

Public Mental Health Learning Community Launch Event

Welcome, and thank you for joining today's event!
We will start at 12:00

Our speakers today include:



Tom Ayers
Director |
National Collaborating
Centre for Mental
Health (NCCMH)



Dr Peter Byrne
Director | Public Mental
Health Implementation
Centre (PMHIC)



Professor Subodh Dave
Dean |
Royal College
of Psychiatrists



Dr Claire Gillvray
Lifestyle Medicine
Lead | Cambridgeshire
and Peterborough
NHS Foundation Trust



Ruth Ferguson
Lead Educational
Psychologist, Service
Lead | Brighter Futures



Oliver Chantler
Head of Policy and
Public Affairs | Mental
Health Foundation

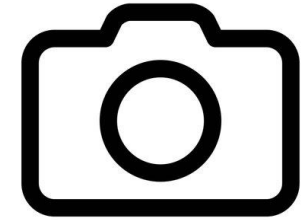
Housekeeping points before we get started



Recording the session



If not speaking, please mute

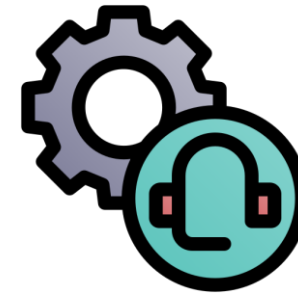


Camera on please,
if comfortable to



Please ask Questions

- Raise your hand
- Use the chat function



Tech issues, please contact
public.MH@rcpsych.ac.uk

Shared principles



Listen with respect and openness

We seek to value learning from different people and stay open to new ways of doing things.



Confidentiality

People may share something they wish to be kept confidential. We require everyone's agreement not to share anyone's information without their permission.



Collaborate

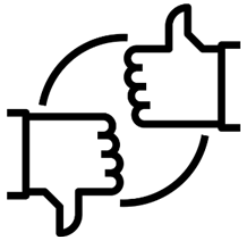
We seek to make decisions by consensus. Everyone's input is **equally** valued.

Shared principles



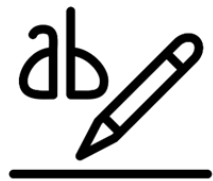
Contribute

We seek to share ideas, ask questions and contribute to discussions. We can also choose not participate at any stage.



Disagree with the point - not the person

We seek to resolve conflicts and tensions.



Use plain language

We seek first to understand, then to be understood. If possible, avoid using jargon and explain acronyms if they must be used.

PMH Learning Community

- Public Mental Health Leadership Certification Course
- Purpose and aims of the learning community:
 - to create connections and shared learning across people working to implement public mental health interventions across the UK
 - to increase the capacity to implement PMH interventions across the UK
 - to increase the implementation of PMH interventions

PMH Learning Community: format

- Interactive and a catalyst for networking and discussion
- Format:
 - 10 virtual sessions a year (monthly except August and December)
 - 5 learning sets (2 or 3 people showcasing their PMH projects and initiatives)
 - 5 workshops (2 or 3 people bringing challenges or requests for help to the community)
- Attendees: **Anyone involved in public mental health work in the UK**
- We have invited:
 - PMH Leadership Course attendees
 - Suicide prevention community members
 - ICBs
 - PMHIC network
 - PMHIC Advisory Board members
 - Other College members with interest in PMH
 - Healthcare and Public Health professionals

Today's agenda

Time	Speaker	Affiliation	Topic
12:00-12:10	Tom Ayers	Director National Collaborating Centre for Mental Health (NCCMH)	Welcome and introductions
12:10-12:20	Dr Peter Byrne	Clinical and Strategic Director Public Mental Health Implementation Centre (PMHIC)	Importance of Public Mental Health
12:20-12:30	Professor Subodh Dave	Dean Royal College of Psychiatrists	PMH Learning Community: setting the scene
12:30-12:55	Dr Claire Gillvray	Lifestyle Medicine Lead Cambridge and Peterborough University Hospital NHS Foundation Trust	Public Mental Health in CPFT and our Lifestyle Medicine Lead role
12:55-13:05	Break (10min)		
13:05-13:30	Ruth Ferguson	Lead Educational Psychologist, Service Lead Brighter Futures	Introducing the Nurture Outreach Service in Bath and North-East Somerset
13:30-13:55	Oliver Chantler	Head of Policy & Public Affairs Mental Health Foundation	Planning for Prevention: Unlocking the potential of Integrated Care Systems to create a mentally healthy society
13:55-14:00	Tom Ayers		Thank you and close

Importance of Public Mental Health

Dr Peter Byrne

Clinical and Strategic Director | Public Mental
Health Implementation Centre (PMHIC)

Importance of Public Mental Health

- Population approach
- Addresses the implementation gap
- Targets inequalities within higher risk groups
- Coordinated approaches
- Involvement of people and organisations

Public Mental Health Learning Community: setting the scene

Professor Subodh Dave

Dean | Royal College of Psychiatrists

Public Mental Health in CPFT & our Lifestyle Medicine Lead role

Dr Claire Gillvray

Lifestyle Medicine Lead | Cambridgeshire and Peterborough NHS Foundation Trust

Claire.Gillvray@nhs.net



Public Mental Health in CPFT & our Lifestyle Medicine Lead role

Dr Claire Gillvray, Lifestyle Medicine Lead, Cambridgeshire & Peterborough NHS FT

Claire.Gillvray@nhs.net

How do we address health inequalities in Cambridgeshire & Peterborough?

- Recruited a Public Health consultant as part of the Community MH Transformation
- Producing a MH Needs Assessment

The screenshot shows the homepage of the 'Cambridgeshire & Peterborough Insight' website. At the top, there is a navigation bar with links: 'All Themes', 'Data Tools', 'Document Library', 'Open Data Portal', 'Help', 'Census 2021', 'A-Z Page Listing', and 'News'. Below the navigation bar is a header section with the title 'Welcome to Cambridgeshire & Peterborough Insight' and a brief description of the site as a shared research knowledge base. A row of six blue tiles with icons represents different themes: 'Ageing People and Health', 'Crime and Community Safety', 'Deprivation', 'Economy', 'Climate Change and Environment', and 'Health and Social Care'. Below this is a large image of a railway station platform. To the left of the image is a 'JSNA' (Joint Strategic Needs Assessment) section with a plus icon and a 'View reports' button. To the right is a 'Quick Ward Profile' section with a search bar and a map of the region. At the bottom, there is a 'By Popular Products' section with three tiles: 'Housing Estimates / Forecasts', 'JSNA', and 'Community Safety Partnerships'. Each tile has a 'Click to view this theme' link and a small icon.

Cambridgeshire & Peterborough
INSIGHT

All Themes Data Tools Document Library Open Data Portal Help Census 2021 A-Z Page Listing News

Welcome to Cambridgeshire & Peterborough Insight

Cambridgeshire and Peterborough Insight is a shared research knowledge base for the area. It allows users an easy way to access and share information and research for deeper insights about their local area.

Find all our information by theme. The 'Quick Profiles' tool below provides an overview report for wards within Cambridgeshire and Peterborough across all themes. To view more detailed profiles for the Cambridgeshire and Peterborough area, click on the 'Interactive Reports' options or alternatively, select **Data Tools** on our main menu.

Ageing People and Health Crime and Community Safety Deprivation Economy Climate Change and Environment Health and Social Care

JSNA

Find out about the health and wellbeing of local communities through our published Joint Strategic Needs Assessment

[View reports](#)

Quick Ward Profile

Enter a post code or click on a ward on the map below to view profile

Search by postcode

By Popular Products

Housing Estimates / Forecasts JSNA Community Safety Partnerships

[Click to view this theme](#) [Click to view this theme](#) [Click to view this theme](#)

Strategic Housing Market Assessment (SHMA) Interactive Deprivation Map Census 2021



Local Voice to a Lifestyle Medicine Lead Role

- Our community MH transformation was an investment in joining things up and filling in gaps
 - Primary Care - Secondary Care
 - Clinical Care - Community Support
- We made community engagement part of business as usual
- We listened to what local people told us supported their mental health
 - Aligned this to the BSLM's pillars

Introducing Lifestyle Medicine & the BSLM

- Lifestyle Medicine is an evidence-based discipline which aims to support people to prevent, manage and reverse certain chronic conditions, using supported behaviour change skills and techniques to create, and sustain lifestyle changes.
- In the UK, the leading organisation is the British Society for Lifestyle Medicine (BSLM)





Embedding Lifestyle Medicine in MH Care

Assessment

ensuring when we assess someone's mental health at any point in the system we are asking questions about the pillars of lifestyle medicine and seeing the significance of these to their current mental health

Education

bringing the scientific evidence base behind the lifestyle medicine principles to those delivering mental health services but also to those in care, to empower them to understand the value of these approaches

Intervention

looking at how we can support behaviour change, when appropriate, across any of the pillars

Opportunity

supporting people to engage in activity relating to the six pillars of lifestyle medicine, in collaboration with the H.A.Y. Community Engagement team

Understanding

evaluating both implementation & impact measures of embedding lifestyle medicine principles into clinical care

where do we record lifestyle medicine data in clinical notes?



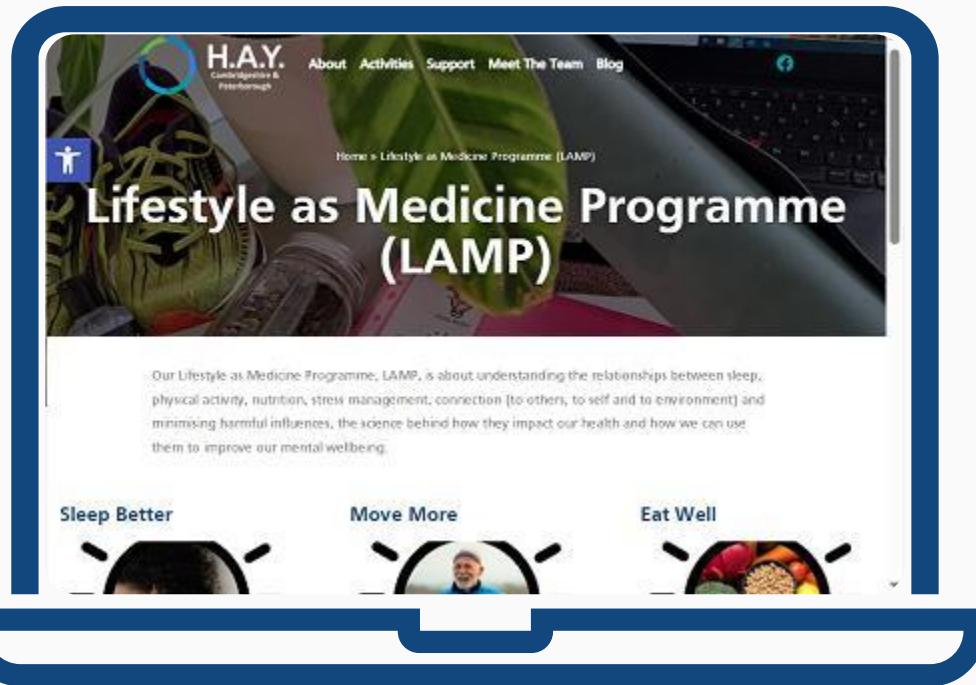
LAMP: Lifestyle as Medicine Programme

Understanding the relationships between sleep, physical activity, nutrition, stress management, connection (to others, to self & to environment) and minimising harmful influences, the science behind how they impact our health and how we can use them to improve our mental wellbeing.

Coproducing LAMP with inpatients – pillar SPARKS

- | | |
|--------------------------|--|
| S Start | How we do feel about this topic at the start? |
| P Proof | What does the scientific evidence tell us about how this pillar supports our health? |
| A Action | What ideas can we try? What helps others? |
| R Relate | How does this pillar relate to the others? Can we use the relationships to support change? |
| K Knowledge | What insights can inspire behaviour change goals? |
| S Self-Reflection | What supports us as an individual? |





We listen to patient feedback to continually refine and develop LAMP

‘All been really useful, especially sleep and movement sessions’

‘Really good that it was run by a GP as she was very knowledgeable about the topics’

‘Helpful to be given... information to take away, like help sheets and resources for us to keep after the groups’



Next Steps?

- Exploring next patient group to support with F2F LAMP programme
- Upskilling staff to embed Lifestyle Medicine principles in their care
- Supporting Integrated Neighbourhood working & primary care colleagues
- Digital development of an interactive LAMP app





Questions?

Please contact Claire by email at:

Claire.Gillvray@nhs.net



Questions from the audience



Brighter Futures

Nurture Outreach Service

Ruth Ferguson

Lead Educational and Child Psychologist

Brighter Futures Nurture Outreach Service

Ruth Fergusson, Lead Educational and Child Psychologist

Context and history

Brighter Futures is a consultancy delivering specialist educational support services to children, colleges, nurseries, parent groups, and allied professionals in Bath, Bristol and beyond. We offer assessments, therapeutic interventions and support programmes for children and teenagers, professional development and consultancy for staff, as well as advice for parents and carers. We employ over thirty staff including educational psychologists, therapists and specialist education consultants.

In 2013 Bath and North East Somerset (BANES) authority commissioned Brighter Futures to deliver a mental health support service for Reception-aged children (4-5 years) at risk of permanent exclusion from school. The Nurture Outreach Service (NOS) was developed in line with a range of DfE priorities. It aims to sustain school placements and reduce the impact of mental health difficulties in young children in education settings.

In 2022 the St Johns Foundation in Bath funded Brighter Futures to extend its Nurture Outreach offer into pre-school settings, working with similar cohorts of children aged 2-4 years

National priorities

DfE (2023)

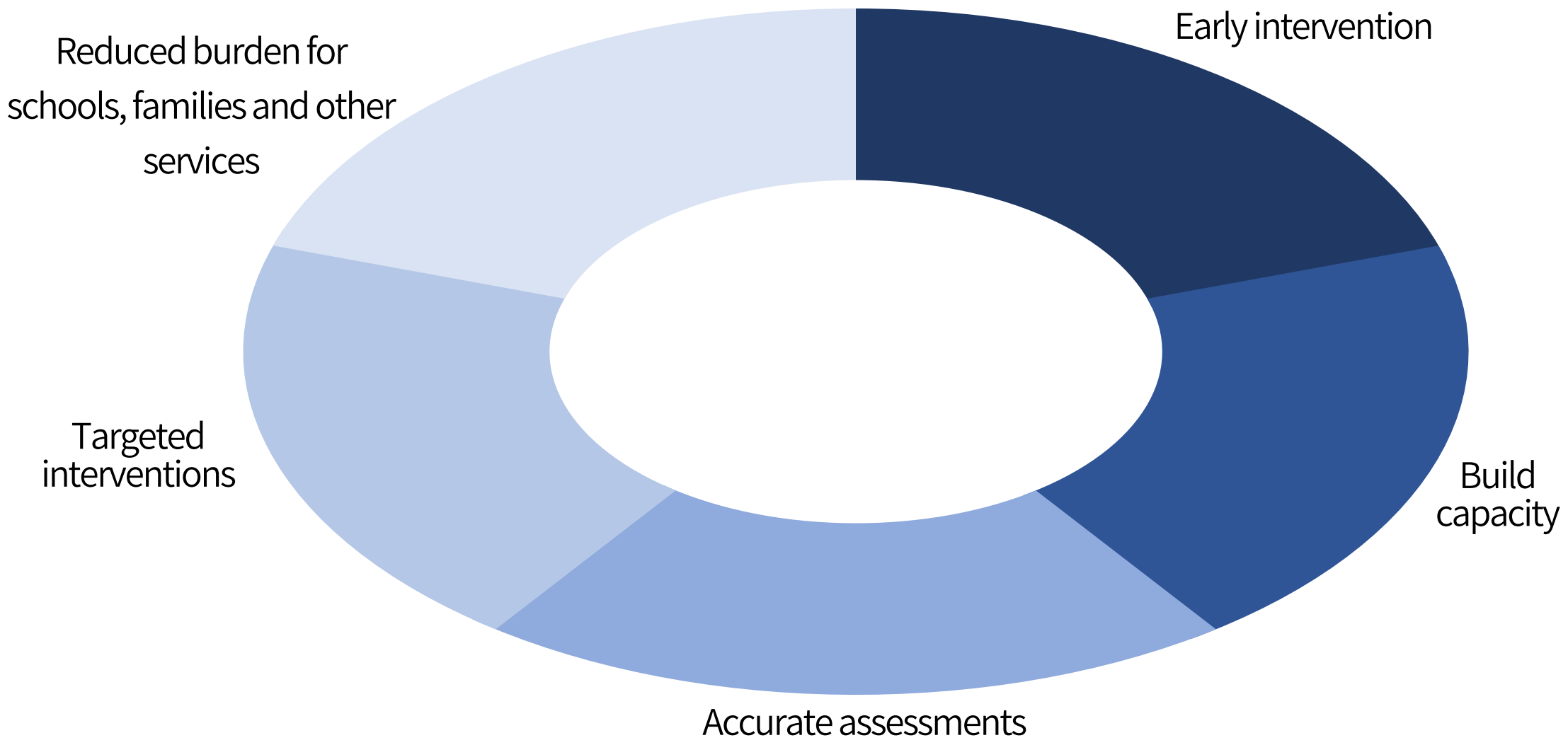
- Support the most disadvantaged and vulnerable children and young people through high-quality local services so that no one is left behind (key metrics include attendance rates for FSM, PP(+), ChIN, LAC and EHCP)
- Challenge the vicious cycle of late intervention, low confidence and inefficient resource allocation that drives the challenges plaguing the system

Local Priorities – 2022/3

- 37% of children referred for Early Years special educational needs (SEN) funding in 2021-22 were primarily referred due to social, emotional and mental health (SEMH) needs. The Local Authority is anticipating similar levels of need in 2023-24 data
- 50% increase in special educational needs support for social, emotional and mental health since 2019
- 128% increase in Education, Health and Care plans since 2016
- 40% of children did not achieve the expected standard in Reading, Writing and Maths at age 7

Aims of the Nurture Outreach Service

- Early identification/intervention - timely and effective support, locally, as early as possible in their lives, and early in the onset of difficulty
- To support schools to understand the needs of children with complex behavioural and emotional difficulties in order that their placements are sustained in mainstream schools
 - To reduce the number of EHCPs
- To develop capacity in schools by increasing staff skills and confidence to meet the needs of children with complex behaviour and emotional difficulties through direct work, modelling, supervision and training
- To work across all systems, statutory and voluntary, to join up provision/share understanding/share language around children with complex SEMH needs



Our approach

- Perry's Neurosequential Model in Education –
Regulate, Relate, Reason
- Thrive - individual assessment and intervention
programme informed by attachment theory and
neuroscience
 - Shared understanding of the impact of
developmental trauma and of trauma-informed
practice with staff supporting individual children,
between staff within school, within schools/external
support services in order to communicate effectively
about the child's presenting needs
- Self-awareness and self-regulation in all adults who
support complex children



Service Model

Children referred by pre-school settings. ACEs, PP, LAC/PLAC/Adopted, FSM, other

- NOS provision triaged via local authority panel and allocated in collaboration with NOS Lead. All schools receive top-up allocation facilitating additional adult support
- Children are visited at pre-school, then weekly in school. Teaching teams are supported to implement Thrive, which ultimately aims to facilitate right-time social, emotional and cognitive learning opportunities via
 - 1:1 work, modelling, classroom tools/provision, staff deployment, staff/senior leadership supervision, consultation with parents, consultation with other services (often health, social care, community services)



The most expensive public health issue in the world is traumatised kids

Bessel van der Kolk, September 2024





Questions from the audience

Planning for Prevention

Unlocking the potential of Integrated Care Systems to create a mentally healthy society

Oliver Chantler

Head of Policy & Public Affairs | Mental Health Foundation

PLANNING FOR PREVENTION

Unlocking the potential of Integrated Care
Systems to create a mentally healthy society

Oliver Chantler
Head of Policy & Public Affairs
Mental Health Foundation



**MENTAL
HEALTH**
FOUNDATION

PLANNING FOR PREVENTION

Unlocking the potential of
Integrated Care Systems to create
a mentally healthy society



September 2024

Authors

Oliver Chantler, Head of Policy & Public Affairs

Dr David Crepaz-Keay, Head of Research

Dr Alison Faulkner, Research Consultant

Sarah Jowett, Research Officer

Dr Nina Lutz, Senior Research Officer

Lucy Thorpe, Policy & Public Affairs Consultant

Jade Yap, former Senior Evaluation Officer

Findings

We identified:

- Six plans (14%) as being excellent
- Eight (19%) as being poor.
- The majority – 28 (67%) – had good features but either did not constitute a detailed plan or were limited in the population groups they sought to support.

In relation to the Foundation's priority population groups, we found that:

- **every** Joint Forward Plan includes at least some content on improving the mental health of children and young people;
- **37 (88%)** spoke about supporting vulnerable families;
- **20 (48%)** spoke about supporting people with long-term conditions;
- **only 11 (26%)** spoke about supporting the mental health of asylum seekers; and
- **only 6 (14%)** spoke about all four of these at-risk groups.

Recommendations

1. ICSs should develop rigorous plans on public mental health
2. Better sharing of effective practice
3. ICSs need a stronger focus on minoritised communities
4. Central government must create a new public mental health infrastructure
5. Central government must increase funding for prevention
6. Better collaborative working between the centre and ICSs
7. Mental health and wellbeing policy and spending impact assessment
8. An increased focus on children and young people
9. A national cross-departmental inequalities strategy
10. Action to address wider systemic issues

Recommendations

ICSs should develop rigorous plans on public mental health

Plans should explicitly talk about public mental health and make this central to their strategic approach and mental health-related practice. Their plans should commit to well-evidenced programmatic work and embedding a trauma-informed approach across the system. They should be informed by and responsive to community needs, especially for those most at risk of poor mental health. Delivery of these plans must be supported by sufficient, long-term funding from central government.

Recommendations

Better sharing of effective practice

As public mental health work in ICSs develops, it will be critical for ICSs to share information about what is working most effectively in their areas. NHS England (NHSE), the Department of Health and Social Care (DHSC), the Ministry of Housing, Communities and Local Government, other central government departments, the Local Government Association, the Association of Directors of Public Health, the NHS Confederation and others should consider how they can facilitate effective sharing of good practice.

Recommendations

Central government must create a new public mental health infrastructure

System level	Component	Status
Central government	Funding to local systems for prevention	Public health grant (which covers mental and physical health) cut by £1bn since 2015 ^{xxi}
	Accountability framework	Not in place
	National leadership, expertise and capacity on public mental health	Significantly reduced
	Cross-government plan to tackle social determinants of mental health	Abandoned
	Access to public mental health training	Minimal
	Specific, ring-fenced funding for ICSs for the prevention of mental health problems	Non-existent
	Specifically funded support for children and young people	Partial – for example, through Mental Health Support Teams and family hubs
	Government-funded research into the most effective public mental health interventions	Minimal
Integrated care systems	Targeted, evidence-based programmes in place for those most in need	Minimal
	Local efforts to tackle the determinants of poor mental health	Partial
	NHS using its status as an anchor institution to address health inequalities	Partial

Recommendations

Central government must increase funding for prevention

Long-term funding is needed for public mental health work. The government should introduce a full national needs assessment of the implementation gap in public mental health, and ensure funding is in place to deliver the work needed to address this. Part of this will involve the restoration of the public health grant to at least the 2015 level.

As the Hewitt Review (2023) recommends, this requires a shift in resources; we support the review's proposal that the share of total NHS budgets at ICS level going towards prevention should be increased by at least 1 per cent over the next five years. This requires national funding support.

A shift towards investment in prevention is unlikely to be effective without change from the Treasury. One example of how this could be done is Demos' call for a new category within Departmental Expenditure Limits – Preventative Departmental Expenditure Limits – which has the potential to rebalance the way we consider expenditure as a country and allow us to take longer-term decisions.

Recommendations

Action to address wider systemic issues

System leaders have a strong desire to move towards greater integration and a preventative model, but issues around funding, social care delivery, workforce and capital are holding them back. To help enable the move to more preventative work, the government must address these wider challenges facing the NHS and local authorities.

Recommendations

Improve the evidence base

The report also sets out recommendations for further research that the government should undertake to support this work, including research that improves the evidence base on public mental health interventions and quantifies the current resource allocation for such interventions, and promotes a better understanding of mental health inequalities and levels of need.



Questions from the audience

Thank you and closing remarks

Tom Ayers

Director | National Collaborating Centre for
Mental Health (NCCMH)

Feedback

We value your feedback as this helps us to continue to improve our events and ensure topics covered are meaningful and relevant to you.

Please use the QR code to access the online form.

PMH Learning Community Launch:
Post-event feedback survey

