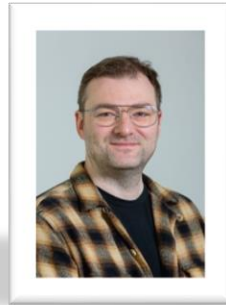


Public Mental Health Learning Community Learning Set

Welcome, and thank you for joining today's event!
We will start at 14:00

Our speakers today include:



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



Geraldine Strathdee CBE OBE
Hon FRCPsych



Dr Jenny Shand
Associate Professor of Health Services
and Population Research | UCL
Director | NIHR Rapid Service
Evaluation Team (RSET)

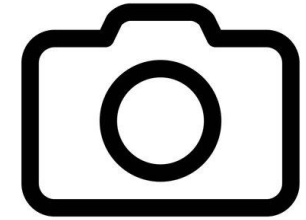
Housekeeping points before we get started



Recording the session



If not speaking, please mute

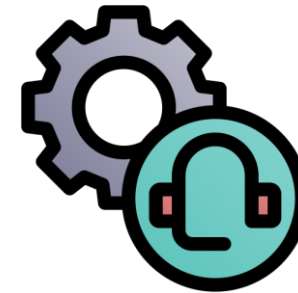


Camera on please,
if comfortable to



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

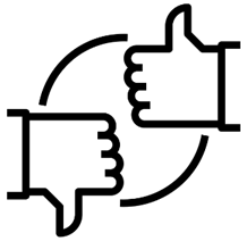
We seek to make decisions by consensus. Everyone's input is **equally** valued.

Shared principles



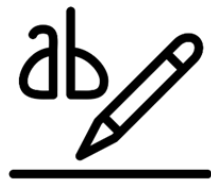
Contribute

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.

Today's agenda

Time	Speaker	Affiliation	Topic
14:00-14:10	Tom Ayers	Director National Collaborating Centre for Mental Health (NCCMH)	Welcome and introductions
14:10-14:55	Dr Jenny Shand	Associate Professor of Health Services and Population Research UCL Director NIHR Rapid Service Evaluation Team (RSET)	Building capacity for Public Mental Health Research through MH-ALL Followed by Q&A
14:55-15:00	Break (5min)		
15:00-15:55	Geraldine Strathdee CBE OBE Hon FRCPsych		Using Data to Understand Public Mental Health Towards ACTION Followed by Q&A
15:55-16:00	Tom Ayers		Thank you and closing remarks

Building Capacity for Public Mental Health Research through MH-ALL

Dr Jenny Shand

Associate Professor of Health Services and
Population Research | UCL

Director | NIHR Rapid Service Evaluation Team
(RSET)

Building capacity for public mental health research through MH-ALL

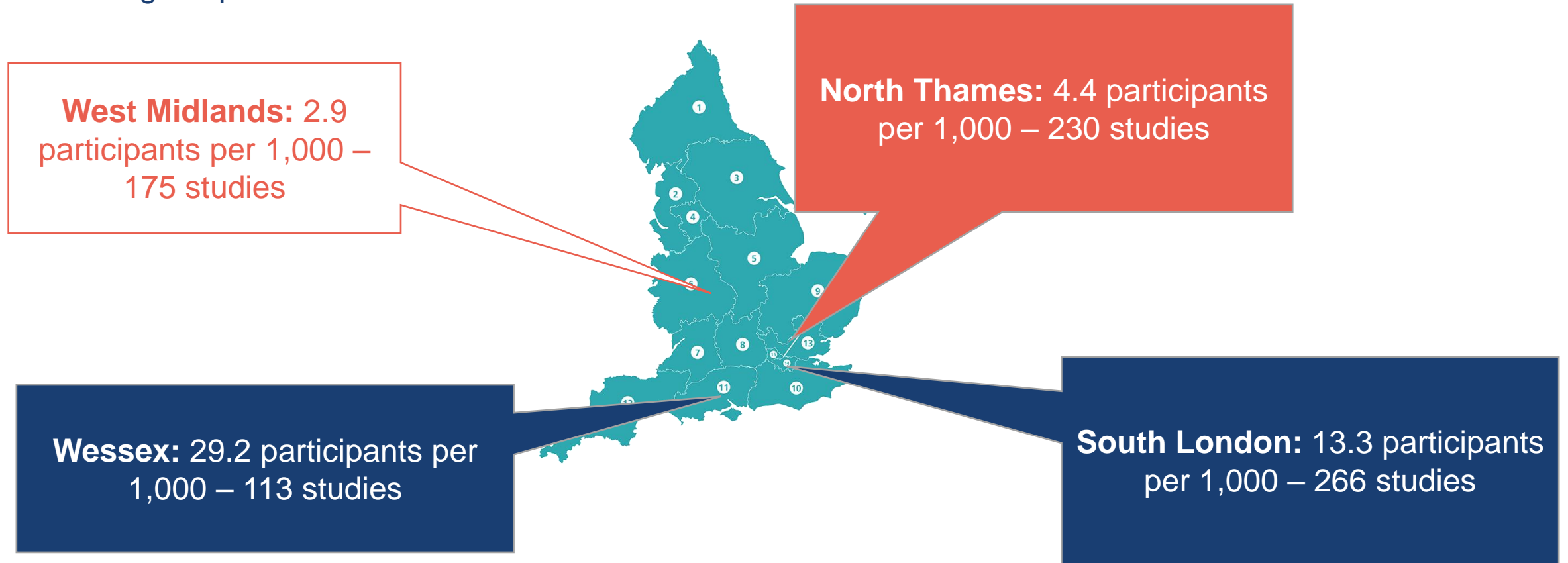
Dr Jenny Shand

Thursday 17th October 2024



Why?

Number of participants recruited between 19/20 and 23/24 to mental health studies split by Local Clinical Research Network. Number of studies represents the number of studies that recruited during the period



Why?

Research engagement by healthcare organisations and staff is likely to have a positive impact on patient outcomes and processes of care

Boaz A, Goodenough B, Hanney S, Soper B. If health organisations and staff engage in research, does healthcare improve? Strengthening the evidence base through systematic reviews. Health Res Policy Syst. 2024 Aug 19;22(1):113. doi: 10.1186/s12961-024-01187-7. PMID: 39160553; PMCID: PMC11331621.



MH-ALL: Mental Health Research for ALL

Aim

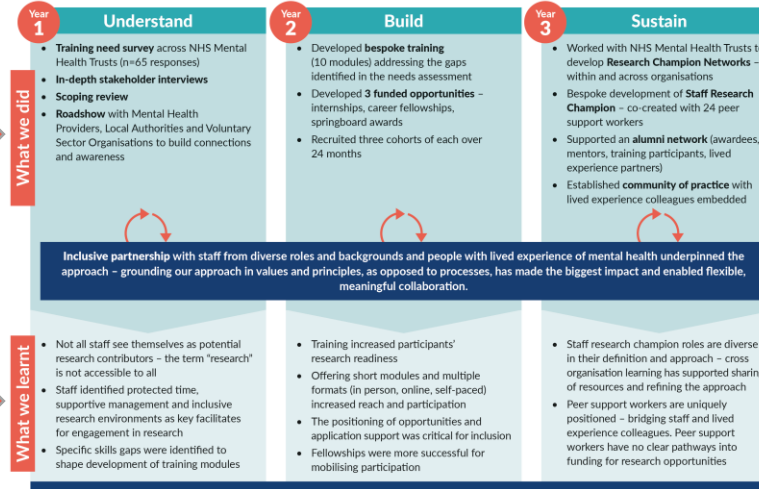
To tackle the barriers to mental health research participation for staff and communities, to increase the amount of mental health research taking place and improve diversity of participation in parts of East London and Essex.

Background

Evidence shows that communities living in some of the most disadvantaged areas of England have some of the highest numbers of people affected by poor mental health. However, they are also less likely to use mental health services, have poorer access to high-quality care, and are underrepresented in mental health research. Staff who work in mental health are also unequally represented, and there is a need to improve research opportunities for allied health and community staff.

What we did

What we learnt



Impact



This work was a three year programme funded by the Department of Health and Social Care (DHSC), October 2021-2024. The programme has been expanded and will continue to March 2026.



Impact

35 awardees



Sedina Lewis *is searching*

for data-driven approaches
to children and young
people's mental health



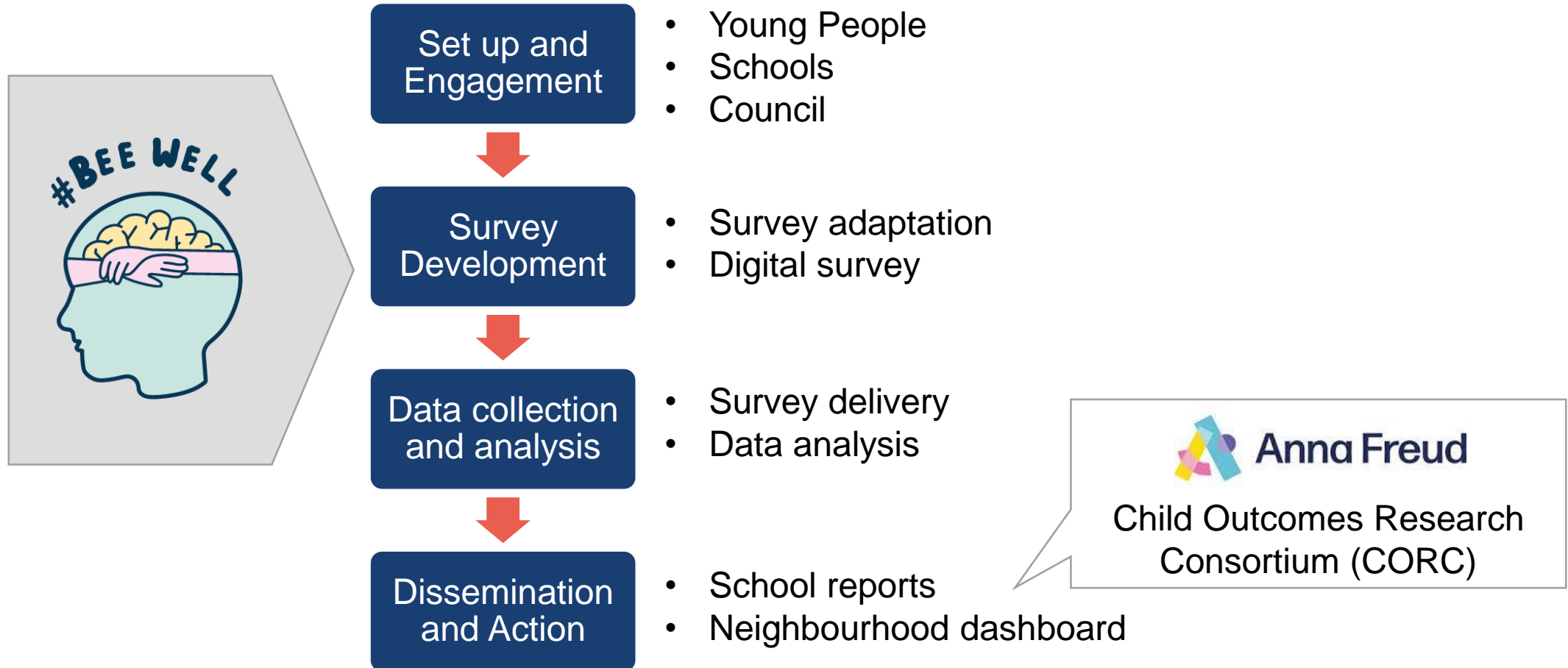
Public Health Specialist,
London Borough of Havering

"Being part of the internship made such a big difference in providing that space for me to actually think about research and my own personal development and my research skills."

*Research
intern*

- Offered one day of protected time for research at Havering Borough Council;
- Initiated work based research group;
- Exploring PhD options

Youth Census Survey in Havering



Youth Census Survey in Havering

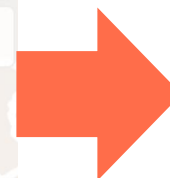
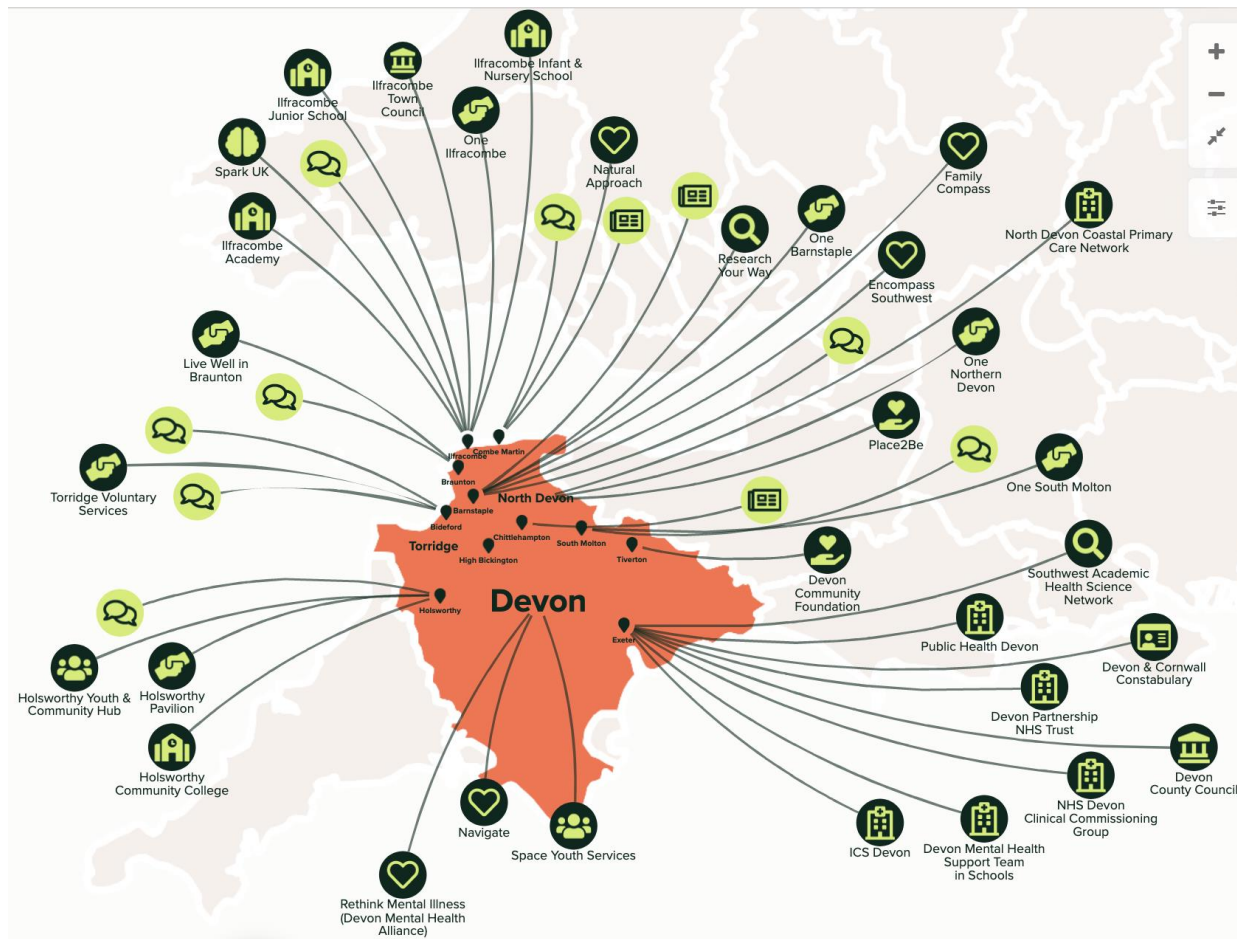
A total of **10** schools took part in the Havering Youth Wellbeing Census during June and July 2023.

2,287 students across year groups 8 and 10, representing **36%** coverage of the target demographic.



<https://www.haveringdata.net/youth-wellbeing-census/>

Kailo



- Diverse employment opportunities;
- Fostering identify and belonging;
- Social relationships supporting mental health literacy



- Violence and safety;
- Diverse range of positive activities.



OPEN LETTER

Kailo: a systemic approach to addressing the social determinants of young people's mental health and wellbeing at the local level [version 1; peer review: 3 approved, 1 approved with reservations]

Tim Hobbs¹, Ediane Santana De Lima ¹, Dickon Bevington², Cristina Preece¹, Kate Allen ³, Pia Barna⁴, Vashti Berry³, Thomas Booker⁵, Karuna Davies ⁵, George Davis¹, Jessica Deighton², Leanne Freeman¹, Peter Fuggle², Ellen Goddard¹, Tamsin Greene Barker ⁵, Julie Harris¹, Amy Heather ³, Mary-France Jardiel⁴, Krishna Joshi², Megan Keenan¹, Laura Kennedy⁵, Tamanna Malhotra³, Anna March³, Steve Pilling⁵, Martin Pitt³, Katie Potter¹, Nirandee Rehill⁴, Jenny Shand ⁴, Rachel Surtees⁴, Peter Fonagy ⁵

¹Dartington Service Design Lab, Buckfastleigh, England, TQ11 0EE, UK

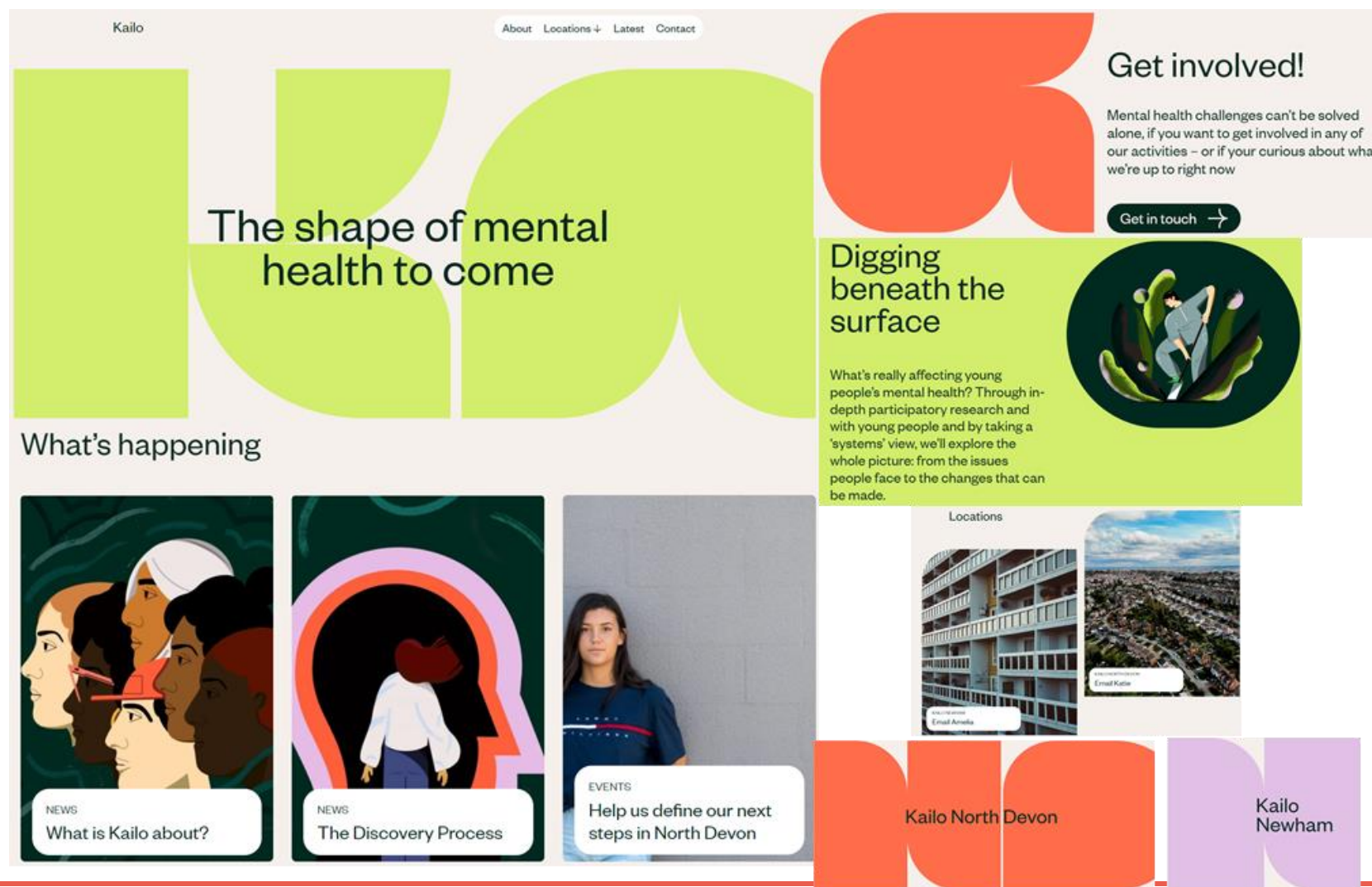
²Anna Freud Centre, London, England, N1 9JH, UK

³University of Exeter, Exeter, England, EX4 4PY, UK

⁴UCLPartners, London, W1T 7HA, UK

⁵Research Department of Clinical, Educational and Health Psychology, University College London, London, England, WC1E 6BT, UK

<https://kailo.community/>



The next phase of MH-ALL

AIM: To maintain and expand momentum across NT to further enhance MH research capacity across diverse staff groups, creating fresh approaches through improving access and enhancing the diversity of those **conducting research**, with a view to improving access and diversity of those **participating in research**.

Objectives

1. To scale and spread reach of MH specific ARC-NT Academy **training**, to build research capability.
2. To fund further cohorts of MH **fellows**, to build research capacity and create research paths for diverse staff roles.
3. To design and deliver a bespoke programme for **Peer Support Workers**, who are uniquely placed to ensure research is accessible and meets population needs.

Training – Expanding our reach

Pathways into research and developing research ideas for funding

Training for Staff Research Champions

Public and Patient Involvement and Engagement (PPIE) in research

Radical ethics in MH research

Cultivating a research culture within organisations



In person – East London and Essex



On-line - live



Online - Self-paced courses

Fellows: Career Development Fellowships

AIMS

- To develop research skills
- To create a funding application for a research project

All staff groups (6)

Priority to East London and Essex applicants

Basic research understanding and experience required

In person attendance required

Peer Support Workers (10)

National applicants

No prior research experience required

Online with two in-person events in London

THANK YOU!





Questions from the audience

Using Data to Understand Public Mental Health Towards ACTION

Geraldine Stratthdee CBE OBE Hon FRCPsych

Using Data and Information to understand public mental healthtowards action

Geraldine Strathee CBE,
OBE, Hon FRCPsych.

This session

1. Your leadership, value, aims and outcomes

2. Data and information & the Rapid Review insights

3. Learning from population & public health programmes and innovative Case studies

Discussion

Your Leadership 2 minute reflection


Who are you

What are your values

What really matters to you personally and professionally & why

What would your 'excellent' population /public health 'system service look like' for you, your family, your community

What do you most want to change in this role



Your Data and Information

What information do you need

What do you know about the levels of 'need' , benchmark standards, effective interventions case studies etc.

Is your 'data' mapped by person pathway or by organizations and systems

Is your design based on 'end user' voices and communities of interest

Learning from 4 decades seeking population health, prevention & optimal equitable outcomes : what worked & what didn't

Early life learning: living with violence, inequalities, lack of access to information, education, employment

Clinical 'borough': reducing suicide rate from double to below expected & population collaborations

London Strategic Health Authority MH MD: 1st mapping MH need, identifiable causes and prevention opportunities, improving standards & accessible information across networks

National PHE clinical lead developing MH intelligence network for Local Authorities & CCGs & JSNA stds; mapping identifiable prevention causes, levels of need, levels of access to effective therapies, outcomes, cost predictions

NCD NHSE & NHIS: promoting commissioning standards for evidence based holistic treatments

CQC Regulatory standards for Public sector Equalities duty information in all providers in all sectors

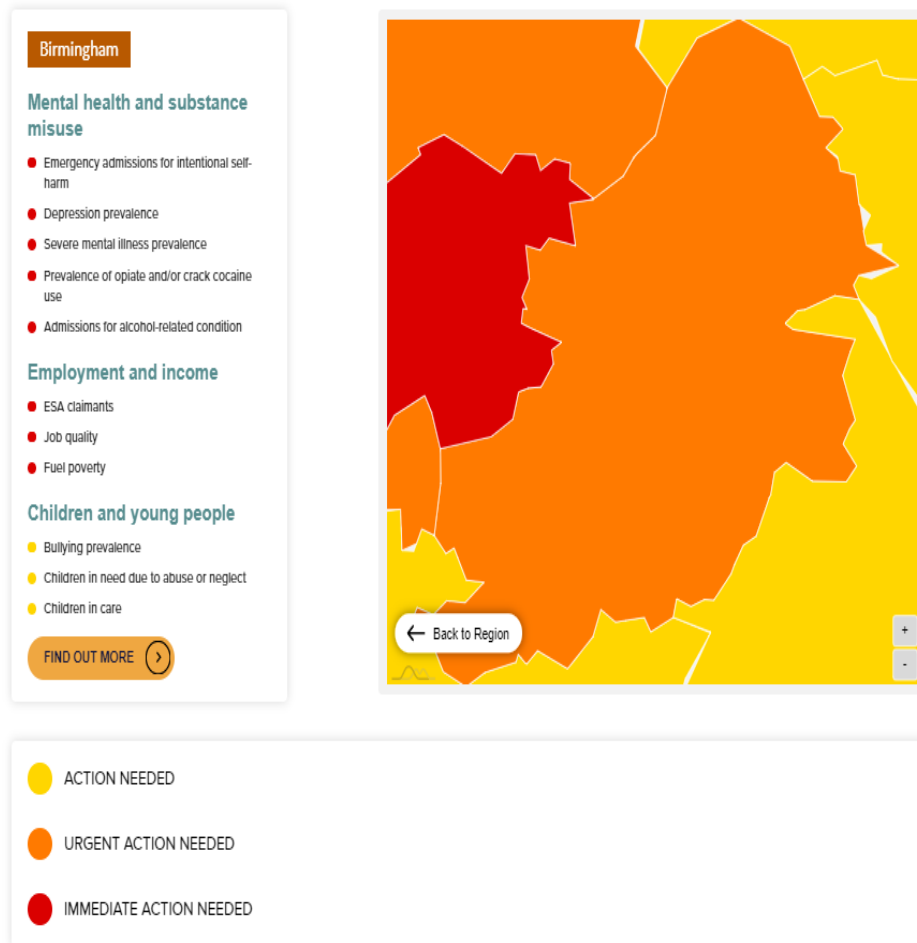
Zero Suicide Alliance + NHS Benchmarking + MH Foundation public health : making public health information accessible & practical primary prevention interventions to MPs, leaders (Ed Davie)

London Region crisis & digital programme: data to understand MH need across 27 A/Es, levels of S 136 & role of digital pathway mapping & digital innovation for primary and secondary prevention

Rapid Review for Government into MH data: findings about MH data; 12 key recommendations, case studies that signpost the hopeful future in prevention and care

Zero Suicide Alliance: Facts for Action Resources

turning data into information and prevention actions



Key aims of the ZSA Facts for Action Resources are to:

• Inform and increase awareness of suicide and the factors that may

What are the risk factors for suicide for children and young people?

1. Why are they important to consider in suicide prevalence?

2. How prevalent are they?

3. ZSA Suicide Prevention Resource Map – key takeaways

4. How do they occur?

5. What are the consequences?

6. Impact of COVID-19

7. National guidelines for practice

8. Key approaches

9. Case studies

10. ZSA Suicide Prevention Resource Map - related indicators

11. References

<https://www.zerosuicidealliance.com/ZSA-Resources/facts-action-home/children-and-young-people/risk-factors-cyp/mental-health-stress-and-adverse-childhood-events#content4a>

Rapid Review 2023: highlights on data & information findings

The data burden is huge and growing , & taking 'time away from care'

Despite the burden, the data often does not “Measure what Matters” to the patients, their families, teams, Boards, ICSs

The data is not often fed back to those that need it to plan their work, to take rapid operational action for safety in 'real time'

Data analytic processes like Spc are helpful but Boards & leaders need benchmarking of performance and innovative solutions

Data literacy is a key requested skill by every sector as the basis of safe, equitable care based on the needs of local populations and services

In some providers, still, even the most basic information is not available to patients, their careers and families

Summary : the revolution is progressing in some services and places but equity and equality has a way to go

Commonality Everyone agreed on key issues

- Data burden
- Not measuring what matters
- Need to take control of the wild west of data gathering
- Need to agree Core principle that safest care is therapeutic care
- Need to reduce measuring processes and performance and not therapeutic care and outcomes
- Need faster ways to learn from innovation and safety best practice
- Information needs to be more open and accessible in the spirit of learning including where solutions have been developed

Variability

- There are exceptional examples of excellent safe Therapeutic needs-based care and staffing
- There are exceptional innovative people using digital (basic and advanced) to bring together information that triangulates
- There are superb examples of countries that look at data flows and use that data once, rapidly report back in 'real time' & flow into national data systems

Case Studies: 'revolution' examples of innovations in data & digital for safe, secondary and tertiary prevention and effective care



International 5 Rights standards: information gathered by staff ONCE_fed back to teams asap for rapid improvements; flowed nationally for decision makers



Integrated Care System: superb patient-focused, collaboration to reduce by 50% time spent gathering data on processes to free up time for Quality Improvement joint with patients and frontline staff



Early Alert digital information system across 45 wards that measures acuity, risk incidents & workforce; rapid feed back & weekly management support for rapid urgent action to improve safety



Integrated single digital information platform bringing together data on Needs Physical and mental; access to Therapies, measurement of PROMS, CROMS, Outcomes, PREMs, Observations, Incidents, and vital workforce Human factors : staff supported by embedded digital tools for workload reduction & for better information on patient progress



Trust Chairs' use of Closed culture evidence base to make care safer and more equitable and alert early. Support and Empower staff to speak up and out about care standards they want for themselves and their families

12 practical recommendations with ministerial oversight of implementation

National Data review and oversight arrangements

Digital infrastructure and platforms for optimization of collection, integration and use of data for use immediately and to flow to national

Rapid open access and sharing of good practice that has improved

Deaths

Provider Boards membership, safety processes, BAFs, data and digital literacy

Provider Boards and safety and closed cultures priority

Information for patients and carers and Systematic Implementation of carer standards as a routine

ICS needs assessment and Data literacy training for all ICS system partners

Safe therapeutic estates for mental health

Recognise the key role that carers play in safety

Alliance for Compassionate Care supporting staff in safe care

Carer standards involvement, routine feedback and engagement by ICSs

UNESCO (The United Nations Educational, Scientific and Cultural Organisation) Five Right Principles for the collection and use of data

The x 5 Right principles for the collection and use of data:

- **get the right data:** collect the data that is relevant to safe, therapeutic care
- **get the data right:** collect data with precise definitions and appropriate measurements
- **get the data right away:** collect data that is timely and current
- **get the data the right way:** collect data through a rigorous process that can guarantee data quality and ensure consistency & rapid feedback
- **get the right data management:** collect reliable data that is guaranteed by good quality control conducted by relevant stakeholders



Data & Information revolution : are we finally on track...the vision

- What would the data and information revolution on track look like
 - We would have a national data system that is accountable and delivers the best international standards of data collection and use : the 5 RIGHTS!
 - We would state the Values and purpose of data (and digital) i.e. it's an essential prerequisite to improve the safety, quality and outcomes of care ...
 - We would therefore have the safest, highest quality, best outcomes for patient, highest rated by carers & staff satisfaction services in the world
 - Every single provider would have information for patients, families & staff on their website to provide accessible plain English information toreduce fear, enable the person to make informed decisions about their care
 - All ICS systems would be using the available MH data on their local populations & using that to plan and target their resource allocation across the health social systems and partnership systems
 - All patients would have the information they need
 - Every member of staff would have 30-50% time freed up to care and no duplication of data collection
 - Digital innovations that free up time to care would be equitably available

Rapid Review Resources:

- [Rapid review into data on mental health inpatient settings: final report and recommendations - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/654688/rapid-review-into-data-on-mental-health-inpatient-settings-final-report-and-recommendations.pdf)
- **Easy Read version**
<https://assets.publishing.service.gov.uk/media/65f468f8af6a0d001190d511/looking-into-how-information-is-collected-and-used-in-mental-health-hospitals-easy-read.pdf>
- Response to recommendations:
<https://www.gov.uk/government/publications/rapid-review-into-data-on-mental-health-inpatient-settings-government-response>

NHS Benchmarking Network Findings Events

Each year the NHS Benchmarking Network delivers a programme of events to showcase the key findings from the most recent data collections.

Alongside the key findings, each event also includes guest speakers to outline current policy or share areas of good practice.

These events aim to offer a learning opportunity alongside the chance to connect with peers.

Upcoming events

October

- **15 Oct** Emergency Care Benchmarking Findings
- **16 Oct** Pharmacy and Medicines Optimisation Benchmarking Findings
- **25 Oct** NHSBN & Queen's Nursing Institute: Exploring the Landscape of District Nursing in 2023/24
- **30 Oct** Adult and Older People's Mental Health Benchmarking Findings

November

- **13 Nov** Managing Frailty Benchmarking Findings
- **14 Nov** Children and Young People's Mental Health Benchmarking Findings
- **20 Nov** Therapies Benchmarking Findings (Adults and Children)
- **29 Nov** Healthy Child Programme and Children's Community Nursing Benchmarking Findings

December

- **10 Dec** Outpatients Benchmarking Findings
- **12 Dec** Intermediate Care Benchmarking Findings

March

- **14 Mar** Learning Disabilities Specialist Services Benchmarking Findings

NHS benchmarking network information resources

Work programme and the data toolkits which provide easy access to visualise and download data collected as part of our annual and monthly benchmarking projects

IC Benchmark which is a one-stop easy to use portal of 100s of national, publicly available data sources to support strategic planning – this is a great tool to complement the provider level data we collect in the benchmarking projects

ICB reference group where we are working with member and non-member ICBs – we welcome new members to join.

Contact information more than happy to speak to colleagues so please do share emails.

We are able to **signpost to organisations who are members** as well if colleagues are interested in talking more to existing members.

For any that aren't members, this is a great time of year to join given our annual benchmarking data, reports and events are out now. Membership would support data driven system level discussions with organisations in their patch who are our members.

NHS Benchmarking Network 2024/25 Member Work Programme

Project	Support Team Contact	Registration Opens	Data Collection Opens	Data Collection Closes	Validation	Reports Released	Event
Acute sector							
Acute Indicators	nhsbn.cst@nhs.net	Data from national sources.				-	-
Acute Pharmacy and Medicines Optimisation	nhsbn.cst@nhs.net	w/c 18 th March 2024	w/c 8 th April 2024	17 th May 2024	June-July 2024	September 2024	16 th October 2024
Emergency Care	nhsbn.cst@nhs.net	w/c 18 th March 2024	w/c 8 th April 2024	17 th May 2024	June-July 2024	September 2024	15 th October 2024
Managing Frailty in the Acute Setting	nhsbn.cst@nhs.net	w/c 3 rd April 2024	w/c 6 th May 2024	21 st June 2024	June-July 2024	October 2024	13 th November 2024
Outpatients	nhsbn.cst@nhs.net	w/c 6 th May 2024	w/c 27 th May 2024	5 th July 2024	August-September 2024	November 2024	10 th December 2024
Acute and community sector							
Adult Therapies	nhsbn.cst@nhs.net	w/c 15 th April 2024	w/c 6 th May 2024	14 th June 2024	July-August 2024	October 2024	20 th November 2024
Virtual Wards	nhsbn.cst@nhs.net	w/c 8 th January 2024	w/c 5 th February 2024	26 th April 2024	May 2024	June 2024	27 th June 2024
Community sector							
Community Indicators (monthly)	nhsbn.cst@nhs.net	Monthly. Please contact the Support Team for details.					-
Children’s Community Therapies	nhsbn.cst@nhs.net	w/c 15 th April 2024	w/c 6 th May 2024	14 th June 2024	July-August 2024	October 2024	20 th November 2024
District Nursing	nhsbn.cst@nhs.net	w/c 25 th March 2024	w/c 15 th April 2024	24 th May 2024	June-July 2024	September 2024	25 th October 2024
Healthy Child Programme & Children’s Community Nursing	nhsbn.cst@nhs.net	w/c 29 th April 2024	w/c 20 th May 2024	28 th June 2024	July-September 2024	November 2024	29 th November 2024
Intermediate Care	nhsbn.cst@nhs.net	w/c 20 th May 2024	w/c 17 th June 2024	2 nd August 2024	August-September 2024	November 2024	17 th December 2024
Mental health, learning disabilities and autism services sector							
Adult and Older People’s Mental Health	nhsbn.mhadult@nhs.net	Offline registration	w/c 15 th April 2024	31 st May 2024	June-August 2024	October 2024	30 th October 2024
Children and Young People’s Mental Health	nhsbn.cypmh@nhs.net	Offline registration	w/c 22 nd April 2024	14 th June 2024	July-August 2024	November 2024	14 th November 2024
Learning Disabilities Specialist Services	nhsbn.mhlda@nhs.net	w/c 12 th August 2024	w/c 2 nd September 2024	18 th October 2024	November-December 2024	February 2025	14 th March 2025
MHLDA Indicators (quarterly)	nhsbn.mhindicators@nhs.net	Quarterly. Please contact the Support Team for details.					-
ICS sector							
Integrated Care Benchmark	nhsbn.ics@nhs.net	Data from national sources.				-	-
Additional outputs							
Improvement Opportunity Report (Insight members)	enquiries@nhsbenchmarking.nhs.uk	Data from NHSBN projects.				March 2025	-
National Cost Collection Analysis Report	enquiries@nhsbenchmarking.nhs.uk	Data from national sources.				-	-

You can register your member organisation for 2024/25 member projects via the members' area: <https://members.nhsbenchmarking.nhs.uk/home>
If you have any queries, please contact the relevant Support Team via the contact emails listed in the table.



Questions from the audience

Upcoming Events

➤ **Workshop (virtual)**

Wednesday 20th November 2024, 11.00-12.00

➤ **Learning Set (virtual)**

Wednesday 22nd January 2025, 14.00-16.00

If you would like to share your experiences of public mental health practice, including challenges and best practice at one of our future events, please email us at

public.mh@rcpsych.ac.uk

Thank you and closing remarks

Tom Ayers

Director | National Collaborating Centre for
Mental Health (NCCMH)