Public Health England

Protecting and improving the nation's health

Prevention Concordat for Better Mental Health:

Prevention planning resource for local areas

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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Foreword

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Mental health problems are a growing public health concern. In order to address this in a way that really helps those affected and those around them, we need to change our approach and work not only towards parity of esteem between mental and physical health to break down stigma, but also give equal attention to the prevention of mental ill health as well as treatment.

It was very encouraging to see prevention highlighted as a key issue in the NHS Five Year Forward View for Mental Health, it brought attention rightly to the wider causes of mental health problems and how they can be tackled. This includes reducing inequalities, addressing wider social determinants and strengthening the ways we promote good mental health for people and communities.

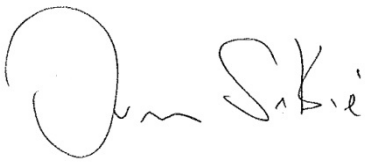
Public Health England is committed to making a success of this work. Over the last year we have been working with our local and national partners, local government and the NHS to help improve the mental health of people and communities across England.

Collectively our ambition is to help support prevention and promotion in every local area across England. This is vital in our quest to reduce inequalities, strengthen communities and ensure health, social care and other resources are used effectively. This requires a combined effort across the health, social care, public health, community and voluntary networks to help build effective public health systems in local areas that can prevent and treat mental health problems.

This evidence based resource sets out the case for action over five key areas of work; assessing needs and assets; building partnerships; delivering commitments, defining success and leading for prevention. These resources aim to shape local action and mark an important turning point in moving towards a more prevention focused approach to mental health – helping those who are vulnerable to conditions as well as those who are experiencing difficulties and challenges with their mental health. Local public health teams and their partners can use these resources to create a system that is more focused on prevention and improves the provision of treatment for those most vulnerable to mental health problems.

A statement of intent is set out in the Prevention Concordat for Better Mental Health which supports this goal. Key agencies including NHS England, the Local Government Association, NICE, the Faculty of Public Health and Association of Directors of Public Health have already signed up. We encourage others to join in this movement towards a more prevention focused approach to mental health.

These new resources confirm that the prevention of mental ill health is a priority for public health. Leadership and commitment are both key to achieving our aims, which is why Public Health England, alongside NHS England and Local Government will continue to support this work and join up our efforts with others to achieve better mental health across the country.



Duncan Selbie
Chief Executive
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Claire Murdoch
National Mental Health Director and
National Senior Responsible Officer
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NHS England

Prevention Concordat for Better Mental Health Consensus Statement

Prevention Concordat for Better Mental Health

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

The Concordat is intended to provide a focus for cross-sector action to deliver a tangible increase in the adoption of public mental health approaches across local authorities, the NHS, public, private and VCSE sector organisations, educational settings and employers. It acknowledges the active role played by people with lived experience of mental health problems, individually and through user led organisations.

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

Consensus statement

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

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

2. There must be joint cross-sectoral action to deliver an increased focus on the prevention of mental health problems and the promotion of good mental health at local level. This should draw on the expertise of people with lived experience of mental health problems, and the wider community, to identify solutions and promote equality.

3. We will promote a prevention-focused approach towards improving the public's mental health, as all our organisations have a role to play.

4. We will work collaboratively across organisational boundaries and disciplines to secure place-based improvements that are tailored to local needs and assets, in turn increasing sustainability and the effective use of limited resources.

5. We will build the capacity and capability across our workforce to prevent mental health problems and promote good mental health, as outlined in the Public Mental Health Leadership and Workforce Development Framework Call to Action[1].

6. We believe local areas will benefit from adopting the Prevention Concordat for Better Mental Health.

7. We are committed to supporting local authorities, policy makers, NHS clinical commissioning groups and other commissioners, service providers, employers and the voluntary and community sector to adopt this Concordat and its approach.

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

- Association of Mental Health Providers
- Association of Directors of Public Health UK
- Children and Young Peoples Mental Health Coalition
- Centre for Mental Health
- Department of Health
- Faculty of Public Health
- Local Government Association
- Mental Health Foundation
- Mental Health Commissioners Network of NHS Clinical Commissioners
- National Survivor User Network
- NHS England
- Public Health England

The consensus statement is a live document, and the current list of signatories to the consensus statement can be found at[2]:

Executive summary

Prevention Concordat for Better Mental Health: Prevention planning resource for local areas has been developed to support local areas across England to put in place effective arrangements to promote good mental health and prevent mental health problems.

This practice resource is part of a suite of resources being produced as part of the Prevention Concordat for Better Mental Health programme and in response to the Five Year Forward View for Mental Health recommendation two. The resource builds on published evidence and draws on the findings of a stocktake of prevention planning arrangements, which was led by The King's Fund as part of this programme, and will be published separately as a source document[3]. Public Health England (PHE) also undertook stakeholder engagement events across England with a range of representatives from different sectors to understand needs of local areas.

The scope focuses on preventing the onset, development and escalation of mental health problems, promoting good mental health through strengthening individuals and communities and reducing inequalities.

The framework for effective planning for better mental health in all local areas is based on findings and consists of five steps;

1. Needs and assets assessment - effective use of data and intelligence:
   Having a clear understanding of the key mental health issues affecting local communities, and which specific interventions should be prioritised to best meet local needs
2. Partnership and alignment:
   Local organisations and populations working together across sectors to align plans and undertake joint or complementary programmes of work
3. Translating need into deliverable commitments:
   Ensuring that high-level strategic aims to promote better mental health are translated into actions and integrated into operational plans across a range of organisations
4. Defining success outcomes:
   Having a clear understanding of how to measure outcomes in preventing mental health problems and promoting good mental health, and which would be most relevant to the local community
5. Leadership and accountability:
   Ensuring that the wide range of organisations are involved in better mental health and are held to account for jointly agreed actions, with clear leadership and direction

A range of practice examples and further resources are included to support local areas when putting together their planning arrangements. This includes:

- a brief overview of evidence based actions and interventions derived from two rapid evidence reviews undertaken in 2016[4, 5]

- the 2011 return on investment report[6]
- the 2017 return on investment reports[78], tool[9] and user guide[10]
- a list of the main organisations publishing prevention resources
- a list of the most relevant NICE guidance

The following infographic provides a summary of the why, what and how for Prevention Concordat for Better Mental Health: Prevention planning resource for local areas

Public Health England

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

Why? The case for action:

- **1 in 10** children experience a mental health problem
- **1 in 6** adults have had a common mental health problem in the last week
- **1 in 5** adults has considered taking their life at one point
- **9 in 10** people with mental health problems experience stigma and discrimination

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

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

What good looks like:
A five domain framework for local action

Needs and asset assessment - effective use of data and intelligence
- analyse quantitative and qualitative data
- analyse and understand key risk and protective factors
- engage with the community to map useful and available assets
- agree the priority areas

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

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

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

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

Consider How to support mental health across:

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

Life course approaches
- family, children and young people
- working age
- older people

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

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Introduction

This practice resource aims to support local areas across England to put in place effective arrangements to promote good mental health and prevent mental health problems. It is part of a suite of resources that Public Health England (PHE) has developed to support local areas to action public mental health.

By 'local area' we mean organisations and communities working together within a place to improve the public's mental health and reduce health inequalities. This resource has been written to apply to local authority boundaries or other geographically based arrangements e.g. accountable organisations and sustainability and transformation partnerships (STPs).

Public Health England and key partners want to ensure that mental health problems are prevented, good mental health is promoted and inequalities are reduced at every possible opportunity. The challenge is to understand and target the wide-ranging risks and influencing factors for mental health, taking us in the direction of better mental health for all and acknowledging the effects of inequalities on mental health outcomes for people and communities.

Good mental health is very important to overall health. It is associated with better productivity, is a protective factor for some physical health conditions, and is a vital asset for dealing with life's stresses. Good mental health is not just the absence of a mental health problem, but having the ability to think, feel and act in a way that allows us to enjoy life and deal with the challenges it presents[11].

The recent Adult Psychiatric Morbidity Survey (APMS) found that one in six adults experienced symptoms of a common mental health problem, such as anxiety or depression, in the past week, and one in five adults have considered taking their own life at some point[12]. The most recent statistics we have around children and young people's mental health are from 2004 and are therefore very outdated. This data showed that 1 in 10 children and adolescents had a clinically diagnosable mental health problem, and that 75% of mental health problems are established by the age of 24[1314]. Yet there are public mental health interventions and approaches that can be used to help promote good mental health and reduce this high prevalence of mental health problems many local areas have already started. Through more effective planning for better mental health we all have the potential to prevent mental distress and improve people's lives.

The World Health Organisation defines mental health as '... a state of wellbeing in which the individual realises his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community'[15] . Mental health is also often used to describe a spectrum from mental health problems, conditions, illnesses and disorders through to mental wellbeing or positive mental health. Public mental

health is a term that encompasses and emphasises all elements of mental health in public health practice. It spans promotion, prevention, effective treatment, care and recovery. It is built on the same principles as all areas of public health. Public Mental Health is the art and science of improving mental health and wellbeing and preventing mental health problems through the organised efforts and informed choices of individuals, communities, organisations and society[16].

Whilst there is exciting practice happening all over the country, no area is doing everything that can be done and therefore every area has scope to improve. The establishment of the Prevention Concordat for Better Mental Health, a programme of support to help local areas to deliver the improvements needed, will affect significant change in the public's mental health and reducing unfair and/or avoidable differences in mental health between groups.

Local areas are encouraged to use this guide to develop an agreed vision that is clear and locally led, to learn from other areas and to progress their prevention planning arrangements to improve local outcomes. This approach also involves local partners being clear on how they will measure the success of their actions, and be held to account by the local population on their progress.

This resource sets out:

1. what is meant by 'preventing mental health problems and promoting good mental health';
2. a five section framework for effective planning for better mental health for all local areas to consider;
3. a range of practice examples and further resources that local areas can draw on when putting together their arrangements;
4. a range of actions and interventions that local areas can take to improve mental health.

It is important to note that this resource does not try to do everything. It is not a vehicle for providing additional funding or creating mandatory reporting requirements, as the focus is on helping areas improve with existing resources. It also does not reproduce information on every policy that related to public mental health, but aims to signpost to relevant resources for knowledge, intelligence and tools.

This resource is specifically focused on prevention of mental health problems and promotion of mental health. It is therefore designed to complement, but not replace, related resources such as our suicide prevention resources and the Mental Health Crisis Care Concordat. The scope of this resource does not explicitly cover dementia and neurology, the links between mental health with physical health, or the specific needs of people with serious mental health problems. We do however recognise that these are important and related issues, and they will be included elsewhere in PHEs work.

Given the number of stakeholders who can positively influence mental health at a local level, this resource is intended for multiple audiences, as summarised in the box below:

Table 1: How this practical guide can help you…	
…as a local authority	Local authorities are the main audience for this guide, and will be instrumental in engaging with organisations across their area to plan together for better mental health. This practical guide can support this task, and provides examples of how others have approached similar challenges and opportunities as well as further resources.
…as a member of a Health and Wellbeing Board	Health and Wellbeing Boards have an important role in leading change for better mental health across their area. This is a significant role and this guide aims to help to clarify the specific responsibilities that Health and Wellbeing Boards have, and how this leadership role can be carried out most effectively.
…as a commissioner	The whole system is seeking to increase the focus on prevention within its strategic and operational plans. Commissioning prevention focused interventions and integrating prevention into a range of contracts is essential. A combination of individual and collaborative action between local commissioners will gain the most traction. The NHS hold key/specific responsibilities for local action alongside local authorities and others.
…as a provider of services	Delivering a range of approaches that promote mental health and prevent mental health problems will require capacity and capability among service providers. Equipping your workforce with the right knowledge and skills is essential to achieving your ambition/ vision and delivering local plans.
…as a public-sector organisation	Many organisations and sectors can contribute to the promotion and prevention agenda. This includes consideration of the ways that existing statutory roles and responsibilities can be positively used to help deliver change. This guide outlines some of the opportunities for engaging in local planning and aligning plans across a wide range of organisations.

Scope: Improving the public's mental health

Public mental health is an overarching term that focuses on:

- preventing mental health problems and suicide
- promoting mental health and wellbeing
- improving the lives of people experiencing and recovering from mental health problems
- reducing mental health inequalities

Mental health promotion involves improving the mental health and wellbeing of the whole population by:

Strengthening individuals: equipping people with the social and emotional skills to manage their lives, to have a sense of meaning and purpose, good relationships and to be able to cope with challenges.

Strengthening communities: creating healthy, inclusive and pro-social places and communities, safe and pleasant physical environments and healthy organisations and settings.

Reducing structural barriers to good mental health: addressing socioeconomic and environmental factors such as poverty, discrimination, access to education, employment, transport, housing and support for the most vulnerable people.

Prevention involves reducing the incidence and prevalence of mental health problems and suicide. Prevention can occur at three levels:

Primary prevention aims to prevent the onset of mental health problems by addressing the wider determinants of illness and using 'upstream' approaches that target the majority of the population.

Secondary prevention involves the early identification of signs of mental health problems or suicide risk and early intervention to prevent their progression or the development of other health complications.

Tertiary prevention involves working with people with established mental health problems to promote recovery and prevent (or reduce the risk of) recurrence.

Mental health promotion is part of primary prevention but also important for those experiencing and at risk of developing, mental health problems. Local areas should try to take a holistic public mental health approach, and determine the most appropriate balance for their population

when planning for better mental health. This resource however focuses on primary prevention, as this is where the biggest gains are to be made[17].

Determinants of health and health inequalities

For every part of the country, the determinants of mental health at a population level are broad and complex, as shown in diagram 1 which is an update of a diagram produced in the landmark Foresight Mental Health and Wellbeing report illustrating 'the risk factors and supporting factors that weigh upon the 'fulcrum' of a person's individual resources and tip the balance toward mental health or mental ill-health'.[18]

Health inequalities are shaped by social inequalities. There is a social gradient in the distribution of good mental health and mental health problems, with those in the most deprived neighbourhoods experiencing the worst mental health and the most discrimination[19]. Action to promote good mental health and prevent mental health problems involves addressing the social determinants of health, outlined in Box 1. These multilevel social and structural issues are important for two reasons: they influence the risk of mental health problems and resilience to be mentally healthy; and they present opportunities for intervening to reduce risk and increase protection. Whilst comprehensive action across the life course and range of factors is needed, evidence concludes that giving every child the best start in life will generate the greatest societal and mental health benefits [20]. Social inequalities and injustices are also linked to inequalities experienced by different populations, for example inequalities based on race, ethnicity, gender, age, disability and access to services. Needs assessments are important to identify the different weight on individuals and communities of these factors, based on differential exposure.

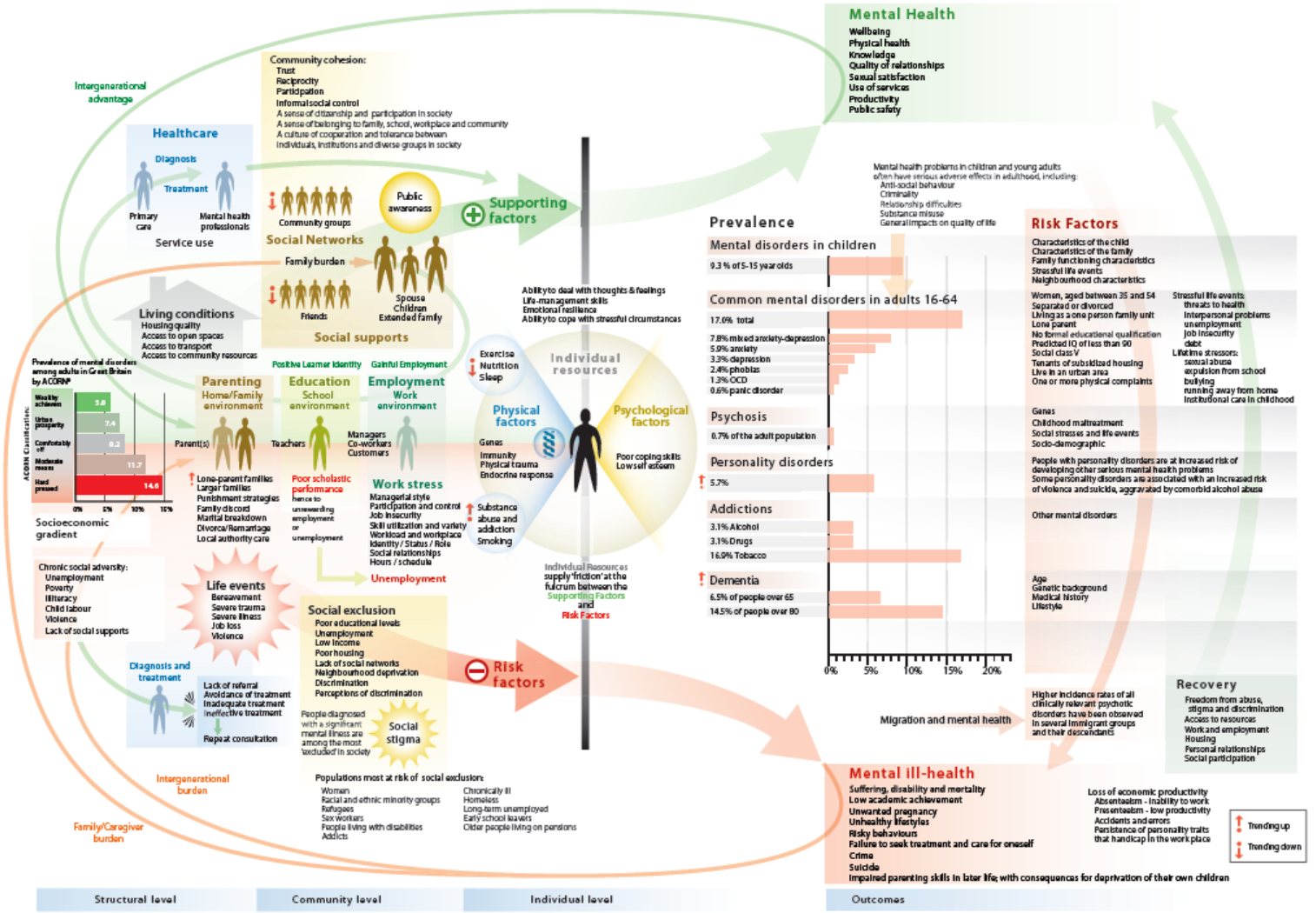
Box 1: The wider determinants of mental health

Life-course: Pre conception, perinatal periods, early childhood, adolescence, working and family building years, older ages all related also to gender race and ethnicity; transition times such as bereavement, retirement or becoming a carer;
Parents, families, and households: parenting behaviours/attitudes; material conditions (income, access to resources, food/nutrition, water, sanitation, housing, employment), employment conditions and unemployment, parental physical and mental health, pregnancy and maternal care, social support;
Community: neighbourhood trust and safety, community based participation, violence/crime, attributes of the natural and built environment, neighbourhood deprivation;
Local services: early years care and education provision, schools, youth/adolescent services, health care, social services, clean water and sanitation;
Country level factors: poverty reduction, inequality, discrimination, governance, human rights, armed conflict, national policies to promote access to education, employment, health care, housing and services proportionate to need, social protection policies that are universal and proportionate to need.

Adapted from WHO/ Gulbenkien (2014). Social determinants of mental health. Geneva, World Health Organization4[20].

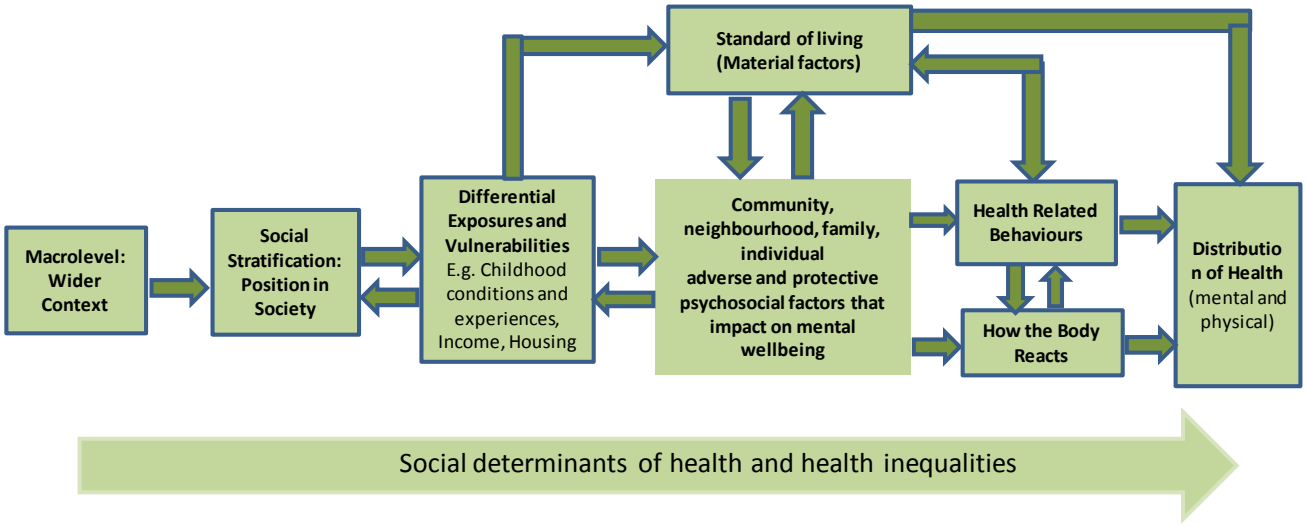
Diagram 1: An overview of the risk and supporting factors for mental health[21]

An overview of the risk factors and supporting factors that weigh upon the 'fulcrum' of a person's individual resources and tip the balance towards mental health or mental ill-health. Also showing the kinds of mental disorders, their prevalence, and associated risk factors.



Inequalities in overall life expectancy and physical health are also influenced by mental health and wellbeing. Social inequalities, adversity and trauma create stressors that impact directly on our bodies (e.g. high blood pressure, heart disease, diabetes) and influence health-related behaviours such as alcohol, drugs, exercise, smoking and diet[22]. Action to promote mental health and prevent mental health problems will therefore also benefit wider strategies to improve health, reduce health inequalities and promote equality. Diagram 2 below shows the psychosocial pathways that link social determinants with health outcomes. It shows the pathway from social inequalities, exposure to stressors, and the adverse factors that directly lead to poor health; as well as the protective factors that can help buffer against disease and create good health.

Diagram 2: Psychosocial pathways



UCL/ PHE, Psychosocial pathways and Health Equity, (2017)[23]

The evidence base

The body of evidence on public mental health actions and interventions is growing steadily. There is now a solid evidence base around the determinants of mental health, both positive and negative, that occur during a child's early years, evident by the many NICE guidance that have been produced on this life stage, highlighted in Annex C. There has been encouraging development in the last decade of evidence that looks at all other life stages, evident in the 2005 WHO Prevention of Mental Disorders report, followed by the landmark 2008 Foresight report, both of which looked at how to improve mental resources and mental wellbeing through life[24] [25]. The two rapid evidence reviews PHE funded Mental Health Foundation and Faculty of Public Health to undertake in 2016, discussed below, have further contributed to highlighting the evidence.

Where gaps do exist, such as evidence from the perspectives of people with lived experience of mental health problems and specific groups who experience inequalities[26], this is being addressed in current work being undertaken by researchers and practitioners. Public mental health has become a prioritised health issue, with several large funding bids announced in the area recently, and there is a continued shift in focus to policy that protects health and builds assets, and an emphasis being put on building evaluation into all public mental health interventions to understand what works, which will in turn increase the evidence base to bring it on par with other public health topics.

The Mental Health Foundation was commissioned by PHE to undertake a rapid review of the current evidence base, which was published in 2016 as *Mental health and prevention: Taking local action for better mental health*[27]. This resource was published during the development stage of the Prevention Concordat for Better Mental Health and draws on relevant NICE guidance and work by others to bring together existing evidence on mental health and prevention. The rapid evidence review highlighted a range of evaluated universal and targeted actions and interventions for various groups and during the life stages that can be adopted by local areas.

Some of these actions, alongside some of the interventions included in the PHE sponsored Faculty of Public Health (2016) report *Better Mental Health for All: A Public Health Approach to Mental Health Improvement*[28], and the interventions featured in the London School of Economics (LSE)/PHE (2017) *Commissioning Cost-Effective Services for Promotion of Mental Health and Wellbeing and Prevention of Mental Health Ill-Health*[29] are described in the Actions for better mental health section on page 46, along with a list of key publications on page 51.

There are a number of organisations contributing to the evidence base for public mental health and we've listed the main organisations producing public mental health resources in Annex B on page 53. We have also compiled a list of the most relevant NICE guidance in Annex C on page 55.

What good looks like: a five section framework for local action

In late 2016 PHE undertook a series of cross sectoral engagement events with stakeholders across England, as well as a review of current practice[30], to understand which issues were most important to help achieve effective prevention planning arrangements and where local areas needed the most practical support. From this process, we identified five priority areas for supporting local action:

1. **Needs and assets assessment - effective use of data and intelligence:** Having a clear understanding of the key mental health issues affecting local communities, and which specific interventions should be prioritised to best meet local needs.
2. **Partnership and alignment:** Local organisations and populations working together across sectors to align plans and undertake joint or complementary programmes of work.
3. **Translating need into deliverable commitments:** Ensuring that high-level strategic aims to promote better mental health are translated into actions and integrated into operational plans across a range of organisations.
4. **Defining success outcomes:** Having a clear understanding of how to measure outcomes in preventing mental health problems and promoting good mental health, and which would be most relevant to the local community.
5. **Leadership and accountability:** Ensuring that the wide range of organisations are involved in better mental health and are held to account for jointly agreed actions, with clear leadership and direction.

We have described these themes in five sections. For each section we have set out:

a) A case for change, explaining why each section is important for the prevention of mental health problems and the promotion of good mental health;
b) A development framework of actions and tools to help all areas improve across promotion and prevention, with further resources to stimulate ideas and local thinking;
c) What good looks like, summarising predicted outcomes and using case studies to illustrate actions that have already been taken by local areas in England;

Determining priorities

From our engagement with stakeholders and review of current practice we know that there are a range of influences that help to determine local priorities. These include national policy priorities and funding, experiences of local communities, available data and intelligence on local population needs and levels of inequality, local political priorities and availability of funding for specific issues.

The challenge for local areas is to be able to consider these issues collectively, and to decide which approaches, interventions and actions are most likely to promote good mental health and prevent mental health problems in their area. As such, there is no single intervention that all areas should implement in the same way. Each local area will have a different set of priorities to address, but all areas should be consistent in using approaches and interventions that are recommended and evidence based.

In determining their priorities, local areas should consider how different sets of interventions and approaches can be linked together, mutually reinforcing one another, to lead to better mental health outcomes. In this way, strategies made up of many different interventions can result in a whole that is far greater than the sum of its parts – and this should be reflected in both planning and evaluation. Areas will want to consider evaluating the impact of the overall strategy more than the individual interventions. This resource provides instructions for how to undertake this planning and evaluation in sections 3 and 4.

As with all public health approaches, local plans should take a long-term perspective if they are to achieve real change. One tested way of ensuring this is by gaining cross-party support when developing plans and involving a wide range of stakeholders.

Section 1: Needs and assets assessment: effective use of data and intelligence

Case for change

Constructing effective arrangements for better mental health requires a thorough understanding of the local context, including both needs and assets. Without this information it is difficult to tailor local plans and approaches and to measure whether an area is making progress.

Every community has a supply of assets and resources that can be used to build the community and solve problems. Mental health assets are the strengths and resources that exist within a local community and act to protect mental health, including people's knowledge and experiences as well as formal and informal resources. The asset approach is a useful antidote to previous models that focused only on the assessment of need and the fixing of problems by professionals. Developing a full picture involves not just the use of national quantitative data, but a range of information sources on both needs and assets across a local area. Useful data and intelligence can come from a range of national and local sources, including national databases.

As well as reviewing the number, there is a need to gain an understanding of what matters to an area's population, with engagement of citizens, third sector organisations, young people and adults with lived experience, and a wide range of others, built into partner organisations' 'business as usual' when mapping needs and assets. This must include working particularly with voluntary groups and directly with children, young people and adults who are particularly at risk of mental health problems, such as:

- those experiencing social isolation or discrimination
- black and minority ethnic communities
- children and young people who are/have been 'looked after'
- people who misuse alcohol and/or drugs
- people in contact with the criminal justice systems
- people who are homeless or in insecure or unsafe living arrangements
- people who are unemployed or family conflict
- people living with problematic debt
- people living with long term health problems

Achieving better mental health across a local area requires an understanding of:
good health outcomes within and between population groups

- the factors that create and protect health
- an understanding of mental health problems and the cumulative risk factors
- The lived experience of the local population

Development framework for assessing needs and assets

PHE's Mental Health Joint Strategic Needs Assessment (JSNA) Toolkit[31] is designed to help areas to do a needs assessment in a systematic way. It comprises a Fingertips profile and knowledge guide and provides appropriate linking with data and intelligence from a range of sources. These include primary and secondary healthcare, public health interventions (e.g. health visitors, school nursing) and activities led by children's services, education, environment and planning, adult social care and the criminal justice system. Added to this, the wider determinants that involve more diverse sources of data and information should be included, such as employment, housing, debt, poverty, trauma, adverse experiences and violence (including domestic abuse).

This section sets out a range of actions that can be taken by local areas, and some available resources to support this work. The key responsibility for this work lies with knowledge and intelligence leads, public health analysts and engagement officers within local authorities, clinical commissioning groups and other commissioners.

Action 1:
Analyse quantitative and qualitative data to gain a broad understanding of prevalence and inequalities in mental health problems, suicide, good mental health and wellbeing and prevention services, including trends over times and populations, access, outcomes and unmet need and variations by ethnicity, gender, age and other protected characteristics, and population groups.

Relevant resources:

- The PHE Mental Health Intelligence Network brings together data already being collected around mental health and well-being and has developed a guide for professionals[32]
- PHE's Mental Health and Wellbeing Fingertips profiles are a rich source of indicators across a range of health and wellbeing themes designed to support JSNA and commissioning to improve health and well-being. The Mental Health JSNA profile includes more than 100 key indicators[33]

Action 2:
Analyse key risk and protective factors, particularly the social determinants of mental health, to gain a better understanding of how these may change over time to influence the future mental health status of different local populations

Relevant resources:

- In addition to indicators on risk and protective factors in the Mental Health and Wellbeing JSNA profile, there are further indicators in PHE's fingertips profile of wider determinants of health[34]
- The PHE Health Asset Profile has been developed to support local authorities in

assessing the level of health assets within their area, the profile views health in its positive dimension and focuses on the factors and solutions that lead to good health[35]

- The What Works for Wellbeing centre have developed a set of local wellbeing indicators that look past traditional thinks to personal relationships, economics, education, childhood, equality and others to see how to meet local needs.[36]
- Age UK's loneliness maps show the relative risk of loneliness across [32] 844 neighbourhoods in England, and is one example of a risk factor[37]

Action 3:
Embark on a community asset mapping project to determine the community assets that people say are useful and available for mental health and wellbeing, and also to help populations to identify their own personal assets. This can be done through stakeholder interviews, workshops or digital methods alongside engaging community members in needs assessment. Community asset mapping forms part of ongoing community development work.

Relevant resource:

- PHE's Strategic Health Asset Planning and Evaluation (SHAPE) Tool has been piloted with local areas to map assets using the Five Ways to Wellbeing Framework[38]
- PHE's Health and wellbeing: a guide to community-centred approaches[39]
- Part 2 of A glass half-full: how an asset approach can improve community health and well-being outlines how to use the following asset mapping techniques: Asset Based Community Development, Appreciative Inquiry, Participatory appraisal, Open space technology[40]
- This digital map of community supports in Kirkintilloch is an example of a community asset mapping exercise conducted by Scottish charitable company Iriss[41]

Action 4:
Collate data from all three actions above, review information from elsewhere, including statistically significant neighbours and best practice from other areas, and agree priority needs and populations and how to build on the existing asset base.

Relevant resource:

- PHE's Mental Health JSNA toolkit comprising
  - Mental Health JSNA Fingertips profile[42]
  - Mental Health and Wellbeing Joint Strategic Needs Assessment Toolkit: Knowledge Guide [43]
- Mental health promotion return on investment tool. LSE/PHE 2017[44]
- Meeting the need: what makes a 'good' JSNA for mental health or dementia? Centre for Mental Health, November 2016[45]

What good looks like: assessment of needs and assets

Achieving better mental health across a local area requires using the tools and resources mentioned above to gain a full understanding of:

- good health outcomes within and between population groups
- the factors that create and protect health
- an understanding of mental health problems and the cumulative risk factors
- the lived experience of the local population

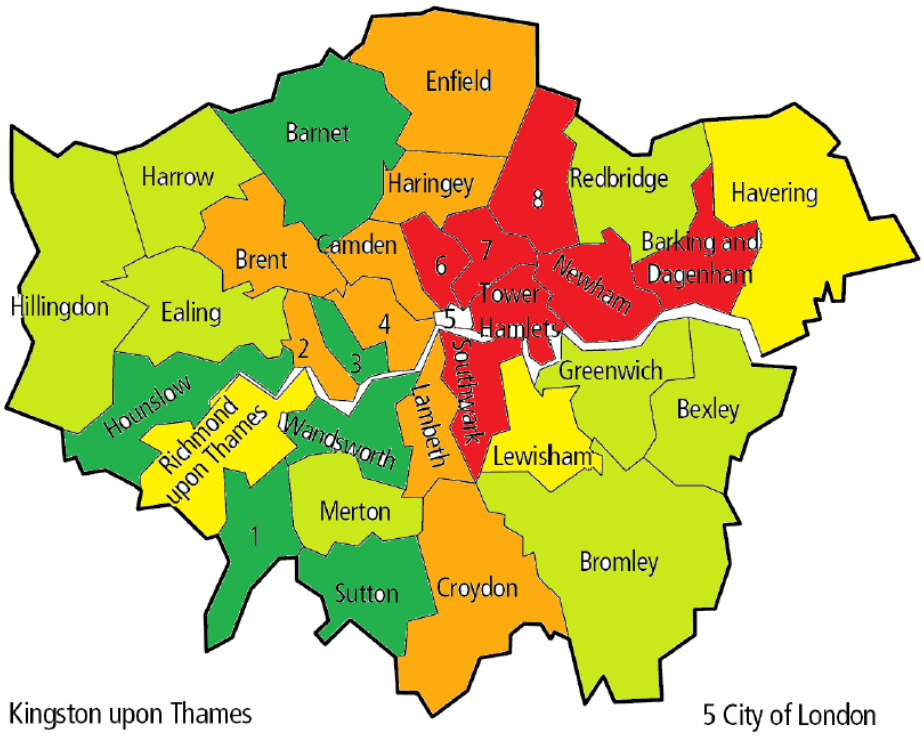
The case study below highlights the mapping of mental health risk factors undertaken to support the establishment of the Thrive London programme.

Case study 1: understanding need in London

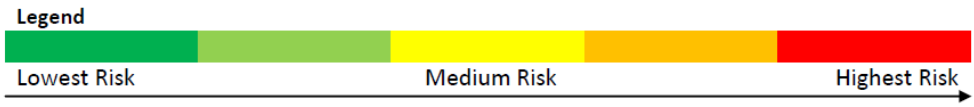
Thrive London, a city-wide movement for mental health launched in December 2016, aims to make mental health a priority in the capital. Supported by the Mayor of London and the London Health Board, the movement is learning from similar movements in cities such as New York to build ambitious plans to promote good mental health and prevent mental health problems. It comes from recognition of the scale of mental health problems across London, with one million Londoners, including 100,000 children and young people, experiencing mental ill health each year.

Developing a better understanding of mental health need and related inequalities is at the core of the programme. Multiple risk maps of mental ill-health risk factors, and an overall combined 'heat map' of London were developed. The heat map below highlighted many risk factors associated with the mental health of Londoners. Some examples include, children experiencing domestic violence, first time entrants to youth justice system, discrimination experienced by ethnic minorities, and overcrowded households. This analysis is now being used to help shape a range of priorities across London which will eventually feed into an action plan towards promoting good mental health and prevent mental health problems.

Diagram: Heat Map of London Local Authority risk factor variation



1 Kingston upon Thames
2 Hammersmith and Fulham
3 Kensington and Chelsea
4 Westminster
5 City of London
6 Islington
7 Hackney
8 Waltham Forest



For further information please contact thrive@london.gov.uk

Section 2: Partnership and alignment

Case for change

Promoting good mental health and preventing mental health problems requires working across a range of settings and targeting a range of audiences. Combining and aligning the knowledge, expertise and resources of organisations across the public, private and voluntary sectors, as well as involvement by young people and adults with lived experience of mental health problems and their carers, and those most at risk, is essential.

A key challenge is ensuring alignment between the many different partners who need to be involved, and determining how they can work together towards a common cause. A stocktake of current practice led by the Kings Fund identified that the degree to which organisations are aligned across local areas is often unclear[46]. The Kings Fund report further identified that the maturity of partnership arrangements varies between areas, as well as the level of co-production with service users, carers, and the wider public.

PHE's Prevention Concordat for Better Mental Health engagement events highlighted that a partnership approach needs to be based on good relationships, and that this takes time and can be challenging. However, areas that had invested in building relationships and partnership working across sectors had seen the benefits.

Development framework for partnership and alignment

This section sets out a range of actions that can be taken by local areas to build strong partnerships and align approaches to preventing mental health problems and promoting good mental health, as well as available resources to support this work.

Action 1: Partners representing the most influential factors on mental health locally (as identified in section 1) should be brought together to set up a multi-agency group for the prevention of mental health problems and promotion of good mental health, made up of the most appropriate partner organisations from across an area. The multi-agency partnership group should have a shared vision, with clear responsibilities for members and clear accountability for actions, as well as links to all other necessary forums. This group should link with the area's multi-agency partnership group for suicide prevention.
Relevant resource: • Local Suicide Prevention Planning: A Practical Resource (PHE, 2016) sets out potential local partners, including the wide range of representatives working with adults, children and young people in an area, such as faith leaders and housing associations; this resource may be useful for mapping[47]

Action 2:

Beyond the multi-agency partnership group, define who is part of an area's wider network and map out who is doing what locally. Within the public sector, establish partnerships between different regional tiers, for example district councils, county councils, accountable care organisations and NHS sustainability and transformation partnerships. As appropriate, establish events and opportunities to bring professionals from different sectors together, such as through joint training or planning. For example, this could be school and college mental health leads coming together with staff working in children and adolescent mental health services.

Relevant resources:

- How publicly funded services can take a whole systems approach (Institute for Government, 2011)[48]
- Improving Partnership working to reduce health inequalities (The King's Fund, 2009)[49]
- Beyond the Usual Suspects (Shaping Our Lives, 2013)
- Using approaches such as Future Search[50], Stakeholder Analysis[51], Consensus Building[52] and Appreciative Inquiry[53]

Action 3:

Involve the community, young people and adults with lived experience as key partners from the initiation of any planning to ensure a good foundation and true co-production.

Relevant resources:

- NICE Guidance 44: Community Engagement, (NICE, 2016)[54]
- A guide to community based approaches to health and wellbeing (PHE, 2015)[55]
- Engaging and Empowering Communities: a shared commitment and call to action (Think Local, Act Personal, 2016)[56]
- 4Pi National Involvement Standards: Involvement for Influence, Influence for Improvement (National Survivor User Network 2014)[57]

Action 4:

Partners should work towards mature approaches to the brokering of resources including pooling resources and innovative contracting to share risk and success for place-based better mental health. This includes the use of non-financial resources and assets. The return on investment tool can be used to understand where costs and benefits accrue with regards to specific mental health interventions and to agree methods of cost and benefit sharing.

Relevant resource:

- Mental health promotion return on investment tool. LSE/PHE 2017[58]

What good looks like: partnership and alignment

Neighbouring local authority areas may find it more efficient to collaborate on public mental health across a wider geography. Opportunities for collaboration include working across the geographical footprints adopted by accountable care organisations, sustainability and transformation partnerships, or the various combined authorities that have adopted a devolution model. This requires a shared vision, co-produced actions, defined roles and clear alignment to ensure the actions taken equal more than the sum of their parts.

Working with the widest possible range of people who have an interest in influencing mental health within an area will help gain an understanding of who should join a multi-agency partnership group and who should remain part of a wider network. For example, some areas have chosen to set up a ‘citizens panel’ or community collaborative board, including young people, adults with lived experience and community groups to ensure work is co-produced.

Strong, legitimate and defined roles for those involved will ensure an effectively run multi-agency partnership. For example, representatives could include local authorities, district councils, NHS commissioners and providers, the police, schools, HealthWatch and third sector organisations.

Adopting and building on best practice from programmes across health and social care, such as the NHS Vanguards[59], should contribute to the development of integrated systems of care, including sharing responsibility, success, risk and resources. Specific attention should be given to how to share the costs and benefits of ‘upstream’ mental health interventions, which might accrue to ‘downstream’ organisations.

The two case studies presented below are an example from Hertfordshire County Council and an example from North West London Collaboration of Clinical Commissioning Groups which show how two areas have taken local action to build effective partnerships.

Case study 2: Hertfordshire County Council

The approach used by the public health team in Hertfordshire County Council to build relationships with local partners is informed by the concept of 'strategic opportunism' – keeping sight of long-term objectives, while being willing to be flexible and responsive to opportunities that arise. In practice this involves building a clear understanding of what the priorities are for local partners (and potential partners), and then exploring what can be done to meet these objectives while also delivering better mental health. For example, school governors in Hertfordshire expressed their concern about exam-related stress and in response to this the public health team worked with them to produce guidance and identify relevant resources for students, schools, parents and teachers. This collaborative work was then used as a platform to explore other aspects of mental health and well-being within schools, and to promote the 'whole school' approach.[60]

The public health team in Hertfordshire also identified employers as an important stakeholder group to engage with. They identified key local employers well networked who have influence over other employers and created an Employers Ambassadors Group in 2013. The group includes public sector employers and large local businesses and meet every three to four months. Workplace stress and the impact of caring responsibilities were identified as key issues. In response, the public health team and NHS partners have organised training sessions on both issues and have developed a wider workplace health offer framed around these issues. The team has also worked with the voluntary sector organisation *Business in the Community* to help engage local employers.

One of the main challenges encountered in relation to partnership working was time constraints and the need to prioritise. As a result, three areas were recommended by the public health team when aligning different partners priorities:

state how interventions to improve mental health and well-being can help serve the objectives

identify early adopters to lead the way and to influence their peers

minimise paperwork and other barriers to wider adoption

The Hertfordshire public health team also sought to strengthen its relationships with local mental health service providers. One approach has been to create secondment opportunities so that mental health professionals can spend a period working in the public health team, learning specific skills and contributing to work on public mental health. This provides a way of cross-fertilising ideas, and helps in building links for the future. One outcome of these arrangements is a joint annual colloquium on public mental health attended by specialist registrars in psychiatry and specialist registrars in public health.

Some of the results achieved through partnership working in Hertfordshire include:

1300 employees in local workplaces have completed training in Mental Health First Aid

All children's centres have signed up to Healthy Children's Centre standards,

All 10 district and borough councils in Hertfordshire have a mental health champion among their elected members

For further information contact Jim McManus at Jim.McManus@hertfordshire.gov.uk

Case study 3: North West London Collaboration of Clinical Commissioning Groups

In North West London, eight NHS clinical commissioning groups (CCGs) are working together on the promotion of good mental health and prevention of mental health problems.

The collaboration's approach, first set out in a case for change paper, has led to the development of the 'Like Minded' programme.[61] Co-produced with local stakeholders, from service users to local resident groups, eight issues were identified with the aim of developing a unified approach to promote good mental health and improve outcomes. One of these eight issues – wellbeing and prevention – has focused on two main areas that have a strong evidence base for interventions: workplace wellbeing and children and young people with conduct disorders.

Workplace wellbeing involved supporting CCGs within North West London to sign up for the Mayor's Healthy London Workplace Charter, creating online training and courses to help develop workplace wellbeing, as well as creating a 'Wellbeing Ambassador' scheme. The programme has brought together partners from different sectors, such as local authorities and Trusts.

North West London's conduct disorder programme will work with parents and teachers, assessing the behaviour and school performance of children at high risk of developing conduct disorder. The programme was commissioned through funding from Health Education England and will be piloted in schools in Ealing.

One of the biggest challenges that North West London has faced is maintaining collaboration between the eight CCGs and local authorities that the area covers, whilst also recognising and responding to the differing circumstances and priorities within each local area. Sustainability and transformation partnerships have been cited as a positive way to foster greater collaboration between CCGs and local authorities and agree a common direction of travel. Additionally, work is still needed to ensure that mental health is mainstreamed across non-mental health specific areas of policy and commissioning.

Budgetary constraints have proved testing too: while CCGs wish to work towards a greater investment in prevention, the cost benefits are long-term. North West London has ambitions to move resource upstream towards promotion and prevention, including a stronger primary care and community wellbeing offer. Additionally, they believe NHS endorsement of evidence-based digital mental health solutions could aid promotion and prevention for the wider population.

Section 3: Translating needs and assets into joint ambition and commitments

Case for change

PHE's stocktake of current practice[62] observed a common disconnect between strategic aspirations relating to promoting good mental health and preventing mental health problems, and specific commitments included within operational plans.

Part of the challenge is that a wide range of activity across an area can contribute to preventing mental health problems and promoting good mental health, not just health and social care related activity. Therefore, clarity and focus is required to make the most significant change, and segregated efforts by local agents replaced by joined up working.

Local action plans and strategies should aim to tackle all of the determinants of health[63] over time. In the shorter term, immediate attention should be paid to the priorities identified from the needs and asset assessment by the activities outlined in section 1, or existing assessment data if already available.

Development framework for turning needs and assets into joint ambition and commitments

This section sets out a range of actions that can be taken by local areas, as well as available resources to support this work.

Action 1: Review current local strategies and plans to identify where public mental health can be included, and work with partners to modify them. This might include undertaking a mental health impact assessment of how plans are currently influencing mental health and its determinants, both positively and negatively.
Relevant resources: • Mental Wellbeing Checklist (South London and Maudsley NHS Trust, 2016)[64] • Mental Wellbeing Impact Assessment Toolkit (National Mental Health Development Unit ,2011)[65]

Action 2:
Review a selection of action plans from different areas to gain useful pointers and determine the approach that best suits local need.

Relevant resources:

- Thrive West-Midlands: An action plan to drive better mental health and wellbeing in the West-Midlands (West Midlands Combined Authority, 2016)[66]
- Director of Public Health Annual Report: Celebrating our Creative, Collaborative and Connected Communities- our approach to increasing wellbeing in Northumberland (DPH, 2016)[67]
- Thrive Ldn: Towards happier, healthier lives (Greater London Authority, 2017)[68]

Action 3:
Develop an action plan that comprehensively examines different ways and approaches to prevent mental health problems and promote good mental health. This could include making sure that the plan takes a life course approach, addresses the determinants of mental health, addresses the needs of an area's most vulnerable and unequal groups, works to reduce health inequalities and links to existing plans for suicide prevention. The format of the plan should be decided locally. Model action plans include a mixture of short, medium and long-term actions, that include activities that can be implemented quickly with low resource implications and activities that require more planning and investment.

Relevant resource:

- Local Suicide Prevention Planning: A Practical Resource (PHE, 2016) has an example of a table format for recording action plans as Appendix [6] [69]

Action 4:
Ensure a strong community-centred and asset-based approach is taken in developing and delivering plans. Think creatively about how to increase participation and empowerment and build on assets across communities, including citizens, third sector organisations, employers, member organisations/associations, faith groups and others, and how they relate to promoting good mental health and preventing mental health problems. For example, this may include identifying organisations who are in regular contact with and/or spend the most time with groups at risk of mental health problems and how they could be supported.

Relevant resource:
Health and wellbeing: a guide to community-centred approaches (PHE, 2015)[70]

Action 5:
Ensure any actions set out are aligned with and mutually reinforce existing and new strategies and plans produced by other partnerships or individual organisations, especially wider public health and mental health plans, such as sustainability and transformation plans, housing, inequalities, educational, local economic growth and employee support strategies.

Relevant resource:

- Guidance for commissioning public mental health services (Joint Commissioning Panel for Mental Health, updated 2013)[71]
- Comprehensive Mental Health Action Plan 2013-2020 (World Health Organization) [72]

Action 6:
To promote practical and systemic change use the Human Rights-Based Approach (HRBA) five PANEL principles: Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality of rights. This is a tool that any practitioner, service provider or policymaker can use to examine whether they are putting human rights into practice. An HRBA can be applied in many circumstances and can be used in developing policy and practice at the macro (systemic) and micro (organisational/stakeholder) levels.

Relevant Resource:

- The Scottish Human Rights Commission. Care About Rights Information and Training Pack[73]
- The United Nations Human Rights Based Approach portal features a collection of resources designed to assist the practitioner at the country office level integrate a human rights-based approach into their programming work[74]
- Care Quality Commission human rights approach (2017) developed for their three year strategy[75]

Action 7:
Regularly invite a wide range of feedback on action plans to help hold partners to account. As appropriate, hold events with partner organisations and the community to articulate a theory of change, or logic model, which describes how the actions being taken are linked to the desired vision. Be open to difficult conversations, for example on level of resources, how impact is measured or the length of time needed to realise change.

Relevant resources:

- Making it happen: Practical learning and tips from the five Realising the Value local partner sites (Nesta, November 2016)[76]
- People Powered Commissioning: Embedding Innovation In Practice (Nesta, 2013)[77]
- People Powered Health (Nesta, 2014)[78]

What good looks like: turning needs and assets into joint ambition and commitments

To target the identified needs of the local population, commitments and a plan for delivering them should be set out and agreed on. This should include what will be done, by whom and by when, and will usually focus on activities over a period of a few years, but with ongoing monitoring and frequent progress checks. The aim of the prevention concordat is on the improvement of local arrangements, and in many cases this will be aided by the creation of a focused action plan, which either complements or is incorporated into existing strategy and plans. A good action plan will be co-produced, clarify what is going to be done to tackle the needs of the local area, identify who the target audience for the intervention is, who will be the delivery lead and implementation partners, what resources (time, money, physical spaces) are needed and available, and how activities will be monitored and evaluated using the outcomes defined in section 4.

Each action or intervention should aim to be SMART (specific, measurable, achievable, realistic, time bound) with responsibility and accountability clearly identified from the outset (see section 5 for more guidance on this aspect).

The action plan is a live document giving an honest account of where the programme of work is at that moment in time, and should be regularly reviewed with the people doing the work, not just those overseeing it.

The case studies below, one an example from London, and the other an example from Southampton, set out two ways to build capacity and capability in the workforce.

Case study 4: Minding Health

Services of all kinds have daily opportunities to affect the mental health and wellbeing of local people. Minding Health is a training programme that has been developed to support a wide range of staff to become better equipped to have effective conversations about mental health and wellbeing with the people they come into contact with. The aim of the project was to complement existing mental health training programmes such as Mental Health First Aid that focus more on recognising the signs and symptoms of illness and responding effectively.

Minding Health was developed by South London and Maudsley NHS Foundation Trust (SLaM) working in partnership with the former Lambeth and Southwark public health team, and funded initially by Health Education South London. It was developed in response to the Public Mental Health Leadership and Workforce Framework published by PHE in 2015. The programme consists of a one-day training course that starts by helping people to understand their own mental health and wellbeing, and then explores how to apply this learning to interactions with other people, including through discussions about protective domains that a person might consider taking. A key objective is to make initiating conversations about mental health and wellbeing feel less difficult.

The Minding Health course is being delivered to frontline staff in a range of agencies in South London over the course of 2017. Supported by funding from Health Education England, the training will initially be delivered to 200 people working in local authority services (for example, housing services and Job Centre Plus), general practices, and local voluntary sector organisations.

SLaM commissioned a design agency and a local training and development consultancy to develop and test the training programme. This included conducting a stakeholder engagement process to inform the design of the programme, involving surveys, interviews, focus groups and a co-design workshop with service users and staff. An important element was to understand the capabilities, motivations and opportunities that different professionals have to engage people in conversations about their mental health and wellbeing.

As part of the design process, it was discovered that members of staff saw lack of time as one of the main barriers to engaging people using services in conversations about their mental health and wellbeing. To explore this in greater depth, several service user journeys were mapped out to understand where the greatest opportunities to interact with people in an impactful way might lie. The training programme also recognises that some staff will be better-placed to have in-depth discussions about mental health and wellbeing, whereas other staff may be limited to starting a discussion and/or signposting people to relevant resources and support.

The team responsible for Minding Health have attempted to develop a pragmatic training program that is appropriate for all frontline staff and can be spread relatively quickly using a ‘train the trainer’ approach. The ambition is to develop something that becomes a core part of training for all frontline staff to varying degrees, akin to manual handling training. Minding Health was piloted in 2016 and evaluated by the Royal Society of Public Health, with further evaluation planned for 2017.

Further information on Minding Health is available at: https://www.wheelofwell-being.org

Case study 5: Southampton City Council, Be Well

The Public Mental Health Strategy for Southampton 'Be Well' was developed by Southampton City Council and Southern Health NHS Trust in partnership with people with lived experience in the City and key stakeholders. It identified several issues that could improve the mental health and wellbeing of the residents of Southampton. These included addressing mental health stigma and increased focus on prevention.

Multi-agency Working Group

From here, Southampton City Council worked with the Mental Health Foundation to set up a prevention working group (in November 2015) consisting of local stakeholders including our Mental Health Champion, representatives from the Local Authority Public Health Department, Clinical Commissioning Group, NHS Trusts, Healthwatch and third sector organisations.

Resources for this project included the employment of a research assistant for 2 days a week for a period of 4 months and local stakeholders attending meetings as part of their current roles. Therefore costs were kept to a minimum.

Data and Analysis

A map of services across the lifespan and across primary, secondary and tertiary prevention was developed. The process of assembling this overview was invaluable as it highlighted examples of excellent practice, challenges, extent of coverage and gaps in services.

Alongside the service provision map, demographic data was gathered to build an understanding of the community, e.g. domestic violence and substance misuse rates which might need specific attention. The map and the data were then used by the working group to scrutinize current service provision.

Public Health England's online fingertips tool provided the quantitative data and a recent consultation of local services by the CCG, Mental Health Matters provided the qualitative data. This will be used as a primary baseline measure to compare change following implementation of local strategies.

Moving Forward

Future work will involve the development of a prevention implementation plan to inform commissioning and service development and then monitoring of the effects of a Mentally Healthy Southampton programme. It is anticipated that the broad programme will then be taken forward as part of the work programme of the Mental Health Partnership Board and Local Health and Wellbeing Board in Southampton.

For further information on the Public Mental Health Strategy for Southampton, contact Sally Denley at sally.denley@southampton.gov.uk.

Section 4: Define success outcomes

Making the case

How to measure the impact of strategies and actions on preventing mental health problems and promoting good mental health can pose challenges. These are broad themes and what success looks like for one community may look very different to what success looks like for others. This means that there is no straight-forward 'one size fits all' solution. The ultimate aspiration is to see a reduction in the number of people developing and living with mental health problems, an increase in the mental health and wellbeing of the population and a reduction in mental health inequalities. The quality of national data available continues to improve through initiatives such as PHE fingertips public health profiles[79], but limitations remain in relation to the wider determinants of mental health.

Clearly defined and measurable local outcomes are an integral part of any effective planning arrangements. The process of defining and monitoring success outcomes should be shared between all those with a role in influencing those outcomes (across public and private sectors), including communities, with agreement as to which outcomes are most important.

Results-based management principles should be followed, by which all actors on the ground, contributing directly or indirectly to achieving a set of development results, ensure that their processes, products and services contribute to the achievement of the agreed outcomes[80].

Development framework for defining success outcomes

This section sets out a range of actions that can be undertaken by local areas, as well as available resources to support the defining of success outcomes.

Action 1: Use a theory of change or similar approach to map out who interventions work with and why (the aims), what resources and skills are needed (the inputs), what an intervention will provide (outputs), what the intervention aims to achieve (short, medium and long term outcomes) and how each of these will be measured (indicators). This should be co-produced with relevant partners and people with lived experience of mental health problems.
Relevant resource: • Creating your theory of change (New Philanthropy Capital, 2014)[81] • NHS Health Scotland Mental health outcomes triangle is a good example of developing outcomes from the short-term to the long-term that slot into national outcomes[82]

Action 2:
Identify 5-10 measures from already available data sources that most closely resemble what success looks like for an area, drawing on the main determinants of good mental health and the priorities already identified. For example, this may include a mix of data and intelligence from health, education or employment – or information regularly collected by the local authority. This could include surveys of citizens' perceptions and views.

Relevant resources:

- PHE's Fingertips tools are a rich source of indicators across a range of health and wellbeing themes designed to support JSNA and commissioning to improve health and well-being[83]
- Office of National Statistics have measures societal and personal well-being, providing data and analysis on areas such as health, relationships, education and skills, what we do, where we live, our finances and the environment[84]
- Department of Health Public Health Outcomes Framework sets out desired outcomes for public health and how they will be measured[85]
- NHS Outcomes Framework sets out the framework and indicators that will be used to hold NHS England to account for improvements in health outcomes[86]
- Index of Wellbeing in Later Life (Age UK, 2017) is an example of a specific measure developed to measure how older people in the UK are doing[87]

Action 3:
Measurement, evaluation and improvement should be at the centre of every local strategy to prevent mental health problems and promote good mental health, with the capability to identify the impact of different programmes and change strategy accordingly. Consider what tools will best measure mental health outcomes within local commissioned services, including those of wider partners.

Relevant resource:

- What Works for Wellbeing programme on measuring wellbeing aims to make wellbeing evaluation more robust and easier to use, and do, by learning from practice and integrating the best research principles[88]
- PHE (2015) Measuring mental wellbeing in children and young people is a guide to measuring the mental wellbeing of younger populations for public health commissioners[89]
- Warwick-Edinburgh Mental Wellbeing scale was developed to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies that aim to improve mental wellbeing[90]

Action 4:
Develop a comprehensive, long-term measurement and evaluation strategy for the prevention of mental health problems and promotion of good mental health, including how new measures will be developed where they are not currently available. Consider how different datasets can be linked across key sectors, such as health and employment.

Relevant resource:

- Warwickshire Public Mental Health and Wellbeing Strategy 2014-2016 is a good example of this, which examines local data, and outlines their outcomes and timescales (see Case study 6 below for more information)[91]
- WHO (2007) Monitoring and evaluation of mental health policies and plans examines key aspects of monitoring and evaluation as they relate to a mental health policy and plan, including how to monitor a plan and the different ways to evaluate a policy and plan[92]

What good looks like: defining success outcomes

Using a tool such as a theory of change or logic model as set out in section 3 can also help an area to set out long term goals and then map the connecting, assumptions, indicators, interventions and outcomes. This approach can ensure that the desirable outcomes are clear before interventions are decided upon.

Outcomes are measured through a mix of sources and methods, for example including national quantitative indicators such as those within the Public Health Outcomes Framework, or locally developed qualitative measures (such as surveys). The Public Health Outcomes Framework and NHS England Outcomes Framework include specific mental health indicators, which are mandatory for local government to report against[93] [94].

The chosen outcomes should reflect which issues are most pertinent to a local system. These include service level outcomes as well as population outcomes. New ways of measuring outcomes need to capture the breadth of the determinants of mental health and may need to be developed over time.

Case study 6 below summerises how success was measured in Warwickshire.

Case study 6: measuring success in Warwickshire

In Warwickshire, the following approach has been taken as part of the county's public mental health and wellbeing strategy:

a) Use the Warwick-Edinburgh Mental Well-being scale (WEMWBS), a 14 or 7 item scale assessed through a self-report questionnaire to evaluate the impact of specific interventions (for example, group-based support provided in 'Well-being Hubs') using pre- and post-measurements.

b) Measures of population mental health and wellbeing have been included in periodic county-wide surveys. For example, the 2013 Living in Warwickshire survey included questions based on WEMWBS. The results of this were seen to be helpful in securing local political support for action on mental health and wellbeing.

c) Data collected as part of the public health outcomes framework has been used, for example in relation to the emotional wellbeing of looked after children, employment rates among adults in contact with mental health services and hospital admissions related to self-harm.

d) Information from service providers has been gathered through commissioning processes, for example to understand the volume and type of activities performed (e.g. number of contacts between wellbeing services and members of the public).

e) Other pragmatic process measures were used based on available data, for example the number of people pledging to do something positive to improve their own wellbeing based on the Five Ways to Wellbeing framework.

However, none of the list above would be an adequate measure of success if used in isolation, therefore a suite of indicators and approaches may be require to combine outcomes- and process-based measures. This is because population-level outcome measures are often insufficiently sensitive to detect the impact of specific interventions. The original intention of the 2014-16 Warwickshire Public Mental Health and Wellbeing Strategy was to set interim targets to measure progress based on six priority areas in the strategy. This has proven challenging to do in practice. The public health team are currently working with a PhD student to understand how to build evaluation into the next iteration of the strategy. An important part of this would be to measure and track low-level mental health needs in the population, and to understand the extent to which prevention and promotion activities are stopping these from progressing into more significant mental health problems.

In the absence of a single set of measures that would be suitable for use across the country, the approach taken by some local areas has been to select pragmatic measures that make sense in the context of their local circumstances and plans. For example, the health and wellbeing strategy for Merton contains a number of clearly defined, measurable targets in relation to public mental health and wellbeing, including targets on volunteering rates, children's readiness for school, tree coverage and waiting times for child and adolescent mental health services.

For further information, contact Paula Mawson at paulamawson@warwickshire.gov.uk

Section 5: Leadership and accountability

Case for change

The right leadership is essential to provide guidance and support people work together to develop, implement and evaluate plans and strategies aimed at improving the mental health of the local communities. The prevention agenda within local areas needs to be taken on at the highest level. A culture-shift is required so that cross-sector working is more prevention-focused and designed into plans in a sustainable way.

Local accountability for improving public mental health lies with a variety of partners. A leadership role must be taken by Health and Wellbeing Boards, who have a key role to play in promoting better population health through their responsibility for Health and Wellbeing Strategies. The Director of Public Health is a key lead officer working with peers across local government. CCGs also have a key role to play and will be supported and held to account by the NHS Commissioning Board.

Service providers, both inside and outside of health and social care, need to play a leading role in implementing change and positioning mental health as an integral and complementary part of public health. This includes third sector providers, housing providers, employers and those working within the criminal justice and education systems.

Those not in positions of authority are also critical to driving change, holding leaders and systems to account and advocating for the mental health needs of local citizens, especially the most marginalised and under-served who are at greater risk of experiencing poor mental health[95].

Development framework for leadership and accountability

This section sets out a range of actions that can be taken by local areas, as well as available resources to support this work.

Action 1:
An overarching local leader should be identified and tasked with bringing together the relevant organisations in an area. This leader needs to have credibility across different sectors and an awareness of the wider determinants of mental health beyond their organisation. Leaders should also be identified within each of the partner organisations who form part of a network contributing to and delivering on the vision, including across the public, private and voluntary sectors. Leaders from the community and those with lived experience should be proactively supported.

Relevant resource:

- Public mental health leadership and workforce development framework (PHE, March 2015) can inform and influence the development of public health leadership and the workforce in relation to mental health[96]

Action 2:
Work should be linked and aligned to other strategic priorities in an area such as those owned by Health and Wellbeing Boards, sustainability and transformation partnerships and plans held at district council level. Ideally this will be supported by elected members who are part of the Mental Health Champions programme. Existing governance arrangements, such as Health and Wellbeing Boards, should have promotion of good mental health and preventing mental health problems as a core part of their work, and clearly linked to work beyond their specific remit.

Relevant resources:

- Health and Wellbeing Boards Leadership Offer, Local Government Association, helps to support and develop councillors[97]
- Mental Health Champions, Centre for Mental Health, is a national campaign to get local authorities and councillors, or other local representatives, to sign up to the Mental Health Challenge[98]

Action 3: A clearly developed accountability structure, with individuals and communities at the centre, should be developed, with clear links and relationships between different work programmes, for example plans focused specifically on children and young people, and aligned with whole population approaches.
Relevant resource: • A good example is the Warrington Mental health Partnership board, which is made up of members from the public, private and third sector as well service users and is led by the third sector supported by CCG (terms of reference here)[99]

What good looks like: leadership and accountability

It is important that partners and members of the public should feel that they are part of the governance in their area and able to challenge others on the direction and progress being made. Clear and transparent arrangements for how decisions are ultimately made and by whom, how partners and communities are involved in these processes and how plans are regularly reviewed are necessary to ensure they still focus on the right elements are also necessary to ensure the system is accountable.

Leadership requires difficult decisions, and there is balance to be struck between the urgency of making change and the length of time it might take to see the benefits of 'upstream' promotion and prevention interventions, which may takes some years to impact, which must be advocated for.

Depending on local circumstances, leadership will not necessarily come from the health sector; around half of mental health strategies identified in the stocktake undertaken by the Kings Fund have been developed by two or more partners such as voluntary sector organisations or community leaders, and local authorities often also play a significant leadership role. However, to succeed, leadership that is acceptable to all stakeholders is crucial to coordinate the input of those involved and to ensure that the process moves forward.[100] The case study below describes a governance steering group that has been in place in Warrington for the last decade.

Case study 7: governance arrangements Warrington

In Warrington, a mental health promotion and prevention steering group has been in existence for more than 10 years, chaired by the public health team and with broad representation from the local system, including:

- an elected member
- voluntary sector providers
- adult and children's services from the local authority
- CCG commissioners
- children's centre staff
- community development teams
- NHS mental health providers
- Citizens Advice Bureau

The steering group reports to the mental health partnership board, which is responsible for the overarching mental health strategy in Warrington and reports to the health and wellbeing board. A key responsibility of the mental health promotion and prevention steering group is to produce an action plan that is monitored quarterly, with a quarterly assurance report submitted to the partnership board as an assessment of the progress made.

The steering group provides a mechanism for partner organisations to hold each other to account. Every two years, all of the participating organisations and teams are asked what actions they can commit to in order to help deliver the agenda around promotion and prevention, and are encouraged to set themselves measurable targets wherever possible (for example, training 300 people each year using the Connect 5 programme). Progress against these targets is then reviewed through the quarterly monitoring process – participants are asked to RAG rate their actions and provide any quantitative data available. This information then forms the basis of the quarterly assurance report.

Reported benefits of these governance arrangements include the following:

a) Through the relationship between the promotion and prevention steering group and the mental health partnership board, any work on promotion and prevention is part of and feeds into the wider mental health strategy, rather than sitting in isolation.
b) Having a separate accountability structure devoted specifically to prevention and promotion means that the agenda does not get lost, as it might if it were only discussed as part of processes with a broader focus (e.g. at the level of the mental health partnership board).
c) Having a mechanism through which organisations can hold each other to account means that commitments are more likely to be acted on.

What good looks like: Actions for better mental health

The body of evidence on effective actions and interventions that can be untaken to prevent mental health problems and promote good mental health is growing rapidly.

This section brings together evidence primarily from the following sources:

a) In 2016, PHE provided funding to the Mental Health Foundation to undertake a rapid evidence review of the current interventions. *Mental health and prevention: Taking local action for better mental health*[101], draws on relevant NICE guidelines (See Further Resources section) and work by others, and some examples taken from this work are outlined below.

b) In 2016 PHE commissioned the Faculty of Public Health to produce a report for public health professionals on public mental health, which was written in collaboration with Mental Health Foundation. *Better Mental Health for All: a public health approach to mental health improvement*[102] draws on the current evidence base to support the promotion of mental wellbeing and the primary prevention of mental health problems, and some examples from this work are also included below.

c) In 2017, PHE commissioned LSE to revisit their previous work which led to the 2011 Return on Investment for mental health report[103]. Introducing new and updated evidence and extended methodologies for calculating the return on investment the new resources are designed to help local areas in two ways. 1. To understand which interventions are cash releasing and the circumstances of their use. 2. To facilitate local brokering on the sustainable commissioning of interventions that contribute to improving and protecting the public's mental health. Interventions marked with a star* are included in the PHE resource *Commissioning Cost-Effective Services for Promotion of Mental Health and Wellbeing and Prevention of Mental Ill-Health*[104].

We have divided the actions and interventions into the following categories:

1. Whole population approaches
2. Targeted prevention approaches
3. Life stage specific approaches

1	Whole population approaches
What is it?	Considering how to support good mental health across a whole population by strengthening individuals and communities, creating healthy places and addressing wider determinants
Example interventions: Strengthening individuals	a) Ensure that health and social care staff, and those working in education settings, routinely consider the causes and impact of mental health inequalities and act to reduce them. This includes the identification of communities and individuals at greatest risk of mental health problems and an understanding of the potential impact of points of transition and adverse life experiences on mental health[105] b) Develop evidence-based stigma and discrimination reduction activities that focus on sustained behaviour change. This includes combining awareness-raising and education with opportunities to reduce increase social contact with people with a lived experience of mental health problems.[106] c) Develop local programmes that improve mental health literacy and promote the adoption of actions to protect mental wellbeing [107] [108]
Example interventions: Strengthening communities and creating healthy places	a) Create and protect green spaces within neighbourhoods to generate better physical and mental health outcomes for individuals and communities. Accessing green spaces can not only encourage physical activity but other benefits such as greater community cohesion and less social isolation; opportunities for meaningful volunteering experiences; [109] [110] b) *Support schools to adopt a comprehensive 'whole school' approach to promoting the mental wellbeing and emotion learning of children and young people in educational settings, as advised by NICE[111] [112] [113] [114]
Example interventions: Addressing wider determinants	a) Provide mental health literacy training to frontline advice workers to help individuals and families experiencing financial difficulty, and ensure specialist services for people experiencing both mental health problems and financial difficulty are well integrated with other services, such as housing or welfare advice.[115]

2	Targeted prevention approaches
What is it?	Consider how to target support to groups facing higher risk, Individuals with signs and symptoms and people living with mental health problems
Example interventions: Suicide prevention	a) Work jointly to deliver the local elements of the National Suicide Prevention Strategy, including developing a joint local suicide prevention plan aimed at a 10% reduction in incidents of suicide. These plans should set out targeted actions in line with PHE guidance and draw on local evidence around suicide, including a strong focus on primary care, alcohol and drug misuse[116.]
Example interventions: People in contact with the criminal justice system	a) Local authorities and CCGs should prioritise people within the criminal justice system outside custodial settings as part of a local mental health programme to address the health inequalities they experience and to contribute to reducing offending and reoffending. This also includes supporting people to access appropriate care and support as they leave custody[117] b) Local authorities and NHS bodies should work with local custody to improve the mental health of people in custody, including people with learning disabilities and autism (to comply with duties and the principle of equivalence under the Care Act 2014) within a whole prison approach, which recognises the impact of the regime and environment as well as therapeutic interventions on mental health and wellbeing[118] c) Local authorities and CCGs should work to support the Liaison and Diversion programmes currently being rolled out across the country by NHSE, to ensure people with mental health needs are supported appropriately[119]
Example interventions: people living with mental health problems or long term physical health problems	a) Work in partnership with the Department of Communities and Local Government, public bodies and other agencies to learn what works in practice to support people at risk of or with mental health problems to secure and sustain adequate housing. Explore the use of any available local NHS estate to create more supported housing for vulnerable people.[120] b) Regular general physical health assessments and from signposting to information and support should be provided to people living with serious mental health problems that addresses diet, alcohol consumption, exercise, drug misuse and sleep.[121] c) Support local employers to engage with evidence based supported employment programmes such as Individual Placement and Support (IPS) and Access to Work to enable people to join the workforce[122] d) *Protect the mental health of people with long-term physical health problems[123]

3	Life stage specific approaches
What is it?	Considering how to support good mental health across the life course, from family formation and pregnancy through adulthood and later life
Example interventions: Family, children and young people	a) Ensure the commissioning and delivery of comprehensive perinatal and infant mental health pathways which should comply with NICE guidance and be focused on securing sustainable arrangements to meet the needs of women and their families before and during pregnancy and the year following childbirth. [124] b) Ensuring families at greater risk can access evidence-based support, such as provision of family-based interventions that are showing promising results including: the Solihull Approach; Mellow Parenting; Strengthening Families, Strengthening Communities; and Incredible Years. [125] c) *Ensure evidence based bullying prevention programmes are present in settings in which children and young people learn, live and spend their leisure time. [126] [127]
Example interventions: Working age	a) *Providing support for people in debt, such as volunteer-delivered debt advice services in GP surgeries, targeting working age adults without mental health problems but at risk of unmanageable debt. [128] [129] b) Work with local business leaders and employers to embed a whole workplace approach, such as supporting them to adopt the Workplace Wellbeing Charter130 and *undertaking interventions to prevent stress, depression and anxiety problems. [131] c) Promote line management training to create mentally healthy environments, as detailed in NICE guidance. [132]
Example interventions: Later life	a) *Identify isolated older people who are less visible within communities and may be at risk of developing depression or dementia through ensuring that home help, GP's, podiatry, and hearing clinics are trained and supported to identify risk, distress and emerging mental health problems. [133] Peer support programmes are one cost effective tool for addressing social isolation. [134] [135] b) Develop physical activity programmes for older people and ensuring that these are accessible – for example, through social prescribing – including partnerships with local leisure facilities, community centres, and allotment associations. [136] c) Provide brief intervention approaches for people with physical health problems who are experiencing depressive symptoms, as these are feasible, therapeutically effective and also likely to prove cost-effective. [137]

Supporting statements

"Mental health is an ongoing priority for local government, and this Prevention Concordat for Better Mental Health programme provides us with ideas and the structure to go further in our endeavours to facilitate community mental health and wellbeing. We need to move away from simply focusing on mental ill health to helping everyone stay mentally well, providing community support and helping people continue with their lives. Fundamentally, good mental health is good for our society and our economy.
Mental health is finally getting the attention and profile nationally that it deserves. This concordat and its accompanying local support tools, is timely and provides an opportunity for us to work together to promote mental wellbeing, the prevention of mental health problems and the delivery of ongoing support. Our joint action to ensure prevention and promotion are prioritised will also help those experiencing a mental health problem to live a healthy and fulfilling life"

– ***Cllr Izzi Seccombe, LGA, Local Government Association.***

"This suite of documents enables us to put public mental health front and centre, and identifies things which everyone can do. It is vital that we prevent mental ill health, promote mental well-being and support people experiencing health issues recover. These are public health tasks. This concordat should help us coalesce around these goals"

– ***Andrew Furber, President, Association for Directors of Public Health***

"It is well established that there is indeed no health without mental health. The public's health, we know, is rooted in the social conditions in which we live. A recent report from the World Health Organisation (WHO) special rapporteur on right to health states that "Public policies continue to neglect the importance of the preconditions of poor mental health, such as violence, disempowerment, social exclusion and isolation and the breakdown of communities, systemic socioeconomic disadvantage and harmful conditions at work and in schools.
It is no accident therefore that the Prevention Concordat for Better Mental Health begins with a statement about equity and goes on describe the commitment required by all of us to achieve this. We know a great deal about what needs to be done. We know that we need to invest in children, young people and families; ensure fair access to education and good employment; provide access to safe and secure housing for all; build inclusive, compassionate communities; and have in place information and early help when it is needed. This is a challenge to us all.
The Faculty of Public Health is pleased to accept this challenge and to we affirm our commitment to continue work with others, tirelessly and without compromise, in the pursuit of the individual, social and economic conditions which will promote positive mental health and reduce the risk of mental health problems".

– ***John Middleton, President, Faulty of Public Health***

Annex A: Further resources

In addition to the section-specific resources referenced elsewhere in this document below are some key resources that are relevant across all sections.

Guidance for commissioning public mental health services (Joint Commissioning Panel for Mental Health, updated 2015) is about the commissioning of public mental health interventions to reduce the burden of mental disorder, enhance mental wellbeing, and support the delivery of a broad range of outcomes relating to health, education and employment.

Mental health and prevention: taking local action for better mental health (Mental Health Foundation, July 2016) commissioned by Public Health England, this evidence review is a road map to bring about a prevention revolution in mental health, delivered in every local area.

Better Mental Health for All: A public health approach to mental health improvement (Faculty of Public Health/Mental Health Foundation June 2016), funded by Public Health England, this evidence based resource examines what can be done individually and collectively to enhance the mental health of individuals, families and communities by using a public health approach

Suicide prevention guidance and related resources (PHE, last updated January 2017), produced by Public Health England, supports the cross-governmental strategy for suicide prevention by helping local authorities and healthcare professionals to understand and prevent suicides in their areas or jurisdictions

Business in the Community Mental Health Toolkit for employers (BITC, 2017), developed in partnership with Public Health England, is a free, online toolkit to help every organisation support the mental health and wellbeing of its employees

Meeting the need: What makes a 'good' JSNA for mental health? (Centre for Mental Health, 2016) funded by Public Health England and produced in support of the National Mental Health, Dementia and Neurology Intelligence Network, analyses how these councils carried out their Joint Strategic Needs Assessments (JSNAs) to achieve real changes in their communities

Being mindful of mental health- The role of local government in mental health and wellbeing (Local Government Association, 2017) explores how councils influence the mental wellbeing of communities and how council services help to make up the fabric of mental health support in local areas.

Mental Health Promotion and Mental Illness Prevention: The Economic Case. (London School of Economics and Department of Health, 2011) presents the key findings of a project on the economic case for mental health promotion and prevention, based on a detailed analysis of costs and benefits for fifteen different interventions.

Commissioning Cost-Effective Services for Promotion of Mental Health and Wellbeing and Prevention of Mental Ill-Health (PHE/London School of Economics, 2017) summarises the findings of modelling work to estimate the cost of investing in several different interventions for which there is evidence that they can help reduce the risk and/or incidence of mental health problems in individuals of different ages and/or promote good mental health and wellbeing. The intention is that local areas will use this additional information alongside the interventions highlighted in the 2011 *Mental Health Promotion and Mental illness prevention: The Economic Case* report.

Barriers and Facilitators to Commissioning Cost-Effective Services for Promotion of Mental Health and Wellbeing and Prevention of Mental Ill-Health (PHE/London School of Economics, 2017) examines some of the barriers and facilitators to the implementation of actions to promote better mental health and wellbeing and prevent mental health problems.

Mental Health Promotion Return on Investment Tool (PHE/London School of Economics, 2017) reports the Return on Investment to health and other sectors from investment in eight different interventions to promote better mental health and prevent the development of mental health problems. Results can be tailored to local settings.

Commissioning Cost-Effective Services for Promotion of Mental Health and Wellbeing and Prevention of Mental Ill-Health: Tool Guide (PHE/London School of Economics, 2017) provides users with step-by-step instructions and guidance on how to use the Mental Health Promotion Return on Investment Tool.

Psychosocial Pathways and Health Outcomes: Informing action on health inequalities (PHE/UCL Institute of Health Equity, 2017) provides a conceptual framework that focuses on the psychosocial pathways between factors associated with social, economic and environmental conditions, psychological and psychobiological processes, health behaviours and mental and physical health outcomes.

Mental Health and Wellbeing Joint Strategic Needs Assessment Toolkit: Knowledge Guide (PHE, 2017) complements the Mental Health Joint Strategic Needs Assessment Online Profile which is designed to support local Health & Wellbeing Boards in developing Mental Health JSNAs. It brings together nationally available data on mental health prevalence, risk and protective factors and healthcare services

Annex B: Relevant organisations producing public mental health resources

Association of Directors of Adult Social Services are a charity which aims to further the interests of people in need of social care by promoting high standards of social care services and influencing the development of social care legislation and policy.

Association of Directors of Children's Services is a membership organisation for those who specialise in developing, commissioning and leading the delivery of services to children, young people and families.

Association of Directors of Public Health UK is an independent advocacy seeking to improve and protect the health of the population.

Association of Mental Health Providers is the leading representative body for voluntary and community sector mental health organisations in England and Wales.

Centre for Mental Health is an England mental health charity using research to bring about better services and fairer policies, mainly focused on children, criminal justice, economics and employment.

Children and Young Peoples Mental Health Coalition is a coalition of leading organisations from across England, who are passionate about the mental health and wellbeing of children and young people.

Early Intervention Foundation is a charity providing evidence and advice on early intervention for tackling the root causes of social problems for children and young people.

Faculty of Public Health is the standard setting body for specialists in public health in the UK and has a strong focus on public mental health.

Heads Together aims to change the national conversation on mental health and wellbeing by tackling stigma, raising awareness, and providing help for people with mental health challenges.

Local Government Association are a membership organisation acting as the national voice of local government, working with councils to support, promote and improve local government.

Mental Health Commissioners Network of NHS Clinical Commissioners purpose is to enable members to become more effective mental health commissioners, achieving better mental health and wellbeing outcomes for the populations they serve.

Mental Health Foundation is a UK public mental health charity dedicated to finding and addressing the sources of mental health problems and promoting mental wellbeing, to help people to thrive.

Mind provides advice and support to anyone experiencing a mental health problem, as well as campaigns to improve services, raise awareness and promote understanding.

Money and Mental Health Policy Institute is an independent organisation committed to breaking the link between financial difficulty and mental health problems.

National Housing Federation represents housing associations in England. It supports and promotes the work of housing associations and campaigns for better housing and neighbourhoods.

National Police Chief's Council brings police forces in the UK together to help policing coordinate operations, reform, improve and provide value for money.

National Suicide Prevention Alliance, hosted by Samaritans, is an alliance of public, private, voluntary and community organisations in England who care about suicide prevention and are willing to take action to reduce suicide and support those affected by suicide.

National Survivor User Network is an independent mental health service set up by service users to build a more united and confident mental health service user movement.

Richmond Group of Charities is a collaboration of 14 of the leading health and social care organisations in the voluntary sector. This includes: Age UK; Alzheimer's Society; Arthritis Research UK; Asthma UK; Breast Cancer Now; British Heart Foundation; British Lung Foundation; British Red Cross; Diabetes UK; Macmillan; MS Society; Rethink Mental Illness; Royal Voluntary Service; Stroke Association.

Royal College of Nursing is a membership organisation of registered nurses, midwives, health care assistants and nursing students. It is the world's largest nursing union and professional body, with UK and international members.

Royal College of Psychiatrists is the professional medical body responsible for supporting psychiatrists in the UK. The College aims to improve the mental health of individuals, families and communities.

Royal Society for Public Health is a health education charity and public health body running campaigns and accredited training programs.

What Works Centre for Wellbeing exists to develop and share robust, accessible and useful evidence that governments, businesses, communities and people can use to improve wellbeing across the UK.

Annex C: NICE guidelines related to prevention and promotion

* NICE (2005) Depression in children and young people (CG28 updated March 2015 regarding psychological therapies and antidepressants)
* NICE (2008) Mental wellbeing in over 65s: occupational health and physical activity interventions [PH16]
* NICE (2008) Social and emotional wellbeing: early years [PH40].
* NICE (2009) Social and emotional wellbeing in secondary education, London: National Institute for Health and Care Excellence [PH20]
* NICE (2010) Alcohol Use Disorders: Preventing the Development of Hazardous and Harmful Drinking (PH24)
* NICE (2012) Promoting the social and emotional wellbeing of vulnerable preschool children (0-5 yrs): Systematic review level evidence.
* NICE (2013) Social and emotional wellbeing for children and young people. Developing an action plan. Advice [LGB12]
* NICE (2013) Looked after children and young people [QS31]
* NICE (2013) Psychosis and schizophrenia in children and young people: recognition and management [CG155] (updated October 2016)
* NICE (2014) guideline CG192 Antenatal and postnatal mental health clinical management and service guidance. (CG192) (Updated June 2015)
* NICE (2015) Workplace health: management practices [NG13] (Updated March 2016)
* NICE (2015) Home care: delivering personal care and practical support to older people living in their own homes [NG21]
* NICE (2015) Alcohol: preventing harmful use in the community (QS83)
* NICE (2015) Older people with social care needs and multiple long-term conditions (NG22)

* NICE (2015) Older people: independence and mental wellbeing (NG32)
* NICE (2016) Antenatal and postnatal mental health (QS115)
* NICE (2016) Domestic violence and abuse (QS116)
* NICE (2016) Community engagement: improving health and wellbeing and reducing health inequalities (NG44)
* NICE (2016) Mental wellbeing and independence for older people (QS137)
* NICE (2016) Mental health problems in people with learning disabilities: prevention, assessment and management (NG54)
* NICE (2017) Mental Health of adults in contact with the criminal justice system (NG66)

Annex D: Methodology for resource development

Prevention Concordat for Better Mental Health: Prevention planning resource for local areas is part of several resources produced by PHE to support the developed of a Prevention Concordat for mental health, as set out in Recommendation 2 of the Five Year Forward View for Mental Health. The aim for the concordat programme is to:

- Galvanise local and national action around the prevention of mental illness and promotion of good mental health
- Facilitate every local area to put in place effective prevention planning arrangements led by health and wellbeing boards, local authorities and clinical commissioning groups by the end of 2017
- Enable every area to use the best data available to plan and commission the right mix of provision to meet local needs

The development of this resource builds on previous work, including the Mental Health Foundation rapid evidence review, *Mental health and prevention: taking local action for better mental health*, and the Faculty of Public Health *Better Mental Health for all* report, which were both published in summer 2016.

The work has been overseen by an expert steering group, which held several face to face and online meetings from the initiation of the project in summer 2016 until the completion of the resource in summer 2017. The steering group consisted of representatives from:

- Association of Directors of Public Health UK
- Association of Mental Health Providers
- Centre for Mental Health
- Children and Young Peoples Mental Health Coalition
- Department of Health
- Faculty of Public Health
- Local Government Association
- Mental Health Commissioners Network of NHS Clinical Commissioners
- Mental Health Foundation
- National Mental Health Dementia and Neurology Intelligence Network, Public Health England
- National Survivor User Network
- NHS England
- Public Health England

The content and structure of the document has drawn on two contributory pieces of work undertaken to identify gaps in current planning guidance and understand what stakeholders feed they need to do better planning for prevention of mental health problems.
Stocktake of local planning arrangements for the prevention of mental health problems Summary[138]*,* led by The King's Fund

This provides a high-level summary of how local areas are currently incorporating mental health promotion and prevention of mental ill-health in their planning processes. The stocktake was based primarily on a content analysis of key planning documents in 35 local areas, including a random sample of 16 areas across England and 19 areas selected as possible examples of good practice..The stocktake found:

a) All areas had included promotion of mental health and/or prevention of mental ill health in their planning processes to some degree.
b) Preventative interventions at the start of life were included most frequently across the areas. In addition, all areas had identified perinatal and infant mental health, early years support and family and school-based interventions as areas to focus on as part of their planned work on public mental health.
    - Four common challenges to effective inclusion of mental health promotion and prevention of mental ill health in local planning arrangements:
    - aligning different local planning processes/documents around a shared set of priorities;
    - translating strategy into deliverable commitments;
    - developing effective partnership arrangements, including governance and accountability arrangements; and
    - measuring outcomes in relation to public mental health.

In this resource we have focused specifically on these areas of common challenge. A summary report of the stocktake being published separately

A range of virtual and face-to-face stakeholder engagement events, led by Kaleidoscope Health and Care.

This included five webinars and five face-to-face events in York, Bristol, Birmingham, London, and a workshop at the Mental Health NHS Clinical Commissioners National Event. We spoke to more than 200 people, including a wide range of representatives including citizens and those with lived experience of mental health problems, local authorities, NHS commissioners and providers, third sector organisations, the emergency services, businesses and others. The feedback from these structured sessions was reviewed and the six key components proposed for this resource were:

1. Enable whole system holistic approach with clear responsibilities
2. Support measurement for local decision making
3. Support involvement of users and communities at all stages of planning

4. Five clear leadership to support local areas
5. Provide good case studies and accessible summary of evidence
6. Clarity of scope and language and who needs to be involved

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