

## **Towards Mental Health and Wellbeing in Oxford.**

A response to a motion agreed by Oxford City Council.

October 2014

### **1. Background**

In February 2014 Oxford City Council agreed a motion, setting out its support for action on mental health and wellbeing.

#### **Motion agreed by Oxford City Council (3 Feb. 2014)**

*Put forward by Councillor Ed Turner, Executive Board Member for Health, with an amendment by Councillor Ruth Wilkinson.*

This Council supports the work of MIND and the Mental Health Foundation and asks the City Executive Board to consider appointing a member of Council to be a Champion of Mental Health Issues in much the same way as we have an Older People's Champion.

Council acknowledges it is not directly responsible for healthcare provision but believes it nonetheless has an important role to play. Council requests the City Executive Board to play a full role in the Health and Well Being Board and other partnership forums to maximise support for mental health work, and also to ensure its work providing and funding advice services is accessible to people with mental health problems.

Council believes councillors can support the wellbeing of people in their areas through both casework and their strategic role within the council. Council welcomes the practical steps set out by Mind and the Mental Health Foundation, whose new report, *Building Resilient Communities*, that can be taken to promote wellbeing, build resilience and help to prevent mental health problems – including steps that can be taken by Councillors.

Furthermore, Council wishes to meet best employer practice regarding mental health, and to encourage a commitment from all front line contractors and existing and prospective employers to follow its lead. Council requests that the Chief Executive signs MIND's Charter for Employers who are Positive About Mental Health on behalf of Oxford City Council. It also requests that the Chief Executive writes to his counterparts at the County Council, Oxford Brookes University and the University of Oxford to invite their organisations to follow the City Council's lead as a Mindful Employer to sign up to the Charter too.

### **2. Purpose of this paper**

This paper sets out what the City Council is already doing to turn the Council motion into operational reality and what else it will do, working with partners where appropriate. It is not outlining a new strategy. Following the content of the motion, actions have been organised under the following headings:

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1. Elected members
2. Mindful Employer
3. Promoting wellbeing
4. Partnership working.

The intention is for actions that support mental health and wellbeing to be part and parcel of how the Council does business. Doing so clearly links to wider corporate priorities, such as our ambition for “communities that are socially cohesive and safe, and citizens who are actively engaged in pursuing their own wellbeing and that of their communities”.

In drafting this response, we have been guided by the evidence and recommendations in the Mental Health Foundation’s report *Building Resilient Communities* (see Annex 2). We have also benefited from the involvement and support of stakeholders within and outside the Council. We are especially grateful for the guidance and expertise provided by Oxfordshire Mind.

### **3. The City Council’s contribution**

Council services already make a contribution towards mental health and wellbeing in the city; examples are included in Annex 3. This section gives details of other actions the Council will take to turn the motion into operational reality.

#### **3.1. Elected members**

The motion called for a councillor champion for mental health issues to be appointed, to advise the Executive Board member with responsibility for Health. Elected members themselves have played a key role in shaping the proposal to appoint an informal cross-party Member Challenge Panel on mental health and wellbeing. This panel is to be chaired by a lead champion, linking into the national Mental Health Challenge Network. More details are set out in a separate paper (appendix 4 to the CEB report).

We also aim to enable all city councillors to become advocates for mental health and wellbeing. The Council is in the process of adapting the *Councillors’ guide to mental health*, produced by the Royal College of Psychiatrists in 2013 as part of the Mental Health Challenge, for local use.

#### **3.2. Mindful Employer**

As called for by the motion, the Council is signing the Mindful Employer Charter and becoming a member of the network. This commits us to ensuring that:

- all staff involved in recruitment and selection are briefed on mental health issues and The Equality Act 2010, and given appropriate interview skills
- all line managers have information and training about managing mental health in the workplace.

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The Council already piloted a 'Go Active at work' programme aimed at supporting employees' physical and mental health as part of the staff wellbeing pilot in our Customer Services Team. We are now extending this across the Council through our new two year Employee Development and Wellbeing Programme, including:

- organising health and wellbeing workshops
- developing internal health and wellbeing champions
- investing additional money for employee training in service areas.

This is in addition to our accreditation to Investors in People, Two Ticks "Positive about disabled people" and being a Stonewall Diversity Champion as well as a Living Wage Employer. The Council will also:

- look to sign the 'Time to Change' pledge to highlight its commitment to reducing mental health stigma
- share our successful 'Go Active at work' programme with other local employers, such as the Oxford University Hospitals Trust and British Gas
- encourage partners to embrace Mindful Employer principles where they do not already do so
- encourage suppliers to consider the benefits of working towards employer best practice regarding mental health, for example by facilitating Mind to take part in events for local businesses.

### **3.3.Promoting wellbeing**

The motion refers to the practical steps that councils and others can take, as set out in the recent *Building Resilient Communities* report. The report suggests that "shaping existing services in such a way that they encourage behaviours that promote the five ways to wellbeing" is one important step (see Annex 2).

This section highlights where the Council sees opportunities to promote wellbeing further, as we are developing or reviewing some of our strategies and programmes of work. This includes:

- A new *Leisure and Wellbeing Strategy* 2014 – 2019 is being developed which will encourage behaviours that support the five ways of wellbeing, such as 'being active' and 'giving' by encouraging volunteering. An initial meeting between Council officers and Oxfordshire Mind has already taken place. The Council's *Culture Strategy* is also being reviewed with these aims in mind.
- One revised *Housing Strategy* will consider what the need and demand is for customers that suffer from mental health problems, and whether current provision needs to be reviewed. It will then assess whether there is a gap that needs to be filled through re-provision or new build.
- As part of their Welfare Reform pilot this year, our Customer Services team will work with Mind and Restore to help their team in dealing with people with mental health issues. They will also support those customers as well, for example removing some barriers to employment, an important factor in improving wellbeing.

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- Our Electoral Services team is developing an action plan to make Oxford residents aware of the changes to voter registration, working with a wide range of partners and community groups. It is aware of the need to ensure that new processes for electoral registration do not exclude isolated people or those with mental health issues from the democratic process.

Finally, the motion called for advice services to be accessible to people with mental health problems. Advice services commissioned by the Council to date are based in communities, including in areas where evidence indicates an increased risk of lower wellbeing (see Annex 5). They have also developed close working relationships with mental health service providers, for example having an advisor from Oxfordshire MIND in their offices, making it easy to refer clients.

The Council is working with these existing providers to develop a new specification for advice services to be re-commissioned for three years from April 2015. Services will focus not just on emergency support but also on forward planning and the longer term impact of their work, including setting out pathways to employment, an important determinant for wellbeing.

This is in the context of advice agencies across the county being involved in a partnership programme supported by the Big Lottery Fund's Advice Services Transition Fund. As part of this, Oxfordshire Mind is currently working with advice agencies to mainstream mental health to:

- help their staff and volunteers understand mental health problems, share expertise and improve referral pathways
- improve resilience for clients by providing support to manage stress and anxiety and building confidence.

### **3.4. Partnership working**

The motion highlighted the importance of working with partners to ensure that mental wellbeing is sufficiently taken into account in decision making and service delivery. This reflects the principles set out in the cross-governmental mental health strategy *No Health Without Mental Health* (see Annex 4).

Many of the strategies and action plans already mentioned include a strong element of partnership working. Other examples include:

- Oxford City Council is the local lead partner for the *Making Every Adult Matter* pilot project, one of nine local authority areas chosen to work with four national partners (Clinks, Homeless Link, Mind and DrugScope) to deliver improved outcomes and interventions for people with multiple needs.
- The council is a partner agency for the *Supported Independent Living (SIL)* pathway, to help people with a mental health diagnosis move out of hospital. Our support focuses on housing-related matters and the links to the pathway relating to adults. As part of the SIL pathway we also contribute a number of houses (units) at subsidised rent.

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- The Oxford Safer Community Partnership is discussing how to take forward the action plan included in the national *Mental Health Crisis Care Concordat. Improving outcomes for people experiencing mental health crisis* (Department of Health and Concordat signatories 2014).
- The City Council and partners on the Oxford Strategic Partnership will play an active part in the *Commission on Health Inequalities*, which is being proposed by the Clinical Chair of the Oxfordshire Clinical Commissioning Group, Dr Joe McManners.
- As part of the Oxford Strategic Partnership's Stronger Communities theme group, a *Needs Analysis for Older People in Oxford* has been undertaken in October 2013, overseen by the Oxford City Ageing Successfully Group. Two pilot projects aimed at addressing older people's isolation have also been evaluated. Both of these documents are informing the development of an action plan.

The Council already plays an important role in helping support client groups at higher risk of experiencing low mental wellbeing, through its housing, homelessness and community safety services. Specific examples can be found in Annexes 3 and 4. To further improve joint working in this area, we developed a *Health and Housing Working Together Action Plan* jointly with partners in public health earlier this year. Specific actions that are relevant to mental health and wellbeing are to:

- include the County Council's Public Health Promotion Programme as part of the City Council's communication calendars (internal and external), supporting National Mental Health Awareness Week and World Mental Health Day
- hold initial discussions with other agencies about referral paths (Mental Health, Hospital Trusts, Social Services, Community Safety) to prevent clients falling between agencies
- have initial discussions with partner agencies on how services can be co-designed and commissioned for complex needs client groups
- request that the Oxfordshire Clinical Commissioning Group consider harm minimisation, especially for vulnerable groups, as part of their mental health commissioning.

### **4. Next steps**

Together with existing work captured in Annex 3, these actions will help turn the motion into operational reality. The table in Annex 1 gives a more detailed overview of all actions, under the same four headings as set out in this report. The aim is to embed and mainstream support for mental wellbeing and the action plan will be accommodated within existing service areas and monitoring arrangements.

While it is not thought that separate reporting mechanisms will be required, the Mental Health Challenge Panel of elected members in the City can play a role in monitoring progress on actions. It is proposed in the separate appendix to the CEB report that the Panel will report back to Council as part of the existing regular partnership reports.

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**Annex 1: Action Plan**

Action (existing / new)	Resources	Responsible / lead	Target outcomes <sup>1</sup>	Target date
<b>1. ELECTED MEMBERS</b>				
Appoint <b>elected member Mental Health Challenge Panel with lead champion</b> (new)	Limited – within existing	Councillors PCC (Val Johnson)	<ul style="list-style-type: none"> <li>Appoint panel of champions with role description, to advise Board Member for Health</li> <li>Agree lead champion to be part of the National Mental Health Challenge champions network</li> <li>Any measures to be set by the panel</li> </ul>	Autumn 2014
Offer <b>elected members information and support</b> on mental health awareness (new)	Limited – use existing materials	PCC (Val Johnson)	<ul style="list-style-type: none"> <li>Help members support the wellbeing of people in their areas through both casework and their strategic role within the Council</li> <li>Measures to be agreed by the panel</li> </ul>	Start autumn 2014, then on-going
<b>2. MINDFUL EMPLOYER</b>				
Chief Executive to sign Mindful Employer Charter for <b>Employers who are Positive About Mental Health</b> (new)	> £500 accreditation and review	HR (Jarlath Brine)	<ul style="list-style-type: none"> <li>Be accredited as a Mindful Employer</li> <li>Access information and support in relation to staff who experience stress, anxiety, depression and other mental health conditions through Mindful Employer network</li> <li>Monitor recruitment: Annual Workforce Equalities Report (May/June) – note mental health information reliant on self-declaration by applicants</li> </ul>	October 2014

<sup>1</sup> Actions and outcomes should be reviewed as part of the standard processes and procedures set for managing policies and projects.

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Action (existing / new)	Resources	Responsible / lead	Target outcomes <sup>1</sup>	Target date
Sign the <b>Time to Change Pledge</b> and create a plan to tackle MH stigma (new)	Minimal	HR (Chris Harvey) PCC (Comms)	<ul style="list-style-type: none"> <li>Highlight the Council's commitment to reducing mental health stigma</li> <li>Measures to be included in the plan</li> </ul>	December 2014
Develop and implement <b>Employee Development and Wellbeing Programme</b> incl. mental health and wellbeing (existing – in development)	Budget £75k each year for 2 years	HR (Chris Harvey)	<ul style="list-style-type: none"> <li>Improve staff survey results</li> <li>Other measures to be defined and developed in the Employee Development &amp; Wellbeing Programme 2014-16</li> </ul>	Started
Write <b>letters to partners</b> to consider becoming Mindful Employers (new)	n/a	Chief Executive PCC (Val Johnson)	<ul style="list-style-type: none"> <li>Write to the County Council, Oxford Brookes University and the University of Oxford to invite their organisations to follow the City Council's lead as a Mindful Employer</li> </ul>	November 2014
Encourage <b>suppliers to aim for best practice</b> in employment practices (existing – in development)	Minimal	Procurement (Caroline Wood)	<ul style="list-style-type: none"> <li>Suppliers to be positive about mental health</li> <li>Measure information provided, e.g. by facilitating Mind attending events for local businesses</li> </ul>	December 2014
<b>3. PROMOTING WELLBEING</b>				
Strengthen the <b>Council's policy development and review process</b> (existing)	Minimal	PCC (Val Johnson)	<ul style="list-style-type: none"> <li>Help mainstream consideration of the impact of new policies on promoting mental wellbeing and resilience across Council services</li> </ul>	November 2014
Publicise Mental Health <b>training opportunities for Council staff</b> (existing – in development)	Existing	PCC (Val Johnson)	<ul style="list-style-type: none"> <li>Equip council and partner staff, including front-line staff and volunteers, to identify mental health and wellbeing issues and signpost as appropriate</li> </ul>	January 2015

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Action (existing / new)	Resources	Responsible / lead	Target outcomes <sup>1</sup>	Target date
Re-commission local <b>Advice Services</b> (existing – in development)	Existing	Customer Services (Helen Bishop, Paul Wilding)	<ul style="list-style-type: none"> <li>Ensure Council funded advice services are accessible to all</li> <li>Any measures to be included in service specification (one year development and pilot phase during 2014)</li> </ul>	New contract from April 2015
Develop relationship with <b>mental health support providers</b> (existing – in development)	Existing (European funding)	Customer Services (Helen Bishop, Paul Wilding)	<ul style="list-style-type: none"> <li>Help long-term unemployed overcome key barriers to getting into work (Welfare Reform work)</li> <li>Measures to be set as part of project</li> </ul>	Started
<b>Understand housing need and demand</b> for people with mental health problems (existing – in development)	Tbc	Housing (Gary Parsons)	<ul style="list-style-type: none"> <li>To be considered and addressed through revised Housing Strategy</li> <li>Measures to be included there</li> </ul>	March 2015
Identify <b>how leisure and culture services</b> can best support five ways to wellbeing (existing – in development)	Tbc	Leisure (Ian Brooke), PCC (Ceri Gorton)	<ul style="list-style-type: none"> <li>Work towards best practice recommendations</li> <li>To be considered and addressed through revised Leisure &amp; Wellbeing Strategy and Culture Strategy</li> <li>Measures to be included there</li> </ul>	March 2015
Identify and work with partners <b>to raise awareness and support Individual Voter Registration (IER)</b> (existing – in development)	IER Public Engagement funding	Electoral Services (Martin John)	<ul style="list-style-type: none"> <li>Identify partners that can support IER and ensure they have information (e.g. Mind, Rethink, Restore, Community Glue, Oxfordshire Unlimited, CAB, Oxfordshire Link)</li> <li>Minimise disenfranchisement and disengagement from the democratic process</li> </ul>	December 2014, then on-going



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Action (existing / new)	Resources	Responsible / lead	Target outcomes <sup>1</sup>	Target date
			due to mental health issues	
<b>4. PARTNERSHIP WORKING</b>				
Play an active role in <b>specific relevant partnerships and projects</b> (existing)	Existing or new external funding	All Community Safety (Richard Adams)	<ul style="list-style-type: none"> <li>• Make the most of opportunities to work with partners to support mental health and wellbeing in Oxford, across the population and for those with mental health issues or disorders, e.g.:                             <ul style="list-style-type: none"> <li>○ Making Every Adult Matter pilot project</li> <li>○ Supported Independent Living Pathway</li> <li>○ Mental Health Crisis Care Concordat</li> <li>○ OCCG Health Inequalities Commission</li> <li>○ Oxford City Ageing Successfully Group</li> </ul> </li> </ul>	On-going
Develop and deliver <b>Health &amp; Housing Working Together action plan</b> (existing)	Existing	Housing (Stephen Clarke), PCC (Val Johnson) Community Safety (Richard Adams)	<ul style="list-style-type: none"> <li>• Review how Health and Housing services can work better together to improve outcomes:                             <ul style="list-style-type: none"> <li>A) Joining up and targeting health promotion campaigns</li> <li>B) Working across Oxford City Council services and with the housing sector</li> <li>C) Improving referral processes, joint working and information capture across agencies</li> <li>D) Supporting those with complex needs</li> </ul> </li> <li>• Measures included there</li> </ul>	Started
Influence <b>Health &amp; Wellbeing Board</b> (existing)	Existing	Representatives on partnerships (Cllr Ed Turner, Val Johnson)	<ul style="list-style-type: none"> <li>• Support the JSNA reflecting the importance of mental as well as physical health and wellbeing</li> <li>• Influence through new membership of the Mental Health Joint Management Group</li> </ul>	Started

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### **Annex 2: Building Resilient Communities**

This joint 2013 report by Mind and the Mental Health Foundation is mentioned in the motion. It contains useful analysis and recommendations, including for local authorities such as the City Council, by:

- “setting out the types of services, resources and infrastructure that need to be in place locally to support resilient communities, helping people to ‘feel good and function well’” (p.3)

It defines what is to be understood by “resilient communities” and why this is important (see also Annex 3 and 4):

- “Resilience is the capacity of people to confront and cope with life’s challenges and to recover from, or adapt to, adversity. ... It is not only important that communities have high levels of wellbeing but also that they are resilient to maintain this wellbeing in difficult circumstances.” (p.11)

It also suggests some key areas to focus on for the council in developing its actions:

- “The New Economics Foundation’s (NEF) report Five Ways to Wellbeing sets out five actions that promote wellbeing.

#### **Five ways to wellbeing**

*A review of the most up-to-date evidence suggests that building the following five actions into our day-to-day lives is important for well-being:*

- **Connect...**  
With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.
- **Be active...**  
Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.
- **Take notice...**  
Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.
- **Keep learning...**  
Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.

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- **Give...**

Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

*New Economics Foundation (2008)*

Importantly, these are not just a person's individual responsibility, but can be influenced by 'upstream' interventions; shaping existing services or providing new services in such a way that they encourage behaviours that promote the five ways to wellbeing." (p.3)

- "It is important that we provide these 'upstream' interventions rather than relying solely on individual behaviour change which can be hindered by personal challenges or structural inequalities." (p.21)

Of the five ways to wellbeing, social connectedness has been found to have a particularly strong evidence base and to underpin the other ones. The report suggests that it is one of the most important components of longer term resilience and essential for future-proofing wellbeing:

- "Building social connections is also an area where local authorities, community groups and service providers can make a significant impact." (p.3)

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### **Annex 3: Council services - case studies**

#### **1. Background**

In exploring how the council can best deliver on the motion we found a variety of work already taking place that contributes towards improving mental health and wellbeing. This section gives a range of examples to help illustrate the breadth of work that has a positive impact on the wider social determinants of health, including mental health. It is clear even from this small selection that this work does not take place in isolation but involves partners and often an element of co-production, that is involving service users in shaping provision to ensure it is accessible and effective.

#### **2. Peer support**

A number of people told us that what they value most are social connections with people who have been through similar experiences. This peer support is invaluable in helping people to deal with difficult circumstances, whether that's unemployment, physical or mental health problems, bereavement or other difficult circumstances.

*Building Resilient Communities (Mind & Mental Health Foundation report), p.30*

One of the council's community development officers in the **Communities and Neighbourhoods Team** helped secure two years' funding from Response and Oxfordshire Mind for an independent group in the Leys focusing on mental health issues and disabilities. The group called Survivors has been running for nearly twenty years, offering its fifty members the opportunity to share and support each other. Previous funding had been cut, putting this work at risk.

#### **3. Community development and capacity building**

Community development, capacity building and social integration programmes have also been found to have significant returns on investment as well as impacts on wellbeing and resilience; with an estimated £325 saved annually per person who takes part in befriending schemes and £850 per member of a time bank<sup>46</sup>, a reciprocal scheme where people give their time in exchange for that of other people.

*Building Resilient Communities, p.18*

The **Welfare Reform Team** in Customer Services have worked with a number of customers who have had agoraphobia, or just struggled with confidence and motivation. We have engaged partners who have provided coaching and mentoring to support these customers to access the job market, or at least to remove some of their barriers to employment. This work will be developed further this year; see above 3.3.

The Barton Job Club supported by the **Communities and Neighbourhoods Team** have helped an older long-term unemployed person re-build their confidence and self-esteem, by coaching and encouraging volunteering. This helped the person to complete a training course in an area of work in which they had some previous

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experience. They are now set up as self-employed, feeling for the first time in many years that “my life has a sense of purpose and direction”. One of their first customers was the charity they had initially volunteered for.

### **4. Volunteering**

An extensive review of the published literature on the health benefits of volunteering found that volunteering was shown to decrease mortality and improve self-rated health, mental health (including levels of depression and psychological distress), life satisfaction, the ability to carry out activities of daily living, social support and interaction, healthy behaviours and the ability to cope with long-term illness<sup>70</sup>.

*Building Resilient Communities, p.27*

Oxford City Council **Parks Team** actively promotes volunteering opportunities, including working alongside council gardeners and rangers, weekly conservation sessions, surveying flora and fauna or belonging to one of 16 ‘Friends’ groups.

A team of around ten people volunteer every Thursday to work at sites across the city to coppice, construct fences, built and bridges and willow screens and cleared ponds and scrub areas. Elsewhere residents are working together as a ‘Friends’ groups to make their local green spaces cleaner, more accessible and improve the habitats for local wildlife. Friends groups are not restricted to parks, several groups are working in closed churchyards and cemeteries.

The **Communities and Neighbourhoods Team** have established a job club for Wood Farm. The co-ordinator there is working with the Children’s Centre and their volunteer co-ordinator to set up volunteering opportunities for female clients who would like to work with children. Recently a client has volunteered to support pupils with reading at a school.

### **5. Staff training**

A number of providers of local services that we spoke to said that they would like to do more to support the wellbeing of the people that they work with, but that they did not have enough information or support. Many frontline staff have had no mental health training at all, and where they have it is often focused entirely on supporting people living with severe mental health problems.

*Building Resilient Communities, p.27*

In 2012, staff in the **Environmental Protection Service** who work with single homeless people and rough sleepers in Oxford were trained to increase their skills in working with complex trauma. An intensive course on “Personality: People and Pathology” was delivered to a smaller number of staff in the service.

The **Parks Rangers** deal with a wide range of antisocial behaviour issues in parks. This regularly entails contact with people who have mental health, alcohol and substance abuse problems. The Rangers have attended mental health, drug and

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alcohol awareness training and have gained considerable experience in this area since the Ranger Service was formed in 2006. They have also built up excellent working relationships with a number of support agencies, and often accompany outreach workers to visit people rough sleeping in the city's green spaces. The Rangers' training and experience in this area also helps keep them safe when dealing with this high-risk group.

The **Communities and Neighbourhoods Team's** officer with a lead on health has worked with GreenSquare housing association to encourage frontline workers and volunteers in Rose Hill attend free Mental Health First Aid Training delivered by Mind. They also organised in-house training, running the same accredited two day course for eleven of their own frontline staff earlier this year.

### **6. Creative and accessible activities**

Creative and arts-based activities were popular with many of those who attended the focus groups. They took part in a range of creative activities, including attending choirs, film groups, reading groups, acting classes, art groups, photography groups, cooking, making and listening to music and visiting museums. The groups said that creative activities gave them a sense of pride and distracted them from negative thoughts and situations.

For a significant number of people, the accessibility of services and support is in itself a wellbeing issue. Being unable to take part in an activity because it is inaccessible to or inappropriate for people with particular disabilities or mental health problems, people who have low levels of literacy, for whom English is not their first language or who are from a particular religion can have a significant impact on that person's wellbeing.

*Building Resilient Communities, p.27 and p.40*

The council is hosting the Reminiscence Officer and Community Engagement Partnership Officer posts, seconded to the Museum of Oxford within the Council's **Culture Team** from Oxford University Museums and funded by Arts Council England via Oxford Aspire. Working with volunteer helpers, they are leading on a wide range of activities with a positive impact on the wellbeing and happiness of participants. Examples include outreach to bring services to where people are:

- reminiscence work with older people in Oxford's day centres and hospitals, including work with a specialist mental health ward
- targeted project work with groups who have potential barriers to cultural experiences, in partnership with local providers including Mind and Oxfordshire County Council Learning and Skills.

The Sleeping and Single Homelessness Team in **Housing Services** work towards being accessible by jointly funding a Mental Health Practitioner with Oxford Health. This officer completes joint visits with our Outreach to target rough sleepers with mental health problems. They also hold drop in sessions in hostels and daycentres for this group.

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### **7. Activity out of doors**

Physical activity that takes place out of doors has been found to be particularly beneficial for people's wellbeing, with evidence that outdoor walking groups have a greater impact on participants' self-esteem and mood than the equivalent activity indoors<sup>57</sup>. ...

People told us that they found allotment groups particularly helpful as they combine a range of different elements that have a positive impact on their wellbeing, including physical activity, being in a social group and being outdoors.

*Building Resilient Communities, p.23*

Oxford City Council **Parks Team** provides 36 allotments across the city in partnership with the Oxford and District Federation of Allotment Associations. This means that all residents within Oxford are within a 1,900 metre walking distance of an allotment.

Our **Go Active Team** is running a programme of health walks across the city, through the Department of Health's Walking for Health initiative. The walks are led by volunteers trained by the team and the aim is for each ward to have access to a walk nearby. The team have also started working with volunteers to run friendly introductory jogging courses for those able to take part.

### **8. Physical activities**

Leisure and recreation facilities were also extremely important for many members of the focus groups who said that they used local gyms, swimming pools, parks and footpaths to take part in physical activity, which had a significant impact on their wellbeing.

Members of the focus groups who were less physically mobile, particularly older people and those living with disabilities and long-term physical health conditions, highlighted the importance of providing suitable opportunities for physical activity that they could also take part in; physiotherapy, chair-aerobics and walking groups were all raised as examples.

*Building Resilient Communities, p.23*

As part of the Council's Dance Development Programme, the **Culture Team** delivered a year-long 'Get Moving!' programme of activities for over 50's living in Oxford, funded by Awards for All. Over 200 older people benefited from the project designed to help them keep active, reduce isolation and to celebrate ageing in a creative and innovative way. This included chair users, some of whom occasionally danced out of chairs. Classes continue at Oxford Options day centre, Iffley and the Pegasus Theatre.

A 'Dance for Parkinson's' project started in Oxford in January 2013 as a pilot project for those affected and their carers, run in partnership with English National Ballet.

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Alongside the project has been a BUPA award-winning research project into the impact on people with Parkinson's. Other work has focused on attracting young people in Barton to dance, with 28 people engaged in an Urban Summer Dance Week in 2012 and saying they will continue this on a weekly basis.

### **9. Co-production**

Involving local people in the co-production of services not only provides an opportunity for people to take part in the five ways to wellbeing, but will result in better services that are more appropriate for and appealing to the local population, as well as being more effective.

*Building Resilient Communities, p.4*

The **Virtual Staff College** has commissioned a resource pack to help local authority services build community resilience through co-producing services with users. A number of council managers and staff have taken part in a special training day this summer, trialling the resource pack before it is published. The workshop was led by Anna Wright, ex-Director of Children's Services at Reading and Specialist Education Advisor for Oxford City Council, together with Melani Oliver, a Director at the Innovation Lab. Partners working with children, young people and families also took part. Since then, we have included information about co-production in our consultation toolkit and are looking for other ways of following up on this workshop.



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### **Annex4: National and local context**

#### **1. National context**

As the motion recognises, Oxford City Council is not directly responsible for healthcare provision. As part of the new **public health duties** of local authorities, it has a supporting role to play in helping improve the health of the population in the city (*Health and Social Care Act 2012*).

The **Marmot Review** on health inequalities *Fair Society Healthy Lives* (2010) led the way in recognising the importance of the wider social determinants of public health. They have been defined as the factors that impact on health and wellbeing, such as the circumstances in which we are born, grow up, work and age – or the causes of the causes of illness and low wellbeing. The Review also set out that:

- social connections can make communities more resilient and help defend against the increased mental health problems associated with poverty
- actions must be universal to reduce the steepness of the social gradient, but with a scale and intensity that is proportionate to the level of disadvantage (proportionate universalism) – i.e. actions are taken at universal or population level but where those at higher risk can be identified, they should be targeted in proportion to that increased risk to prevent further widening of inequalities.

The government has also made clear how important it considers mental health and wellbeing to be for the wider public health agenda. Its **cross-government mental health strategy** for people of all ages, *No Health Without Mental Health* (2011) wants public services to reflect the importance of mental health in their planning, putting it on a par with physical health.

#### ***No Health Without Mental Health – Six shared objectives***

*Two of these are particularly relevant to the broader aspirations towards building resilient communities set out in the motion approved by council. The other four objectives focus specifically on people with existing mental health issues.*

##### Objective 1) More people will have good mental health:

- More people of all ages and backgrounds will have better wellbeing and good mental health.
- Fewer people will develop mental health problems – by starting well, developing well, working well, living well and ageing well.

##### Objective 6) Fewer people will experience stigma and discrimination:

- Public understanding of mental health will improve and, as a result, negative attitudes and behaviours to people with mental health problems will decrease.

An [Implementation Framework](#) for *No Health Without Mental Health* was published in 2012 by a working group including the Centre for Mental Health, Mind and others. It states that: “Mental health is everyone’s business.” and that: “Local authorities can

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take a leading role in improving the mental wellbeing of people in their area, as well as improving the lives of people living with mental ill health.”

This is not to detract from, or take on the role, of organisations for which the Framework suggests actions, including Clinical Commissioning Groups, service providers, upper tier authorities or health and wellbeing boards. Figure 1 explains the new health and care system introduced by the Health and Social Care Act (2012).

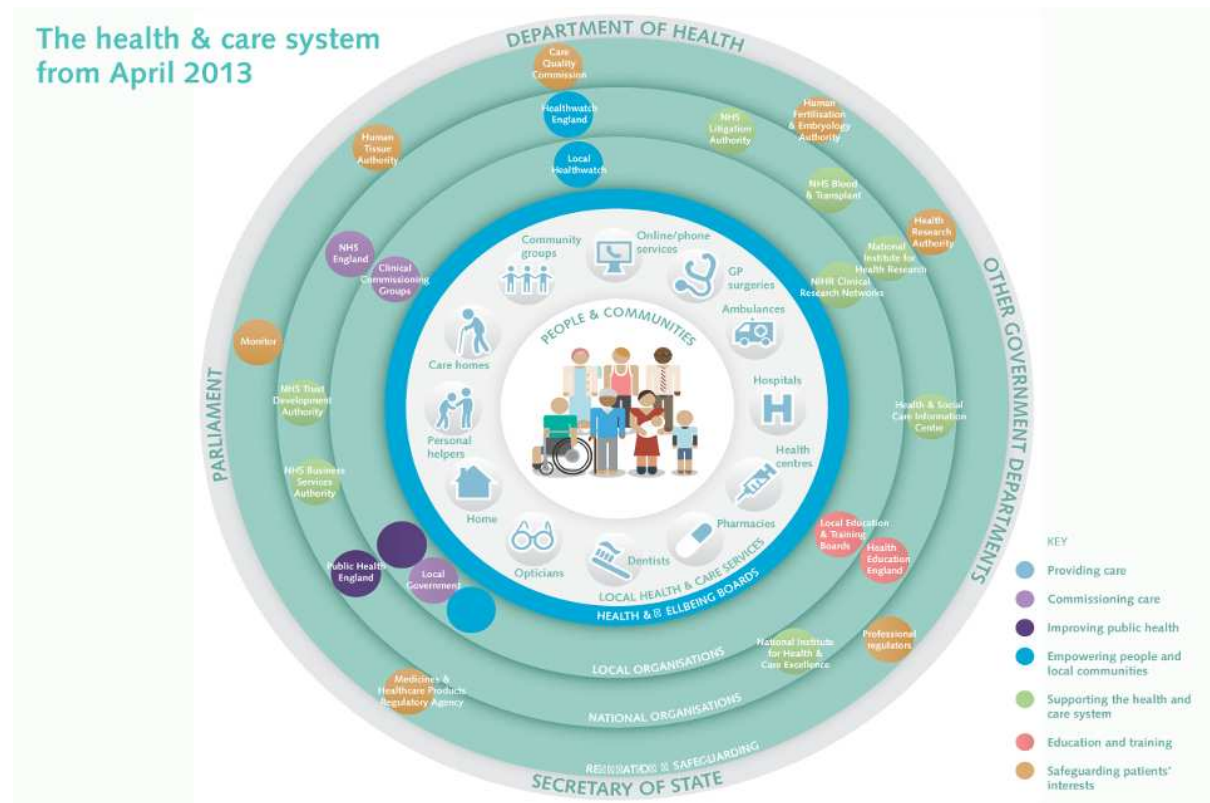


Fig. 1 [The health and care system explained](#), published by the Department of Health

## 2. Local responsibilities and work

The **Health and Wellbeing Board** is a partnership between local government, the NHS and the people of Oxfordshire. It includes local GPs, councillors, [Healthwatch Oxfordshire](#), and senior local government officers.

It is made up of a Public Involvement Network and three partnership boards which report directly to main Board; these are:

- [The Health Improvement Board](#)
- [The Adult Health and Social Care Partnership Board](#) (under review)
- [The Children and Young People’s Board](#)

A key requirement of the Health and Wellbeing Board is to oversee the delivery of the *Joint Health and Wellbeing Strategy*, which sets out what we want to do to improve the health and wellbeing of people of all ages across the county. The board has also collected lots of useful information telling us who lives in Oxfordshire, what

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we are already doing well and what the problems are, in what is called a [Joint Strategic Needs Assessment](#). The City's Executive Member for Health is a member of the Health Improvement Board.

The **Oxfordshire Clinical Commissioning Group (OCCG)** has the lead commissioning role for budgets pooled with Oxfordshire County Council, as set out in the [Joint Mental Health Commissioning Strategy for Oxfordshire 2012-15](#). It also manages a *Better Mental Health Oxfordshire Commissioning Programme* coming to an end on 1 May 2015, which focuses on the improvement of mental health and mental wellbeing for the people of Oxfordshire.

For the future, mental health is an area selected for introducing [Outcomes Based Commissioning](#) (OBC), focusing first on four out of eight target groups (Anxiety and depression; Alcohol and substance abuse; Psychosis including schizophrenia; Behavioural and developmental disorders).

The **Community Safety Team** at the City Council has a strong strategic relationship with commissioners across the county, including the OCCG, to ensure working as efficiently as possible across the homelessness and mental health (Supported to Independent Living) client groups which overlap significantly. It (co-)funds a number of specialist services for clients with complex needs, such as a Homelessness Mental Health Practitioner and tenancy sustainment work.

The **community and voluntary sector** plays an important role, both in representing user groups and as service providers, in addition to Oxford Health NHS Foundation Trust which provides specialist mental health services to people of all ages in Oxfordshire. Providers in Oxford include Oxfordshire Mind as well as Restore and Response among others. The Oxford Mental Health Forum is web resource aimed primarily at people living in Oxfordshire affected by mental illness and those who have an interest in mental health. It has been commended by The British Medical Association in the BMA 2013 Patient Information Awards.

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### Annex 5: Evidence base

#### 1. Impact of mental wellbeing

A wide range of policy documents and resource sheets produced since *No Health Without Mental Health* was published in 2011 (see Annex 5) reflect the evidence available about:

- the positive impact of the mental wellbeing of individuals and communities on other outcomes, such as improved educational attainment, safer communities and improved productivity and employment retention
- the economic costs of mental ill-health and lack of resilience that will be felt across communities and public service providers, making strategies to prevent mental health problems and build resilience cost-effective.

The annual cost of mental disorder in England is estimated at £105 billion<sup>4</sup>. By comparison, the total costs of obesity to the UK economy are £16 billion a year<sup>42</sup> and £31 billion for cardiovascular disease<sup>43</sup>.

[\*Guidance for Commissioning Public Mental Health Services\* \(2013\), p.10](#)

#### 2. Risk and protective factors for mental wellbeing

These and earlier documents also identify a number of factors that indicate a higher or lesser risk of having low mental wellbeing and resilience. The Joint Commissioning Panel for Mental Health's *Guidance for Commissioning Public Health Services* sets out a comprehensive list of these factors (see Annex 6).

We have pulled together a table to give an overview of the factors most frequently identified:

<b>Risk factors: higher risk of low wellbeing</b>	<b>Protective factors: lower risk of low wellbeing</b>
<ul style="list-style-type: none"><li>• On low incomes or unemployed, including children in low income households</li></ul>	<ul style="list-style-type: none"><li>• In employment and on higher incomes</li></ul>
<ul style="list-style-type: none"><li>• Socially isolated (with less than three close relatives or friends), e.g. older people, pregnant women or new mothers, refugees and migrants, prisoners</li></ul>	<ul style="list-style-type: none"><li>• Social engagement and strong personal, social and community networks</li></ul>
<ul style="list-style-type: none"><li>• From black or minority ethnic groups</li></ul>	<ul style="list-style-type: none"><li>• Positive self-esteem, spirituality</li></ul>
<ul style="list-style-type: none"><li>• Other characteristics protected under the Equalities Act 2010, e.g. gender, age, disability, sexual orientation</li></ul>	<ul style="list-style-type: none"><li>• Positive living environment, including street scene, green spaces and recreation facilities</li></ul>
<ul style="list-style-type: none"><li>• Long-term physical health conditions</li></ul>	<ul style="list-style-type: none"><li>• Good general health</li></ul>
<ul style="list-style-type: none"><li>• Complex needs, risky behaviours (e.g. alcohol, smoking, drug use) and homelessness</li></ul>	<ul style="list-style-type: none"><li>• Low fear of crime and safety issues, fewer street level incivilities</li></ul>

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<ul style="list-style-type: none"><li>• At a transition stage in life, e.g. pre-school, going to / moving school, starting work, redundancy, retirement, bereavement</li></ul>	<ul style="list-style-type: none"><li>• Engaged in activities such as learning and exercising</li></ul>
<ul style="list-style-type: none"><li>• Genetic and early environmental factors, e.g. parenting style and attachment</li></ul>	<ul style="list-style-type: none"><li>• Genetic and early environmental factors, e.g. positive peer influence and opportunities to succeed</li></ul>

It is important to note that:

- these risk factors do not mean that people with them will in fact, or have to, experience low mental wellbeing
- people with mental health issues or disorders can still feel and function more or less well, depending on other factors.

### 3. Indicators for Oxford

The government has published a national *Mental Health Dashboard* with a wide range of indicators for all the six objectives of its cross-cutting strategy *No Health Without Mental Health* (see Annex 5). This includes the two broader objectives for 'more people to have better mental health' and 'fewer people will experience stigma and discrimination'. In addition, some of the indicators for the broader *Public Health Outcomes Framework for England 2013-2016* are relevant, for example the measures of subjective wellbeing.

The *Guidance for Commissioning Public Health Services* lists a variety of sources of information about local levels of mental wellbeing (p.32). This includes *Community Mental Health Profiles* available at county level, published by the Network of Public Health Observatories, most recently in 2013. The *Oxfordshire Joint Strategic Needs Analysis 2014* also includes a range of relevant data, such as on groups with protected characteristics, wider determinants of health and healthy lifestyles and behaviours (see Annex 6 for both).

Due to the number of indicators used in relation to mental health and wellbeing, some of them proxy, it is not feasible to include all of them here. In some cases data is also not available at district level. However it will be important to ensure relevant information is used to help understand local circumstances, performance and trends when developing specific policies and projects, using data sets down to the most local level available. This will be part of the Council's policy review framework, supported by its social research service and consultation and engagement plan.

In summary, it appears that overall people and groups with at higher risk of low wellbeing and mental issues tend to be in more deprived areas of the city. Particular individuals at higher risk of low wellbeing or mental health issues may of course live in any area. An additional background paper with more details about selected indicators for the city is available on the statistics section of the Council website ([www.oxford.gov.uk/oxfordstats](http://www.oxford.gov.uk/oxfordstats)).



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### **Annex 6: Useful links and documents**

#### **1. National documents**

New Economics Foundation (2008): *'Five Ways to Well-being'*

[www.neweconomics.org/projects/entry/five-ways-to-well-being](http://www.neweconomics.org/projects/entry/five-ways-to-well-being)

Professor Sir Michael Marmot (2010): *'Fair Society Healthy Lives'*

[www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review](http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review)

National MWIA Collaborative (England) (2011): *'Mental Well-being Impact Assessment. A toolkit for well-being'*

[www.apho.org.uk/resource/item.aspx?RID=95836](http://www.apho.org.uk/resource/item.aspx?RID=95836)

Department of Health (2011): *'No health without mental health – a cross-government mental health outcomes strategy for people of all ages'*

[www.gov.uk/government/publications/the-mental-health-strategy-for-england](http://www.gov.uk/government/publications/the-mental-health-strategy-for-england)

Department of Health (2012) with wider Working and Reference Groups: *'No health without mental health: implementation framework'*

[www.gov.uk/government/publications/national-framework-to-improve-mental-health-and-wellbeing](http://www.gov.uk/government/publications/national-framework-to-improve-mental-health-and-wellbeing)

Department of Health (2012) with on-going progress updates: *'Public Health Outcomes Framework for England 2013 to 2016'* (including subjective wellbeing measures)

[www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency](http://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency) and [www.phoutcomes.info](http://www.phoutcomes.info)

Mental Health Strategic Partnership (2012): *'No Health without Mental Health: a guide for...'* (a series of briefings, including one for local authorities)

[www.centreformentalhealth.org.uk/publications/NHWMH\\_guides\\_for\\_local\\_services.aspx](http://www.centreformentalhealth.org.uk/publications/NHWMH_guides_for_local_services.aspx)

Local Government Association and Department of Health (2012): *'Living well: mental health, wellbeing and communities (Resource sheet 11)'*

[www.local.gov.uk/c/document\\_library/get\\_file?uuid=b6638d50-5edc-43f3-a9dc-05bce132bc7d&groupId=10180](http://www.local.gov.uk/c/document_library/get_file?uuid=b6638d50-5edc-43f3-a9dc-05bce132bc7d&groupId=10180)

Department of Health (2013): *'No health without mental health' Mental Health Dashboard*

[www.ons.gov.uk/ons/rel/wellbeing/measuring-subjective-wellbeing-in-the-uk/index.html](http://www.ons.gov.uk/ons/rel/wellbeing/measuring-subjective-wellbeing-in-the-uk/index.html)

Mental Health Foundation / Mind (2013): *'Building Resilient Communities'*

[www.mentalhealth.org.uk/publications/building-resilient-communities](http://www.mentalhealth.org.uk/publications/building-resilient-communities)

Royal College of Psychiatrists, as part of the Mental Health Challenge (2013): *'Councillors' guide to mental health'*

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[www.mentalhealthchallenge.org.uk/wp-content/uploads/2013/08/MHC-councillors.pdf](http://www.mentalhealthchallenge.org.uk/wp-content/uploads/2013/08/MHC-councillors.pdf)

Office for National Statistics: *Measuring Subjective Wellbeing in the UK*  
[www.ons.gov.uk/ons/rel/wellbeing/measuring-subjective-wellbeing-in-the-uk/index.html](http://www.ons.gov.uk/ons/rel/wellbeing/measuring-subjective-wellbeing-in-the-uk/index.html)

Mindful Employer  
[www.mindfulemployer.net](http://www.mindfulemployer.net)

## **2. Oxfordshire links**

Better Mental Health in Oxfordshire Commissioning Programme Board: *The Joint Mental Health Commissioning Strategy for Oxfordshire 2012-15*  
<https://consult.oxfordshireccg.nhs.uk/consult.ti/bmho/consultationHome>

Oxfordshire Clinical Commissioning Group (2013 onwards): *Outcomes Based Commissioning (OBC)– Older People’s Services and Mental Health*  
[www.oxfordshireccg.nhs.uk/about-us/work-programmes/outcomes-based-commissioning/](http://www.oxfordshireccg.nhs.uk/about-us/work-programmes/outcomes-based-commissioning/)

Network of Public Health Observatories (2013): *Oxfordshire Community Mental Health Profile*  
[www.nepho.org.uk/cmhp/index.php?pdf=E10000025](http://www.nepho.org.uk/cmhp/index.php?pdf=E10000025)

Adult Social Care: *Mental Health Services, Dementia Advice and Support*  
[www.oxfordshire.gov.uk/cms/content/mental-health-services](http://www.oxfordshire.gov.uk/cms/content/mental-health-services)  
[www.oxfordshire.gov.uk/cms/content/dementia-advice-and-support](http://www.oxfordshire.gov.uk/cms/content/dementia-advice-and-support)

Oxford City Council and partners (2013): *Making Every Adult Matter project*  
<http://mycouncil.oxfordshire.gov.uk/documents/s23374/Making%20Every%20Adult%20Matter%20Report.pdf>

Oxfordshire Health and Wellbeing Board (2013): *Joint Strategic Needs Assessment 2014 and Joint Health and Wellbeing Strategy (to 2016)*  
[www.oxfordshire.gov.uk/cms/content/focus-health-and-wellbeing-board](http://www.oxfordshire.gov.uk/cms/content/focus-health-and-wellbeing-board)

Oxford City Council and partners (2014): *Health and Housing Working Together Action Plan*  
<http://mycouncil.oxfordshire.gov.uk/documents/s25440/Housing%20and%20Health%20Working%20Together%20Report%20Final%20to%20the%20Health%20Improvement%20Board%20on%2029th%20May%202014.pdf>

Oxford Mental Health Forum: a web resource aimed primarily at people living in Oxfordshire affected by mental illness and those who have an interest in mental health.  
[www.oxfordmhf.org.uk](http://www.oxfordmhf.org.uk) with [www.oxfordmhf.org.uk/links.html](http://www.oxfordmhf.org.uk/links.html)

Oxford Health NHS Foundation Trust with links to external support  
[www.oxfordhealth.nhs.uk/support-advice/useful-links/mental-health-links/](http://www.oxfordhealth.nhs.uk/support-advice/useful-links/mental-health-links/)

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### Document Control

Version No.	Date	Notes
1	March 2014	Discuss with Oxfordshire Mind and agree for Mind to act as mentors during development.
2	April 2014	Agree brief and start consultation with elected members and service heads.
3	May 2014	Map existing actions across the council and draft action plan (policy officer group, relevant programme boards).
4	June to mid-July 2014	Feedback on first draft with: <ul style="list-style-type: none"><li>• focus group with elected members, including the Executive Member for Health</li><li>• Service Heads or other internal key meetings / groups</li><li>• key stakeholders and partners (incl. Mind and Public Health).</li></ul>
5	Late July 2014	Revising first draft based on feedback (deadline Legal & Finance 1 August).
6	Late August 2014	Revising second draft based on feedback (deadline Legal & Finance 8 September).
7	6 Oct. 2014	Council Scrutiny to discuss the draft.
8	15 Oct. 2014	Final draft to CEB for decision making.