus of the strategy and further medicalises responses to mental wellbeing.

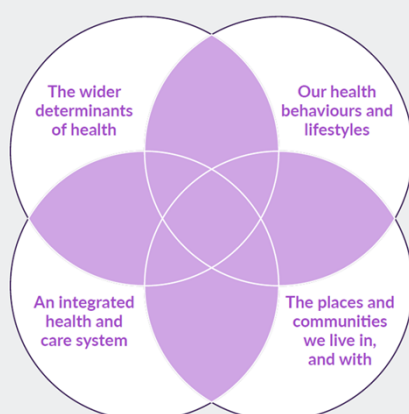
An integrated health and care system: We felt our focus should be on early intervention and preventing escalations. It should enable this strategy to connect to the work to improve mental health services.

The wider determinants of health: This definition would enable this work to connect to work with housing provision, employment support and place making

The places and communities we live in and with: The important role of the community and voluntary sector was also made clear, with community groups of all types and sizes important. It was felt that despite challenges faced by the community and voluntary sector, Cheshire/Warrington benefits from strong communities and these can be utilised better to explain King Fund model to support population mental wellbeing.(see below)

We recognized the importance of *consulting and engaging with communities* at every opportunity and that this has to be real and meaningful engagement where everybody has an opportunity to influence actions in their communities.

Finally, it was thought that there still needs to be better support and education for children and young people on understanding and dealing with their emotions and wellbeing and work to build their self- esteem and resilience to cope with everyday stresses such as exams, relationships and



Equalities Analysis

Mental ill-health and mental wellbeing can be disproportionately present across society. The strategy has been subjected to an Equality Impact Assessment and this suggests further work should be undertaken to ensure the strategy is informed by a full understanding of inequality and how this affects mental wellbeing.

9. We recommend a more detailed Equalities Impact Analysis is undertaken on this strategy

Financial landscape

This strategy has been developed at a time of financial constraint. Organisations across the region in every sector have had to make difficult decisions about where best to direct resources and how to use funding as effectively as possible. While there is no new funding attached to this strategy to improve mental wellbeing, we wish to ensure that existing resources are used as effectively and efficiently as possible. This will include ensuring that mental health and wider wellbeing services are as joined up as possible with no duplication of activities. We will also explore opportunities for bidding for new funding to support the strategy objectives wherever possible.

Measuring wellbeing

There is a need to ensure there is a consistency of approach to measuring mental wellbeing across the sub region. This is in terms of evaluation of projects and interventions and in terms of any surveys to measure population mental wellbeing levels. . Wellbeing measurement frameworks such as <https://www.socialprogress.org/>, <https://worldhappiness.report/ed/2019/> and others reviewed by <https://whatworkswellbeing.org/> should be evaluated as potential measures of impact across the sub region.

In terms of evaluating local initiatives to improve population mental wellbeing, the **Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)** is a validated scale of items used for the measurement of mental wellbeing of the population aged 13 to 74. There is a longer version of 14 questions and a shorter version of seven items. It is the seven item scale that we recommend for use locally, as it is validated, widely used throughout the UK, free to use and quick and easy to administer. It is also now available in a number of different languages including Urdu, Arabic, French, Lithuanian and others. The scale comprises seven positively worded statements and participants are asked to answer each mental wellbeing statement for the previous two weeks. See appendix 1 for the full set of questions. Many local projects are already utilising this scale for evaluation purposes.

Personal wellbeing, which is about how positively people evaluate their own lives, and highly relevant to mental wellbeing is also measured by ONS as part of the Annual Population Survey and this provides estimates at borough level See appendix 2 This includes four questions, each scored on a 10 point scale, as shown in appendix 2. The questions relate to satisfaction with life, feeling the things you do are worthwhile, happiness and feeling anxious. While the WEMWEBS scale is the recommended choice for measuring mental wellbeing, local surveys which require a more general

measure of wellbeing should consider use of the ONS survey questions.

10. We recommend the consistent use of the WEMWBS tool for measuring population mental wellbeing, particularly in terms of evaluating specific services and interventions to promote mental wellbeing.

11. We recommend use of the ONS annual population survey, quality of life questions to monitor impact on borough wide population group.

Influencing Others

Through collaboration and joint working in the development of this strategy we have been able to influence a number of partner programmes such as the Local Enterprise Partnership- Local Industrial Strategy, the Public Sector Transformation programme Employment Support Programme and Reducing Parental Conflict programme. We hope this Collaboration continues.

Aim of the strategy

The aim of this strategy is to promote population mental wellbeing in Cheshire/Warrington and Halton. It will do this by supporting residents to improve and protect their own wellbeing and by reducing risk factors for poor mental wellbeing and mental health problems.

Our objectives are to:

- Speak up for mental wellbeing, challenging stigma and discrimination and promoting early/self care
- Support more people who identify mental wellbeing as a barrier whilst in work and for those seeking to enter or re-enter the workplace
- Promote places to live that are safe, stable and add to quality of life
- Contribute to an integrated approach to mental health support from the promotion of wellbeing to the recovery from mental ill-health
- Improve the mental health and wellbeing in the early years and young people

Background

What is mental wellbeing and why is it important?

Mental wellbeing comprises a positive state of mind and body that describes both feeling good and functioning well. It represents a positive state of holistic health, including a person's sense of happiness, connection with other people, communities, and the wider environment. It involves a

subjective component, a self-evaluation of living a meaningful and satisfactory life, and an objective component of whether basic living needs are met. The UK Faculty of Public Health has stated that good mental wellbeing includes the capacity to:

- Realise one's abilities, live a life with purpose and meaning, and make a positive contribution to the community.
- Form positive relationships with others, and feel connected and supported.
- Experience peace of mind, contentment, happiness and joy.
- Cope with life's ups and downs and be confident and resilient.
- Take responsibility for oneself and for others around you.

Positive mental wellbeing is an important aspiration in its own right, contributing to educational attainment, economic success, fostering community cohesion and quality of life, but it is also important as a means of preventing mental ill-health. While the relationship between mental wellbeing and mental health problems is complex, it is accepted that promoting mental wellbeing at a population level will prevent the development of mental health conditions further down the line. With the burden of mental ill-health a significant problem across the country, prevention is a crucial element of efforts to tackle this issue and there have been repeated calls for an increased focus on prevention. Alongside efforts to promote positive mental wellbeing in the population, this will also require targeted actions for those groups at high risk of poor mental health and effective early intervention for those who are struggling.

Mental wellbeing is a positive state of mind and body that describes both feeling good and functioning well.

Some of the key wider determinants of mental health and wellbeing are described in detail in sections 2&3. However, the factors highlighted below are known to affect people's mental wellbeing at individual, social and environment levels.



Fig 5: Contribution to health outcomes: Cheshire east Partnership Five Year Plan

What is the local picture across the region?

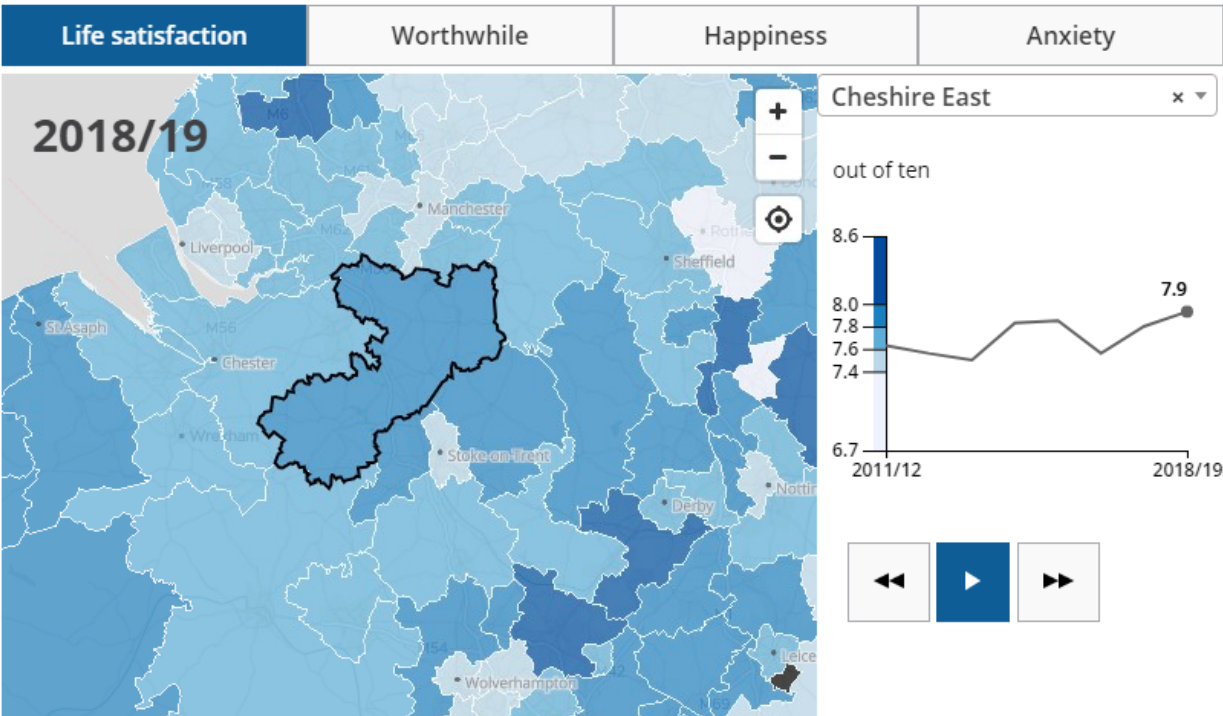


Fig 2

Data from the national Wellbeing Programme at LA level (where this exists) suggest we are average or above average for our scores in relation to happiness, satisfaction with life, and feeling worthwhile although there has been little change over time. They also, of course, mask variation within boroughs and are based on population sampling and we recommend further work is undertaken to understand this variation in this strategy. This would include running local surveys of the population using the same questions to compare against borough and regional scores. The findings from these surveys could be used to drive investigations into things which influence these factors such as access to work, green space, good quality housing and a positive network of friends and family contacts.

1. Tackling stigma and discrimination and promoting self care

What is stigma and discrimination?

Mental health stigma refers to negative attitudes and beliefs held toward people who have a mental health problem. It often results in discrimination which may be obvious and direct, such as someone making a negative remark about someone's mental illness, or indirect like exclusion from social circles or employment. The importance of tackling stigma and discrimination around mental health is a key issue for people with lived experience of mental illness.

Impact of stigma and discrimination on mental wellbeing and other aspects of life

Mental ill health is common and one in four people experience a mental health problem in any year. Most people who experience mental health problems recover fully, or are able to live with and manage them, especially if they get help early on. But despite the fact that so many people are affected, there is a strong social stigma attached to mental ill-health, and people with mental health problems can experience discrimination in all aspects of their lives.

Nationally, almost 90% of service users report that stigma and discrimination has had a negative impact on their lives, including discrimination by other people, employers, and self-stigma which significantly impacts on self-esteem and confidence. There are many misconceptions and myths about mental health that are all too readily reinforced by the media, and there are also a number of important cultural factors that influence attitudes to mental health. Stigma and discrimination have a significant impact because they can:

- Prevent people seeking help
- Delay treatment
- Impair recovery
- Isolate people
- Exclude people from day-to-day activities and stop people getting jobs³⁹

We know that people with mental health problems are amongst the least likely of any group with a long-term health condition or disability to:

- Find work
- Be in a steady, long-term relationship
- Live in decent housing
- Be socially included in mainstream society

This is because society may have extreme views about mental illness and how it affects people. Many people believe that people with mental ill-health are violent and dangerous, when in fact they are more at risk of being attacked or harming themselves than harming other people. The situation is exacerbated by the media with reports often linking mental illness with violence, or portraying people with mental health problems as dangerous, criminal and unable to live normal, fulfilling lives.

Research shows that the best way to challenge and break down these stereotypes is through firsthand contact with people with experience of mental health problems. Communicating positive, evidence based information through social and other media channels can also have a positive

Local and National attempts to tackle mental health stigma and discrimination and promote self care

Whereas all boroughs have Time to Change action plans, Warrington LA has become a Time to Change Hub . This will enable them to access support, training and resources from the national Time to Change campaign. We propose a partnership is brought together to develop and support 'Time to Change' champions who can communicate their experiences of living with mental health conditions back to their communities and the general public in order to challenge the negative stereotypes that people may still hold.

Providing support at an early stage for those who are struggling with their mental health is key to preventing more serious mental health problems developing further down the line. The Every Mind Matters (EMM) campaign has recently been launched by Public Health England (PHE) to promote access to digital self help for people with low level mental health problems such as stress, anxiety, sleeping problems and others.

We recommend that the Time to Change (TtC) and Every Mind Matters (EMM) programmes are promoted widely across the sub region in a coordinated campaign and a sustainable long term support for self care is developed based on MECC and greater access to digital tools

EMM is a time limited national campaign and we are also working with colleagues in London to investigate options for a region specific Digital Mental Wellbeing Service, based on their Good Thinking platform providing links to IAPT services across the sub region

Another important aspect of early intervention work is the training front-line staff and communities across the sub region including those working with children and young people to identify when people are struggling with their mental health and provide basic advice and signposting to services. 1:100 adults across C/W&H have been provided mental health awareness training across the sub region such as Mental Health First Aid over the last two years.

The Making Every Contact Count (MECC) programme now includes mental wellbeing as one of its components and offers an evidence based approach to **Asking** about mental wellbeing, **and Assisting and Advising** people to find solutions or signposting to someone who can help them further

We recommend partners should continue to identify and deliver opportunities for mental well-being training for all frontline staff.

2. Tackling mental health as a barrier to employment

Economic wellbeing including poverty

Poverty produces an environment that is extremely harmful to individuals', families' and communities'

mental health. The impacts of poverty are present throughout the life course (from before birth and into older age) and have cumulative impacts. There are particular groups of people at risk of developing mental health problems specifically children and adults living at a socio-economic disadvantage as those at some of the highest risk levels.

Many of the impacts of poverty on mental wellbeing occur via some of the other wider determinants described below including poor housing, poor educational attainment, unemployment etc. However, financial hardship and insecurity is also known to be a specific risk factor for poor mental wellbeing in its' own right. Across the UK, both men and women in the poorest fifth of the population are twice as likely to develop mental health problems as those on average incomes. Socio-emotional and behavioural difficulties have been found to be inversely distributed by household wealth as a measure of socio-economic position in children as young as 3 years old.

The recent global financial and economic crisis has accentuated and reinforced long-term trends in inequality, low pay and related poverty in Europe. While the initial impact was high rates of male redundancy, women have experienced higher wage cuts. The primary health impacts of economic downturns are on mental health (including the risk of suicide).⁴¹ People with no previous history of mental health problems may develop them as a consequence of having to cope with the ongoing stress of job insecurity, sudden and unexpected redundancy, and the impacts of loss of employment (financial, social and psychological).

An additional challenge relevant to this area is the introduction of changes to the benefits system including roll-out of universal credit. Additional stress and anxiety can result from uncertainty around future income and actual losses of income worsens the effect of poverty and impacts on many of the wider determinants of mental health and wellbeing. The economic impacts of Brexit and ongoing local economic changes in Cheshire/Warrington will bring fresh challenges to population mental wellbeing that we will need to be aware of in the coming years.

The box below outlines an approach to addressing poverty being taken in Cheshire West

West Cheshire Poverty Truth: It all started with a question

Could people living in poverty help shape the way our borough's leaders make decisions about the support services in place? Would it make a difference to the decisions that are being made? Would it also strengthen relationships, change attitudes and create solutions to some of the difficult questions poverty creates? The answer to that is yes. Following on from the success of the very first Poverty Truth Commission (PTC) in Glasgow, Scotland, we set up our own commission. More than 200 community, voluntary, faith and public sector organisations came together to support the launch of the first commission in West Cheshire back in 2017. With the aim of tackling the root causes of poverty, the commission is different to what you might normally expect. That is because it makes sure people with lived experience are at the heart of how the borough thinks and acts in tackling poverty and inequality.

So what is the West Cheshire Poverty Truth Commission (WCPTC)?

It aims to give a face to the facts. This is done by creating safe spaces for community inspirers, those with lived experience of poverty, to tell their stories. It also provides opportunities for those making and influencing decisions to listen. The project deepens understanding of the emotive and difficult sides of poverty, improves perceptions, challenges stereotyping, and leads to better decision-making by the borough's leaders across business, public and voluntary sectors.

What have we done for individuals?

- Community inspirers feel empowered – they now have a voice.
- Inspirers have a sense of belonging and purpose, reducing isolation and building confidence.

<ul style="list-style-type: none"> Two community inspirers from the first commission have found permanent work, others are actively seeking work and some have taken up voluntary opportunities, such as Public Speaking.
<p>How have we changed cultures, behaviours and attitudes?</p> <ul style="list-style-type: none"> Housing benefit letters are now more customer-friendly. We have been working closely with the Department for Work and Pensions (DWP) to develop a GP engagement strategy. The PTC pledge has been introduced, promoting respectful treatment of all people. If you would like to sign up to the pledge, you can get in touch with the team.
<p>How have we influenced national policy?</p> <ul style="list-style-type: none"> Community inspirers presented the key issues and proposed solutions to MPs at the House of Commons. We have submitted written evidence to the Work and Pension Select Committee.
<p>How have we made a difference locally?</p> <ul style="list-style-type: none"> We have worked with the Building Futures project to help secure funding for mental health awareness training for up to 300 frontline staff at Cheshire West and Chester Council and partner organisations. We have contributed to a new and refreshed Local Offer website.
<p>How have we been noticed?</p> <ul style="list-style-type: none"> We have had plenty of media coverage, such as appearances on the Sunday Politics Show, BBC News, Dee 106 and BBC Radio Merseyside. We have now been put forward as a case study for the Local Government Network's Good practice in engaging with the public.
<p>Building on the positive work</p> <p>The second WCPTC launched at Storyhouse on 31 January 2019, bringing together a new group of community inspirers with civic and business leaders. More than 150 people from many different sectors attended the launch as community inspirers took centre stage to share their stories and experiences. The second WCPTC will now be aiming to build on the positive work of the first commission. It is working with the Youth Senate and a group of young people from Winsford Academy and Wharton Primary School, helping to strengthen the voice of young people and allowing them to influence change.</p>

Employment & workplace

The Cheshire LEP is currently working on a Local Industrial Strategy which seeks to address productivity challenges across the sub-region. This work has identified that mental illness and mental wellbeing are major factors in improving quality of life for working age population thereby impacting on productivity.

There are two distinct aspects of employment that relate to mental wellbeing:

- Being in work, and particularly good work, as opposed to under or unemployed, is known to have significant benefits for positive mental wellbeing.
- The conditions experienced in the workplace for those that are employed are also an important determinant. For example, workplace stress caused by unrealistic workloads and expectations or insecure employment status can lead to depression and anxiety.

In terms of workplace mental health, a national survey conducted by mental health charity MIND suggested that more than 1 in 6 employees have experienced common mental health problems,

including anxiety and depression. The survey also showed that work is often the biggest cause of stress in people's lives, more so than housing issues or financial problems. Mental health problems are the leading cause of sickness absence from work.

Worklessness and its associated mental health barriers such as resilience and confidence of individuals in the world of work and matching the right people to the right jobs to ensure sustained employment and consistency for employers continue to present challenges across the Cheshire and Warrington sub-region. We believe collaboration is the key. The Into Work Board - A strong partnership of 16 key stakeholders are driving forward collaboration and resulting in the submission of a sub-regional European Social Investment Fund bid for £5.4m for a co-designed, intensive supported employment model that, if successful, will be embedded in services that support our most vulnerable families, children and individuals. The **Journey First Programme** will provide over 30 employment support workers in existing multi-agency teams and that will focus on prevention, early intervention and de-escalation of a range of complex problems that prevent individuals from being able to focus on progression into training and employment.

Other workplace wellbeing programmes such as the <https://www.activecheshire.org/services/active-minds/> should also be supported. We have been working with Active Cheshire on a mental health package which they can promote to SME's who approach them for workplace wellbeing support.

The HCP are actively promoting a <https://www.cheshireandmerseysidepartnership.co.uk/our-work/social-value> to commissioning health and care services in the form of draft policies and some commissioning guidelines. These present an ideal opportunity to generate mental wellbeing dividends for service providers and those who receive services should commissioners wish to stipulate mental wellbeing outputs as part of their social value criteria in any tenders.

We recommend the Journey First programme is focused on providing mental wellbeing interventions to enable the programme outcomes to be met

3. Promote places that are safe sustainable and contribute to quality of life

Housing and homelessness

There is a clear link between people's housing and their mental health and wellbeing and the absence of suitable, stable accommodation is a serious risk factor for poor mental health. Recent research by housing charity Shelter found that 1 in 5 adults in England had experienced a housing related issue that had negatively impacted on their mental health in the last five years. Stress was the most common mental health issue reported (60%), followed by anxiety (54%) and Sleeping problems (50%).

Housing issues can impact on mental health in various ways including:

- Rising prices for both renters and owners leading to stress around financial insecurity and poor economic wellbeing.
- Poor quality housing stock with dampness, poor safety and security leading to poor physical health and mental wellbeing. Cold homes caused by fuel poverty and poor insulation also have a negative impact.
- Overcrowded accommodation, leading to poor sleep, reduced educational attainment and high stress levels.
- Homelessness is one of the biggest threats to mental health with research by the Homeless

Link charity finding that 80% of homeless people reported some form of mental health issue and 45% had been diagnosed with a mental health condition.

Housing issues are a particularly pressing concern in Cheshire/Warrington .

The Councils have recognised these issues and Housing – ensuring that everyone has a decent roof over their head. This involves commitments to:

- prioritise affordable housing for local people;
- take action against overcrowding and prosecute bad landlords; and
- improve the regions housing estates

The Homelessness Reduction Act come into force from April 2018, is a key piece of legislation affecting housing. It sets out new responsibilities for local authorities and public sector partners to tackle homelessness through a focus on earlier intervention and prevention.

Cheshire east Council are commissioning a Health Impact Assessment on the housing stock within the private rented sector across the borough to improve the evidence base to support investment decisions in relation to housing provision. **This work should be reviewed for potential replication across the sub region**

Halton are a demonstrator site for the NHS Healthy New Town Programme through the Halton Lea project. The development at Halton Lea, Runcorn, has the potential to regenerate the area into a thriving community hub, with new opportunities for social and community activities, healthy retail provision and integrated housing, health and social care provision. The 'One Halton' model of care and support is focused on enhancing services in the community and ensuring easy access to those services, focusing on developing a health and wellbeing ecosystem, with people at the heart of it, and an infrastructure that supports wellbeing and health. **This programme should be reviewed for its potential impact across the sub region.**

Further joint work with the Local Enterprise Partnership (LEP) on housing provision may be mutually helpful

Social capital and social isolation

Social capital has been defined as the resources people develop and draw on to increase their confidence and self-esteem, their sense of connectedness, belonging, and ability to bring about change in their lives and communities.

Increasing social capital involves the creation of strong networks, good levels of support and positive relationships which help to integrate individuals and communities. The health benefits include: increased confidence and self-esteem, particularly in one's ability to handle a crisis, a sense of connectedness and belonging, the ability to bring about change in one's own life or in their community. Evidence shows that all of these support the development of good mental wellbeing and are protective factors in relation to poor mental health.

Conversely, the opposite of having high levels of social capital is social isolation, which causes

loneliness and is known to be a strong risk factor for mental ill-health. Research shows that lacking social connections is as damaging to our health as smoking 15 cigarettes a day and loneliness increases the likelihood of mortality by 26% (Holt-Lunstad, 2015). Much of this impact on health is seen through poor mental health and wellbeing. UK survey data from Age UK shows that 3 in 10 of those aged over 80 report being lonely.

In Cheshire/Warrington, 30% of adults aged 65 and over live alone. This comprises around 13% of all households in the sub-region, higher than England (5.2%). While living alone doesn't necessarily mean social isolation or loneliness, it is seen as a good indicator of the likely burden, particularly in older adults.

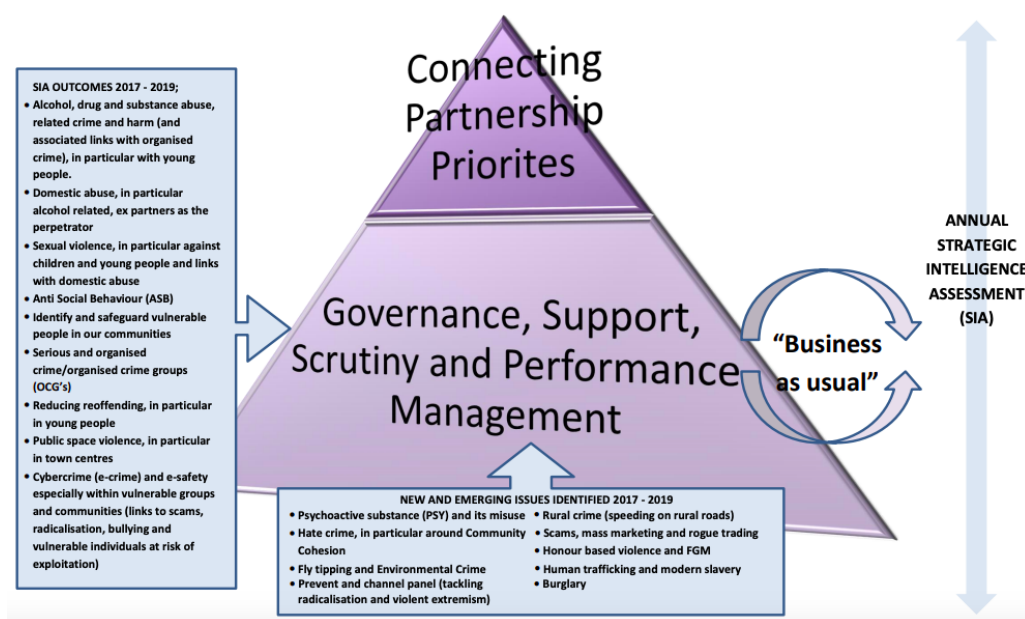
In Cheshire/Warrington, 40% of adult carers (aged 18 and over) say that they have as much social contact as they would like, which is higher than the England average(36%), suggesting a lower degree of social isolation/greater potential for social capital.

Age UK have produced 'loneliness maps' that show the relative risk of loneliness across neighbourhoods in England. The relative risk of loneliness is based on the Census figures for a number of the factors identified above including living alone and marital status, low income and poor physical health. These maps can be used to support the targeting of social and befriending opportunities within the boroughs.

Over the next decade, as more services become digital by default, digital exclusion among older populations is likely to increase and may compound loneliness and other forms of social exclusion. Conversely, social media platforms offer opportunities to engage older adults provided they are IT literate and have access to the necessary facilities to engage.

Community Safety

Local Community safety partnerships are changed with strategic planning to respond to locally defined needs (*see Fig 6 below: Community Safety Plan on a page, Cheshire East*). There is scope to influence these plans as they reach review date to ensure the impact of crime and disorder on offender mental health and community wellbeing is recognized and prioritized. This is particularly relevant to issues such as domestic abuse and substance use, often referred to as the 'toxic trio' which surround offending behaviour. Police and PPC colleagues also report very high and increasing activity in order to respond to mental health needs of residents in distress. Action to address this demand is being considered by the Cheshire and Mersey Health and Care Partnership, Crisis Care workstream.



Social prescribing

The social prescribing services in Cheshire/Warrington and Halton are usually joint initiatives between the Council and CCG. Social prescribing enables health professionals, mainly in primary care, to refer people to a range of local, non-clinical services. Social prescribing seeks to address people's needs in a holistic way and aims to support individuals to take greater control of their own mental health. One of the most common concerns of people referred is mental health needs.

Social prescribing works with people to access local sources of support such as volunteering, arts activities, group learning, gardening, befriending, healthy eating advice and a range of sports etc.

Access to green space and the natural environment

It is well known that contact with the natural environment and green space promotes good health and the evidence is particularly strong for positive associations between experience of natural environments and mental health. Contact with natural environments evokes positive emotions, promoting psychological restoration, improving mood and attention, and reduces stress and anxiety. Research has also shown the benefits of green space include reduced aggression and crime by improving companionship, sense of identity, belonging and happiness. In addition to providing a direct benefit to mental wellbeing, green space can act to indirectly improve wellbeing via increasing physical activity opportunities and community participation, while reducing noise and light pollution. As a sub region Cheshire and Warrington includes substantial areas of green space providing good opportunity to access this. A green space audit has been undertaken in Cheshire looking into current and future use of green space assets across the sub region.

As with all opportunities for accessing facilities and services that can provide a positive impact on mental wellbeing, it is important that work is undertaken to improve access to green spaces for all groups in the population, particularly those with risk factors for poor mental health and wellbeing.

We recommend the above programmes should be subjected to an audit to assess impact on mental wellbeing. This should enable commissioners to drive up the mental wellbeing dividends from the wider determinate programmes. (see appendix 3)

4. Contributing to an integrated approach to mental health support from the promotion of wellbeing to the recovery from mental ill-health

Providing support for people who are struggling with their mental health at an early stage is key to preventing the development of more serious mental health conditions further down the line. This includes people who have not reached the stage of having a diagnosable condition but may be experiencing high levels of stress or low mood and could benefit from advice, support and non-medical interventions.

We know that many people will not consult a health professional at the early stages of poor mental health and often the first person to offer, or be asked for help will be a family member, friend or colleague. A key principle of our approach is therefore to provide training and information for relevant front-line professionals, people working in the community and members of the public so that they are able to identify when people around them are struggling and provide timely advice and signposting to services when relevant. In Cheshire/Warrington Mental Health First Aid Training is already being delivered to front line staff including health professionals, teachers, community groups and Local Authority staff. But there are still many opportunities to engage more people in mental health training and we will explore options for delivery beyond the PSTP partners

In Cheshire/Warrington and Halton there are many services spanning the statutory, private and voluntary sectors that support residents who are struggling with their mental health and wellbeing in order to prevent future mental ill-health. Examples include:

The Cheshire East Council Together, Connected Communities mental wellbeing programme is aimed at people recovering from emotional distress, mental health concerns and mental ill-health. There is a need to ensure pathways are developed into early help such as IAPT as well as crisis support services to ensure this programme is safe and sustainable.

We recommend the Connected Communities Programme in Cheshire East is included in primary mental health service planning in Cheshire East and evaluated for impact on people accessing primary mental health services.

Talking therapies

Talking Therapies is a service which is part of the national Improving Access to Psychological Therapies (IAPT) programme. The service provides talking therapies for people with mild to moderate mental health problems and is accessed via referral from GPs and other health professionals or self-referral. The service offers individual or group sessions which run for 6-20 weeks depending on level of need. The services offered include; mindfulness, anxiety management, winter

wellbeing groups, post-traumatic stress disorder and others.

NHS England has set a national ambition to increase access to talking therapies so that by 2021 at least 25% of those with anxiety or depression have access to a clinically proven talking therapy service. There is also a commitment to improving access to services for people with long-term conditions, people from Black and Minority Ethnic communities, and to embed psychological support in pathways across health care so mental and physical healthcare is as joined-up as possible.

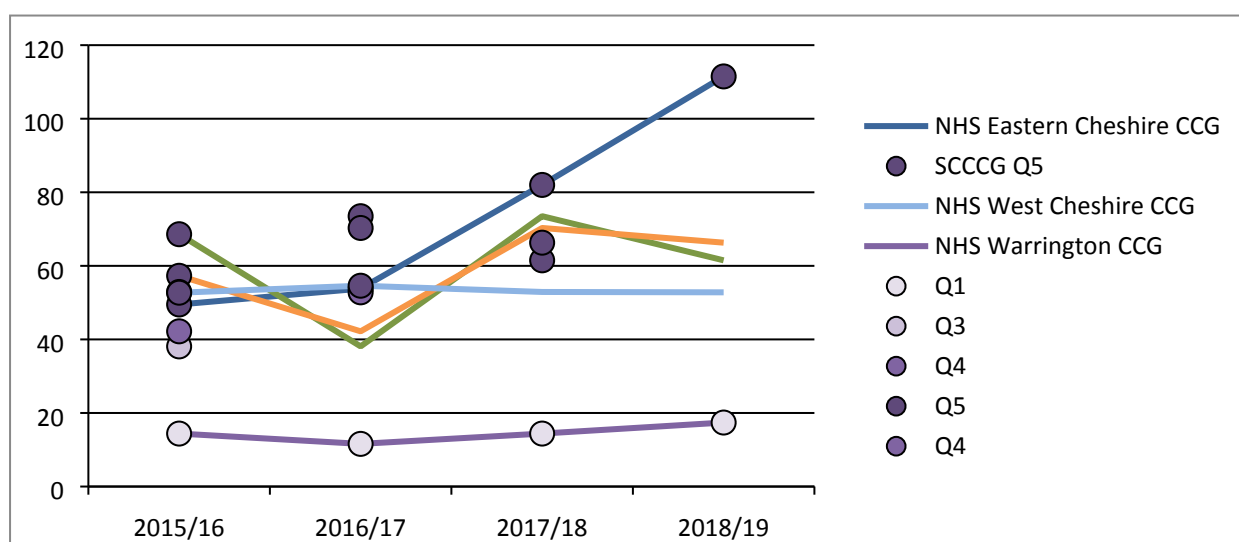


Fig 6: Average waiting times between 1st and 2nd treatment (annual) 2015-2019

Social prescribing

Social prescribing (SP) services across in Cheshire/Warrington are quite well established and the recent additional investment in Link Workers based with Primary care networks (PCNs) should build on existing services. There has however also been a reduction in grant funding to support the vol/comm sector to provide community based activity. Social prescribing enables health professionals, mainly in primary care, to refer people to a range of local, non-clinical services. Social prescribing seeks to address people's needs in a holistic way and aims to support individuals to take greater control of their own mental health. Nationally wherever SP schemes exist, one of the most common concerns of people referred is mental health needs.

SP should be expanded with some caution to ensure vol/comm provided services are not overwhelmed with referrals from the Link Work programme.

5. Maternal health, early years and young people

Pregnancy and the early years is a critical time for both parent and children's mental health. Good physical and mental health in pregnancy is associated with better outcomes for children. Anxiety,

depression and maternal stress – especially the experience of domestic abuse – have been linked to impaired emotional, cognitive and language development in infants. During infancy, a child's secure attachment to their main caregiver creates expectations in the child and provides a mental model for future relationships. Secure attachment insulates from trauma and promotes a child's self-esteem and resilience, and influences the way in which the child relates to and behaves with others. It gives the child an internal working model of the world as a safe and secure one in which the main caregiver will respond to its needs. This supports the development of neural pathways.

Maternal depression (both in the antenatal and postnatal period) is one of the strongest predictors of poor attachment and emotional and mental health difficulties in childhood and later in life. Over 50% of lifetime mental illness (excluding dementia) manifests by age 14 with 75% of all adult mental illness manifesting by age 24.

The early years and childhood are crucial times for setting people up to enjoy good mental wellbeing for life. Secure attachment to caregivers can promote a child's self-esteem and resilience, influence the way in which the child relates to and behaves with others and insulate itself from the impact of Adverse Childhood Experiences (ACEs). Services can also respond through use of for example trauma informed practice

Schools and other educational settings have been shown to provide a good opportunity for mental health promotion and Cheshire East has a strong local Emotionally Healthy Child programme with most schools in the borough participating. Emotional health and wellbeing is one of the core strands of this programme. They are also developing an equivalent programme for Early Years Settings including childminders and nurseries.

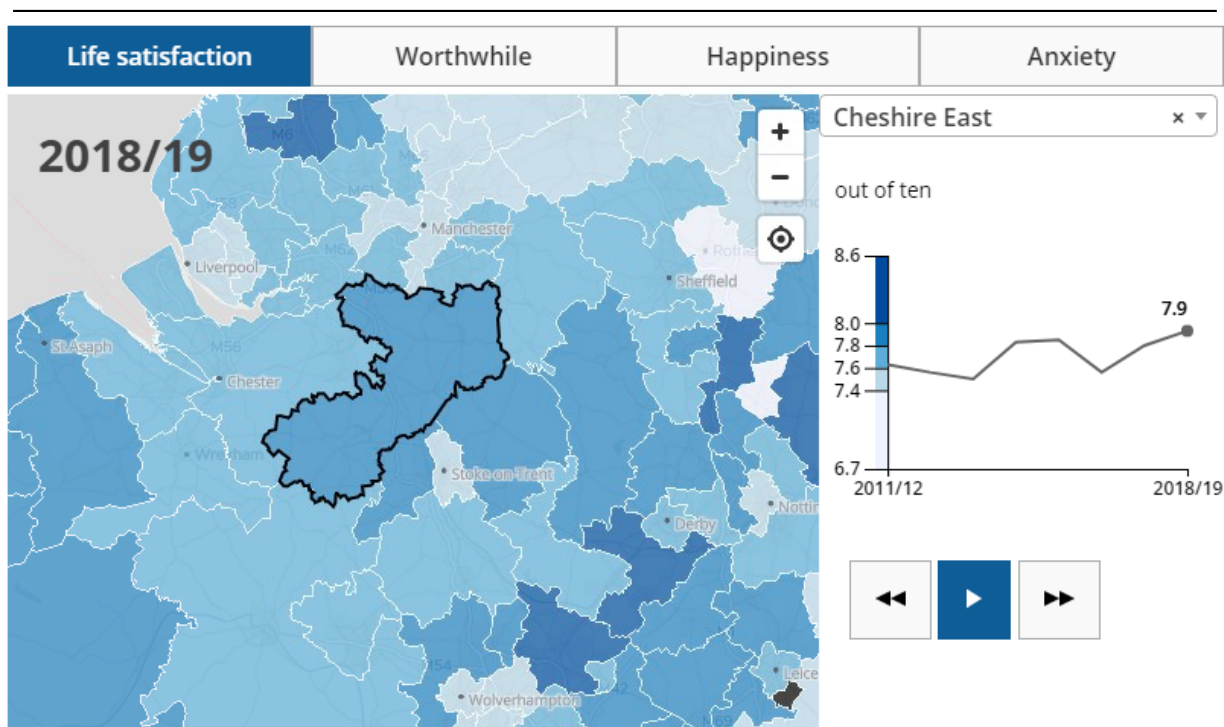
Cheshire West and Chester LA and Halton LA are using trauma informed practice training for all frontline delivery staff (for both children and adults) to assess impact on service use. This comprises of sessions on neurodevelopment and the impact of trauma, identification of trauma affected behaviour and interventions to support people affected by trauma.

<p>We recommend the emotionally healthy child programme in Cheshire East and Trauma Informed Practice work being undertaken in Cheshire West and Halton are evaluated for impact on referrals to services in order to influence commissioning of similar approaches across the sub-region</p>
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6.Measuring the impact of the Strategy

The following key performance indicators are proposed:

The overall programme should be monitored against the indicators contained within the national Wellbeing dataset



The strategic objectives should be monitored as follows:

	Objective	How will we know things have changed	What's the current position	What's our target
1	Stigma and self care	<ul style="list-style-type: none"> Increase in number of people reached by social media campaign No of people registered on digital self help platform 	<ul style="list-style-type: none"> Investigate data captured locally on Time to Change campaign visibility to establish local/sub region baselines Investigate current data captured on use of existing self help tools approved by NHS app library 	<ul style="list-style-type: none"> Develop targets based on increasing reach for sub-regional Time to change campaign Develop targets based on increasing number of people using self help tools
2	Barrier to work	<ul style="list-style-type: none"> NHS digital publish dat of no. of fit notes issued by CCG by ICD code DWP data can be used to show number of people 	<ul style="list-style-type: none"> Trend is upward Trend is upward 	<ul style="list-style-type: none"> Develop a trajectory to show slowing rate of increase over lifetime of the strategy Develop a trajectory to show slowing rate of increase

		claiming out of work benefits by ward by ICD code <ul style="list-style-type: none"> Mental Health dataset contains measures relating to number of people in contact with CJS 	<ul style="list-style-type: none"> No local analysis 	over lifetime of the strategy <ul style="list-style-type: none"> We should consider requesting bespoke analysis to develop targets
3	Safe and stable	<ul style="list-style-type: none"> National Housing Survey has satisfaction measures but key issue is lack of provision Social capital metrics, access to green/open spaces, and/or community safety metrics which impact on mental wellbeing 	<ul style="list-style-type: none"> Largely unchanged from 2010-2016 	<ul style="list-style-type: none"> Should consider use of bespoke neighbourhood audits and/or processes such as health Impact Analysis to develop targets <p>No analysis by sub region undertaken to date</p>
4	Integrated systems	<ul style="list-style-type: none"> No of commissioning and provider organisations adopting PHE prevention concordat 	<ul style="list-style-type: none"> Little if any take up so far 	<ul style="list-style-type: none"> All commissioning authorities adopt the concordat and produce action plans by March 20
5	CYP	<ul style="list-style-type: none"> Referrals to CAMHS 	<ul style="list-style-type: none"> Trend is upward 	<ul style="list-style-type: none"> Consider use of Cheshire East Emotionally Healthy Child outcome indicators across sub region systems

7.Measuring Mental Wellbeing

There is a need to ensure there is a consistency of approach to measuring mental wellbeing across the sub region. This is in terms of evaluation of projects and interventions and in terms of any surveys to

measure population mental wellbeing levels. Wellbeing measurement frameworks such as <https://www.socialprogress.org/>, <https://worldhappiness.report/ed/2019/> and others reviewed by <https://whatworkswellbeing.org/> should be evaluated as potential measures of impact across the sub region.

In terms of evaluating local initiatives to improve population mental wellbeing, the **Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)** is a validated scale of items used for the measurement of mental wellbeing of the population aged 13 to 74. There is a longer version of 14 questions and a shorter version of seven items. It is the seven item scale that we recommend for use locally, as it is validated, widely used throughout the UK, free to use and quick and easy to administer. It is also now available in a number of different languages including Urdu, Arabic, French, Lithuanian and others. The scale comprises seven positively worded statements and participants are asked to answer each mental wellbeing statement for the previous two weeks. See appendix 1 for the full set of questions. Many local projects are already utilising this scale for evaluation purposes.

Personal wellbeing, which is about how positively people evaluate their own lives, and highly relevant to mental wellbeing is also measured by ONS as part of the Annual Population Survey and this provides estimates at borough level See appendix 2 This includes four questions, each scored on a 10 point scale, as shown in appendix 2. The questions relate to satisfaction with life, feeling the things you do are worthwhile, happiness and feeling anxious. While the WEMWEBS scale is the recommended choice for measuring mental wellbeing, local surveys which require a more general measure of wellbeing should consider use of the ONS survey questions.

10. We recommend the consistent use of the WEMWBS tool for measuring population mental wellbeing, particularly in terms of evaluating specific services and interventions to promote mental wellbeing.

11. We recommend use of the ONS annual population survey, quality of life questions to monitor impact on borough wide population group.

The Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS)

Appendix 1

Below are some statements about feelings and thoughts.
Please tick the box that best describes your experience of
each over the last 2 weeks

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5

Appendix 2

Measuring Wellbeing

Measuring National Well-being (MNW) is about looking at “GDP and beyond” to measure what really matters to people. The MNW programme began in November 2010 with the aim to “develop and publish an accepted and trusted set of National Statistics which help people understand and monitor well-being”. We describe well-being as “how we are doing” as individuals, as communities and as a nation, and how sustainable this is for the future.

Personal well-being (sometimes referred to as “subjective well-being”) is one of many ways in which the MNW programme aims to assess the progress of the nation.

Office for National Statistics uses four survey questions to measure personal well-being as illustrated in below. People are asked to respond to the questions on a scale from 0 to 10 where 0 is “not at all” and 10 is “completely”.

Four measures of personal well-being

Next I would like to ask you four questions about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions I’d like you to give an answer on a scale of 0 to 10, where 0 is “not at all” and 10 is “completely”.

Measure	Question
Life Satisfaction	Overall, how satisfied are you with your life nowadays?
Worthwhile	Overall, to what extent do you feel that the things you do in your life are worthwhile?
Happiness	Overall, how happy did you feel yesterday?
Anxiety	On a scale where 0 is “not at all anxious” and 10 is “completely anxious”, overall, how anxious did you feel yesterday?

Source: Office for National Statistics

Appendix 3

Mental well-being checklist

Are specific protective factors being addressed appropriately – at the individual and community level?

ENHANCING CONTROL

Individual level

A sense of control e.g. setting and pursuit of goals, ability to shape own circumstances

Belief in own capabilities and self determination e.g. sense of purpose and meaning

Knowledge skills and resources to make healthy choices e.g. understanding what makes us healthy and being able to make choices

Maintaining independence e.g. support to live at home, care for self and family

Community / organisation level

Self-help provision e.g. information advocacy, groups, advice, support

Opportunities to influence decisions e.g. at home, at work or in the community

Opportunities for expressing views and being heard e.g. tenants groups, public meetings

Workplace job control e.g. participation in decision making, work-life balance

Collective organisation and action e.g. social enterprise, community-led action, local involvement, trades unions

Resources for financial control and capability e.g. adequate income, access to credit unions, welfare rights, debt management

Other?

INCREASING RESILIENCE AND COMMUNITY ASSETS

Individual level

Emotional well-being e.g. self esteem, self worth, confidence, hopefulness, optimism, life satisfaction, enjoyment and having fun

Ability to understand, think clearly and function socially e.g. problem solving, decision making, relationships with others, communication skills

Have beliefs and values e.g. spirituality, religious beliefs, cultural identity

Learning and development e.g. formal and informal education and hobbies

Healthy lifestyle e.g. taking steps towards this by healthy eating, regular physical activity and sensible drinking

Community / organisation level

Trust and safety e.g. belief in reliability of others and services, feeling safe where you live or work

Social networks and relationships e.g. contact with others through family, groups, friendships, neighbours, shared interests, work

Emotional support e.g. confiding relationships, provision of counselling support

Shared public spaces e.g. community centre, library, faith settings, café, parks, playgrounds, places to stop and chat

Sustainable local economy e.g. local skills and businesses being used to benefit local people, buying locally, using Time Banks

Arts and creativity e.g. expression, fun, laughter and play

Other?

FACILITATING PARTICIPATION AND INCLUSION

Individual level

Having a valued role e.g. volunteer, governor, carer

Sense of belonging e.g. connectedness to community, neighbourhood, family group, work team

Feeling involved e.g. in the family, community, at work

Community / organisation level

Activities that bring people together e.g. connecting with others through groups, clubs, events, shared interests

Practical support e.g. childcare, employment, on discharge from services

Ways to get involved e.g. volunteering, Time Banks, advocacy

Accessible and acceptable services or goods e.g. easily understood, affordable, user friendly, non-stigmatising, non-humiliating

Cost of participating e.g. affordable, accessible

Conflict resolution e.g. mediation, restorative justice

Cohesive communities e.g. mutual respect, bringing communities together

Other?

Are the wider structural determinants being considered?

WIDER DETERMINANTS (often at a socio-economic / environmental/ structural level)

Access to quality housing e.g. security, tenure, neighbourhood, social housing, shared ownership, affordable and appropriate

Physical environment e.g. access to green space, trees, natural woodland, open space, safe play space, quality of built environment

Economic security e.g. access to secure employment (paid and unpaid), access to an adequate income, good working conditions, meaningful work and volunteering opportunities

Good quality food e.g. affordable, accessible

Leisure opportunities e.g. participate in arts, creativity, sport, culture

Tackling inequalities e.g. addressing relative deprivation and poverty

Transport access and options e.g. providing choice, affordability and accessibility

Local democracy e.g. devolved power, voting, community panels and increasing community participation

Ease of access to high quality public services e.g. housing support, health and social care

Access to education e.g. schooling, training, adult literacy, hobbies

Challenging discrimination e.g. racism, sexism, ageism, homophobia and discrimination related to disability, mental illness or faith

Other?