



Commissioning Mental Wellbeing



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Commissioning Mental Wellbeing: A Leadership Brief for Boards and Senior Managers

The role of wellbeing and mental health promotion in
achieving whole system improvement

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Executive Summary

- a) Mental health is central to public health: *“there is no health without mental health”*. It is now well understood that positive mental health or mental wellbeing is more than simply the absence of mental illness. Mental wellbeing means that *an individual is able to realise his or her own abilities, cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community*.¹
- b) Improving the mental wellbeing of the population through promotion, prevention and early intervention has the potential to contribute to far-reaching improvements in physical health and wellbeing, a better quality of life, higher educational attainment, economic wellbeing and reduction in crime and anti-social behaviour. Investing time and resources now in improving mental wellbeing has the potential to achieve these outcomes and rebalance investment.
- c) The economic impact of mental illness is both serious and substantial. Preventive strategies not only promote population mental wellbeing; reduce levels of mental distress (depression especially) in the general population but also reduce significantly the most damaging consequences of mental disorder for the individual.
- d) Action to improve mental wellbeing can be undertaken separately by local organisations, but better cost effectiveness can be achieved by strategically integrated action by partner organisations. Working together they can better build individual and community resilience by:
- improving the housing, income, neighbourhoods and communities people live in
 - focussing on opportunities for learning and work, including maintaining a healthy work-life balance
 - improving people’s material circumstances
 - extending opportunities for leisure, culture and sociable lives
 - building the foundations for child development.
- e) This is supported by a rapidly developing evidence base on the protective, risk and environmental factors associated with mental health and of the interventions that can promote mental wellbeing at an individual and social level.
- f) Building mental wellbeing, early intervention and illness prevention are central to the values of the NHS and local authorities. Leadership is needed to effect a move to more preventive and holistic approaches - it requires a paradigm shift.
- g) There are four drivers for promoting positive mental health and wellbeing: the economic case, the equalities case, the ethical case, and the evidencecase.
- The **economic** case: promoting population mental health and wellbeing and illness prevention will reduce costs for the NHS and local authorities - in fact, for society in general over the next two to five years. With health and

local authority colleagues commissioning well evidenced programmes strategically there is a good likelihood this will lead to lower demand on primary care, hospital and community services, and will achieve improvements in overall population health.

- The **ethical** case: everyone has the right to the best physical and mental health that society can afford, to enable them to enjoy their capabilities to the full and contribute to society. Focussing on holistic wellbeing, and emphasising strengths and abilities (rather than deficits) offers a positive alternative to the illness and disability focus of much health and social care provision.
 - The **equalities** case: reducing health inequalities using the evidence that mental wellbeing can play, is critical to promoting positive mental health and wellbeing and to reducing the impact of 'prior discrimination' amongst minority groups.
 - The **evidence** case: there is very good evidence that 1) mental health status impacts on a broad range of health and social outcomes and 2) a range of interventions can promote mental wellbeing and prevent poor mental health.
- h) Local authorities and health services have a major role to play in raising the awareness of the factors that influence mental wellbeing and can take practical action through the proposed Health and Wellbeing Boards, local partnerships and multi-agency plans. This brief is designed for senior decision makers
- in the NHS and local government, with directors of GP commissioning consortia (GPCC) and Directors of Public Health as they develop, to set a strategic direction for health and wellbeing to suit local circumstances.
- i) Health and Wellbeing Boards are likely to have a very important role in driving the wellbeing agenda. They will need to identify their local priorities against the available evidence base in order to develop an integrated local strategy to commission mental wellbeing for 2011-16. This needs to take place within a context of integrated commissioning and the key mechanisms are:
- Joint Strategic Needs Assessments and community asset mapping
 - Community engagement and involvement strategies
 - Local partnerships and multi-agency agreements
 - Local authority powers to promote wellbeing
 - PCTs (and as they evolve, GPCCs) Local Delivery Plans and PCT (GPCC) Strategic Plans
 - Practice-based GP commissioning groups as a step to GPCCs
 - Children's Trusts
 - Personalisation and individual budgets
 - Community budgets (place based commissioning or 'total place' financing)
 - Commissioning for outcomes.
- j) Cross-agency commissioning arrangements should include leadership at senior level for population mental health and designated capacity to support this

should be developed actively in order to progress this agenda.

- k) Addressing mental health and wellbeing will achieve three different objectives simultaneously: It will:
- improve the mental wellbeing of the general population with concomitant improvements in health and wider social and economic gains with reductions in health service usage, and a reduction in health inequalities
 - improve the wellbeing of those at risk of developing mental health problems and prevent such problems occurring through targeted programmes and interventions
 - improve wellbeing and assist those who have mental health problems and those in recovery to achieve more fulfilled lives.
- l) Shorter term gains for health and social care are possible from improving individual and community mental wellbeing. However, the medium to longer term gains are more significant and require strategic leadership and commissioning and concerted effort by health and local authority commissioners in partnership with education, schools, employers and the business community, the voluntary and community sector, regeneration initiatives, local, regional and national government.
- m) Commissioning for public mental health and wellbeing should be part of a whole system improvement strategy, and not seen as solely the province of mental health care. It is

imperative that commissioners connect mental health and wellbeing across the commissioning spectrum. This means identifying the opportunities to embed and mainstream mental wellbeing into commissioning for health and social care in the broadest sense.

- n) A **Commissioners Toolkit**, 'Commissioning Wellbeing for All' supporting this report, details a range of interventions and offers further information on the best initial interventions to assist commissioners with developing strategic and practical approaches to implementing and improving mental wellbeing.

Commissioning Mental Wellbeing: a Leadership Brief for Boards and Senior Managers

Promoting mental wellbeing to achieve whole system improvement



1 Introduction

Improving the mental wellbeing of the population has the potential to contribute far-reaching improvements in physical health and wellbeing, reduced mortality, a better quality of life, higher educational attainment, economic wellbeing and reduction in crime and anti-social behaviour. Virtuous circles can be catalysed – improving wellbeing, for example, enhances educational capability, which leads to better educational outcomes and a positive impact on wellbeing.

This focus on population mental health is supported by a rapidly developing evidence base on the social and environmental factors associated with mental health problems, on the interventions that can promote mental wellbeing and resilience at an individual, and on tackling the causes of poor health and associated inequalities. During the last two years a number of reports have highlighted the importance of public mental health:

- Foresight Report: Mental Capital and Wellbeing: Making the most of ourselves in the 21st century, 2008²
- 'Working for a healthier tomorrow' - Dame Carol Black's review of the health of Britain's working age population 2008³
- A future vision for mental health, The Future Vision Coalition (11 national bodies), July 2009⁴

- New Horizons: A Shared Vision for Mental Health, Department of Health, December 2009⁵
- Confident Communities, Brighter Futures: A framework for developing well-being, Department of Health, March 2010⁶
- Marmot Review Team, 'Fair Society, Healthy Lives' 2010⁷
- No health without public mental health: the case for action. Royal College of Psychiatrists, October 2010⁸
- The role of local government in promoting wellbeing. LGID. 2010⁹

These reports set a context within which the present government has affirmed the importance of public mental wellbeing in future. There is much that can be done and this leadership brief offers suggestions on where to start.

The purpose of this document

Boards and senior managers of Local Authorities, GP Commissioning Consortia (GPCCs), PCTs. Directors of Public Health and practice-based commissioners that want to commission preventive and health promoting interventions in public mental health and wellbeing will want interventions that can be shown to reduce cost, improve health, and reduce pressure on health services and social care. Using a public health approach that identifies root

causes of poor mental health, this brief offers cost-effective evidence based interventions to promote wellbeing. It will be of interest to all those working at senior level and in or through the proposed Health and Wellbeing Boards, which will have the central and leading role to play in improving mental wellbeing. This brief provides a summary and guide to action for Boards, senior managers and Directors of Public Health.

Why does mental wellbeing matter?

Mental wellbeing matters to individuals, families, communities and local economies, because it leads to:

- Improved quality of life and individual flourishing
- Increased educational attainment
- Safer communities with less crime
- Reduced health inequalities – both physical or mental health
- Lower health care utilisation
- Improved productivity and employment retention
- Reduced sickness absence from work
- Reduced levels of mental illness and distress.

To achieve these outcomes and maximise returns on investment demands a concerted effort by health and local authority commissioners in partnership with education, employers and the business community, and the voluntary and community sector. Regeneration initiatives and other local, regional and national government agencies should be involved as well. Gains can be made in the short to medium term, but significant benefits come from a more strategic approach. The proposed Health and

Wellbeing Boards of local authorities will provide the strategic lead and will be a forum for developing partnership proposals that integrate GP led wellbeing initiatives with social care commissioned interventions. The opportunity for a shared agenda and implementation process will be one of the main benefits of the NHS White Paper building on the initiative of Local authorities to balance service towards prevention and thus securing value for money over the long term.¹⁰ In turn this underscores local authorities' active role in addressing the social and environmental determinants of poor mental wellbeing.

2 Making sense of Mental Wellbeing, Mental Health and Mental Illness

Mental wellbeing is more than the absence of mental illness and is a state, *"in which the individual realises his or her own 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"*¹¹.

Addressing mental wellbeing can simultaneously achieve three objectives, and enable stronger communities and help local economies. The three objectives are to:



Objective	Target
<ul style="list-style-type: none"> • Assist the general population to improved mental wellbeing with concomitant improvements in mental and physical health, reductions in health service usage and wider social gains – a universal population based approach • Improve the wellbeing, and associated gains, of those at risk of developing mental health problems and prevent such problems occurring through targeted interventions • Improve wellbeing and assist those who have mental health problems and through recovery to achieve more fulfilled lives. 	<ul style="list-style-type: none"> ➔ Improved population mental wellbeing ➔ Reduction in the number of people of all ages developing mental health problems and associated with this reducing the levels of suicide and self harm ➔ Reduced numbers experiencing mental distress, recovery and inclusion of people with mental illness

Mental Health problems are common; they have a significant impact on overall health and an impact on individuals, families and society¹². Building and strengthening the resilience of people in the wider community, will also impact on those who may be particularly at risk of physical and mental illness or social disadvantage.

Around 50% of lifetime mental illness starts by the age of 14¹³ and continues to have a detrimental effect on an individual and their family for many years¹⁴ pointing to the significance of investing in early years – “from minus 9 months to 18 years”¹⁵ (and especially before 10 years of age) to achieve life time impacts¹⁶. Strategic mental wellbeing programmes can encourage early interventions that ameliorate much of this morbidity by strengthening the emotional, social and physical environment for children.

Mental Health and Wellbeing

Investment in mental wellbeing interventions will have positive impacts in other parts of the health and social care system. Mental wellbeing is related to physical health as much as mental

distress and the right strategy will have much wider benefits within local economies than solely within the mental health services. For example, better mental wellbeing integrated into physical care can help people with long term conditions.

To achieve this, requires a major development in understanding and practice – a paradigm shift – toward addressing social determinants and risk factors, with more promotion and prevention activity to improve overall wellbeing. It is a shift that emphasises both mental health *and* physical health within comprehensive health promotion and illness prevention programmes.

- Mental health is an essential component of general health. In other words there is 'no health without mental health'¹⁷.
- Mental wellbeing is more than the absence of mental illness. It requires a shift in thinking about what mental wellbeing entails.
- Mental wellbeing and physical illness are intimately inter-connected – with long-term health conditions, particularly CHD, CVD, hypertension, diabetes, obesity, and drug and

alcohol use are linked with common mental health problems such as anxiety and depression and in some cases severe mental health conditions. Intervening here can have whole system benefits.

- Mental wellbeing is a key social asset that is of economic significance as a resource for long-term social and economic prosperity.
- Wellbeing is closely linked to opportunities for personal responsibility: personalising services ensures patients and service users are more likely to use services to greatest benefit, and offers the opportunity for greater personal responsibility in health and social care.
- Wellbeing is closely linked to health and social risk behaviour.
- Responsibility for promoting mental wellbeing extends across all disciplines and government departments and encompasses a concern with social values, culture, economic and social, as well as health policies.

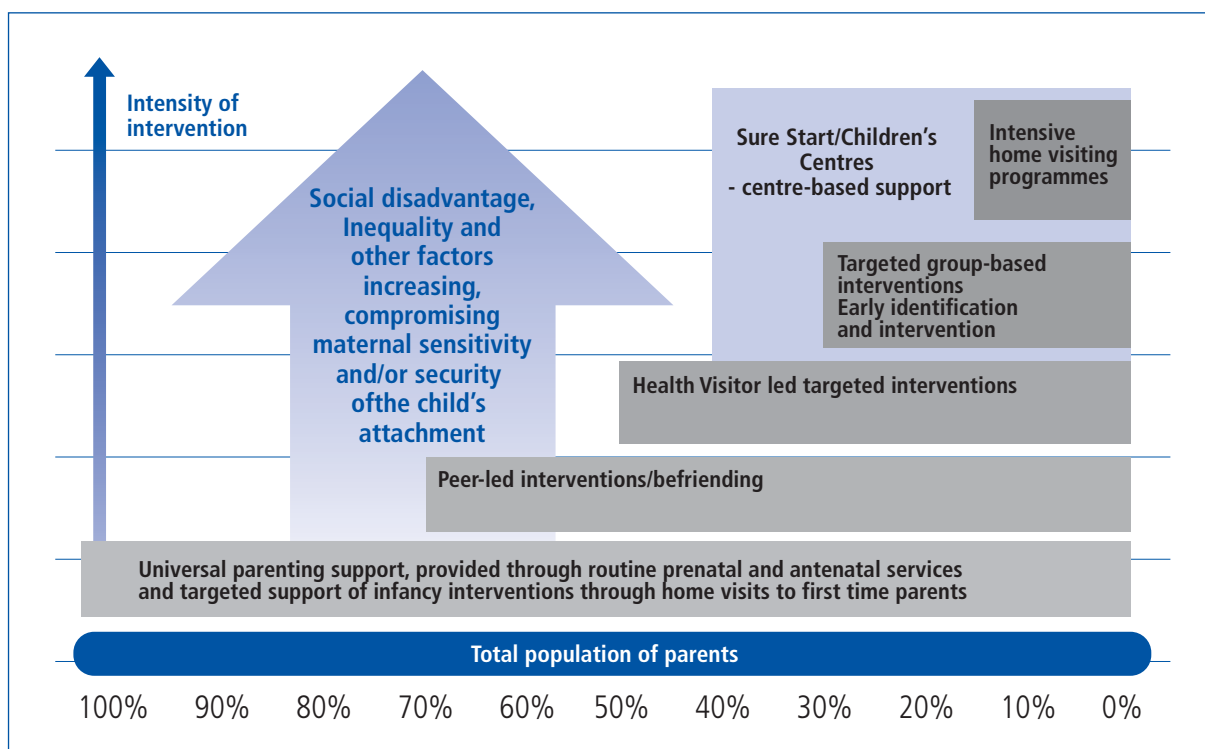
3 Action for wellbeing

Wellbeing is an interplay of individual, economic, social, cultural, community and environmental factors. Addressing the social determinants of health will mean addressing the discriminatory or socio-economic reasons that lead to a reduction in wellbeing for some groups; a programme must be culturally relevant and appropriate; it should address the needs of communities in ways that can be assimilated locally and be relevant to the needs of all parts of the community, respecting diversity. Wellbeing is concerned with enhancing social justice and tackling social inequalities.

Wellbeing is multi-factorial and is amenable to action for improvement at three interconnected levels:

- **Structural** - initiatives to reduce discrimination and inequalities, and promote access to education, meaningful employment, affordable housing, health, social and other services for the whole population and simultaneously support those who are vulnerable.
- **Community** - increases in social support, social inclusion and participation, in local communities and improving neighbourhood environments, anti-bullying strategies at school, workplace health, community safety, childcare and self-help networks.
- **Individual** - increasing emotional resilience through interventions designed to promote self-esteem, life and coping skills, e.g. communicating, negotiating, relationship and parenting skills.

The idea of *proportionate universalism*, is a central theme of the Marmot Review (2010)¹⁸. It means that a comprehensive wellbeing programme will contain a balanced range of interventions from the wholly generic and 'universal' through a series of increasingly more specific interventions towards those that are fully targeted on at-risk groups or communities. The diagram below provides an illustration in the application of proportionate universalism to the introduction of parenting support.



3.1 Health and Wellbeing Boards

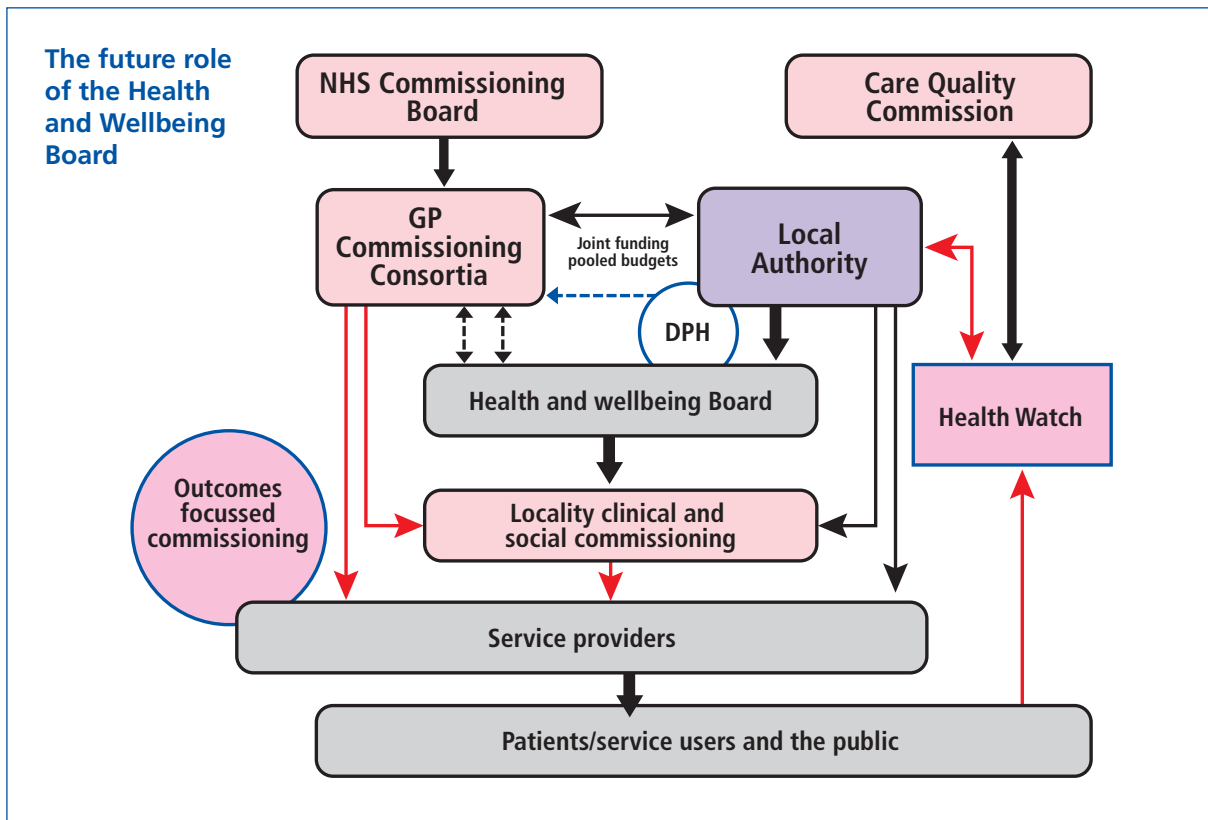
The proposed Health and Wellbeing Boards, building on existing arrangements, and alongside the transfer of Public Health responsibility to local authorities should be in a position to catalyse a new integration and a shared, common approach to wellbeing. Locality commissioning may develop in order to take advantage of the joint opportunities offered. One model is shown below; but there are many ways in which GPCCs and local authorities may be able to work together to mutual advantage.

Health and Wellbeing Boards provide the vehicle jointly to recognise the wellbeing initiatives required locally and to agree the right balance of NHS and local authority activity to address the gaps identified. The White Paper, 'Equity and Excellence: Liberating the NHS' described the role as one of strengthening the local democratic legitimacy of the NHS. "Building on the

power of the local authority to promote local wellbeing, we will establish new statutory arrangements within local authorities – which will be established as 'health and wellbeing boards' or within existing strategic partnerships – to take on the function of joining up the commissioning of local NHS services, social care and health improvement."¹⁹

Health and Wellbeing boards will allow local authorities to take a strategic approach and promote integration across health and adult social care, children's services, including safeguarding, and the wider local authority agenda."

Consequently, the local authority has a chance to catalyse a joint strategic approach. Similarly, GPCCs can help practices within their area to reduce demands on staff by health promoting and preventive strategies and by using appropriate and accessible social and community resources rather than expensive in-patient or professional help when these are not required.

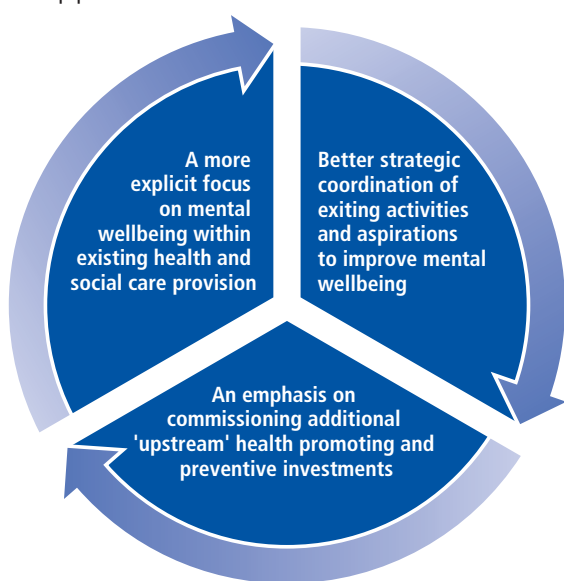


4 Commissioning for mental health and wellbeing

Commissioning for population health and wellbeing means enabling local people to look after themselves, and stay healthy and independent; to participate fully as active members of their communities whilst emphasising interdependence; to choose and access easily the type of help they need, when they need it; and to enjoy fulfilling relationships, family, friends, and good social networks. Commissioning for population mental wellbeing will need:

- Attention to the factors that build and strengthen individual and community resilience.
- Anticipation of the factors that make local communities and individuals stay healthy, independent and interdependent.
- Understanding local health inequalities, their social determinants and their implications and promoting social inclusion.
- Promoting public mental health through identifying opportunities across all services to actively promote holistic physical and mental wellbeing coordinating the activities of different sectors including health and social care, education, housing, leisure, employers and the voluntary and community sector.
- Identifying actively the groups or areas whose mental wellbeing may be at risk and specifically giving them a voice to influence and access targeted interventions for physical and mental wellbeing.
- Enabling universal access to information and low levels of community based support to enable people to manage the challenges of everyday living.

- Integrated delivery via robust integrated commissioning between health commissioners (PCTs now, GPCCs increasingly over the next two years) and local authorities and other relevant organisations, particularly education employers and welfare benefits.
- Stimulating a more evidence based, relevant and innovative basis of provision for wellbeing in existing commissioned services and in new approaches.



Mental wellbeing should be at the core of local commissioning. The opportunity to reduce pressure on busy services by promoting mental wellbeing, preventing illness and using community resources more effectively is both efficient and clinically and socially effective. Using the evidence base on the protective, risk and environmental factors associated with mental wellbeing, commissioning should balance a number of strategic elements, and must pay attention to the needs of minority groups, including Black and minority ethnic communities, and should not discriminate on the grounds of age, faith, disability, gender, ethnicity, sexual orientation, class or income level or caring status.

5 The Case for Wellbeing Interventions

There is good evidence for improving wellbeing and specific interventions that can strengthen population mental wellbeing. Commissioning public mental health and wellbeing offers significant potential savings by strengthening protective factors and reducing risk factors, which will have significant medium and longer term reductions in health and social care usage overall in the local economy.

Mental wellbeing should be seen as central within a whole system approach to investment, not as an alternative to NHS acute or hospital sector provision, or local authority social care. A mental wellbeing programme can assist in reducing health inequalities and thus:

- reduce morbidity and mortality from common disorders (e.g. CHD, diabetes),
- reduce demand on NHS and social care, and
- offer a person-centred alternative with an associated increase in personal responsibility for one's own wellbeing.

5.1 The economic case: reviewing cost implications

There is a good economic case for investing in improving mental wellbeing. It is in two parts, (1) there is a powerful case for a balanced set of proportionate cost-effective interventions as part of a whole system approach to mental and physical health and wellbeing; and (2) there is an unarguable case for mental health promotion and mental illness

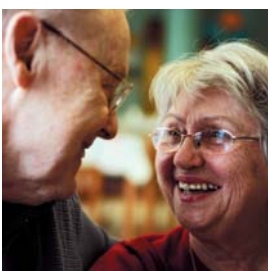
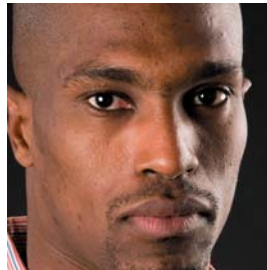
preventive strategies in addition to encouraging wellbeing for those living with or recovering from mental illness. Economic savings can result from investment in prevention and promotion interventions both in the short term as well as medium and longer term. These savings accrue in health as well as other areas such as work and criminal justice.

Economic impact of interventions to improve wellbeing

The commissioners' toolkit offers a comprehensive guide to commissioning interventions for which there is good evidence of positive benefits. Many show significant effect sizes, enhance flourishing and improve coping skills and

offer ways to reduce dependence and use of health and social care services. Forthcoming work commissioned by the Department of Health will highlight the effect size of interventions, timescales and benefits, and will demonstrate very clearly the economic case for wellbeing interventions.

Recent work²⁰ has demonstrated that strategies for prevention, early intervention and health promotion can save significant resources. There are significant benefits from focussing on a comprehensive programme of this nature. The figures given in the table overleaf demonstrate the breadth of the overall savings that may be obtained from appropriate interventions, taking into account the clinical and social return on the investment made.



Economic driver: some examples of possible savings from wellbeing interventions			
Life Course	Subject	Intervention	Economic Advantage
Children and Adolescents	Post natal depression and support to at risk children.	Universal and targeted health visitor services.	Highly cost effective - even the most expensive programmes show a return after one to two years. ^{21, 22}
	Parenting skills to reduce conduct disorders.	Group based parenting programmes show reduced behavioural problems.	Relatively quick return on investment: costs for children with conduct disorders reducing to a fifth after only 18 months. ²³
	Emotional literacy.	School based social and emotional learning (SEL) programmes.	Found to reduce pupils conduct problems, with good effect sizes. ²⁴
Adults	Risk of depression.	Workplace screening and early intervention for depression.	Financial returns almost five times annual programme costs from increased productivity. ²⁵
	Reduced alcohol consumption.	Early intervention with hazardous drinking.	Cost effective. ²⁶ Potentially significant saving to the NHS.
Older People	Reduce isolation and loneliness, encourage exercise.	Wellbeing interventions such as Befriending schemes.	Good cost per QALY with estimates ranging from £5,000 to £12,000. ²⁷

Costs of mental illness

The economic impact of mental illness is both serious and substantial. The table below, demonstrates the extent of this impact. The cost of mental ill health in England is now £105.2 billion a year: this includes the costs of health and social

care, lost output in the economy and the human costs of reduced quality of life.²⁸ Preventive strategies not only reduce levels of mental distress (depression especially) in the general population but also reduce significantly the most damaging consequences of mental disorder for the individual.

Cost of Mental Illness

- **Annual economic costs of mental health problems** in England were estimated at £77.4 billion in 2003 (SCMH, 2010),²⁹ rising to £105.2 billion in 2009/2010 (CMH, 2010).³⁰ Mental illness costs the NHS and local authorities £22.5 billion a year; lost earnings cost the economy a further £26.1 billion. In 2007 this represented 5.3% of GDP and is predicted to double to 10.1% of GDP in 2026.

Inequalities in Mental Health

- **Contribution to wider health inequalities.** People with mental health problems are also more likely to have a poor diet, take less exercise, smoke more and misuse drugs and alcohol.³¹
- **Inequalities for those with serious mental illness.** People with a diagnosis of serious mental illness die on average 25 years earlier than the general population, largely due to physical health problems.³² Depression at age 65 is linked with a 70% increased risk of dying early.

5.2 The ethical case for investing in mental health and wellbeing

Recent discussions about health and wellbeing have emphasised the social, moral, or ethical case for promoting positive mental health. The economic case is persuasive – PCTs and in future GPCCs, and local authorities, can save resources by investing in the interventions described here; but that is only a part of the picture. The other element is to recognise that community and individual values shape our experience of and attitude to 'formal' health and social care provision. But more than that, individuals have the right to the best physical and mental health that society can afford, offered in an equitable and fair way. A values driven approach recognises possibilities for engaging individuals and communities in self-help, taking personal responsibility, and offering community alternatives to institutional provision. If the 'big society' is anything it is this, one in which all have a role and in which personal and state responsibility is carefully balanced.

The ethical argument emphasises rights and responsibilities, individual and community capacities, and the need for socially purposeful commissioning that understands the value of relationships, interpersonal awareness, interdependence within a connected safe community, and the importance of addressing local environmental concerns that affect wellbeing. More importantly the evidence now accumulating^{33, 34} of the social determinants of health indicate with great clarity that preventive strategies will achieve greater social cohesion whilst encouraging personal

responsibility for individual health and welfare and for community or neighbourhood wellbeing. Removing discrimination, recognising the prior claims on social resources for those living with disadvantage and preventing 'upstream' problems from occurring, will reduce dependency on state resources and simultaneously improve the overall health.

5.3 The equalities case: reducing health inequalities

Poor mental wellbeing is both a cause and a consequence of health and social inequalities. A recent report from the World Health Organisation³⁵ lays out the evidence for this and draws attention to the relationship between social and economic income inequalities and mental wellbeing with higher levels of deprivation and lower access to resources leading to poor physical and mental health. Action to improve population mental wellbeing will have an impact on reducing inequalities and on reducing the impact of 'prior discrimination' amongst minority groups, including people from minority communities, people with learning disabilities, a diagnosis of mental illness and older people.

As well as improving the wellbeing of local people, there are likely to be broader benefits in the way the programme enables the achievement of local and national objectives. An effective mental wellbeing strategy will recognise diversity and tackle discrimination, seeking always to encourage programmes that are culturally relevant and appropriate and meet the needs of diverse communities, Black and minority

ethnic communities; women, older people, LGBT people, people with disabilities and will tackle health inequalities as they manifest now in addition to reflecting on the wide determinants of illness and disability.

5.4 The evidence: it works!

There is now strong evidence that 1) mental health status impacts on a broad range of health and social outcomes and 2) there are interventions that can promote mental wellbeing and prevent poor mental health.

Good mental wellbeing can:

- Increase life expectancy, provide protection from coronary heart disease, improve health outcomes from a range of long term conditions (e.g. diabetes)
- Reduce risks to health through influencing positive health behaviours, such as reductions in alcohol and substance use
- Reduce health inequalities – both physical and mental health - and impact positively on the social determinants of health
- Reduce the consequences of mental illness or distress and is associated with:
 - Improved educational attainment and subsequent occupation and wellbeing outcomes
 - Safer communities with less crime
 - Improved productivity and employment retention
 - Reduced sickness absence from work.

Using this evidence, the next section shows where interventions will achieve early gains.

6 Commissioning cost effective interventions

Using local data NHS commissioners (PCTs/GPCCs) and Local Authorities and their partners are in a position to commission interventions with the potential to be 'more than the sum of the parts'. Each Local Authority and PCT/GPCC will have information on population and community need and ways of meeting it. Practical examples of mental health and wellbeing promotion are extensive with many successful projects in the UK and other countries. But there is good evidence that certain interventions are especially valuable as part of an overall strategy to assist commissioners achieve the economic and communitarian objectives described earlier. These are distilled into ten broad commissioning areas set out in the 'toolkit'. Of these ten the top five can achieve early improvements in population health and save resources at time in which the NHS and local authorities are under ever greater financial pressure, contributing to the overall QIPP and public value programmes in local authorities, the NHS and other local organisations.

The 5 best intervention areas

Drawing on the strongest evidence available, the five areas that can enable commissioners to make early progress in improving the overall health and wellbeing of individuals and communities with reasonably good cost-effectiveness and relatively well evidenced effect sizes are below. A key message is:

Put children first; start with adults

That may sound paradoxical. But much of the evidence suggests that the greatest savings come from providing a good start in life and enabling children to realise their full potential and by reducing behaviour disorders in children and adolescents, and in preventing problems later in life. The way to do this is to improve parenting, tackle unhealthy lifestyles and improve adult and parental wellbeing.

The interventions are:

- **Children (pre- and post-natal)**

Pre- and post-natal interventions to improve early child development and wellbeing, maternal health and wellbeing and reduce any adverse outcomes of pregnancy, and early infancy. The best place to start is to promote good parental mental and physical health – identify risk factors and promote good parent-child interactions. Intervene in early years with universal and targeted approaches that focus on the psychological and social needs of parents and children.

- **Children (pre-school)**

Promote good parenting skills – universal as well as targeted programmes to improve the relationship between parent and child, to improve child behaviour, and to prevent and treat conduct problems. These may be home based, community based and individual programmes, outreach and provided from centres. Interventions that help promote the child's early social and emotional skills are effective in reducing costs in later life.

- **Children / Adolescents (School)**

Build social and emotional skills and resilience of children – to support the development of good relationships with peers, friends and family; and to promote child's self-awareness, ability to manage feelings, motivation, empathy and social skills. This includes school based programmes on bullying and violence. Early identification of, and early intervention with, 'conduct problems' is cost effective. School based prevention and early intervention programmes and community based programmes and services should include work with parents and other caregivers.

- **Employment and Working Life – improving working lives**

This has three elements:

- Support to get people back to work, including psycho-social support and use of psychological therapies. Individual support for people with more significant challenges also has a good evidence base – e.g. individual Placement and Support (IPS).
- Support for people in work is effective in reducing the pressure on health and social care and reduces work days lost – work based programmes on health and wellbeing includes stress management. Helps people retain employment by making reasonable adjustments and providing the right support.

- **Older People / Retirement**

Provide a range of psycho-social primary preventive actions and programmes for older people including: social support, prevention of social isolation, walking and

physical activity, learning and mental activity, volunteering and local community work, timebanks and social prescribing of activities to encourage interconnectedness. These interventions will help older people maintain their physical and mental wellbeing through strengthening relationships and contribute to a sense of meaning and purpose. Alongside early intervention, they form a central strand of a strategy to prevent depression and the onset of dementia.

These interventions need to be embedded in mainstream provision with explicit mental wellbeing perspectives, and not as isolated interventions. Further careful attention needs to be paid to implementation in order to achieve the outcomes these interventions have the potential to deliver.

The Commissioner's toolkit

(Commissioning Wellbeing for All) provides more detail on this. By embedding into current commissioning arrangements and paying close attention to implementation issues, these interventions are more likely to achieve the desired holistic and strategic impact.

7 NUDGE Wellbeing

NUDGE Wellbeing is the shorthand for building a non-coercive approach to encouraging healthy lifestyles. Based on the book *Nudge: Improving Decisions about Health, Wealth and Happiness* by Richard Thaler and Cass Sunstein,³⁶ NUDGE Wellbeing offers ways in which every Health and Wellbeing Board, PCT, GPCC, local authority and third sector organisation can encourage mental wellbeing by nudging people to healthier

choices in food and diet, transport and exercise, healthy working practices, and social inclusion.

Nudge can be used in conjunction with the five ways to wellbeing promoted by the new economics foundation.³⁷ These are: connect with others; be active – and improve mobility and fitness; take notice of new interesting or beautiful things; keep learning – about all sorts of things; and give – to a friend or a stranger. Social prescribing can be a useful mechanism to encourage these activities especially in those who may be lonely or disconnected; and libraries are a valuable source of information, connectedness, and links to other people and organisations.

NUDGE can also be used in conjunction with investment in the interventions described here and those set out more fully in the Toolkit. Carefully targeted financial incentives can reap rewards many times over. For example, people have been 'nudged' to quit or reduce smoking by making it illegal in public buildings. This may not be popular or effective with everyone but the reaction of others to a less smoky environment nudges smokers to think about their habit and what it is doing to themselves and others. Many of the suggestions in the toolkit evidence table are amenable to 'nudging'; public authorities should consider very cost effective ways to encourage people to change their behaviours.

8 Conclusions

PCTs, GPCCs once established, local Councils (LA portfolio holders, Chief Executives and Senior Directors in the NHS and local authorities) may find it

helpful to review the commissioning of public mental health and wellbeing within their areas and provide the support necessary to ensure key evidence based interventions are implemented and embedded into commissioning and service delivery.

- Commissioning for mental wellbeing will gain greater traction if undertaken within a context of integrated commissioning of health and social care. The key mechanisms are:
 - Local authority powers to promote wellbeing
 - Joint Strategic Needs Assessments
 - Local partnerships and multi-agency agreements
 - PCT/GPCC Local Delivery Plans and PCT/GPCC Strategic Plans
 - Practice-based GP commissioning as a step to GPCCs
 - Children's Trusts
 - Personalisation and individual budgets
 - Community budgets
 - Commissioning for outcomes
- Commissioning population mental health and wellbeing will require determined leadership, including Board level commitment, and identified resources to develop capacity to mainstream well-evidenced interventions and respond to the clear opportunities to improve population mental wellbeing.
- Developing a local integrated strategy to commission for mental wellbeing (and concomitant cost reductions) for 2011-16 will work best if commissioners plan together to identify local priorities taking the national and local evidence base into account. Working through Health

and Wellbeing Boards with the DPH supporting GPCCs and the primary care team will have potential additional benefits.

- A thorough and accurate understanding of the local context, involving community engagement, and an alignment of action across organisational boundaries will assist commissioners achieve their objectives especially if there are agreed outcomes and priorities driving partnership arrangements and the priorities for investment by individual organisations.
- Commissioning for population mental health and wellbeing will achieve more if it is part of a whole system improvement strategy, where improvements in mental wellbeing are seen as a prerequisite for a healthy, thriving community.
- If Commissioners focus on the five key commissioning areas shown as the basis for a comprehensive wellbeing strategy it will provide the beginnings of a cost effective programme that will increasingly enable the added benefits to be obtained.

Over and above the key commissioning areas, local innovative practice by and with communities can achieve meaningful outcomes in mental wellbeing and their potential realised through investment in evaluation and dissemination. NUDGE opportunities should be explored both for their own sake and in conjunction with investment in well evidenced interventions.

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Abbreviations

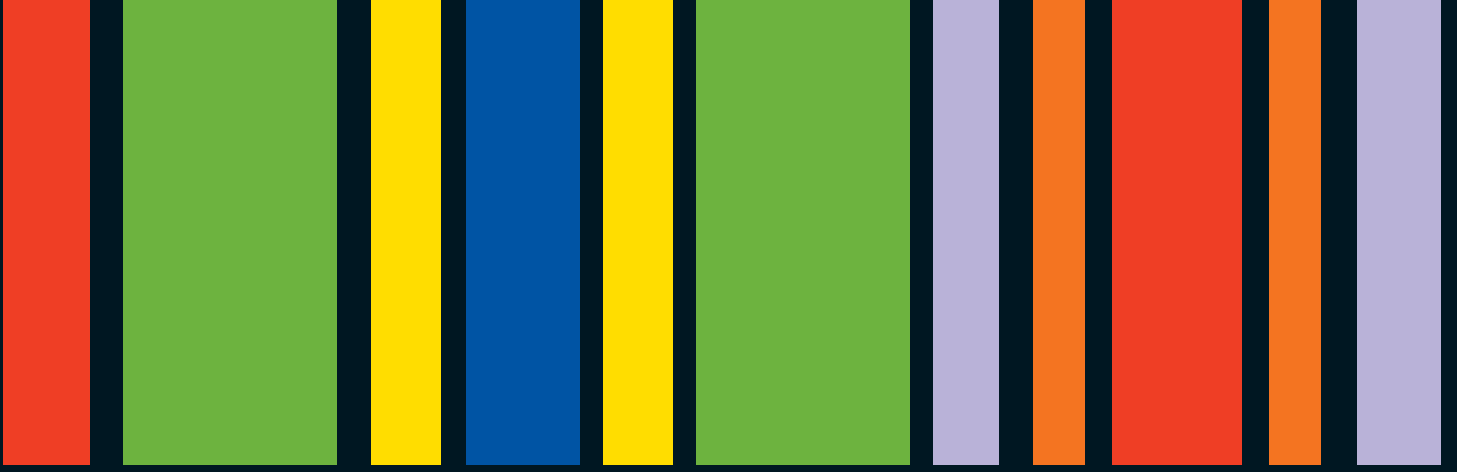
DPH	Director of Public Health
GPCCs	GP Commissioning Consortia
LA	Local authority
LGBT	Lesbian, gay, bisexual and transgender
PCT	Primary Care Trust
WHO	World Health Organisation

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