

HEALTH AND WELLBEING BOARD



TO:	Blackburn with Darwen Health and Wellbeing Board
FROM:	Director of Public Health
DATE:	11 th March 2015

SUBJECT: Mental Health and Wellbeing Action Plan

1. PURPOSE

To provide an update to Health and Wellbeing Board members on the development of the Mental Health and Wellbeing Action Plan.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

Health and Wellbeing Board members are requested to note and comment on the draft Mental Health and Wellbeing Action Plan

3. BACKGROUND

Statistics show that people living in Blackburn with Darwen experience poor mental wellbeing and poor mental health. In 2012/2013, Blackburn with Darwen residents had the lowest Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) score in the North West.

The Mental Health and Wellbeing Action Plan has been developed to address this issue and improve the mental health and wellbeing of Blackburn with Darwen residents.

4. RATIONALE

Given the wide range of determinants of mental health and wellbeing, taking a partnership approach is essential to have the most effective outcome.

The Health and Wellbeing Board has identified Mental Health and Wellbeing as a key priority for its work and committed to develop a partnership-wide Mental Health and Wellbeing Action Plan by April 2015.

Mental Health and Wellbeing will be a cross cutting theme of the refreshed Joint Health and Wellbeing Strategy, and the Action Plan its delivery mechanism.

It is envisaged that the Mental Health and Wellbeing Action Plan will facilitate multi-agency collaborative working, which will also help to reduce duplication and associated costs.

5. KEY ISSUES

The Mental Health and Wellbeing Action Plan has 4 themes, each containing a number of actions. The themes are:

- Partnership Working & Commissioning for Mental Wellbeing
- Increasing Awareness around Mental Wellbeing
- Developing a Community which Promotes Mental Wellbeing
- Developing Services which Promote Mental Wellbeing

The Joint Health & Wellbeing Strategy Leads Group (HWB Board Leads, Council Lead Directors and Public Health Leads) will be responsible for ensuring consistency and coordination across the Start Well, Live Well and Age Well themes of the Joint Health and Wellbeing Strategy. This group will also be responsible for overseeing delivery of the cross cutting themes of the Joint Health and Wellbeing Strategy, including the Mental Health and Wellbeing action plan.

6. POLICY IMPLICATIONS

Mental Health and Wellbeing is a cross cutting theme of the Joint Health and Wellbeing Strategy - the development of the Mental Health and Wellbeing Action Plan aligns with this.

Additionally, there is synergy between the Mental Health and Wellbeing Action Plan and Lancashire Mind's strategy 'Revolutionising Attitudes, Challenging Perceptions, Altering Provision – A blueprint for Lancashire' which will enable Blackburn with Darwen to benefit from the pan-Lancashire activity and resources around mental wellbeing.

7. FINANCIAL IMPLICATIONS

There are no direct financial implications for the Health and Wellbeing Board as a result of the Mental Health and Wellbeing Action Plan

8. LEGAL IMPLICATIONS

The Health and Social Care Act 2012 details two core functions of Health & Wellbeing Board:

- To prepare an assessment of relevant needs, through the Joint Strategic Needs Assessment (JSNA)
- To prepare a strategy for meeting those needs, through the Joint Health and Wellbeing Strategies (JHWS)

Mental wellbeing is a priority within the Joint Health and Wellbeing Strategy, therefore the proposals set out in this paper will assist the Board in delivering these responsibilities.

9. RESOURCE IMPLICATIONS

There are no additional resource requirements for the Health and Wellbeing Board as a result of the Mental Health and Wellbeing Action Plan.

10. EQUALITY AND HEALTH IMPLICATIONS

The aim of the Mental Health and Wellbeing Action Plan is to improve the mental health and wellbeing of all residents of Blackburn with Darwen, and to reduce health inequalities.

An Equality Impact Assessment is being carried out alongside the consultation to support and inform the development of the Mental Health and Wellbeing action plan, the outcomes of which will be incorporated into the final plan.

11. CONSULTATIONS

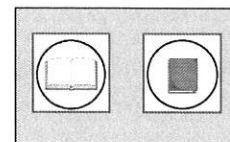
A wide range of organisations and individuals were consulted in the development of the Mental Health and Wellbeing Action Plan.

On 25th February 2015 the Health and Wellbeing Board hosted an event to discuss and develop the draft Action Plan. The event was attended by around 40 delegates from Blackburn with Darwen Borough Council, NHS, voluntary sector and universities (Blackburn College and Lancaster University). Delegates discussed the 4 themes of the Action Plan, the proposed actions, ways their organisations could contribute to the Action Plan, and other actions they would like to see in the Action Plan. This feedback is currently being collated and will be used to further develop the Mental Health and Wellbeing Action Plan.

The attached draft Mental Health and Wellbeing Action Plan is part of the consultation process and Health and Wellbeing Board members' comments will be incorporated into the final Action Plan.

VERSION:	1.1
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CONTACT OFFICER:	Dr Tamasin Knight, Public Health Department, Blackburn with Darwen Council
DATE:	5 th March 2015
BACKGROUND PAPER:	Attached



Blackburn with Darwen Public Mental Health and Wellbeing Action Plan

1. What is Wellbeing

Mental wellbeing is more than the absence of mental illness/disorder - it represents the positive side of mental health and can be achieved by all people, including those with a diagnosis of mental disorder. Various definitions of wellbeing have been proposed:

"..a dynamic state in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society."
Public Mental Health Priorities, Chief Medical Officer for England, 2014

*"..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"*
North West Mental Wellbeing Survey, 2009

"Feeling good and functioning well." **Five Ways to Wellbeing: The evidence, 2008**

2. Why Public Mental Health and Wellbeing Matters

Mental wellbeing is profoundly important to quality of life and the capacity to cope with life's ups and downs. It is protective against both mental and physical illness, unhealthy lifestyles and social inequalities in health.

As mental wellbeing is a relatively new concept, the evidence-base with regard to determinants, risk factors and solutions lags behind that related to mental illness. In arguing the case for public mental health, statistics relating to mental illness are important.

Mental, emotional or psychological problems, many of which fall short of diagnosable mental illness, together account for more disability than all physical health problems put together.

Mental health problems represent the largest single cost to the NHS (11% of current spending)

Protection against mental illness by reducing risk factors and increasing protective factors is important because treatment for mental illness is only partially effective. It has been estimated that if all those with mental illness were given the best available treatment, the total burden of mental illness would reduce by only 28%.

3. Why Wellbeing is an Issue Locally

Wellbeing

According to the various statistics that are available, people living in Blackburn with Darwen are experiencing poor mental wellbeing. The North West Mental Wellbeing Survey was carried out in 2009 and again in 2012/2013, measuring the WEMWBS score of local residents over 16 years old. In 2012/13 Blackburn with Darwen was recorded as having the lowest WEMWBS score in the North West. Boxes 1 and 2 give various factors associated with high or low mental wellbeing in Blackburn with Darwen residents in 2013/14.

Box 1. Factors associated with high wellbeing in Blackburn with Darwen	Box 2. Factors associated with low wellbeing in Blackburn with Darwen
Financially comfortably off	Unemployment
Physical activity	Lower qualifications
Time to do enjoyable things	Poor general health
Leisure time outdoors	Smoking
Satisfied with home	Cannabis use
Satisfied with personal relationships	Unhappy childhood
Frequent social interaction	Violent childhood
Participate in volunteering	Social housing tenant
Sense of neighbourhood belonging	Lives alone or lone parent
High degree of trust in others	Low satisfaction with area
	Low feeling of safety

Source: North West Mental Wellbeing Survey 2012/13

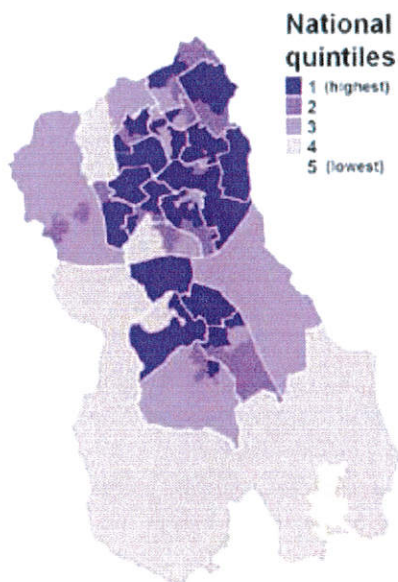
Mental Health

Statistics from Blackburn with Darwen also indicate poor levels of mental health in the area across the life course.

One broad indicator to assess the level of mental ill health in an area is given by the 'mood and anxiety disorders' measure combining data on suicides, relevant prescribing, sickness benefits and hospital admissions. On this basis, 57% of Blackburn with Darwen's Lower Super Output Areas are estimated to be in the worst 20% (quintile) in England for mood and anxiety disorders. In comparison, in the North West as a whole, only 32% of Lower Super Output Areas are in the worst quintile.

Figure 1: Mood and anxiety disorders indicator from IMD 2010

(Lower Super Output Areas, overlaid with ward boundaries)



Blackburn with Darwen has high rates of self-harm. Hospital admission rates for self-harm among 10-24 year olds in Blackburn with Darwen have been amongst the highest for local authorities across England between 2010/11 to 2012/13. Self-harm is an issue in its own right, but also indicates a suicide risk 50-100 times higher than in the general population.

There were 50 suicides in Blackburn with Darwen over the three years 2011-13, giving a rate significantly above the England average, and seventh highest of all the upper-tier local authorities. Research suggests that 10% of people who commit suicide are not suffering from a mental illness at the time of death.

Social Determinants

The factors explaining why people living in Blackburn with Darwen are experiencing poor mental wellbeing and poor mental health are complex and can be seen to largely result from social, economic and environmental inequalities; Figure 2 illustrates the determinants of mental health and wellbeing. Blackburn with Darwen has significantly higher levels of deprivation than the England average, and this has an effect on many determinants of mental health and wellbeing. People in poor socio-economic circumstances are more likely to have poorer living and working conditions – which can affect their wellbeing, as well as less time and money to spend doing activities that could promote their mental wellbeing.

Nationally, the economic crisis is having a negative impact on mental health and wellbeing. The World Health Organisation report 'Impact of Economic Crises on Mental Health' suggests that in a time of economic crisis, risk factors for poor mental health and wellbeing, such as deprivation and unemployment, will increase, and protective factors, such as social capital and a healthy

environment, will be weakened. Furthermore, the report suggested that the most deprived parts of society will be most affected by an economic crisis.

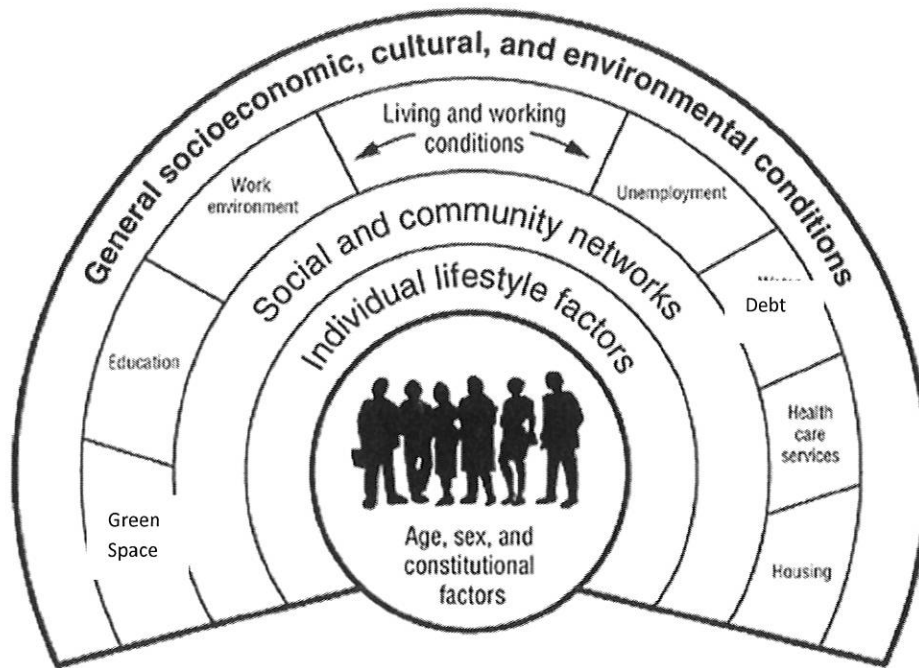


Figure 2 – Model of the determinants of mental health and wellbeing and the prevention of mental illness. Adapted from Dahlgren and Whitehead (1991).

4. Why an Action Plan is being Developed

The Blackburn with Darwen Health and Wellbeing Board has identified Mental Health and Wellbeing as a key priority for its work, and this is a cross cutting theme of the 2015-2018 Joint Health and Wellbeing Strategy. The Health and Wellbeing Board has committed to agreeing a partnership wide mental wellbeing action plan by April 2015.

The aim of this action plan is to improve the mental health and wellbeing of people of all ages living in Blackburn with Darwen. Given the wide range of determinants of mental health and wellbeing, taking a partnership approach is essential to have the greatest impact. Additionally, taking this approach should reduce duplication and associated costs.

5. Methods in Developing the Action Plan

A review of the evidence and guidance on promoting mental health and wellbeing was conducted along with an assessment of the needs and assets in Blackburn with Darwen in relation to mental health and wellbeing. A framework of evidence-based interventions to promote mental wellbeing at each of the life stages was used to map the existing provision in Blackburn with Darwen. This is given in Appendix 1.

There were also meetings with partners to ascertain the range of activity occurring to promote mental health and wellbeing in Blackburn with Darwen, and their ideas on what else could be done to promote wellbeing locally. The combination of this insight and the mapping exercise were used to develop the draft mental wellbeing action plan.

On 25th February 2015 there was Health and Wellbeing Board hosted event to discuss the draft mental wellbeing action plan and how could be developed. This event was attended by around 40 delegates from Blackburn with Darwen Borough Council, NHS, voluntary sector and universities (Blackburn College and Lancaster University). This feedback is currently being collated and will be used to further develop the mental wellbeing action plan.

5. Mental Wellbeing Action Plan

Themes

There are 4 themes to the mental wellbeing action plan:

- Partnership Working & Commissioning for Mental Wellbeing
- Increasing Awareness around Mental Wellbeing
- Developing a Community which Promotes Mental Wellbeing
- Developing Services which Promote Mental Wellbeing

Partnership Working & Commissioning for Mental Wellbeing

Develop partnership working and a joined up approach to promoting mental wellbeing – for commissioners and providers

- Develop greater links between community, faith and voluntary sector services/ support for mental wellbeing; the Integrated Wellbeing Service; IAPT services; GPs/primary care; and secondary mental health services
- Commissioners of services in relation to mental health, substance abuse, domestic violence, housing, debt, anti-social behaviour, social isolation, parenting, poverty reduction work collaboratively to ensure services are joined up and prevent duplication (Action for commissioners)

Develop a mental wellbeing focused approach to commissioning

- Service specifications/contracts to include evidence based approaches that support emotional and mental wellbeing e.g. Five Ways to Wellbeing. (Action for commissioners in the local authority)
- Adopt consistent wellbeing outcome measures/indicators for various commissioned activities e.g. WEMWBS. (Action for commissioners in the local authority)

- Where possible co-produce services with the local community (Action for commissioners in the local authority and CCG)
- Introduce mental wellbeing impact assessment as part of any proposed new service or service cut (Action for commissioners in the local authority)

Increasing Awareness around Mental Wellbeing

- Increase GP awareness of and access to community / non-medical support for those with mental/emotional wellbeing issues
- Increase public awareness of the range of support available to develop mental wellbeing and resilience skills including the Five Ways to Wellbeing
- Promote 5 Ways to Wellbeing to those receiving specialist mental health services (lead: LCFT)
- Reduce prejudice and discrimination around mental health issues (lead: Lancashire - wide mental health awareness sub-group, facilitated by Lancashire Mind)

Developing a Community which Promotes Mental Wellbeing

- Promote physical activity and participation in socially productive activities including developing volunteering opportunities
- Develop neighbourhood forums to become places where local people take their ideas and are linked in with other people and support to help them turn that idea into reality. Have very small grants, of a maximum of a few hundred pounds, available for local residents to apply for community projects. (lead: Family, Health and Wellbeing Consortium)
- Develop an online forum for linking local people together and turning their ideas to improve their community into reality.(lead: Family, Health and Wellbeing Consortium)
- Develop and promote groups to enhance social capital e.g. Happy to Talk (lead: Lancashire Mind)

Developing Services which Promote Mental Wellbeing

- Develop school based mental health promotion and social and emotional learning, and develop school based interventions aimed at preventing violence and abuse – (School nurses to lead with support from others including Samaritans)
- Develop mentoring schemes in schools(School nurses to lead)
- Develop a programme of work to support emotional health and wellbeing in pregnancy as a public health issue with important life course consequences.
- Build resilience within families by providing information and skills on promoting emotional wellbeing to parents and carers - dealing with issues such as exam pressure, peer pressure, bullying, problems around social media
- Develop / facilitate wrap around services that support wellbeing and community participation for those receiving specialist mental health services (action for Public Health and CCG)
- Expand befriending services
- Expand bereavement support
- Facilitate access to community transport

Targeted or universal?

When deciding what interventions to pursue, the question often arises: should we focus on targeted or universal interventions? Research often shows that the prevention of mental illness is achieved more effectively when programmes aim to promote mental wellbeing at population level. Likewise, the universal promotion of mental wellbeing can address unhealthy lifestyles, chronic illness and social inequality at population level.

For example, suboptimal parenting that is less damaging than abuse or neglect is distributed across the social spectrum. Targeting, though attractive, can be inefficient because identification of high risk groups is not easy and can increase stigma. Current policy recommends universal underpinning and targeted provision, where appropriate, for identifiable high-risk groups.

Appendix 1

Current interventions to promote public mental health and wellbeing in Blackburn with Darwen

This chart maps the existing services and support to promote mental wellbeing in Blackburn with Darwen mapped against evidenced based interventions to promote mental wellbeing at each of the life stages. This framework was adapted from one developed by the Tower Hamlets Public Health team.

Start Well

Evidence Based Intervention	Local Intervention – description
Home visiting programmes e.g. Family Nurse Partnership. SureStart.	Universal health visitors; Health visitor Early Start initiative; Home Start (BwD Family Nurse Partnership)
Breastfeeding	Lots of work going on – Sue Henry is infant feeding co-ordinator; breastfeeding peer support programme (paid and volunteers) evaluated by UCLAN.
Reduction in maternal smoking	There is a midwife with a focus on smoking and substance misuse based at the hospital
Parenting programmes (for pre-school and school age children) Parenting peer support programmes	Programmes based at the Children’s Centre - Healthy with HENRY programme, Webster Stratton program, Positive Parenting, Prepare to Parent, Family support. Home Start (combination of professional and peer support) which includes Incredible Years parenting coaching Doula Plus programme
Programmes targeting children at-risk for developing mental health problems that use parent training or child social skills training	Lancashire Mind commissioned to deliver self-harm training to parents/staff who work with children and young people in BwD Targeted Youth Support (referral via Children and Family Support Panel at BwD council)
Family Intervention Projects (working with families with parenting and other problems)	Troubled Families Programme; Transforming Lives
Pre-school and early education programmes	Two Year Old Offer – up to 15 hours/ week free early years education for 2 year old children who meet certain criteria
School-based mental health promotion programmes, particularly whole school approaches	School nurses are being encouraged to develop whole school plans for emotional wellbeing – an area to support and encourage?
School-based approach for social and emotional learning	School nurses are being encouraged to develop whole school plans for emotional wellbeing – an area to support and encourage?
Universal Mindfulness intervention in secondary	

schools	
The Penn Resiliency Programme (school programme to promote resilience, optimism and problem solving)	Not done locally – expensive programme
Mentoring	
School based interventions aimed at preventing violence and abuse	<p>Brook and CaSH visit schools re sexual health and healthy relationships</p> <p>Blackburn & Darwen District without Abuse – domestic abuse services visit schools to give workshops on domestic abuse; One Voice gave a talk about DV and youth engagement event about forced marriage.</p> <p>Work in schools by the engage team on child sexual exploitation</p> <p>Perception that more could be done in this area. Also have awareness about DV at a younger age i.e. late primary school.</p>
Family/school-based active travel promotion schemes	CONNECT

Live Well

Evidence Based Intervention	Local Intervention – description
<i>Individual-level interventions</i>	
Positive psychology interventions , e.g. Mindfulness interventions, interventions to promote individual resilience	<p>None currently. Action for Happiness run positive psychology courses in the South of England, this may come from to the north of the country. There is the potential to develop these interventions in the private sector.</p> <p>Lancashire Mind Achieving Self Care project</p>
IAPT	IAPT is provided locally – though community wellbeing centre and women’s centre. Self-referrals are possible.
Volunteering programmes	<p>Volunteering opportunities via the Wellbeing service, also through BwD CVS, and though the Family, Health and Wellbeing Consortium; opportunities through the BwD Healthy Living Centre</p> <p>Café Hub health and work project (community health grant); One Voice.</p> <p>Re-start social inclusion service for people receiving step 2-5 mental health services can help people access volunteering</p>
Life-long learning programmes, particularly those	Adult leaning in the borough delivered through a

which improves social skills and networks.	contract with Skills Funding Agency, last year 641 different learners, and 75 different courses Family Learning programmes
<i>Work-related interventions</i>	
Support for unemployed people	13 job clubs in borough; national careers service offering 1:1 guidance and support; targeted offer from CONNECT for unemployed people to get to interviews; community health funded projects: - health linked to worklessness and youth employability project of Inter Madraddah organisation - developing work readiness of young adults project of Lifeline project - employability programme for people with disabilities and deafness project of Access Ability CIC Re-start social inclusion service can help people receiving step 2-5 mental health services into employment
Debt advice and improved financial capability	'Advice for all' service; signposting for debt advice via Wellbeing Service referral form; Twin Valley Credit Union; Jubilee Tower Credit Union
Work based mental health promotion	Public Health developed workplace health offer for council staff, and for other organisations / businesses; Lancashire MIND are developing materials in this area.
<i>Neighbourhood interventions</i>	
Active leisure promotion	Wellbeing Service; community health grants to increase physical activity for young children between 4 to 8 years and their families - family fitness sessions outreach project of Feniscowles and Pleasington JFC, Let Kids Play project of Opportunity Sports Foundation; community health grants to promote community road safety initiatives – bikeability course project of Inter Madrassah organisation; build your own bike project of Cycle Roots CIC; BwD Healthy Living Centre runs physical activity taster exercise classes
Active Travel Infrastructure 'walkable neighbourhood schemes', appropriate built natural environment and traffic calming	CONNECT
Access to safe community green-space	CONNECT
Access to allotments and community gardens is associated with improved physical and mental health, social inclusion and training.	Twin Valley Homes have allotments
Design of neighbourhoods to promote social connections, healthy urban planning, housing improvements and regeneration	

Interventions to promote social capital, community cohesion, and individual and community empowerment	Your Call; many of the projects funded by the community health grants; One Voice Happy to Talk – movement to create places to talk at open access groups and venues, approx. 20 venues/groups across Lancs.
Interventions to enhance community engagement and participation	Co-production; ABCD approach; many of the projects funded by the community health grants; One Voice; Happy to Talk – movement to create places to talk at open access groups and venues, approx. 20 venues/groups across Lancs. Re-start social inclusion service can help people receiving step 2-5 mental health services to become involved in community activities
Build community resilience (self-reliance) and community assets	Recently commissioned ABCD training for community members and commissioners; many of the projects funded by the community health grants; One Voice; Happy to Talk – movement to create places to talk at open access groups and venues, approx. 20 venues/groups across Lancs; Achieving Self Care Project of Lancashire Mind.
Arts and creativity projects, particularly participatory arts	Wellbeing activities e.g. arts, sewing and music at the BwD Healthy Living Centre; CLSYP under Social determinants of health fund do books on prescription Family learning programmes including arts and crafts
Timebanks	
Interventions to reduce isolation and promote social connections e.g. group programmes, peer support groups	Community Wellbeing co-ordinators – focus on reducing social isolation. Befriending service via Care Network, people can be referred for support to reduce isolation via the Wellbeing service referral form - demand perceived to be more than capacity; One Voice; projects funded by community health grants: <ul style="list-style-type: none"> - Inclusion project for young people with disabilities from Shadsworth - complementary therapies outreach project - out of hours carers support line - weekly luncheon club for Asian women over 60 - Turning Pages project to reconnect vulnerable and isolated people with mainstream society Happy to Talk – movement to create places to talk at open access groups and venues, approx. 20 venues/groups across Lancs. 'Facing Up' / offload men's groups facilitated by Lancs MIND
Interventions to prevent domestic violence and support people experiencing this	Blackburn & Darwen District without Abuse – domestic abuse services (services/support for adults and children – children's support includes group programmes – YP

	<p>recovery, Expect Respect Girls Group, Changing Places, Helping Hands)</p> <p>Independent Domestic Violence Advocates</p> <p>Humraaz support for BME women and their children experiencing or at risk of domestic violence</p>
Interventions to prevent homelessness and support people experiencing this	<p>Several hostels in the borough; MEAM.</p> <p>Housing in private rented sector is an issue, areas where licensing inspections occur are perceived to have many issues - gangs, people feeling intimidated, social isolation</p>

Age Well

Evidence Based Intervention	Local Intervention – description
Befriending Community navigators	Age UK BwD befriending service, Ivy Street Community Centre – demand perceived to be more than capacity; community health grant funded projects to combat loneliness and social isolation link into this.
Interventions to reduce isolation and promote social connections e.g. group programmes, peer support groups	<p>Community wellbeing co-ordinators to support individuals to get involved in social opportunities; projects funded by community health grants:</p> <ul style="list-style-type: none"> - complementary therapies outreach project - out of hours carers support line - weekly luncheon club for Asian women over 60 - Turning Pages project to reconnect vulnerable and isolated people with mainstream society <p>Happy to Talk – movement to create places to talk at open access groups and venues, approx. 20 venues/groups across Lancs.</p> <p>‘Facing Up’ / offload men’s groups facilitated by Lancs MIND</p>
Psychosocial interventions	Lack of bereavement services
Volunteering opportunities	Age UK BwD have volunteering opportunities; One Voice;
Life-long learning programmes	<p>Adult leaning delivered through a contract with Skills Funding Agency, last year 641 different learners, and 75 different courses</p> <p>Age UK BwD run various courses e.g. IT</p>
Addressing hearing loss	
Physical health programmes	Wellbeing service
Interventions that promote household warmth	DASH

Interventions to improve access to transport	Community transport services currently under review

Cross-cutting interventions

These interventions can occur at any time of the life course.

Evidence Based Intervention	Local Intervention – description
Stigma and discrimination can be reduced through mass media campaigns.	Reduce via mass campaign. Mental health awareness sub-group facilitated by Lancs MIND focusing on this issue.
Social contact between people with mental health problems and those without	Lancs MIND applying for funding for peer support hubs – anyone welcome to attend. Funding outcome will be available in January.
Education programmes to increase mental health literacy in specific groups	Mental Health First Aid training
Mental health first aid.	Regularly run training of this, including Youth Mental Health First Aid and Mental Health First Aid Lite. Also run other courses e.g. ASSIST
Five Ways to Wellbeing	Some integration into existing services/ work e.g. Healthy Community Partnership Groups. Could be promoted more locally and better integrated into services.
Enhancing control	ABCD approach; co-production