Advancing Mental Health Equality -
The National Collaborating Centre for Mental Health (NCCMH)

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About the NCCMH

- A collaboration between RCPsych and University College London (UCL), established in 2001
- Clinical and academic leadership from directors Tim Kendall, Lade Smith and Steve Pilling, and operational leadership from Tom Ayers
- Head of Quality and Research Development - Clare Taylor
- Lead Researchers and Developers, Research Assistants
- Quality Improvement Coaches
- Project Managers
- Editors
- External national and clinical advisors
- Experts by Experience
The NCCMH

What?

How?

Why?
The NCCMH: Why?

Why? - because the NCCMH cares about people’s wellbeing and want to fight the injustices that people with mental health problems face
The NCCMH: How?

How? - by working with others to help build capacity to improve mental health services

Why? - because the NCCMH cares about people’s wellbeing and want to fight the injustices that people with mental health problems face.
The NCCMH: What?

What? - reviewing the evidence, co-producing guidance, standards, workforce competences and quality improvement initiatives to support mental health services

How? - by working with others to help build capacity to improve mental health services

Why? - because the NCCMH cares about people’s wellbeing and want to fight the injustices that people with mental health problems face
How the NCCMH works...

- The NCCMH works from the evidence base:
  - Developed NICE guidelines for 15 years and now are involved in implementation of that evidence
  - Works at the service-level to reconceptualise what services look like
  - Work around workforce and skills through a number of competence frameworks
  - Work in quality improvement (QI) helps to deliver change
  - All NCCMH work is co-produced and is underpinned by a drive to address health inequality
NCCMH works with different organisations and stakeholders:

- All work co-produced with people who use mental health services
- NHS England, NHS Digital, NHS Improvement
- NICE
- CCQI
- Health Education England
- Clinical professionals, academics, education providers, social care, commissioners, independent sector, police, and many more
Evidence into Practice 1

- **Service models and policy implementation**: Coproducing the development of new pathways of care and supporting with their implementation.
  - Community Mental Health Framework
  - Implementing the Early Intervention in Psychosis Access and Waiting Time Standard
  - Improving Access to Psychological Therapies (IAPT)
  - Perinatal Mental Health Care Pathways
- **Guideline development**: Developing a series of clinical guidelines on mental health topics for NICE and for a range of different countries, according to internationally-agreed methods.
Evidence into Practice 2

- Competence frameworks and curricula: Reviewing and setting out the skills and competences that healthcare professionals need to deliver safe and effective care.
  - Individual Placement and Support
  - Self-harm and Suicide Prevention
  - Mental Health Peer Support Workers
Quality Improvement

- **National QI collaboratives**: Supporting mental health professionals to improve mental health service delivery using a quality improvement approach as part of a national collaborative.
  - Reducing Restrictive Practice Programme
  - STP Suicide Prevention Programme
  - Sexual Safety Collaborative

- **Bespoke quality improvement support**: Supporting individual trusts and services to improve local mental health care delivery through the development of bespoke improvement plans using a quality improvement approach.
  - Trust Engagement Programme
  - Bespoke support for individual trusts
Equality and inclusion

- **Guidance and resources:** Developing guidance, resources and other products that advance mental health equalities and promote meaningful co-production with people with lived experience of mental health problems.
  - Advancing Mental Health Equality
  - Working Well Together
  - The Impact of Mental Health Problems On Social Mobility
NCCMH: The Advancing Mental Health Equality project

- Advancing Mental Health Equality Resource
- Research and evidence-based review
- Patient and Carer’s Race Equality Standard
- Further consultation and co-production
- Webinar series
Advancing Mental Health Equality - From Inception to Implementation

- Development of guidance to implementation of that guidance
- Toolkit to QI collaborative
The AMHE project - what was done...

• Produced a toolkit supporting commissioners and service providers to implement Mental Health Care Pathways such as the Community Mental Health Framework (in development between the NCCMH and NHS England)

• The purpose of the resource is to provide support to system leaders, commissioners and service providers as they tackle inequalities and advance equality while planning for, and implementing the new pathways to care and recommendations
How AHME resource was developed:

- Evidence reviews –
  - economic case for addressing inequalities in mental health
  - services/initiatives in place to tackle a variety of inequalities seen in mental health, and the outcomes for people

- Exercise to ‘ask the experts’ (e.g. lawyers and ethic professors)
  - to support the understand of the legal case for advancing equality and what the law says (referencing the Equality Act, Health and Social Care Act, Human Rights Act etc.) and
  - to understand the moral/ethical case

- *Focus groups and workshops with service users, carers, professionals/providers and commissioners

- Began work towards the patient-carer race equality standard and development of organisational competency framework

- Developed a toolkit
  - contains a summary of the findings,
  - the key principles and methods for addressing inequalities as pathways are implemented,
  - relevant resources and examples of positive practice from around the country
Outcomes from the scoping consultation

- ICS leads, commissioners and system leaders were keen for this resource.
- What they asked for was:
  - A ‘toolkit’ for how to practically identify, address and tackle inequalities in their local areas
  - A collated and comprehensive list of existing useful commissioning tools
  - Guidance on where to use tools in different stages of the commissioning cycle
  - A clear and useful collation of where and how to identify local demographic information required to establish population need
  - Information on where to find stats and info to aid both commissioning and service provision
  - Guidance on how to engage in effective co-production and co-development (including appropriate examples of positive practice)
  - Practical guidance for commissioners and system leaders to address inequalities
  - A user-friendly toolkit
  - Key messages and overarching principles coupled with practical guidance e.g. ‘to ensure you are working in line with principle X, here is what you can do…’
Principles Categories (from scoping)

1. Access
2. Commissioning
3. Continuity of care
4. Coproduction at all levels
5. Data collection
6. Inclusion of families, carers and support networks
7. Integrated working (social care, VCS and physical and mental health care)
8. Knowing your population
9. Least restrictive care
10. Monitoring and regulation
11. Patient choice
12. Person-centred care
13. Support and care across the lifespan
14. Support for families and carers
15. Support for staff/professionals
16. Training (staff/professionals)
17. Workforce
The DRAFT statement - derived from feedback from the scope consultation

Advancing Mental Health Equality Statement

All people deserve to be treated with dignity and respect, regardless of any protected (or other) characteristics, intersectionality, diagnosis or background. All people should be able to access mental health support, care and treatment that meets their needs, in a timely manner and without barriers. All people should receive good quality, person-centred and needs-based care that is compassionate, age-appropriate and as least-restrictive as possible.
The 4 steps of AMHE

1) IDENTIFY
- use data and existing resources to identify inequalities
- know your population
- conduct needs assessments
- review what services are available and how they are used
- conduct gap analyses
- utilise the skills, knowledge and resources of the local community to identify inequalities

2) DESIGN
- research
- collaborate and co-design with the community of interest
- generate ideas
- set out priorities
- problem solve barriers and solutions
- formulate plans
- utilise improvement and design methodology

3) DELIVER
- create a strategy
  - consider resourcing
  - consider timeframes
  - consider the impact
- implement the strategy
- ensure governance and accountability processes are in place
- deliver services together with people who use services, carers and the community

4) EVALUATE
- collect data and measures
- provide opportunities for service users, carers, communities and the workforce to participate in evaluation processes and to provide feedback
- review data and feedback
- identify gaps
- future planning
Advancing Mental Health Collaborative

- An improvement collaborative
- Aimed at improving access, experience and outcomes in mental health for all people, particularly those with protected characteristics
- Uses Quality Improvement (QI) techniques
- Programme designed in collaboration with a wide range of stakeholders, through steering group meetings, design workshops and remote consultation
To advance equality in mental health services and address the systemic inequalities that people face, by supporting those services to meet the needs of the populations they serve.

Continuous knowing and understanding your population
- Talking with population and maintaining dialogue
- Building meaningful relationships with communities
- Understanding and improving population data
- Organisational leadership to make changes according to the needs of the population

Improving access through co-production
- Making it as easy as possible to access services
- Population knowing what support is available
- Ensuring access routes are appropriate for communities
- Culturally adapted and personalised patient-led care
- Staff training and development
- Delivering care collaboratively with community and voluntary sector
- Asking people about their experience

Improving experience through co-production

Improving outcomes through co-production
- Measurement of outcomes
- Collaboratively agreed outcomes for the person
- Continuous learning and improvement
Programme design

Phase one – Local design

We will work with you to:
- **Identify** the group(s) in your population and inequalities that you want to focus on.
- Work with the population(s) identified to **coproduce**:
  - a change theory (adapted from the programme level change theory)
  - a measurement strategy to demonstrate the impact of the changes that you make.

**The support will be provided by**:
- A QI coach assigned to work with your organisation and who will be your core support throughout.
- Experts in:
  - the areas of inequality prioritised by your organisation
  - coproduction
- The team who developed the **AMHE resource**

Different organisations will be at different stages with this work. We will meet each organisation where it is at. The QI coach will work alongside any existing QI support that an organisation may have in place to add value from the national collaborative perspective. Where required, experts in equality and co-production will fill in any gaps in the organisation’s or local system’s expertise and act as a critical friend throughout the process.

We expect that phase one will take 6 months, but may be longer or shorter depending on how far along an organisation is in understanding the systemic inequalities in their populations and identifying where they want to start.

Phase two – Testing and scaling up changes

We will work with you to:
- Test ideas for change using a systematic approach to improvement.
- **Measure and understand** the impact of these changes.
- **Scale up** the changes that have led to improvement.

**The support will be provided by**:
- Your QI coach, who will work with the relevant teams to design, test, measure and scale up changes. This process will also include upskilling those teams in QI methodology as it becomes embedded in day to day practice.

Depending on the changes being tested, we may bring in additional expert support. However, it is important that these changes come from, and are owned by, the teams involved and the people they serve.

Improvement work to make sustainable changes in these complex areas requires at least 18 months; to ensure that sufficient ideas can first be tested and then embedded in the way that teams and organisations work. However, given the breadth and complexity of inequality, we have built 24 months into the programme for this phase.
Programme design

Phase three - Sustaining changes

We will work with you to:
- Ensure that the organisation has maximised the learning from the collaborative and the work that has been done
- Think through how to sustain the changes made by the organisation as well as its approach to addressing inequality

The support will be provided by:
- Your QI coach, supported by experts in scale up and spread
- Evaluation leads

Throughout

Learning from others:
- Four learning sets each year, where all members of the collaborative will come together to share their work and learn from each other
- Communications support to share work with local and national press, as well as on our website
- Communication between learning sets to share work within the learning community (for example, newsletters).

Evaluation:
- Our evaluation partners at University College London will work with all members of the collaborative at the start to ensure that the design of the evaluation meets their needs, but largely they will be answering these questions:
  - Have we achieved a sustained improvement?
  - Which interventions have made a difference?
  - What aspects of the approach have been helpful or unhelpful?
- The evaluation will be completed in the final year of the collaborative and will be undertaken as part of phase three (above).
Measuring improvement in the AMHE collaborative

The AMHE collaborative will focus on measuring improvement as a result of actions taken to improve equality at local service level.

Measurement strategy will be bespoke to each organisation involved but will cover access to services, experiences of them and outcomes from them.

Because AMHE allows and supports services to focus on locally-determined equality issues and to prioritise local community needs, services will collect different types of data. However, a commitment to this at local level can and should feed into CQC regulation and measurement of fidelity to CQC standards.
Now...

- So far 25% of MH providers in UK signed up
- Starting in September 2021
- Watch this space for reporting...
Thank you
Any questions?

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