From: Jamie Henderson, Cabinet Member for Coastal Regeneration and Public Health

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To: **Kent Health and Wellbeing Board** - 30 September 2026

Subject: Whole System Mental Health and Wellbeing : A prevention approach

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary

This paper provides the Health and Wellbeing Board with an overview of the current mental health and wellbeing context in Kent, the developing system response, and the key areas where collective Board leadership can accelerate progress.

It seeks the Board's endorsement of mental health as a shared, place-based prevention and health-inequalities priority; recognition of the importance of collective action across partner organisations and notes that further work will be undertaken to develop proposals for a whole-system menta health delivery framework for future consideration by the Board.

1. **NOTE** the increasing prevalence and complexity of mental health need in Kent, and the close relationship between mental health, deprivation, physical ill health, housing insecurity, social isolation, substance use, trauma, homelessness and exclusion.
2. **ENDORSE** the direction of travel towards a whole-system, prevention-led approach to mental health and wellbeing, delivered through neighbourhood health, primary care, local communities, local authority services, the voluntary and community sector, employers and specialist health and care services.
3. **RECOGNISE** the Kent and Medway Suicide and Self-Harm Prevention Strategy 2026–2030 as a key component of this approach, and encourage continued collaboration across partner organisations to reduce suicide and self-harm.

4. **ENDORSE** the principle that mental health and wellbeing should be a cross-cutting strategic priority within the Board's ongoing work on prevention, health-inequalities, neighbourhood-health and health-and-economy agenda, including the Marmot Coastal Region, housing, employment, skills, regeneration, transport, nature and community infrastructure.
5. **NOTE** that further work is being undertaken to develop a whole-system mental health delivery framework, with proposals to be reported to a future meeting of the Health and Wellbeing Board.

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1. Introduction

Kent is experiencing increasing and more complex mental health needs. This is seen in the demand experienced by health, care, education, housing, employment, voluntary-sector and community services, and in the growing overlap between poor mental health and wider social disadvantage.

The challenge cannot be met through specialist mental health services alone. While access to effective clinical support, crisis care and recovery services remains essential, a sustainable response requires prevention, earlier help, stronger community support and coordinated action on the social, economic and environmental conditions that shape mental wellbeing.

Kent has a substantial foundation on which to build. This includes:

- The developing mental health needs assessment, which will support a clearer understanding of prevalence, inequalities, priority populations, place-based variation, existing assets and gaps in provision.
- The development of neighbourhood health models alongside **Health Alliances**, working with primary care, communities and wider partners to support earlier identification of need, prevention, social prescribing and joined-up care.
- The start of a 6 Ways to Well Being public health campaign
- ***Live Well Kent***, which provides community-based wellbeing support for adults, including help with everyday living, keeping active and healthy, meeting people and connecting with local support.
- ***The Kent and Medway Suicide and Self-Harm Prevention Strategy*** 2026–2030, approved in early 2026, which sets a vision for the Kent and Medway suicide rate to fall below the national average 2030.
- ***The Localised Suicide Prevention and Well Being Plans: Starting with Dover and Thanet.***
- Ongoing work with children and young people's mental health partners, recognising the importance of prevention, early help and smoother transitions across the life course.
- **Trauma Informed Care** and Healing Centred Approaches (Kent SPACE Matters) enables front line workforce to be resilient and tackle stigma.
- Targeted work for ***people facing multiple disadvantage***, including people experiencing homelessness or rough sleeping, people with alcohol-related

brain damage, and people with multiple and co-occurring physical, mental health, substance use and social-care needs.
- A coherent **Drug and Alcohol strategy** linked to mental health and criminal justice partners.
- The ***Marmot Coastal Region*** and wider work on health and economy, which provide an opportunity to tackle the underlying drivers of mental ill health through action on employment, skills, housing, transport, regeneration, natural assets, culture and community connection.

The Board is well placed to provide visible system leadership. Its terms of reference include responsibility for commissioning and endorsing the JSNA and Joint Health and Wellbeing Strategy. The central proposition is that mental health should be treated as a shared public-health and system priority: locally informed, prevention-led, rooted in communities and neighbourhoods, and supported by coordinated specialist provision for people who need it.

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2. Background

2.1 Rising and complex need

Mental health and wellbeing are shaped by far more than access to treatment. They are influenced by people's financial security, employment, education, housing, relationships, physical health, safety, community connection, access to green space and opportunities to participate in society.

For many residents, mental distress is compounded by wider pressures. These can include poverty, debt, insecure work, poor-quality housing, loneliness, caring responsibilities, discrimination, domestic abuse, trauma, drug and alcohol use, homelessness and long-term physical health conditions. These factors can both contribute to poor mental health and make it more difficult for people to access, sustain or benefit from support.

The impact is not evenly distributed. There are significant differences between communities, with particular challenges in areas affected by deprivation, exclusion, poorer health outcomes, limited access to services or infrastructure, and reduced opportunities for education, employment and social participation.

2. 2 The public mental health response must therefore address:

- Prevention of mental ill health and promotion of mental wellbeing.
- Early identification and support before problems escalate.
- Timely, accessible and effective mental health treatment and crisis care.
- Coordinated support for people with multiple and overlapping needs.
- Partnership Action to reduce social and economic inequalities and poor social cohesion that contribute to poor mental health.
- Action across the life course, including childhood, adolescence, working age, later life and key transition points.

2.3 A whole-system opportunity

Kent's refreshed Health and Wellbeing Board will provide an opportunity to bring these strands together. The Board's role is not to duplicate the responsibility of individual commissioners or providers. It is to provide strategic leadership across organisations and sectors, identify shared priorities, support alignment of plans and resources, and maintain focus on outcomes for residents.

Mental health is closely connected to each of the Board's major areas of work:

- **Neighbourhood health and Health Alliances:** bringing earlier support, prevention, local assets and coordinated care closer to communities and primary care.
- **Prevention and health inequalities:** reducing avoidable mental ill health and narrowing unequal outcomes between communities and groups.
- **Marmot Coastal:** addressing the social determinants of health and wellbeing in coastal communities experiencing persistent and interconnected inequalities.
- **Economy (including creative arts & leisure):** supporting good work, skills, inclusion, regeneration, culture, connectivity and thriving communities as foundations for wellbeing.
- **Children and young people:** preventing escalation of need and improving outcomes across education, family, community and health systems.
- **Housing and homelessness:** reducing the harms associated with insecure accommodation, rough sleeping, social exclusion and repeated crisis.
- **Suicide and self-harm prevention:** strengthening collective action to reduce risk, offer hope and provide timely support.

Kent's Marmot Coastal Region is particularly relevant. Kent has established the UK's first Marmot Coastal Region, working with the Institute of Health Equity and partners to address the deep-rooted causes of health inequality in coastal communities. Improving mental wellbeing should be a core outcome of this work, alongside improvements in income, employment, educational opportunity, housing, health social connection and healthy environments.

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3. Current Position

3.1 Build on the Mental health needs assessment (see Appendix A)

Public Health is progressing mental health needs assessment work to build a more detailed and shared picture of:

- The prevalence and distribution of mental health need across Kent.
- Variation by geography, deprivation, age, ethnicity and other relevant characteristics.
- The relationship between mental health, long-term physical conditions, substance use, housing insecurity, unemployment, domestic abuse, trauma and homelessness.

- The experiences and needs of people who face barriers to accessing support.
- Existing assets and sources of resilience within communities.
- Current provision, pathways, service gaps and opportunities for better coordination.

The needs assessment will support the Board, commissioners and delivery partners to focus on the populations and localities experiencing the greatest inequalities, rather than applying a uniform response to very different levels and types of need.

Adult Social Care and Health (KCC) is undertaking a comprehensive mental health diagnostic assessment to understand current and future demand, review service capacity, spending and pathways, and identify barriers such as delayed discharges, readmissions and waiting lists. The work combines data analysis, benchmarking, research, stakeholder interviews and lived-experience stories to establish the current position, define an ideal pathway and produce a prioritised improvement plan with clear milestones and accountability.

The recent decision of the Integrated Care Partnership and Integrated Care Board was to take on further assessment and analysis to move to a truly preventative and coherent mental health system for Kent. This work is being planned for April 2027 and will build on current improvements to specialist, emergency and neighbourhood care.

3.2 Neighbourhood health and primary care

Neighbourhood health provides a practical route for making prevention and early help a routine part of local health and care delivery. It offers an opportunity to build stronger relationships between primary care, community health services, mental health services, social care, public health, housing, voluntary and community organisations, local communities and people with lived experience.

A mental-health-informed neighbourhood model can include:

- **Earlier identification of distress**, self-harm risk, loneliness, trauma and emerging mental health needs.
- **Support for people whose physical and mental health** needs interact.
- **Effective social prescribing** and connection to practical, community-based support.
- **Clear pathways** between general practice, community support, Live Well Kent, mental health services, adult social care, children's services, housing and voluntary-sector provision.
- **Proactive support** for people at risk of repeat crisis, disengagement from care or deterioration in wellbeing.
- **Appropriate referral,** escalation and safeguarding arrangements for people with higher levels of risk or need.

This does not replace specialist care. Rather, it helps ensure that specialist mental health support is better connected to the wider network of prevention, social support and practical assistance that people need to recover and remain well.

3.3 Live Well Kent, community wellbeing & peer support networks

Live Well Kent forms an important part of Kent's community wellbeing offer. It is a community mental health support service that helps people with everyday living, staying active and healthy, meeting people and connecting with support. It is a free service for adults aged over 17 and can support people to make changes, access support and improve both mental and physical wellbeing.

The opportunity now is to ensure that Live Well Kent and comparable community-based provision are fully connected to neighbourhood health arrangements, primary care, social prescribing, housing, employment and skills support, specialist mental health services and the voluntary and community sector. This will help create a more coherent prevention offer for residents, with clear routes into help before needs reach crisis point. This model must also support the current peer networks and the contribution of the wider voluntary sector in order to sustain ease of access to support.

3.4 Suicide and self-harm prevention

The Kent and Medway Suicide and Self-Harm Prevention Strategy 2026–2030 provides a significant foundation for shared partnership action. It continues work undertaken through the previous 2021–2025 strategy and sets a vision that the suicide rate in Kent and Medway will fall below the national average by 2030.

The strategy has a clear prevention focus. Its priorities include making suicide everybody's business (strategic); tackling common risk factors at population level - by increasing surveillance alongside Police in order to understand and prevent deaths; providing tailored support for groups at higher risk; ensuring effective cross-sector crisis support; improving data and evidence; reducing access to means where appropriate; and promoting online safety and responsible media practice. There are co-ordinated networks of support for all organisations (Better Mental Health Network), a community fund to enable support to organisations and engagement. Training is critical and is commissioned via this programme.

Partners Include:

- Mental health and primary care services.
- Children and young people's services, schools, colleges and universities.
- Adult social care, safeguarding and domestic-abuse services.
- Housing, homelessness, rough-sleeping and supported-accommodation services.
- Substance use services and support for people with co-occurring conditions.
- Employers, jobcentres, community organisations and faith groups.
- Police, probation, prisons and other criminal-justice partners.
- Transport, environmental and place-based partners where safer-environment approaches may be relevant.
- Communications, media and digital partners.

Kent is also progressing work to procure suicide-prevention services for commencement from April 2027. This provides an opportunity to ensure that future

commissioned provision is closely aligned with the prevention strategy, local intelligence, the needs assessment and neighbourhood models.

3.5 Children, young people and families

Good mental health in childhood and adolescence is fundamental to educational achievement, healthy relationships, participation, employment prospects and long-term health. Kent's future public mental health approach should therefore be firmly life-course based. It should complement the children and young people's mental health system by strengthening:

- Promotion of emotional wellbeing and resilience in schools, colleges, family settings and communities.
- Early help for children, young people and families experiencing adversity or emerging need. Link with Family Hubs and Maternal Mental Health.
- Prevention and early intervention for self-harm, anxiety, low mood, trauma and other forms of emotional distress.
- Support for parents and carers, including where parental mental ill health, substance use, domestic abuse, poverty or insecure housing affect family wellbeing.
- Smoother transition from children's to adult services.
- Stronger support for young people at particular risk of exclusion, including care-experienced young people, young carers, young people not in education, employment or training, and those affected by safeguarding concerns.

3.6 Multiple disadvantage and inclusion health and Stigma Reduction

Some residents experience severe and persistent disadvantage across several areas of life. They may have mental ill health alongside physical health problems, drug or alcohol use, cognitive impairment, trauma, homelessness, insecure immigration status, contact with the criminal justice system, domestic abuse, exploitation or repeated safeguarding concerns. These residents are often least well served by fragmented systems. They may repeatedly present to emergency departments, crisis services, homelessness services, police or temporary accommodation without receiving the coordinated, sustained and trauma-informed support required to improve outcomes. Key partners here are district councils, social care, acute hospitals, substance misuse services, ICB, criminal justice and Housing Providers.

Current and developing work includes focused attention to:

- People experiencing homelessness and rough sleeping.
- People with alcohol-related brain damage.
- People with co-occurring mental health and substance use needs.
- People with multiple physical and mental health needs.
- People who experience repeated crisis, disengagement from services or high levels of social exclusion.
- People with physical health needs and mental health needs.
- Workforce and Carers.

The Board can add value by supporting a shared approach across public health, adult social care, housing, primary care, mental health services, substance use services, children's services, safeguarding partners, the voluntary sector, police and probation.

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4. Key issues for discussion: What more can we do?

4.1 Mental health must be a shared priority

The Board is invited to consider whether the current system response is sufficiently connected across prevention, community support, primary care, specialist provision, housing, education, employment and wider place-based activity. Mental health cannot be delegated entirely to one organisation or programme. It must be reflected in how the system designs neighbourhood services, commissions support, develops communities, plans housing, supports residents into good work, uses public spaces and responds to crisis. A paper with a clear governance for mental health and prevention will be brought back to the Health and Well Being Board alongside results of the whole system review.

4.2 Prevention should be visible and measurable

A whole-system approach needs an explicit prevention focus (the left shift). This means investing not only in treatment and crisis response, but also in the factors that help people remain mentally well and recover following distress.

The Board may wish to consider how its partners can collectively strengthen:

- ***Social connection***, belonging and participation and community cohesion.
- Access to ***good-quality work, skills***, volunteering and meaningful activity.
- Safe, secure and suitable ***housing***.
- Community infrastructure, including ***culture, creativity, sport, green space and nature.***
- Support for people facing ***financial hardship***, debt, caring responsibilities or social isolation.
- **Trauma-informed practice** across public services and community settings.
- Earlier access to practical and emotional support.
- **Reducing Stigma** – both in population and in front line workers.
- Understanding and preventing **Self Harm**.

Key Indicators on each of these actions may enable a 'score card' to show up system challenges as well as good practice.

4.3 Equity: The system should focus on priority groups and places

The needs assessment should be used to identify priority communities, populations and pathways where action can have the greatest impact.

This should include attention to coastal and deprived communities, people with multiple disadvantage, children and young people facing adversity, people experiencing homelessness, people with co-occurring conditions, unpaid carers, people with long-term physical conditions, and others identified through the evidence and engagement process. A place-based approach should also recognise local assets and sources of resilience, rather than focusing only on problems or service deficits.

Recommended Equity Audit – as part of score card.

4.4 Suicide and self-harm require sustained leadership

The Board has an important role in ensuring that the new Suicide and Self-Harm Prevention Strategy becomes an active system commitment, rather than a strategy held by a single partnership programme.

This requires leaders across sectors to consider what their organisations can do to:

- Reduce known drivers of distress and suicide risk.
- Improve timely access to support.
- Ensure staff have the confidence and tools to respond appropriately.
- Identify and support people who may be at increased risk.
- Strengthen postvention support for people, families, workplaces and communities affected by suicide.
- Use data, intelligence and learning to identify emerging risks and improve action.

Recommended : Clarity of Governance for the Suicide Prevention Programme as key public health infrastructure and ensure sustainability and coherent approach to self-harm.

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5. Proposed next steps

Subject to the Board's agreement, the following next steps are proposed:

Following the Boards discussion and endorsement of the direction of travel, further work will be undertaken with partners to explore and develop a whole-system approach to mental health and wellbeing. This work will seek to:

- **Develop a proportionate delivery framework** through the Prevention and Health Inequalities workstream, aligned to neighbourhood-health development and relevant health-and-economy arrangements.
- **Use the mental health needs assessment** and ICB mental health service review: to identify priority populations, places, inequalities, community assets, service gaps and opportunities for targeted action for prevention (including strengthen Live Well approach and suicide and self-harm prevention).

- **Identify opportunities for local action via existing Voluntary and Community activity** via Health Alliances: across public health, the ICB, NHS providers, primary care, children's services, adult social care, housing, district councils, the voluntary and community sector, employers and other relevant partners.
- **Develop proposals fora small number of jointly owned priorities**, avoiding duplication of existing strategies while identifying areas where collective action is needed.
- **Develop proposals for a focused performance and outcomes framework/ scorecard**, drawing on available data on wellbeing, self-harm, suicide, access, crisis, inequality and wider determinants to track progress.
- **Bring a further report to the Health and Wellbeing Board setting out the progress** setting out proposed priorities, governance, lead partners, delivery milestones and the approach to oversight.

5.1 Proposed Initial outcome framework (for discussion only)

The following domains could form the basis of a future Board dashboard. Measures would be refined following completion of the needs assessment and engagement with partners. Below is illustrative and not definitive. A working group can improve this with the Board's direction.

Domain	Illustrative measures
Population wellbeing	Measures of mental wellbeing and social connection; variation by deprivation, age, geography and other relevant characteristics
Prevention and early help	Uptake of community wellbeing and social-prescribing support; access to early-help pathways; reach into priority communities
Suicide and self-harm	Suicide mortality, interpreted cautiously due to small numbers and registration delays; self-harm presentations and admissions; local intelligence on emerging risks
Access and experience	Timeliness and equity of access to relevant support; experience of people using services, including people with multiple disadvantage
Crisis and escalation	Crisis presentations, repeat attendance, avoidable escalation and pathways into sustained support
Children and young people	Emotional wellbeing, school attendance, exclusions, early-help access and transition-related indicators
Inclusion and multiple disadvantage	Housing stability, homelessness prevention, engagement with support and coordinated-care outcomes for people with overlapping needs
Wider determinants	Indicators relating to employment, income, housing, transport access, community connection and healthy environments in priority communities

6. Recommendation(s)

The Health and Wellbeing Board is asked to:

1. **NOTE** the increasing prevalence and complexity of mental health need in Kent, and the close relationship between mental health, deprivation, physical ill health, housing insecurity, social isolation, substance use, trauma, homelessness and exclusion.
2. **ENDORSE** the direction of travel towards a whole-system, prevention-led approach to mental health and wellbeing, delivered through neighbourhood health, primary care, local communities, local authority services, the voluntary and community sector, employers and specialist health and care services.
3. **RECOGNISE** the Kent and Medway Suicide and Self-Harm Prevention Strategy 2026–2030 as a key component of this approach, and encourage continued collaboration across partner organisations to reduce suicide and self-harm.
4. **ENDORSE** the principle that mental health and wellbeing should be a cross-cutting strategic priority within the Board's ongoing work on prevention, health-inequalities, neighbourhood-health and health-and-economy agenda, including the Marmot Coastal Region, housing, employment, skills, regeneration, transport, nature and community infrastructure.
5. **NOTE** that further work is being undertaken to develop a whole-system mental health delivery framework, with proposals to be reported to a future meeting of the Health and Wellbeing Board.

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7. Appendices

- Appendix A: Mental health and wellbeing in Kent — headline data and inequalities

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8. Contact details

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