

### Prevention Concordat for Better Mental Health: Commitment level

#### Information required from signatories to the Consensus Statement

We are delighted that you are interested in becoming a signatory to the <u>Prevention</u> <u>Concordat for Better Mental Health Consensus Statement</u>. You will be joining a number of organisations who have committed to working together to prevent mental health problems and promote good mental health through local and national action.

#### The Prevention Concordat Commitment level registration process

**Step 1.** Complete a first draft of your Prevention Concordat Commitment action plan using the template below and send it to <u>publicmentalhealth@phe.gov.uk</u>.

(Attach any supporting documents that you may want to share)

**Step 2.** Your PHE regional lead will contact you to arrange an informal conversation and give feedback on your proposed plan.

Step 3. Make any changes to your action plan based on feedback.

**Step 4:** Once your application is complete you will need to obtain the signature of your most senior leader or Chief Executive Officer for formal approval of your plan.

Step 5. E-mail your final submission to publicmentalhealth@phe.gov.uk

**Step 6.** The national Public Mental Health team will review your application and will be in touch with the result within 2-4 weeks of the submission date.

**Step 7:** Following this, the national team will dispatch a certificate to the lead contact for your organisation.

**Step 8:** The national team will follow up progress after 12 months. New aspects of the programme to provide support and progression for existing signatories will be developed in 2021.



## **Section 1 - Registration form**

Please note: If you are signing up on behalf of a partnership, e.g. health and wellbeing board, integrated care system, sustainability and transformation partnership or another type of partnership, please provide name, email, telephone number and job title of all the lead officers. Add additional columns as needed.

Lead contact name	Sally Burns and John Ashton	
Lead contact details	Email: <u>sally.burns@westnorthants.gov.uk</u> Telephone number: 07881 512046	
	Email: john.ashton@northnorthants.gov.uk Telephone number: 07964 990433.	
Job title of lead officers	Director of Public Health, West Northamptonshire Council Interim Director of Public Health, North	
Name of organisation / partnership.	Northamptonshire Council Northamptonshire Integrated Care System	
Local authority/region	North Northamptonshire and West Northamptonshire Councils	
Post code	North Northamptonshire Council NN16 8TL West Northamptonshire Councils NN1 1ED	
Weblink	www.northnorthants.gov.uk www.westnorthants.gov.uk	
Twitter handle	@northnorthants @westnorthants	
Organisation or Partnership	Northamptonshire Integrated Care System	



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Please tell us more about your organisation's work (no more than 150 words)	Northamptonshire Health and Care Partnership is an Integrated Care System (ICS) in the East Midlands covering population of around 780,000 people across two local authority areas (North and West Northamptonshire), one ICS and 16 Primary Care Networks.		
	The partnership works together to take action at county, council, neighbourhood, community, and individual level to improve health and wellbeing outcomes for people living in Northamptonshire.		
	Work is ongoing on through local authorities, voluntary and community sector organisations, primary care networks and hospital trusts to support public mental health and overall wellbeing. This concordat builds on this work and identifies the areas and priorities we have agreed to collectively support, through enhancing existing approaches and initiatives and developing new ones.		
Please list any partners you	a. Northamptonshire Integrated Care System		
are working with	b. North Northamptonshire Council		
	c. West Northamptonshire Council		
	d. Public Health Northamptonshire		
	e. Northamptonshire Mind		
	f. Northamptonshire Healthcare NHS Foundation Trust		
	g. Kettering General Hospital NHS Foundation Trust		
	h. Northampton General Hospital NHS Trust		
	i. Northamptonshire Sport		
	j. Northamptonshire Police		
	k. Northamptonshire Fire		
	I. Northamptonshire Ambulance		
	m. Voluntary Impact Northamptonshire		
	n. Northamptonshire Children Trust		
	o. REACH Collaborative		
	p. Northants Federations (GPA, 360, PML, Lakeside)		
	q. Northants Local Medical Committee		
	r. Northants Primary Care Networks		
	s. Healthwatch Mental Health Northants Collaboration		



Please give a lead contact	a. Toby.Sanders1@nhs.net
name and email for each	b. <u>David.Watts@northnorthants.gov.uk</u>
member of the partnership	c. Stuart.Lackenby@westnorthants.gov.uk
	d. John Ashton@northnorthants.gov.uk
	e. Sally. <u>Burns@westnorthants.gov.uk</u>
	f. Sarah.hillier@northamptonshiremind.org.uk
	g. <u>Eileen.Doyle4@nhs.net</u>
	h. Alan Burns KGH <alan.burns1@nhs.net< th=""></alan.burns1@nhs.net<>
	i. <u>Anne.Rackham@nhft.nhs.uk</u> >
	j. Ashley.Tuckley@northants.police.uk
	k. shallam@northantsfire.gov.uk
	I. <u>miranda.wixon@gmail.com</u>
	m. colin.foster@nctrust.co.uk



## **Section 2 – Action Plan**

The Prevention Concordat for Better Mental Health is based on <u>the five-domain framework for local action</u>. Please describe what you are planning to commit to in the **next 12 months** for your organisation/area using the form below. Please take into account the mental health impacts of COVID-19 when completing this action plan.

(See the question prompts to support completion of this section).

Domain	Proposed actions	Lead	Timeframe
<ol> <li>Understanding local need and assets         Prompts         <ul> <li>Are you undertaking or are you planning a mental health needs assessment that takes prevention of mental-ill health and promotion of wellbeing into account?</li> <li>How will you collect and analyse quantitative and qualitative data?</li> <li>How will you engage with local communities to map assets which can protect and promote mental health and wellbeing?</li> <li>How will (or does) your needs assessment take account of Covid19's disproportionate impact on different groups?</li> </ul> </li> </ol>	The Newthernewternehing Lie altherney Come	Northamptonshire Public Health Teams	Planning to complete and sign off JSNA by Dec 2022



We will use a public mental health approach which focuses on what action can be taken to promote mental health, prevent mental illness and improve the lives of people with mental health problems. The assessment will cover the life course, take into account the mental health impact of COVID-19, and embed in other	
prevention and early intervention approaches (e.g. <u>Core20Plus5)</u> .	
We have started scoping the JSNA and it will include the analysis of nationally and locally available data. It will also include an overview of inequalities related to population characteristics such as deprivation, maternity, LGBTQ, ethnic minority groups, age and gender and specific at- risk groups (rough sleepers and carers). The assessment will also include the physical health of people living with mental health conditions.	
The work done to refresh the Suicide Prevention Strategy is enhancing available data, for example from the Police attending incidents. We have	



completed a Suicide Audit on closed Coroner cases over the last three years. We will incorporate the findings of the audit into planning for a partnership wide suicide prevention campaign and training.	
Real time Surveillance of Suicide Prevention intelligence is in place. Public Health teams in Northamptonshire are working with Northamptonshire Police to provide timely intelligence on deaths by suicide.	
<ul> <li>We are currently engaging with partners and communities to contribute to the JSNA and identify how we can take action to promote positive mental health, prevent mental ill-health and improve the physical health and wellbeing of those living with mental health conditions. We will have a particular focus on organisations, agencies, and partnership groups:</li> <li>promoting positive public mental in local communities</li> <li>engaging with people with lived experience of mental ii-health and those providing services and support to them</li> </ul>	



<ul> <li>providing support on the wider factors that promote and support good mental health and wellbeing (e.g., relationships and good work, poverty, education, housing and leisure)</li> <li>Asset Mapping</li> </ul>	
The JSNA, along with other workstreams, will contribute to mapping the assets and services, and make recommendations to improve prevention in the priority groups and the wider population.	
Detailed local intelligence and insight work is underway to support Place Development Programmes. It includes the development of Local Area Partnerships (LAPs) to represent local areas and give a voice to residents and help in translating strategy into local action. This work will provide strong evidence base and deep local insight from frontline partners, empowering local communities, and leaders to take accountability for local action.	



Domain	Proposed actions	Lead	Timeframe
<ul> <li>2. Working together /Partnership and alignment</li> <li>Prompts <ul> <li>Are you collaborating with other organisations (e.g.: local employers, voluntary sector, other public sector - e.g.: NHS/local authorities, emergency services?)</li> <li>Are you working collaboratively within your organisation (with other departments/directorates or groups)</li> <li>Are you working with a diverse range of communities (eg: Black Asian and minority ethnic groups, LGBT plus, those with long-term health conditions/disability), including those with lived experience of mental ill-health?</li> </ul> </li> </ul>	The NHCP has identified improving the health and wellbeing of those living with mental health, learning disability and autism as a key priority. This is reflected as a key ambition in the partnership strategy. This Prevention Concordat demonstrates shared commitment across the partnership to improve mental health and wellbeing for all. It will help with identifying funding and other resources to support this. The Integrated Care Board (ICB) will lead the Concordat commitments and review these quarterly, ensuring alignment with mainstream ICS, local authorities/Place and other partners plans and strategies. We have a few groups working collaboratively at scale to improve public mental health and wellbeing outcomes for people living with mental health problems:	ICB Mental Health Collaborative and Programmes North and West Northamptonshire Public Health Teams	Continuous



<ul> <li>Population Health Management Board developing population health management skills, insights, and expertise across NHCP to impact positively on local determinants of health, and subsequently the physical and mental health and wellbeing of the local population</li> </ul>	
<ul> <li>Mental Health, Learning Disabilities and Autism (MHLDA) Collaborative with prevention in adults and older people, developing/aligning pathways to improve outcomes, providing responsive acute and crisis care and improving care for people with learning disabilities and autism as priorities. Membership is from organisations across the system and include public health, local authorities, mental health trusts, ICS commissioners and voluntary and community sector. Public Health is providing programme management support for the work programme on mental health promotion and prevention, and the wider prevention agenda.</li> </ul>	



<ul> <li>Healthy Minds Healthy Brains Pillar (HMHB) is one of the four pillars of the Children and Young People Transformation Programme. The pillar provides the infrastructure for a population health approach to ensure high quality care for emotional and mental wellbeing and resilience in children, young</li> </ul>
<ul> <li>people, and families (CYPF) at place. Membership includes local authorities, public health, ICS, NHS Trusts, Children's Trust and Voluntary and Community Sector.</li> <li>CAMHS Transformation Group reviewing waiting lists and capacity in the system, and developing more joined up pathways and better coordinated services and support for CYPF.</li> </ul>
<ul> <li>Personalisation Care Board leading work which enables individuals to live independently, and to have some choice and control of the services they used in daily life. The board aims to work across the system to</li> </ul>



<ul> <li>support individuals with physical and mental health issues to improve their health and wellbeing. This includes social prescribing, health coaching and community support.</li> <li>North and West Northamptonshire Health and Wellbeing Boards and Locality Forums ensuring programmes and initiatives to promote positive health and wellbeing are joined up at strategic and operational level, to ensure they are responsive to the needs of local population</li> </ul>	
<ul> <li>We are in the process of establishing a NHCP Population Health, Prevention and Inequalities Board, which will provide strategic and overarching leadership on prevention across the system. Membership will include public health, ICS, NHS Trusts, local authorities, Police, Fire Service, Ambulance Service, Voluntary and Community Sector, Primary</li> </ul>	



3 (a). Taking action on prevention/promotion of mental health		MDHLA	Continuous
Domain	Proposed actions	Lead	Timeframe
	<ul> <li>working focusing on:</li> <li>People, places (councils, neighbourhoods, communities) and partnerships to support wellbeing, self-help, and self-care</li> <li>Better integration to provide joined-up community-based services that are responsive to individual needs</li> <li>Collaboration to sustain high quality specialist services and ensure good access to and outcomes from these for everyone</li> </ul>		
	Care (Federations, LMC, PCNs), Faith organisations and Healthwatch. Achieving good mental health and wellbeing for all will build on these existing partnership work programmes, and we will further develop joint		



Prompts	The Mental Health, Learning Disability & Autism	НМНВ	
<ul> <li>Are you planning on delivering both universal interventions (i.e. population wide) and targeted interventions (i.e. to those at greater risk/vulnerable groups as well as those with existing mental health problems)?</li> <li>Are you taking action across the life- course (i.e. children and young people, working age adults, older people)</li> <li>Are you taking action on the social determinants of mental health (employment, education, housing/homelessness, poverty, debt, etc)</li> <li>How will you promote and protect good mental wellbeing in settings such as schools and workplaces, including your own staff's wellbeing?</li> </ul>	(Adults) and Healthy Minds Healthy Brains (CYPF) Collaboratives will lead work on mental health and wellbeing across the life course.		



We already have examples of partners working together to promote mental health and wellbeing and prevent mental illness in the population, and supporting people with mental illness to improve their quality of life, for example
<ul> <li>Healthy Schools Programme - whole school approach to promoting mental health and wellbeing</li> <li>Action for Happiness Hubs and Cafes</li> <li>Thriving Communities initiatives</li> <li>Refreshed Suicide Prevention Strategy outline priority areas for action</li> <li>CORE20PLUS5 initiatives addressing physical health check in people with severe mental illness</li> <li>Alternatives to admissions – community cafes</li> <li>Wellbeing Workplace programme</li> <li>SPRING social impact bond</li> <li>Four Primary Care Networks are involved in population health management addressing physical and mental health and wellbeing</li> </ul>



	<ul> <li>Physical activity initiatives</li> <li>Anti-poverty work focused on supporting people who are currently in poverty, preventing people from falling into poverty in the first place and influencing the Government and other national organisations to get a better deal for local communities.</li> </ul>		
Domain	Proposed actions	Lead	Timeframe
<ul> <li>3 (b). Taking action to reduce mental health inequalities</li> <li>Prompts <ul> <li>What steps are you taking to address the social and economic disadvantages that underlie mental health inequalities?</li> <li>What steps are you taking to address discrimination, racism and exclusion faced by particular local communities?</li> <li>How are you addressing mental health stigma?</li> </ul> </li> </ul>	<ul> <li>We will align actions to reduce mental health inequalities with the overarching ICS Health Inequalities Strategy and Plan.</li> <li>Health inequalities are the result of a complex range of interrelated causes, and the causes of those causes. Tackling them require close collaboration between several organisations across the system and actions at different levels.</li> <li>So, we need to intervene at three interconnected levels.</li> <li>Structural - initiatives to reduce discrimination and inequalities, and promote access to education, meaningful employment, affordable</li> </ul>		



<ul> <li>housing, health, social and other services for the entire population and targeted support for those who are vulnerable.</li> <li><i>Community -</i> place based approach to</li> </ul>
increases in social support, social inclusion, and participation, improving neighbourhood environments and anti-bullying strategies at school, workplace health, community safety, childcare, and self-help networks. Targeted
<ul> <li>actions in the 20% lowest deprivation centile areas</li> <li><i>Individual</i> - increasing emotional resilience through interventions designed to promote self-esteem, life and coping skills (e.g., communication, negotiating, relationship and</li> </ul>
<ul> <li>Priority groups for action include:</li> <li>Ethnic minority communities, gypsies/</li> </ul>
travellers/Roman, refugees, asylum seekers, criminal justice, LGBT



	<ul> <li>Ensuring annual health checks for 60% of people living with severe mental illness</li> <li>Reducing mental health issues in people with multiple and long-term physical health conditions, (especially respiratory, diabetes and cardiovascular disease) who also experience mental health problems. We are committing to taking a biopsychosocial approach to the delivery of physical and mental health interventions.</li> <li>Reducing the level of suicides in high-risk groups.</li> </ul>		
Domain	Proposed actions	Lead	Timeframe
<ul> <li>4. Defining success/measuring outcomes</li> <li>Prompts <ul> <li>What is the impact you are looking to measure?</li> <li>What are your agreed outcomes?</li> <li>How will you measure and monitor them?</li> </ul> </li> </ul>	Our Public Mental Health Action Plan will include specific outputs and outcomes (and proxy ones) that are achievable in the short, medium, and longer-term across the system. We will continue to embed outcomes measures and robust	MHLDA HMHB	Continuous



	<ul> <li>Some of the outcomes we want to achieve include:</li> <li>Increase in people receiving a living wage</li> <li>Increased affordable housing</li> <li>Improved quality of life and individual flourishing</li> <li>Increased physical and mental health and wellbeing in children and young people</li> <li>Increased educational attainment</li> <li>Safer communities with less crime</li> <li>Reduced social isolation and loneliness</li> <li>Reduced health inequalities – both physical and mental health</li> <li>Reduced health and social care utilisation</li> <li>Improved productivity and employment retention</li> <li>Reduced level of suicides</li> <li>Reduced levels of mental illness and distress</li> </ul>		
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We will use nationally and locally available	
outcome framework and tools (PHOF, Health	
Inequalities Toolkit ONS, NOMIS, WEMWBS,	
Patient Activation Measures, Wellbeing STAR,	
etc). For example, explore how to measure	
autonomy, control, choice etc, alongside	
reduction in physical symptoms/mental ill health.	
For some of the success measures, we have	
agreed specific targets and improvement	
trajectories in the NHCP Outcomes Framework,	
for example:	
Reduce suicide by 10% across	
Northamptonshire by 2025.	
Reductions in self-harm admissions (15–19-	
year-olds)	
Increase the proportion of people with severe	
mental illness who receive Annual Health	
Checks to more than 60% and proportion	
referred to healthy lifestyle services (in	
particular smoking cessation)	
Reduce the gap in life expectancy between	
people living with mental health, learning	



	<ul> <li>disabilities and autism and the general population.</li> <li>Schools taking up whole school programme</li> <li>Proportion of frontline practitioners including GPs trained in suicide mitigation</li> </ul>		
Domain	Proposed actions	Lead	Timeframe
<ul> <li>5. Leadership and Direction Prompts <ul> <li>Do you have a Mental Health Champion?</li> <li>Is there a stated commitment and support from 'the top level' of the organisation?</li> <li>How will you ensure clear leadership and vision for prevention and promotion of better mental health across the organisation or partnership?</li> </ul></li></ul>	There are named Senior Mental Health Champions within the system ICS and Councils, and elected members, identified as leads for promoting positive mental health and prevention of mental ill-health. This work is coordinated and led through the Mental Health Learning Disability and Autism Collaborative and Healthy Minds and Healthy Brains Collaboratives but ensures joined up working with other partnerships across the system.	Sally Burns, Director of Public Health West Northamptonshire Council John Ashton, Interim Director of Public Health Northamptonshire Council Anne Rackham, Director of Mental Health / SRO	Continuous





<ul> <li>Contribute to the further development of the partnership outcomes framework to help demonstrate impact on health and wellbeing.</li> <li>Embedding a public health approach to commissioning and provision of services</li> <li>The submission of this concordat is supported by senior leadership teams of health and care organisations and partnerships in Northamptonshire. All are supporting the development of this joint approach to promoting positive mental health and wellbeing in the area.</li> </ul>	
We have highlighted above our approaches to prevention. This includes a commitment to reassess how we commission and deliver local services to help maximise opportunities for good mental health and wellbeing for all. Not just improving services but also addressing the wider factors that determine mental health and overall wellbeing. We will stimulate and support the forming of 'alliance' arrangements that bring providers (local	

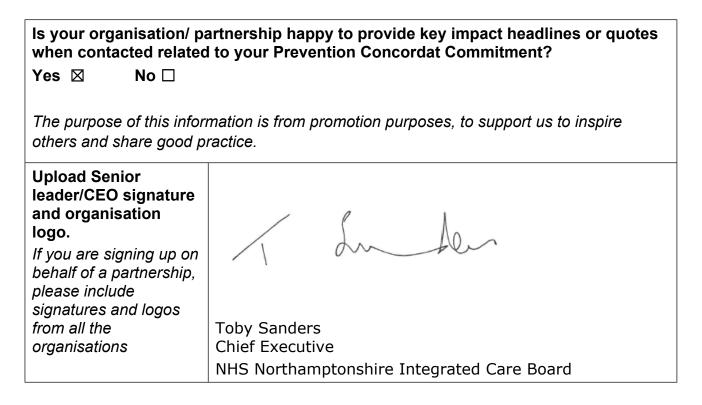


authorities, NHS, VCS, private organisations, and people with lived experience of mental health) to make effective strategic decisions about service priorities and the use of funding for mental health and wellbeing, including use of personal health budgets.	
Our Partnership Strategy includes a commitment to addressing health inequalities - ensuring our planning, service delivery and resource allocation proactively addresses disparities in outcomes for different populations. One of the ten objectives for the partnership is to reduce the gap in life expectancy between people living with mental health, learning disabilities and autism and the general population. This reflects the importance the partnership places on secondary and tertiary prevention for those living with mental ill health. We are setting a percentage of Mental Health Improvement Grant towards prevention, with the expectation that this will progressively grow year on year.	



# Section 3 - Senior leadership/CEO sign off

Please let us know if you would like to be contacted to provide short statements on your progress to use in communication pieces, such as bulletins, social media, etc.



Please attach any additional documents that you may want to share to support your commitments, e.g., strategies, plans project outlines. For example, your health and wellbeing strategy.