Quest 2016 – Gplus 34
Promoting Mental Wellbeing
Guidance Notes

Issue 1 – July 2016

Outcomes

- Increase in the percentage of the population taking part in physical activity and sport at least twice in the last month (KPI 1)*
- Decrease in the percentage of people physically inactive (KPI 2)*
- Increase in the percentage of adults utilising outdoor space for exercise/health reasons (KPI 3)*
- Increase in the number of people volunteering in sport at least twice in the last year*
- Improved subjective wellbeing of participants engaged in programmes and interventions

* KPIs included in the Government's Sporting Future Strategy published in December 2015 and measured by the national Active Lives survey.

Challenge:	Unsatisfactory	Satisfactory	Good	Very Good	Excellent with the potential for Outstanding
PLAN					
How do you plan to improve mental wellbeing through sport and physical activity? What local issues and needs are your programmes and interventions addressing?	No evidence of a plan exists. No consideration of local mental wellbeing issues has been undertaken. Interventions take place on a reactive basis. No evidence of discussion with wider stakeholders.	There is a simple plan in place but it is limited and not widely understood by stakeholders. Programmes and interventions are informed by: • Local data and information • National data and tools such as Active Lives and Health Profiles, Physical Activity Data Tool • Evidence of what works	Plans are in place and these clearly describe actions, which are proactively seeking to achieve improved mental wellbeing. Plans are aligned with local priorities and key stakeholders involved in improving mental wellbeing have been consulted. Interventions reflect current and emerging evidence and target inactive people from	Plans are SMART and actions are proactive seeking to achieve sustainable change and improve mental wellbeing. A stakeholder group/board, which includes members with expertise in mental wellbeing is responsible for driving forward this work. A detailed Action Plan for Improving Mental Wellbeing exists and this clearly identifies the Who, Why,	A suitably representative stakeholder group with expertise in mental wellbeing has approved plans and agreed actions/delivery. A multi provider approach exists with all key stakeholders working together across common interventions, extending the local reach and offer to those at with or at risk of mental health

Challenge:	Unsatisfactory	Satisfactory	Good	Very Good	Excellent
		Discussions have taken place with local Public Health team, the CSP and other physical activity and/or mental health organisations.	local communities and populations who will benefit from increased mental wellbeing. The Business Plan and service contracts describe the importance of working with inactive populations and engaging people with mental health conditions and learning disabilities. Interventions are designed to: target priority groups including people with or at risk of mental health conditions; reduce levels of isolation; and make more use of outdoor/open spaces.	What, How, When and Where. Plans make use of the latest local and national insight and frameworks. Interventions reflect what has been successfully done elsewhere and this has been matched to local need. Local stakeholders involved in improving mental wellbeing are engaged in the development and review of plans.	conditions. Common competencies and progressive change are demonstrated. A Physical Activity Continuum provides progression and opportunities to encourage ongoing participation. The local Health & Wellbeing Board has approved plans and delivery approaches.
DO					
What do you do and who do you work with to improve mental wellbeing through sport and physical activity?	Interventions fail to consider local needs. The status quo is evident – 'we have always done things this way'. There is nothing to suggest actions are based on best	The focus for delivery is on targeting priority groups including people with or at risk of mental health conditions. Local barriers to participation have been considered.	Interventions delivered clearly demonstrate how they contribute to: • National KPIs 1 & 2 (Government's Strategy). • Local KPIs (e.g. those contained in the Public Health Outcomes Framework; Health &	Activities mirror best practice, have considered local need and have made use of a wide ranging evidence base for targeting specific populations. Local and national KPIs are used to shape delivery (who,	Behaviour Change is at the heart of delivery. Delivery clearly mirrors evidence of need, which shapes the focus of activities offered. Decision prompts are

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Challenge:	Unsatisfactory	Satisfactory	Good	Very Good	Excellent
	practice in mental health and wellbeing. Delivery is in isolation to other local providers.	Discussions are taking place with mental health and other local providers to enable services to co-exist alongside each other.	Wellbeing Strategies/Plans). Activities are based on best practice and have an evidence base for their use in targeting specific populations. The organisation is actively co-operating with other mental health and other local providers to enable a wider and progressive range of complementary services to be available with good connections between them.	what, how, where and when) Staff are trained to support those with Mental Health problems and Behaviour Change techniques. The organisation is pro-actively seeking collaborations with mental health and other providers to align services from different sectors for targeted populations.	used to encourage ad hoc activity. Tracking devices are used to encourage activity. The organisation can demonstrate it is co-owning/producing interventions with mental health and other local providers from different sectors to enhance service provision for targeted beneficiaries.
MEASURE					
How do you measure the difference you are making?	No measurement systems are in place to assess the impact of programmes and interventions on mental wellbeing. Little thought is evident as to why it is important to measure what is done. No KPI's in use.	Measures for assessing mental wellbeing are collected 'before & after' programmes and interventions take place. Active Lives and/or other nationally accessible databases are used to help understand how to shape different interventions and the contribution towards the	Approved tools for assessing mental wellbeing are used to measure the difference 'before & after' programmes and interventions take place. KPIs 1 & 2 (see module outcomes) are used to measure participation shift and a watching brief on Active Lives helps inform delivery	Data collected at 'Point of Sale' is routinely evaluated. A number of approved tools for assessing mental wellbeing are used to measure the 'before & after' differences. A number of DCMS/Sport England KPIs are used to	Gold standard measurements and tools are used to assess mental wellbeing and gather data and information overseen by a stakeholder group/board to drive improvements and progress. A range of indicators are used to measure the

Challenge:	Unsatisfactory	Satisfactory	Good	Very Good	Excellent
		outcomes they are likely to make.	Processes are in place to generate case studies. Interventions are addressing isolation – bringing people together and maximising the social interactions and benefits.	measure change/shifts in participation and inactivity. Data/information collection also takes place outside of the 'four walled' environments. Good quality case studies tell the stories of the participant journey. A stakeholder group/board with expertise in mental wellbeing exists and regularly considers the data and information collected to inform future plans and interventions.	difference made e.g. KPIs 1, 2, 3, 7 & 8, MENE and WEMWBS, and, local KPIs including JSNA and Active Lives informed indicators. Independent evaluation / validation of measurements is undertaken e.g. local academia and/or independent evaluation experts. Measurement insight is collated and shared with staff and external stakeholders.
REVIEW					
How do you review what you do and what you measure?	No evidence exists which suggests review/s take place. The status quo is evident – 'we have always done things this way'.	Review of data/information collected is undertaken regularly A reporting mechanism is in place to cascade findings	Review of data/information collected is undertaken systematically. Evidenced based approaches are used to evaluate activity (i.e. National Obesity Observatory Standard Evaluation Framework)	The National Obesity Observatory Standard Evaluation Framework evaluation methods are core to the review process. WEMWBS and MENE results are routinely reviewed to inform direction of travel.	The National Obesity Observatory Standard Evaluation Framework evaluation tools and methods are used WEMWBS and MENE results are routinely reviewed to inform

Challenge:	Unsatisfactory	Satisfactory	Good	Very Good	Excellent
			The review stakeholder group has Public Health input	Data and information collected is compared via an agreed benchmarking process. Data and information from 'Point of Sale' also includes data collected in the 'field' and this is routinely evaluated. A review stakeholder Group/board has an independent evaluation champion e.g. academic or independent expert, and a customer representative	direction of travel. The review stakeholder group has representatives from the mental health community (Commissioner, Provider and Patient/Service User). Customer Panel exists (users and non users) as a sounding board for pre-launch and soft launch of interventions. Findings from reviews are regularly fed back to staff and stakeholders.
IMPACT					
What impact have your programmes and interventions had on the key issues? How do you tell the story?	Unable to articulate and provide examples of impact / differences made. No 'Personal Journey' or Cases Studies available to help tell a story.	The organisation is able to report the difference its interventions make. There is evidence of 'before and after' impact.	Aims and objectives (contained in Action Plan) are reported against. Interventions can be differentiated and the differences they make captured and compared. Success and failure are easy to recognise and report.	Clear progress can be seen against aims and objectives that have been collectively agreed with stakeholders. The organisation is able to demonstrate the differences between 'start and finish' (progress made) and the case studies tell a wider story of impact.	The review stakeholder group provides findings to the Health & Wellbeing Board, CCG Commissioners and Service Provider groups Case Studies and Customer Journeys form part of the back story and these are shared 'upwards' and 'outwards'

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Challenge:	Unsatisfactory	Satisfactory	Good	Very Good	Excellent
			Progress made is easily reported i.e. ability to demonstrate the differences between 'start and finish'.	Media releases regularly share good news stories.	Independent evaluation has been formally recognised and is presented at conferences or seminars. The organisation is recognised externally by stakeholders and peers for its contribution and good or best practice in mental health and wellbeing.

Mental Wellbeing - Adults
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Suggested Guidance

PLAN

Examples of Best Practice

- Physical Activity / Sport Strategies and Action Plan/s exist and have been informed and approved by a stakeholder, and where available, a political, scrutiny process, and endorsed/adopted by the local authority, local Health & Wellbeing Board and the CSP
- Physical Activity / Sport Strategies and Action Plans have clear actions, focus and delivery approaches which are multi-faceted, suitably resourced, based on local need and SMART; these plans have been developed by a suitably representative stakeholder group or board who have decision making powers
- Interventions will be based on Local, Regional, National and International Evidence & Best Practice; National Institute for Health and Care Excellence (NICE), Sport England Research, What Works Centre for Wellbeing, National Obesity Forum, British Heart Foundation National Centre for Physical Activity, UKActive Research Institute, SPORTA 'Make Your Move', SPORTAPurple, World Health Organization, Centres for Disease Control (USA), etc.
- Working with those who experience mild to moderate and self-limiting mental health issues is a key objective; ways to work with people affected by mental health issues have been identified and pathways exist to demonstrate the What, How, When and Where. Pathways within the local IAPT (Improving Access to Psychological Therapies) process will recognise physical activity as a crucial part of the management and recovery process
- Need, Evidence and Best Practice is reviewed regularly and interventions adapted to take account of new ways/methods of working
- 5 Ways to Wellbeing is a core part of the identifiable aims and objectives; 5 Ways to Wellbeing principles are: Connect, Be Active, Take Notice, Learn and Give. All elements will be satisfied
- Processes exist that generate case studies which help you tell stories of 'others like me'
- Service contracts describe the importance of working with populations affected by mental health issues; programming and interventions are shaped to respond to the needs of these groups and contracts/relationships will exist with a number of mental health referral pathways e.g. Primary Care & local Mental Health Organisations

Guidance

- Does the organisation work with key stakeholders in a co-operative and co-production way and are actions strategically agreed/approved/signed off e.g. via the H&W Board, CSP or some other Partnership Group? The local authority will have clearly defined priorities, many captured within the Joint Strategic Needs Assessment (JSNA), Health & Wellbeing Board Strategy/Action Plan, Director of Public Health Annual Report and the Clinical Commissioning Group (CCG) Local Delivery Plan. Many areas will have Locality (neighbourhood) Plans. These priorities and plans are written to align and scale up delivery
- Are Health & Wellbeing Board plans used to shape ideas, inform organisation decisions and set objectives?
- Are local mental health plans and actions used to inform intervention design? The local CCG will have plans/pathways of care in place and the local Public Health Team will have preventative and population based mental health priorities which will require considering
- Plans must reflect local priorities and where possible mirror the DCMS/Sport England KPI's, especially KPI's 1, 2, 3, 7, 8 and 9
- How does the organisation work with and through the mental health community to achieve the shift required locally and no organisation can deliver this alone?

- What insight is available eg Sport England Segmentation, to help shape interventions so they reflect population/group preferences
- Active Lives will help describe current participation and provide a starting point (baseline) on which to develop plans that can be assessed over time
- Work with community groups and targeted populations to co-produce interventions that match their needs; many charitable mental health organisations will have patient groups and voluntary management boards that you can engage and seek views and feedback on ideas
- Establish relationships with the clinical community. Work with/through the local CCG, CCG Long Term Conditions Programme Lead, Local Medical/Clinical Committee to inform interventions and establish a Clinical Champion who you can use as an advocate for your work and physical activity locally. Many CCGs will have a Mental Health Champion recruited from within the local Primary Care community. Identify this individual and meet to discuss priorities and opportunities.
- Investigate ways you can identify local people to help you cascade case studies (stories) about how becoming physically active has improved lives, especially from those within the mental health and wellbeing community
- Organisations can easily demonstrate a commitment above and beyond programming of facilities to increasing the activity of those with mental health issues who are inactive
- Discussions are taking place with commissioners (not just health commissioners) and local mental health Service Providers to re-shape programmes and interventions towards the needs those with mild to moderate mental health issues

DO

Examples of Best Practice

- The organisation will have a group or board which helps determine the types of interventions the organisation delivers; this group/board has the power to agree the types of interventions delivered
- Working in collaboration with various stakeholders, including other providers, to develop appropriate and progressive physical activity (sport) offers and interventions; working with and through others to build offers of consistent quality and provide assurance of competence, skills and knowledge via a multi component workforce.
- Using 'outreach' initiatives to drive participation with links to established offers; working with people where they live, work, visit to demonstrate activity can be part of everyday lives and part of a 'treatment' process if applicable.
- Interventions will be based on Local, Regional, National and International Evidence & Best Practice; National Institute for Health and Care Excellence (NICE), Sport England Research, What Works Centre for Wellbeing, National Obesity Forum, British Heart Foundation National Centre for Physical Activity, UKActive Research Institute, SPORTA 'Make Your Move', SPORTAPurple, World Health Organization, Centres for Disease Control (USA), etc.
- Offers will recognise local participation barriers, reflect need, be flexible to accommodate different abilities and delivered in easy to access locations with good transport/active travel links; activities delivered will consider - time, cost, access, frequency, intensity, duration and aim to improve confidence and motivation.
- Including behaviour change techniques to support decision making is likely to improve/affect participation; conversations with inactive people, specific populations and the with or at risk of mental health conditions will help organisations respond to individual needs and help develop appropriate offers,

interventions and programming. The UKActive 'Lets Get Moving' (Community Based Physical Activity Counselling) initiative, funded by Sport England, provides good and very recent evidence of the effect of behaviour change approaches in at risk populations.

- Processes exist that generate case studies which help tell stories of 'others like me'
- Staff are trained in Physical Activities for Special Populations (mental health REPs Level 4), behaviour change and positive decision making. Staff hold conversations with people who become more informed about their activity behaviour and their ability to make informed positive physical activity (sport) decisions – these changes are evidenced.
- The use of activity trackers will help people capture their activity over a day, week, month or longer; activity tracking can help people self-measure their activity, with pedometers (currently) being the best method based on evidence.

Guidance

- At the heart of delivery will be the DCMS key drivers: KPI 1 - Increase in percentage of the population taking part in sport and physical activity at least twice in the last month, and, KPI 2 – Decrease in the percentage of people physically inactive (both measures part of Active Lives).
- Interventions should help people begin slowly increasing participation (intensity, frequency, duration and activity type) over a time period of greater than 12 weeks (12 to 18 weeks will help produce longer lasting behaviour change)
- The use of decision prompts e.g. 'Use the stairs', at points of decision will help encourage ad hoc activity and positive behaviour change
- Look at ways of providing activity tracking e.g. pedometers, and provide advice/guidance on the correct use of such devices.

MEASURE

Examples of Best Practice

- There will be clear objectives and aims for the interventions delivered; objectives and aims will be SMART and based on local need
- The organisation will have a group or board which helps determine the types of interventions the organisation delivers and this group/board will have clear sight of data and information. The Public Health England produced Health Profiles provide all the key statistics which you can assure your organisation of their accuracy, validity and reliability. Health Profiles will also be used by a number of local strategic organisations eg the Local Authority, Public Health Teams and CCG's, to inform commissioning and resource investment decisions; interventions will aim to affect one or a number of the statistics contained in the local Health Profile derived from the Public Health Outcome Framework for all areas. The Health Improvement Indicators 2.23i to 2.23v identify the key wellbeing measures
- The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) will be THE main measure of wellbeing. A number of versions are available and the appropriate version will help you demonstrate changes across the population you engage; the WEMWBS web space provides a detailed overview of the various formats and their appropriate use.
- Active Lives provides a number of key indicators on which you can measure shifts in different types of participation
- At the heart of any measurement process will be the DCMS key drivers: KPI 1 - Increase in percentage of the population taking part in sport and physical activity at least twice in the last month, KPI 2 – Decrease in the percentage of people physically inactive, and, KPI 3 – Increase in the percentage of adults

utilising outdoor space for exercise/health reasons (measured by Active Lives); other DCMS measures will help build an improved picture of shifts in participation e.g. KPI 7 (volunteering), 8 (representativeness of the local population) and 9 (attending a live sporting event).

- Monitor of Engagement with the Natural Environment Survey (MENE) will act as the key barometer for KPI 3. Look at your local data and use this to inform intervention design. Every year 45,000 surveys are completed and the results are collated to form a report
- Active Lives will provide an accurate, sizable and comparable picture of local participation across a wide indicator set; Active Lives should be monitored, interpreted and its insight utilised so that focus and emphasis on particular local priorities can be maximised
- The use of Data Collection Systems (point of sale and customer tracking) provide useful tools to interrogate near instant sources of data; transferring data into useful information will help organisations adjust and change what they do
- Robust systems for data collection, not just in four walled settings, will help generate a picture of participation in community settings, especially those using outdoor space (KPI 3); mobile devices can be used to register participants accurately and routinely.
- Identifying 'person centred' starting point will help demonstrate positive progression; the use of measurement tools contained in the Standardised Evaluation Framework for Physical Activity Interventions via NOO (National Obesity Observatory) will help ensure measurement approaches are valid, robust, accurate and comparable.
- Organisations can demonstrate existing relationships with evaluation based organisations eg universities and independent assessment/evaluation organisations; evaluation is clearly at the heart of everything and results/findings inform rapid organisation change

Guidance

- Build processes to generate case studies which help tell stories of 'others like me'; generate personal journey stories and encourage people to tell them via social media, newsletters, at local events, press releases and evaluate where possible
- Use evidence and insight to inform intervention design and programming; seek out evidence of what works and shape this to match local needs
- Establish relationships with local mental health and academic organisations building relationships over time; encourage membership from such organisations on groups and boards responsible for developing local interventions
- Agree how you are going to measure participation: Don't get tied up in measuring clinical change; measure participation change eg those related to KPI's 1 & 2, and those which generate insight about intensity, frequency, duration and activity type over time
- The collection of data and information must be controlled by a suitable data protection protocol and any electronic tools for data collection eg laptops, tablets and other mobile devices, must be suitably encrypted and have operator controlled password protection; further information about data protection can be found at the Information Commissioners Office web space

REVIEW

How do you review what you measure?

Examples of Best Practice

- The review of interventions is not done in isolation. Reviews consider locally available information, Active Lives information, emerging evidence/best practice and comparisons with other 'very similar' locations via benchmarking processes
- The organisation will have a group or board which helps determine the types of interventions the organisation delivers. This group/board will have the

power to review and change delivery based on feedback, evaluation and new/changing evidence. It will also have a diverse representation and likely include: Mental Health Provider and Mental Health Commissioner representatives, Public Health team decision maker, a local academic (University representative) and a Mental Health patient/service user who help inform decisions

- A customer panel is used to test ideas prior to launch. This panel will include non-users and those who have been identified as inactive e.g. priority populations, so that the interventions have the best opportunity to increase participation of those form inactive populations
- Reviews will consider how well interventions have increased participation and will identify how interventions have taken non active people to regularly active; the use of measurement tools (questionnaires and case studies) will help determine progression and impact at the individual and population (target group) level

Guidance

- The use of measurement tools contained in the Standardised Evaluation Framework for Physical Activity Interventions via NOO (National Obesity Observatory) will help ensure measurement approaches are valid, robust, accurate and comparable
- Identify a local Public Health representative who can help with the review process; if possible it will be very useful to have a Public Health decision maker in this role. Seek the ideal representative by asking the local/county Director of Public Health or Head of Health Improvement for their nominated person.
- Identify a local academic who is willing to provide an academic perspective; if possible it will be very useful to have a local academic who understands psychology, community development and/or evaluation of physical activity interventions
- Seek out a Mental Health Commissioner and at least 1 local Mental Health Service Provider; having both a commissioner and provider insight will assist in developing a balanced view of interventions
- All review processes must be validated via reliable evaluation processes/tools; a number of evaluation tools are available and these will help you generate comparable, evidence based data and information on which you can generate informed decisions about changes required

IMPACT

Has what you have done made a difference?

Examples of Best Practice

- You will be able to report on your agreed objectives and aims for the interventions delivered; reporting processes will consider how outputs and outcomes are to be communicated and celebrated
- Active Lives will generate regular data and information to identify participation shift; you will be able to claim your interventions have contributed to these shifts because you have confidence in your measurement processes and the scale at which your interventions operate
- Quantitative measurements e.g. WEMWEBS and MENE, will help you demonstrate impact; use local data collection to assess more immediate impact so that you can generate routine localised insight. Use national comparison data via Public Health Outcome Frameworks and MENE national survey to compare results
- You will have independent evaluation of your impact and this will clearly demonstrate the role your organisation has made to generating the differences; the use of local academic institutions and independent evaluation experts will add value to your impact claims
- Case Studies and Customer Journeys will add to the quantitative reporting processes; qualitative measurements are an important part of the impact

reporting process and these will add additional impact telling a wider back story to the data/information reported. Individuals will tell their own story and will act as champions for the interventions delivered

- Impact will be reported to a group or board and this will be cascaded upwards to the Health & Wellbeing Board, CSP and other groups/boards; agreement and recognition of the impact will be reported and minuted formally
- Media releases via various routes will cascade the personal stories and overall successes; the use of local newspapers, social media and newsletters will add to the back story and provide good news on a regular basis

Guidance

- There is a need to generate accurate processes for capturing and reporting impact (success); reporting systems will enable you to easily demonstrate the difference your interventions make and tell a story about personal experiences
- Active Lives will help understand participation in key activities; you will be able to demonstrate how your interventions contribute to these participation figures
- Identify how independent representatives (academics and evaluation experts) can add value and help you cascade the difference your interventions make; independently validated outputs and outcomes will help you spread the word of the impact you make
- Reporting processes will help you cascade the good news your interventions deliver; think about who needs to hear about results, findings, learning, facts, figures and stories. Think about how you will communicate these – use fact sheets, appropriate narrative, images and infographics to tell a powerful story