Oxfordshire mind

50

for better mental health

What does excellence look like in terms of considering the future mental health needs of the population of the Healthy New Town?

March 2017

About this review:

Barton Park Healthy New town will be the largest house-building project in Oxford for many years and is planned to be one of ten Healthy New Towns developed across England. This is a great opportunity for members of the Oxfordshire Mental Health Partnership to be involved in the early stages of this project, and to have the opportunity to influence its design for the benefit of future residents and people who use our services.

This review offers an overview of key literature and theory relevant to the correlation between residential environments and mental health which can be applied to Barton Park as a Healthy New Town, as well as offering some practical insights around ways to foster and sustain mental wellbeing based on existing research.

Contents

Summary

The Healthy New Town initiative[i] was first announced in July 2015, providing opportunities to implement geographical design for healthy lifestyles and to develop sympathetic living environments resourced around what the New Economics Foundation (NEF) describe as 'upstream interventions'[ii] which can be deployed to prevent harm before it occurs through the promotion of wellbeing-promoting behaviours. The opportunity to 'build in' health-related provisions and to embed infrastructures of benefit to the general wellbeing of residents of the Healthy New Town are especially welcome given a substantial amount of research which evidences the detrimental impact of mental ill-health upon the individual, upon society, and also upon already stretched support services. The World Health Organization for one stresses that 'current and projected burdens of mental disorders are of significant concern not only for public health but also for economic development and social welfare', and that consequently mental health should be considered a 'focus of renewed investment not just in terms of human development and dignity but also in terms of social and economic development'.[iii]

This review offers an overview of key literature and theory relevant to the correlation between residential environments and mental health which can be applied to Barton Park as a Healthy New Town, as well as offering some practical insights around ways to foster and sustain mental wellbeing based on existing research. Examples of good practice and effective strategies drawn from other communities are considered, as are provisions and accessibility for a broad demographic.

Research contributing to this review supports the conclusion that mental health excellence in the setting of the Healthy New Town would enable residents and service-providers to adopt a co-production, asset-based approach in relation to provision within the community, and to work collaboratively to implement and embed sustainable, effective and accessible infrastructures into both the physical development as well as within the community. To achieve this, the Healthy New Town would benefit by focussing on three evidence-based approaches:

- **Providing opportunities to develop individual and community resilience:**
  With a body of corroborative research evidencing the importance of community and personal resilience as an overall strategy to improve health and wellbeing, it is important to establish practical ways of supporting this within the Healthy New Town and to ensure their effectiveness and sustention. There is consensus among much of the research consulted towards this review that community co-production and an asset-based approach towards meeting the needs of the community can produce good outcomes for the community, not as an alternative to public services but as a means of placing a positive value on social relationships, networks, and existing skills from within the community itself.

- **Reinforcing wellbeing-promoting behaviours and sustention:** The Department of Health have found that wellbeing directly influences overall health and longevity in healthy populations, and remarkably that high levels of subjective wellbeing can add between 4 to 10 years to a person's life.[iv] Some of the key contributing factors which can affect wellbeing are established and discussed in this section, including:

  - Geography, transport and amenities
  - Green space
  - 'Prosocial' spaces and community hubs
  - Provision for children and young people
  - Provision for older people
  - Social care
  - Activities, leisure and wellbeing

- **Empowering residents:** Among others, the *No Health Without Mental Health* strategy finds that empowered and cohesive communities foster better mental health.[v] With other research supporting this claim, this third and final section considers other ways of empowering a community, including tackling stigma and awareness-raising around mental health, and how technology can be deployed to empower residents of the Healthy New Town.

The huge impact of mental ill-health on individuals, communities, and services leads to the overt conclusion that it is in everyone's best interest to ensure that mental health is considered as a part of any public health strategy. The individual, social, and financial benefits to promoting wellbeing, developing community resilience, and empowering people to better understand mental health and to engage in activities which can positively impact their mental wellbeing are well-documented; in light of this, it is vital to ensure that, as a Healthy New Town, Barton Park is at the forefront of addressing what Public Health England refers to as the 'marginalisation and powerlessness caused by entrenched health inequalities'.[vi]

What does excellence look like in terms of considering the future mental health needs of the population of the Healthy New Town?

The huge and costly impact of mental ill-health on individuals, communities, and services is well-documented, as are the benefits of investing in integral ways of addressing health inequalities which have been proven to impact mental health and wellbeing. A report co-produced by Mind and the Mental Health Foundation (MHF) with a focus on *Building Resilient Communities* cites clear evidence and a convincing economic case for investment in public mental health,[vii] particularly in light of commonly cited statistics relayed in the Government's *No Health Without Mental Health* strategy which reveal that at least one in four adults experience mental health problems at some point in their lives,[viii] and that one in ten children will not only suffer from mental ill-health but will also continue to have mental health problems in adulthood.[ix]

Research on this subject also reflects the intrinsic disadvantages that sufferers of mental ill-health are likely to face: for example, people with mental health problems generally hold fewer qualifications;[x] will often find it harder to find and remain in employment;[xi] will receive lower incomes;[xii] are more likely to have poor physical health, to be inactive, to eat a poor diet, and to engage in risky health-related behaviours (such as smoking, alcohol/substance misuse);[xiii] and are more likely to be or become homeless.[xiv] Additionally, the Department of Health find that levels of wellbeing predict both better immune functioning and survival rates in older adults, with the risk of dying being around three times greater among individuals with lower enjoyment of life (see Fig.1).[xv]

The impact of mental ill-health is not only detrimental to the individual and to society more generally, but also places more pressure on existing support services, not least upon the 40% of mental health trusts that have reportedly experienced reductions in income in both 2013/14 and 2014/15.[xvi] Many other public services have also been subject to cuts and have consequently had to reduce or limit their provisions (one notable example being the 44 local authority-funded children's centres across Oxfordshire which are to be reduced to 18 centres this year as a result of governmental funding cuts).[xvii]

The effects and implications of poor mental health for individuals, communities, and services leads to the ineluctable conclusion that it is in everyone's best interest to ensure that mental health is considered as a part of any public health strategy. Accordingly, in 2013 the World Health Organization produced a report titled *Investing in Mental Health: Evidence for Action* with the intention of demonstrating to international policy-makers, funding agencies, and decision-makers that much can be done to improve mental health and wellbeing using existing interventions if these were more effectively deployed and were accompanied by a shift in social attitudes and public policy.[xviii] The report recognised that 'current and projected burdens of mental disorders are of significant concern not only for public health

but also for economic development and social welfare', and that consequently mental health should be considered a 'focus of renewed investment not just in terms of human development and dignity but also in terms of social and economic development'.[xix] As a Healthy New Town, Barton Park has the opportunity to situate itself at the forefront of addressing what Public Health England refers to as the 'marginalisation and powerlessness caused by entrenched health inequalities'[xx] by promoting wellbeing by engaging in activities which can positively impact their mental wellbeing, by developing community resilience, and by empowering people to better understand mental health.
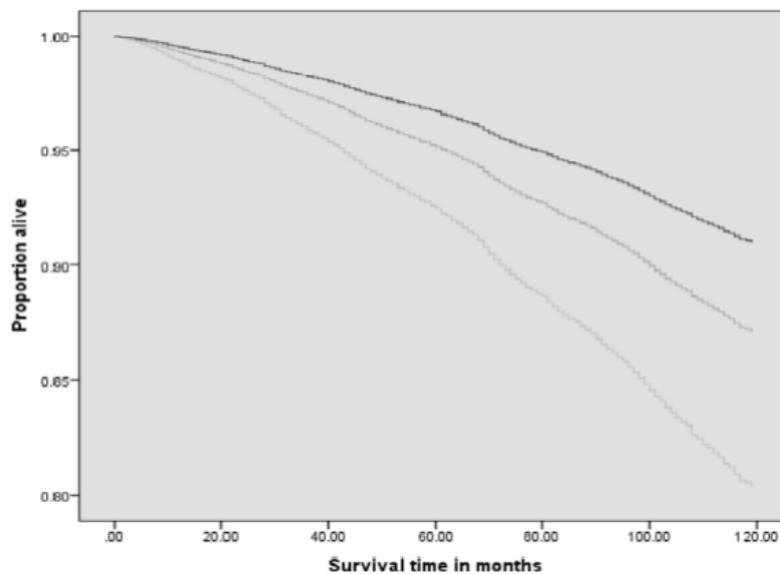

Fig.1. Survival curves showing the proportion of people who were alive in the highest (darkest), medium (middle) and lowest (lightest) tertile of enjoyment of life.
Taken from Department of Health (2014)

The Healthy New Town initiative was first announced in July 2015,[xxi] providing opportunities to engage design for healthy lifestyles and to develop sympathetic living environments resourced around what the New Economics Foundation (NEF) describe in their study *The Wisdom of Prevention* (2012) as 'upstream interventions' that aim to prevent harm before it occurs, which address whole populations and systems,[xxii] and which facilitate and reinforce wellbeing-promoting opportunities and behaviours. Research contributing to this review supports the conclusion that mental health excellence in the setting of the Healthy New Town would be facilitated by an interconnected health system[xxiii] operating collaboratively between professionals, service providers, community leaders and the community itself. Working collaboratively best facilitates the implementation of sustainable, effective and accessible infrastructures which reinforce wellbeing-promoting behaviours and sustention; which provide opportunities to develop individual and community resilience; and which empower residents are embedded into both the physical development as well as within the community itself.

Methodology

This review offers an overview of key literature and theory relevant to the correlation between residential environments and mental health, as well as offering some practical insights and suggestions for ways to foster and sustain mental wellbeing based on existing research. Examples of good practice and effective strategies and models drawn from other communities and new housing developments are considered, as are suggested provisions and accessibility for a wide demographic incorporating a broad age-range and including physical and mental ill-health and/or disability.

As a result of this research, three broad 'umbrella' themes have emerged under which more specific and practical elements of the built environment and beneficial provisions sit. These are:

1 – Resilience: With a body of corroborative research evidencing the importance of community and personal resilience as an overall strategy to improve health and wellbeing, it is important to establish practical ways of supporting this within the Healthy New Town and to ensure their effectiveness and sustention.

2 – Wellbeing: The Department of Health have found that wellbeing directly influences overall health and longevity in healthy populations, and remarkably that high levels of subjective wellbeing can add between 4 to 10 years to a person's life.[xxiv] Some of the key contributing factors which can affect wellbeing have been established and discussed in this section, including:

- Geography, transport and amenities
- Green space
- 'Prosocial' spaces and community hubs
- Provision for children and young people
- Provision for older people
- Social care
- Activities, leisure and wellbeing

3 – Empowerment: The *No Health Without Mental Health* strategy finds that empowered and cohesive communities foster better mental health.[xxv] With other research supporting this perspective, the third and final section of this review considers other ways of empowering a community, including tackling stigma and awareness-raising around mental health, and how technology might be deployed to empower residents of the Healthy New Town.

About Barton Park

Barton Park is a residential development by the Barton Oxford LLP[xxvi] and is intended to be one of 10 Healthy New Towns that 'prioritises the long term health and well-being of its

residents in design and development' with a view to 'showcas[ing] what's possible by joining up design of the built environment with modern health and care services.'[xxvii] According to Oxford City Council's webpage about the development, the Barton team incorporates a host of people including practitioners from the City Council, Grosvenor (the developers), Oxfordshire Clinical Commissioning Group (CCG) and Oxfordshire County Council Public Health, who are also receiving input from the local community.'[xxviii] The development is also being supported by the NHS whose webpage emphasises that the town is intended to 'add value through providing a controlled environment to monitor how the built environment can impact health and wellbeing' with a view to establishing 'useful learnings and design principles for future Healthy New Towns'.[xxix]

According to Grosvenor's website, once complete, Barton Park will occupy a 94-acre plot containing 885 new homes (including affordable and residential housing for older people) and a host of amenities including a food convenience store, children's play areas, communal gardens and also allotments. A 'brand new community hub' is also planned, and will incorporate 'a new primary school, a multi-use games area, an adult sports pitch, two junior sports pitches, a community sports pavilion and a multi-use community space to complement the existing community centre'. Barton Park will also include 'landscaped green space along Bayswater Brook, including ponds with platforms, bridges, a boardwalk through existing trees on the site, and a jogging trail with fitness stations'.[xxx] The design of the town and impressive mixture of proposed facilities are intended to facilitate what an NHS press release describes as 'creative solutions for the health and care challenges of the 21st century, including obesity, dementia, and community cohesion', marrying together 'design of the built environment with modern health and care services, and […] new models of technology-enabled primary care'.[xxxi]

Many of the features intended for Barton Park reflect components of the design principles outlined in the Scottish Government's Place Standard Tool.[xxxii] The tool itself has been designed to outline the fundamental hallmarks of well-designed places and can be used to evaluate existing places or to inform those which are being created by assessing provision around a variety of practical, physical, and also more subjective criteria. Physical elements incorporated within the tool include work and local economy; play and recreation; natural space; public transport; traffic and parking; and housing and community, all of which have been mentioned in the developer's plans for the site as mentioned above. Indeed, according to the developer's overview of Barton Park as a residential development, it certainly appears that the variety of planned amenities and facilities constitute the type of practical upstream interventions that the NEF champions as integral for preventing harm before it occurs.

While it is all very well to equip Barton Park (or any Healthy New Town) with these physical and practical facilities, additional infrastructures need to be developed and consideration given to how to best utilise these local amenities to promote better mental health for the towns' inhabitants, and to reinforce wellbeing-promoting behaviours for people of all ages and physical abilities. The design and implementation of such infrastructures answer the more intangible and subjective criteria outlined within the Place Standard Tool, which

include feeling safe; social interaction; moving around; identity and belonging; and influence and sense of control. Combined, the elements outlined in the Place Standard Tool serve as indispensable constituents of a Healthy New Town development and a solid, evidence-based set of criteria from which to implement and develop the necessary infrastructures to support and maintain individual and communal resilience, wellbeing, and empowerment.

Resilience

Much of the literature consulted in in support of this review corroborated the fundamental role of resilience in relation to establishing mentally healthy individuals and communities; several sources also emphasised the importance of establishing a clear and workable definition for 'resilience' in relation to understanding how best to develop and support this in the context of the Healthy New Town. The Young Foundation report *Adapting to Change: The Role of Community Resilience* supports an earlier assertion from Norris, Stevens, Pfefferbaum *et al.'s* research around *Community Resilience as a Metaphor, Theory, Set of Capacities and Strategy for Disaster Readiness*[xxxiii] to argue for an understanding of resilience which moves away from the possibly 'imprecise buzzword'; for the authors of this report, the concept of 'resilience' might initially bring to mind a moment of crisis to focus on the ability of a given community to adapt to changes and demands over time. Other literature also corroborates this definition, including the Department of Health's consultation paper *New Horizons: Towards a shared vision for mental health*[xxxiv] which cites evidence around resilience as the foundation on which individuals and communities develop the capacity to cope with and support each other through life's adversities, rather than only in singular moments of crisis.[xxxv] Mind's *Building Resilient Communities* report also specifies a definition resilience as 'the capacity of people to confront and cope with life's challenges and to recover from, or adapt to, adversity', going on to explore a variety of 'clear evidence-based and cost-effective steps that can be taken to build resilience, promote wellbeing and help to prevent mental health problems'.[xxxvi]

The report *Adapting to Change: The Role of Community Resilience* (commissioned by the Barrow Cadbury Trust[xxxvii] and created by the Young Foundation[xxxviii]) maintains that developing resilient communities 'becomes more important as communities face increased economic pressures in the short to medium term, but is also pertinent to longer term changes from demographic shifts to the impacts of climactic change.'[xxxix] Similarly, the Kings Fund report titled *Place-based Systems of Care* (2015) also acknowledges that the NHS specifically is facing growing pressures due to public sector cuts, financial strain and the changing needs of a growing population. A framework compiled jointly by Think Local Act Personal (TLAP) and PHE around *Developing the Power of Strong, Inclusive Communities* explores the various ramifications of reduced services upon individual people, recognising that 'many people find their health and wellbeing undermined by a lack of access to the universal support and opportunities available to others and through living in sometimes hostile and non-inclusive communities', which can ultimately 'lead to isolation, social poverty and, for people who use services, a higher probability than others of having to use

expensive specialist services when this wouldn't otherwise be necessary'.[xl] In consequence, fostering community resilience is a vital consideration as part of a strategy to empower a community not only to deal with change when this arises, but to proactively work together to find practical methods of supporting the needs of the individual and the community at a time when 'all institutions such as government, non-profits, and businesses are stretched thin in their ability to solve community problems'.[xli]

Practical approaches to fostering resilient communities

Happily, a large proportion of literature consulted towards this review offered both practical models and examples of existing good practice in relation to developing a resilient community. The Kings Fund report found that this could be achieved if providers of services work to establish 'place-based "systems of care" in which they work together to improve health and care for the populations they serve' by 'collaborating to manage the common resources available to them'.[xlii] In support of this, the report cites several examples of successful collaboration between various services: for example, in Solihull the main public sector organisations have formed a partnership called 'Solihull Together for better lives' which sees the local authority, Solihull CCG, Birmingham and Solihull Mental Health NHS Foundation Trust, Heart of England NHS Foundation Trust and West Midlands Police - as well as primary care providers, third sector groups, patient representatives, the fire service, and others across the local area - work together towards a shared vision of economic growth, stronger communities, and better health and wellbeing.[xliii]

In addition to more effective collaboration between services, the Department of Health report *Practical approaches to improving the lives of disabled and older people through building stronger communities* also champions the beneficial impact and results of co-production within the community itself. The report states that 'The overwhelming evidence is that what people do for themselves and with others - not services - delivers the bulk of social outcomes, for instance safer streets, teaching children to read, maintaining good physical and mental health and personal care'; in fact, 'When quantified, the value of the time that people commit often dwarfs the contribution that services make'.[xliv] Similar sentiments are also proffered in Cormac Russel's galvanizing TEDx Talk, 'Sustainable community development: from what's wrong to what's strong', in which Russell concisely states that "If we want to help people in a way that does no harm to them and their capacities and their communities, then the best place to start is with what is strong within them and within their communities, and not with what's wrong."[xlv]

The key message which can be gleaned from the above-mentioned sources is that promoting collaboration within the community itself can be effectively achieved via facilitation of what can essentially be defined as an asset-based approach towards community development. The Asset-Based Community Development (ABCD) Institute itself describes this as 'a strategy for sustainable community-driven development' which is 'concerned with how to link micro-assets to the macro-environment' via the premise that

'communities can drive the development process themselves by identifying and mobilizing existing, but often unrecognized assets, and thereby responding to and creating local economic opportunity.'[xlvi] Along similar lines, the National Institute of Health and Care Excellence (NICE) has similarly suggested that 'Policy makers and commissioners planning […] interventions and programmes for communities or subgroups in the population… [should] invest in interventions and programmes that identify and build on the strengths of individuals and communities and the relationships within communities' in order to foster more resilient and cohesive communities.[xlvii]

In her report *What Makes Us Healthy? The Asset Approach in Practice* (2012), the author Jane Foot emphasises that an asset-based approach 'is not an alternative to properly funded public services' but instead 'challenges how those services are designed and delivered' by '[putting] a positive value on social relationships and networks, on self confidence and efficacy and the ability to take control of [their] life circumstances […] including poor health and illness.'[xlviii] To achieve this, Foot highlights the necessity of 'recasting […] the relationship between commissioners, providers, service users and communities'.[xlix] In this context, mental health excellence can be fostered by the active participation and empowerment of the individual by utilising their intrinsic assets (which NICE define as skills, knowledge, networks and relationships)[l] to benefit and empower (and importantly prevent the disempowerment of) others within the community. Foot asserts that asset working can facilitate 'positive feelings about one's life, self-esteem, control, resilience and a sense of purpose',[li] all of which have been shown to influence levels of mental wellbeing. Vitally, Foot also acknowledges the positive impact of this approach as 'at least comparable to that of more familiar social determinants of health such as housing, income and environment'. [lii]

Elsewhere, NICE guidelines around *Community Engagement: Improving Health and Wellbeing and Reducing Health Inequalities* assert 'the importance of not seeing local communities simply as recipients of health and wellbeing services but, rather, as active participants with a vital contribution to make to improving health and wellbeing and reducing health inequalities.'[liii] NICE endorse an empowerment approach which encourages and supports people in communities to gain more control over their lives and to play a part in decisions that ultimately affect their health and wellbeing. Co-production methods not only ensure a balance of representatives from statutory organisations and the local community, but can also lead to 'a range of important health-related and social outcomes, such as improved self-confidence, self-esteem, social networks and social support'.[liv] Public Health England (PHE) have also recognised the benefits of community-centred approaches, listing some of the benefits for the individual as greater self-efficacy, self esteem, confidence, and less social isolation which is proven to have an impact on mental health and wellbeing. Better still, benefits for the community in general are listed as a sense of belonging, changes in physical, social and economic environment, and also increased community resources (including funding).[lv]

In the same vein as the sentiments outlined above, the Young Foundation report finds that 'community resilience is built primarily through relationships, not just between members of

the community but also between organisations, specifically between the voluntary sector, the local economy and the public sector'.[lvi] The report goes further by exploring the factors that enable communities to develop resilience in a way that supports positive social change,[lvii] employing a holistic understanding of community resilience as made up of a number of practical suggestions and features incorporating 'cultural, human, political, financial and social resources':

> *These may include 'hard' assets such as good transport links, access to services and amenities. Also important are local buildings, organisations that enable communities to come together, allowing people to access support and to have their voices heard in relation to local issues. It includes 'softer' assets such as relationships with family, friends, neighbours, colleagues and the support of the wider community. It encompasses links with voluntary and state organisations and the private sector.[lviii]*

Practically, one example of a way to facilitate an asset-based approach within the Healthy New Town could be by introducing and facilitating a programme around Circles of Support, described in a research project by the London School of Economics (LSE) as 'groups that meet regularly to help others in the community to accomplish their personal goals in life when they are unable to achieve such goals on their own or to ask others for help'.[lix] Once established, such groups can satisfy the 'give' component of the Five Ways to Wellbeing as an innovative way to participate in meaningful volunteering, and is also an effective means of developing new and lasting relationships across the community in which each Circle operates.[lx] Following a similar format, PHE suggests the idea of fostering 'Recovery communities', described as 'a mutual aid intervention that involves creating an environment where there are positive social relationships and offering peer support to people with a history of drug or alcohol misuse',[lxi] for example. It is plausible that this model could be adapted to focus on mental health recovery and wellbeing more generally, which could also benefit awareness-raising around mental health within the community.
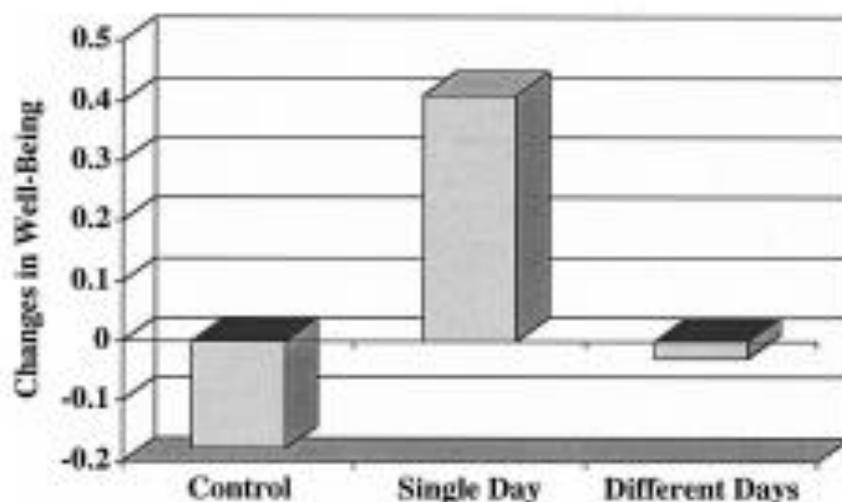

Fig 2. Change in well-being over the course of a 6-week intervention: performing acts of kindness. Taken from Lyubomirsky, Sheldon & Schkade (2005)[lxii]

The literature outlined above demonstrates the positive correlation between the creation of resilient communities and community collaboration; however, there is also a correlation between effectively establishing community resilience via an asset-based, community co-production model, and promoting individual wellbeing. As the report *Pursuing Happiness: The Architecture of Sustainable Change* authored by Lyubomirsky, Sheldon and Schkade expounds, 'individuals who report a greater interest in helping others, an inclination to act in a prosocial manner, or intentions to perform altruistic or courteous behaviors [sic] are more likely to rate themselves as dispositionally happy'[lxiii] (see Fig.2); with this in mind, the following section aims to supplement productive approaches towards fostering resilient communities with a review of literature which offers both theoretical insight and practical ways for embedding, promoting and sustaining individual wellbeing.

Wellbeing

The importance and concomitant benefits of fostering and maintaining wellbeing are well-recognised. The Department of Health assert that not only is subjective wellbeing influential in relation to general health and longevity, it is also 'predictive of mortality across a number of health conditions, including depression, anxiety, coronary heart disease and cancer'.[lxiv] More than this, not only is it possible for wellbeing to 'play an additional protective role in the course of physical illness', it is also 'associated with survival in older populations (aged 60 and over)'; the Department for Health report 'a one unit increase in positive affect was associated with an 18% decrease in mortality risk in people aged 65 and over.'[lxv]

The NEF defines wellbeing as being composite of two main elements: feeling good and functioning well.[lxvi] According to the NEF:

Feelings of happiness, contentment, enjoyment, curiosity and engagement are characteristic of someone who has a positive experience of their life. Equally important for wellbeing is our functioning in the world. Experiencing positive relationships, having some control over one's life and having a sense of purpose are all important attributes of wellbeing.[lxvii]

Mind's *Building Resilient Communities* report also highlights the relationship between social connectedness, physical activity, volunteering and mental health and describes how embedding and promoting the Five Ways to Wellbeing contributes towards creating resilient, healthy communities.[lxviii] The Five Ways to Wellbeing were researched and developed by the NEF under the principle that finding time to engage in activities which foster the five key components – connect; be active; take notice; learn; and give – are key to sustaining good mental health and wellbeing. Practical ways of incorporating these five mainstays of wellbeing are considered below in relation to facilities, provisions and social considerations of relevance to Barton Park as a Healthy New Town.

- **Geography, transport and amenities**

The Young Foundation report cites examples of physical and psychological barriers to integrating and accessing amenities from newly-established communities in Birmingham to highlight that 'There is clearly a relationship between spatial segregation and social exclusion'. Distance between other communities, jobs, and local amenities can constitute both physical and mental barriers to wellbeing due to potentially heightened sense of isolation or of being 'cut off'. According to the developer's website, Barton Park is located to the North East of Oxford and close to the A40, with excellent links to Oxford city centre which takes around 20 minutes to reach by bicycle and is also within close proximity to the new Oxford Parkway railway station. Thoughtful planning of the layout of the development and a host of well-lit cycle-ways and paths can enhance the feeling of connectivity, as can physical signposting of local amenities and facilities and the distance between these and establishing 'green' transport methods (such as cycle-ways, electric bike hire facilities, hybrid buses, lift-share schemes etc.) between adjoining communities wherever possible. The Barton Park website also recognised that 'having fast, easy access to daily essentials is a real asset'; accessible universal services within the Healthy New Town can make all the difference to wellbeing and again to the feeling of connectivity. The Barton Park website states that the new development will have a food store and a 'Community Hub' (comprising a primary school and flexible space for community services) built in to the design, although it would be of benefit for residents (and perhaps especially for elderly and disabled residents) to be able to access other facilities such as a bank, cafes, and local work opportunities.

- **Green space and the natural environment**

The report *Local Action on Health Inequalities: Improving Access to Green Spaces* was commissioned by Public Health England and compiled by the Institute of Health Equity (IHE) and finds that there is growing evidence of the physical and mental health benefits of green spaces. According to the report, access to good quality green space is associated with several positive health outcomes, including improvements in overall mental health and wellbeing (including positive impact upon depression, stress and dementia) and better self-rated health, increased longevity in older people, lower body mass index (BMI) scores and obesity levels, and also higher levels of physical activity.[lxix] Access to safe and appealing green spaces have also been shown to reduce mental fatigue, ensuring that we are more able to assess and deal with life issues.[lxx] Research published in the journal *Environment, Science and Technology* also found that green spaces deliver lasting mental health benefits, and that on average, movers to greener areas experienced an immediate improvement in mental health that was sustained for at least 3 years after they moved.[lxxi]

In recognition of many of the benefits listed above, the One Planet Action Plan for the residential 'eco-town' development which began in North West Bicester in 2014 outlines intentions for '40% of the eco-town area to be allocated to open, green space, 50% of this to be public' and used 'to facilitate active lifestyles and mental well-being'.[lxxii] The Action Plan outlines plans to engage people across the community and lists nature-based features including natural play spaces, educational ponds, and initiatives to promote wildlife-friendly

gardening and growing your own food. Organising and participating in environmental projects provides an opportunity for green-fingered volunteers to directly impact their immediate environment and the community while simultaneously benefitting their own wellbeing.

Another innovative way to actively engage members of the community with the natural environment around them is to establish a 'Green Gym'. The Conservation Volunteers website describe Green Gyms as 'fun and free outdoor sessions where [participants are] guided in practical activities such as planting trees, sowing meadows and establishing wildlife ponds'.[lxxiii] In this way conservation activities are framed around health and fitness; volunteers even 'warm up and cool down in preparation for a range of light to vigorous activities to suit all abilities.' Although activity within the natural environment has proven benefits, more sedentary activities – for example, outdoor reading and meditation/mindfulness groups (in the summer), walking groups and 'couch to 5k' running groups - could also be employed to make the most of the natural surroundings. Everyone can also benefit from access to quiet, peaceful and sheltered outdoor spaces with plenty of seating as a means of escaping the 'hustle and bustle' of day to day life.

The Wildlife Trust are currently advocating for the introduction of a 'natural health service' in the UK to benefit everyone's mental health and wellbeing.[lxxiv] The Trust promotes the use of nature-based interventions – sometimes referred to as eco-therapies - to treat diagnosed illnesses, specifically citing Dementia as an example where these types of intervention can be beneficial: 'When we speak of transforming mental health and dementia provision, we need a process to prescribe cost-effective and easily accessible interventions that work. Being active in natural places (alongside other people) works.' According to the Trust, 'places that are rich in plantlife and wildlife are a wonderful place to connect with other people and nature', and 'Having easily accessible spaces, therefore, or bringing nature closer to those that cannot access them, is a matter of social justice.' Various eco-therapies have been proven effective in managing mental health conditions, and can also be an effective means of preventing ill-health going forward.[lxxv] Examples of some specific activities suggested by Mind include nature art and crafts (making art outside and/or using natural resources) and Social and Therapeutic Horticulture (STH – gardening or growing food). Sensory outdoor walks – finding things to look at, listen to, taste, smell and touch as you go along – are especially appealing for younger children.

- **'Prosocial' spaces and community hubs**

A Joint Strategic Needs Assessment (JSNA) conducted by Cambridgeshire and Peterborough Clinical Commissioning Group and Cambridgeshire Country Council titled *New Housing Developments and the Built Environment* (2015/2016) sought to assess effective models for community development, the factors which contribute to health and wellbeing in new communities, and ways to 'design and build in' opportunities and provisions for improved health and wellbeing as part of the design of the new developments.[lxxvi] Citing evidence of

what worked and what didn't within newly-developed communities and developments, the JSNA reports that 'One of the downfalls in a new community is not having community halls/meeting places built early on ie [sic] Community halls, pubs, youth clubs, sport provisions.'[lxxvii] The report found that loneliness (a key factor in relation to general wellbeing) and mental health problems were issues coming out of a housing development in Cambourne (Cambridgeshire) specifically, and that this could be attributed in part to the initial lack of community buildings and provision. In reflection, the report reflects upon the importance of recognising that 'people moving into communities may be moving away from their traditional support systems ie [sic] family and established communities with provisions to meet people and friends.'[lxxviii]

As mentioned previously in this review, although it is important to provide Barton Park (or any new development) with facilities such as community hubs, these spaces are often rendered ineffective in their main purpose of bringing the community together if thought is not given to the additional infrastructures required to provide opportunities for this. The *New Housing Developments and the Built Environment* JSNA recognises this fact and reflects that to understand the underlying causes of loneliness, the report urges a shift in focus 'from buildings to people': because 'Planning concentrates on buildings and land ie [sic] creating a pleasant built environment, it tends not to look beyond the houses being built and can focus on community development not building communities', resulting in 'early residents feel[ing] displaced & isolated [while] social networks [take] time to form'. Further compounding the situation is the fact that, within newly-developed communities especially, 'Service providers are often underprepared and support can be difficult to find.'[lxxix] Consequently, the JSNA espouses the intrinsic need for 'flexible, accessible multifunctional spaces that provide the community with a place to meet, participate in activities and afford access to public, voluntary and community-led services'.[lxxx]

Going forward, it is necessary for any new community to have access to both formal and informal community and 'prosocial' spaces from the earliest opportunity. A prosocial space might be a multifunctional community hub as a location from which volunteering and peer-led support and educational groups can be hosted; formal spaces could include community hubs, information centres, and places for learning (either formally or informally), while informal spaces could include provision such as coffee shops, restaurants, and entertainment facilities.

A community café – perhaps operating using a combination of paid staff and volunteers – is a convenient way to promote inclusion within the community. Existing examples of this within the community have proven very effective; for example, Restore (based on the Cowley Road in Oxford) use their Garden Café to provide people with mental health problems with an opportunity to learn catering and customer service skills, gain insight into their strengths and get work experience. The café is operated by volunteers and paid members of staff, and uses mostly home-grown or locally sourced foods, which also provides an opportunity for volunteers to grow and sell their own produce.[lxxxi] The shop also sells hand-crafted items created by members of their recovery groups as an effective way to

enable people with mental ill-health to become active in the community and to foster wellbeing-related activities (fulfilling all Five Ways to Wellbeing criteria) while simultaneously funding their enterprise.[lxxxii] Another similarly successful example is the MacIntyre Coffee Shop (Milton Keynes), a community café operated by volunteers and paid staff specifically with learning disabilities.[lxxxiii]

A community hub can engage with the local community by hosting events (including formal and informal learning events aimed at all ages) and also by running volunteer activities and social groups which appeal to different people within a community. Age UK's guidelines titled *Promoting Mental Health and Well-being in Later Life: A guide for commissioners of older people's services* outline existing groups which run around the country specifically for older people from different communities; for example, they describe a 'Peace of Mind' Bangladeshi Mental Health Promotion project running from Tower Hamlets, a 'Just for Men' project in Chandlers Ford, an 'Asian Elders' information and advice group in Coventry, and a project called 'Opening Doors' in Camden, London which offers a befriending service for older lesbian, gay, bisexual and transgendered people (OLGBT).[lxxxiv] Arguably, specific projects and groups such as these offer opportunities through which to address social isolation and to discuss mental health in culturally-specific forums.

The relatively new Rose Hill Community Centre (Rose Hill, Oxford), for example, is hosting a day in celebration of International Women's Day (which falls on 8th March) and which will provide an opportunity for all members of the community to come together to learn and connect with each other while raising awareness of issues affecting women (and also men) from all cultures and countries around the world. The One Planet Action Plan discussed previously also suggests 'Celebrating cultural diversity through international food and cultural events at the community centre', as well as via 'exhibitions, events and film evenings [to raise] awareness of international issues'.[lxxxv]

It would also be beneficial for any 'community circles' and peer support projects to be operate from the community hub as well, impressing the role of the space as a place for mutual support and learning within the community. One-off 'showcasing' days – where individual members of the community can offer to spend a day showing others how to learn a new skill (or enhance an existing one) – would be a relatively simple and practical way of encouraging members of the community to share what they know and to connect with others without the stress of teaching a formal class. Given the number of people contacting Oxfordshire Mind with offers to volunteer around hosting a wide variety of courses (most recently including creative writing, yoga, and various crafts), it is evident that many individuals feel compelled to find ways to share what they know with others without necessarily receiving monetary recompense: providing opportunities for this to happen with the Healthy New Town is essential as a means of making best used of an asset-based approach. On a relatable note, formal learning events around mental health specifically (such as the Coping Skills and Wellbeing courses currently offered by Oxfordshire Mind) can be complemented by informal events around wellbeing (such as days promoting activities

around the Five Ways to Wellbeing) as a means of engaging with as wide a variety of people as possible.

- **Provision for children and young people**

Children and young people are very much at the heart of the sentiments behind the old adage 'prevention is better than cure' in mental health-related terms. As the charity YoungMinds explain on their website, 'Many aspects of today's society can be bad news for the mental health of children and young people in the UK. As they grow and develop, children have to navigate a complex and ever changing world, facing challenges and pressures in numerous aspects of their lives'.[lxxxvi] The MHF have found that far more children and young people are experiencing mental health problems than they were 30 years ago, and attribute this to changes in the way we live now.[lxxxvii] Consequently, mental health problems affect around 1 in 10 children and young people today, with the most common mental health problems including depression, anxiety and conduct disorder.[lxxxviii]
The MHF assert that – as with older people – 'the emotional wellbeing of children is just as important as their physical health', and that 'good mental health allows children and young people to develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults'.[lxxxix]

The particular appeal of focussing sustained attention on promoting wellbeing among children and adolescents at the earliest opportunity is not only to develop and engrain healthy behaviours in the hope of fostering resilience and in turn combatting the onset of mental ill-health as they grow older; there is also the added consideration and necessity of reducing demand on already-stretched services. With research published in 2016 by CentreForum revealing that Child and Adolescent Mental Health Services (CAMHS) are turning away nearly a quarter (or 23%) of children referred to them for treatment, and that only 0.7% of NHS funding is spent on young people's mental health (with 16% of this on early interventions),[xc] it is very likely that schools and communities themselves will soon be required to address the shortfall in mental health provisions and support for children and young people.

The MHF offer insight into the various factors which can impact the mental health and wellbeing of young people, including (among others):

- Being in good physical health, exercising, and eating a balanced diet
- Being able to play (both indoors and outside)
- Taking part in local activities for young people
- Feeling they have some control over their life
- Feeling safe, valued, and having a sense of belonging to their family, school and community
- Having the strength to cope when something is wrong (i.e. resilience) and the ability to solve problems.

Although NICE have released guidelines around *Social and Emotional Wellbeing for Children and Young People* which suggest that 'local authorities can promote social and emotional wellbeing in other community settings and through other activities where children and young people',[xci] the guidelines themselves do not offer a great deal of insight in to how this might be achieved. Despite this, practical ways to promote social and emotional wellbeing and to embed healthy behaviours within children and young people can be achieved by 'building in' opportunities to be – and earn about being - healthy. Physical ways of facilitating opportunities to exercise and play could be to build adventure areas in to streets and various routes so that children can 'find the fun' in walking; even having some games 'drawn' on to paths (such as snakes and ladders) or stepping stones built alongside the path, could contribute towards this. More formal play and sports areas (such as skate parks,[xcii] basketball courts, football goals etc.) provide sociable exercise opportunities for older children; another example of this from the Rose Hill Community Centre are the every-popular outdoor table-tennis tables.

The role that schools can (and ultimately will need to) play in relation to their students' mental health should be considered as an opportunity to develop and implement new strategies and approaches around mental health sustention. The Government's *Future in Mind* report champions improving communications, referrals and access to support by 'integrating mental health specialists directly into schools';[xciii] they also suggest that schools should focus their attentions upon 'delivering mental health promotion and prevention activities',[xciv] which could potentially involve collaboration with mental health specialists and practitioners, GPs, and members of the community as well. More whole-school approaches around mental health would be beneficial both in terms of reducing stigma, as well as for implementing early interventions and appropriate support where mental health challenges arise for young people.[xcv]

Other extra-curricular provision around mental health and wellbeing could possibly be implemented as community projects. Indoor 'soft play' sessions within community hubs (which could possibly be led by volunteers) are a common, cost-effective way of getting younger children out of the house and interacting with other children (which is of benefit to their learning and development as well as their wellbeing), but also provide a helpful opportunity for parents and carers to meet and socialise with others as a means of fostering their own wellbeing. Similar 'sensory' sessions could be hosted for specific groups, such as children or young adults with autism providing similar benefits for both the individual[xcvi] as well as parents and carers.

For older children and young adults, making sure there are safe spaces for young people to meet and socialise productively can also be beneficial; the creation of youth groups or a youth 'hub' can help with this. A youth hub might facilitate more leisurely sociable pursuits (such as access to Wi-Fi, games, music, a pool table, movie nights, musical instruments, etc.), but can also facilitate more productive opportunities around tutoring, for example, or perhaps even what the *Future in Mind* report terms a 'one-stop-shop' service to 'provide

mental health support and advice to children and young people in the community, in an accessible and welcoming environment',[xcvii] both of which could be used to harness the skills and knowledge of volunteers.

- **Provision for older people and social care**

Much research into factors affecting wellbeing focuses on the vital importance of removing barriers to communicating and mingling, and also to combatting isolation and loneliness, especially for older members of a community. The World Health Organization report that approximately 15% of adults aged 60 and over suffer from a mental disorder, and that unipolar depression is estimated to occur in 7% of the general elderly population.[xcviii] Mental health problems in older people can often be exacerbated by affecting factors including a higher change of experiencing bereavement, a drop in socioeconomic status with retirement, or a disability', all of which 'can result in isolation, loss of independence, loneliness and psychological distress'.[xcix]

A report by Milligan, Dowrick, Payne *et al.* (commissioned by the Liverpool-Lancaster Collaborative (LiLaC) and Age UK) titled *Men's Sheds and other gendered interventions for older men: improving health and wellbeing through social activity* finds that 'social isolation, loneliness and stressful social ties are common amongst older men especially, and are associated with poor physical and mental health, higher risk of disability, poor recovery from illness and early death'.[c] The report also finds that older men 'use fewer community based health services than women, and are less likely to participate in preventive health activities'; additionally, 'they also find it harder than women to make friends late in life, and are less likely to join community-based social groups that tend to be dominated by women.'[ci] Take in to account the fact that there are nearly four times as many men dying as a result of suicide compared to women and that those at highest risk are men aged between 45 and 59 years,[cii] and it becomes evident that establishing opportunities for men (and especially older socially-isolated men) to socialise and participate in purposeful activity should be a priority for a healthy new town aspiring to mental health excellence.

In recognition of this, the PHE suggest establishing and endorsing community groups such as 'Men's sheds' as another effective mutual aid intervention aimed specifically at 'improving the wellbeing and social connectedness of men at risk of social isolation'. The UK Men's Sheds Association describes 'Men's Sheds' as 'places of skill-sharing and informal learning, of individual pursuits and community projects, of purpose, achievement and social interaction' and 'place[s] of leisure where men come together to work.'[ciii] Overall findings from Milligan, Dowrick, Payne *et al.*'s report indicate that 'Men's Sheds and other gendered interventions provide an array of benefits for older men including: learning new skills, sharing knowledge; personal achievement; community engagement; the opportunity to meet and interact with others'.[civ] These spaces could also be usefully used as hubs for signposting to relevant support services.

It goes without saying that the Healthy New Town should work to accommodate and provide support for people of all ages and abilities, including older people with dementia and other cognitive and/or physical needs. Happily, the Alzheimer's Society's campaign for more inclusive 'dementia-friendly' communities already outlines some effective ways of creating an inclusive and non-stigmatizing environment for people with dementia. The Society define an Alzheimer-friendly environment '[a community] in which people with dementia are empowered to have high aspirations and feel confident, knowing they can contribute and participate in activities that are meaningful to them.'[cv] The Alzheimer's Society estimate that 850,000 people in the UK have dementia, and of these 35% go out only once a week or less (10% go out once a month or less); additionally, a staggering two-thirds of people with dementia (66%) do not feel they can make a contribution to their community, often despite wanting to do more. [cvi] There are a host of psychological, emotional, and physical barriers, which prohibit this which, according to the Alzheimer's Society, commonly include (among others):

- a lack of confidence (69%)
- being worried about becoming confused (68%)
- being worried about getting lost (60%)
- mobility issues (59%) and physical health issues (59%)
- not wanting to be a burden to others (44%)

Many of the above-listed concerns can be addressed by volunteer and befriending activities within the local community. The Department of Health's *Practical Approaches to Improving the Lives of Disabled and Older People Through Building Stronger Communities* report asserts that 'Ensuring best use of all local resources requires a combination of efficient delivery of social care alongside place-based commissioning and community budgeting, incorporating primary prevention', and recognises that 'Releasing the potential within communities and recognising its value in terms of volunteer time and other assets is an important part of this equation.'[cvii] The Department of Health's approach is very similar to the approach outlined in TLAP's 2014-2017 strategy titled *Working Together for Personalised, Community-Based Care and Support*, with volunteers and community engagement enabling 'further progress with personalisation in mental health, where the benefits can be greatest.'[cviii] TLAP highlight the need to focus on 'reducing demand and increasing wellbeing through early help, including re-ablement services', described as 'a way of helping you remain independent, by giving you the opportunity to re-learn or regain some of the skills for daily living that may have been lost as a result of illness, accident or disability'.[cix]

The Department of Health report finds that befriending schemes in particular can be beneficial and cost-effective in the long run, typically costing 'about £80 per older person but could save about £35 in the first year alone because of the reduced need for treatment and support for mental health needs.'[cx] The report also suggests other models for empowering members of the community to engage with and support others with care and support needs, one of which is the idea of Neighbourhood apprenticeships which support

and encourage people to 'develop a range of new skills and potentially offer a way into a new career or open people's minds to the opportunities, challenges and rewards of active citizenship, including volunteering', potentially 'empower[ing] whole neighbourhoods to be active participants in their community'.[cxi]

Helpfully, the Department of Health report offers several examples of innovative practice around supporting older people within the community in Reading, which has 'commissioned a range of services to reduce demand for social care and emergency hospital admissions and improve older people's health and well-being', including 'practical help for people after hospital or intermediate care discharge to services that aim to break down social isolation and identify unmet needs.'[cxii] One innovative approach adopted in Reading is the 'setting up of teleconferencing networks to develop people's social networks'; at the time the report was published these a Polish group, one for the Indian community, and also a 'just home from hospital' group', with other projects targeting groups such as women or those with dementia. According to the report, 'all involve[d] a wide range of voluntary sector partners and the use of trained volunteers to deliver some of the services'.[cxiii]

An ever-growing body of research also provides consistent evidence of a relationship between physical activity and mental capital, especially in older and elderly people. Longitudinal studies show not only that physical activity is associated with a reduced risk of age-related cognitive decline, but also that regular physical activity is linked to a lower risk of Alzheimer's disease (AD) and other forms of dementia.[cxiv] Age UK's guidelines also outlines examples of practical ways to promote older people to become more active, including Nordic walking, Tai-Chi sessions aimed at older people, walking groups, and an 'easy rider' scheme (using a fixed-wheel bike, tricycles and tandems to aid balance).[cxv]

Befriending an older person and helping them to carry out day-to-day activities (such as shopping, going out for a walk, attending events within the community) benefits everyone, fulfilling the majority of the Five Ways to Wellbeing criteria. Practically, even just ensuring that there are enough benches and seating areas scattered along walking routes can make walking and low-intensity exercise less daunting and more accessible for older people, as well as for pregnant women, people with disabilities, and people who simply like to sit and take a break.

- **Physical activity and wellbeing**

The correlation between physical activity and mental wellbeing is very well established. The Department of Health and Public Health England report *Improving the Physical Health of People with Mental Health Problems: Actions for Mental Health Nurses* emphasises that a 'holistic approach to managing mental and physical health is needed' given that 'Physical and mental health are inextricably linked', arguing that it is in fact 'detrimental to a person's overall wellbeing to regard these as two separate entities'.[cxvi] The Mental Health Foundation also recognises the 'huge potential' of physical activity to enhance overall wellbeing, citing research[cxvii] which reveals that even low-intensity, short-duration exercise can improve

mood,[cxviii] boost self esteem,[cxix] decrease levels of anxiety and depression,[cxx] and even prevent the onset of mental health problems.[cxxi] The NEF also recognise the whose incorporation of 'be active' within their Five Ways to Wellbeing guidance acknowledges the vital role that exercise and physical activity play in relation to mental wellbeing. Taking opportunities to disseminate information about the benefits of exercise and physical activity on mental and physical health are key to engaging more people in the Healthy New Town to become more active.

In 2015 the Sport and Recreation Alliance and the Professional Players Federation (with support from Mind) co-created a Mental Health Charter for Sport and Recreation a bid to establish 'how sport can use its collective power to tackle mental ill health and the stigma that surrounds it'.[cxxii] The charter sets out several goals around harnessing 'the power of sport and recreation to promote wellbeing', placing special focus on encouraging physical activity and social interaction for their contribution to good mental health; supporting the establishment of a 'pan-sport platform' across the mental health sector to develop and share networks, resources and best practice; and working to reduce stigma and tackle discrimination.[cxxiii]

The Mental Health Foundation's publication *Let's Get Physical: The Impact of Physical Activity on Wellbeing* outlines some guidance for policymakers and local services, including:

- Creating physical environments which motivate people to build physical activity into their daily lives (for example, by improving street lighting and street safety providing safe cycling routes, ensuring that there are plenty of safe, open spaces for children to play, etc.)
- Promoting social environments where physical activity is perceived as a normal and valued part of everyday life
- Tackling financial barriers by promoting types of physical activity that are either free or cheap to access.
- Provide accessible information to raise awareness of opportunities for physical activity, especially targeting people who undertake only minimal or no physical activity.[cxxiv]

Alongside more formal opportunities to become involved in formal exercise and sporting opportunities (such as community exercise classes and sport or activity 'taster days'), it will be beneficial for the community of the Healthy New Town to be able to access built-in opportunities to exercise within their day-to-day lives. The Mental Health Foundation establishes four types of physical activity which can be helpful when considering how members of the community might be able to access each within the setting of the Healthy New Town: these are 'Sport' (structured and competitive physical activity); 'Exercise' (planned and purposive physical activity to improve fitness, health or performance); 'Play' (unstructured physical activity, done for fun and enjoyment; and 'Daily physical activity' (physical activity which is done as part of one's daily routine).[cxxv]

With sport and exercise usually being more formal activities which take place in gyms and group-settings, it would be helpful to provide opportunities to train sport providers (such as

gym instructors, coaches, etc.) in 'the psychological aspects of physical activity, to enable them to engage clients in a positive way, so that they build exercise confidence and self-esteem, and overcome these as barriers'.[cxxvi] Many of the challenges facing people experiencing mental ill-health are similar to those encountered by people with good mental health but are inactive; factors such as lack of confidence, fear of failure, lack of time, financial pressures, and an uncertainty of what exercise to do (or how to get started) can all become barriers to people becoming more active.[cxxvii] Oxfordshire Sport and Physical Activity (OXSPA) have recognised many of these challenges and subsequently offer supported sport and physical activity sessions to people already experiencing mental health difficulties in Oxfordshire.[cxxviii] Oxfordshire Mind have also recently piloted a Football, Fitness and Wellbeing course with a view to encouraging people with mental health problems to get involved.

Less formal daily activity is perhaps one of the easiest types to foster within a Healthy New Town. For example, the One Planet Action Plan for North West Bicester proposed making 'active transport' (cycling, walking, etc.) the 'norm', endorsing 'cycle culture, access to fresh, healthy food and amenity green space to promote happy and healthy living.'[cxxix] Establishing outdoor gyms can also provide a free and accessible alternative to joining a regular gym (which is usually costly and can be intimidating for many people) and are accessible to people of all ages and physical ability; additionally, not only does research suggest that exercising outdoors is often more effective for boosting wellbeing,[cxxx] The Great Outdoor Gym Company also highlights how guidelines and information about the benefits of physical activity upon health and wellbeing can be displayed at the site to encourage people to use the equipment.[cxxxi]

Empowerment

The majority of practical suggestions outlined above are examples of modes of empowerment facilitated through the provision of opportunities for people to make the most of the resources available in the setting of the Healthy New Town, supplemented and supported by an asset-based approach which aims to make the most of existing resources and people's skills within the community. As the Department of Health concisely summarises, 'The overwhelming evidence is that what people do for themselves and with others - not services - delivers the bulk of social outcomes, for instance safer streets, teaching children to read, maintaining good physical and mental health and personal care.'[cxxxii] Two additional methods of empowering members of a new community – namely making opportunities to raise awareness about mental health and wellbeing and tackling stigma, and also making best use of technology to support wellbeing – are outlined below as effective supplements to the suggestions outlined above.

Mental health awareness-raising

It goes without saying that for a Healthy New Town to achieve its purpose of encouraging physical activity, healthy eating and positive mental health and wellbeing, it is essential to make the best of opportunities to raise awareness and to tackle stigma around mental health. Awareness-raising activities, educational programmes, and mental health peer support groups can be helpful to this end, as can the opportunity to talk openly about mental health within the community. To this end, the NHS *Implementation Guide and Toolkit for Making Every Contact Count* highlights the importance of training frontline staff to champion and talk openly with people about their mental health and wellbeing.[cxxxiii] The Guide explains that 'Making Every Contact Count (MECC) is about encouraging and helping people to make healthier choices to achieve positive long-term behaviour change', and that 'To do this organisations need to build a culture and operating environment that supports continuous health improvement through the contacts it has with individuals',[cxxxiv] in turn empowering individuals with the knowledge and tools to make positive lifestyle changes for themselves.

Mind's *Building Resilient Communities* report also states that 'In addition to providing the right services, facilities and resources to increase people's resilience, it is important that local communities have the capacity and infrastructure to access them'; in particular, levels of mental health awareness, availability of information, good connections between local services and accessibility of support are essential.[cxxxv] With this in mind, a central location which houses information about activities and sports, volunteering opportunities, how to get active, forthcoming events, local community groups and initiatives, as well as general physical and mental health and wellbeing, empowers people to find out more about what is going on in their community and to become involved and can also counter discrimination and stigma around mental health. A health and wellbeing 'library' containing information and resources around mental health and for keeping yourself feeling well could be established to resources around wellbeing and mental health; educational resources such as this would also constitute a means of fulfilling the 'keep learning' component of the five ways to wellbeing. A hub of information such as this could also make effective use of a variety of technology, although it is important to remember that not everyone can access online materials; providing information about health and wellbeing in as many accessible formats as possible (for example in print, braille, large font, and translations) will ensure that everyone can access the information they need to keep themselves well.

Technological approaches towards empowerment

Residents of the Healthy New Town can be empowered by knowledge-sharing opportunities, as well as by being kept updated about what is happening in their community. According to the *NW Bicester One Planet Action Plan*, every home within the North-West Bicester housing development is to be fitted with an interactive tablet called 'The Shimmy', described as a 'customised interactive tablet' which 'provide[s] real time information on energy consumption, travel information and community activities as well as containing a platform for residents to communicate directly with one another.'[cxxxvi]

Bicester's example demonstrates how what TLAP has termed 'assistive technology'[cxxxvii] can be employed to empower people by aiding socialisation and delivering information; there is also potential to use such technology to measure success of initiatives within the community (especially convenient given information on the Oxford Clinical Commissioning Groups' website which outlines plans to monitor and gather empirical evidence around how the built environment can impact health and well-being to substantiate the concept of a Healthy New Town),[cxxxviii] to monitor levels of wellbeing, and even to facilitate access to self-help information and mindfulness or meditation apps (such as 'Headspace',[cxxxix] for example). The New Local Government Network's *Place-based Health Commission Report* (2016) has also recognised the potential to engage 'mobile and personal health technology', which they perceive as 'creating new, asset based data that citizens not only own but utilise themselves'.[cxl] Innovation opportunities within the Healthy New Town also offer the option of implementing technology-enabled care services, ensuring that people can access new GP services using digital technology: such an approach could ultimately facilitate communication with and between digitally enabled local health services, enabling services to interlink and communicate effectively around person-centred care.[cxli]

Conclusion

It is an unfortunate fact that 'Health inequalities persist and there is a significant geographical element to them: where you live is still a key determinant of how long you will live'.[cxlii] Barton's Healthy New Town project represents an excellent opportunity to tackle health inequalities before they occur through the implementation and promotion of health and wellbeing opportunities and interventions. Research outlined within this review has shown that effective approaches towards mental health excellence in the setting of the Healthy New Town enables residents and service-providers to work collaboratively to implement and embed sustainable, effective and accessible infrastructures around wellbeing and healthy lifestyles within the physical and social community.

As *The Place-based Health Commission Report* apltly concludes, 'The future is a place-based health system, built around people and working with them to ensure we all live happier, healthier lives.' Upstream interventions and preventative strategies which provide communities with opportunities to develop individual and community resilience, which reinforce wellbeing-promoting behaviours and sustention, and which engage diverse approaches to promoting greater understanding of mental health and wellbeing ultimately empowers individuals to take control of their own lives and health outcomes, and – ultimately – their own wellbeing.

Endnotes

[i] North-West Bicester [website]. 'Bicester Part of NHS Healthy New Towns Initiative.'

[ii] New Economics Foundation. (2012). *The Wisdom of Prevention: Long-term Planning, Upstream Investment and Early Action to Prevent Harm*, p.9.

[iii] World Health Organization. (2013). *Investing in Mental Health: Evidence for Action*, p.7; p.25.

[iv] Department of Health. (2014). *Wellbeing and Longevity* [factsheet].

[v] HM Government. (2011). *No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages,* p.35.

[vi] Public Health England. (2015). *A Guide to Community-Centred Approaches for Health and Wellbeing*, p.5.

[vii] Mind & Mental Health Foundation. (2013). *Building Resilient Communities*, p.3.

[viii] HM Government. (2011). *No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages* [citing McManus, S., Meltzer, H., Brugha, T. *et al.* (2009). *Adult Psychiatric Morbidity in England, 2007: Results of a Household Survey*. Leeds: NHS Information Centre for Health and Social Care].

[ix] HM Government. (2011). [citing Green, H., McGinnity, A., Meltzer, H., *et al.* (2005). *Mental Health of Children and Young People in Great Britain, 2004*. Basingstoke: Palgrave Macmillan].

[x] HM Government. (2011). [citing Chevalier, A. and Feinstein, L. (2006). *Sheepskin or Prozac: The Causal Effect of Education on Mental Health* (discussion paper). London: Centre for Research on the Economics of Education, London School of Economics].

[xi] HM Government. (2011). [citing Meltzer, H., Bebbington, P., Brugha, T. *et al.* (2010) Job Insecurity, Socio-economic Circumstances and Depression. *Psychological Medicine*, 40(8): 1401–1407].

[xii] HM Government. (2011). [citing McManus, S., Meltzer, H., Brugha, T. *et al.* (2009). *Adult Psychiatric Morbidity in England, 2007: Results of a Household Survey.* NHS Information Centre for Health and Social Care].

[xiii] HM Government. (2011). [citing McManus, S., Meltzer, H., Brugha, T. *et al.* (2009). *Adult Psychiatric Morbidity in England, 2007: Results of a Household Survey.* NHS Information Centre for Health and Social Care].

[xiv] HM Government. (2011). [citing Rees, S. (2009). *Mental Ill Health in the Adult Single Homeless Population: A Review of the Literature.* London: Crisis and Public Health Resource Unit].

[xv] Department of Health. (2014). *Wellbeing and Longevity* [factsheet], pp.3-4.

[xvi] The Kings Fund. (2015a). *Mental Health Under Pressure: Briefing*, p.1.

[xvii] BBC News. (1st August 2016). *High Court backs Oxfordshire children's centre closures* [article].

[xviii] World Health Organization. (2013). *Investing in Mental Health: Evidence for Action*, p.7.

[xix] World Health Organization. (2013). *Investing in Mental Health: Evidence for Action*, p.7; p.25.

[xx] Public Health England. (2015). *A Guide to Community-Centred Approaches for Health and Wellbeing*, p.5.

[xxi] North-West Bicester [website]. 'Bicester Part of NHS Healthy New Towns Initiative.'

[xxii] New Economics Foundation. (2012). *The Wisdom of Prevention: Long-term Planning, Upstream Investment and Early Action to Prevent Harm*, p.4.

[xxiii] See Public Health England. (2015). *A Guide to Community-Centred Approaches for Health and Wellbeing*, p8; see also World Health Organization (2008). *Integrated Health Services – What and Why? (Technical Brief No1.).*

[xxiv] Department of Health. (2014). *Wellbeing and Longevity* [factsheet].

[xxv] HM Government. (2011). *No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages,* p.35.

[xxvi] The Barton-Oxford LLP is a partnership between Oxford City Council and property investment and development company Grosvenor Developments Ltd. See Grosvenor's website.

[xxvii] See Grosvenor's website.

[xxviii] Oxford City Council. 'Background to Barton Healthy New Town.'

[xxix] NHS England. 'Barton Park'.

[xxx] See Grosvenor's website.

[xxxi] NHS England. 'NHS Chief announces plan to support ten healthy new towns' [press release, 1st March 2016].

[xxxii] Co-created in partnership by the Scottish Government, Architecture and Design Scotland and NHS Health Scotland.

xxxiii Norris, F., Stevens, S., Pfefferbaum, B., *et al.* (2008). Community Resilience as a Metaphor, Theory, Set of Capacities and Strategy for Disaster Readiness. *American Journal of Community Psychology*, 41:127-150.

xxxiv Department of Health. (2009). *New Horizons: Towards a Shared Vision for Mental Health*, p.11.

xxxv Foresight for Government Office for Science (2008). *Mental Capital and Well-being: Making the Most of Ourselves in the 21st Century.* See also World Health Organization Europe. (2009). *Mental Health, Resilience and Inequalities. The Mental Health Foundation and World Health Organization (WHO) Europe.*

xxxvi Mind & Mental Health Foundation. (2013). *Building Resilient Communities*, p.3.

xxxvii The Barrow Cadbury Trust is an independent, charitable foundation committed to bringing about socially just change. See https://www.barrowcadbury.org.uk/

xxxviii The Young Foundation are a research and action based institute which work across the UK and internationally to create insight and innovations which confront inequality and put people at the heart of social change. See http://youngfoundation.org/

xxxix Young Foundation. (2012). *Adapting to Change: The Role of Community Resilience*, p.52.

xl Think Local Act Personal (TLAP) & Public Health England (PHE). (2014). *Developing the Power of Strong, Inclusive Communities*, p.5.

xli The Asset-Based Community Development Institute. *What is Asset Based Community Development (ABCD)*, p.2.

xlii The Kings Fund. (2015). *Place-based Systems of Care: A Way Forward for the NHS in England*, p.3.

xliii The Kings Fund. (2015). *Place-based Systems of Care: A Way Forward for the NHS in England*, p.30.

xliv Department of Health. (2010). *Practical Approaches to Improving the Lives of Disabled and Older People Through Building Stronger Communities*, p.8.

xlv See https://www.youtube.com/watch?v=a5xR4QB1ADw

xlvi The Asset-Based Community Development Institute. *What is Asset Based Community Development (ABCD)*, p.1.

xlvii NICE. (2007). *Behaviour Change: General Approaches* (PH6), p.21.

xlviii Foot, J. (2012). *What Makes Us Healthy? The Asset Approach in Practice: Evidence, Action, Evaluation,* p.5.

xlix Foot. (2012). *What Makes Us Healthy? The Asset Approach in Practice: Evidence, Action, Evaluation*, p.5.

l NICE. (2016). *Community Engagement: Improving Health and Wellbeing and Reducing Health Inequalities*, p.10.

li Foot, J. (2012). *What Makes Us Healthy? The Asset Approach in Practice: Evidence, Action, Evaluation*, p.6.

lii Foot, J. (2012). *What Makes Us Healthy? The Asset Approach in Practice: Evidence, Action, Evaluation*, p.59.

liii NICE. (2016). *Community Engagement: Improving Health and Wellbeing and Reducing Health Inequalities,* p.19.

liv NICE. (2016). *Community Engagement: Improving Health and Wellbeing and Reducing Health Inequalities,* p.19.

lv Public Health England. (2015). *A Guide to Community-Centred Approaches for Health and Wellbeing*, p.32.

lvi Young Foundation. (2012). *Adapting to Change: The Role of Community Resilience*, p.7.

lvii Young Foundation. (2012). *Adapting to Change: The Role of Community Resilience*, p.8.

lviii Young Foundation. (2012). *Adapting to Change: The Role of Community Resilience*, p.12.

lix London School of Economics. (2014). *Circles of Support and Personalisation: Exploring the Economic Case*, p.2.

lx Community Circles.

lxi Public Health England. (2015). *A Guide to Community-Centred Approaches for Health and Wellbeing*, p.20.

lxii Lyubomirsky, Sheldon & Schkade (2005). Pursuing Happiness: The Architecture of Sustainable Change. *Review of General Psychology*, p.125.

lxiii Lyubomirsky, Sheldon & Schkade (2005). Pursuing Happiness: The Architecture of Sustainable Change. *Review of General Psychology*, p.125.

lxiv Department of Health. (2014). *Wellbeing and Longevity* [factsheet], p.1.

lxv Department of Health. (2014). *Wellbeing and Longevity* [factsheet], p.3.

lxvi New Economics Foundation. (2008). 'Five Ways to Wellbeing: The Evidence'.

lxvii New Economics Foundation. (2008). 'Five Ways to Wellbeing: The Evidence'.

lxviii Mind and Mental Health Foundation. (2013). *Building Resilient Communities*, p.4.

lxix Public Health England (PHE) & Institute of Health Equity (IHE). (2014). *Local Action on Health Inequalities: Improving Access to Green Spaces*, p.4.

lxx Kuo, F. (2001). Coping With Poverty: Impacts of Environment and Attention in the Inner City. *Environment and Behaviour,* 33: 5-34.

lxxi Alcock, A., White, M., Wheelert, B. *et al*. (2014). Longitudinal Effects on Mental Health of Moving to Greener and Less Green Urban Areas. *Environmental Science and Technology, 48*(2), 1247–1255.

lxxii One Planet Action Plan: North West Bicester, p.22.

lxxiii The Conservation Volunteers. 'Green Gym – Exercise to Make a Difference.'

lxxiv The Wildlife Trust. 'A Natural Health Service' [blog post, 5 December 2016].

lxxv Mind. *An Introduction to Ecotherapy.*

lxxvi Cambridgeshire and Peterborough Clinical Commissioning Group & Cambridgeshire Country Council (2015/2016). *New Housing Developments and the Built Environment*, p.15.

lxxvii Cambridgeshire and Peterborough Clinical Commissioning Group & Cambridgeshire Country Council (2015/2016). *New Housing Developments and the Built Environment*, p.80 [citing Egan, Sir J. (2004). *The Egan Review: Skills for Sustainable Communities*. Office of the Deputy Prime Minister]

lxxviii Cambridgeshire and Peterborough Clinical Commissioning Group & Cambridgeshire Country Council (2015/2016). *New Housing Developments and the Built Environment*, p.80.

lxxix Cambridgeshire and Peterborough Clinical Commissioning Group & Cambridgeshire Country Council (2015/2016). *New Housing Developments and the Built Environment*, p.80.

lxxx Cambridgeshire and Peterborough Clinical Commissioning Group & Cambridgeshire Country Council (2015/2016). *New Housing Developments and the Built Environment*, p.90.

lxxxi See https://www.restore.org.uk/restore/the-garden-cafe

lxxxii See https://www.restore.org.uk/shops-and-cafes

lxxxiii See http://www.macintyrecharity.org/our-services/retail-outlets/

lxxxiv Age UK. (2010). *Promoting Mental Health and Well-being in Later Life: A Guide for Commissioners of Older People's Services*.

lxxxv One Planet Action Plan: North West Bicester, p.23.

lxxxvi YoungMinds cite some of the reasons as higher prevalence rates of family breakdown; materialist culture and the heavy influence of this on young people; 24 hour social networking and the kinds of online materials that young people can access from a young age; focus on body image; bullying (on and offline); increasing sexual pressures and early sexualisation of young people; schools as 'exam factories'; high fees and competition around accessing higher education; lack of employment, education and training opportunities for 16-24 year olds. See http://www.youngminds.org.uk/about/whats_the_problem

lxxxvii Mental Health Foundation. 'Children and Young People'.

lxxxviii Mental Health Foundation. 'Children and Young People'.

lxxxix Mental Health Foundation. 'Children and Young People'.

xc CentreForum. (2016). *CentreForum Commission on Children and Young People's Mental Health: State of the Nation*, p.18.

xci NICE. (2013). *Social and Emotional Wellbeing for Children and Young People*, p.9.

xcii Cambridgeshire and Peterborough Clinical Commissioning Group & Cambridgeshire Country Council (2015/2016). *New Housing Developments and the Built Environment*, p.20.

xciii Department of Health. (2015). *Future in Mind: Promoting, Protecting and Improving Our Children and Young People's Mental Health and Wellbeing*, p.17.

xciv Department of Health. (2015). *Future in Mind: Promoting, Protecting and Improving Our Children and Young People's Mental Health and Wellbeing*, p.35.

xcv Department of Health. (2015). *Future in Mind: Promoting, Protecting and Improving Our Children and Young People's Mental Health and Wellbeing*, p.19.

xcvi Schaaf, R., Benevides, T., Mailloux, Z., *et al*. (2014). An Intervention for Sensory Difficulties in Children with Autism: A Randomized Trial. *Journal of Autism and Developmental Disorders,* 44:1493–1506.

xcvii Department of Health. (2015). *Future in Mind: Promoting, Protecting and Improving Our Children and Young People's Mental Health and Wellbeing*, p.17.

xcviii World Health Organization. (2006). 'Mental health and older adults' [factsheet].

xcix World Health Organization. (2006). 'Mental health and older adults' [factsheet].

c Milligan, C., Dowrick, C., Payne, S., et al. (2013). *Men's Sheds and Other Gendered Interventions for Older Men: Improving Health and Wellbeing Through Social Activity. A Systematic Review and Scoping of the Evidence Base,* p.3.

ci Milligan, C., Dowrick, C., Payne, S., et al. (2013). *Men's Sheds and Other Gendered Interventions for Older Men: Improving Health and Wellbeing Through Social Activity. A Systematic Review and Scoping of the Evidence Base,* p.3.

cii Mental Health Foundation. 'Suicide'.

ciii UK Men's Sheds Association.

civ Milligan, C., Dowrick, C., Payne, S., et al. (2013). *Men's Sheds and Other Gendered Interventions for Older Men: Improving Health and Wellbeing Through Social Activity. A Systematic Review and Scoping of the Evidence Base,* p.3.

cv Alzheimer's Society. (2013). *Building dementia-friendly communities: A priority for everyone. Executive summary*, p.4.

cvi Alzheimer's Society. (2013). *Building dementia-friendly communities: A priority for everyone. Executive summary*, p.2.

cvii Department of Health. (2010). *Practical Approaches to Improving the Lives of Disabled and Older People Through Building Stronger Communities*, p.9.

cviii Think Local Act Personal. (2014). *Working Together for Personalised, Community-Based Care and Support: A Partnership Agreement*, p.4.

cix Think Local Act Personal. (2014). *Working Together for Personalised, Community-Based Care and Support: A Partnership Agreement*, p.11.

cx Department of Health. (2010). *Practical Approaches to Improving the Lives of Disabled and Older People Through Building Stronger Communities*, p.11.

cxi Department of Health. (2010). *Practical Approaches to Improving the Lives of Disabled and Older People Through Building Stronger Communities*, p.17.

cxii Department of Health. (2010). *Practical Approaches to Improving the Lives of Disabled and Older People Through Building Stronger Communities*, p.28.

cxiii Department of Health. (2010). *Practical Approaches to Improving the Lives of Disabled and Older People Through Building Stronger Communities*, p.28.

cxiv Government Office for Science. (2008). *Mental Capital and Wellbeing: Making the most of ourselves in the 21st century. State-of-Science Review: SR-E24*, p.2.

cxv Age UK. (2010). *Promoting Mental Health and Well-being in Later Life: A Guide for Commissioners of Older People's Services*.

cxvi Department of Health & Public Health England. (2016). *Improving the Physical Health of People with Mental Health Problems: Actions for Mental Health Nurses*, p.6.

cxvii Mental Health Foundation. 'How to Look After Your Mental Health Using Exercise.'

cxviii Ekkekakis, P., Hall, E., Van Landuyt, L., *et al*. (2000). Walking in Affective Circles: Can Short Walks Enhance Affect? *Journal of Behavioral Medicine*, 23(3), p.248.

cxix Alfermann, D. & Stoll, O. (2000). Effects of Physical Exercise on Self-Concept and Wellbeing. *International Journal of Sport Psychology*, 31, 47-65.

cxx Salmon, P. (2001). Effects of Physical Activity on Anxiety, Depression, and Sensitivity to Stress: A Unifying Theory. *Clinical Psychology Review*, 21(1), 33-61.

cxxi Zschucke, E., Gaudlitz, K. & Strohle, A. (2013). Exercise and Physical Activity in Mental Disorders: Clinical and Experimental Evidence. *Journal of Preventative Medicine and Public Health*, 46(1), 512-521.

cxxii Professional Players Federation and Sport and Recreation Alliance. (2015). 'Mental Health Charter for Sport and Recreation.'

cxxiii Professional Players Federation and Sport and Recreation Alliance. (2015). 'Mental Health Charter for Sport and Recreation.'

cxxiv Mental Health Foundation. (2013). *Let's Get Physical: The Impact of Physical Activity on Wellbeing*, p.44.

cxxv Mental Health Foundation. (2013). *Let's Get Physical: The Impact of Physical Activity on Wellbeing*, p.11.

cxxvi Mental Health Foundation. (2013). *Let's Get Physical: The Impact of Physical Activity on Wellbeing*, p.44.

cxxvii Mental Health Foundation. (2013). *Let's Get Physical: The Impact of Physical Activity on Wellbeing*, pp.34-35.

cxxviii See http://www.oxspa.co.uk/active-body-healthy-mind/

cxxix One Planet Action Plan: North West Bicester, p.5.

cxxx Thompson-Coon, J., Boddy, K., Stein, R., *et al*. (2011). Does Participating in Physical Activity in Outdoor Natural Environments Have a Greater Effect on Physical and Mental Wellbeing than Physical Activity Indoors? A Systematic Review. *Environmental Science & Technology*, 45(5), 1761-1772.

cxxxi See http://www.tgogc.com/TGO-Story.html

cxxxii Department of Health. (2010). *Practical approaches to improving the lives of disabled and older people through building stronger communities*, p.8.

cxxxiii NHS. *An Implementation Guide and Toolkit for Making Every Contact Count: Using every opportunity to achieve health and wellbeing*, p.15.

cxxxiv NHS. *An Implementation Guide and Toolkit for Making Every Contact Count: Using every opportunity to achieve health and wellbeing*, p.6.

cxxxv Mind and Mental Health Foundation (2013). *Building Resilient Communities*, pp.1-2.

cxxxvi One Planet Action Plan: North West Bicester, p.29.

cxxxvii Think Local Act Personal (TLAP) and Public Health England (PHE). (2014). *Developing the Power of Strong, Inclusive Communities*, p.3.

cxxxviii Healthy New Towns: Barton Park.

cxxxix The 'Headspace' app provides 10-minute guided meditation sessions to help to alleviate stress and to promote exercise and mindfulness.

cxl NLGN. (2016). *Get Well Soon: Reimagining Place-based Health. The Place-based Health Commission Report*, p.41.

cxli NHS England. 'NHS Chief announces plan to support ten healthy new towns' [press release, 1st March 2016].

cxlii *Get Well Soon: Reimagining Place-based Health. The Place-based Health Commission Report*, p.23.

References

Age UK. (2010). *Promoting Mental Health and Well-being in Later Life: A Guide for Commissioners of Older People's Services*. Retrieved from http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Care/Mental%20Health%20and%20Wellbeing%20in%20later%20life_pro.pdf?dtrk=true

Alcock, A., White, M., Wheelert, B. *et al*. (2014). Longitudinal Effects on Mental Health of Moving to Greener and Less Green Urban Areas. *Environmental Science and Technology, 48*(2)

Alfermann, D. & Stoll, O. (2000). Effects of Physical Exercise on Self-Concept and Wellbeing. *International Journal of Sport Psychology*, 31, 47-65

Alzheimer's Society. (2013). *Building dementia-friendly communities: A priority for everyone. Executive summary*, p.4. Retrieved from https://www.alzheimers.org.uk/download/downloads/id/1918/building_dementia_friendly_communities_a_priority_for_eveyone_-_executive_summary.pdf

BBC News. (1st August 2016). *High Court backs Oxfordshire children's centre closures*. Retrieved from http://www.bbc.co.uk/news/uk-england-oxfordshire-36945353

Cambridgeshire and Peterborough Clinical Commissioning Group & Cambridgeshire Country Council (2015/2016). *New Housing Developments and the Built Environment*. Retrieved from file:///C:/Users/Ben/Downloads/New%20Housing%20Developments%20and%20the%20Built%20Environment%20JSNA%202015%20Final%20Report%20HWB%202.8.16.pdf

CentreForum. (2016). *CentreForum Commission on Children and Young People's Mental Health: State of the Nation*. Retrieved from http://centreforum.org/live/wp-content/uploads/2016/04/State-of-the-Nation-report-web.pdf

Chevalier, A. and Feinstein, L. (2006). *Sheepskin or Prozac: The Causal Effect of Education on Mental Health* [discussion paper]. London: Centre for Research on the Economics of Education, London School of Economics

Community Circles. Retrieved from http://community-circles.co.uk/

Department of Health. (2009). *New Horizons: Towards a Shared Vision for Mental Health*. Retrieved from http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103175.pdf

Department of Health. (2010). *Practical Approaches to Improving the Lives of Disabled and Older People Through Building Stronger Communities*. Retrieved from http://www.thinklocalactpersonal.org.uk/_assets/PPF/NCAS/Practical_approaches_to_Building_Stronger_Communities_12_November_2010_v3_ACC.pdf

Department of Health. (2014). *Wellbeing and Longevity* [factsheet]. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277588/Well being_and_Longevity.pdf

Department of Health. (2015). *Future in Mind: Promoting, Protecting and Improving Our Children and Young People's Mental Health and Wellbeing*. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Chil drens_Mental_Health.pdf

Department of Health & Public Health England. (2016). *Improving the Physical Health of People with Mental Health Problems: Actions for Mental Health Nurses*. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/532253/JRA _Physical_Health_revised.pdf

Egan, Sir J. (2004). *The Egan Review: Skills for Sustainable Communities*. Office of the Deputy Prime Minister

Ekkekakis, P., Hall, E., Van Landuyt, L., *et al*. (2000). Walking in Affective Circles: Can Short Walks Enhance Affect? *Journal of Behavioral Medicine*, 23(3), 245-275

Foot, J. (2012). *What Makes Us Healthy? The Asset Approach in Practice: Evidence, Action, Evaluation.* Retrieved from http://www.assetbasedconsulting.co.uk/uploads/publications/WMUH.pdf

Foresight for Government Office for Science (2008). *Mental Capital and Well-being: Making the Most of Ourselves in the 21st Century*. Retrieved from www.foresight.gov.uk

Government Office for Science. (2008). *Mental Capital and Wellbeing: Making the most of ourselves in the 21st century. State-of-Science Review: SR-E24*. Retrieved from file:///C:/Users/Ben/Downloads/14.%20Mental%20Capital%20and%20Well%20being.pdf

Green, H., McGinnity, A., Meltzer, H., *et al*. (2005). *Mental Health of Children and Young People in Great Britain, 2004*. Basingstoke: Palgrave Macmillan

Grosvenor [website]. Retrieved from http://www.grosvenor.com/news-views-research/news/2016/barton-park-named-as-nhs-healthy-new-town/

Headspace [website]. Retrieved from https://www.headspace.com/headspace-meditation-app

HM Government. (2011). *No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages.* Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf

Kuo, F. (2001). Coping With Poverty: Impacts of Environment and Attention in the Inner City. *Environment and Behaviour,* 33: 5-34

London School of Economics. (2014). *Circles of Support and Personalisation: Exploring the Economic Case*. Retrieved from http://community-circles.co.uk/wp-content/uploads/2015/07/LSE-economics-research.pdf

Lyubomirsky, Sheldon & Schkade (2005). Pursuing Happiness: The Architecture of Sustainable Change. *Review of General Psychology*, 9(2), 111–131. Retrieved from http://sonjalyubomirsky.com/wp-content/themes/sonjalyubomirsky/papers/LSS2005.pdf

MacIntyre. Retrieved from http://www.macintyrecharity.org/about-us/

McManus, S., Meltzer, H., Brugha, T. *et al.* (2009). *Adult Psychiatric Morbidity in England, 2007: Results of a Household Survey.* NHS Information Centre for Health and Social Care

Meltzer, H., Bebbington, P., Brugha, T. *et al.* (2010) Job Insecurity, Socio-economic Circumstances and Depression. *Psychological Medicine*, 40(8): 1401–1407

Mental Health Foundation. 'Children and Young People'. Retrieved from https://www.mentalhealth.org.uk/a-to-z/c/children-and-young-people

Mental Health Foundation. 'How to Look After Your Mental Health Using Exercise.' Retrieved from https://www.mentalhealth.org.uk/publications/how-to-using-exercise

Mental Health Foundation. (2013). *Let's Get Physical: The Impact of Physical Activity on Wellbeing*. Retrieved from http://www.bhfactive.org.uk/userfiles/Documents/lets-get-physical-report.pdf

Mental Health Foundation. 'Suicide'. Retrieved from https://www.mentalhealth.org.uk/a-to-z/s/suicide

Milligan, C., Dowrick, C., Payne, S., et al. (2013). *Men's Sheds and Other Gendered Interventions for Older Men: Improving Health and Wellbeing Through Social Activity. A Systematic Review and Scoping of the Evidence Base,* p.3

Mind. *An Introduction to Ecotherapy*. Retrieved from http://www.mind.org.uk/information-support/drugs-and-treatments/ecotherapy/#.WK3CJfmLS00

Mind & the Mental Health Foundation (2013). *Building Resilient Communities*. Retrieved from https://www.mind.org.uk/media/343928/Report_-_Building_resilient_communities.pdf

New Economics Foundation. (2008). 'Five Ways to Wellbeing: The Evidence'. Retrieved from http://neweconomics.org/2008/10/five-ways-to-wellbeing-the-evidence/?lost=true&_sf_s=+projects+++five+ways+to+well+being?ctaId=+workplace+mental+health+at+work+taking+care+of+yourself+five+ways+to+wellbeing+slices+text+

New Economics Foundation. (2012). *The Wisdom of Prevention: Long-term Planning, Upstream Investment and Early Action to Prevent Harm*. Retrieved from http://b.3cdn.net/nefoundation/b8278023a5b025649f_5zm6i2btg.pdf

New Local Government Network (NLGN). (2016). *Get Well Soon: Reimagining Place-based Health. The Place-based Health Commission Report*. London: HLGN. Retrieved from http://www.nlgn.org.uk/public/wp-content/uploads/Get-Well-Soon_FINAL.pdf

NHS. *An Implementation Guide and Toolkit for Making Every Contact Count: Using every opportunity to achieve health and wellbeing*. Retrieved from https://www.england.nhs.uk/wp-content/uploads/2014/06/mecc-guid-booklet.pdf

NHS England. 'Barton Park'. Retrieved from https://www.england.nhs.uk/ourwork/innovation/healthy-new-towns/barton-park/

NHS England. 'NHS Chief announces plan to support ten healthy new towns' [press release, 1st March 2016]. Retrieved from https://www.england.nhs.uk/2016/03/hlthy-new-towns/

NICE. (2007). *Behaviour Change: General Approaches* (PH6). Retrieved from https://www.nice.org.uk/guidance/ph6/resources/behaviour-change-general-approaches-55457515717

NICE. (2013). *Social and Emotional Wellbeing for Children and Young People*. Retrieved from https://www.nice.org.uk/guidance/lgb12/resources/social-and-emotional-wellbeing-for-children-and-young-people-60521143067845

NICE. (2016). *Community Engagement: Improving Health and Wellbeing and Reducing Health Inequalities.* Retrieved from https://www.nice.org.uk/guidance/ng44/resources/community-engagement-improving-health-and-wellbeing-and-reducing-health-inequalities-1837452829381

Norris, F., Stevens, S., Pfefferbaum, B., *et al*. (2008). Community Resilience as a Metaphor, Theory, Set of Capacities and Strategy for Disaster Readiness. *American Journal of Community Psychology*, 41:127-150

North-West Bicester [website]. 'Bicester Part of NHS Healthy New Towns Initiative'. Retrieved from http://nwbicester.co.uk/2016/03/4167/

One Planet Action Plan: North West Bicester, p.22. Retrieved from http://www.bioregional.com/wp-content/uploads/2014/09/BioRegional-NW-Bicester-One-Planet-Action-Plan-2013-high-res.pdf

Oxford City Council. 'Background to Barton Healthy New Town.' Retrieved from https://www.oxford.gov.uk/info/20272/barton_healthy_new_town/1151/background_to_barton_healthy_new_town

Oxford Clinical Commissioning Group. 'Healthy New Towns: Barton Park.' Retrieved from http://www.oxfordshireccg.nhs.uk/wp-

Oxfordshire Sport and Physical Activity (OXSPA). Retrieved from http://www.oxspa.co.uk/active-body-healthy-mind/

Professional Players Federation and Sport and Recreation Alliance. (2015). 'Mental Health Charter for Sport and Recreation.' Retrieved from http://sramedia.s3.amazonaws.com/media/documents/Mental%20Health%20Charter%20for%20Sport%20and%20Recreation.pdf

Public Health England. (2015). *A Guide to Community-Centred Approaches for Health and Wellbeing*. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417515/A_guide_to_community-centred_approaches_for_health_and_wellbeing__full_report_.pdf

Public Health England (PHE) & Institute of Health Equity (IHE). (2014). *Local Action on Health Inequalities: Improving Access to Green Spaces*. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/357411/Review8_Green_spaces_health_inequalities.pdf

Rees, S. (2009). *Mental Ill Health in the Adult Single Homeless Population: A Review of the Literature.* London: Crisis and Public Health Resource Unit

Restore [website]. Retrieved from https://www.restore.org.uk/

Salmon, P. (2001). Effects of Physical Activity on Anxiety, Depression, and Sensitivity to Stress: A Unifying Theory. *Clinical Psychology Review*, 21(1), 33-61

Schaaf, R., Benevides, T., Mailloux, Z., *et al*. (2014). An Intervention for Sensory Difficulties in Children with Autism: A Randomized Trial. *Journal of Autism and Developmental Disorders,* 44:1493–1506

Scottish Government, Architecture and Design Scotland and NHS Health Scotland. 'Place Standard Tool'. Retrieved from http://www.placestandard.scot/#/home

TEDx. 'Cormac Russell: Sustainable Community Development: From What's Wrong to What's Strong.' Retrieved from https://www.youtube.com/watch?v=a5xR4QB1ADw

The Asset-Based Community Development Institute. *What is Asset Based Community Development (ABCD)*. Retrieved from http://www.abcdinstitute.org/docs/What%20isAssetBasedCommunityDevelopment(1).pdf

The Barrow Cadbury Trust. Retrieved from https://www.barrowcadbury.org.uk/

The Conservation Volunteers. 'Green Gym – Exercise to Make a Difference.' Retrieved from http://www.tcv.org.uk/greengym

The Great Outdoor Gym Company. Retrieved from http://www.tgogc.com/TGO-Story.html

The Kings Fund. (2015). *Place-based Systems of Care: A Way Forward for the NHS in England*. Retrieved from https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Place-based-systems-of-care-Kings-Fund-Nov-2015_0.pdf

The Kings Fund. (2015a). *Mental health under pressure: Briefing*, p.1. Retrieved from https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/mental-health-under-pressure-nov15_0.pdf

The Scottish Government, Architecture and Design Scotland & NHS Health Scotland. 'Place Standard Tool.' Retrieved from http://www.placestandard.scot/#/home

The Wildlife Trust. 'A Natural Health Service' [blog post, 5 December 2016]. Retrieved from https://www.wildlifetrusts.org/blog/thewildlifetrustsblogger/2016/12/05/natural-health-service

Think Local Act Personal. (2014). *Working Together for Personalised, Community-Based Care and Support: A Partnership Agreement*. Retrieved from http://www.thinklocalactpersonal.org.uk/_assets/Homepage/PartnershipAgreement_final_2_June.pdf

Think Local Act Personal (TLAP) & Public Health England (PHE). (2014). *Developing the Power of Strong, Inclusive Communities*. Retrieved from http://www.thinklocalactpersonal.org.uk/_assets/Resources/BCC/Report/TLAP_Developing_the_Power_Brochure_FINAL.pdf

Thompson-Coon, J., Boddy, K., Stein, R., *et al*. (2011). Does Participating in Physical Activity in Outdoor Natural Environments Have a Greater Effect on Physical and Mental Wellbeing than Physical Activity Indoors? A Systematic Review**.** *Environmental Science & Technology*, 45(5), 1761-1772

UK Men's Sheds Association. Retrieved from http://menssheds.org.uk/

World Health Organization. (2006). 'Mental health and older adults' [factsheet]. Retrieved from http://www.who.int/mediacentre/factsheets/fs381/en/

World Health Organization. (2008). *Integrated Health Services – What and Why? (Technical Brief No1.)*. Retrieved from http://www.who.int/healthsystems/technical_brief_final.pdf

World Health Organization Europe. (2009). *Mental Health, Resilience and Inequalities. The Mental Health Foundation and World Health Organization (WHO) Europe*. Retrieved from www.euro.who.int/document/e92227.pdf

World Health Organization. (2013). *Investing in Mental Health: Evidence for Action*. Retrieved from http://apps.who.int/iris/bitstream/10665/87232/1/9789241564618_eng.pdf

Young Foundation. (2012). *Adapting to Change: The Role of Community Resilience*. Retrieved from http://youngfoundation.org/wp-content/uploads/2012/10/Adapting-to-ChangeOctober-2012.pdf

Young Minds [website]. Retrieved from http://www.youngminds.org.uk/about/whats_the_problem

Zschucke, E., Gaudlitz, K. & Strohle, A. (2013). Exercise and Physical Activity in Mental Disorders: Clinical and Experimental Evidence. *Journal of Preventative Medicine and Public Health*, 46(1), 512-521